ICRC South Sudan Social Assessment

Essential Health Services Project

December 2018

1 Contents

List of Acronyms

AAP	Accountability to Affected People
CBP	Community-based Protection
CHC	Community Health Committee
CHD	Community 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

1 Executive Summary

Present in Juba since 1980, the International Committee of the Red-Cross (ICRC) opened a delegation in newly independent 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 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 the ICRC to expand its operational footprint in the provision of, and inter-alia, greater and safer access to primary and secondary health-care services, including Mental Health and Psychosocial Support (MHPSS) at both levels. Succinctly put, the WB will contribute to ICRC's efforts in South Sudan to ensure that:

- The conflict and violence-affected population (resident and displaced) from the catchment areas of ICRC operations benefit from support to primary health care services and have access to essential, quality curative and preventive health care services with functional management, adequate resources and trained staff providing treatment and care in line with national standards, and
- The wounded and sick in areas affected by conflict and other emergencies, benefit from quality hospital care meeting recognized international standards.

The project takes place during a period of conflict, violence, and significant displacement, a product of the civil war that began in December 2013, two years after South Sudan achieved independence. Humanitarian needs are significant, with OCHA estimating 7 million people in need of aid in 2018 alone. More than 4.4 million people have been displaced, almost half of whom are displaced internally. The protracted conflict has caused a major public health emergency affecting a system that was already struggling, which this project will seek to ameliorate. This context, alongside key socio-cultural, institutional, political, and historical factors, forms the key backdrop of this project. Located in Jonglei and Upper Nile states as well as other areas affected by conflict and instability if the need arises, the project has triggered World Bank's OP 4.10.

The ICRC employs an operational approach to its assistance (and protection) programs that puts the benefiting 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 with some of the most vulnerable and affected populations in South Sudan. Embedded within the communities 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 populations it serves, ensuring accountability to the 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 communities where interventions are geared, community health committee meetings, CBP workshops, external stakeholder perspectives, and its own operational expertise, the ICRC has designed the projects at hand based strictly on need. The main social risks stem from affecting variables of the ongoing conflict, which continues to divide segments of society, and from leaving behind some more vulnerable (whether physically, mentally, or economically). Based on the assessments and consultations undertaken, specific risks that could arise from the ICRC's programs as described above have been identified as: intimidation of staff due to ethnicity, the request of sexual favors, targeting of health institutions by parties to the conflict, potential for unrest due to the perception

of group preferences, nepotism by community leaders among population benefiting from programs, criminality/looting, and/or revenge killings.

Key project approaches and activities themselves seek to mitigate these risks. 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 primary and secondary healthcare, as well as psychosocial support, and 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 on project locations, 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 primary and secondary health care services, all the while steering away from institutional/political agendas into which ethnicity is often intertwined, which could represent liabilities to its humanitarian action. Regular analysis as per ICRC practice will ensure that human security considerations are taken into account in the Health services provided.

Accordingly and as per the Environmental and Social Framework provided separately, no serious non-mitigated adverse impacts to people or the environment are expected, whilst worker and community health and safety will benefit from the exposure and related training of ICRC best practices. Nonetheless, risks always remain a possibility, and measures to prevent and mitigate those risks will be taken accordingly.

2 Methodology

The methodology for the Social 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, institutional and policy frameworks, including the ICRC's Community-based Protection and Accountability to Affected People framework, hiring practices, the ICRC's Code of Conduct, and relevant external stakeholder frameworks. It furthermore includes information gathered during in-depth day-to-day consultations ICRC staff conducts throughout the project area; ensuring broad community support by the local population on project activities. As noted below, throughout 2018 in Jonglei and Upper Nile amongst other states, the ICRC has conducted monthly consultations with 12 Community Health Committees (CHCs), elected representatives of the local communities, in addition to cooperation on a day-to-day basis with local health staff as well as beneficiaries. Equally, consultations have been held in the other geographic areas noted in section 6.1. Beneficiaries and CHCs have raised issues focused mainly 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. Throughout the Project lifecycle, ICRC will continue to assess social risks and mitigation measures to react adaptively to the situation in South Sudan, including shifting conflict dynamics as well as movements of IDPs.

3 Background information

Humanitarian needs worsened by the conflict in South Sudan that began in December 2013, including with respect to those displaced by it, have greatly deteriorated already precarious health conditions as well as the services and infrastructure required to support those needs. The ICRC has been present in Juba since 1980 and has significant experience in health assistance interventions across South Sudan since it became a country in 2011.

This project will support and complement the ICRC's ongoing multidisciplinary response to urgent health needs arising out of the conflict in South Sudan, prioritizing communities affected by violence or inaccessible to other actors supporting the health sector. This will help ICRC in continuing the pace and momentum of its ongoing health programs as well as further scaling it up, especially in hard-to-reach areas. Overall, the proposed project will support the safe delivery of primary health care, some secondary health care, as well as mental health and psychosocial support activities.

4 Purpose and Objectives

The purpose of this assessment is to provide an overview of the social context in which the project activities will take place, to shed light on some key issues that underpin the situation, and to highlight possible issues that could emerge working in the areas described and/or should be considered when undertaking project activities – as well as mitigating measures. Moreover, it provides an overview of the ICRC's humanitarian assistance and protection work more generally – which fully integrates in all its actions a "do no harm" approach to ensure vulnerable and affected people are protected and that their safety and well-being are maintained during the course of any activity through which the ICRC engages with them. Furthermore, it provides an outline of the ICRC's institutional priority to put people fully at the center of the response through its Accountability to Affected People (AAP) approach – which ensures the people the ICRC serves are able to participate in the design and feedback of the project, taking into account specific needs which may exist due to particular vulnerabilities, such as age, gender, and disability, as well as the Community-based Protection approach used in South Sudan. Due to the volatile nature of the project environment, an adaptive management approach is essential; the measures outlined in this document may thereby need to be complemented to achieve the objectives and principles equally committed to.

5 Description of the Proposed Project

5.1 High-impact Primary Healthcare Services in South Sudan for the Most Vulnerable and Affected Communities

This component includes the scale-up of support to 25 primary health care (PHC) centers (exact locations to be defined) and community health activities, focusing on areas heavily affected by conflict and inaccessible to others mainly in Upper Nile and Jonglei states as well as other areas affected by conflict and instability if the need arises . The provided support will include drugs, equipment, dressing materials and vaccines, incentives, among others. The services targeted by the medical teams in the facilities will include:

- Training and support in managing medical stocks, supplies and pharmaceuticals;
- Treatment for most frequent diseases and care in line with national guidelines;
- Training and support to antenatal care, post-natal care, safe deliveries and Basic Emergency Obstetric and Newborn Care;
- Training and support for the Boma Initiative to improve community involvement/ownership in health care;
- Medical care and MHPSS support for victims of violence, including conflict related sexual violence;
- Support to re-establish routine expanded program immunization (EPI);
- Referrals to secondary/hospital care.

5.2 Mental Health and Psycho-social Support in ICRC Supported Health Facilities

In the ICRC-supported health structures, MHPSS (psychological care and outreach activities) support and medical care is offered to victims of violence and conflict in a safe environment. In areas where the ICRC is present but not supporting health structures, a link is developed between a primary point of contact from the community and referral services, to ensure effective awareness-raising and referral pathways for victims of conflict-related violence. The inclusive mental health services package comprises:

- Assessing mental health and psychosocial needs, as well as available resources and support within ICRC's supported health facilities;
- MHPSS capacity-building: training and follow-up supervision for community key actors, health staffs (identified as focal points), on issues such as identification of symptoms, strategies for potential responses and referrals when possible;
- Strengthening the technical quality of and access to psychological services and to psychosocial support activities to promote emotional well-being by improving coping mechanisms;
- Sensitization and community mobilization through the ICRC-supported health facilities, to provide information and promote knowledge on MHPSS issues through awareness-raising campaigns and community outreach.

5.3 High-impact Secondary Healthcare Services at the Community Level

To have an impact on the continuum of care, the ICRC will develop a package of secondary health services (county-level hospital) in areas where it is supporting an important number of primary healthcare centers and where referral possibilities are insufficient or not available (as is the case in Jonglei and Upper Nile State). The location and number are further to be determined. Given the complex situation in South Sudan and especially in the non-governmental controlled areas, it is not the intention to unfold a traditional ICRC weapon wounded program and to bring patients in from across other areas, as it would make the set up too large and inflexible in a case of a changing security situation. Given the current situation of volatility, the support to any county hospital should be agile in a way such that it increases the access and referral to secondary hospital services to provide the best quality of care possible. The following clinical services will be supported: maternity, pediatrics, adult inpatients service, outpatient department and initial stabilization of surgical emergency cases. Weapon wounded patients or other trauma cases will be transferred to the ICRC hospitals in Ganyliel or Juba. Aside from the outpatient department, inpatients will be admitted in a maternity ward (including other female inpatients), pediatric ward and adult male ward. The average catchment population for a county hospital in South Sudan is around 200,000.

6 Context

6.1 6.1. Socio-cultural Context

The project takes place during a period of conflict, violence, and significant displacement, a product of the civil war that began in December 2013, two years after the country gained independence. The war has resulted in high mortality and displacement, in addition to worsening livelihoods, poverty, and food insecurity (Shankleman, 2012; WB, 2014; WB 2015). More than 50,000 civilians have been killed since

December 2014. More than 2.4 million people have been displaced outside the country as refugees and asylum seekers – 85% of whom are women and children – in addition to 2 million internally displaced persons (UNHCR 2018). In total, about one-third of South Sudan's population have been forced from their homes since 2013.

The humanitarian crisis inside the country continues to deepen. OCHA estimates that in 2018 more than 7 million people have been in need of humanitarian assistance and protection. Food security remains dire, with the UN declaring risk of famine affecting some 100,000 people for several months in 2017. Two-thirds of pregnant or lactating women are acutely malnourished. Moreover, more than 2 million children are out of school (OCHA 2018).

The protracted conflict has caused a major public health emergency affecting a system that was already struggling. Some of the most pressing issues result in unmet needs: many health facilities are closed or damaged (sometimes due to attacks), staff may go unpaid or themselves have fled, and there is a paucity of drugs and medical supplies. Throughout the country, healthcare infrastructure is basic, with little to no access to basic utilities.

Access to quality health care has become even more limited by insecurity and logistical constraints. Basic primary healthcare (PHC) services such as routine vaccinations, malnutrition screenings and antenatal care have been severely disrupted. Immunization coverage continues to decline. Stakeholders are implementing mass immunization campaigns (measles/polio) where possible, but these do not routinely include other antigens. Statistics are outdated and rates have likely deteriorated further, with a high probability of being amongst the worst in the world. There are few midwives in rural areas–mostly replaced by traditional birth attendants with little training. There is usually no referral to comprehensive emergency obstetric/medical care.

Mental health services for trauma, stress, depression and other psychological issues are virtually non-existent in the country – only one psychiatric service is open in Juba. Among communities, awareness and understanding of mental health issues remain low; notably due to the added stigma associated with mental health issues, the likelihood of seeking care is low.

Victims of sexual violence have little or no access to appropriate medical and psycho-social care. Beyond limited service provision, the main causes are difficulties of access (for NGOs and victims) linked to the social cost of disclosure for victims.

The humanitarian consequences of the crisis have been compounded by the country's dire economic situation. From 2015-2016 alone the economy is estimated to have contracted by 10.8% (WB 2017). Oil production and oil prices have decreased significantly, and depreciation of the South Sudanese pound and hyperinflation have further pushed more and more people into extreme poverty (less than $1.90/day). In 2015, approximately 66% of the population was poor, up from 52% in 2009 (WB 2017).

6.1.1 Jonglei State

Jonglei is the largest state in South Sudan by both area and population, according to the most recent census in 2008. The population of Jonglei in 2008 was 1,358,602; recent projections by the National Bureau of Statistics put it at 1.44 million for 2018 (National Bureau of Statistics, 2015). Fifty-four percent of the population is male; 46% is female. Forty-nine percent is under the age of 16. The area of Jonglei is

122,580.8 square kilometers, yielding a population density of 11.1%. (South Sudan Bureau of Statistics, 2008).

Most communities depend on agriculture for their livelihoods, including agro-pastoralism and pastoralism, which provides more than 80 percent of domestic employment (FAO 2017). Cattle raiding and interethnic clashes have historically been observed in Jonglei.

The state lies along the Nile River and experiences seasonal flooding typically occurring between August and October each year, which affects low-lying areas in the state in particular. Periodically the state experiences drought, which also affects crop production and subsequently food security in the area, and can create competition for resources among various groups.

6.1.2. Upper Nile State

Upper Nile, whose name derives from the presence of the White Nile, is split into Northern upper Nile (Renk) and Central Upper Nile (Malakal). It has an area of 77,773 square kilometers. The population of Upper Nile in 2008 was 964,353, with 54% male and 46% female; recent projections by the National Bureau of Statistics put it at 1.94 million for 2018 (National Bureau of Statistics, 2015). 51% of the population is under the age of 18. The population density in Upper Nile is 12/square kilometer. (South Sudan Bureau of Statistics; 2008, 2010, and 2014).

Upper Nile State has become one of the most marginalized and impoverished regions in South Sudan because of the presence and activities of militias and harsh environmental conditions. Agriculture is the primary economic activity in Upper Nile, where people are nomadic agro-pastoralists that engage in both agriculture and the rearing of livestock, primarily cattle. Despite the number of private industry-based oil drilling sites in Upper Nile, the region remains extremely poor with negligible service levels in basic development indicators such as education, health, sanitation, and access to clean drinking water.

In 2014 and 2015, Upper Nile State saw some of the most intense conflict in South Sudan, which, after a calmer 2016, reignited in 2017. Insecurity and logistical constraints make Upper Nile difficult to access for most humanitarian actors (REACH 2017).

After years of war and instability, many areas of the state's border with the Gambella region in Ethiopia are prone to security issues and are dominated by armed groups, unresolved inter-communal disputes, multiple waves of displacement, and competition for land, water, services and citizenship.

6.1.3. Secondary areas of intervention

In addition to the main support for Jonglei and Upper Nile, the Project will support interventions also in the following areas:

ICRC Sub-delegation	State	County	Place	Type of Health Care Facility
Bentiu	Northern Liech State	Bentiu	Nhialdiu	Primary Health Care Centre
		Mayong	Wang Kai	Primary Health Care Centre
	Southern Liech State	Leer	Adok	Primary Health Care Centre
			Padeah	Primary Health Care Unit
	Unity State	Bentiu	Bentiu	County Hospital
Bor	Bieh State	Akobo East	Akobo	County Hospital

ICRC Sub-delegation	State	County	Place	Type of Health Care Facility
		Akobo West	Buong	Primary Health Care Unit
		Uror	Karam	Primary Health Care Unit
		Nyrol	Motot	Primary Health Care Unit
			Waat	Primary Health Care Centre
	Jonglei State	Greather North Bor	Baidit	Primary Health Care Centre
		Duk	Duk Padiet	Primary Health Care Centre
	Phow State	Ayod	Pagil	Primary Health Care Centre
		Fangak	Toch	Primary Health Care Unit
Equatorias	GBudue State	Nadiangere	Nadiangere	Primary Health Care Centre
		Yambio	Yambio	Out Patients Department
	Tambura State	Tambura	Tambura	Out Patients Department
	Yei River State	Yei	Nyori	Primary Health Care Unit
			Tore	Primary Health Care Unit
			Yei	Out Patients Department
Malakal	Central Upper Nile State	Akoka	Akoka	Primary Health Care Unit
		Panikng	Tonga	Primary Health Care Centre
	Fashoda State	Fashoda	Kodok	Primary Health Care Centre
			Lul	Primary Health Care Unit
	Latjor State	Ulang	Doma	Primary Health Care Unit
			Yomding	Primary Health Care Centre
		Nassir	Jikmir	Primary Health Care Centre
			Makak	Primary Health Care Unit
			Mandeng	Primary Health Care Centre
	Maiwut State	Maiwut	Maiwut	Primary Health Care Unit
		Longechuk	Udier	Primary Health Care Unit
	Northern Upper Nile State	Maban	Beneshawa	Primary Health Care Unit
		Jamam	Jamam	Primary Health Care Unit
	Ulang State	Ulang	Ulang	Primary Health Care Centre
Wau	Wau State	Bagari	Ngo Dakala	Primary Health Care Unit
			Ngo Ku	Primary Health Care Unit
		Jur River	Wad Allel	Primary Health Care Unit

Project-supported interventions in any additional areas identified throughout the project lifecycle require a no-objection by the World Bank. In preparation, ICRC would provide an addendum to this SA together with the request for a no-objection.

6.1.4. IDPs

South Sudan hosts some 2 million internally displaced persons (IDPs), one of the largest IDP populations in the world. In 2017 alone, there were approximately 857,000 new displacements – the fourth largest set of new displacements in Africa for 2017 – much of which was due to conflict and consequent food insecurity (IDMC, 2018).

Because of insecurity, logistical and access constraints, as well as fluidity of population movements, internal displacement is notoriously difficult to track and disaggregate in many countries, but particularly in South Sudan due to the nature of the conflict, access, and terrain. Thus the data on displacements in many parts of the country, including Jonglei and Upper Nile, is largely incomplete – especially data on

those IDPs living outside of the Protection of Civilian (PoC) sites. That said, the little data that exists does provide a helpful, though very incomplete, picture.

Returns were also reported in 2017 (particularly in Unity, Wau, Western Bahr el Ghazal and Jonglei), but displacement experts note a number of challenges in monitoring returnee movements. Moreover, the situation of returnees often continues to be precarious, meaning that their returns are often not seen to be lasting, and further onward migration is always a possibility. Therefore, extremely limited data are available (IDMC, 2018).

Movements of people can place additional stress on already-struggling communities and systems, including healthcare. In South Sudan, influxes of IDPs or returnees (whether IDPs or refugees) to their homes can create surges in need for primary and secondary healthcare. Trauma of flight and separation from loved ones also can increase need for mental and psychosocial support. The activities financed by this project seek to support increased needs due to new or secondary displacements or returns. Care will be taken to incorporate needs of newly displaced or returnees who are vulnerable and in need of humanitarian assistance and protection, in addition to those in the surrounding communities.

6.2 Institutional Context

6.2.1 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.

6.2.2 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 five directorates of Gender, and Child Welfare, Social Welfare, Administration, and Research and Planning.

6.2.3 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 Former Upper Nile and Jonglei states (GoSS); the situation in the other states is similar.

6.2.4 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. At the same time, it ensures communication channels to all stakeholders to be able to flexibly adjust to changing security situations on the ground to ensure acceptance for continuing support for the most vulnerable in need of health support.

6.3 Historical Context

The Republic of South Sudan is the world's youngest nation, born on July 9th, 2011 through a self-determination referendum in which its citizens voted for independence from Sudan. The referendum was one of the provisions of the Comprehensive Peace Agreement (CPA) in 2005 that ended one of Africa's longest civil wars, lasting from 1983 to 2005. In the years following the CPA, from 2005-2011, South Sudan was an autonomous region within Sudan.

South Sudan is a landlocked country bordered by Sudan, Ethiopia, Kenya, Uganda, the Democratic Republic of Congo and the Central African Republic. It has an area of 644,000 square kilometers and a population of around 12 million people as per the South Sudan National Bureau of Statistics (SSNBS, 2016) projections. The Government of South Sudan (GOSS) has administrative divisions of 32 states from formerly ten states. Each state is made up of counties, each county is made of Payams, and each Payam is made up of Bomas, which are the smallest administrative units.

6.4 Political Context

The international community's and IGAD's efforts at revitalizing the 2015 Peace Agreement in a process called the High Level Revitalization Forum (HLRF) have endeavored to bring the conflict in South Sudan, which started in December 2013, to an end. Starting in October 2017, a series of meetings with the main parties to the conflict held in Addis Ababa and then in Khartoum resulted in a comprehensive "Revitalized Agreement on the Resolution of the Conflict in the Republic of South Sudan" that was signed off on 12

September 2018 in Addis Ababa, under IGAD's auspices. The agreement establishes a Revitalized Transitional Government of National Unity (RTGoNU) for a period of 36 months, preceded by an 8-month pre-transitional period. National elections are to be held 60 days before the end of the 36 month period in order to establish a democratically elected government. The five components of the RTGNoU are, (i) the incumbent government of Salva Kiir (including the "opposition in government" by Taban Deng), (ii) the SPLM/iO of Riek Machar, (iii) the South Sudan Opposition Alliance, (iv) the Former Detainees and (v) other political parties. The agreement calls for permanent cessation of hostilities and reduction and merging of military forces between the former foes. The issue of deciding on the number and boundaries of States is entrusted to an Independent Boundaries Commission of 15 members. The agreement also addresses economic issues and transitional justice with the creation of a Commission for Truth, Reconciliation and Healing, as well as an independent Hybrid Court. The agreement provides for a government with five vice presidents, 35 ministers and 10 deputy ministers, and 550 members of parliament.

Armed confrontations between the SPLA and SPLA/iO have significantly decreased since the first interim agreements were signed in July 2018, and the South Sudanese pound, which was slipping rapidly against the US dollar, has regained 30% of its value since the same period. Fighting has, however, continued. On 18 September, Jean-Pierre Lacroix, UN Undersecretary-General for Peacekeeping Operations, said fighting between the government forces and armed opposition had continued in former Central Equatoria state in south, former Unity state in north and in Kopera area, Yei River state in south (International Crisis Group).

The UN Mission in South Sudan (UNMISS) is the largest peacekeeping missions in the world, with 17,000 troops and 2,101 police personnel. Its mandate is in effect until March 2019 (at which point it may be renewed) and provides for it to "use its good offices and participate in the Ceasefire and Transitional Security Arrangements Monitoring Mechanism, with its Regional Protection Force authorized to use robust action to facilitate safe and free movement around Juba. More broadly, UNMISS [works] to protect civilians, create conditions conducive to aid delivery and both monitor and investigate human rights abuses." (UNSCR 2406 (2018)). A large number of IDPs have taken refuge on UNMISS bases (protection of civilian, or PoC, sites). As of 23 August 2018, 198,086 people had sought safety at six PoC sites in Bentiu, Malakal, Juba, Bor, Wau, and an area adjacent to Wau. (UNMISS 2018)

In addition to the civil war, communal violence, cattle raiding and revenge killings are frequent in several parts of the country, and create many victims. This violence has some of its roots in longstanding feuds over cattle, grazing land and property rights, and control.

South Sudan remains one of the most insecure environments for humanitarian workers. More than 100 aid workers have been killed since conflict broke out in 2013 (OCHA 2018), and in 2017, more attacks occurred on aid workers in South Sudan than in any other country (Humanitarian Outcomes Aid Worker Security Database, 2018). This, along with stifled access and significant fees charged to operate in the country, has led many aid groups to reduce their presence or leave altogether.

6.5 Legislative and Regulatory Considerations

International and national legislation, as well as a number of policy frameworks, can be considered complementary to the project activities at hand.

5.5.1. 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.

5.5.2. 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.

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

The Kampala Convention is a 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.

5.5.4. 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 bio-diversity 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.

5.5.5. 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.

5.5.6. Public Health (Water and Sanitation) Acts (2008) for South Sudan

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.

5.5.7. 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:

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

5.5.8. The 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.

5.5.9. 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 prowess. It also gives wide-ranging powers to Local Government Councils to perform functions in improving community livelihoods.

5.5.10.South Sudan Health Policy, 2015

The South Sudan Health 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.

5.5.11.South Sudan Water Policy, 2007

The policy provides for the establishment of water management institutions at the central, state and county levels and lays the foundations to set up strategies for development of sub-sector for rural and urban water supply in addition to water resources management. The policy also underpins the use of water resources in accordance with international agreements and obligations, and the relevance of forests as watersheds. The policy further stipulates that access to sufficient and quality water is a human right. It also calls for Private-Public-Partnership (PPP) in water sources management and water supply in which local communities participate in the management and maintenance of water sources.

5.5.12.The Labor Act, 2017

The purpose of this Act is to establish a legal framework for the minimum conditions of employment, labor relations, labor 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.

5.5.13.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:

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

5.5.14.The Child Act, 2008 (Act No. 10 of 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.

5.5.15.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.

5.5.16.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.

5.5.17.World Bank, Operational Policy 4.10 – Indigenous Peoples

The World Bank policy on indigenous peoples, OP/BP 4.10, Indigenous Peoples, underscores the need to identify indigenous peoples, consult with them, ensure that they participate in, and benefit from Bank-funded operations in a culturally appropriate way - and that adverse impacts on them are avoided, or where not feasible, minimized or mitigated. Indigenous Peoples as a term defines groups that are particularly vulnerable to exploitation and oppression in nation states, and as a result a special set of political rights in accordance with international law have been set forth by international organizations such as the United Nations, the International Labor Organization and the World Bank. Indigenous Peoples may be referred to in different countries by such terms as "indigenous ethnic minorities," "hill tribes," "minority nationalities," "scheduled tribes," or "tribal groups." Under OP 4.10 Indigenous People also need to be consulted, kept informed through disclosure of information, and provided with a culturally appropriate grievance redress mechanism.

5.5.18.The Geneva Conventions

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.

5.5.19.ICRC Headquarters Agreement

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.

For its part, the ICRC's own regulatory 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.)

7 Stakeholder Participation and Consultations

The ICRC's operational approach, in which teams are physically embedded in the communities in which it works, is one that facilitates an ongoing process of participation and feedback from the communities. 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 population feedback is integrated and communicated across sectors to be reflected into activities when pertinent and feasible. Throughout 2018 in South Sudan and notably in Jonglei and Upper Nile ICRC has conducted monthly consultations with 12 Community Health Committees, elected representatives of the local communities; in addition to cooperation on a day-to-day basis with local health staff as well as beneficiaries. Comparable consultations have also been conducted in the other states. Beneficiaries and CHCs 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, and vulnerable groups. The aim of consultations is to inform communities about the project, obtain their feedback, obtain broad ownership of project activities and discuss how negative impacts (if any) will be mitigated.

7.1 Broader Framework

People benefiting from humanitarian action depend on the quality of the services they get from organizations through a process over which they have limited influence. Humanitarian organizations have an ethical responsibility to consider target populations' wishes and vulnerabilities and the local capacities and culture, to manage resources efficiently, and to produce results that have a beneficial effect for the population. The ICRC thus takes pains to continuously improve the effectiveness and efficiency of its work and to increase its accountability, first to the people it serves, and second to external stakeholders, particularly 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 best effect.

To further reinforce participation of stakeholders, the ICRC has finalized its Accountability to Affected People Institutional Framework (see Annex 6). By the end of 2019, all operational delegations will have undergone a self-assessment on their work toward implementing AAP in a holistic fashion.

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 affected people 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 strives to engage directly with people and communities, in order 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 the AAP Institutional Framework, 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 does its best to avoid 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, 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's approach thus builds on 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.

7.2 Community Protection

While proximity to and dialogue with affected populations have always been part of the working modalities of ICRC, increasingly the organization 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 that communities resort to as a result of the threat; 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 identifies 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:

1) 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.
2) 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.

3) 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 simultaneously seek to reduce their exposure to a threat or to propose alternatives to harmful coping strategies.
4) 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.
5) 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 which 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.

7.2.1 CBP Workshops

The ICRC organizes workshops, bringing together members of a community and ICRC staff, in order to develop a greater understanding of their specific needs, vulnerabilities and capacities, and to engage in a structured discussion with concrete outcomes and conclusions. Participants debate the problems and threats they face, rating them in order of importance; they then analyze the causes and consequences of the problems, making concrete suggestions for addressing them and identifying corresponding coping strategies. After the workshop, the ICRC evaluates each suggestion and will conduct a feasibility assessment if necessary; the ICRC then shares with the community its suggestions about which activities could be implemented, and the community is then involved in the design and implementation of the selected activities. Where appropriate, suggestions received from the community that go beyond the ICRC's s scope of action are communicated to other actors for possible follow-up.

The selection of workshop participants considers gender, age- and disability related vulnerabilities. This helps the ICRC take into account the specific vulnerabilities and capacities in contributing to their own protection. For example, in contexts of displacement, men can be particularly vulnerable to arbitrary arrest, women to exploitation, children to forced recruitment, and elderly people and those with disabilities to movement restrictions. The CBP workshops can also be used to bring together members of the IDP community and residents in order to better understand the possible similarities and/or differences in the situations of IDPs (or returnees) versus their host communities, and to foster joint strategies.

The ICRC has conducted numerous CBP workshops in South Sudan, some of which have informed the establishment and calibration of its health programs that have been ongoing for several years, others that more recent and helping ascertain the appropriateness and suitability of the humanitarian response provided in its different facets.

7.3 Staffing and Hiring

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. The process 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 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.

7.4 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 provide a powerful leverage of global expertise and local knowledge, to ensure that those left furthest behind are not forgotten, but rather sought after, whether through the community engagement processes described above, 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 whose access to the provided services is the lens through which all activities are conducted.

7.5 Project-specific Consultations and Community Engagement

Before beginning support to any health facility, a health needs assessment is conducted. Like any of its health activities as per normal modus operandi, in designing the activities proposed above, the ICRC in South Sudan met with relevant authorities and community representatives to discuss and assess needs. Together, they discussed the areas of responsibility of the ICRC and those of the community and health authorities (County Health Department/ director). The ICRC conducts approximately 12 meetings per year (1/month) with the local communities/authorities. The outcomes of these meetings are recorded via minutes of meetings and shared with the meeting participants and the ICRC management as defined within the institutional matrix leadership model ICRC will continue such consultations throughout project implementation and report, confidentially, to WB in case outcome of consultations change risk levels and components for the Project.

Where Community Health Committees exist, the ICRC regularly invites their participation in the same meetings. Where CHCs do not exist, the ICRC encourages the communities to form them and elect representatives, encouraging diverse representation. (The ICRC also supports CHCs by providing meals for those attending meetings, as well as travel stipends for those who travel long distances to participate, in areas where public transportation is available). The meetings take place at the health facility itself.

The CHCs are responsible for ensuring that communities are aware of the ICRC's activities and providing feedback to the ICRC, they also help ensure that the communities make use of the health facilities. The CHCs typically meet once per month, where they receive updates from the technical team working in the health facility- on the functionality of the supported health facility and the development of health activities in the catchment area. The CHCs also update the technical teams on the health status in their villages. ICRC will regularly join CHCs in their communication with communities to ensure its functionality. Thereby, ICRC will also ensure that pro-active measures are taken to include vulnerable and marginalized groups or individuals in meaningful consultations, including women, elderly, IDPs, ethnic minorities, etc. providing measures tailored to any specific needs. As such, separate consultations with these vulnerable groups may be necessary. In Jonglei and Upper Nile, ICRC works with 12 CHCs, of which all are supported by the ICRC. Equally, ICRC works with CHC in the other states addressed by the project.

The ICRC also ensures that for all input provided by the ICRC to the community health centers (drugs, materials, and equipment - also any kind of renovation of the health facility), a community representative receives and signs off on the donations.

During such consultations, 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 is co-designed by the County Health Director (CHD). In most cases, a satisfactory solution is found.
- Requests to increase the incentives for lower-wage staff categories (e.g. cleaners and security guards), which were communicated during CHC meeting. Based on this feedback, an interagency incentive comparison exercise was conducted, which found that the ICRC incentives were on the lower end of the scale. Following this, an incentive for the lower professional groups was implemented.
- Request by the local CHD to add additional services in PHCU. The ICRC explained that the requisite skilled staff must be available in the community for additional services to be added. The CHD understood this and took it on board.

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.

8 Key Social Issues, Risks and Mitigation Measures

8.1 Social Diversity and Gender

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 citizens, 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 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, smaller-scale incidents of violence driven by disputes over land and livestock, continue, as described above.

Conflict and displacement affect 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. In the aforementioned study; 41 percent of respondents representing all population groups said that they had experienced GBV within the last year (Oxfam, 2017). Sexual violence is thus a significant concern. Displaced persons are particularly vulnerable. In 2017, UNMISS documented 196 cases of conflict-related sexual violence, affecting 128 women and 68 girls (UN SRSG report, 2018).

Child abductions and child recruitment have occurred, as well as early marriage of girls. "Gendered psychosocial stress" has also been evidenced, including for men who feel they are no longer able to uphold traditional roles as family providers (Oxfam, 2017).

The humanitarian activities financed by this project will take a "do no harm" approach, ensuring that assistance is first and foremost based on need and vulnerability, and that the humanitarian action is neutral, impartial, and independent (with NIIHA itself being the primary risk mitigating factor as well)– taking into consideration however the particular realities of all groups mentioned above.

8.2 Institutions, Rules and Behavior

When South Sudan achieved independence in 2011, the Sudan People's Liberation Army/ Movement (SPLA/M) took control of a system of governance that transcended the lines between the formal and informal sectors, military and civilian elites, government and nongovernment actors. Beyond laws, rules and regulations, South Sudan is governed through complex personal and familial ties with an uncertain fluidity centered on resources control (Hutton, 2018).

Indeed, ethnicity can be understood as a political identity founded in social structures and reproduced by the institutions of the state.

The depth of these ties is evident in the fluidity with which actors move across the state-non-state and government-community boundaries (Hutton, 2018).

8.3 Social Risks and Mitigation Measures

Main risks stem from affecting variables of the ongoing conflict which continues to divide segments of society, and from leaving some more vulnerable (whether physically, mentally, or economically).

Based on the assessments and consultations undertaken, the specific risks that could arise from the ICRC's health programs as described above have been identified as the following:

Risk	Mitigating Measures	Who is responsible	Timeframe
Intimidation of staff due to ethnicity	• Maintaining balance of background when hiring	Hospital management	During the recruitment process

	• Strict control of deployment of staff of certain ethnicities to the field • Transparency with authorities • Flexibility to make adjustments as needed	committee and ICRC	
Sexual favors requested by staff	• Ensure all staff have read and signed the Code of Conduct (see Annex 1) • Strong hiring procedures and background checks as well as performance management	ICRC	Immediate
Targeting of health institutions by parties to the conflict	• Dialogue with all parties to the conflict on IHL • ICRC's HCiD initiative • ICRC Juba Delegation's security framework is in place and applied	ICRC to address authorities/ weapon bearers and community members	Ongoing through operational communication
Perception of targeting only a certain group among beneficiaries/potential for unrest	• Use of clear vulnerability criteria • Wide consultations with stakeholders through the AAP and CBP approaches • ICRC logo and insignia/NIIHA approach	Hospital management committee and ICRC	Immediate
Nepotism by community leaders among population benefiting from programs	• Wide consultations with stakeholders through the AAP and CBP approaches	ICRC to engage with communities	As soon as concern is raised
Criminality/looting	• Engage with law enforcement operation forces and remind authorities of their responsibilities to protect humanitarian structures and essential services • Engage with communities to identify and approach actors of influence	ICRC to engage with law enforcement operations and communities	Immediate
Revenge killing between the clans, sub clans and families	• CBP workshops to identify positive coping strategies • PCP documentation and ICRC intervention • Operational communications sessions to engage with actors of influence/weapon bearers • Anthropological/cultural study conducted and results integrated in our approach/action	ICRC to engage with communities, actors of influence	Immediate
Access problems to target groups due to fragile/conflict situation	• Dialogue with all parties to the conflict on IHL • ICRC's HCiD initiative	ICRC to address authorities/ weapon bearers and community members	Immediate and/or ongoing through operational communication (based on the severity of the access problem)
Risks faced by community	• Dialogue with all parties to the conflict on IHL	ICRC to address authorities/	Immediate and/or ongoing

groups to access services particularly vulnerable groups (women, IDP, youth)	• ICRC's HCiD initiative	weapon bearers and community members	through operational communication (based on the severity of the access problem)
Acceptance to the program activities when it contradicts existing cultural practices	• Anthropological/cultural study conducted and results integrated in our approach/action	ICRC to engage with communities, actors of influence	Immediate
Access to information about project activities by relevant persons	• Project information is made available to the local authorities during scheduled meetings (for example Boma committee, data sharing with the health authorities within existing reporting frameworks.	Hospital management committee and ICRC	Ongoing
Security of staff embedded in the communities	• Engage with communities to identify and approach actors of influence • Engage with communities to identify and approach actors of influence on the role of health staff within the local community • ICRC's HCiD initiative with a focus on the respect of health staff • Reactive approach if needed and on individual bases within the ICRC Juba Delegation's security framework	ICRC to engage with communities, actors of influence	Immediate
Unpredictable and volatile situation may emerge in the project area due to a flare up of inter /intra group conflicts	• Ongoing monitoring of the security situation as defined and set up within the ICRC Juba Delegation's security framework • Operational communications sessions to engage with actors of influence/weapon bearers • Engage with communities to identify and approach actors of influence	ICRC to address authorities/ weapon bearers and community members	Immediate

Key project approaches and activities themselves seek to mitigate these risks. Careful analysis taking into account external perspectives and local knowledge, blended with the ICRC's neutral, impartial, and independent (NIIHA) approach ensure the 'do not harm' ethos. Access to primary and secondary healthcare, as well as psychosocial support, and 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 on project locations, 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 build on its acceptance as a neutral, impartial, independent and humanitarian actor, focusing on ensuring the functionality of health provision structures and steering away from institutional/political agendas into which ethnicity is often intertwined, which could represent liabilities to its humanitarian action. The 'do no harm' principle imbues all considerations in the planning and project cycle as exposed above.

Regular analysis as per ICRC practice will ensure that human security considerations are taken into account in the health services provided.

Accordingly and as per the Environmental and Social Framework provided separately, no serious adverse impacts to people or the environment are expected, whilst worker and community health and safety will benefit from the exposure and related training of ICRC best practices. Nonetheless, risks always remain a possibility, and measures to prevent and mitigate those risks will be taken accordingly.

8.4 Grievance Redress

Grievances are addressed directly following the direct contact beneficiaries and communities have with ICRC staff, given the proximity sought, or through more formal channels via the ICRC head of the field structure, depending on their nature. Regular exchanges with traditional and official authorities, as well as CHCs of the given project catchment areas, allow for other structured opportunities for filing of project-related grievances.

The ICRC's CBP workshops in South Sudan often equally address grievances as part of the concerns raised by the community members the Delegation interacts and discusses with (see above section on CBP); the ICRC in South Sudan also collects broader feedback (including grievances) through community-based activities, such as needs assessments for health or economic security, or water and sanitation.

In terms of secondary care, in almost all cases, the ICRC operates in support mode of the local hospital structures, i.e. it does not operate its own hospitals (the exception being one weapon-wounded trauma center in Lebanon), so in this sense its hospital patients are also Ministry of Health patients. The ICRC therefore considers the MoH empowered to determine their own grievance redress mechanisms that make sense. Nonetheless, there are also informal grievance structures in place, whereby the Hospital Project Manager or Head Nurse listens to complaints and take necessary measures to resolve the issues related to ICRC services.

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 respective CHC, and the CHC 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 has to be informed about a necessary extension of time. A quarterly report, will flag the number and type of grievances as may be, , remaining sensitive to confidentiality and data privacy as the situation requires. As per need and through such internal reporting, ways to calibrate the program are discussed with ICRC headquarters.

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 means 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 focal points for grievances will be ICRC health delegates covering support provided to PHCs. Information about grievance redress mechanisms will be relayed through the CHCs. Certain grievances will be fast-tracked due to their nature (e.g. sexual exploitation and abuse, fraud) and will be treated confidentially.

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 Global Compliance Office. For external parties, grievances can be made through an ICRC employee or the Integrity Line (https://icrc.integrityplatform.org/) – which is independently

managed in close cooperation with the ICRC's Global Compliance office. These cases are then submitted to the Investigation Unit.

The Investigation Unit's complaint-handling process begins with the acknowledgement of receipt of the complaint. All complaints of possible misconduct are logged in a confidential case management system and are assigned an identification number.
The case is the pre-assessed, and will be triaged along with other complaints based on the severity and risk. For issues outside the scope of the Code of Conduct (Category A), the Investigation Unit will inform the complainant or reporter about the determination and provide them with information about the possible support mechanisms existing within the organization, e.g. the Ombuds Office, the Staff Health Centre of Expertise, the diversity and inclusion adviser, etc. The Investigation Unit may also, in consultation with the complainant or reporter, decide to refer the case to management for follow-up.

For Category B[1] and C[2] cases, which fall within the scope of the CoC, an inquiry[3] or investigation[4] will be opened, based on the severity of the case. For Category C cases, the Investigation Unit completes a risk assessment questionnaire to determine the risk of the potential misconduct to the individual and/or the ICRC from a reputational, operational, financial and legal perspective. Category C lower-risk cases may be assigned to the Internal Control, Compliance and Fraud Investigation Unit, the Logistics Unit, HR, the Code of Conduct facilitator, or other subject matter experts.

Category C higher-risk cases are immediately assigned for investigation to the Investigation Unit. Similarly, the Investigation Unit may delegate investigative tasks to individuals outside the Investigation Unit who are suitably skilled or positioned to assist the investigation and perform the task. Any investigative tasks thus delegated will be considered to be conducted by persons authorized by the Investigation Unit and under the guidance and monitoring of the head of the Investigation Unit.
Upon completion of the investigation/inquiry, the investigator or inquiry lead will draft an investigation/inquiry report, a closure note or a closure report. If the allegations are substantiated during the inquiry/investigation, an Investigation or Inquiry Report will be written.

Upon review and approval of the investigation/inquiry report, the Investigation Unit sends the report to the designated sanction owner. The sanction owner is the manager two levels above the subject of the investigation/inquiry. The ICRC's general counsel can be consulted on disciplinary sanctions by the sanction owner where deemed necessary to ensure compliance. In exceptional cases, for example where an actual or perceived conflict of interest is raised by the Investigation Unit or the sanction owner him/herself, and is confirmed by the Investigation Unit, the manager three levels above the subject of the investigation/inquiry (at the time of the conclusion of the investigation/inquiry) is the sanction owner.

The investigation/inquiry report will be shared with the manager of the subject of the investigation/inquiry except in those cases where they may be implicated. In harassment cases, the victim will be notified about the completion of the investigation and the key findings, but the report itself will not be shared.

It is the responsibility of the sanction owner to ensure compliance with the sanction Guidelines outlined in the ICRC's Code of Conduct Operational Guidelines in taking appropriate action. The sanction is subject to appeal. Where an investigation reveals credible evidence of a crime, the Investigation Unit may, as appropriate, recommend that the general counsel, with the approval of the

[1] Cases where the reported allegations involve potential improper behavior that is linked to administrative and behavioral rules
2 Cases where the reported allegations involve improper behavior that may be the result of a criminal act, such as fraud, theft, harassment, abuse of power or sexual exploitation.
[3] An inquiry is a fact-finding exercise which serves to examine and determine the veracity of allegations of lower-risk CoC violations, including with respect to, but not limited to, projects financed by the ICRC, and allegations of misconduct on the part of the organization's staff members.
[4] An investigation is a fact-finding exercise which serves to examine and determine the veracity of allegations of higher-risk Code of Conduct violations, including with respect to, but not limited to, projects financed by the ICRC, and allegations of misconduct on the part of the organization's staff members.

director-general, refer the case to the competent national law enforcement authorities for criminal investigation, and will prepare a summary of evidence to transmit to the authorities. In cases of vendor sanction or debarment, a notification will be send to the Logistics purchasing team in accordance with the Procurement Manual to initiate a sanction/debarment of any vendor implicated in fraudulent activities.

The Global Compliance Office retains a monitoring role with regard to sanctioning the subject of inquiry/investigation for category C cases. The Global Compliance Office will include the relevant director to whom the function reports in a quarterly review of the sanctions recorded in order to work towards consistent sanctioning and identify training in this regard.

If the allegation is found to be unsubstantiated, the investigation/inquiry is closed without the involvement of the sanction owner, and a closure note (issued when it is found that the inquiry/investigation cannot be completed to a satisfactory standard) or a closure report (outlining the facts established through the investigation/inquiry process and has determined the allegation(s) to be unfounded or unable to be substantiated.

The ICRC produces a quarterly report that discloses the results of measures taken with regard to cases of violation of the ICRC's Code of Conduct and related policies by employees. The report also summarizes cases in which action has been taken to recover money owed to the organization in connection with disciplinary cases involving sanctions and other measures, as well as cases of potentially criminal behavior that were transmitted to the general counsel to consider referring them to national law enforcement authorities. The quarterly report is issued by the Investigation Unit to coincide with the quarterly Code of Conduct Steering Committee meetings. Upon approval by the Code of Conduct Steering Committee, the report can be made available on the ICRC extranet for donors (at the level of the Donor Support Group), with due regard for protecting the privacy of the individuals or entities concerned.

Confidentiality
Activities by the Investigation Unit or any other individual, delegation or function with respect to inquiries and investigations will be conducted in a confidential manner. The requirement for confidentiality extends to any employee who is involved with or has knowledge of the inquiry or investigation. Information will only be disclosed by the investigator or inquiry lead as required by the legitimate needs of the investigation or inquiry, in order to:

- allow for the subject of an investigation or inquiry to fully respond to the allegations and evidence
- facilitate witness testimony
- enable management or others to assist an investigation or inquiry or to mitigate potential risks to individuals or the organization
- protect the alleged victim or address security concerns.

Any violation of the confidentiality requirements for employees involved in inquiries and investigations may itself constitute misconduct.

Unlike other types of misconduct, the aggrieved individual in harassment cases is not obliged to report harassment, including sexual harassment. Before filing a complaint the aggrieved may consult with the head of the Investigation Unit about the process that would apply should they decide to report an allegation.

9 Strategy, Planning, Implementation and Monitoring

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 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. Thus, the ICRC seeks the direct involvement of those affected to ensure that these factors are all accounted for in the definition of its activities. The ICRC also strives to ensure the coherence of its efforts in the medium and long term.

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 activities for 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 will build 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

The ICRC's management cycle aims to maximize the benefits of programs for the beneficiaries, ensuring that efforts are: relevant, feasible, and, whenever appropriate, sustainable. 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) process. The process is defined as a "corporate function that assesses context, target groups, problems and needs, risks, constraints and opportunities and sets priorities to ensure an appropriate level of coordination and alignment of action and resources towards the achievement of expected results".

The PfR entries (one set per context) represent the two first parts of the management: they provide an assessment and analysis of the situation and the new plan for the coming cycle. The third and fourth parts of the management cycle come in the form of the Monitoring for Results (MfR) process, during which the fulfilment of objectives is tracked, in line with the relevant result indicators.

Once implementation of the plans of action begins, so does monitoring, using the tools defined at the formulation/planning stage. Monitoring is a continuous and systematic process of self-assessment throughout the life of the operation, which involves collecting, measuring, recording and analyzing information (including data disaggregated by gender and age) on all the activities in progress and the results achieved. It also includes continuous monitoring and analysis of the situation and feedback of the beneficiary population and of the general context in which the operation is taking place. Monitoring data is captured in the institutional Planning and Monitoring Tool (PMT) and program-specific databases.

If, during the monitoring process, a significant change in the situation is noted during the year, the ICRC may need to undertake a major revision of the PfR entries for that context; if the needs are much greater and the action is expanded, this may necessitate an extension of the initial budget. The reverse may also be true: where there is a decrease in needs, the corresponding operation and the initial budget are scaled down accordingly. ICRC will engage with the World Bank to establish a respective reporting system in line with and enabling the WB's SIRT process obligations, ensuring at the same time confidentiality where necessary. Through this reporting, ICRC will provide updates on any grievances raised and/or any changes leading to a risk level change regarding the people and communities' vulnerabilities outlined above. In line with the ICRC-WB MoU signed in spring 2018, ICRC has thereby the option to classify any such reports as confidential.

10 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 paedophiliac 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.

11 Annex 3 – Note on Community-based Protection

Community-based Protection.pdf

12 Annex 4 – Note on Diversity in ICRC Operations

Diversity in ICRC operations.pdf

13 Annex 5 – 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)