# International Committee of the Red Cross

# SOUTH SUDAN COVID19 EMERGENCY RESPONSE AND HEALTH SYSTEM PREPAREDNESS PROJECT

## Stakeholder Engagement Plan

## 1. Introduction/ Project Description

### 1.1. Introduction

The *COVID 19 Emergency Response and Health Preparedness Project (The Project)* is being prepared under the World Bank's Environment and Social Framework (ESF). As per the Environmental and Social Standard ESS 10 Stakeholders Engagement and Information Disclosure, the ICRC has and will in continuation of its current participation in the South Sudan Provision of Essential Health Services Project (PEHSP) merging into the Project, provide stakeholders with timely, relevant, understandable and accessible information, and consult with them in a culturally appropriate manner, which is free of manipulation, interference, coercion, discrimination and intimidation.

The SEP defines the stakeholder engagement program done throughout the project cycle. It outlines the ways in which the ICRC communicates with Project stakeholders, as done throughout the PEHSP, and includes a mechanism by which people can raise concerns, provide feedback, or make complaints about any activities related to the Project. This involvement is essential to the success of the Project to ensure smooth collaboration between the ICRC and local communities, as well as to minimize and mitigate environmental and social risks related to the proposed activities

### 1.2. Project Description

The Akobo County Hospital (ACH) is a 62-bed public secondary health facility that provides hospital services in line with the South Sudan Ministry of Health (MoH) guidelines through its five main departments: outpatient, pediatric, maternity, medical inpatient, and surgical departments. The ACH has a catchment population of approximately 200,000 people.

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

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

On the basis of a memorandum of understanding signed between the County Health Department (CHD) of Akobo and the ICRC, the ICRC will continue to provide assistance to the ACH to enable it to deliver secondary level of care in line with national and/or international standards in the fields of weapon-wound surgery; general surgery; other hospital care such as internal medicine, emergency medicine, pediatrics, and emergency obstetrics; and mental-health and psychosocial support[1] for victims of violence, including sexual violence. The ICRC's support will also cover such areas as: treatment for TB, HIV/AIDS and Kala-azar (visceral leishmaniasis) in line with the national health programs; clinical management of rape cases; physiotherapy and/or referrals for physically disabled people; and COVID-19 infection and prevention control in line with MoH and/or WHO guidelines[2]. An ICRC surgical team will continue to work alongside ACH medical staff, with a view to bolstering their capacities in, *inter alia*, weapon-wound surgery, emergency obstetric surgery and general surgery.

## 2. Stakeholder identification and analysis

As a continuation of the South Sudan PEHSP, the ICRC will leverage identified Project stakeholders analysis and will calibrate existing approaches, networks, groups, and practices throughout the course of the Project.

The Project's stakeholders are classified into two main categories:

(i) **the affected parties:** people, groups and entities who will be impacted or will likely to be impacted – directly or indirectly, positively or adversely – by the Project, including those who may be marginalized or at-risk; and

(ii) **the interested parties:** people, groups or entities that may have an interest in the Project, including those whose interests may be affected by the Project and who have the potential to influence the Project's outcomes.

This SEP takes into account the wider existing legal, institutional and regulatory frameworks in South Sudan, as listed more exhaustively in the Environmental and Social Assessment and Management Plan (ESA/ ESMP). The list below details affected and interested parties identified by the ICRC for its health activities under the Project.

### 2.1 Methodology

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

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

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

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

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

[2] Note that ICRC will not be involved in the COVID19 vaccine component of the World Bank funded project.

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 affected population 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 then used for management and reporting purposes; and ensures that resources are utilized to the best intended effect.

To further reinforce participation of stakeholders, the ICRC follows its Accountability to Affected People Institutional Framework. Accountability to Affected People (AAP)[3] is an approach that seeks to preserve the dignity of people affected by armed conflict and other situations of violence. It focuses on giving people a voice in determining their own needs and designing their own solutions, acknowledging the diversity of people forming a community and the fact they have different needs and capacities. In other words, it seeks to ensure that all relevant key stakeholders have the power to effectively contribute to shaping the humanitarian response.

Moreover, in South Sudan and in other violence-affected contexts where it works, the ICRC employs a community-based approach to protecting people affected by armed conflict and other violence. This approach entails facilitating inclusive, participatory, and people-centric processes that aid communities in exploring and developing community-based solutions to risks facing them.

The ICRC recognizes that the socio-economic and other effects of the COVID-19 pandemic are not the same for all: people who are already socially marginalized prior to the pandemic are often rendered even more vulnerable. For instance, the lockdowns necessitated by the pandemic may expose women and adolescent girls to abuse and other violence at home; the closure of schools may expose schoolchildren to abuse or neglect; and the pandemic-related movement restrictions may make it harder for persons with disabilities, victims of violence (including sexual violence), and older people to obtain the services or the assistance they need. Because of this, the ICRC issued a guidance note[4] on inclusive programming during the pandemic to all its delegations worldwide. This guidance note provides practical recommendations for ensuring that the distinct needs of marginalized groups and people at risk – women and adolescent girls; children; the elderly; persons with disabilities; victim/survivors of sexual and gender-based violence; people with pre-existing medical conditions, among others – are actively addressed through participatory consultations and inclusive decision-making.

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

The ICRC, informed by its decades-long operations in South Sudan and its proximity and close interaction with violence-affected communities, has and will apply the following principles for stakeholder engagement:

- *Openness and life-cycle approach*: community meetings will be arranged to discuss the status of the Project throughout its implementation; discussions will be carried out openly, free of manipulation, interference, coercion or intimidation; local health authorities, community and religious leaders and others will be requested to inform community members in advance about the time, location, and frequency of these meetings
- *Informed participation and feedback*: information will be provided to all stakeholders in an appropriate format, in English or local languages, to ensure the accessibility and effectiveness of the medium and space for addressing comments and concerns; opportunities will be provided for constructive discussions of stakeholders' feedback
- *Inclusiveness and sensitivity*: stakeholder identification is undertaken to support better communication and build effective relationships. The participation process for the Project will be inclusive. Stakeholders will be encouraged to be involved in the consultation process, ensuring equal access to information for all. Sensitivity to stakeholders' needs will guide the selection of engagement methods. The cultural sensitivities of diverse ethnic groups will be

[3] For more information, please see https://www.icrc.org/en/publication/accountability-affected-people-institutional-framework
[4] "COVID-19: Inclusive programming – Ensuring assistance and protection addresses the needs of marginalized and at-risk people", accessible at https://www.icrc.org/en/document/covid-19-coronavirus-inclusive-programming.

taken into account, and special attention will be given to marginalized or at-risk groups and others with particular vulnerabilities, such as women, children, the youth, persons with physical disabilities and the elderly.

For the purposes of effective and tailored engagement, stakeholders of the proposed project(s) can be divided into the following core categories:

- **Affected Parties** – persons, groups and other entities within the Project Area of Influence (PAI) that are directly influenced (actually or potentially) by the Project and/or have been identified as most susceptible to change associated with it, and who need to be closely engaged in identifying impacts and their significance, as well as in decision-making on mitigation and management measures;
- **Other Interested Parties** – individuals/groups/entities that may not experience direct impacts from the Project but who consider or perceive their interests as being affected by the project and/or who could affect its implementation in some way; and
- **Marginalized or At-Risk Groups** – persons who may be disproportionately impacted or further disadvantaged by the Project as compared with any other groups due to their vulnerable status, and that may require special engagement efforts to ensure their equal representation in consultation and decision-making process.

## 2.2. Affected parties

Affected Parties include local communities, community members and other parties that may be subject to direct impacts from the Project. Specifically, the following individuals and groups fall within this category:

- ACH patients and their families, and other wounded and sick people in Akobo County
- people/communities living in the vicinity of the ACH
- the catchment population of the ACH
- the Akobo CHD
- the commissioner and deputy commissioner of Akobo County
- ACH staff
- community health workers (e.g. traditional birth attendants, first aiders)
- primary health care providers in the area, which refer some of their patients to the ACH

## 2.3. Other interested parties

The projects' stakeholders also include parties other than the directly affected communities, including:

- civil society groups and NGOs on the regional, national and local levels, that pursue health, environmental and socio-economic interests
- County Health Department and the State Ministry of Health, permitting and regulatory agencies at the national and regional levels, including environmental, technical, social protection and labor authorities
- Civilian authorities in Akobo
- Armed groups and other weapon bearers present/operating in Akobo

## 2.4. Disadvantaged/marginalized or at-risk individuals or groups

The ICRC recognizes that the Project may have unexpected or unintended outcomes that may adversely affect some people or groups within the Project's area of influence. Informed by its longstanding presence in the country, it is also mindful of the prevailing economic and socio-cultural realities that marginalize or pose risks to certain groups of people such as children, women and girls, persons with disability, and the elderly, among others. In implementing its health activities under the Project, the ICRC will – as it has already been doing in the past – continue to maintain its proximity to the Akobo community. Through the presence of its health team at the ACH, and through the periodic meetings and other interactions between different ICRC staff (e.g. protection, water and habitat, economic security teams) and diverse groups in Akobo, the ICRC will encourage the members of the Akobo community to communicate their concerns, needs, complaints or other feedback about the Project. The ICRC will also make use of existing

community dynamics: community members, including marginalized and at-risk groups, often approach and voice their needs and complaints first to their village elders or community and religious leaders, who will then relay their concerns to the local authorities. The ICRC will thus maintain its engagement with community leaders and local authorities to keep itself abreast of what the wider community has to say about the Project; doing so will make the ICRC better placed to address concerns, complaints and other feedback more effectively.

Within the Project, the marginalized, at risk or disadvantaged people may include and are not limited to the following:

- **Persons over 50 years of age, individuals with chronic diseases and pre-existing medical conditions**:
    - carry out targeted consultations to understand concerns in terms of accessing information, medical facilities and services, as well as challenges they face;
    - issue additional guidance tailored to their specific needs;
    - adapt messages and make them accessible for these groups' specific living conditions and health status;
    - target messaging to family members, health care providers and caregivers to explain why these groups are at more risk and what measures to take to care of them;
    - encourage existing services to adapt to new conditions, for example through mobile outreach units; use of adequate communication channels, etc.
- **Pregnant women, infants and children** (same as above)
- **People with disabilities**: (same as above, and)
    - provide information in accessible formats;
    - leverage the possible relay role of community-based organizations providing support to people with disabilities to widen and adapt messaging about available secondary health-care services.
- **Residents of rural areas/isolated settlements**: ensure their knowledge of the existence of nearby primary health-care facilities, as well as the Akobo secondary health care services available.
- **Women and those at risk of GBV**: leverage the possible relay role of GBV service providers to ensure referral pathways are in place and widely advertise support available (including MHPSS) at the Akobo hospital. Reinforcing prevention is also key, striving to ensure that staff is equipped to deal with SEA/GBV and that clear feedback mechanisms are known.

The ICRC's interaction with people and groups mentioned above will primarily be on site (i.e. in Akobo hospital) and in the context of providing health-care services, which is the main goal of the ICRC's activities under the Project. As is common among communities that are spread apart and/or are continually on the move, word of mouth is a vector of communication: patients who receive services at Akobo hospital go back to their communities with information about the services that they have received and how well (or poorly) they have been treated.

In addition, ICRC teams on the ground employ an "information-as-aid" approach in its engagement with communities. This approach entails providing communities with useful information about the services available to communities from the ICRC, local government agencies, NGOs and other aid organizations.

Marginalized or at-risk groups within the communities affected by the project will be further confirmed and consulted through dedicated means, as appropriate. Description of the methods of engagement that will be undertaken by the project is provided in the following sections.

## 3. Stakeholder Engagement Program

### 3.1. Summary of stakeholder engagement during project preparation and recent implementation, and as well as engagement methods, tools and techniques

During preparation and the course of the 2020-21 implementation of PEHSP, consultation meetings were conducted in Akobo and virtually with the Health departments in South Sudan and Geneva for continuation of the Project. Participants were ICRC Health coordination in Juba, ICRC Health unit in Geneva and the Ministry of Health in Juba,

the State Health Ministry in Jonglei, the County Health Department in Akobo; the civilian, military, and community leaders in Akobo, medical staff and other workers at the Akobo County Hospital, patients, their caretakers, as well as medical PHC staff and responsible organizations for primary healthcare within the catchment area .

These meetings enabled the ICRC to explain the aim of its support for the ACH – which is to provide wounded and sick people with suitable secondary health care and help the ACH and its staff increase their capacities in medical services – and answer questions about what such support entails. The respective roles and responsibilities of the stakeholders in attendance were also discussed and clarified.

Among the issues discussed was the importance of spreading awareness of the services offered at the ACH, so as to extend the reach of the hospital's services to as many people as possible; notably, health staff at primary health centers were encouraged to refer patients requiring second-level care to the ACH. The South Sudanese health authorities expressed appreciation for what the ICRC has done so far at the ACH, notably in connection with the COVID-19 pandemic (e.g. setting up handwashing stations; donating personal protective equipment and disinfection materials; training in COVID-19 infection prevention; setting up an isolation room for suspected cases). The meeting touched on the need for people's continued vigilance in following COVID-19 safety protocols. The ICRC confirmed that it will continue to contribute to South Sudan's COVID-19 response through its activities in the ACH. The discussions were carried out in a frank but professional manner, in an atmosphere of common trust; language barriers were overcome with the aid of interpreters.

Throughout its presence in South Sudan and notably in Jonglei, the ICRC has conducted regular meetings with community elders, representatives of the local communities; in addition to cooperation on a day-to-day basis with local health staff as well as patients and their caretakers. Beneficiaries have raised issues which focus on requests of further extending the support provided by ICRC and in parallel increase work opportunities for local communities, with the question around 'incentives' remaining a recurrent one. The feedback underlines backing for the Project, considered as broad community support on a backdrop of continued poverty and limitations in public services.

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

Stakeholder engagement has and will be free of manipulation, interference, coercion, and intimidation, and conducted on the basis of timely, relevant, understandable and accessible information, in a culturally appropriate and respectful format aiming at inclusiveness and building trust. It involved and will continue to do so, interactions between identified groups of people and provides stakeholders with an opportunity to raise their concerns and opinions ensuring the information is taken into consideration when making project decisions.

Developing meaningful engagement with stakeholders, and gaining their trust, sometimes takes time to develop. In South Sudan, the ICRC's longstanding presence – predicated on communities' acceptance of the ICRC – as well as the life-saving outcomes of its past and continued intervention at the ACH have allowed it to grow and maintain positive relations with key stakeholders and the wider Akobo community.

ICRC teams will continue to be mindful of stakeholders' sometimes unrealistically high expectations of benefits that may accrue to them in connection with the Project, be it the scope of health services for patients or the amount of financial incentives that the ICRC provides for ACH staff. The ICRC will uphold the terms and conditions of the memorandum of understanding signed by the CHD and the ICRC in relation to the ACH and continue to communicate clearly on what it can and cannot do on the basis of the signed agreement, which establishes an unambiguous delineation of the ICRC's roles and responsibilities.

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

In its stakeholder engagement, the ICRC will implement measures against the spread of COVID-19. It will be guided by the following:

- MoH advisories and/or WHO guidance on COVID-19 prevention, which may include banning public gatherings or allowing them in smaller, physically distanced groups
- If smaller meetings are permitted/advised, conduct consultations in small-group sessions, such as focus group meetings; if not permitted or advised, make all reasonable efforts to conduct meetings through phone or other means
- Diversify means of communication appropriate to the context
- Because many communities in South Sudan still do not have access to the internet or cellular network coverage, continue to use traditional channels of communications (e.g. radio messages, relaying messages via community leaders and local authorities) to convey important messages about the Project and how people may communicate their feedback
- Where direct engagement with the affected parties is necessary, identify accessible channels for direct communication
- Channels of communication will specify how feedback and suggestions can be provided by stakeholders

In line with the above precautionary approach, different engagement methods have been used and are proposed continuing onwards, to cover different needs of the stakeholders as below:

### 3.3. Proposed strategy for information disclosure[5]

| Project stage | Target stakeholders | List of information to be disclosed | Methods and timing proposed |
|---|---|---|---|
| Initial phase | Health stakeholders and the general public; including the Project affected parties and other interested parties | SEP; discussion of needs and proposals to work towards essential service provision, project design and implementation plan | Formal meetings/conferences; small outdoor focus group discussions/community consultations; one on one interviews; site visits<br><br>Prior to appraisal (completed) |
| Initial phase | Health stakeholders and the general | Updated SEP Communication Strategy (as applicable) | Formal meetings; small outdoor focus group discussions/community |

[5] The ICRC does not disclose information that may put people at risk or jeopardize its access to the communities it is assisting. It collects and manages beneficiary data in line with the ICRC's Rules on Personal Data Protection, which can be accessed here: https://www.icrc.org/en/publication/4261-icrc-rules-on-personal-data-protection. For more information about how the ICRC handles information responsibly, please see: https://www.icrc.org/en/document/access-information-and-accountability.

| | | | |
|---|---|---|---|
| | public; including the Project affected parties and other interested parties | | consultations; one on one interviews; site visits<br><br>Prior to appraisal (completed) |
| Implementation phase | ICRC and CHD | Key elements arising from regular consultations with key stakeholders, reflected in the quarterly narrative reports | Regular exchanges with key counterparts<br>Perception survey questionnaire (tbc)<br><br>Quarterly |
| End of project | General public; | Report on the Project's outcomes and lessons learnt | Formal meetings; small outdoor group discussions; community meetings.<br>Perception survey<br>End of project |

### 3.4. Stakeholder engagement plan

| Project stage | Topic of consultation / message | Method used | Target stakeholders | Responsibilities |
|---|---|---|---|---|
| Initial Phase | Risk communication and community engagement strategy | Key informant discussions (considering COVID-19 precautionary measures) | Media<br>Civil population | MoH<br>ICRC Media/Communication department<br><br>(completed) |
| Implementation Phase | Achievements and constraints about service provision , including complaints and resolutions | National Health Report<br><br>ICRC quarterly report | Health authorities, WB, Health sector agencies | MoH<br>ICRC |

### 3.5. Proposed strategy to incorporate the view of marginal or at-risk groups

The project has and will continue to carry out stakeholder engagement targeting marginalized or at risk groups to understand their concerns/needs in terms of accessing information, medical facilities and services and other challenges they face. Practical details of the foreseen approach will build on current practices and will be adapted and fine-tuned during the continuation of the project's implementation. Methodology to incorporate the view of marginal or at-risk group will follow what is described in 2.1

### 3.6. Reporting back to stakeholders

Stakeholders are being and will be kept informed as the project develops, including on relevant aspects related to environmental and social realities, as well as stakeholder engagement plan and grievance mechanism. This is being done whether directly and immediately with patients and their caretakers; as well as during monthly meetings with Health authorities.

## 4. Resources and Responsibilities for implementing stakeholder engagement activities

### 4.1. Resources

The ICRC Health and allied departments in South Sudan will be in charge of stakeholder engagement activities.
The budget for the SEP is an integral part of the Project and the ICRC's South Sudan wider activities as supported by other partners.

### 4.2. Management functions and responsibilities

The project implementation arrangements are as per the project appraisal document/project plan.

The entity responsible for carrying out stakeholder engagement activities is the ICRC South Sudan delegation, more particularly the ICRC Health coordination in Juba and the hospital project management team and its staff in Akobo
The stakeholder engagement activities will be documented through quarterly reports as part of the reporting structure piloted in the course of the PEHSP and including specific indicators outlined in the ESA/MF.

## 5. Grievance Mechanism

The main objective of a Grievance Mechanism (GM) is to resolve complaints in a timely, effective and efficient manner that satisfies all parties involved. Specifically, it provides a transparent and credible process for fair, effective and lasting outcomes. It also builds trust and cooperation as an integral component of broader community consultation that facilitates corrective actions. Specifically, the GM:

- Provides affected people with avenues for making a complaint or resolving any dispute that may arise during the course of the implementation of projects;
- Ensures that appropriate and mutually acceptable redress actions are identified and implemented to the satisfaction of complainants; and
- Avoids the need to resort to judicial proceedings.

In alignment with the ICRC's approach to Accountability to Affected Populations (AAP), channel selection is based on the purpose of the feedback channel, community preferences and context, adequate consultation with different community members, the type of feedback required by ICRC and raised by the community, the intended users of the channel and their specific requirements, organizational resources and capacity that are required, and the effective management of any risks.

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

### 5.1. Description of GM

In Akobo, such GM have ranged from the direct, immediate feedback and redress that is available to local MoH staff, patients and caretakers through the daily interactions they have at the hospital; the monthly working sessions

between the ICRC team and hospital management to address challenges faced; the regular discussions with Akobo representatives, the trimestral discussions had with Akobo town authorities, as well as calls via ICRC's Integrity Line[6].

Local specific issues will be handled by the County Health Director or ICRC Health and Management teams. They will ensure all the complaints are collected on a timely manner and attempt to resolve any urgent complaints immediately.

The GM will include the following steps:

Step 1: Grievance discussed within the Akobo County Hospital
Step 2: Grievance raised with the County Health Director Office and/or ICRC counterpart.
Step 3: Appeal to County Authorities (if pertinent)

The GM escalation process will follow the ICRC's and Akobo's MoH Department structure. Once all possible means to resolve the complaint has been proposed and if the complainant is still not satisfied then they should be advised of their right to legal recourse.

Most grievances are addressed dynamically following the direct contact beneficiaries and communities have with ICRC staff, given the proximity sought, or through more formal channels, depending on their nature. Typically, the hospital Project Manager or Head Nurse, de facto acting as focal point, is approached, listens to complaints and take necessary measures to resolve the issues related to ICRC services. Regular exchanges with traditional and official authorities allow for other structured opportunities for filing of project-related grievances.

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 relevant authorities for guidance. If the grievance cannot be resolved amicably, ICRC will forward it to a mandated officer in the Delegation in Juba for a second opinion. Grievances are generally addressed within 30 days or the aggrieved party must be informed about a necessary extension of time.

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

ICRC has additional measures and protocols in place to handle sensitive and confidential complaints, including those related to Sexual Exploitation and Abuse/Harassment (SEA/SH). All the vectors of grievance and feedback mentioned previously will be available to Project stakeholders, including ICRC's Integrity Line (managed by EQS). ICRC's Ethics, Risk and Compliance Office (ERCO) and network is the managing entity regarding this dimension.

The ICRC's Investigation Unit (responsible for investigating breaches of the ICRC's Code of Conduct 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 (. These cases are then submitted to the Investigation Unit. The Unit has a codified process that follows industry best practices, integrity, transparency, and fairness. Its work with the World Bank's INT department is codified in the Operational Framework Agreement's ancillary Coordination Agreement.

[6] Cf. https://icrc.integrityplatform.org/

## 6. Monitoring and Reporting

The SEP will be revised and updated as necessary in the course of project implementation in order to ensure that the information presented herein is consistent and relevant. Any major changes to the project related activities and to its schedule will be duly reflected in the SEP.

As mentioned under 4.2, stakeholder engagement activities will be documented through quarterly reports as part of the reporting structure piloted in the course of the PEHSP and including specific indicators outlined in the ESA/MF.

When it comes to reporting back to stakeholders, as highlighted under 3.6, stakeholders are being and will be kept informed as the project develops, including on relevant aspects related to environmental and social realities, as well as stakeholder engagement plan and grievance mechanism. This is being done whether directly and immediately with patients and their caretakers; as well as during monthly meetings with Health authorities.