

South Sudan – COVID-19 Emergency Response and Health System Preparedness Project (the Project)

ENVIRONMENTAL AND SOCIAL COMMITMENT PLAN (ESCP)

June 2021

ESCP Monitoring & Reporting

	Material Measures and Actions	Timeframe/ Completion Date	Responsibility/ Authority
	<p>Regular Reporting: Report in quarterly narrative reports on the monitoring of the context and Project activities as well as the environmental, social, health and safety (ESHS) performance of the Project, including but not limited to, stakeholder engagement activities and grievance log as described in the ESCP and as outlined in the ESMF and the Financial Agreement.</p>	<p>Quarterly throughout project implementation.</p>	<p>ICRC Health (Field and HQ); ICRC Resource Mobilisation (REM)</p>
	<p>Incident Notification: Notify the Association promptly of any incident (including but not limited to security, sexual exploitation and abuse (SEA), and fraud and corruption cases or accident related to or having an impact on the Project which has, or is likely to have, a significant adverse effect on the environment, the affected communities, the public, or workers in accordance with the Protocol established for the PEHSP on security matters as well as the ESMF for other environmental risks and impacts.</p> <p>The Protocol outlines the required level of detail of when</p>	<p>Within seven days after first becoming aware of the incident or accident.</p>	<p>ICRC Delegation Management, REM; ERCO (Ethics, Risk and Compliance Office)</p>

	reporting a Significant Event as well as follow-up reporting.		
ESS 1: Assessment and Management of Environmental and Social Risks and Impacts			
	Material Measures and Actions	Timeframe /Completion Date	Responsibility/ Authority
1.1	<p>Environmental and Social Assessments:</p> <p>Assess and manage the environmental and social risks and impacts of the Project in accordance with the ESSs and the Environmental and Social Management Framework (ESMF) for the Project. To address those risks and impacts; identify and implement appropriate mitigation measures called for by the ESMF, which shall be adopted, cleared, and disclosed prior to implementation of activities.</p>	<p>ESMF shall be prepared, adopted, approved by the Association and disclosed within one month of Project Effectiveness.</p> <p>Until such time as the ESMF has been disclosed, the ESMF for the PEHSP shall apply to the Project.</p>	ICRC Health (Field & HQ), ECC, Accountability to Affected People (AAP)
1.2	<p>Institutional Capacity, Management Tools and Instruments:</p> <p>1. Maintain an organizational structure to support management of E&S risks and ensure compliance of the Project with the ESSs and this ESCP.</p> <p>2. Comply with the ESSs in the assessment and mitigation of environmental and social risks of the Project as spelled out in the ESMF, including by a) abiding by the ICRC's Framework for Sustainable Development, the ICRC's Framework for Environmental Management in Assistance Programs, and other relevant internal policies to systematically assess, identify and understand the potentially</p>	<p>1. Maintain a structure throughout Project implementation.</p> <p>2. Assessments to be conducted and mitigation measures put in place before carrying out corresponding Project activities as per ESA/ESMF. Thereafter implement mitigation measures throughout Project implementation.</p>	ICRC Health (Field & HQ); ECC, AAP, SCMS

	<p>adverse environmental impacts and implications of their activities, and b) taking feasible initiatives to avoid, reduce, or compensate for these impacts and enhance efficiency/quality when relevant and as necessary. In case of any difference between these ICRC policies and the ESF, spell out in the ESMF supplementary measures to be applied to the Project to facilitate the Project's E&S risk management in accordance with the ESF.</p> <p>3. With a view to complying with the ESSs and the Project's ESMF, operate the Project according to ICRC Social Considerations and Security Management protocols, leveraging acceptance, persuasion, influence and credibility for the safety of staff and continuity of operations. Follow reporting structures and notification systems to mitigate potential risks as relevant.</p> <p>4. With a view to complying with the ESSs, this ESCP, and the ESMF, in a manner satisfactory to the Association, leverage and adhere to the Accountability to Affected People (AAP) Institutional Framework to engage directly with people and communities and involve them in planning and implementing activities, as well as mitigate their exposure to risks and back efforts to strengthen resilience to the effects of conflict and violence.</p> <p>5. Develop, adopt, disclose, and implement the Stakeholder Engagement Plan</p>	<p>3. Throughout Project implementation.</p> <p>4. Throughout Project implementation.</p> <p>5. On timeframes specified in sections 10.1 and 10.2.</p>	
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	(SEP) for targeted, inclusive consultations and feedback throughout Project implementation as outlined under the section on ESS10 below.		
ESS 2: Labor and Working Conditions			
	Material Measures and Actions	Timeframe/ Completion date	Responsibility/ Authority
2.1	<p>Labor Management Procedures Consistent with ESS2 and in a manner satisfactory to the Association, implement Labour Management Procedures (LMP) for the Project as per ICRC HR practices referenced in the ESMF.</p>	LMP as per HR policies shall be applied by ICRC following agreement with the Association no later than one month after Project Effectiveness, and thereafter applied throughout Project implementation. Until the LMP is adopted, the protocols developed under PEHSP shall apply to the Project.	ICRC Health (Field and HQ); Delegation Management
2.2	<p>Occupational Health and Safety Measures: Ensure that health staff for the Project is medically screened, briefed and trained on mission risks, and particularly related to medical waste, clinical techniques or use of equipment. This includes promoting adherence to the primary and secondary measures highlighted in ICRC's Medical Waste Management Manual and other exposure protocols, such as those in the ICRC PEP guidelines as referenced in the ESMF.</p>	Throughout Project implementation.	ICRC Health (Field and HQ); Delegation Management
2.3	<p>Security Management: Manage security risks of the Project consistent with the ESSs and the provisions of this ESCP concerning ESS4 as assessed and spelled out in the ESMF. To this end, leverage the actions of understanding, acceptance, persuasion,</p>	Throughout Project implementation.	ICRC SCMS; delegation management

	influence and credibility for the safety of staff and continuity of operations according to SOPs and guidance from the ICRC Security and Crisis Management Support Unit (SCMS) as further outlined in the ESMF in consistency with the ESF.		
2.4	Grievance Mechanisms: Consistent with ESS2, maintain a grievance redress mechanism available to ICRC staff (guards included) working on the Project. To this end, leverage and communicate on the ombudsman relay system for staff, the Independent Board of Appeal, and the ERCO, as noted in the ESMF.	Throughout Project implementation.	ICRC HR, ERCO, ombudsman system; Independent Board of Appeal
ESS 3: Resource Efficiency and Pollution Prevention and Management			
	Material Measures and Actions	Timeframe/ Completion Date	Responsibility/ Authority
3.1	Medical Waste Management: Reduce the risks of hazardous medical waste and the means of managing that waste through the application of the ICRC Medical Waste Management Manual, consistent with ESS3, existing national waste management legislation and plans and context-appropriate measures for Akobo County hospital. Destroy expired medicines in accordance with ESS3 and as specified in ESMF.	Throughout Project implementation, building on experiences and procedures from PEHSP.	ICRC Health Field Team
ESS 4: Community Health and Safety			
	Material Measures and Actions	Timeframe/ Completion Date	Responsibility/Authority
4.1	Traffic and Road Safety ICRC staff walk from their compound to the Akobo County hospital. Road safety management measures	Throughout Project implementation, building on experiences and procedures from PEHSP.	ICRC delegation management

	applicable to the Project shall be laid out in the ESMF.		
4.2	<p>Community Health</p> <p>Quality of Goods and Safety:</p> <p>Relevant aspects of ESS 4 are considered and integrated in the ESMF, including measures to: minimize the potential for community exposure to communicable diseases; establish and implement appropriate quality management systems to the risks and the impacts that services provided and activities carried out under the Project may have on community health and safety; manage the risks of contextual insecurity for beneficiaries; and prevent and respond to sexual exploitation and abuse, and sexual harassment.</p>	Measures reflected in ESMF on timeframe specified in section 1.1 of this ESCP, and thereafter implemented throughout Project implementation. Until the ESMF is adopted, the protocols under the PEHSP shall apply to the Project.	ICRC Health (Field and HQ); Delegation Management
4.3	<p>Security Management</p> <p>A security management plan, which shall contain all the procedures and protocols related to security for the ICRC staff contributing to the Project, exists as per ICRC SOP, and is summarized and referenced in the ESMF.</p>	The existing planning instrument under PEHSP will be maintained until the ESMF is disclosed, at which time any adjustments required to PEHSP practice will be implemented and maintained throughout the Project.	ICRC delegation management
4.4	<p>SECURITY PERSONNEL</p> <p>ICRC will not engage contractors, including not using the services of security actors, nor hire private, armed security service providers or staff as part of the Project. Any ICRC staff providing non-armed security services related to the Project shall be hired and employed consistent with ESS4 ¶¶ 24, 26-27 and other relevant provisions of this ESCP, including actions 2.3, 2.4, 4.3, 4.6, 10.4, and 10.5.</p>	Throughout Project implementation.	
4.5	<p>Personal Data Protection:</p> <p>Safeguard personal data of individuals as an essential aspect of protecting people's lives, their physical and mental integrity, and their dignity</p>	Ongoing, building on the PEHSP's 24 months implementation and to be maintained throughout the continuation of the Project.	ICRC Field medical teams, ICRC Data Protection Office (DPO), REM

	under the codified Rules on Personal Data Protection; take the appropriate measures, as defined by institutional guidelines, if any breach of the rules takes place.		
4.6	<p>SEA, GBV, Fraud and Corruption:</p> <p>To ensure compliance with ESS4, ensure all staff (ICRC guards included) have read, understood and signed the ICRC Code of Conduct, implement strong hiring procedures and background checks, as well as diligent performance appraisals. Promote understanding of and adherence to the MoH's and the ICRC's codes of conduct among the local MoH Akobo hospital staff, guards included, in the Akobo County Hospital. Implement the agreed corrective measures for any misconduct.</p>	Throughout Project implementation, building on experiences and procedures from PEHSP.	ICRC HR, ERCO, Delegation Management; Akobo County health department
ESS 5: Land Acquisition, Restrictions and Land Use and Involuntary Resettlement			
	<i>Standard currently not relevant to the Project</i>		
ESS 6: Biodiversity Conservation and Sustainable Management of Living Natural Resources			
	Material Measures and Actions	Timeframe/Completion Date	Responsibility/ Authority
6.1	<p>Biodiversity conservation:</p> <p>As part of the ESMF and consistent with ESS3, adopt procedures to minimize impacts on biodiversity from disposal of medical wastes.</p>	Throughout Project implementation, building on experiences and procedures from PEHSP.	ICRC Health Field Team
ESS 7: Indigenous Peoples/ Sub-Saharan African Historically Underserved Traditional Local Communities			
	Material Measures and Actions	Timeframe/Completion Date	Responsibility/ Authority
7.1	<p>Cultural Characteristics, AAP</p> <p>Implement the Project in accordance with ESS7 and as mentioned in the ESMF as well as the SEP to ensure inclusive consultations and adequate access to secondary health</p>	Throughout Project implementation, building on experiences and procedures from PEHSP.	ICRC AAP, ICRC Health Field Team

	care services to those falling under ESS7. To this end, leverage the ICRC’s long-term presence, the knowledge of its resident staff and the ongoing dialogue with people affected by conflict to continuously update the understanding of the context. Reinforce this analysis and the integration of community needs and priorities through community outreach, promoting a dignified, people- centered approach that pays particular attention to those most marginalized and at risk, in line also with ICRC’s framework on Accountability to Affected People.		
ESS 8: Cultural Heritage			
	<i>Standard currently not relevant to the Project</i>		
ESS 9: Financial Intermediaries			
	<i>Standard currently not relevant to the Project</i>		
ESS 10: Stakeholder Engagement and Information Disclosure			
	Material Measures and Actions	Timeframe/Completion Date	Responsibility/ Authority
10.1	Stakeholder Engagement Plan (SEP) Development: Consistent with ESS10, develop, adopt, and disclose the SEP building on the lessons of the PEHSP and in alignment with the memorandum of understanding with the County Health Department. Refine the process and mechanisms to continue engaging relevant stakeholders during the implementation phase, including regarding Grievances Redress mechanisms.	Prior to appraisal	ICRC Health Field Team, AAP
10.2	Stakeholder Engagement Plan (SEP) Implementation:		

	Ensure implementation of approaches and strategies highlighted in the prepared, cleared, and disclosed SEP.	SEP prepared prior to appraisal, building on the PEHSP's 24 months implementation. Implemented throughout Project implementation.	ICRC Health Field Team, AAP
10.3	<p>Integrated Feedback Mechanism: Enable regular and systematic engagement with communities, and receipt of and response to their feedback. Ensure methods and approaches to gathering and responding to feedback are tailored to cultural and context realities, available infrastructure for feedback channels, and resources.</p>	Throughout Project implementation, building on experiences and procedures from PEHSP.	ICRC Health Field Team, AAP
10.4	<p>Grievance Redress: In a manner consistent with ESS10, address Project-related grievances through direct contact of ICRC Staff with MoH staff (guards included), beneficiaries and communities or through more formal channels, depending on their nature. Exchange to that effect regularly with patients, traditional and official authorities, as well as the Hospital Governance Board.</p>	Throughout Project implementation, building on experiences and procedures from PEHSP.	ICRC Health Field Team, AAP, and Delegation Management
10.5	<p>Capacity support and training: Capacity building activities and trainings as relevant and further detailed in the ESMF, shall focus on:</p> <ul style="list-style-type: none"> • Stakeholder engagement • Occupational and Community Health and Safety • Emergency preparedness and response • GBV risk mitigation • Prevention and reporting of SEA • Grievance Management 	Throughout Project implementation	ICRC Health Field Team, AAP, and Delegation Management

	<ul style="list-style-type: none">• Management of medical waste and disposal of sharps• COVID-19 Infection prevention and control• Medical waste management• Cold chain management		
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