

ICRC

Environmental and Social Assessment and Management Framework

COVID-19 Emergency Response and Health Systems Preparedness Project

South Sudan

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Abbreviations and Acronyms

AAP	Accountability to Affected People
CBP	Community-based Protection
CHC	Community Health Committee
CHD	County Health Director
CoC	Code of Conduct
GBV	Gender-based Violence
GoSS	Government of South Sudan
HCiD	Healthcare in Danger
ICRC	International Committee of the Red Cross
IDMC	Internal Displacement Monitoring Center
IDP	Internally Displaced Person
IHL	International Humanitarian Law
IOM	International Organization for Migration
MHPSS	Mental Health and Psychosocial Support
NGO	Non-governmental Organization
NIIHA	Neutral, Impartial, Independent Humanitarian Action
OCHA	Office for the Coordination of Humanitarian Affairs
PfR	Planning for Results
PHC	Primary Healthcare
PMT	Planning and Monitoring Tool
PoC	Protection of Civilians
UNDP	United Nations Development Program
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNMISS	United Nations Mission in South Sudan
WB	World Bank

Executive Summary

Present in Juba since 1980, the International Committee of the Red Cross (ICRC) opened a delegation in South Sudan in mid-2011. It works to ensure that people affected by non-international and international armed conflicts are protected in accordance with International Humanitarian Law (IHL), have access to medical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits detainees and seeks to increase knowledge of IHL and other norms among the authorities, armed forces and other weapon bearers. It works with and supports the South Sudan Red Cross.

The envisaged operational collaboration with the World Bank (WB) will allow greater and safer access to quality secondary health-care services, in Jonglei State.

The project takes place during a period of simmering violence and continued displacement. Humanitarian needs remain significant, particularly amongst displaced communities, with the past conflict having caused a major public health emergency affecting a system that was already struggling. This context, alongside key socio-cultural, institutional, political, and historical factors, forms the key backdrop of this project.

The ICRC employs an operational approach to its assistance (and protection) programs that puts the affected population at the heart of its response in South Sudan and globally. Its neutral, impartial, and independent humanitarian action (NIIHA) allows it to access and gain acceptance to some of the most vulnerable and at-risk communities in South Sudan. Embedded within the populations it serves, and working across sectors of Assistance and Protection, the ICRC assesses, designs, implements, and monitors its programs with the participation of the diverse stakeholders, ensuring accountability to people affected. It takes a “do no harm” approach, also employing community-based protection (CBP) measures that aim at understanding humanitarian issues from the community’s perspective and contributing to the development of risk reduction strategies with and for the community.

Through health assessments in the community where the intervention is geared, meetings with representatives, CBP workshops, external stakeholder perspectives, and its own operational expertise, the ICRC has incrementally fine-tuned the project’s approach based strictly on needs, and based on lessons learned in implementing the Provision of Essential Health Services Project (PEHSP). The main social risks stem from the ongoing conflict and wider country backdrop. Based on the assessments and consultations undertaken, specific risks that could arise from the ICRC’s intervention are: intimidation, sexual exploitation and abuse, dissatisfaction of MoH staff with Ministry policies and compensations, potential for socio-political unrest, nepotism, criminality/looting, and/or revenge killings. Environmental risks identified center on pollution prevention and management (i.e. essentially medical waste management considerations). They remain negligible given the type, location, sensitivity, and scale of the proposed project, the nature and magnitude of its potential impacts and scope, the mitigating measures available, and the relative benefits of the life-saving impact of the program catering to a basic human need.

Key project approaches and activities themselves seek to mitigate these risks, in full alignment with relevant World Bank Environmental and Social Standards (ESS). Careful analysis taking into account external perspectives and local knowledge, blended with the ICRC’s NIIHA approach, ensures the “do not harm” ethos. Access to secondary health care by the most vulnerable regardless of age, gender, ethnicity, disability, sexual orientation, or other identity markers is maximized by the permanent presence of diverse field staff in Akobo, attuned to the socio-political realities of the country and connected through various forms of engagement to the different segments of the population.

The ICRC’s program will focus on ensuring the delivery of secondary health care services, all the while steering away from political agendas, into which ethnicity is often intertwined. Regular analysis as per

ICRC practice will ensure that human security considerations are accounted for in the health services provided.

No serious, non-mitigated adverse impacts to people or the environment are expected, whilst worker and community health and safety will benefit from exposure to and related training in ICRC best practices. Nonetheless, risks will always remain present, and measures to identify, prevent, reduce, mitigate and compensate them will be taken accordingly.

1 Objectives and Methodology

The methodology for the elaboration of the present assessment included a review of literature available on South Sudan, in particular the humanitarian and development situation resulting from the conflict of 2013, a review of health needs assessments, as well as institutional and policy frameworks. It builds and integrates the iterative assessments done in Akobo since 2018 and furthermore includes information gathered during in-depth day-to-day consultations ICRC staff conducts throughout the project area, seeking community understanding and support by the local population on the intended continuation of the health-related activities.

The sound base of ICRC's 24+ months presence and running of the project in Akobo County Hospital has allowed for regular and numerous consultations with health authorities and community representatives, in addition to daily exchanges with local health staff as well as beneficiaries. The feedback received underlines continued perceived need and backing for the project, as well as the adequacy of the established social risk management practices.

Environmental risks assessed reflect both the ICRC's experience running secondary healthcare programs in fragile, conflict and violence affected contexts (FCV) as well as its management since 2019 of Akobo County Hospital waste management.

The ensuing managing framework maps general policies, guidelines, codes of practice, and procedures applicable for the project. The document describes the principles, objectives, approaches and site-specific environmental and social mitigation measures being followed.

2 Context overview

As 2020 ended, the South Sudanese government and the opposition continued working to implement the terms of their 2018 peace agreement. Fighting between their combined forces and an armed group not signatory to this peace agreement took place in the Equatorias, leading to deaths and the displacement of communities.

Communal violence, often linked to ethnic tensions and competition over scarce resources, persisted in the Equatorias, Jonglei, Lakes and Warrap states.

In the second semester of 2020, prolonged, severe flooding affected more than half of the country after the White Nile and other rivers burst their banks because of recurrent and torrential rains. The deluge destroyed homes, crops and livelihoods, particularly in Jonglei and the Pibor Administrative Area. According to OCHA, more than 1 million people had been affected, with nearly 500,000 displaced as they fled rising floodwaters and sought the safety of higher ground. In January and February 2021, unseasonal flooding took place in many parts of Jonglei (including Akobo) and Upper Nile.

Throughout the country, millions are still unable to return to their places of origin because of the protracted armed conflict and other situations of violence. According to OCHA estimates, there are around 1.6 million internally displaced persons (IDPs) in the country.

The prolonged violence, as well as the state's inability to provide adequate support, has been detrimental to the development of South Sudan's health sector. Many health facilities remain closed, damaged or decrepit, and suffer from shortages of drugs, basic equipment and trained staff. Health facilities outside of the capital, Juba, have poor access to electricity and to clean water, and are unable to provide safe or sanitary surroundings for patients and health workers. In Jonglei and Upper Nile states, most health facilities rely on humanitarian actors to sustain their services.

Millions are vulnerable to diseases that could otherwise be prevented or treated. People requiring surgical or emergency medical services lack access to suitable higher-level care and are at risk of dying or becoming permanently disabled. Mental-health services for victims of violence are close to non-existent. The uncertain security situation, exacerbated by climatic shocks, poor road conditions and a lack of means of transport, discourages communities from actively seeking preventive care. In many regions, the geographical distance between health facilities and communities – which are either spread out or continually on the move – also contributes to a low level of health-seeking behavior.

The lack of basic health services, such as immunization, mother-and-child care and curative care for endemic illnesses such as malaria, contributes to bleak health outcomes for people in South Sudan: mortality rates among children under age five (90.7 deaths per 1,000 live births) and maternal mortality rates (789 deaths per 100,000 live births) are among the highest in the world.

The COVID-19 pandemic, and its public-health and socio-economic effects, is a source of additional stress for the population. It also adds another layer of complexity to the work of government agencies and aid organizations. Inaccurate information about the pandemic persists, particularly in rural areas.

Violence against health-care workers, patients and health facilities remains prevalent in South Sudan. This includes threatening behavior against health workers; shooting at health facilities; assaulting health personnel when treatment does not yield the desired results; and stealing equipment, medicines and other supplies from health facilities. In October 2020, some aid organizations suspended their operations in Jonglei and Pibor following the killings of their staff members.

Rape and other forms of sexual and gender-based violence are widely thought of as widespread but underreported. Two national hotlines, launched by the government in May 2020, provide victims/survivors with counselling and referrals for suitable services. In December, South Sudan inaugurated a court for gender-based violence, which will handle crimes committed against women and children.

3 Project description

3.1 ICRC background considerations

Treating and caring for the wounded and sick in armed conflict, other major violence and natural disasters is closely woven into the ICRC's history, identity, and domain of excellence. In an increasingly unstable world and the most challenging humanitarian environment, the organization continues to address the main issues affecting people's health. Whilst the ICRC's traditional health activities (first aid, war surgery, physical rehabilitation and health care in detention) have lost none of their relevance, other disciplines (primary health care, comprehensive hospital care, and mental health and psychosocial support) are increasingly proving to be essential in providing holistic care of individuals.

The ICRC has made a clear commitment to providing high-quality and accountable health programs, designed to meet professional standards. It often works in coordination with other organizations and local health care providers to bring together experts from different fields.

The protracted conflict in South Sudan has caused a major public health emergency affecting a system that was already in crisis. Some of the most pressing issues leading to unmet needs include: the closure of or damage to many health facilities (sometimes due to attacks), unpaid or displaced staff members, and the scarcity of medications. Throughout the country, health care infrastructures are rudimentary at best, with generally a dire lack of access to basic utilities.

The government of South Sudan has neither the capacity nor the resources to deliver quality and reliable health services independently. Despite a donor-driven program that supports a lead NGO in all counties, access to quality health care remains starkly limited by insecurity and logistical constraints. In hard-to-reach conflict-affected areas, the situation is even direr.

The ICRC's support to the Akobo County Hospital since 2018 has proved critical to the provision of quality secondary health care services and increase of local capacities. Continued direct support remains essential to maintain the former and further the latter.

Of note, the support envisaged will not be channeled towards any civil works at Akobo. Other financial sources will ensure health-care infrastructure is adequately maintained where needed to ensure both the best possible care for patients and safe working conditions for health staff.

3.2 Project objective

The project's objective is to increase safe access to secondary health services for communities affected by armed conflict and other violence. This will be done by providing the Akobo County Hospital with medical supplies and equipment, on-site training and supervision, and financial incentives for staff, to enable them to deliver services in line with professional standards and to broaden the availability of such services. This will ensure that health services delivered are done so impartially based on needs, without distinction of ethnicity, gender, age, social status or political affiliation. Particular attention will be given to the health services for children under age five, women of child-bearing age and pregnant women, as they face specific vulnerabilities in an environment where, among others, infant and maternal mortality rates are high and violence against women is prevalent.

The secondary health care services provided through the Akobo County Hospital complement ICRC's wider approach to the 'chain-of-care', and beyond that, its holistic approach in answering needs from conflict and violence affected communities, stretching across a variety of Protection and Assistance activities.¹

3.3 Delivery of high impact secondary health care services

Providing health care is a challenge in times of armed conflict, when the infrastructure of a society collapses, and violence leads to increased demands for care. The objective of ICRC's hospital intervention is to provide, maintain or restore [safe](#) access of the population to quality secondary health care in order to save lives and alleviate suffering. Adequate hospital care – close to where people live, and with good links to primary health care, first aid and physical rehabilitation services – ensures an essential continuum of care.

The ICRC has developed expertise in the field of war surgery, and its role often goes further than providing direct patient care. The ICRC also recognizes the need for broadening hospital services. Standing in for, or supporting, services that can no longer be provided (e.g., internal medicine, pediatrics, gynecology and obstetrics) is an important part of what the organization does in violence affected settings.

¹ Cf. the below linked overview of ICRC's wider activities in South Sudan (beyond the focus of the Project and WB support):

[https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/7A4E47AE9538D58DC1258624000E685E/\\$File/Appels2021_SouthSudan_ForExtranet.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/7A4E47AE9538D58DC1258624000E685E/$File/Appels2021_SouthSudan_ForExtranet.pdf)

In any health system, hospitals are increasingly complex and costly organizations. Effective health service delivery means an integration with existing primary health care services providing a continuum of care with effective linkages on all levels. It is essential that hospitals respond to the demand created from referrals of patients from the primary level of care and supported health workers at primary level.

In South Sudan, to have an impact on the continuum of care, ICRC's continued support to Akobo County Hospital remains essential, given the remaining significant gap between needs generated by a violence-prone environment and weak/ absent local capacities to respond to them.

The Akobo County Hospital is located in Jonglei state, which is in eastern South Sudan near the border with Ethiopia. The state of Jonglei is among the areas most affected by protracted armed conflict and other situations of violence in the country. Past armed conflict and the still recurring communal violence in Jonglei have left it with weak infrastructure and inadequate capacity to provide essential services, including health care. Malaria and cholera are endemic to the whole country, whose maternal and infant mortality rates are among the highest in the world. South Sudan is also susceptible to climate shocks: in 2020, severe flooding affected more than half of the country; the deluge destroyed crops, contaminated water sources and displaced many thousands of people. The COVID-19 pandemic and its socio-economic repercussions have compounded the situation of communities already dealing with the impact of prolonged violence. According to South Sudan's [Ministry of Health](#) (MoH), there were approximately 10,500 confirmed COVID-19 cases and more than 100 deaths by the end of April 2021.

For more than 40 years, the ICRC has been carrying out humanitarian activities in many areas of what is now known as South Sudan. It established a delegation in Juba in 2011, the year South Sudan gained independence from Sudan. The Akobo County Hospital first received support from the ICRC in August 2018, when an ICRC mobile surgical team was temporarily assigned to the Akobo County Hospital to assist it in responding to influxes of weapon-wounded patients. Since January 2019, the ICRC, in cooperation with the World Bank, has been providing comprehensive material, technical and financial support to the Akobo County Hospital.

The Akobo County Hospital is a 62-bed secondary health facility that provides hospital services in line with MoH guidelines through its five main departments: outpatient, pediatric, maternity, medical inpatient, and surgical departments. The Akobo County Hospital has a catchment population of approximately 200,000 people, acting as a referral secondary health care structure. On the basis of a memorandum of understanding signed between the County Health Department (CHD) of Akobo and the ICRC, the ICRC will continue to provide assistance to the Akobo County Hospital to enable it to deliver secondary level of care in line with national and/or international standards in the fields of weapon-wound surgery; general surgery; other hospital care such as internal medicine, emergency medicine, pediatrics, and emergency obstetrics; and mental-health and psychosocial support for victims of violence, including sexual violence². The ICRC's support will also cover such areas as: treatment for TB, HIV/AIDS and Kala-azar (visceral leishmaniasis) in line with the national health programs; clinical management of rape cases; physiotherapy and/or referrals for physically disabled people; and COVID-19 infection and prevention control in line with MoH and/or WHO guidelines.

4 Institutional and Legal Frameworks

The below international and national institutions and legislation, as well as a number of policy frameworks, are relevant regulatory parameters to highlight in relation to the project.

² Mental health and psychosocial support services are made available through the ICRC as part of the Akobo County Hospital support package, as a complement to other services delivered under the Project frame and budget.

4.1 Institutional considerations

4.1.1 Ministry of Health

The Ministry of Health of the Republic of South Sudan is comprised of nine Directorates and a Medical Commission. It directly oversees the National Teaching Hospitals (Juba, Malakal, and Wau), and the Central Medical Stores. It is supported by the Drug and Food Control Authority and Medical Council.

The Directorates in the Ministry are headed by a director general, who is responsible for planning and budgeting within the directorate, overseeing day-to-day operations, ensuring that all departments are working in line with the Ministry's articulated policies and contributing to the development of new policy and strategy papers within the Ministry. The medical commission is headed by an executive director. The director general and executive director report to an undersecretary, who in turn reports to the Minister of Health, Governor of the Republic of South Sudan.

The Ministry's stated mission is to improve the Health status of the population and provide quality healthcare to all people of South Sudan, most especially vulnerable women and children. The health services delivery protocol of South Sudan is stipulated in the existing 2007- 2011 Health Policy document. The 2005 Interim Constitution of Southern Sudan provision on health policy states that "all levels of government in Southern Sudan shall promote public health, establish, rehabilitate and develop basic medical and diagnostic institutions as well as provide free primary health care and emergency services for all citizens." The Health Policy is aligned to the Republic of South Sudan Transitional Constitution, which came into effect July 9th, 2011.

4.1.2 Ministry of Gender, Culture, and Social Welfare

The Ministry is mandated to promote gender equality, social justice, and safeguard the rights and welfare of women, children, persons with disabilities and other vulnerable groups. The Ministry is responsible for formulation and implementation of policies and legislations for promotion of gender equality, women's empowerment, child protection and welfare as well as social protection and welfare in South Sudan. The Ministry is composed of the directorates of Gender and Child Welfare, Social Welfare, Administration, and Research and Planning.

4.1.3 Civil Society

Civil society organizations play an active role in promoting human rights and delivering aid in South Sudan. Some civil society organizations (excluding the ICRC) are coordinated by the NGO Forum, whose mission is to collect and disseminate relevant information on decisions and changes that affect operations of members in South Sudan. Records from the NGO Forum indicate that there are more than 50 civil society organizations operating in the Upper Nile and Jonglei states.

4.1.4 ICRC

The ICRC has been present in Juba since 1980 and established an office in the newly independent Republic of South Sudan in mid-2011. The ICRC provides protection and assistance to victims of armed conflict and other situations of violence in South Sudan.

The work of the ICRC is based on the Geneva Conventions of 1949, their Additional Protocols, its Statutes – and those of the International Red Cross and Red Crescent Movement – and the resolutions of the International Conferences of the Red Cross and Red Crescent. The ICRC is an independent, neutral organization ensuring humanitarian protection and assistance for victims of armed conflict and other situations of violence. It takes action in response to emergencies and at the same time promotes respect for international humanitarian law and its implementation in national law.

The ICRC is working independently from other health service providers to ensure absolute neutrality in conflicts. As such it has no logistical or financial ties to the Ministry of Health or any other authorities, though coordinates transparently with them. All staff working for the ICRC in South Sudan are directly

contracted with the Delegation in South Sudan or ICRC HQ. The ICRC ensures close collaboration with all relevant stakeholders to ensure complementarity of action in a fluid environment and maintain acceptance from all actors of violence for continuing support to the most vulnerable.

4.2 Legal Frameworks

4.2.1 The Geneva Conventions, 1949

The Geneva Conventions and their Additional Protocols are at the core of international humanitarian law, the body of international law that regulates the conduct of armed conflict and seeks to limit its effects. They specifically protect people who are not taking part in the hostilities (civilians, health workers and aid workers) and those who are no longer participating in the hostilities, such as wounded, sick and shipwrecked soldiers and prisoners of war. The Conventions and their Protocols call for measures to be taken to prevent or put an end to all breaches.

The Republic of South Sudan acceded to the 1949 Geneva Conventions and their Additional Protocols, after a bill was passed by the National Legislative Assembly on Monday 16 July 2012. All the countries in the world have signed the 1949 Geneva Conventions, making the treaties truly universal, and inter-alia the mandate they ascribe to the ICRC.

4.2.2 Public Health Act of 1975

This Act protects general public health by regulations issued by the Public Health Council, whose members include the Ministries of Agriculture and Forests, Federal Rule, Animal Health and various administration departments of the Ministry of Health. The activities and operations of the HRR are to take into consideration the provisions of the Public Health Act to ensure health and safety of the local communities where the project is operating within the context of the Project activities and operations.

4.2.3 Basel Convention, 1989

The United Nations Environment Program (UNEP) coordinates the Basel Convention. It controls trans-boundary movements of hazardous waste including medical and pharmaceutical waste. Hazardous waste exports from most developed countries to the developing world are banned by the convention.

4.2.4 Stockholm Convention, 2001

The Stockholm Convention is an international treaty to protect human health and the environment from persistent organic pollutants (POPs); that is, chemicals which: remain intact in the environment for long periods; become widely distributed geographically; accumulate in the fatty tissue of living organisms and are toxic to humans and wildlife. As of October 2012, there were 178 parties to the Stockholm Convention. Parties are required to take measures to eliminate or minimize the production, unintentional production, use, and release of POPs, including dioxins and furans.

4.2.5 Environmental Protection Act, 2001

The Environmental Protection Act of 2001 has the following objectives: i) To protect the environment in its holistic definition for the realization of sustainable development ii) To improve the environment and the sustainable exploitation of natural resources iii) To create a link between environmental and developmental issues, and to empower concerned national authorities and organs to assume an effective role in environmental protection. Section III of the Act outlines general policies and principles for the protection of the environment. These policies and principles are not legally binding but are guidelines to be observed by the authorities concerned when setting development policies.

4.2.6 The Southern Sudan Child Act, 2008

The purpose of this Act is to extend, promote and protect the rights of children in Southern Sudan, in accordance with provisions of Article 21 of the Interim Constitution of Southern Sudan, 2005, and as defined in the 1989 United Nations Convention on the Rights of the Child and other international

instruments, protocols, standards and rules on the protection and welfare of children to which Sudan is signatory.

4.2.7 Public Health (Water and Sanitation) Acts, 2008

The focus of these Acts is on enabling the Ministry of Health and its partners to direct its resources towards activities which are most likely to yield maximum population health benefits. The area of emphasis includes the following: sanitation; waste disposal; water; food safety; cigarette smoking; alcohol; housing standards; effective clinical service; professional regulatory bodies / framework to ensure quality in clinical services, etc.

4.2.8 African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention), 2009

The Kampala Convention is a multilateral treaty of the African Union that addresses internal displacement caused by armed conflict, natural disasters, and large-scale development projects in Africa. The Convention was adopted in October 2009 and entered into force in 2012. It has been signed by 40 (including South Sudan) and ratified by 27 of the 54 member states of the African Union.

4.2.9 The Southern Sudan Human Rights Commission Act, 2009

This Act provides for the establishment and governance of an independent commission to, inter alia, monitor the application and enforcement of the rights and freedoms enshrined in the Interim Constitution of South Sudan and ratified international and regional human rights instruments, to investigate complaints against violations of human rights, to offer advice to government organs on any issues relating to human rights, and to formulate, implement and oversee programs of research, education and awareness of citizens' rights and obligations to enhance respect for human rights; and other issues related thereto.

4.2.10 Local Government Act, 2009

The Act provides for establishment powers, structure and functions of local governments. It defines the decentralized structure of the government administration. It also contains provisions for land administration and management in accordance with the Land Act and defines roles and responsibilities of traditional authority councils in the dispute resolution process. It also gives wide-ranging powers to Local Government Councils to perform functions in improving community livelihoods.

4.2.11 Environmental Policy of South Sudan, 2010

The Policy provides a wide range of guidance in response to emerging environmental management challenges to enable decision makers and resource users make development choices that are economically efficient, socially equitable and environmentally friendly to ensure realization of sustainable development. The goal of the South Sudan National Environment Policy is to ensure protection and conservation of the environment and sustainable management of renewable natural resources in order to meet the needs of its present population and future generations. The policy seeks to:

- Improve livelihoods of South Sudanese through sustainable management of the environment and utilization of natural resources;
- Build capacity of the government at all levels of governance and other stakeholders for better management of the environment;
- Integrate environmental and social considerations into the development policies, plans, and programs at the community, government and private sector levels;
- Promote effective, widespread, and public participation in the conservation and management of the environment.

4.2.12 Guideline on MWM for South Sudan, 2011

Based on the draft Medical Waste Management Policy, the draft Guidelines for the Safe Management of Medical Waste in South Sudan were developed. The purpose of this guideline is to ensure the proper and harmonized management of medical waste in South Sudan, including segregation, collection, transportation, treatment and disposal of wastes which is complied with hygienic principles. The guideline applies to all Health Care facilities in the South Sudan.

4.2.13 ICRC-GoSS Headquarter Agreement, 2011

The ICRC has been present in Juba since 1980 and established an office in the newly independent Republic of South Sudan in mid-2011. The ICRC has established a headquarters agreement with the GoSS, which provides the necessary privileges and immunities for ICRC to conduct its activities in the country, facilitating the ICRC's humanitarian mission. This can range from negotiating cooperation agreements with certain ministries or agencies (e.g. the Ministry of Health or municipal water boards) to negotiating access with communities and non-state armed groups.

4.2.14 The Transitional Constitution of 2011

The Transitional Constitution of the Republic of South Sudan of 2011 incorporates numerous provisions that have a bearing on the environment. Article 41 (1) provides that the people of South Sudan shall have a right to a clean and health environment (2) every person shall have the obligation to protect the environment for the benefit of present and future generations, through reasonable legislative action and other measures that:

- prevent pollution and ecological degradation;
- promote conservation; and
- secure ecologically sustainable development and use of natural resources while promoting rational economic and social development so as to protect the biodiversity of South Sudan.

Furthermore, Article 166 (6) expects local governments to involve communities in decision making in the promotion of a safe and healthy environment.

4.2.15 General Education Act, 2012

The purpose of this Act is to provide for the establishment of a regulatory framework and structures for general education system in South Sudan. The Act has the following goals:

- Eradicate illiteracy, improve employability of young people and adults and promote lifelong learning for all citizens;
- Provide equitable access to learning opportunities for all citizens to redress the past inequalities in education provision;
- Achieve equity and promote gender equality and the advancement of the status of women;
- Contribute to all personal development of each learner and to the moral, social, cultural, political and economic development of the nation;
- Promote national unity and cohesion;
- Enhance the quality of education and encourage a culture of innovation and continuous school improvement and effectiveness; and
- Develop and promote a general scientific approach in education.

4.2.16 The South Sudan National Gender Policy, 2012

The goal of achieving gender equality in South Sudan is anchored in the country's Transitional Constitution and guided by a vision of equality as an inalienable right for all women, men and children, and gender equality as a human right. The vision of the National Gender Policy for South Sudan is of a country that is just and free from all forms of discrimination and violence where women, men and children enjoy their human rights on the basis of equality and non-discrimination in all spheres of national

life. The ultimate goal of this policy is to make gender equality an integral part of all laws, policies, programs and activities of all government institutions, the private sector and civil society so as to achieve equality in the cultural, social, political and economic spheres in South Sudan. The overall objective of this national gender policy is to serve as a framework and provide guidelines for mainstreaming principles of gender equality and the empowerment of women in the national development process. The specific objectives encompass, amongst others, to institute a policy and legal framework for women's economic empowerment and enhance their capacity to participate effectively in the economic sector as well as to promote an effective policy and legal framework for the elimination of SGBV and institutionalize appropriate response and protection mechanisms. It also notes that traditional, cultural and religious practices are subject to human rights and will be examined so as to eliminate those that perpetuate gender-based discrimination and violence.

4.2.17 Policy on Medical Waste Management for South Sudan, 2012

In 2012 a draft guideline for the future management of medical waste was developed. The Policy on Medical Waste Management sets out to ensure that patients, health workers, communities and the environment are protected from risks associated with unsafe medical waste handling, treatment and disposal.

4.2.18 South Sudan Health Policy, 2015

The policy (2016-2025) outlines key needs and priorities of the country over a 10-year timeframe. The policy comprises three overarching objectives: 1) improved service delivery (to include targeted and scaled interventions, infrastructure development, etc.); 2) additional and improved management of health resources; and 3) strengthened health partnerships.

4.2.19 The Labor Act, 2017

The purpose of this Act is to establish a legal framework for the minimum conditions of employment, labour relations, labour institutions, dispute resolution and provision for health and safety at the workplace, in accordance with the Constitution of the Republic of South Sudan, 2011, and in conformity with the international and regional obligations of South Sudan.

4.3 ICRC environmental and social frameworks

The ICRC's institutional frameworks relating to social considerations is robust, honed by both its wider organizational expertise and decades-long experience operating in South Sudan. They thus provide a useful complement to South Sudan's current capacities in the domains under consideration and are described in fuller details below (e.g. Accountability to Affected People, Planning for Results and Monitoring for Results, etc.)

4.3.1 Framework for sustainable development at the ICRC

The ICRC, by its very nature as a humanitarian organization, has a moral duty to take into consideration future generations when designing and implementing its relief actions.

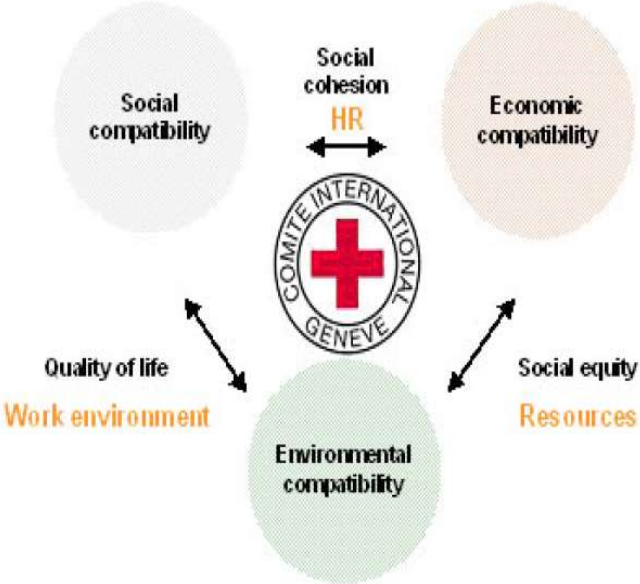
Looking into the future, sustainable development is a fundamental guiding principle for how the organization delivers aid to victims of armed conflict and other violence, with a view to reduce the potentially negative impact of the ICRC's activities on the environment. The health and well-being of beneficiaries and local communities in countries in which it operates is intrinsically linked to the state of the natural environment. The ICRC thus strive to incorporate sustainability into all activities to maximize the positive impact of humanitarian aid and accountability through suitable, sustainable and effective action.

In November 2011, the ICRC Directorate validated a [framework for sustainable development at the ICRC](#). Rooting a strategic vision, this key document formalizes the ICRC's commitment to integrate in a progressive and realistic manner principles of sustainable development – reducing the potentially

negative impact of its activities on the environment, making optimal use of financial resources and acting as a socially-responsible humanitarian actor and interlocutor – into its humanitarian work.

Guided by the framework for sustainable development, operations take into account three dimensions, supported by the following commitments:

- a) Social sustainability
 - Reduce the impact of environmental degradation and climate change on the victims of conflict and violence.
 - Be a socially responsible partner in our interactions with all stakeholders (beneficiaries, staff, suppliers, State and non-State entities, donors).
- b) Environmental sustainability
 - Monitor and reduce the environmental footprint of the ICRC’s operational and support activities.
- c) Economic sustainability
 - Manage financial resources ethically and optimally.



Accordingly, the ICRC thrives to:

- Systematically examines the economic, social and environmental consequences of its policies and activities and reports on it annually at an institutional level
- Incorporates sustainability principles into the design and implementation of assistance programs
- Ensures that the ICRC staff support sustainable development and integrate it in their work
- Optimizes the logistics chain to be able to deliver quality assistance needed by our beneficiaries on time and in the right place
- Uses new technologies and solutions to reduce the ICRC’s ecological footprint
- Applies rules and principles of responsible people-management strategy to address the diverse needs of all staff
- Applies an ethical purchasing policy to ensure that procured products were manufactured under acceptable conditions in terms of both social and environmental compliance
- Adheres to the rules and principles of ethical conduct in the management of financial resources

Bi-annual [reports](#) provide an overview of the social and economic dimensions of sustainable development, and look more closely at progress made in the environmental field by the ICRC.

4.3.2 ICRC Framework for environmental management in assistance programs

ICRC Assistance Programs aim to preserve or restore acceptable living conditions for people affected by armed conflict and other situations of violence. As in South Sudan, these victims can be highly vulnerable and are in most contexts highly dependent on their local environment for their livelihoods, health and security. As such, human health, livelihood and survival are intertwined with environmental concerns. Environmental concerns are thus directly relevant to ICRC assistance activities and must be part of them.

As a leading humanitarian organization, the ICRC has a key role to play in issuing a clear message that allows for consideration of environmental issues that affect the victims of armed conflict while ensuring that the affected populations themselves remain central to its Assistance programs.

The [framework](#) defines environmental issues in the context of the ICRC's operations. It provides useful and practical guidance on several levels:

- How to understand the relationship between Assistance activities (Health programs included) and the environment upon which victims of armed conflicts depend;
- How to consider the potential positive or negative impacts of Assistance activities, without in any way compromising the rapidity and effectiveness of ICRC action;
- How to continue to develop an environmentally alert mindset and to enable environmental issues to be systematically integrated into the balance of factors that need to be considered to produce an efficient, effective and rapid ICRC response.

The framework fits into the ICRC's broader environmental concerns. It encourages field operations to systematically assess, identify and understand the potential environmental impacts and implications of their activities and to take reasonable and feasible initiatives to reduce these impacts and enhance the efficiency, appropriateness and quality of Assistance Programs.

4.3.3 Medical waste management

The health needs of people in armed conflict or other situations of violence are met according to defined minimum packages of health services/care. Curative and preventative health actions remain at the heart of the ICRC's projects. Saving lives and alleviating suffering is the central objective of health assistance.

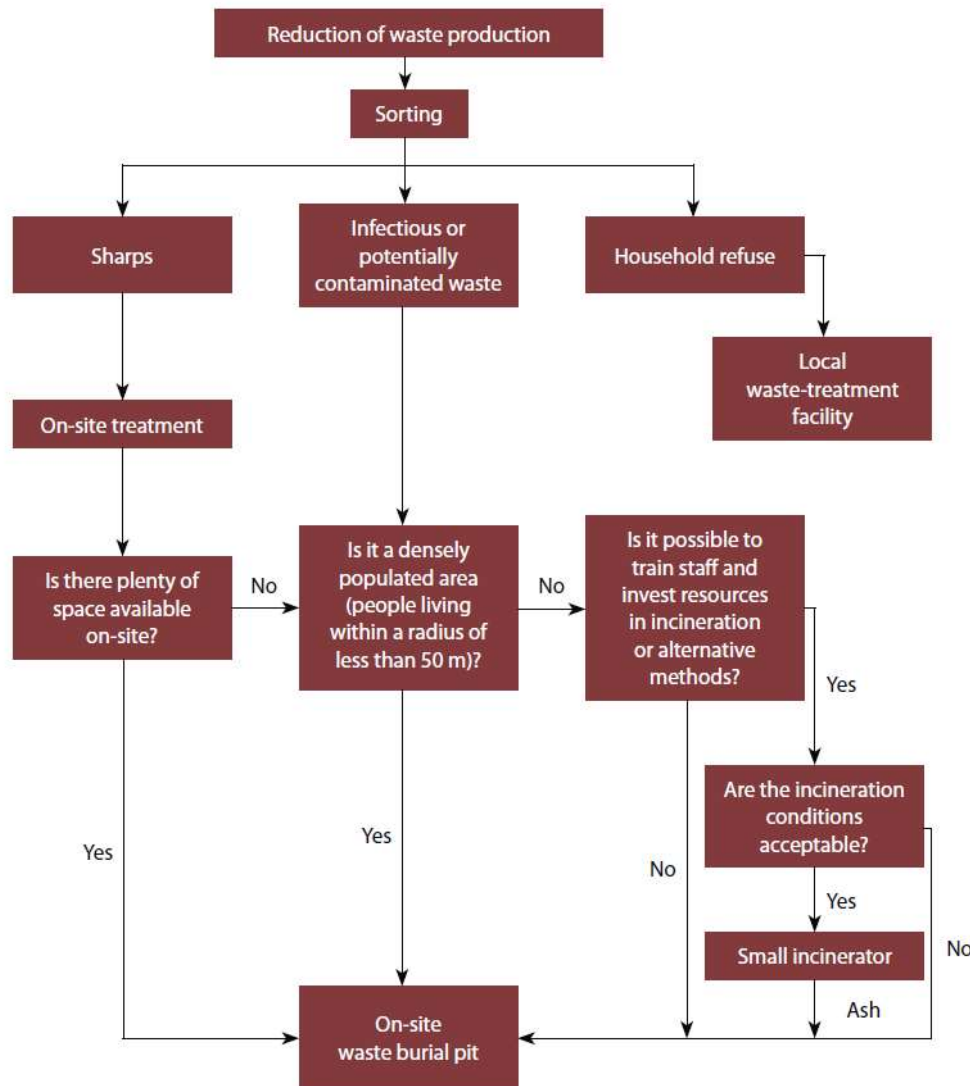
Health activities can also have direct negative impacts on the environment. Although the risks associated with hazardous medical waste and the ways and means of managing that waste are relatively well known and described in manuals and other literature, the treatment and elimination methods advocated require considerable technical and financial resources and a legal framework, which are often lacking in the contexts in which the ICRC works.

Poor waste management can jeopardize care staff, employees who handle medical waste, patients and their families, and the neighboring population. In addition, the inappropriate treatment or disposal of that waste can lead to environmental contamination or pollution.

In unfavorable contexts, the risks associated with hazardous medical waste can be significantly reduced through simple and appropriate measures. The ICRC has therefore established a Medical Waste Management [manual](#) intended as a practical and pragmatic tool for the routine management of dangerous medical wastes in its operations. It does not under any circumstances replace any existing national waste management legislation and plans.

The manual covers the general framework for waste management, safety requirements, and has carefully detailed illustrations to explain practicalities required. ICRC's medical waste management guide is designed for application in areas requiring emergency aid delivery where waste-related resources and infrastructure are compromised or non-existent; i.e. the guide contains much compromise in approaches to waste management; however, these compromises result from decades of experience working in conflict environments and balance carefully safety and environmental concerns with practicality and need.

The below diagram provides an example of the guidance/decision tree used by the ICRC for deciding on the treatment/disposal methods to be used in the absence of appropriate regional infrastructures:



4.3.4 Acceptance of the ICRC (social considerations)

Acceptance is the main pillar, the vital component in the [ICRC's field security concept](#). Acceptance is fundamental and indispensable in situations of armed conflict and internal violence.

To be able to operate, the ICRC must first ensure that it is accepted by the parties to a conflict as well as the communities it sets out to serve. They will accept its presence and working procedures if they understand its role as an exclusively humanitarian (independent and impartial) organization and the purpose of its activities, and if a relationship of trust has been established. The ICRC has no means of exerting pressure to impose its activities. Persuasion, influence and credibility are its only avenues.

It is crucial to ensure that the ICRC is accepted at least by all those who influence the course of events. However, the fragmentation of society has led to the rise of players such as warlords, transnational terrorist or mafia networks, armed resistance groups, mercenaries and paramilitary forces, whose degree of acceptance of the ICRC is at times hard to assess.

In order to be able to contact all the various parties during a conflict situation, the ICRC seeks to establish channels of communication to all those likely to misunderstand or reject its work. It may be difficult or impossible to have direct access to certain extremists; such alternative channels are therefore a necessary additional means of reinforcing a sound, widespread and diversified networking process.

Within the framework of its integrated operational and mobilization strategies, the ICRC gains acceptance by the relevance of its operational choices, through dialogue, negotiation and communication, by projecting a coherent image and by spreading knowledge of international humanitarian law and the Fundamental Principles of the International Red Cross and Red Crescent Movement at all levels.

Acceptance is built up over time through action and dialogue; some degree of fragility and vulnerability is inevitable. Public communication approaches and messages are conceived and developed within an integrated strategy that takes account of the security parameters applying to local, regional and global communication. ICRC's close interactions with National Societies of countries it operates in provides it a unique complementary capillary network to tap into an enrich its analysis, network, and outreach.

As in other operational contexts, ICRC's decade long presence in South Sudan in deep field locations and the centrality of the principle of acceptance are a testimony of the close network it strives to maintain with all the different facets of society. Given the fluidity of patterns of violence in context, the strict preservation of the ICRC's neutral, impartial and independent humanitarian action is central and a constant compass to its action. Perceptions that might taint this understanding, e.g. through partnerships that are considered biased in favor of one of the party to the conflict, can have direct and direct repercussions on both the organization's access to victims and security. Accordingly, the careful management of acceptance is at the center of any delegation's efforts to ensure the ICRC's ability to deliver on its mandate.

4.3.5 Accountability to Affected People Institutional Framework

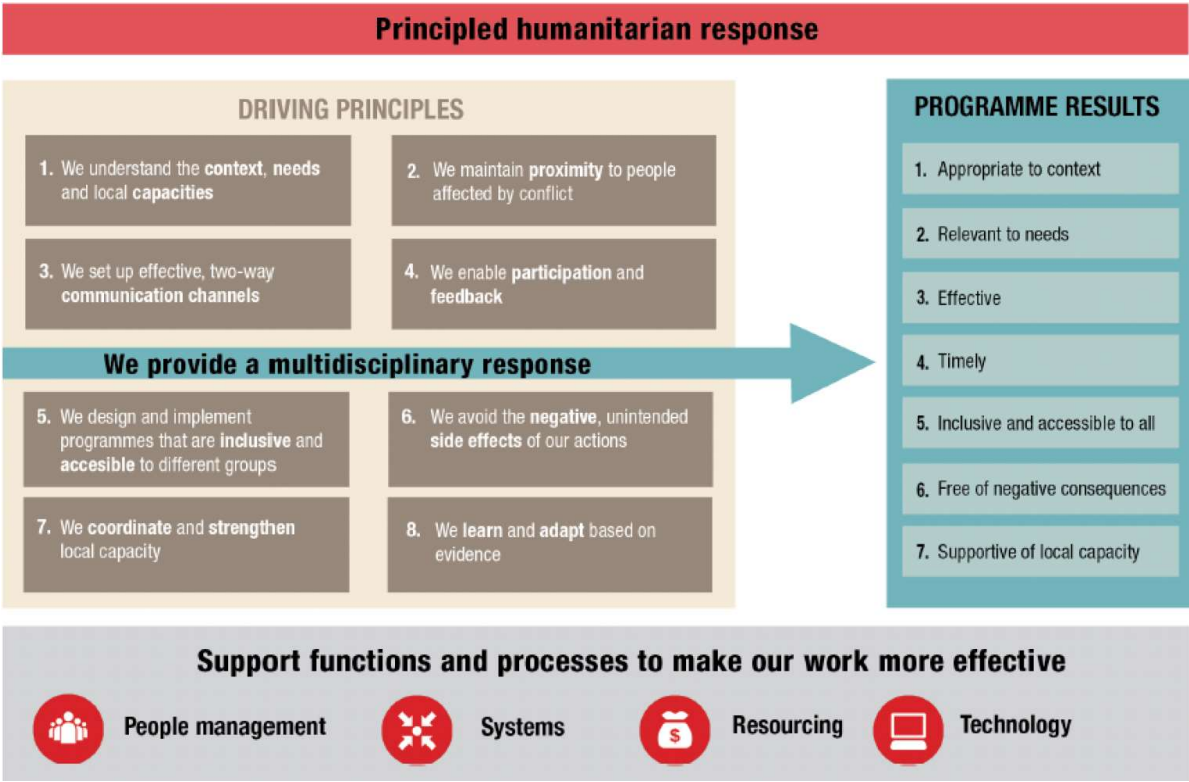
Accountability to Affected People ([AAP](#)) is an approach (cf. infographic **Error! Reference source not found.**) to preserve the dignity of people affected by armed conflict and other situations of violence. It focuses on valuing people's voices in determining their own needs and designing their own solutions, acknowledging the diversity of people forming a community and the fact they have different needs and capacities. In other words, it seeks to ensure that affected people have the power to effectively contribute to shaping humanitarian response.

Beyond recognizing the need to be accountable to individuals and communities affected by armed conflict and other situations of violence, the ICRC also acknowledges the importance of considering their specific and diverse needs, vulnerabilities and capacities, which are often linked to factors such as gender, age and disability. As such, it strives to engage directly with people and communities, to involve them in planning and implementing its activities. Listening to the people it seeks to help is also crucial to fostering acceptance for the ICRC's mandate and activities.

Guided by an institutional framework for improving its accountability to the people it works to assist, the ICRC seeks to help people and communities mitigate their exposure to risks and back their efforts to strengthen their resilience to the effects of conflict and other violence, for instance by helping them build upon their existing coping mechanisms. In line with this, the ICRC takes steps to identify the potential adverse consequences of its activities or of its lack of response, and consequently does its best to address these.

The ICRC seeks to ensure that its policies, approaches and practices are sensitive to gender, age and disability and that beneficiaries can access its services in an equitable manner. Through an ongoing process to develop an operational approach for addressing gender, age, disability and other diversity factors, the ICRC is strengthening its understanding of these issues and how they compound people's vulnerabilities. This approach allows the ICRC aims to better integrate gender, age, and disability in its operations, and ensure that its processes are inclusive and participatory. In terms of addressing the needs of people with disabilities, the ICRC has widened its scope of activities to include not only support for their physical rehabilitation but also efforts to promote their social inclusion.

The diagram below summarizes how the ICRC aims to work in humanitarian response: a strong ethical foundation with the objective to ensure the quality and accountability of our programs; a set of guiding principles and good practice that enhance our ability to achieve program results; as well as support functions and systems that enable staff to turn these principles in action.



4.3.6 Diversity and inclusion

A diversity and inclusion lens brings a richer understanding of the “people” in the ICRC’s “people-centered approach”. Such a lens supports efforts to ensure that diverse groups of people can: define their own needs, vulnerabilities and capacities; co-design activities that reflect these; and address the barriers and challenges they face when accessing the ICRC’s programs and services. While the ICRC’s thinking and approach on diversity and inclusion issues are evolving, it is developing an organizing framework to guide the institution. It is building on lessons learned from its own and other organizations’ efforts to further integrate gender, age and disability into humanitarian action.

In addition, the ICRC also seeks to foster – internally – a culture of mutual respect and collaboration, by working towards creating a workforce diverse in expertise, background and gender. A diverse workforce enables the organization to interact more directly and effectively with the different members of conflict-affected communities, stakeholders and partners in its operations. To this end, it systematically monitors diversity in the workplace and facilitates webinars and town halls for staff, covering such topics as racism in the humanitarian sector and at the ICRC.

4.3.7 Guidelines and information on how to do business with ICRC

The ICRC requires its suppliers to ensure social compliance, environmental and quality management match with international standards such as ISO 26000, ISO 14001, ISO 9001 and SA 8000. Furthermore, neutrality towards conflicting parties is a must.

When working with trading companies, the ICRC assesses their sources. In order to optimize the product’s performance, a life cycle analysis is developed in partnership with the supplier and all the stakeholders in the supply chain.

The [Guidelines and information on how to do business with the ICRC](#) document provides procurement policy related information on:

- Fundamental principles for doing business with the ICRC
- ICRC long-term relationships strategy
- ICRC active sourcing policy
- "QSE" requirements: Quality, social & environmental audits

4.3.8 Code of ethics for purchasing (goods and services)

ICRC's [code of ethics for purchasing](#) sets the ethical standards from our suppliers. The ICRC commits not only to be fair and above board in its dealings, but to avoid any conduct, which could be adversely interpreted.

4.3.9 General Conditions for Purchasing

The ICRC has a [General Conditions of Purchasing](#) (GCP) document applicable for all procurements. Purchase orders or contracts shall become effective, subject to a written confirmation of the seller that he accepts the ICRC general conditions on purchasing. Acceptance of the ICRC purchase order entails waiving by the seller of his general sales conditions.

The General Conditions of Purchasing document refers to and incorporates the Universal Declaration of Human Rights, the Convention on the Rights of the Child and the ILO's Declaration on Fundamental Principles and Rights at Work, to which sellers must abide. By virtue of these documents, the Seller must respect the following:

- prohibition on the use of child labor;
- prohibition on the use of forced labor;
- national laws regarding hygiene, safety and labor rights.

The application of these principles is based on the laws of the country in which the items are produced. Should those laws fail to be observed by the Seller and/or its suppliers, the Buyer may make recommendations. If these recommendations are not followed, the Buyer is entitled to suspend or cancel the contract. Already rendered Services that cannot be returned, or goods and services that the Buyer keeps, must be paid but no compensation for the cancellation of the contract is due.

Similarly, considerations on environmental protection are included in the GCP (Article 23), as such, environmental protection shall be taken into consideration in the complete production process and distribution chain, from the raw materials production to the point of sale, and is not limited to the ICRC's own activities and suppliers - local, regional and global environmental concerns shall be considered. Whenever possible, the Buyer has to seek to procure goods and services that lessen the burden on the environment.

4.3.10 Reference of manufacturing standards for relief items production

The [Reference of manufacturing standards for relief items production](#) document applies to relief items purchased by the ICRC. It has also been proposed to the Quality Social Environment working group members (IFRC, UNHCR, UNICEF, IOM and MSF) to become an interagency standard.

The document contains the most important references to existing international standards for requirements in:

- Quality Management Systems (QMS) and associated Quality Controls (QC)
- Environmental Management Systems (EMS)
- Corporate Social Responsibility (CSR)

The ICRC is not a normative organization and has therefore no intention to elaborate international standards. The document merely provides references to existing international standards whenever possible.

4.3.11 Internal ICRC Logistics’ SOP

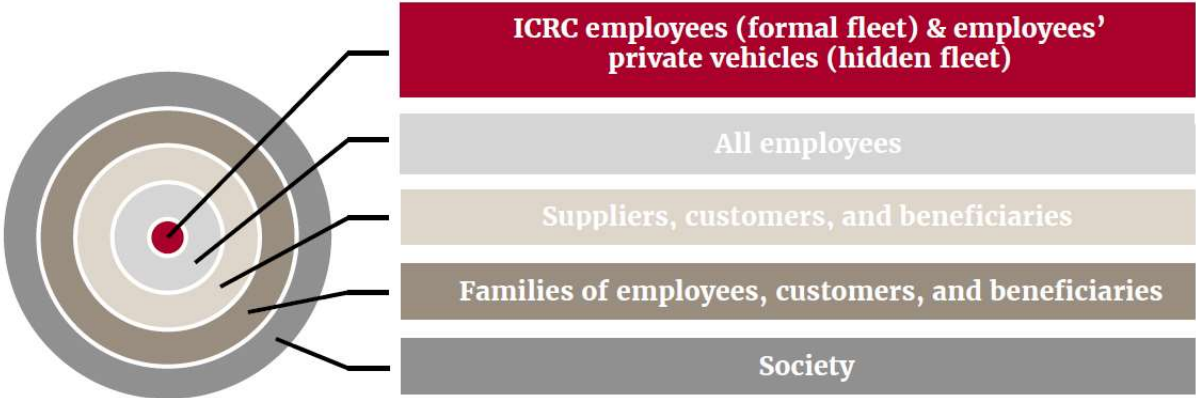
In addition to the above considerations, the ICRC has furthermore a range of rules and guidelines when it comes to procurement guidelines, transport and import/export of goods, the sustainability and responsibility of the logistical services provided, and specific standards required by medical items (cf. Annexes below).

4.3.12 ICRC traffic and road safety strategy

ICRC Fleet Safety Program believes that road safety is a shared responsibility and aims to support the institution to abide by all road safety aspects that it can control (cf. as well Annex).

ICRC’s Fleet Safety Program takes a rigorous approach to data analysis and strategic planning in order to avoid, as far as possible, the “avoidable” and prevent “preventable” crashes of ICRC vehicles on the road worldwide. Accordingly, its strategy focusses on the long-held original objectives of its fleet safety program, which are simply to:

- Protect lives
- Protect valuable assets
- Reflect a positive image of ICRC at all times



ICRC ambitions to become a key player in [VISION ZERO](#), a global strategy to eliminate all traffic fatalities and severe injuries, while increasing safe, healthy, and equitable mobility for all. The institution is as well aligned with the [Global Road Safety Partnership’s](#) efforts, as per the road safety [pledge](#) of the 31st International Conference of the Red Cross and Red Crescent.

4.3.13 Rules on Personal Data Protection

[Safeguarding the personal data of individuals](#), particularly in testing conditions, such as armed conflicts and other humanitarian emergencies, is an essential aspect of protecting people’s lives, their physical and mental integrity, and their dignity – which makes it a matter of fundamental importance for the ICRC. ICRC’s set of rules for protecting personal data have therefore been codified in its [Rules on Personal Data Protection](#) according to which it processes personal data.

ICRC’s data protection principles can be summarized as follows:

- Fair and lawful processing (Lawful bases (for e.g. collection & transfers) and fair to data subject)
- Transparent processing (Clear to data subject and communicated to them)
- Purpose specification and further processing (purpose of processing determined in advance; compatible purposes)
- Data minimization (“adequate and relevant”; not excessive (need to know, not nice to know))

- Data quality (accurate and up to date)
- Data retention (retention periods, deletion or archiving)

4.3.14 ICRC's approach to Protection

In order to preserve the lives, security, dignity and physical and mental well-being of people adversely affected by armed conflict and other violence, the ICRC has adopted a protection approach that aims to ensure that the authorities and other stakeholders involved fulfil their obligations and uphold the rights of individuals protected by law. It also tries to prevent and/or end actual or probable violations of IHL and of other bodies of law protecting people in such situations. Protection focuses on the causes, circumstances and consequences of violations, targeting those responsible and those who can influence them.

The beneficiaries include, inter alia, resident and displaced civilians, vulnerable migrants, people deprived of their freedom (in particular prisoners of war, security detainees, internees and other people at risk of being subject to ill-treatment or substandard living conditions), people separated from their relatives because of conflict, violence or other circumstances, such as natural disasters or migration, and missing persons and their families. Fighters and other persons participating in the hostilities also indirectly benefit from the ICRC's work in this domain, particularly in relation to the organization's advocacy on prohibiting certain weapons and tactics of warfare.

As a neutral, impartial and independent humanitarian organization, the ICRC seeks to ensure that all the parties to a conflict and all authorities provide individuals and groups with the full respect and protection that are due to them under IHL and other fundamental rules protecting persons in armed conflict or other situations of violence. In response to violations of these rules, the ICRC endeavors, through constructive and confidential dialogue, to encourage the authorities concerned to take corrective action and to prevent any recurrence. Delegations monitor the situation and the treatment of the civilian population and people deprived of their freedom, discuss their findings with the authorities concerned, recommend measures, support the authorities in implementing them, and conduct follow-up activities.

The ICRC has developed a set of minimum but essential standards aimed at ensuring that protection work carried out by human rights and humanitarian actors in armed conflict and other situations of violence is safe and effective. The standards reflect shared thinking and common agreement among humanitarian and human rights practitioners (UN, NGOs, and components of the International Red Cross and Red Crescent Movement). The [Professional Standards for Protection Work](#) were adopted following an ICRC-led consultation process.

Beyond these overarching considerations, a further set of [principles](#) guide the ICRC's efforts to deliver the necessary standard of care in armed conflict and other situations of violence in its health-care programs, including the like of complying with recognized professional standards, abiding by medical ethics, particularly impartiality of care and patient confidentiality, and remaining accountable to beneficiaries.

4.3.15 ICRC's compliance framework

ICRC's compliance framework includes its Code of Conduct policies and operational guidelines. The [Code of Conduct](#) reflects its commitment to meet fundamental principles and rules concerning ethical conduct in all organizational activities. It is about operational excellence with integrity - which is the core of the organization's identity.

Embedding and upholding the standards of the Code of Conduct is critical to earn the trust of the affected communities we work with, of our donors, and of other stakeholders. The ICRC aims to create a culture in which everyone feels confident to raise concerns, knowing they will be handled in a reliable, fair and consistent manner.

The implementation of the Code of Conduct policies helps grow a culture of empowerment and accountability through coaching and learning of best practices. Rather than restricting us, the Code expands options as it provides clarity on how we work and behave.

4.3.16 ICRC's response to sexual violence

Despite clear legal prohibitions, sexual violence remains widespread and prevalent during armed conflicts and other situations of violence, as well as in detention. It occurs in various contexts and has grave humanitarian consequences. Sexual violence is often utilized as a tactical or strategic means of overwhelming and weakening the adversary, whether directly or indirectly, by targeting the civilian population.

Disproportionately, survivors of sexual violence are often women, girls and sexual and gender minorities, but it can affect anyone. Given the destructive and wide-ranging consequences that sexual and gender-based violence has on individuals, a survivor-centered response (encompassing comprehensive health, mental health and psycho-social care, legal aid, and protection services) to support those affected, is essential.

The ICRC offers services and referrals to coordinated networks of specialists to implement this [response](#). Furthermore, the ICRC ensures that the risks of sexual and gender-based violence are mitigated in its programming, and aids survivors such as through community-based livelihood programming — including a discussion with ICRC mental and psychosocial health delegate to address the prevention of sexual violence.

Sexual violence tends to be a sensitive issue, and despite clear legal and humanitarian imperatives to respond to it, it is often characterized as too 'taboo' to deal with. The ICRC launched its first annual Special Appeal on Sexual Violence in 2013 to break said taboo, to support authorities in tackling the issue, and to ensure the provision of care to survivors of sexual violence; its efforts are currently guided by its [Strategy on Sexual Violence](#).

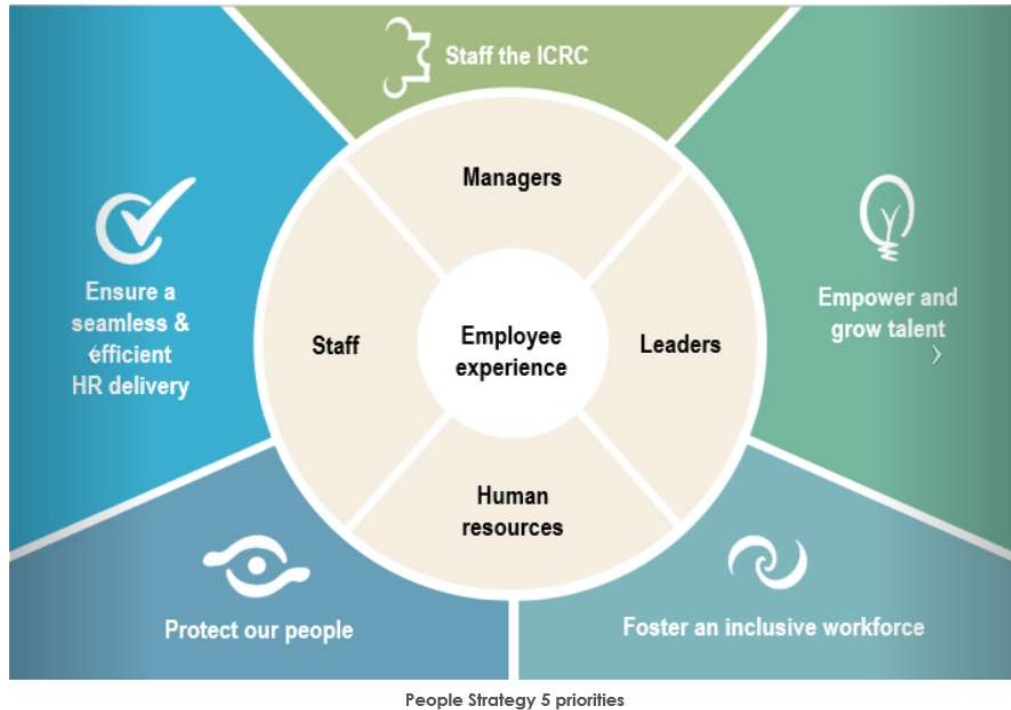
4.3.17 ICRC HR policies

The ICRC is a people-centred organization that puts individuals affected by armed conflict at the centre of its mission. Its work and approach to affected people are what enable it to attain acceptance as a trusted actor in the humanitarian sector. The ICRC's staff are its main value creators and the driving force of its success, delivering solutions to complex issues in challenging and unpredictable environments.

The Human Resources Department ensures that the ICRC has a sufficient pool of competent staff to meet its operational needs worldwide. It develops the policies, tools and services for recruitment, compensation, training and talent management to allow for the sustained growth of the ICRC. Its policies are geared towards raising professional standards, developing the particular skills required for humanitarian work and supporting management and empowerment of a diverse and inclusive workforce through its professional hierarchy. The department strives to promote institutional cohesion by encouraging staff to identify with the organization's visions and objectives. The ICRC is an equal opportunity employer.

The ICRC People Strategy from which its policies derive, outlines five, simple priorities. These aim to provide employee experience that would safeguard the intrinsic, humanitarian motivation that inspired colleagues to join the ICRC in the first place. The strategy is accordingly centred on employee experience as an ICRC-wide initiative. It strives to strike a balance between creating a positive employee experience, and best fulfilling our humanitarian mandate. As rewarding as ICRC's work might be, it also frequently involves living in difficult, high-pressure environments. The Strategy looks at how to better navigate these

ups and downs of humanitarian work – for instance, by improving staff support services.



4.4 World Bank environmental and social framework

When providing financial support to projects, the World Bank aims to ensure that the people and the environment are protected from potential adverse impacts. The Bank does this through policies that identify, avoid, and minimize harm to people and the environment. These policies require its partners to address to the best of their availabilities provided given circumstances, certain environmental and social risks in order to receive World Bank support for investment projects.

Referred to in the Environmental and Social Framework are Environmental, Health, and Safety Guidelines. These are technical reference documents with general and industry-specific examples of Good International Industry Practice (GIIP), containing the performance levels and measures that are normally acceptable to the World Bank Group in traditional intervention contexts.

5 Baseline data

5.1 Situation overview

The Republic of South Sudan faces considerable humanitarian challenges, which have increased substantially since the start of the conflict in December 2013. The legacy of civil war and chronic underdevelopment impact heavily on the ability of the still-new nation to provide basic services and respond to humanitarian needs, rendering communities vulnerable to the effects of insecurity, displacement, food shortages and outbreaks of disease.

A humanitarian crisis has continued in South Sudan on a costly trajectory for the country’s people and their outlook on the future. The compounding effects of widespread violence and sustained economic decline have further diminished the capacity of people to face threats to their health, safety and livelihoods.

Sporadic fighting and surges of violence in new areas have forced people to flee their homes, many of them multiple times. Violence continues and has become a recurrent reality for civilians. Internally displaced people’s access to services has eroded with insecurity and economic decline. Rape and other

types of gender-based violence (GBV) are pervasive but go largely unreported. Particularly vulnerable groups such as children, people with disabilities and older people, suffer the most intense consequences of sustained displacement, violence and lack of access to services.

Continued economic decline has undermined people's access to basic resources. The cost of living has continued to escalate markedly. The effects are particularly acute in urban areas, with increasing inflation. Fuel shortages have constrained activity and hobbled public services provision, compounded by irregular salary payments to public sector employees.

Malnutrition has remained a constant, with food insecurity continuing to be widespread. Insecurity and related displacement have undermined already compromised agricultural production, destroying the livelihoods of farmers and herders and causing food shortages. Severe food insecurity is recurrent, triggered by burst of violence, epidemic outbreaks, and climate-linked fluctuations.

5.2 Problem analysis

Nearly 5 million South Sudanese people need humanitarian health services (OCHA, 2018). The population is highly susceptible to disease and war-related injuries. Communicable diseases continue to spread and disease outbreaks plague the country. Inadequate infection control and health-care waste management, combined with lack of water quality monitoring in health-care facilities, pose a significant public health threat. The mental health and psychosocial burden increases each day that the conflict is prolonged. Access to health care is increasingly limited due to destruction or occupation of health facilities by armed groups, attacks on health workers, and shortages of drugs and skilled professionals. A significant proportion of health facility out of the overstretched total are not functional, while those which are operational face challenges of delivering the complete basic package of health-care services due to a combination of extensive looting, critical loss of human resources, frequent stock outs of drugs and pharmaceuticals, and fiscal delays. The absence of services means that cases needing emergency obstetric care, as well as tuberculosis, HIV/AIDS and mental health issues go largely untreated, causing increased morbidity and mortality.

Displaced people face the most complex challenges in accessing health care, particularly those who have fled to remote areas. Children under age 5 are particularly vulnerable to disease, including due to the low level of routine immunization and poor nutrition status. Survivors of gender-based violence have inadequate access to services and women do not have adequate access to skilled personnel during pregnancy and childbirth. People living with HIV/AIDS or tuberculosis, mental health and disabilities have been cut-off from life-saving treatment by the conflict and the lack of resources due to the economic crisis.

The conflict has taken a major toll on the health care system, with the Equatorias, Jonglei and Upper Nile being the hardest hit. Humanitarians have continued to provide up to 80 per cent of health care services in South Sudan, with continuity of services relying on availability of funding. There is also a lack of infection control, health-care waste management, water quality control and monitoring to mitigate risks of diseases spreading.

According to the [WHO](#), the population of South Sudan is highly susceptible to disease and conflict-related injuries. Disease outbreaks have lasted longer than ever and reached previously unaffected areas, weakening already vulnerable people's ability to cope with multiple shocks. Preventable diseases like measles spread unchecked. The mental health and psychosocial burden increase each day that the conflict is prolonged.

Based on the main findings of a 2017 third party external [evaluation](#) of South Sudan International Health Regulations core capacities, a range of wider systemic challenges prevail, some of them usefully mentioned to provide the backdrop of the program. For example:

- South Sudan has legislation and several regulations and administrative documents that govern public health surveillance and response. However, many of the documents are in draft and therefore cannot be put into operation.
- Generally, there is no formalized structure for coordination and communication between relevant ministries and other stakeholders on events of national and international interest. This often leads to duplication of efforts and delays in response.
- There is no national plan for the detection and reporting of antimicrobial resistance (AMR) pathogens and no healthcare associated infection (HCAI) sentinel sites have been set up. South Sudan currently has no AMR reference laboratory.
- Immunization coverage remains low at 34%, as the country is faced with the challenge of nonfunctioning health facilities due to ongoing conflict, inadequate funds and a high rate of attrition of trained immunization staff due to poor motivation. The presence of difficult terrain and conflict also means that certain parts of the country are left out for significant periods of time without vaccines.
- The local health workforce capacity of South Sudan is quite low at all the levels in terms of numbers and skills required. No mechanism is in place to train and track field epidemiology capacity and general staff attrition is high.

6 Stakeholder engagement

The ICRC's operational approach, in which teams are physically embedded in the communities for which it works, is one that facilitates an ongoing process of participation and feedback from key stakeholders.

Moreover, the ICRC's multi-sectoral approach to assistance – integrating elements of its Health, Water and Habitat (WatHab), and Economic Security (EcoSec), all the while ensuring Protection needs and concerns, ensures that needs across sectors are taken into consideration and programs are adapted accordingly, and that feedback is integrated and communicated across sectors to be reflected into activities when pertinent and feasible.

Throughout its presence in South Sudan and notably in Jonglei and Upper Nile ICRC has conducted monthly consultations with community elders, elected representatives of the local communities; in addition to cooperation on a day-to-day basis with local health staff as well as patients. Beneficiaries have raised issues which focus on requests of further extending the support provided by ICRC and in parallel increase work opportunities for local communities. The feedback underlines backing for the project, considered as broad community support.

The ICRC follows the principle that consultations need to be inclusive of all social/economic groups, gender, youth, disability and marginalized/at risk groups. The aim of this continuous dialogue is to inform key stakeholders of the project, obtain their feedback to improve the project, obtain broad ownership of project activities and discuss how negative impact and grievances (if any) will be mitigated.

6.1 Broader Framework

People benefiting from humanitarian action depend on the quality of the services they get from organizations, a process over which they can have limited influence. Humanitarian organizations have an ethical responsibility to consider affected populations' wishes, factoring in vulnerabilities, local capacities and culture, to manage resources efficiently, and to produce results maximizing beneficial effects. The ICRC thus takes pains to continuously improve the effectiveness and efficiency of its work and to increase its accountability to affected populations, first to the people it serves, and second to external stakeholders, notably partners.

To do so, the ICRC employs a structured approach – known as results-based management – to planning, implementing and evaluating its activities. The approach calls on the organization to focus on the

expected results for the beneficiaries throughout the management cycle, and not simply on project implementation or budget control. Result-based management links activities from one stage to the next; requires the collection of information at each stage, which is used for management and reporting purposes; and ensures that resources are used to the best intended effect. The cycle starts with an assessment, which, after analysis, may lead to the formulation/planning, implementation, monitoring, review and, in some cases, evaluation of a humanitarian operation. The entire cycle and the decisions taken therein are consistent with the ICRC's mandate and its legal and policy framework.

The phases of the cycle are progressive: each needs to be completed for the next to be tackled successfully, with the exception of monitoring and evaluation, which is a continuous process during the implementation phase and may be conducted at any stage. Decision-making criteria and procedures are defined at each stage, including key pieces of required information and quality-assessment criteria. On the basis of its monitoring, the ICRC recalibrates activities to ensure it remains focused on the expected result and to verify that the expected result is still pertinent. Renewed planning draws on the results of the monitoring, review and, in some cases, evaluation of previous action, programs and activities; these steps also come as part of the institutional learning process.

The ICRC's result-based approach to management shapes its yearly internal Planning for Results (PfR)

To further reinforce participation of stakeholders, the ICRC follows its Accountability to Affected People Institutional Framework (see Annex 6). Accountability to Affected People (AAP) is an approach that seeks to preserve the dignity of people affected by armed conflict and other situations of violence. It focuses on giving people a voice in determining their own needs and designing their own solutions, acknowledging the diversity of people forming a community and the fact they have different needs and capacities. In other words, it seeks to ensure that all relevant key stakeholders have the power to effectively contribute to shaping humanitarian response.

The ICRC recognizes the need to be accountable to individuals and communities affected by armed conflict and other situations of violence. It also acknowledges the importance of taking into account their specific and diverse needs, vulnerabilities and capacities, which are often linked to factors such as gender, age and disability. As such, it engages directly with people and communities, in order to iteratively calibrate its planning and implementation. Listening to the people it seeks to help is also crucial to fostering acceptance for the ICRC's mandate and activities.

Guided by the AAP Institutional Framework, the ICRC helps people and communities mitigate their exposure to risks and back their efforts to strengthen their resilience to the effects of conflict and other violence, for instance by helping them build upon their existing coping mechanisms. In line with this approach, the ICRC takes steps to identify the potential adverse consequences of its activities or of its lack of response, and does its best to avoid, lessen, mitigate or compensate for these.

The ICRC seeks to ensure that its policies, approaches and practices are sensitive to gender, age and disability and that beneficiaries can access its services in an equitable manner. It is continuously strengthening its understanding of these issues and how they compound people's vulnerabilities, ensuring that its processes are inclusive and participatory. In terms of addressing the needs of people with disabilities, the ICRC has widened its scope of activities for people with physical disabilities to include not only support for their physical rehabilitation but also efforts to promote their social inclusion.

The ICRC recognizes that the socio-economic and other effects of the COVID-19 pandemic are not the same for all: people who are already socially marginalized prior to the pandemic are often rendered even more vulnerable. For instance, the lockdowns necessitated by the pandemic may expose women and adolescent girls to abuse and other violence at home; the closure of schools may expose schoolchildren to abuse or neglect; and the pandemic-related movement restrictions may make it harder for persons with disabilities, victims of violence (including sexual violence), and older people to obtain the services or the

assistance they need. Because of this, the ICRC issued a guidance note³ on inclusive programming during the pandemic to all its delegations worldwide. This guidance note provides practical recommendations for ensuring that the distinct needs of marginalized groups and people at risk – women and adolescent girls; children; the elderly; persons with disabilities; victim/survivors of sexual and gender-based violence; people with pre-existing medical conditions, among others – are actively addressed through participatory consultations and inclusive decision-making.

In all its stakeholder engagement, the ICRC will continue to observe the “do no harm” principle, which is at the core of its action. It will work to ensure that ICRC project do not harm people, as well as providing people with a safe space for expressing their concerns, suggestions and complaints, and that their doing so will not expose them to retaliation, stigmatization or any further harm.

The ICRC’s approach thus builds on a strong ethical foundation of guiding principles and good practices, which, with support functions and systems to enable staff to turn these in action, ensures the quality and accountability of its programs.

6.2 Community Protection

While proximity to and dialogue with affected populations have always been part of the working modalities of ICRC, the organization increasingly makes specific and explicit efforts to ensure that community-based protection (CBP) approaches are integrated more systematically into its responses. Engaging with communities in this way not only aims to help strengthen their resilience by reducing their exposure to threats and to harmful coping strategies but is also a crucial component of the ICRC’s commitment to AAP.

CBP is a people-centered, participative, multi-disciplinary process which provides a methodology to look at communities’ issues and concerns through a protection lens.

Overall, CBP aims at understanding humanitarian issues from the community’s perspective and contributing to the development of risk reduction strategies with and for the community. The main objective pursued is to enhance protection of affected communities by:

- Reducing communities’ exposure to threats;
- Mitigating harmful coping strategies communities can resort to as a result of threats; and
- Strengthening communities’ sustainable coping strategies.

In some cases, the ICRC supports communities by strengthening their existing self-protection activities or by developing new strategies identified by the community. In other cases, where it surfaces a possible strategy that has not been suggested by the community, the ICRC may propose such a response in full consultation with them. Concrete CBP activities also include:

- Raising awareness in relation to a risk: Risk awareness refers to providing information to communities a) on the nature of the risk, b) on existing rights, c) on how to avoid and respond to threat exposure and/or 4) on available services.
- Safety measures: This refers to activities that the ICRC can carry out to reduce risks that communities are exposed to, by strengthening or assisting in the development of strategies employed by people to protect themselves from threats to their safety, liberty and dignity. Self-protection strategies can refer to reinforcement of passive security, safe movement and behavior and preparedness measures.
- Providing Assistance aiming to Reduce Risk Exposure: Assistance aiming to reduce risk exposure refers to assistance interventions that both address the physical needs of a person and

³ “COVID-19: Inclusive programming – Ensuring assistance and protection addresses the needs of marginalized and at-risk people”, accessible at <https://www.icrc.org/en/document/covid-19-coronavirus-inclusive-programming>.

simultaneously seek to reduce their exposure to a threat or to propose alternatives to harmful coping strategies.

- **Facilitating Engagement Strategies:** Enhancing or developing engagement strategies entails: activities which reinforce communities' endeavors to encourage authorities, weapon bearers or other relevant stakeholders to uphold their obligations and respect the community's rights; or mediation and liaison activities between communities and authorities, weapon bearers or other relevant stakeholders to develop direct dialogue.
- **Supporting Self-Organization and Community Cooperation Processes:** Supporting community self-organization refers to measures aimed at improving the internal organization of a community. Enhancing community self-organization entails reinforcing the functioning of or establishing effective community structures. Supporting inter/intra-community cooperation processes refers to activities addressed at supporting and improving the willingness of members of a society to cooperate with each other in order to better cope with threats and improve their capacity to protect themselves. Improving community cooperation processes entails, through relevant partners, reinforcing social processes and networks.

The ICRC's CBP activities are an important complement to its other protection approaches.

6.3 Acceptance and Access

Acceptance by communities and parties to the conflict, one of ICRC's central pillars of security and cornerstone of engagement, ensures proximity of its staff to people in need. The combination of its international and local staff provides a powerful leverage of global expertise and local knowledge, to ensure that the voice and perspectives of those left furthest behind are not forgotten, but rather sought after, whether through community engagement processes, or the experience of the analysis of teams. The holistic and multifaceted approach of the ICRC allows as well its teams to fan-out and aggregate their collective knowledge to both better leverage the teams understanding of its operating environment as well as response to needs of the most vulnerable.

6.4 Project-specific stakeholder engagement plan

As reflected in the Stakeholder Engagement Plan for the Project (cf. as well table in Annex), the ICRC is building on the solid base of its past 24 months presence in Akobo County Hospital for the continuation of its secondary health care services in alignment with the terms agreed upon in the memorandum of understanding with the County Health Department (CHD).

ICRC interactions with stakeholders currently range from the daily to the quarterly. They include the constant dialogue ICRC Health teams have with patients and their caretakers, the ad hoc exchanges with Akobo town dwellers and regular monthly meetings held with administrative and health authorities. Participatory exchanges involving community members and representatives, traditional leaders and local authorities continue to be the basis for calibrating the design and implementation of the Project.

As per normal *modus operandi*, the ICRC in South Sudan meets regularly with relevant authorities and community representatives to exchange on the areas of responsibility of the ICRC and those of the community and health authorities (County Health Department/ director). Since the onset of the COVID-19 pandemic, the ICRC has maintained and will continue to maintain regular meetings with the CHD but has had to temporarily diminish interactions with the Community Board for precautionary measures. The CHD maintains strong contact with the community, however, and relays information, feedback and grievances accordingly to the ICRC. The Community Board continues to be consulted on an *ad hoc* basis for urgent or specific needs. .

ICRC teams will continue to be mindful of stakeholders' sometimes unrealistically high expectations of benefits that may accrue to them from in connection with the Project, be it the scope of health services for patients or the amount of financial incentives that the ICRC provides for Akobo County Hospital staff.

The ICRC will uphold the terms and conditions of the memorandum of understanding signed by the CHD and the ICRC in relation to the Akobo County Hospital and continue to communicate clearly on what it can and cannot do on the basis of the signed agreement, which establishes an unambiguous delineation of the ICRC's roles and responsibilities.

As stakeholders may easily tire of the consultation process, the ICRC makes sure that its teams do not make promises but use the consultation process as an opportunity to manage expectations, correct misconceptions, disseminate accurate project information, and gather and address stakeholders' feedback.

As the ICRC's support for Akobo County Hospital is being carried out in line with a memorandum of understanding signed with the local health authorities, complaints and questions about the scope of the ICRC's support (e.g. amount of financial incentives, the kind of services provided) will be addressed – as the ICRC has done in the past – in cooperation with the Akobo County Health Directorate.

During community discussions, examples of key issues (mostly linked to livelihoods) communities raised in relation to support covered by the Project were:

- Requests to increase the number of staff to be added to the incentive list to increase local employment. The ICRC explained that the size of the workforce is established on needs-based criteria and the availability of suitably qualified staff is co-designed by the County Health Director (CHD). In most cases, a satisfactory solution is found.
- Requests to increase the incentives. ICRC's incentive scale being already at the upper edge of the MOH's approved barometer, an understanding of the challenge in meeting said request was sought.
- Requests to widen available services at Akobo to tertiary care. ICRC explained that the ICRC supports the services that should be available at a county hospital according to the BPNHS and therefore does not have the power or authority to provide additional services
- Requests for the Akobo County hospital staff to be placed on ICRC contracts and thus benefit from the ICRC compensation package. ICRC explained that if staff wished to be on ICRC contracts, then this would result in the current staff having to apply during formal recruitment opportunities and, given the lower than average quality of services they provide, many of them would not be offered contracts. In addition, ICRC explained that Akobo County Hospital is a government hospital staffed by government health workers and it is not an ICRC hospital
- Request for ICRC to bring in international specialists for certain diseases e.g. kidney specialist. ICRC explained that our role is to provide support to those qualified South Sudanese professionals to build their capacity and the community acknowledged that none of the South Sudanese doctors wanted to work in Akobo County Hospital, bar the reality that such specialists do not exist in country.

As noted in each of the specific examples above, the concerns raised in consultations are addressed through discussions with the community members and are included in the program's response when and as possible.

7 Environmental and social risks – and their mitigation

The ICRC secondary healthcare program increases the safe access to quality services to conflict affected communities and internally displaced people through improved delivery via functional structures and professional care. These services are expected to contribute to reduction of child mortality, maternal mortality, reduce spread of vector diseases and general improvement in the quality of health service delivery.

Main risks stem from variables of the ongoing violence, which continues to divide segments of society, and increases the risks of leaving some more vulnerable behind (whether physically, mentally, or economically). No serious adverse impacts to people are expected from the project's implementation itself, notably given the integration of the ICRC's AAP protocols, whilst worker and community health and safety will benefit from the exposure and related on-site training of ICRC best practices. Looking more closely, from an environmental perspective, the main hazards pertain to risk linked to the management of medicinal products and/or the generation of medicinal and healthcare waste. The ICRC's institutional protocol to handle the health services related refuse as well as its far-reaching experience in operating such programs in challenging environments will allow it to mitigate the impact generated by the hospital's activities.

In general, the negative environmental and social impacts associated with the Health program (detailed in the sub-sections below) will be localized, temporary, and easily mitigated, considering the type, location, sensitivity, and scale of the proposed project, as well as the mitigating measures that are part of the ICRC's standard practice. No serious adverse impacts to people or the environment are thus expected⁴. Nonetheless, risks always remain a possibility, and measures to prevent and mitigate those risks will be taken accordingly.

The ICRC will notably continue to implement material measures and actions so that the Project integrates the World Bank Environmental and Social Standards (ESSs). The resulting and separate Environmental and Social Commitment Plan (ESCP) sets out a summary of these measures and actions to that affect, as well as a corresponding timeline for completion throughout the Project period.

The risks and response measures of relevant Environmental and Social Standards are described hereunder.

7.1 Assessment and Management of Environmental and Social Risks and Impacts (ESS1)

The ICRC's operational security rests amongst other on its acceptance by all parties to a conflict and the communities that it intends to serve. As exposed **Error! Reference source not found.**, this acceptance is gained through a continuous consultation process, which is an integral part played by each ICRC staff in South Sudan, whether formally or informally. This constitutes a constant feedback loop provided by the multi-disciplinary teams, ensuring needs, views, and grievances of a variety of stakeholders ranging from the voiceless to traditional leaders to armed groups are calibrated into the ICRC's operational practice. More pointedly, ICRC project staff, deployed daily to the Akobo County Hospital since late 2018, provide a dynamic vector of conversation stretching from patients' families to the highest Health authorities.

Additionally and more formally, in the framework of the **Error! Reference source not found.** mentioned ICRC AAP framework, taking a people centered, inclusive approach to programing, providing people affected by conflict a way to be involved in decisions that affect their lives is more than ever at the center of the ICRC's efforts. It enables them to determine their own needs and co-design solutions, preserving their dignity, ensuring inclusiveness, and acknowledging the diversity of people forming (or not) a community, and the fact they have different needs, vulnerabilities and capacities. As all ICRC delegations, the South Sudan team is guided in this endeavor by regular self-assessments offering a practical way to document practices and consolidate approaches, ensuring social considerations remain anchored in every delegates' practice.

⁴ Not financed in the frame of this project, light rehabilitation, regular maintenance, and essential renovation works to existing health facilities will be done as might be needed to provide a safe and sanitary environment for patients and personnel. No social threat and no significant environmental risks can be linked to these minor, site specific, time-bound works within the compounds of existing premises.

Furthermore, as detailed in the following sub-headings, both the quality assurances of the medical inputs provided as well as the professionalism of the staff deployed will ensure, at the social level, the best possible care provision to beneficiary communities (cf. as well the SA document provided for the same program separately).

Finally, environmental considerations, for their part, have been assessed regularly in the past 24 months, with the response adapted as needed. It is a dimension of the intervention's byproduct fully considered through the prism of the ICRC's medical waste management protocol as detailed **Error! Reference source not found.**

7.2 Labor and Working Conditions (ESS 2)

7.2.1 Risk

South Sudan is, as described in prior sections, because of its natural environment, conflict dynamics, socio-cultural realities, and economic predicament, presenting some risks to deployed staff, comparable to a range of other typical ICRC duty stations, given its mission. The risks are mainly linked to increased exposure to health hazards and security threats. The ICRC's mandate and long experience in challenging operating environments have led it to develop adapted policies, processes and procedures to ensure the safety of staff and adequate working conditions.

More generally in terms of labor management procedure, ICRC's HR policies apply to all contracted staff worldwide, including those on the Project. Its HR management is framed by Swiss labor law, considered globally to set amongst the highest standards – there is thus no risk linked to this particular dimension.

7.2.2 Response

As a responsible employer, the ICRC promotes and integrates sound worker-management relationships, treating its staff fairly and providing safe and healthy working conditions as per its staff rules, which follow Swiss and where applicable South Sudan Labor Laws.

Furthermore, beyond briefings and trainings related to working in challenging operating environments⁵ and ICRC's institutional security management protocols (cf. Annex), particular medical precautionary steps are taken to ensure the physical (e.g. required immunizations and prophylaxis) and psychological readiness of deployed staff, as well as suitable knowledge of (e.g. through trainings, cf. Annex) and care in terms of any undue health hazard exposure (cf. annexes below on Medical Standard for Deployment and PEP guidelines, as well as the ICRC's medical waste management [SOP](#)). To that end, primary prevention considerations are taken into account, notably regarding the elimination of hazards; collective and technical prevention (e.g. using needle receptacles); organizational prevention (e.g. clearly assigned duties and responsibilities to all team members); and individual prevention (e.g. the use of personal protective equipment). Standard secondary prevention measures in the event of an accident are as well applied in South Sudan, with the ICRC's standard exposure control plan for blood-borne pathogens being followed for the main risk identified as being linked to the handling of needles/sharps. Should such incidents occur, these are reported to the ICRC hierarchy as per requirements linked to the use of PEP kits.

For both physical and psychological needs of its staff, in addition to a central, HQ based Health service, a staff health officer is as well available in Juba.

⁵ Cf. for example "Safer Access in my Daily Work" (<https://shop.icrc.org/safer-access-in-my-daily-work-pdf-en>); "Staying alive" (https://www.icrc.org/en/doc/assets/files/other/icrc_002_0717.pdf)

7.3 Resource Efficiency and Pollution Prevention and Management (ESS 3)

7.3.1 Risk

Medical procurement necessitates, for quality assurances and due diligence purposes, meticulous and long process chains to reach contexts like South Sudan. The integration of efficiency and economy considerations in the purchasing, shipping, and handling processes linked to input related efforts requires a fair balance to be struck

From an output perspective, medical facilities generate waste, 20 percent of which can be infectious, contain toxic chemicals and pose contamination risks to both people and the environment. If patients are to receive health care and recover in safe surroundings, waste must be disposed of safely. Although the risks associated with hazardous medical waste and the ways and means of managing that waste are relatively well known and described in manuals and other literature, the treatment and elimination methods advocated require considerable technical and financial resources and a legal framework, which are often lacking in the contexts in which the ICRC works in general and South Sudan in particular. Staff is often unequipped for coping with this task. Poor waste management can jeopardize care staff, employees who handle medical waste, patients and their families, and the neighboring population. In addition, the inappropriate treatment or disposal of that waste can lead to environmental contamination or pollution. Management of waste from health services must be understood and addressed by everyone working in medical facilities, from those washing the floors to the senior administrators.

7.3.2 Response

The ICRC's medical inputs to the South Sudan health programs are procured internationally, arbitrating its global footprint and leveraging economies of scale for maximum efficiency, effectiveness and economy. Institutional considerations regarding its Code of ethics for purchasing (goods and services) as well as General Conditions for Purchasing (cf. **Error! Reference source not found.**) which take into account environmental (and social) considerations, are directly applicable when it comes to concerns of efficiency and pollution related matters of used inputs.

Output related prevention and management considerations center on medical waste and respects the ICRC's guidelines on the matter (detailed **Error! Reference source not found.**, as well as in the Annex). More specifically, in South Sudan the following specificities can be mentioned.

In Akobo County Hospital, the ICRC (i.e. its Water/Habitat engineering teams) has built an incinerator with high temperature dual combustion chambers (based on De Montfort models blueprints, cf. Annex), using available materials in-country as well as importing refractory bricks in order to improve burning efficiency. The ICRC has as well incorporated the strengthening of the health facilities' operation and maintenance in addition to general waste management, whether through the provision of essential input as well as training and mentoring (cf. Annex on the minutes of such a curricula). A medical waste plan exists with the ambition to improve on it, notably following late 2020 flood related damages.

In Akobo County Hospital, the waste management area is secured by a fence. ICRC staff works closely with local health staff, training them on waste segregation, with different type of disposal areas as per the typology of waste being generated. Non-hazardous waste are collected and disposed of separately from infectious and hazardous wastes, collected and disposed on site either by incineration or in secured pits for placenta, ashes, needles and blades.

7.4 Community Health and Safety (ESS 4)

7.4.1 Risks

People benefiting from humanitarian action depend on the quality of the services they get from organizations, a process over which they can have limited influence. Power differentials, cultural

differences, absence of technical knowledge, limits of agency, lack of choice, and the acute nature of needs can generate circumstances and conditions exposing communities to further vulnerabilities. Solid ethical anchors, rigorous professionalism, and effective compliance mechanisms are thus essential ingredients in any humanitarian response.

Traffic and road safety risks that are generally considered under these dimensions are deemed close to nil for the implementation of the Project activities as ICRC teams in Akobo typically walk from their accommodation to the county hospital and South Sudan's road infrastructure and general environment preclude overland movements between Akobo and Juba.

7.4.2 Response

Community health will benefit from the ICRC's envisaged program to increase its access to basic health services, with a particular attention provided to the most vulnerable through dedicated community engagement (cf. SEP document provided in parallel for the same Project). The professionalism of the ICRC's health staff and of its management of other inputs (cf. [Code of Conduct](#) and related policies on the prevention of and response to sexual as well as on the prevention of and response to fraud and corruption; cf. annex below on Staffing and Hiring) and outputs (cf. as well Resource Efficiency and Pollution Prevention and Management section **Error! Reference source not found.**) will guarantee the safety and security of its beneficiaries.

The ICRC engages in rigorous hiring practices, which includes mandatory signature of and compliance with the ICRC's Code of Conduct (see Annex 1). These, linked to additional continuous performance management monitoring, ensure the professionalism of staff engagement in the discharge of their duties, in addition to the humanitarian vocation sought from ICRC employees, and the institution's overarching 'do not harm' framework.

For mobile health staff, the ICRC selects qualified candidates through a competitive bidding and interview process. It includes having to respond to questions to ascertain any criminal background, including 1) whether the candidate has been convicted of a crime or subject to any criminal or administrative penalty by any competent authority; 2) whether the candidate has been dismissed or subject to any disciplinary measure or sanction by an employer or had his/her mission or service ended or curtailed for fraud, harassment, sexual harassment, sexual exploitation or sexual abuse⁶. If responses are satisfactory, the recruitment then proceeds with a technical interview, as well as an interview with human resources, which assess the candidate's motivations and commitment to the ICRC's humanitarian mission, leadership skills, ability to work in teams, ability to negotiate, ability to learn from mistakes, etc. ICRC's human resources department then conducts two reference checks, and reviews the applicant's certifications – such as diplomas, certificates, letters of recommendation, etc.

South Sudan being epidemic prone, ICRC staff will continue to adapt and apply SOPs to ensure they do not become vectors of an additional disease burden. Whether in behavior, processes, or equipment, the lessons from both the Ebola and Covid-19 pandemics are and will continue to be integrated in daily practices.

Regular supervision and monitoring visits by in-country health coordination and health experts from the Health Unit at the ICRC HQ will be conducted to ensure quality of care and service delivery.

Patients and/or their caretakers are informed upon admission and treatment by health care staff, generally national ICRC employees given language barriers, of the services they are being provided with and the possibility for them to choose to opt-out from these or express any concern. All services are based on the principle of impartiality, ensure equity and fairness based both on medical ethics and the

⁶ ICRC is one of the founding members of the Inter-Agency Misconduct Disclosure Scheme, which regulates the disclosure of safeguarding-related misconduct in recruitment processes within the humanitarian and development sectors

ICRC's NIIHA culture. Their personal data will be taken as needed only for the provided health care services, stored safely, and not divulged to third parties as per the more general ICRC data protection rules (cf. above). In addition, community leaders act as an additional relay to channel any complaint if need be, f.e. in their monthly meetings with the ICRC. Should such be aired via either means, they are discussed on the spot with the team and addressed if possible; if not, the issue is taken up the ICRC hierarchy in order to identify the best way forward with the parties concerned.

In order to ensure the quality of the procurement, storage and transport of the medical items, ICRC's standard operating procedures (cf. Internal ICRC Logistics' SOP **Error! Reference source not found.**) are applied by the ICRC Juba delegation. In practical terms for ICRC's South Sudan operations, three levels of risk of impacting the patient's health are identified, and therefore Item category and applicable rules for procurement of medical inputs are distinguished as follows:

- **Item 1:** Products at low risk and thus if the quality is of acceptable standard, they can be bought locally without Geneva validation (mainly nonsterile Medical Devices)
 - Non-applicable for South Sudan though procurable via the regional logistics center in Nairobi.
- **Item 2:** Products at medium risk (mainly sterile medical devices) can potentially be procured through Logistics Supply Centers if Geneva Technical advisers could source the right products, after conferring with either the Geneva Head Pharmacist or the Regional Pharmacist
 - Partially applicable for items not safely procurable via the regional logistics center in Nairobi.
- **Item 3:** Products at high risk for the patients (mainly pharmaceuticals) have to be procured through Geneva Logistic center. A separate Quality Assurance policy for qualifying products and suppliers exists at the ICRC, the main points to guarantee the quality of pharmaceuticals being based on audits of manufacturers and marketing authorization of pharmaceuticals in highly regulated countries
 - Applicable to the South Sudan operations.

When receiving medical items at the Juba warehouse and secondary field sites, the manufacturer, batch number and expiry date of each original manufacturer carton (secondary or tertiary packaging) with the respective information on the packing list is done, all the while checking for signs of tampering.

Regarding storage realities, the South Sudan delegation has a medical facilities network composed as follows: a climate controlled central medical warehouse in Juba and dedicated pharmacy in Akobo. The management of the cold chain equipment is guaranteed by ensuring at minimum eight hours of electricity during 24 hours for cold room, ice-lined refrigerators and fridges, with available spare capacity in case any equipment become faulty. The cold room, ice-lined refrigerators and freezers are kitted with temperature sensors connected to ICE3/Extra remote temperature monitoring system as well as a mains electricity supply monitoring system. Internal temperature of the main warehouse is monitored with ICE3/Extra temperature data loggers, which are checked by the Medical Logistician and the Pharmacist over the Cold Cloud on a daily basis. Any variance and undertaken remedial action are logged in a Cold Cloud report at the Juba level and alarms are sent via e-mail and sms.

On considerations pertaining to transport of medical items, when receiving cold chain consignments from Geneva, the "Arrived" / "Stop" button on the "Libero" or "Q-tag" (temperature data logger) is pressed upon arrival at the Juba medical warehouse, with the issuance and saving of an automatically generated pdf report on the temperature data log of the consignment. For onwards shipping to field sites, standard cold boxes and ice-packs are used for transportation of cold chain items via ICRC's own airlift capacity in South Sudan.

When it comes to the management of unwanted medical items, the following steps are taken:

- The unwanted health care goods are recorded and collected in a dedicated place in the medical store and kept under quarantine both in Juba’s main medical warehouse and field sites.
- Solids, semisolids and powders are incinerated with the coordination of the local Pharmacist cooperating with Juba Medical Logistics.

Though traffic and road safety related risks are next to nil for the Project given the typical walking commute by staff in Akobo town, as exposed further above in section 4.3.12, ICRC has at large robust prevention, mitigation, and response frameworks and processes to curtail and monitor any incidence affecting this dimension, well-aligned with the [Global Road Safety](#) Partnership’s efforts, of which the World Bank is a partner.

7.5 Land Acquisition, Restrictions on Land Use and Involuntary Resettlement (ESS 5)

Health projects can occasionally require additional infrastructure to adequately expand the footprint of provided services. Such extensions, particularly in dense urban areas, can require that the additional land required be annexed from private landowners, compelling them to leave their home and loose an asset.

ICRC’s efforts to improve quality and access to secondary health care services will be provided from the existing communal MoH health infrastructure. There will thus be neither land acquisition nor involuntary resettlement caused by the project; rather it will itself take careful account of displacement generated by conflict and violence to respond to the basic needs of those affected.

ICRC investments on the existing and within the defined perimeter of medical facilities are mainly a mix of light rehabilitation, essential maintenance, and minor renovations works on current infrastructure, to ensure a safe and sanitary environment for both patients and health staff. From past experience, these are typically the like of rehabilitating roofs, increasing of ventilation capacity of premises, refurbishing of sanitary facilities, perimeter fencing, drainage systems improvements, etc.

Any extension work typically takes the form of temporary or semi-temporary structures and always remain within the initial perimeter of the health facilities.

Of note, the support to be provided via the means of this project is not sought to fund any of the above-mentioned rehabilitation/renovation works financed by alternative streams of income.

7.6 Biodiversity Conservation and Sustainable Management of Living Natural Resources (ESS 6)

The Project’s main impact on the environment relates to the medical waste generated by the Akobo County Hospital, as described above. Its professional management is central in order to ensure harm prevention on the natural environment

As described under the ICRC’s Framework for Sustainable Development above, notwithstanding the ICRC’s prime focus to provide immediate succor and dignity to those affected by war and violence, the institution recognizes that protecting and conserving biodiversity, as well as sustainably managing living natural resources are fundamental to a holistic interpretation of its mandate.

Being focused on responding to a basic need by increasing access to health to the most vulnerable and considering the nature and light footprint of the services to be provided, there will be no direct impact of the ICRC’s program on biodiversity and living natural resources. What possible consequence might be born could be related to medical waste generated by the Akobo County Hospital, which will be managed as described above pertaining to ESS3 as linked to medical waste.

7.7 Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities (ESS 7)

7.7.1 Risks

In African societies, identity is often created through both ethnic and market-based systems, with deep linkages between the two due to the nature of patronage. Looking at ethnicity as well as wealth transfers, explains the central roles that property and the ability to bestow “gifts,” particularly through bride wealth and dowry, play in maintaining a governance system. These tactics provide visible evidence of the ways in which wealth is being continually consumed and transferred, conflict and displacement notwithstanding (Mamdani, 2005).

For communities, relying on ethnically defined leadership is often more practical than looking for non-ethnic institutions, especially when considering access to justice, security, and markets. When said state institutions’ abilities to provide equity and predictability in their administration of rights weaken, local institutions cross the “formal” and “traditional” dialectic, and laws and governance emerge (Hutton, 2018).

South Sudan comprises more than 60 ethnic groups, and ethnic background is a significant identity marker. In recent years, long-existing tensions among ethnic groups have bred and fueled conflict on a larger scale. Meanwhile, violence driven by disputes over land and livestock, continue, as described above.

Conflict and displacement affect different ethnic groups, men, women, and children in different ways, and South Sudan is no exception. A 2017 Oxfam study found that the conflict had made infants and children under five particularly vulnerable due to food scarcity. Additionally, it found that displaced adolescent boys and girls living in host communities were sometimes deprioritized in terms of assistance and found evidence that women may be suffering from higher food insecurity due to their caretaking roles, particularly in female-headed households. Significant gender and age-related protection concerns have also been found. High-levels of gender-based violence (GBV) in South Sudan as a result of the conflict have been well documented.

The humanitarian activities financed by this project will take a “do no harm” approach, neither compelling against their will individuals to a course of action against their will, while at the same time ensuring that assistance is first and foremost based on need and vulnerability, with services provided in a neutral, impartial, and independent fashion, taking into consideration however the particular realities of all groups mentioned above.

7.7.2 Response

ICRC’s core principles of neutral, impartial, independent humanitarian action driving all its programs will ensure that there is no prejudice or discrimination toward individuals or communities, with particular attention given to minority groups, and those disadvantaged or vulnerable, whether they might be in areas held by the government or armed opposition. Regular analysis as per ICRC practice will ensure that human security considerations are taken into account in the Health services provided.

The response will promote a dignified, people centered approach, guided by the needs of the most vulnerable and the ICRC’s AAP framework. Feedback loops with people in need of secondary health care will allow adjusting services as required.

Throughout the health response, the needs of women and children will be addressed, including in relation to conflict-related sexual violence.

The increased access to health care services to the most vulnerable that the program will allow for, will in and as of itself enhance the survival opportunities of (amongst others) South Sudan indigenous peoples, with no coercion to utilize these services however, in full respect and recognition of each individuals own.

At the same time, ICRC's AAP approach in general and the SEP for the Project in particular will ensure that the diversity of needs from marginalized and at-risk groups is pro-actively taken into account.

7.8 Cultural Heritage (ESS 8)

The nature and light footprint of ICRC's intended interventions will not impact negatively the cultural heritage of South Sudan. By allowing to respond to one of its inhabitants' basic needs, i.e. access to healthcare, and thus survive, it will contribute to the continuity in tangible and intangible forms between the past, present and future that cultural heritage provides.

7.9 Financial Intermediaries (ESS 9)

The ICRC will neither act as, nor use a financial intermediary for the Project. Furthermore, the secondary health-care services provided in Akobo will neither impact on the domestic capital and financial markets nor affect access to finance considerations.

7.10 Stakeholder Engagement and Information Disclosure (ESS 10)

7.10.1 Engagement

The ICRC will provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation. It is and will engage with stakeholders throughout the project cycle. The SEP document submitted separately for the Project outlines the ways in which the ICRC dialogues with relevant parties, as a continuation of the South Sudan Provision of Essential Health Services Project (PEHSP), and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about any activities related to the Project.

ICRC integrates the engagement of a variety of stakeholders by embedding the AAP Framework into operational strategies and approaches. This allows it to identify and make use of the most relevant and trusted communication channels so that the population (including marginalized groups) can access timely, useful and actionable information about ICRC services and provide feedback on its programs, and systematically account for gender, age, disability and diversity. The diverse daily presence, proximity and accessibility of its staff at Akobo County Hospital ensures continuous opportunities for stakeholder engagement, in addition to more formal ones with official and traditional authorities. Amongst the latter, the Community Health Committee represents a key interface and will thus continue to be encouraged by the ICRC.

Whether through verbal exchanges within teams or through more formal processes such as weekly team meetings, ICRC's approach is made to continually evolve to best fit the fluid and dynamic realities of context and needs in South Sudan, as reflected through the close and frequent interaction of its staff with beneficiaries. Of final note, the MoU (cf. examples attached in Annex) signed with the local Community Health Department detailing ICRC's support, maintain the final responsibility for the management and running of the supported health facility as being in their hands, to foster greater ownership and sustainability of the efforts engaged.

When it comes to capacity support and training, all ICRC staff have access are provided with a range of general and specific resources, some of which are part and parcel of their contractual commitments. Beyond the certified technical/ academic proficiencies and field experience required upon hire, trainings such as related to security, PSEA, fraud and corruption management, etc. are compulsory to all staff. Courses and information on transversal themes relevant to all sectors and contexts, e.g. on GBV, AAP/community engagement, COVID-19 prevention and control are provided regularly, whether through ICRC's online e-training portal or through webinars by sector matter experts. Finally, the Health unit provides as well tailored documentation and training to its staff, adapted to the evolving challenges of the

practice in challenging settings, with ICRC generally being recognized as a standard setter when it comes to managing health programs in challenging operational environments.

7.10.2 Grievance Redress

Most grievances are addressed dynamically following the direct contact beneficiaries and communities have with ICRC staff, given the proximity sought, or through more formal channels, depending on their nature. Typically, the hospital Project Manager or Head Nurse, de facto acting as focal point, is approached, listens to complaints and take necessary measures to resolve the issues related to ICRC services Regular exchanges with traditional and official authorities, as well as the CHC once instituted, allow for other structured opportunities for filing of project-related grievances. Of note, any allegations or complaints related to possible violations of ICRC's Code of Conduct, regardless if pertaining to historical or current misconduct, are handled by the Ethics, Risk and Compliance Office (ERCO) in accordance with the rules and procedures set out in the CoC Operational Guidelines, including the rules of confidentiality and discretion.

The ICRC's wider programmatic footprint throughout the hospital's catchment area via other programs (e.g. needs assessments for Protection, economic security, or water and sanitation interventions) offers equally another rich and dense surface of interaction between ICRC staff (in addition to the network of Sudanese red Cross volunteers), to surface, relay and address grievances raised by community members

In case of specific grievances raised in the project activities, ICRC will record these. If such grievances cannot be resolved positively on the spot, ICRC will consult with the County Health Department (CHD), which will provide guidance. If the grievance cannot be resolved amicably, ICRC will forward it to a mandated officer in the Delegation in Juba for a second opinion. Grievances are generally addressed within 30 days or the aggrieved party must be informed about a necessary extension of time. A quarterly report will flag the number and type of grievances as may be, all the while remaining sensitive to confidentiality and data privacy as the situation requires.

Due to the poor telephone coverage in South Sudan, the ICRC does not have a telephone hotline in place to collect feedback/complaints. High levels of illiteracy mean that comment boxes are also not ideal means of inviting and submitting feedback. Therefore, ICRC will ensure regular personal contact with communities to ensure early identification of grievances as well as disclosure of procedures how communities can raise grievances as noted above.

The ICRC's Investigation Unit (responsible for investigating breaches of the ICRC's Code of Conduct – see Annex 1) may also receive complaints through one of the following channels: employee, a line manager, HR, logistics, or finance and administration manager; head of delegation or director, general counsel, or a member of the ICRC's Ethics, Risk and Compliance Office (ERCO). For internal and external parties, grievances can be made through an ICRC employee or the Integrity Line (<https://icrc.integrityplatform.org/>) – which is a confidential mechanisms for individuals wishing to report allegations of misconduct related to the ICRC. Reports of alleged wrongdoing provided through this hotline are stored on a secured server and sent only to ERCO. The Unit has a codified process that follows industry best practices, integrity, procedural fairness, principles of confidentiality and protection against retaliations. Its work with the World Bank's INT department is set forth in the Operational Framework Agreement ancillary Coordination Agreement.

8 Analysis of alternatives

The ICRC's approach to programming Health Care delivery in South Sudan rests on an intimate knowledge of the South Sudanese context stretching back several decades and building on an institution health emergency response practice dating back to the 19th century. It is rooted in the organization's expertise to operate and adjust its programs in conflict-affected, fluid and volatile environments thanks to its neutral,

independent and impartial humanitarian action, anchored in the acceptance by affected communities and parties to the conflict. The ICRC institutional social and environmental frameworks mentioned above, which the Project integrates, are the product of years of expertise operating in challenging operating environments. They prioritize principled pragmatism, responsiveness to acute and immediate needs, a human-centered focus, as well as flexibility and adaptiveness.

The appropriateness and impact of its approach and methodology is evidenced by its track record in this sector in the South Sudanese context.

Alternatives to the suggested provision of secondary health care services are scant if non-existent: there are no other physical structures in the vicinity of the catchment area that could provide an alternative site (beyond building a new hospital); weak local capacities forestall considerations of alternative modes of interventions; the challenging operating environment gives ICRC a comparative advantage in providing the detailed support.

9 Management plan

9.1 Design measures

To ensure effectiveness, efficiency, and accountability, the ICRC employs a structured approach – known as results-based management – to planning, implementing and evaluating its activities. The approach calls on each delegation and program to focus on the expected results for the beneficiaries as per needs assessed by multidisciplinary teams, throughout the management cycle, and not simply during project implementation or budget control. Results-based management links activities from one stage to the next; requires the collection of information at each stage, which is used for management and reporting purposes; and ensures that resources are used to best effect.

The ICRC's management cycle aims to maximize the benefits of programs for the affected population, ensuring that efforts are relevant, feasible, and, whenever appropriate, sustainable. Guiding frameworks such as those relating to environmental management in assistance programs and accountability to affected population detailed above, are transversally integrated to this approach. The cycle starts with an assessment, which, after analysis, may lead to the formulation/planning, implementation and monitoring, and evaluation and learning. The entire sequence and the decisions taken therein are consistent with the ICRC's mandate and its legal and policy framework.

The phases of the cycle are progressive, each needs to be completed for the next to be tackled successfully, with the exception of monitoring and evaluation, which are continuous and can be conducted at any stage. On the basis of its monitoring, the ICRC can recalibrate activities to ensure it remains focused on the expected result and to verify as well that these are still pertinent according to evolving geography and priorities of needs, reflecting the fluid nature of conflicts.

The ICRC does its own independent and impartial analysis of all conflict and violence situations and assessment of the humanitarian consequences on the people affected, including in the Health domain. It is able to conduct these because of its proximity to vulnerable communities and its relationship with the various parties to the conflict concerned.

The resulting and proposed objectives and plan of action are based on realities on the ground and reflect the ICRC's operational capacity. The Project is thus the outcome of a careful analysis weighing the ICRC's understanding of the situation and the needs it has observed; its access to a given population in need; and logistical, human and financial resources requirements.

9.2 Planning, monitoring and reporting

While the ICRC is steadfast in its commitment to following the result-based management approach and the management cycle as rigorously as possible, there are potential barriers to doing so, many of them specific to the volatile situations in South Sudan:

- Assessment capacities may be affected by restrictions on access owing to armed conflicts or other situations of violence; the ICRC's ability to monitor and review an operation once implementation has begun may also become limited, or even no longer useful, owing to a radical change in the situation and security constraints.
- Unfavorable weather conditions or damaged infrastructure may also obstruct the management cycle.
- Specific circumstances may require urgent action. Where time is of utmost importance, assessments will be kept to a minimum to ensure that the operation can take place and benefit the target population as soon as possible. Similar constraints can also limit monitoring and review processes.
- Data collection is frequently hampered by factors such as the non-availability or limited quality of data, the complexity and/or opacity of existing power structures, or internal ICRC constraints.

Though indicators relating to environmental and social safeguards will be built into the Health program monitoring (as done in past quarterly reports on interventions in Akobo County Hospital), indicators, particularly numerical ones, will need to be interpreted carefully. Some figures might become too sensitive to external variables and can thus only be compared from one year to the next with due caution. In other cases, the ICRC works with indicators that are important, but cannot be shared without compromising its mandate as a neutral, impartial and independent humanitarian organization or the breaching the 'do no digital harm' considerations lined-out above.

Given that result-based management aims to streamline the relevance, efficiency, economy and effectiveness of action for conflict affected people and enable the best use of resources, the ICRC South Sudan health staff will seek to collect the required information through existing systems and data sources (in certain cases with support from other actors) and through pragmatic sampling, rather than by establishing new ones. The ICRC has made it a policy not to set up measurement systems that are not directly required for monitoring the expected results of its action for intended beneficiaries. It strives to avoid an overly bureaucratic system or hard to disaggregate impact studies, preferring to find simpler solutions to identified problems, even if this limits the amount of information that can be gathered and reported. Useful but unwieldy solutions based on the measurement of factors such as knowledge, attitudes, behaviors and practices to evaluate changes are only used exceptionally.

The ICRC is committed to full transparency of its operations, balanced with operational efficiency, environmental and social considerations, as well as meeting the needs of beneficiaries on the ground, including taking into account whether information may infringe upon beneficiaries' rights to privacy and confidential use of data for their protection, as per frameworks mentioned above. Building on its experience and available methodology, indicators selected from the standard ICRC ones and reflecting ESF considerations will be provided in the quarterly narrative reports done. For this particular Project, additionally, triangulation means and methods in addition to standard indicators will be continued.

Building on institutional arrangements, systems and resources, ICRC will sustain the direct monitoring ability afforded by its full-time presence on the Project's site. Building on first hand data from ICRC field staff, quarterly narrative reports encompassing environmental and social dimensions as detailed below will be provided. This exercise will build on the past 24 months' experience and fine-tune the suggested approach to ensure its relevance and feasibility.

9.3 Main risks, mitigating measures and indicators

ESS	RISK	DESCRIPTION	MITIGATION MEASURES AND RELATED PROTOCOLS/SOP	MONITORING AND REPORTING ROLES AND INDICATORS ⁷
Assessment and Management of Environmental and Social Risks and Impacts	<i>Dynamic and changing environment with fluctuating needs and requirements</i>	<ul style="list-style-type: none"> Context and environment related considerations lead to evolutive Project parameters, notably the nature of health needs brought to the fore and the MoH frame in which to operate 	<ul style="list-style-type: none"> ICRC management remains abreast of contextual changes through operations SOPs, long-time, widespread and capillary field presence, as well extensive network Continuous field presence and dialogue with stakeholders allows for Project calibration Key environmental and social risks and impacts of the Project are monitored and documented 	<ul style="list-style-type: none"> JUB delegation; Field Health team; (REM_REP/DEV) Context and analysis in quarterly reports
Labor and Working Conditions	<i>Occupational health, safety, and security</i>	<ul style="list-style-type: none"> Labor management procedures inadequately frame and safeguard employee rights and obligations Medical personnel and waste handlers are exposed to dangerous and infectious HCW (health care waste) as they collect and transport HCW Staff incur on-the-job injuries due to improper clinical techniques, use of equipment, etc. or undue stress exposure Security risks remain a constant of the South Sudan working environment 	<ul style="list-style-type: none"> ICRC's HR policies contractually apply to all ICRC staff worldwide, including those deployed to the Project Medical staff is medically screened, briefed and trained on risks (cf. Annex on ICRC medical standards for deployment) Primary and secondary measures are followed (cf. ICRC's medical waste management handbook) Exposure protocols are known and implemented (cf. Annex on ICRC PEP guidelines) Juba and Geneva staff health colleagues are available if need be. Context analysis are kept iterative and include security risks; security protocols are known and respected; teams are of balanced ethnicity ICRC's Health Care in Danger campaign efforts reinforces advocacy to key stakeholders about the protection that the medical mission and patients are to be afforded 	<ul style="list-style-type: none"> HQ HR Staff Health and Region JUB delegation Field Health team REM_DEV Suggested indicators: <ul style="list-style-type: none"> <i>Indicator:</i> Percentage of Project staff with ICRC contracts and inter alia application of the institution's relevant HR policies <i>Indicator:</i> Availability of security rules and protocols <i>Indicator:</i> Number of violent incidents against health-care personnel <i>Indicator:</i> Number of health-care personnel subjected to violent incidents <i>Indicator:</i> Average number of Outpatient Department consultations per qualified staff per day Ad hoc parallel security incidents reports shared in parallel to the quarterly report
Resource Efficiency and Pollution Prevention and Management	<i>Medical waste management</i>	<ul style="list-style-type: none"> Medical waste and other potentially dangerous by-products of health care activities (e.g. expired medication) are an ineludible side product of any HC facility that represents potential hazard to public safety 	<ul style="list-style-type: none"> A medical waste management exists (based on ICRC medical waste management handbook), including elements on: <ul style="list-style-type: none"> The proper handling and disposal of wastes The establishment/upgrade of secured on-site waste collection and storage points Clear roles and responsibilities 	<ul style="list-style-type: none"> Field Health team Suggested indicators: <ul style="list-style-type: none"> <i>Indicator:</i> Implementation of waste-management guidelines in line with the ICRC's medical waste management manual <i>Indicator:</i> annual carbon footprint of ICRC operations in South Sudan

⁷ All to be reported on a quarterly basis

		<ul style="list-style-type: none"> • Public access to HC waste could be a hazard to communities and individuals • Improper waste management could lead to leachate produced flowing into surface waters and contamination could occur 		<ul style="list-style-type: none"> ○ <i>Indicator:</i> Existence of a functioning Infection Control Committee ○ <i>Indicator:</i> Existence and implementation of a regular maintenance schedule/plan for hospital equipment, covering medical waste management equipment ○ <i>Indicator:</i> Existence and implementation of a regular maintenance schedule/plan for hospital infrastructure, covering medical waste management infrastructure
Community Health and Safety	<p><i>Human Resource Due Diligence</i></p> <p><i>SEA, GBV, Fraud and Corruption</i></p> <p><i>Quality of Goods and Services</i></p> <p><i>Personal Data Protection</i></p> <p><i>Traffic and road safety</i></p>	<ul style="list-style-type: none"> • Access to health care services • Professionalism of deployed health care staff • Lapse of confidentiality • Unrealistic expectation of level of care and/or recovery • Sub-par quality/inefficacy of medical goods procured (drugs, supplies, equipment) • Expiration of goods • Unnecessary and/or improper disposal of goods • Risks linked to traffic related hazards 	<ul style="list-style-type: none"> • Communities and PHC's in the wider catchment area of the hospital are made aware of the services available via ICRC's AAP approach • ICRC medical staff hired is experienced, professional and trained (cf. Annexes on ICRC staff hiring requirements, code of conduct and of some of the training available to health staff) • Only relevant Project data is monitored and reported on • On-site capacity building of MoH staff continues • Patients and/or caretakers are told and aware of the services available and understand procedures offered as well as their consequences • Complaints and grievances can be aired and processed • ICRC procurement SOPs (cf. Annex on ICRC's on Procurement guidelines below) are followed, notably regarding its stringent rules for medical items • Cold chain / storage and transport management system (cf. Annex on ICRC's medical logistics below) • Computerized and manual inventory system as well as disposal SOL (cf. Annex on ICRC's medical logistics below) allow for professional stock management • All waste storage and disposal sites is adequately cordoned off from the public (cf. ICRC's medical waste management handbook) • ICRC Project staff members largely commute by foot to the County Hospital; ICRC's general traffic and road safety protocols apply 	<ul style="list-style-type: none"> • HQ HR Talent Management • Field Health team • Medical Logistics and/or Pharmacists in Juba, Nairobi and Geneva • Suggested indicators: <ul style="list-style-type: none"> ○ <i>Indicator:</i> Hospital Governance ○ <i>Indicator:</i> 24/7 coverage of staff is present to ensure presence and assistance to all department involved in patient's care ○ <i>Indicator:</i> The Hospital Program Manager ensures that up to date protocols and guidelines are available and implemented ○ <i>Indicator:</i> Mortality rate < 24 hours after surgical admission ○ <i>Indicator:</i> Mortality rate > 24 hours after surgical admission ○ <i>Indicator:</i> Patients transferred to ward with proper documentation and treatment plan ○ <i>Indicator:</i> Number of clean and functioning toilets per number of beds (1 toilet/7.5 beds) are according to ICRC minimum Hospital standards ○ <i>Indicator:</i> Rational use of drugs ○ <i>indicator:</i> Number of days per month with shortage for the 10 main drugs ○ <i>Indicator:</i> Prescription of antibiotic drugs ○ <i>Indicator:</i> Whether there was a monthly functioning hospital community board ○ <i>Indicator:</i> Availability of essential medicines ○ <i>Indicator:</i> Total number of laboratory tests done ○ <i>Indicator:</i> Rate of availability of continuous water supply in the hospital

				<ul style="list-style-type: none"> ○ <i>Indicator:</i> Rate of availability a continuous supply of electricity in the hospital ○ <i>Indicator:</i> Follow-up and implementation of a regular maintenance schedule plan for hospital equipment ○ <i>Indicator:</i> Number of road accidents linked to the Project ● A separate quarterly procurement report will be provided
Land Acquisition, Restrictions on Land Use and Involuntary Resettlement	<i>None</i>	<ul style="list-style-type: none"> ● n/a 	<ul style="list-style-type: none"> ● The Project is taking place on public, MoH, existing Akobo County Hospital property 	<ul style="list-style-type: none"> ● n/a
Biodiversity Conservation and Sustainable Management of Living Natural Resources	<i>Cf. 'Resource Efficiency and Pollution Prevention and Management' row above for ancillary considerations</i>	<ul style="list-style-type: none"> ● Cf. 'Resource Efficiency and Pollution Prevention and Management' row above for ancillary considerations 	<ul style="list-style-type: none"> ● Cf. 'Resource Efficiency and Pollution Prevention and Management' row above for ancillary considerations 	<ul style="list-style-type: none"> ● Cf. 'Resource Efficiency and Pollution Prevention and Management' row above for ancillary considerations
Indigenous Peoples/Sub-Saharan African Historically Underserved Traditional Local Communities	<p><i>Ethnic bias and nepotism</i></p> <p><i>Marginalization</i></p>	<ul style="list-style-type: none"> ● Ethnic ties, allegiance and pressures potentially leading to nepotism, preferentialism, and abuses of power ● Strong ethnic identities as social markers of minority and marginalized groups 	<ul style="list-style-type: none"> ● ICRC NIIH approach to health care provision guards against favoritism, prejudice or discrimination toward individuals or communities, focusing on relative needs and vulnerabilities to guide its action ● ICRC's Accountability to Affected Population framework provides a framework for continuous dialogue with particular attention given to minority groups, and those disadvantaged or vulnerable 	<ol style="list-style-type: none"> 1. JUB delegation 2. Field Health team 3. Suggested indicators: 4. <i>Indicator:</i> Proportion of people who feel informed about ICRC services 5. <i>Indicator:</i> Use of affected people's preferred means of communication, feedback channels and information needs 6. <i>Indicator:</i> Proportion of people who have knowledge on the criteria to receive ICRC services 7. <i>Indicator:</i> Gender diversification 8. <i>Indicator:</i> Age diversification 9. <i>Indicator:</i> Access to essential goods and services and impartial and independent humanitarian assistance. All vulnerable populations (ex:IDPs) are granted access to essential goods/services/neut&indpt assistance 10. <i>Indicator:</i> Proportion of people who feel their views are taken into account by ICRC in decisions made about the support they receive

				<p>11. <i>Indicator:</i> Proportion of men, women, boys and girls with and without disability who know how to provide feedback to ICRC</p> <p>12. <i>Indicator:</i> Percentage of men, women, girls and boy with or without disability who know what kind of behavior to expect from humanitarian actors, red cross staff and volunteers</p>
Cultural Heritage	<i>None</i>	<ul style="list-style-type: none"> ▪ n/a 	<ul style="list-style-type: none"> ▪ n/a 	<ul style="list-style-type: none"> ▪ n/a
Financial Intermediaries	<i>None</i>	<ul style="list-style-type: none"> ▪ n/a 	<ul style="list-style-type: none"> ▪ n/a 	<ul style="list-style-type: none"> ▪ n/a
Stakeholder Engagement and Information Disclosure	<p><i>Relevance</i></p> <p><i>Inclusiveness</i></p> <p><i>Adaptability</i></p> <p><i>Appropriateness</i></p>	<ul style="list-style-type: none"> ▪ Health-care services' response adequacy to actual needs ▪ Consideration of disadvantaged / marginalized or at-risk individuals or groups ▪ Dynamic and regular dialogue between stakeholders and the ICRC ▪ Suitability of medium of exchanges ▪ Capacity building and training considerations 	<ul style="list-style-type: none"> ▪ ICRC medical staff hired is experienced, professional and trained (cf. Annexes on ICRC staff hiring requirements, code of conduct and of some of the training available to health staff) ▪ ICRC's Accountability to Affected Population framework provides a framework for continuous dialogue with particular attention given to the most marginalized/at risk groups ▪ ICRC's community outreach is atuned to cultural and context specificities of South Sudan 	<ul style="list-style-type: none"> ▪ JUB delegation ▪ Field Health team ▪ ERCO ▪ Suggested indicators: <ul style="list-style-type: none"> ○ <i>Indicator:</i> All health staff have access to the ICRC iLearn Health Channel ○ <i>Indicator:</i> Percentage of complaints to Grievance Redress Mechanisms satisfactorily addressed in a timely manner ○ <i>Indicator:</i> Proportion of men, women, girls and boys with or without disability who feel informed about ICRC services ○ <i>Indicator:</i> Use of affected people's preferred means of communication, feedback channels and information needs ○ <i>Indicator:</i> Proportion of people who have knowledge on the criteria to receive ICRC services ○ <i>Indicator:</i> Proportion of men, women, girls and boys with or without disability who feel their views are taken into account by ICRC in decisions made about the support they receive

				<ul style="list-style-type: none"> ○ <u>Indicator</u>: Proportion of men, women, boys and girls with and without disability who know how to provide feedback to ICRC? ○ <u>Indicator</u>: Percentage of men, women, girls and boy with or without disability who know what kind of behavior to expect from humanitarian actors, red cross staff and volunteers
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10 Conclusion

The ICRC endeavors to respond to the humanitarian needs arising from armed conflicts and other violence in the most timely, humane and professional way possible. Each situation requires thorough analysis – a sensitive, but objective assessment of the scope of people’s needs and vulnerabilities, and their strengths – for the design and implementation of tailored and efficient humanitarian responses.

In the annual planning process done for South Sudan and all other field operations, the ICRC carries out an in-depth analysis – considering local, regional and global dynamics – to reach a comprehensive depiction of the situation, the points of view of the people affected (e.g. residents, migrants, IDPs, people deprived of their freedom, and other specifically vulnerable people or groups – be they women, girls, men or boys), the actors present, and other relevant factors. This enables the ICRC to identify the problems, their causes and consequences, as well as the people adversely affected and their specific needs, vulnerabilities and strengths. ICRC involves those affected directly to ensure that these factors are correctly accounted for in the definition of its activities.

The ICRC works to defend individual rights by fostering respect by the authorities and other actors of their obligations, and by responding to people’s needs, through neutral, impartial and independent action. The organization combines five modes of action in its overall strategy to, directly or indirectly, in the short, medium or long term, ensure respect for the lives, dignity, and physical and mental well-being of victims of armed conflict and other violence. The ICRC’s work is grouped into four programs (protection, assistance, prevention and cooperation), which seek to prevent the causes of human suffering, and to alleviate it where it already exists, as well as to strengthen the Movement, as a network. Through these programs, the ICRC promotes the adoption of and respect for legal norms, makes confidential representations in the event that obligations are not fulfilled or laws are violated, provides people with emergency assistance, builds or supports mechanisms for the delivery of essential goods and services, such as water, health and medical care, and activities to help people regain their economic security, and launches communication campaigns. Effective monitoring and critical evaluation, drawing on lessons learnt, are crucial to these processes, as is coordination with the numerous actors present in the complex humanitarian scenes in which the ICRC operates. (Note: the Project at hand would fall under the “assistance” program umbrella.)

To carry out comprehensive analyses, set objectives and define and implement plans of action, the ICRC works with multidisciplinary teams composed of specialist and generalist staff.

In South Sudan and in its Health program in particular, ICRC builds on two of its standard modes of action:

- Support: activities aimed at providing assistance to the authorities so that they are better able to fulfil their functions and responsibilities, including with regard to the maintenance of existing systems
- Substitution: activities to directly provide services to people in need, often in place of authorities who are not able or not willing to do so

These modes of action carrying the Project are expected to allow for a sustained delivery of benefits to individuals of the Akobo County Hospital catchment area through improved access to quality secondary health-care services. The few social and environmental consequences that the project activities might induce remain marginal and localized, they will be readily be mitigated as exposed.

11 Annex 1 – ICRC Code of Conduct

I. INTRODUCTION

1. The ICRC is an organization with an exclusively humanitarian mission. Its credibility, ability to gain acceptance for its operations and capacity to act are underpinned by observance of the Fundamental Principles of the International Red Cross and Red Crescent Movement (the “Movement”) and the trust vouchsafed it by governments, all parties to armed conflicts and other situations of violence, and the victims in these situations, whom it seeks to protect and assist.
2. This Code of Conduct (the “Code”) applies to all ICRC employees. For the purposes of the Code, anyone who works for the ICRC under an employment contract or on another basis (such as a secondment agreement with a National Society or another employer, a consultancy contract or as a volunteer) is considered an employee.
3. The rules set forth in the Code are intended to promote safety, to ensure respect for the people with whom the ICRC comes into contact, to protect employees and to project a positive image of the ICRC so as to guarantee the effectiveness and integrity of its work.
4. More specific rules also apply to employees depending on the context in which they work, their area of activity and their job. Employees are required to comply with the Code and the specific rules insofar as they apply; any violations thereof are likely to entail consequences for the employee(s) concerned. In the event of a conflict between the Code and the specific rules, the latter shall take precedence.

II. RULES OF CONDUCT

A. General rules

1. The conduct of ICRC employees must be consistent with the Fundamental Principles of the Movement.
2. ICRC employees must respect the dignity of the people with whom they come into contact, in particular the beneficiaries of the ICRC’s work, and must carry out their duties for the ICRC ever mindful that each of their actions in this context can have repercussions for the fate of many human beings.
3. ICRC employees’ conduct must be characterized by integrity, respect and loyalty to the ICRC’s interests and must not in any way harm or compromise the ICRC’s reputation. Supervisory staff and managers have a particular responsibility for ensuring that the Code is observed. Their conduct must set an example for all their colleagues.
4. In operational contexts in particular, employees must, during both working and non-working hours and in their private lives, abstain from any conduct that they know or should know to be or to appear inappropriate, particularly in the specific context they are in.
5. Employees must show due respect, particularly through their conduct, dress and language, for the religious beliefs, usages and customs, rules, practices and habits of the people of the country or context they are in and of their place of work (e.g. a hospital or prison).
6. Employees must obey the law of the countries in which they work, including bilateral agreements between that country’s authorities and the ICRC.

7. Employees must comply with the safety rules to which they are subject. They must at all times demonstrate such self-restraint and discipline as the circumstances require, especially in situations of armed conflict and other situations of violence in which the ICRC operates.
8. Fraud in any form is strictly prohibited. Fraud is defined as any action aimed at obtaining an unauthorized benefit, such as money, goods, services or other personal or commercial advantages, regardless of whether such advantage benefits the employee(s) concerned, the ICRC or a third party.
9. Employees are prohibited from using their position to obtain advantages or favours and from accepting such advantages, favours or gifts in cash or in kind, promises of gifts, and any other advantage other than token presents in keeping with accepted custom, particularly in exchange for the assistance and/or protection provided by the ICRC.
10. Employees may not engage in outside activities, whether paid or unpaid, except where such activities are in no way prejudicial to the work and are not inconsistent with the interests of the ICRC.

B. Specific rules

1. Employees must comply with the rules that govern the use of the red cross, red crescent and red crystal emblems.
2. Employees must refrain from wearing the official ICRC insignia when not officially on duty.
3. Consuming, purchasing, selling, possessing and distributing narcotic drugs are all strictly prohibited.
4. Employees must refrain from using or carrying about their person or in their luggage any weapon or ammunition.
5. Employees are prohibited from taking photographs, filming or making audio recordings in the course of their duties, irrespective of the medium used, unless their work so requires or they obtain express approval from the ICRC.
6. Any employee who wishes to stand for public office must obtain the ICRC's prior approval.

III. HARASSMENT, ABUSE OF POWER AND SEXUAL EXPLOITATION

1. Harassment in any form, including sexual harassment, is strictly prohibited. In general, harassment refers to a pattern of hostile language or actions expressed or carried out against an employee over time. Sexual harassment refers to any sexual or gender-related behaviour that is not desired by the person who is the victim of it and that violates his or her dignity.
2. The purchase of sexual services and the practice of sexual exploitation are prohibited. Sexual exploitation is understood as abuse of authority, trust or a situation of vulnerability for sexual ends in exchange for money, work, goods or services.
3. Entering into a sexual relationship with a direct beneficiary of the ICRC's assistance and protection programmes or with a member of his or her immediate family, and using one's position to solicit sexual services in exchange for assistance and/or protection provided by the ICRC, are prohibited.

4. Entering into a sexual relationship with a child (a girl or boy under 18 years of age) or inciting or forcing a child to take part in activities of a sexual nature, whether or not he or she is aware of the act committed and irrespective of consent is prohibited. This prohibition also covers pornographic activities (photos, videos, games, etc.) that do not involve sexual contact with the child, as well as acquiring, storing or circulating documents of a paedophilic nature, irrespective of the medium used.
5. Abuse, neglect, exploitation and violence against children (boys or girls below 18 years of age) is prohibited. Employees must ensure that children's safety and well-being is protected at all times, and must prevent and respond to child abuse, neglect, exploitation and violence. In all actions concerning children, the best interests of the child shall be a primary consideration.

IV. DUTY OF DISCRETION

1. Employees must maintain the utmost discretion towards third parties, including other components of the Movement, with regard to information acquired in the course of their work at the ICRC concerning matters that they are dealing with or that come to their attention. They must treat this information confidentially, and in this regard they are bound by an obligation analogous to that of professional secrecy. In particular, unless their work so requires or they obtain express approval from the ICRC, employees are prohibited from commenting on allegations concerning facts or situations that they know or learn of through their work for the ICRC, even if these facts or situations are of a public nature, and from lending them credibility which could harm the ICRC's work.
2. Unless they have obtained the express prior consent of the ICRC, employees are also prohibited, in the context of legal proceedings, public inquiries, fact-finding proceedings and the like, from giving evidence relating to facts learned in the course of their work at the ICRC and from revealing confidential information that they have gathered in the course of their duties.
3. Employees must refrain from producing or publishing in their private capacity writings, images, photographs, films, sounds or recordings concerning professional aspects of their work or circumstances related thereto, irrespective of the medium (paper, radio or electronic format, including email, blogs, social media and websites). Information and facts that the ICRC explicitly considers not to be covered by the duty of discretion and regarding which it communicates openly are not subject to the prohibition in this paragraph. Employees who plan to produce or publish a work (e.g. an article, book or blog) containing information covered by this paragraph must request prior written authorization from the Director of the Department of Communication and Information Management.
4. Unless their work so requires or they obtain express approval from the ICRC, employees must refrain from taking a public stance on situations or events and from referring to political or military situations in their communications with third parties.
5. Employees must refrain from associating any political positions they may take after leaving the ICRC with their duties while employed by the ICRC.
6. Employees must not permanently store outside the workplace documents and images, including in electronic format that were created in the course of their work for the ICRC, and must return them to the ICRC once they no longer have any use for them and no later than the end of their employment with the ICRC.
7. The rules set forth in this section continue to apply after employment with the ICRC ends.

V. USE OF INFORMATION TECHNOLOGY FACILITIES

1. Employees must use ICRC information technology (IT) facilities for professional purposes. The use of IT facilities for private purposes is permitted as long as such use:
 - does not affect professional activities or imply any additional cost for the ICRC;
 - does not involve downloading any software, images, sound or video;
 - does not involve excessive storage of private data or messages or management of private files on ICRC systems; and
 - does not violate this Code.
2. Employees must use only those IT tools provided or authorized by the ICRC for all electronic exchange of information that commits the ICRC. It is forbidden to send or store information requiring special handling using IT facilities whose security is not guaranteed by the ICRC.

WHERE TO GO FOR HELP?

The **Code of Conduct** and details of how **employees and people outside the ICRC** can report potential misconduct or any other compliance-related matter can be found on the ICRC's website: <https://www.icrc.org/en/document/code-conduct-employees-icrc>

Several reporting channels are available:

- the online form on the confidential reporting platform (<https://www.icrc.org/en/document/code-conduct-employees-icrc>)
- letter:
Global Compliance Office
International Committee of the Red Cross
19 Avenue de la Paix
1202 Geneva
Switzerland
- email: code_of_conduct@icrc.org

ICRC employees can also make a complaint in person, by letter or by phone to one of the people listed below:

- line manager
- HR manager or finance & administration manager
- head of delegation or regional director
- general counsel
- any member of the Global Compliance Office based in Geneva.

Please consult the ICRC's intranet page (<https://intranet.ext.icrc.org/structure/dirgen/global-compliance-office/dir-gen-globalcompliance-office-reporting-potential-misconduct.html>) on reporting potential misconduct for more information. ICRC employees who report potential misconduct or who provide information or otherwise assist in an inquiry or investigation of potential misconduct will be protected against retaliation. The ICRC may take disciplinary measures against employees found to have violated the Code of Conduct, including termination of employment.

Other places for ICRC employees to seek help or advice:

- Ombuds Office based at headquarters: ombuds@icrc.org
- worldwide ombuds network.

12 Annexes

12.1 Note on Community-based Protection



Community-based
Protection.pdf

12.2 Note on Diversity in ICRC Operations



Diversity in ICRC
operations.pdf

12.3 Selected Economic Activity Indicators – Jonglei and Upper Nile

Jonglei	Upper Nile
86% of households depend on crop farming or animal husbandry as their primary source of livelihood (compared to the national figure of 78%)	59% of households depend on crop farming or animal husbandry as their primary source of livelihood (compared to the national figure of 78%)
269 businesses were registered during the listing in Bor in 2014. 71% of these are shops while 18% are restaurants and hotels	894 businesses were registered during the listing in Malakal in 2014. 69% of these are shops while 14% are restaurants and hotels
40% of the working population in South Sudan are unpaid family workers while 9% were paid employees	41% of the working population in Upper Nile are unpaid family workers while 15% were paid employees
48% of the population in Jonglei live below the poverty line	Upper Nile has the lowest rate of poverty at 26%

Source: National Bureau of Statistics of South Sudan (2008, 2009 & 2014)

12.4 ICRC Waste Disposal Methods Impacts and Mitigation Measures

Waste Disposal Method	Type of Waste	Advantages	Disadvantages
Open air	Not effective for pathological waste. Not good for most pharmaceutical waste.	Disinfects reasonably well, destroying 99% of microorganisms. 80–90% burning efficiency.	Burning may be incomplete and residues still infectious. More hazardous to staff involved. Greater risk of scavenging by waste-pickers or of transfer of pathogens by vectors including insects. Sharps in ashes will still pose physical hazard.

Drum or brick incinerator	Infectious waste. Sharps waste. Pathological waste.	Disinfects reasonably well, destroying 99% of microorganisms. 80–90% burning efficiency.	Emits black smoke, fly ash, acid gases, and some toxins. May produce odours. Sharps in ashes will still pose physical hazard. Not good for most pharmaceutical or chemical waste.
Incineration	Infectious waste. Sharps waste. Pathological waste.	Disinfects effectively. Reduces waste volume by 80%; burning efficiency of 90–95%. Low investment and operating costs.	Emits pollutants such as fly ash, acid gases, and some toxins. May produce odours (can be limited by not burning PVC plastics). Sharps in ashes will still pose physical hazard. Not good for most pharmaceutical or chemical waste.
Encapsulation	Sharps waste. Small amounts of chemical and pharmaceutical waste.	Simple and safe. Low cost.	Not effective for non-sharps Infectious waste.
Safe burial	Infectious waste. Sharps waste. Small amounts of chemical and pharmaceutical waste.	Disinfects effectively. Reduces waste volume by 80%; burning efficiency of 90–95%. Low investment and operating costs.	Soil can become polluted if permeable. Difficult to prevent scavenging.

12.5 Staffing and hiring

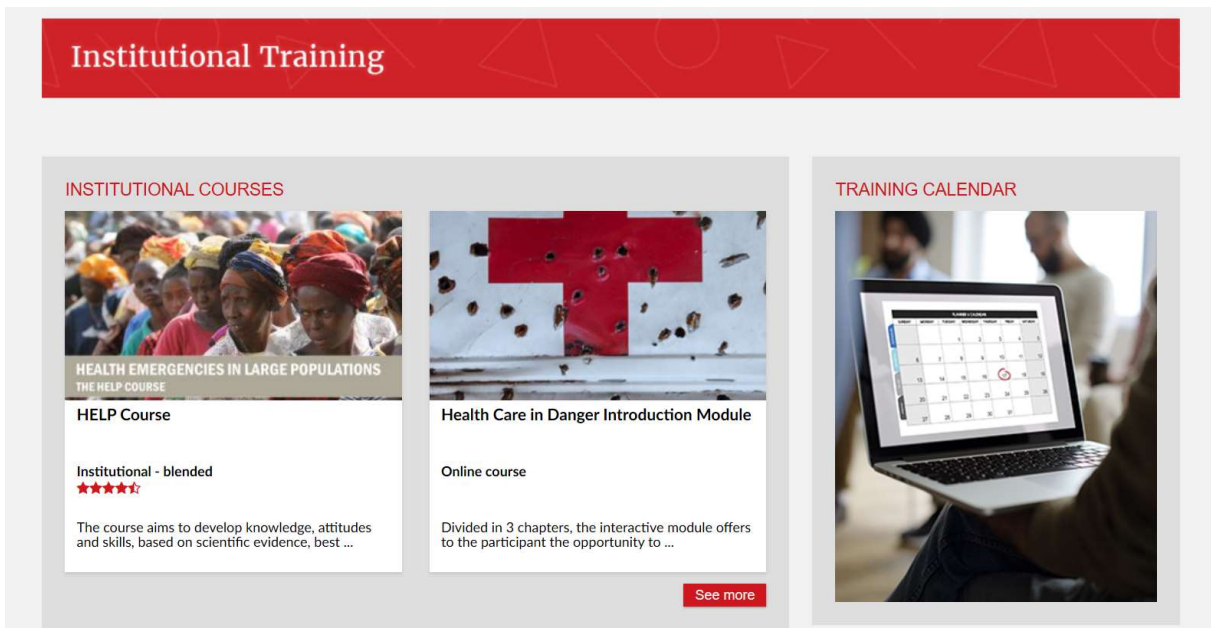
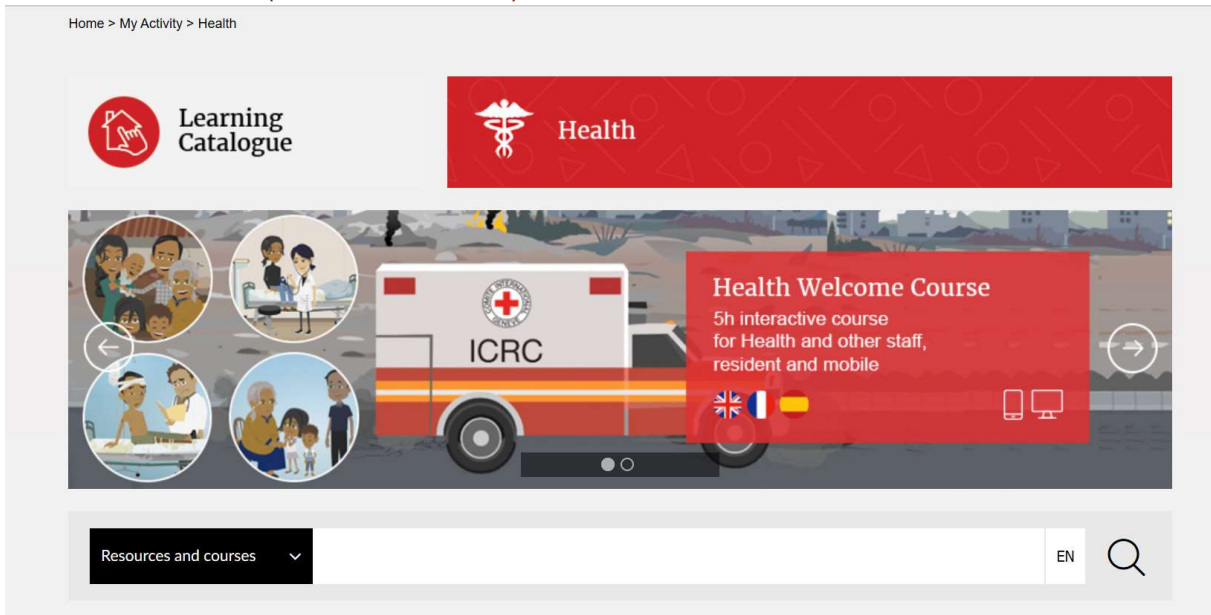
The ICRC engages in rigorous hiring practices, which includes mandatory signature of the ICRC's Code of Conduct.

For mobile health staff, the ICRC selects qualified candidates through a competitive bidding and interview process. It includes notably having to respond to questions to ascertain any criminal background, covering a) whether the candidate has been convicted of a crime or subject to any criminal or administrative penalty by any competent authority; b) whether the candidate has been dismissed or subject to any disciplinary measure or sanction by your employer or had your mission or service ended or curtailed for fraud, harassment, sexual harassment, sexual exploitation or sexual abuse.

If responses are satisfactory, the recruitment then proceeds with language tests (reading comprehension, oral, writing). The candidate must then pass a technical interview, as well as an interview with human resources, which assess the candidate's motivations and commitment to the ICRC's humanitarian mission, leadership skills, ability to work in teams, ability to negotiate, ability to learn from mistakes, etc.

ICRC's human resources department then conducts two reference checks, and reviews the applicant's certifications – such as diplomas, certificates, letters of recommendation, etc. All health staff have to provide certification of being qualified medical / nursing / technical personal with a license to practice in their home country. They typically have furthermore to showcase several years of working experience, ideally overseas. Average age of ICRC health staff is 41 years.




12.6 Screen shots on the ICRC learning catalogue for trainings available to ICRC Health staff (Non-Exhaustive)




External Learning & Development Opportunities

Click on this banner for more information about the [iDevelop Programme](#) (eligibility criteria and allocations).

LIST BY PROGRAMMES

-  **FA & PHEC**
-  **PHC**
-  **HOSPITALS**


ALL PROGRAMMES



Certificate Course on Palliative Care for ...

External - online

















This is a FREE online training program is a collaborative effort by Fasiuddin Khan Research ...








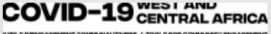







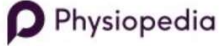


Improving the Health of Women, Children and ...

External - online
★★★★★

At a time of global concern over emerging infectious and chronic diseases, it is important to ...

 <p>Certificate Course on Palliative Care for ...</p> <p>External - online</p> <p>This is a FREE online training program is a collaborative effort by Fasiuddin Khan Research ...</p>	 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Improving the Health of Women, Children and ...</p> <p>External - online ★★★★★</p> <p>At a time of global concern over emerging infectious and chronic diseases, it is important to ...</p>	 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Health Services</p> <p>External - blended ★★★★★</p> <p>No single discipline can provide a full account of how and why health care is the way it is. ...</p>	 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Health Policy, Process and Power</p> <p>External - blended ★★★★☆</p> <p>'Health Policy: Process and Power' is a MSC module to introduce key explanatory theories of ...</p>
 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Principles and Practice of Health Promotion</p> <p>External - online ★★★★☆</p>	 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Epidemiology of non-communicable diseases</p> <p>External - blended ★★★★★</p>	 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Environmental Health Policy</p> <p>External - blended ★★★★★</p>	 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Organisational Management</p> <p>External - blended ★★★★☆</p>
 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Health Services Management</p> <p>External - blended ★★★★★</p> <p>This module aims to develop students' understanding of the concepts and approaches of ...</p>	 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Economic Analysis for Health Policy</p> <p>External - blended ★★★★★</p> <p>Through a series of lectures and workshops, this module draws on a number of economic concepts ...</p>	 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Introduction to health economics</p> <p>External - face to face ★★★★★</p> <p>This module aims to introduce students to economic approaches used in public health and the ...</p>	 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Economic Evaluation</p> <p>External - face to face ★★★★★</p> <p>This module aims to develop students' understanding of and ability to apply methods in the ...</p>
 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Economic Analysis for Health Policy</p> <p>External - blended ★★★★★</p>	 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Issues in Public Health</p> <p>External - blended ★★★★★</p>	 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Health care evaluation</p> <p>External - blended ★★★★☆</p>	 <p>LONDON SCHOOL of HYGIENE & TROPICAL MEDICINE</p> <p>Conflict and health</p> <p>External - blended ★★★★☆</p>

 <p>Basic Statistics for Public Health and Policy ...</p> <p>External - face to face ★★★★☆</p> <p>This module aims to improve students' understanding of essential statistical methods and their ...</p>	 <p>Basic Epidemiology</p> <p>External - blended ★★★★★</p> <p>This module introduces students to the basic concepts and methods of epidemiology to help them ...</p>	 <p>Bacterial Infections</p> <p>External - online ★★★★★</p> <p>This module aims to give students an understanding of the biology of bacteria as pathogens. It ...</p>	 <p>Control of Infectious Diseases</p> <p>External - online ★★★★☆</p> <p>The module is an introduction to public health, methods for the control of infectious diseases, ...</p>
 <p>OMS - Gestion clinique des victimes de viol</p> <p>External - online ★★★★★</p> <p>Cours en ligne basé sur les lignes directrices de l'OMS du même titre</p>	 <p>WHO - Clinical Management of Rape Survivors</p> <p>External - online ★★★★☆</p> <p>Online course from 2009 based on the WHO guidelines with the same</p>	 <p>Training course in adolescent sexual and ...</p> <p>External - face to face ★★★★★</p> <p>Objectives of the course To identify the needs of adolescents on sexual</p>	 <p>COVID-19 WEST & CENTRAL AFRICA</p> <p>Covid-19 Community Engagement Tools - West & ...</p> <p>External - online • 1 h ★★★★☆</p> <p>The Risk Communication and Community Engagement (RCCE) for</p>
 <p>Santé en détention</p> <p>External - face to face ★★★★★</p> <p>Sciences Po Grenoble organise une formation sur la santé en détention en partenariat avec le ...</p>	 <p>Prison Health</p> <p>External - face to face ★★★★★</p> <p>This one week course is a collaboration between the International Committee of the Red</p>	 <p>Health in Detention</p> <p>External - face to face ★★★★★</p> <p>The one-week course in collaboration with the International Committee of the Red Cross (ICRC)</p>	 <p>Negotiation in Humanitarian Crises (online)</p> <p>External - online ★★★★★</p> <p>Negotiating with a huge variety of stakeholders is a reality for many professionals in the ...</p>
 <p>Negotiation in Humanitarian Crises</p> <p>External - face to face ★★★★★</p> <p>This executive short course is a full</p>	 <p>Sexual Violence in Conflict Settings and ...</p> <p>Institutional - online ★★★★★</p> <p>This course focuses on the design</p>	 <p>Prison Health: Managing outbreaks of ...</p> <p>External - online ★★★★★</p> <p>Explore the challenges of managing</p>	 <p>Coronavirus Disease Programme - Physiopedia</p> <p>External - online ★★★★★</p> <p>All healthcare workers including</p>

12.7 Sample MoU signed with secondary health structures



MoU Akobo County Hospital November.

12.8 Sample hospital medical waste area plan



Medical waste disposal systems dra

12.9 Sample Montfort incinerator design for hospital



12.10 Traffic and road safety



ICRC Fleet safety leaflet.pdf

12.11 Security and safety risk management



Security and safety risk management

12.12 ICRC Fleet Safety program

VEHICLE FLEET MANAGEMENT: FLEET SAFETY PROGRAM

WHY FLEET SAFETY?

- To save lives
- To protect valuable goods
- To maintain high reputation and reflect positive image

OBJECTIVE

To make the road safer for vehicle users in all ICRC delegations, under different circumstances.

ICRC FLEET SAFETY PROGRAM (FSP)

Is a communication program addressing attitudes and behaviour, aiming to decrease road crashes involving ICRC vehicles, caused by human error. FSP is a result of the "Global Fleet Safety Project" implemented by ICRC 2013-2015, aiming to ensure that ICRC staff are qualified and fit mentally and physically to operate ICRC vehicles.

HOW?

- The use of standardized high-quality vehicles that ensure safety as best as possible
- Advanced Driving Training Programs
- Tips from fleet safety blogs
- Continuous Dissemination campaigns

YOU WILL FIND ON THIS PAGE

- The Drive Safety Commitment
- FSP Production "Downloadable: Posters / Leaflets / Newsletters / Communication / Presentations / Roll-ups / Videos / Tailor-made Poster Cards / Reports"
- Latest News
- Latest Community Updates

THE DRIVE SAFELY COMMITMENT

- Qualified**: Everyone driving an ICRC vehicle is qualified and fit to operate the vehicle.
- Compliant**: Vehicle user follows the local traffic rules and regulations, and those of ICRC.
- Respectful**: Adopts defensive driving to protect lives and ensure safety of other road users.
- Prepared**: Movements are carefully planned to improve the ICRC's efficiency and punctuality.
- Observant**: The vehicle user reports to management any potential safety risks that may affect operations.
- Team Player**: Road Safety is a team effort and the driver is in charge. All passengers are responsible for the success of the mission.

FLEET SAFETY DOCUMENTS

- Fleet Safety documents
- new Road Crash Tonomy Guidelines 2020
- new Guidance for Vehicle Use during CoVID-19

QUICK LINKS

- Road Safety Requirements on intranet
- Fleet e-Learning
- Fleet Safety Relays Worldwide
- ICRC FSP on Team Space
- Production
- Gallery
- FAQs

Communities

Red Pulse

YouTube