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East, Central and Southern Africa Health Community
(ECSA-HC)

Health Emergency Preparedness, Response and Resilience Project for Eastern and Southern Africa under Phase I of the Multiphase Programmatic Approach (P180127)

Up Dated Stakeholder Engagement Plan (SEP) for Second Additional Financing

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1. Introduction

1.2. Project description

The World Bank implementing a Multi Phased Approach (MPA) project, the **Health Emergency Preparedness, Response and Resilience Project for Eastern and Southern Africa under Phase I of the Multiphase Programmatic Approach** (or the" project") that includes in the first instance Kenya, Ethiopia, and Sao Tome and Principe. The project supports selected activities in non-project countries based upon an agreed upon criteria. The MPA Project Development Objective (PDO) is to strengthen health system resilience and multisectoral preparedness and response to health emergencies in Eastern and Southern Africa. The project has four components, namely: (i) **Strengthening the preparedness and resilience of regional and national health systems** to manage Health Emergencies (HE) through strengthening multisectoral planning, financing and governance for HEs, emphasizing, support health workforce development and "essential public health functions" (EPHF), supporting information systems for HEs and the digitalization of the health sector , supporting climate resilient health systems and supporting the readiness of healthcare systems and essential services continuity; (ii) **Improving the detection and response** to HEs at the regional and national levels; through supporting collaborative surveillance and laboratory diagnostics, support emergency management and coordination, support risk communication and community engagement, empowerment, and social protection for all health emergencies, will support an accelerated access to and deployment of countermeasures before, during and in the aftermath of a HE, leveraging public and private sector resources; and (iii) **Program management** and supporting monitoring and evaluation (iv) **Support to Current Bundibugyou EVD outbreak** through cross border preparedness and response, and response coordination, monitoring and evaluation. Each component describes a menu of activities that is supported under the overall project; however, in line with the objectives of the project countries will have the flexibility to choose or introduce relevant activities under the components, based on the specific country context and priorities, as long as they are well-aligned with the Project Development Object (PDO) and the theory of change of the project.

The project envisions a strong regional focus on issues such as equity and inclusion, effective governance/integration/coordination, information sharing, seamless knowledge creation, capacity building and exchange, cross-border surveillance, and robust technology transfer among all relevant public and private entities in the participating countries. This is a cross-cutting aspect across all components. The following is a summary of the scope of the project by components.

1.2. Role of ECSA-HC under the project

Under the AFE Health Emergency Preparedness, Response and Resilience MPA Project, ECSA-HC will provide technical assistance and regional coordination support, facilitate knowledge sharing, and advocate for policy and institutional change, as would be agreed with key project stakeholders. Specific roles and responsibilities for ECSA-HC will focus on:- (i) providing technical assistance to build/enhance countries' capacities to accelerate implementation; (ii) supporting knowledge exchange and policy dialogues; (iii) coordinating inter-country/cross-border activities; (iv) supporting development of strategic documents (plans, AOPs, NAPHs); (v) facilitating peer-to-peer assessment of IHR core-capacities through an innovative peer-SPAR approach; (vi) developing and implementing innovations to facilitate better service delivery; (vii) knowledge exchange and sharing among the countries among other key activities.

In the implementation of the project, this will engage various stakeholders who are likely to be affected in one way or the other by the project activities. The project stakeholders are individuals or groups that can be affected by the project implementation and outcomes, either directly or indirectly and both positively or negatively (Project Affected Parties (PAP)) or have interest in the project (other interested parties (OIP)). ECSA-HC's analysis of

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stakeholders therefore encompasses identification of the stakeholder groups that are likely to influence or be affected by the proposed project activities either positively or negatively and organizing them according to the potential impacts of the project activities.

ECSA-HC will continue to use the existing channels that have already been established to reach out the stakeholders expected to collaborate with the organization in the Project implementation. In this regard, stakeholders will be engaged during the design, planning and execution of project. In this project, stakeholders are classified based on: (a) their roles and responsibilities in the project; (b) interest in the project (project affected parties (PAP) or other interested parties (OIP).

1.3. About SEP

ECSA-HC had developed a stakeholder engagement plan (SEP) to provide guidance for stakeholders' engagement. The goal of this SEP is to improve and facilitate decision making and create an atmosphere of understanding for those activities which involve project-affected people and other stakeholders in a timely manner. The SEP will ensure that stakeholders are affording adequate opportunity to voice their opinions and concerns that may affect the project decisions. The SEP describes the timing and methods of engagement with stakeholders throughout the life cycle of the project as agreed between the Bank and ECSA-HC, distinguishing between project-affected parties and other interested parties. This SEP will also describe the range and timing of information to be communicated to project-affected parties and other interested parties, as well as the type of information to be sought from them. The SEP further includes a list of the stakeholder groups identified, including disadvantaged or vulnerable individuals or groups; the proposed stakeholder engagement program (including topics stakeholders will be engaged on, how stakeholders will be notified, the methods of engagement, list of information/documents that will be in the public domain, languages they will be available in, length of consultation period, and opportunities to comment); resources required and the responsibilities for implementing stakeholder engagement activities; summary description of the grievance mechanism; and contact information and process for seeking further information.

Why revised SEP

After the approval of Phase 1, the HEPRR Program significantly expanded its financing envelope and number of participating countries, and AF1 was approved in March 2026 as a partial response to this increased geographical scope**.** The program had envisioned the participation of five countries when it was approved by the Board in September 2023. Ethiopia, Kenya, and São Tomé and Príncipe (STP) were included as Phase 1, with ECSA-HC and IGAD. The Democratic Republic of Congo (DRC), and Burundi were subsequently included as Phases 2 and 3, respectively. Since then, together with the approval of Phase 4 (Rwanda), the program envelope has increased as noted above and the number of countries in the program financing framework has increased to 11. Malawi, Zambia, Mozambique, Botswana, and Angola have been approved as Phases 5, 6, 7, 8, and 9, respectively. As of August 2026, 11 countries have been approved under the MPA—more than double the number expected at the outset. The geographic scope of country support and regional coordination provided by ECSA-HC and IGAD has expanded in step with program expansion. AF1 has increased the total resource envelope available to the two regional organizations but their five-year strategic plans remain only partially resourced.

As evident during the ongoing BVD outbreak in the DRC and Uganda, a solid regional foundation and multisectoral action continue to be critical for health emergency (HE) preparedness and resilience in AFE countries**.** AFE remains a hotspot for emerging and re-emerging infectious disease outbreaks, endemic diseases, and other complex and inter-related HEs, including non-communicable diseases (NCDs). Zoonotic diseases remain a major threat as evidenced by the ongoing outbreak of Bundibugyo virus, which causes a severe form of Ebola disease. As of July 15, 2026, a cumulative total of 2124 confirmed cases, including 828 deaths, have been reported from the DRC. The World Health Organization (WHO) has noted that it is challenging to differentiate Bundibugyo virus disease from other endemic febrile diseases (e.g., malaria) without laboratory confirmation using PCR or antigen- or antibody-

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based assays.[1] As no approved vaccines or specific treatments currently exist for BVD, the WHO also notes that testing for the presence of orthoebolaviruses (and also for orthomarburgviruses) should be performed in appropriately equipped laboratories by staff trained and competent in the relevant technical and biosafety procedures.[2] This highlights the ongoing importance of the work done by the regional organizations financed by the HEPRR MPA on laboratory strengthening, human resources for health development, and more.

ECSA-HC requires additional resources to continue the intensified cross-border work that is necessary for greater BVD preparedness and response in high-risk countries. This will enable ECSA-HC to work on the following: strengthening cross-border Ebola preparedness through rapid readiness assessments, joint preparedness planning, cross-border surveillance, Points of Entry (PoE) readiness at critical PoEs using a standardized package of interventions, laboratory capacity and sample referral strengthening, simulation exercises, after-action reviews, and regional and country coordination. This will build on ECSA-HC's ongoing HEPRR work, including previous cross-border Ebola preparedness exercises, as well as broader work on PoE readiness, laboratory systems strengthening, PHEOC/IMS, simulation exercises and regional coordination. The aim is to ensure that countries are better prepared to detect, notify, refer, investigate and coordinate suspected Ebola events across borders in a timely manner.

The second additional Financing of US$8 million is therefore proposed for ECSA-HC, with project restructuring to include an Ebola-specific component for ECSA-HC. AF2 will continue to support implementation of regional activities and the learning agenda across an expanded set of countries, as annual work planning is linked to a five-year strategic plan for each organization that is currently not fully resourced. AF2 will also support an Ebola-specific component for ECSA-HC to respond to the ongoing BVD outbreak. The details of activities under AF2 are presented in Tables 2a and b. Activities remain closely linked with the mandates of both institutions. The RFs for Phase 1 and for ECSA-HC are being modified to monitor the BVD response in 2026-2027. Details of RF revisions are in Section II (Table 3). Overall Phase 1 performance is rated satisfactory for progress towards the PDO and moderately satisfactory for implementation progress (ISR Seq.5, March 2026), development objectives remain achievable (details below) and there is agreement with all the implementing entities for ECSA-HC and IGAD on strategic planning and actions to ensure completion of activities.

The revised SEP is being prepared as the regional entities will require AF to be able to serve the needs of a larger group as more countries join the MPA. Further, a Level 2 restructuring is anticipated, at program and project levels, to make a few necessary adjustments to the results framework following a multi-country assessment of indicator definitions and relevance, baselines, and targets by ECSA-HC, IGAD and the Bank. There are no changes anticipated to program or project development objectives.

2. Progress made so far

Project activities are being implemented nationwide in participating countries. No construction activities are being financed under ESCA-HC components; therefore, the social risks are minor and related to security, exclusion of underserved communities, labor and working conditions, gender-based violence (GBV), and community health and safety. The actions therefore are in line with the E&S risks identified. A robust GRM is already in place, and staff are sensitized to using it. The GRM committee has also been established. The agreed E&S staff as per ESCP is in place. ESCA-HC has baseline assessments and assessments of progress across all Board-approved participating countries and has also fulfilled MPA legal covenants by signing the required MOUs with non-member states.

ECSA-managed social standard activities are in progress and include: (i) conducting risk assessment and profiling of the risk, including gender-based risk for all project countries; (ii) regional training support on Gender, Equity, and Inclusion in HEs; and (iii) the recruitment of a Gender specialist. The technical assistance activities being implemented by ESCA-HC are not expected to have any environmental and social footprint and hence the environmental and social risk is low.

[1] WHO, 2026. News release. *Ebola disease caused by Bundibugyo virus, Democratic Republic of the Congo & Uganda*, 17 July 2026.
[2] WHO, 2026. *Diagnostic testing for Ebola disease and Marburg virus disease: interim guidance*, 9 July 2026. Geneva: World Health Organization; 2026. https://doi.org/10.2471/B09834

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3. Summary of previous stakeholder engagement activities

Since the project is still in the early stage of implementation, not much has been done in terms of stakeholder engagement. ECSA-HC, in collaboration with IGAD, completed baseline assessments for each of the 8 countries that are currently active in the program: Ethiopia, Kenya, STP, DRC, Burundi, Rwanda, Malawi, and Zambia. These assessments aimed to evaluate the baseline and current status of project indicators, set annual operational targets, assess country readiness for public HEs, and identify strengths, weaknesses, and opportunities for improvement in emergency preparedness policies and systems. ECSA has also completed risk assessment and profiling of the risk, including gender-based risk for all project countries and regional training support on Gender, Equity, and Inclusion in HEs.

However, stakeholders that need to be engaged remain the same as under:

(a) **Pre-effectiveness engagement:** As mentioned above, ECSA has engaged with the beneficiary countries to discuss the project's purpose, goals, scope of activities and support from ECSA-HC under the project and the joint priority and plan for implementation.

(b) **Technical and policy level engagement:** As the project commences, the project will establish fora for stakeholders engagement throughout the project including (i) focal national implementing entities – ECSA-HC will engage with the departments within the various ministries of the project countries to align the implementation plans; (ii) Communities of Practice technical meetings for priority setting, monitoring and knowledge exchange among the project countries and non-project countries engaged in the project; (ii) Policy level engagement through the Regional Advisory Committee (RAC) for approval of activities and advisory.

(c) Contractors assigned different activities will be engaged during the selection process and throughout implementation of the assigned works.

(d) **ECSA-HC Secretariat:** ECSA-HC has a regional coordination role and facilitation role to support countries on various technical areas and convening to the regional advisory committee.

4. Stakeholder identification and analysis

A key element of any stakeholder engagement plan is effective identification of key stakeholders. ECSA-HC has extensively engaged with various stakeholder groups from its member states covering issues such as priority areas of focus, development and validation of strategies, policies, guidelines and standard operating procedures which consultation and consensus among the stakeholders. The regional work plans have been reviewed and approved by the regional advisory committee (RAC), a policy organ that has been established for the project. Prior engagement with communities of practice comprised of membership from the member states and other non-state actors (regional organizations and NGOs) also takes part in monitoring technical implementation and contributing to the regional work plans so that these can speak to the countries/regional priorities. Many activities will require multi-sectoral engagement mainly involving the sectors responsible for human health, animal health, environment, and various departments within these ministries. Some engagements will also involve the private sector and academia (training institutions). The following stakeholders will be engaged during planning and execution of Project activities, monitoring, and evaluations and as part of capacity building activities: -

4.1. Affected parties

- Project countries (ECSA-HC, in collaboration with IGAD, completed baseline assessments for each of the 8 countries that are currently active in the program: Ethiopia, Kenya, STP, DRC, Burundi, Rwanda, Malawi, and Zambia)
- Ministries of responsible for Health, Agriculture/Animal Health, and Environmental affairs. Additionally, the countries bordering the project countries including Uganda, Tanzania, , Mozambique, Djibouti, and South Sudan) that will be engaged to collaborate or benefit indirectly from the interventions will also form part of the

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stakeholders. These stakeholders will be engaged in meetings during inception and progress reporting meetings. ECSA-HC will be convening annual regional advisory committee meeting for high level participation of officials from the Project countries (PS, Director Generals of Health, and technical experts).

- Technical teams from the Project countries including experts from the collaborating ministries will be meeting through virtual or in-person meetings through the communities of practice (CoPs). This will ensure cross-country learning and knowledge exchange.
- Collaborating organizations e.g., EGAD, East African Community, Southern Africa Development Community (SADC), Africa CDC, AFENET will be incorporated in the governance meetings (RAC) and the technical meetings indicated above.
- Training institutions especially those training field epidemiologists - meetings will be held with these institutions to collaborate in providing FELTP residents to support the Project while gaining experiences on field epidemiology.
- World Bank will be engaged throughout the Project through during Project implementation missions, email communications, online meetings, RAC meetings.

Effective consultations and other stakeholder engagements with the project affected communities will be conducted by the ECSA-HC Management with oversight from the Project Coordination unit once the project countries have been engaged and throughout implementation period.

4.2. Other interested parties

- As the project activities to be implemented overall will have a positive impact on public health in the region, other regional organizations including WHO, SADC, EAC, ASLM, AFENET, local universities and training institutions are other interested parties. These organizations will be engaged from time to time collaborating with the project to implement activities such as training experts, undertaking risk assessments for health emergencies, rolling out surveillance activities, strengthening public health emergency operations centres, and mobilizing additional resources to support other countries among others.

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Table 1: Summary of Stakeholders Identification

Stakeholder	Departments	Roles	Level of interest	Project Affected Party/Other Interest Parties	Language Needs	Preferred Means of Communication
1. Project Countries	Ministries of responsible for Health, Agriculture/Animal Health, Environmental affairs, and Ministries of Finance	1. Review and approve of the regional and advise on key priorities. 2. Responsible for preparations of the country workplans, implementing planned activities, activity reports, country annual progress reports, 3. Updating project results framework	High	PAP, major beneficiaries	Language Translators for National and local languages	Face to Face and Virtual Meetings, Emails, Phone Calls.
2. Other project beneficiary countries bordering the project countries	Ministries of responsible for Health, Agriculture/Animal Health and Environmental affairs	Responsible for preparation of workplans on selected activities, implementing planned activities, preparations of activity reports.	High	PAP	Language Translators for National and local languages	Face to Face and Virtual Meetings, Emails, Phone Calls
3. IGAD		Collaborate on implementation of some critical activities especially those related with advocacy, legislation reviews, climatic changes	High	OIP	Language Translators	Face to Face and Virtual Meetings, Emails, Phone Calls.
4. WHO	WHO-Afro Region	Responsible for Strengthening IHR Core Capacities, Human Resources Development on Surveillance and Laboratories, and Emergency Preparedness and Response	High	OIP	Language Translators	Face to Face and Virtual Meetings, Emails, Phone Calls.
5. East African Community	Health Desk (Department)	Support implementation of selected activities on surveillance and response including simulations; bring the discussions to the policy organs of the EAC	Moderate	OIP	Language Translators	Face to Face and Virtual Meetings, Emails, Phone Calls.
6. Southern Africa Development Community (SADC)	Health Desk (Department)	Support implementation of selected activities on surveillance and response including simulations; bring the discussions to the policy organs of the	Moderate	OIP	Language Translators	Face to Face and Virtual Meetings, Emails, Phone Calls.

		SADC, contribute to the discussions at the RAC				
7. Africa CDC	Eastern, Central and Southern Africa Regional Coordination Centers (RCC)	Responsible for Human Resources Capacity Development on Surveillance and Laboratories, Emergency Preparedness and Response.	High	OIP	Language Translators	Face to Face and Virtual Meetings, Emails, Phone Calls.
8. AFENET	Field Epidemiology Unit	Collaborate on Training and Capacity Building on Field Epidemiology	High	OIP	Language Translators	Face to Face and Virtual Meetings, Emails, Phone Calls.
9. Training institutions	Muhimbili University of Health Sciences, Jomo Kenyatta University/University of Nairobi, Addis Ababa University	Responsible for Training and Capacity Building on Human Resources for Health	High	OIP	Language Translators	Face to Face and Virtual Meetings, Emails, Phone Calls.
10. Operators and service providers including contractors and sub-contractors, consultants		Entities providing different activities, such as consultants engaged to undertake specific assignments including the studies, development of strategies	Moderate	OIP	Clear terms of reference, provide the necessary information and tools to be able to deliver	Face to face and virtual, phone calls, letters
11. Project and ECSA-HC staff	Various clusters and corporate	Support project implementation, work plans development and development of documents	High	PAP		Face to face and virtual, phone calls, letters and internal memos

4.3 Disadvantaged / vulnerable individuals or groups

The project will identify disadvantaged/vulnerable individuals or groups to understand their needs and address them appropriately. Such vulnerable groups include members of the LGBTI community, women and girls participating in the activities to mitigate against potential sexual exploitation, persons with disabilities facilitating their movement to events and access the venues where activities are undertaken and access to other critical amenities, such as washrooms etc.

Table 2: Anticipated vulnerable groups needs and support planned

Vulnerable Group	Limitations to participation in/consultation with the Project	Additional support/resources to be made available
Women and girls Female headed households/ widows	They are typically left out of decision-making processes and political representation, leading to local and community-based decisions that do not account for their unique needs and capacities. This produces a ripple effect on labor or economic opportunities and educational opportunities. The risk of sexual violence negatively affects women´s ability to access income and resources.	Work through female community representatives in the affected communities, to identify suitable venues and timing for dedicated consultations and support for childcare. Provide safe spaces to discuss GBV-SEA and provide information on Grievance Redress Mechanism (GRM) and relevant referral pathways. This will be applicable mainly during the regional activities including training, fieldwork activities etc.
Youth	Young people have largely been excluded from professional and political life	Targeted consultation to enable meaningful participation in the project implementation including their involvement training activities.
Persons with disabilities (PWD) and their caregivers	The main challenges faced by people with disabilities are access to basic services such as water, sanitation and hygiene and discrimination that hinders their participation in social, political and economic life. Women with disabilities experience higher levels of physical, psychological and sexual violence.	All venues for consultations, workshops and meetings will be selected with a view to facilitating physical access for PWD, people with visual disability, autistic people, etc. Where necessary the project will avail auxiliary aids and services such as sign-language interpreters and sensitize and train staff on accessibility and disability etiquette.

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5. Stakeholder Engagement Program

5.1. Introduction on stakeholders' engagement program

Stakeholder engagement program refers to the process of actively involving individuals, groups, or organizations that have a stake or interest in a project, organization, or issue. The purpose of stakeholder engagement is to build and maintain relationships with stakeholders, understand their perspectives and concerns, and use their feedback to inform decision-making.

This Stakeholder Engagement Plan is therefore used to formulate schedules, strategies and general plan that will be used to effectively engage stakeholders and ensure there is participation from the beginning to the end of the project. It consists of planning on how consultations will take place, developing the layout and how issues raised will be implemented in a transparent and inclusive way.

The stakeholder engagement plan also outlines how consultations will be carried out and the scope of work to be achieved. The plan will be updated on regular basis to promptly include new developments and issues that may arise. This may include the techniques to be used in the engagement of stakeholders to reduce stakeholders' resistance and enhance ownership.

The stakeholder engagement program will include following:

1. Identification of stakeholders: Identify all individuals, groups, or organizations that have a stake or interest in the project or issue.
2. Prioritization of stakeholders: Prioritize stakeholders based on their level of influence, interest, and potential impact on the project or issue.
3. Developing engagement strategies: Develop strategies to engage stakeholders, such as meetings, focus groups, surveys, or other communication methods.
4. Engaging stakeholders: Engage stakeholders in a timely and transparent manner, listen to their concerns and feedback, and provide them with updates on the project or issue.
5. Using feedback to inform decision-making: Use the feedback and input received from stakeholders to inform decision-making, make changes to the project or issue, and ensure that stakeholder concerns are addressed.
6. Monitoring and evaluation of the engagement: Continuously monitor and evaluate stakeholder engagement to identify areas for improvement and ensure that the program is effective in achieving its goals.

This proposed stakeholder engagement plan outlines the methods ECSA will use to engage with stakeholders throughout the project period. The plan is tailored to the specific needs and interests of each stakeholder group and is designed to foster a collaborative and productive relationship between the project and its stakeholders. The engagement shall be guided by objectives to be achieved (table 3).

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Table 3: Summary of the stakeholders' engagement plan

Objectives	Target Stakeholders	Agenda	Means of Communication	Schedule /Frequency	Responsible Person
Convene Project Regional Advisory Committee (RAC) to present the project work plan and get stakeholders input on: Regional Annual Work Plan, Stakeholder Engagement Plan (SEP) and Environmental and Social Commitment Plan (ESCP).	All participating countries	• Review of Regional and Country Annual Work Plans • Orientation on the Project Results Framework • Stakeholder Engagement Plan (SEP) • Environmental and Social Commitment Plan (ESCP).	Face to face and Virtual Meetings, e-mail Communications,	Annually	ECSA Secretariat
Orient collaborating partners/organizations on project objectives, scope of work and plan of implementation	WHO, East African Community, Southern Africa Development Community (SADC), Africa CDC, AFENET and Training institutions	• Update on Project, project development objectives (PDO), scope of work and implementation plan • Review and update the Stakeholder Engagement Plan (SEP) in future if needed	Face to face and Virtual Meetings, e-mail communications	During the first year of implementation	ECSA Secretariat
Information dissemination (quarterly, annual progress reports)	Project countries and neighboring countries, and other interested parties	Share project activities, progress reports, newsletters	Face to face and Virtual Meetings, e-mail communication	Throughout project implementation	ECSA Secretariat

Any stakeholder consultations meeting/workshops, either virtual or face-face, the PCU will strive to provide relevant information to stakeholders with enough advance notice (minimum 10 business days) so that the stakeholders have enough time to prepare and provide meaningful feedback. The PCU will gather written and oral comments, review them and report back to stakeholders on how those comments were incorporated during the design and implementation.

5.2. Purpose and timing of stakeholder engagement program

This Stakeholder Engagement Plan aims to ensure a systematic, consistent, comprehensive, and coordinated approach to stakeholder participation and communication throughout the project cycle. The SEP outlines ways in which the project team will communicate with stakeholders and feedback mechanisms to be utilized. The plan will guide timely engagement with key stakeholders as well as dissemination and increased access to relevant project information. The project will innovate ways for consultations to be effective and meaningful to project and stakeholder needs depending on circumstances such as restricted physical meetings that may be occasioned by the existing international and local protocols.

Stakeholder engagement is an important part of project management and is crucial for the success of this

initiative. By engaging with stakeholders, the project will build trust, increase transparency, and ensure that project interventions align with stakeholder needs and interests.

The purposes of consultations and information dissemination/disclosure in the MPA Project are to:

(a) Assess the level of stakeholder interests and support to enable their views taken into account in project design and throughout the implementation.
(b) Promote and provide means for effective and inclusive engagement with project-affected parties throughout the project life cycle.
(c) Adapt project interventions to the evolving needs of the project countries.
(d) Ensure that appropriate project information on environmental and social risks and impacts is disclosed to stakeholders in a timely and appropriate manner and format.
(e) Ensuring coordination between all implementers and government and community authority structures.
(f) Receive feedback and comments as well as grievances from all stakeholders on project design and implementation and adapt the project accordingly.
(g) Provide transparent and accountable mechanisms on all aspects of Project implementation and monitoring; and
(h) Ensuring that members of vulnerable groups from project affected communities can participate fully in the consultation process and enjoy project benefits.

Provide project-affected parties with accessible and inclusive means to raise issues and grievances, which will be appropriately responded to and grievances managed. To ensure this, a Grievance Mechanism (GM) will be in place throughout the life cycle of the Project and will be set up in a way that all affected individuals and groups can report on project related grievances or can provide comments and feedback. Stakeholders will be informed of the existence of a grievance mechanism and how they can access it.

5.3: Proposed strategy for information disclosure

Information dissemination and disclosure are required at all stages of project, and it is meant to promote effective engagement of all stakeholders including project implementers, regulatory agencies, Ministries, project affected persons and project beneficiaries. The information to be disclosed includes the objectives of the project, nature of the intervention and purpose of the engagement. The electronic copies of the disclosure materials will be placed on the ECSA-HC and World Bank websites to allow easy access for all stakeholders. Various methods of communication can be used to reach the stakeholders. The PCU will select the methods that are most appropriate and very clear for the selected stakeholders.

The methods used for disclosure include both audio and print provisions such as newspapers, posters, radio, television, information centres and exhibitions, or other audio-visual displays, brochures, leaflets, posters, reports, official correspondence meetings, websites, and social media. The IGAD websites have an online feedback feature that will enable readers to leave their comments in relation to the information shared. The disclosure materials will also be shared with the targeted stakeholders through email and during project-related meetings. In addition to disclosure of the various project materials (ESCP, SEP, PID), formal channels will be put in place to register and document comments and suggestions from the public. These grievance arrangements shall be made publicly available to receive and facilitate the resolution of concerns.

Information disclosure to the beneficiary countries and communities and other interested parties will be done using various strategies. Information will be disclosed in English or the respective key local languages, where appropriate. Local authorities, such as traditional authorities, religious leaders, and regional leadership will be requested to inform communities in community meetings and through disclosure at project locations.

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In addition, the MPA project will be publicly disclosed on the ECSA HC and World Bank websites as well as at the county level in counties targeted by the project to ensure that everyone is informed about potential risks and respective mitigation measures. Stakeholders will also be encouraged to provide feedback, raise queries on gaps and suggest solutions to enable the improvement of project implementation.

The project will innovate ways for information disclosure to be effective and meaningful to meet project and stakeholder needs. Strategies to be employed include smaller meetings, small FGDs to be conducted as appropriate. Where meetings are not possible, traditional channels of communications such as radio and public announcements will be implemented. Other strategies will include one-one interviews through phones and virtual platforms for community representatives, CSOs and other interest groups. Community facilitators, who will be part of this process, will also enable two-way communication by way of collecting views from community members of various key groups such as men, women and other vulnerable groups.

Some of the methods of stakeholder consultation to be employed include (i) use of phone and email; (ii) interviews (one-to-one); (iii) distribution of leaflets and pamphlets; (iv) public meetings; (v) group discussion; (vi) use of local radios; and (vii) newsletters. When deciding the frequency and appropriate engagement technique to consult group of stakeholders, the following three criteria will be taken into consideration: (i) the extent of impact of the project, (ii) the extent of the influence of the stakeholder on the project, (iii) the culturally appropriate and acceptable engagement and information dissemination (table 4).

During the campaign planning phase, detailed stakeholder's communication strategy/plan will be prepared and put in place in which the following issues are addressed:

- Location of engagement, general information on potential risks of project interventions
- Appropriate and effective communication method to reach the target groups (e.g. radio, television, newspapers, mobile phones, bulk SMS to communities).
- Means of informing the public in case of emergencies

Table 4: Stakeholders' disclosure program

Project stage	List of information to be disclosed	Methods proposed	Timetable: Locations/ dates	Target stakeholders	Responsibilities
Project Design	Project concepts note, project activity details, ESCP, SEP	Website, emails, virtual meetings	During project preparation, Project countries and others through virtual space	ECSA-HC staff PCU staff Focal officers from participating Countries and other beneficiary countries Public stakeholders	ECSA-HC PCU
Project Launch in new participating countries	Project information brochures, ESCP, SEP, Annual Work Plan	Website, emails, formal letters Launch meeting	During project launch Project countries and others through virtual space	ECSA-HC staff PCU staff Focal officers from participating Countries and other beneficiary countries, implementing partners, Public	ECSA-PCU, Communication officer

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Implementation phase	Project Progress Reports, M&E performance reports, Specific information activities	Email, website, meetings (in-person and virtual), phone calls	Throughout the implementation, Project countries and others through virtual space	ECSA-HC staff PCU staff Focal officers from participating Countries and other beneficiary countries Public, implementing partners,	PCU

5.4. Proposed strategy for consultation

This plan lays out the overall consultative processes of the project with its different stakeholders. In principle, ECSA HC, the World Bank that oversee sub-component activities will follow their existing participatory engagement and consultation methods, especially with project countries. The Project will ensure that these tools and methods fulfil the requirements outlined throughout this document and are in line with agreed upon tools. In case any additional needs arise from identified deficiencies or from context changes, the project will update and adapt this SEP accordingly. The GRM will be another means of consultation, as complaints received will be filed, assessed and responded to.

Since stakeholder engagement is an ongoing process, ECSA HC will conduct consultation with the concerned stakeholders throughout the implementation of project activities using communication channels outlined above or deemed appropriate in relation to the specific stakeholder needs and circumstances. The draft SEP will be disclosed prior to formal consultations.

The approaches taken will thereby ensure that information provided is meaningful, timely, as complete as possible, and accessible to all affected stakeholders, use of different languages including addressing cultural sensitivities, as well as challenges deriving from illiteracy or disabilities, tailored to the differences in geography, livelihoods, and way of life. The project will also ensure the establishment of a Grievance Redress Mechanism. The project will also establish a worker grievance mechanism in line with guidelines to enable all direct workers and contracted workers to raise workplace concerns, including in relation to workplace sexual harassment.

This section outlines some of the proposed methods of stakeholder engagement over the project cycle. Stakeholder engagement will be undertaken on a continuous basis to inform the public of project plans, activities and outcomes. Different engagement methods are proposed and cover different needs of the stakeholders.

- One-on-one interviews: The interviews will aim to give chance to individuals to air concerns on project and will involve project affected parties (PAPs) and other interested parties (OIPs) depending on the issues to be addressed.
- Structured Agenda: Agenda will be prepared based on the project issues on component or subcomponent under consultation.
- Focus Group Discussions: Focus groups will bring together stakeholders with common characteristics to discuss specific topics or project components.
- Surveys, polls, and questionnaires will be used to get information on the priority areas of action for each of the project countries.
- Formal meetings: These meetings are focused on identifying and discussing specific stakeholder concerns and disclosing project information. Such engagements with relevant stakeholders will be through face to face and virtual meetings, direct phone calls.

The following table indicates the Project Stakeholder Consultation Plan.

Briefly describe the methods that will be used to consult with each of the stakeholder groups. Methods used may vary according to target audience, for example:

- Interviews with stakeholders and relevant organization
- Surveys, polls, and questionnaires
- Public meetings, workshops, and/or focus groups on specific topics
- Participatory methods
- Other traditional mechanisms for consultation and decision making.

Table 5: Stakeholder Consultation Program

Project Stage	Information to be consulted	Methods proposed	Timetable: Locations / dates	Target stakeholders	Responsibilities
Project Design	SEP (including GRM) Project progress, budget and financing.	Email, websites, meetings with government leadership political and technical, community meetings, community boards,	Prior to project effectiveness	Project Countries and beneficiary communities	PCU, ECSA-HC
		Email, websites, stakeholder meetings	Prior to project effectiveness	All national, state and county level stakeholders	PCU
Project launch	ESCP, SEP, initial work plan,	Meetings and formal letters, website	During project launch	RAC members, Government representatives, non-state actors, PCU and ECSA staff and other parties	PCU, ECSA-HC
Project Implementation	Annual work plans, progress reports, ESIA reports, performance reports, consultants and studies reports	Email, ECSA-HC and project website, meetings (communities of practice, RAC and specific activities meetings)	Continuous	Country level and regional stakeholders and Partners	PCU, ECSA-HC

5.5. Proposed strategy to incorporate the view of vulnerable groups

ECSA-HC will ensure that women, persons with disabilities and other members of vulnerable groups are participating effectively and meaningfully in consultative processes and that their voices are not ignored. This will require specific measures and assistance to afford opportunities for meetings with vulnerable groups in addition to general community consultations. For example, women are usually more outspoken in women-only consultation meetings than in general community meetings. Similarly, separate meetings need to be held with young people, people with disabilities. The more dominant groups will be sensitized so that they can accept the voices of the vulnerable. Further, it is important to rely on other consultation methods as well, which do not require physical participation in meetings, such as social media, text messages, or radio

broadcasting, where feasible, to ensure that groups that cannot physically be present at meetings can participate.

In view of promoting women's empowerment, it is most important to engage women's groups on an ongoing basis throughout the lifetime of the project. Women voicing their concerns and contributing in the decision-making process on issues such as community infrastructure should be encouraged, especially in governmental or traditional committees predominantly consisting of men. The project will similarly encourage the deployment of women staff, when staff interface with community members. GRMs will be designed in such a way that all groups identified as vulnerable (people with physical and / or visual disability, autistic people, women, old age people, indigenous community, IDPs, migrants, people on the move due to conflict, etc.) have access to the information and can submit their grievances and receive feedback as prescribed.

5.6. Timelines

The stakeholder consultations shall be conducted throughout the project lifecycle. Consultations were conducted during the preparation of the project and will be conducted throughout project implementation. Activities under each sub-component include further consultations prior to their commencement to ensure a good selection of beneficiaries, transparency, and accountability on project modalities, and to allow project country priorities to form the basis of the concrete design of every intervention and consultations will continue throughout the project cycle.

The project conducts regular annual face to face meetings and quarterly meetings with the project communities of practice and annual meetings with the regional advisory committee. In addition, when needs rise, key stakeholders are also consulted. For example, on matters of the specific activities that will be implemented in the countries, ECSA-HC engages with the technical experts and the policy level officials through the regional advisory committee (established at the initial stages of implementation) while updating the first-year work plans. All comments received during the consultation meetings/workshops are finalized and shared with all participants at the events in a format of action items.

5.7. Review of comments

ECSA-HC PCU gathers all comments and inputs originating from stakeholder engagements, GM outcomes, surveys and FGDs. These are then shared with the project coordination unit for implementation purposes. it is the responsibility of the team to respond to comments and input, and to keep open a feedback line to the stakeholders, as well as the government.
Training in environmental and social standards facilitated by WB was provided during the launch workshop to ensure that all implementing staff are equipped with the necessary skills.

6. Resources and Responsibilities for implementing stakeholder engagement activities

6.1. Resources for implementing SEP

The budget for the implementation of the SEP will be funded as part of overall Project management cost. Resources for the implementation of stakeholder engagements, including the GRM, will be covered by the budget assigned under the Project Management activities. **An adequate budget of US$ 85,000 has been provided to support SEP activities that meet the requirements of the ESF. The budget estimated during the preparation includes SEP activities in additional countries and therefore no additional budget is required for additional financing.**

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financing.

Activities	Budget	Notes
Communication officer from ECSA-HC to support the activities	**US$**	There is a communication officer at ECSA-HC that will support the project whose costs will be covered through the indirect costs from the project and hence will not need to hire a full-time staff
Consultation sessions and outreach	20,000	Stakeholder activities will be undertaken alongside some technical activities and therefore more of the SEP activities will be undertaken leveraging on the technical activity budgets
Establishment and maintenance of website	10,000	
Translation Services	20,000	Technical activities involving countries whose official languages are different e.g. French and Portuguese, translation services will be procured. Therefore, additional costs for translation will be covered in the technical activity budgets.
Grievance mechanism including travel cost; addressal expenses and development of online GM reporting system	20,000	Communication Stakeholder engagement activities will be undertaken alongside some technical activities and therefore additional costs for translation be covered in the technical activity budgets
Training	15000	Specific training on implementation of stakeholder engagement, GM handling among others as needs will dictate
Total	US$ 85,000	

6.2. Management functions and responsibilities

The project coordination unit (PCU) will support the implementation of the SEP supported by the office of the Director of Programs and Institutional Development (DOID). A dedicated staff will be assigned and trained to follow through the SEP activities as part of their job description in addition to their regular responsibilities. Responsibility for the engagement of various stakeholders will depend on the agenda for discussions. For example, informing the project countries and their involvement in the regional priority setting agenda for the technical experts will be assigned to technical officers within the project on various project components but the project coordinator will be ultimately responsible. Involvement of the RAC members will involve the office of the Director General supported by the project coordinator and the DOID's office. The PCU will develop a log that will be used to track the stakeholder's engagement activities and keep a record of the same as part of the project documentation. In order to document the various stakeholders and vulnerable groups including women, youth, PWD the registers for participation in various activities will be designed to capture the relevant information to track the involvement of such groups. The responsibility for this record will be on the dedicated officer under the PCU, and a duplicate file kept in the office of the DOID.

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7. Grievance Mechanism

ECSA-HC has established a grievance mechanism to receive and address grievance arising internally from the project staff, ECSA-HC staff, and external stakeholders. The Grievance Mechanism will be as follows: -

1. Reporting of grievances shall be submitted to the Director General through the DOID's office and acknowledgement of the grievance shall be done within 2 days.
2. A meeting to resolve the issue shall be convened within 10 workings of reporting the grievance in-person or virtually based on the preference of the parties.
3. Should the matter not have been resolved within 30 days, the matter shall be escalated to Management Board (Advisory Committee) and further to the Conference of Health Ministers (1 month). Through the chairs of these respective organs. The affected party shall be provided with weekly updates on the progress of the discussions to provide a resolution.
4. Since only one GRM has been established, the GRM Focal person will be sensitised and trained for ethical and safe handling of SEA/SH cases including survivor centred approach, prioritizing confidentiality and safety, coordination with the service providers and counsellors, non-judgemental responses. The training will be provided by Bank specialists. The project will ensure that GRM provides for safe and confidential ways to report such as dedicated telephone line, email, in-person, and through community liaisons. The project will maintain strict confidentiality. All complaints will be recorded in a secure, confidential register to track progress and resolution while protecting the survivor's identity. The project has made signing of Codes of Conduct for all staff and contractors mandatory, outlining clear definitions of SEA/SH and prohibitions.

If the grievances are submitted anonymously, these grievances shall be submitted through the suggestion box available at the office or through an electronic ECSA-HC GM portal. ECSA-HC will set up an electronic GM portal within the first year of the project operation. The DOID convenes meetings to review and discuss. As the custodian of the human resources affairs in ECSA-HC, the DOID shall be responsible for following through staff grievances submitted openly and through anonymous means.

For grievances raised against external contractors, ECSA-HC will set up a mechanism for receiving and facilitating/mediating redress of grievances between the contractors and their workers.

Written records agreed to by all parties will be maintained and held confidentially by ECSA-HC in the officer of the DOID. A log of raised grievances and how they were resolved is kept for future reference while handling similar grievances in the future.

The cases shall be considered closed when:

- The decision has been made, and the complainant has indicated acceptance of the response.
- Where the complainant has not responded within one month of being intimated the final decision of the grievance officer on his grievance/complaint.
- Where the Complainant fails to attend the meetings related to the complaint; and
- Where the Complainant withdraws his/her complaints

The project has not received any grievance so far.

8. Monitoring and Reporting

8.1. Involvement of stakeholders in monitoring activities and reporting back to stakeholder groups

The project countries will be involved in reviewing and approving the progress reports and work plans on an annual basis. Part of the reports will include updates on the stakeholder's engagement during the period under review (at the minimum annually). Feedback will be provided through emails and during the technical

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and RAC policy meetings that will involve most of the stakeholders listed previously.

Table 6: Details of Stakeholder Consultation conducted so far

Project Component	Activities carried out	Beneficiary countries
Component 1: Strengthening the preparedness and resilience of regional and national health systems to manage health emergencies	Conducted cross border surveillance review meeting	Burundi, Tanzania, Uganda and Tanzania
	Conducted Tabletop Simulation Exercises as part of preparedness for Murburg outbreak	Ethiopia and STP
	Strategic Risk Assessment (SRA) for Points of Entry (PoEs) and Develop Public Health Emergency Contingency Plans	All participant countries
	Conduct IHR core capacity assessment for points of entry in the supported countries to establish gaps and capacity building needs	STP
	Regional Training of SMEs and writers for the JEE	Participants from Democratic Republic of Congo, Kenya, Malawi, Cameroon, Tanzania, Lesotho, Zambia, Uganda, Burundi, Rwanda, and Ethiopia
	Training need assessment	MPA Project Countries
Component 2: Improving the detection and response to health emergencies at the regional and national level through a multi-sectoral approach	Sensitization of Senior MoH officials in the importance (and to provide support) of implementing laboratory Quality Management System (QMS).	Sao Tome and Principe
	Conducted orientation session to raise awareness of laboratory professionals on QMS and Standard ISO 15189	Sao Tome and Principe
	Trained NRL staff to produce, validate and distribute EQA panels using the DTS method for HIV serological testing	Burundi
	Regional workshop to adopt the WHO Global framework for Health Care Associated Infections Surveillance and regional MDRO Detection Prevention and Control Guide	MPA Project Countries
	Support all project countries to train Subject Matter Experts to be Team lead on JEE Assessment	MPA Project Countries
Component 3: Program Management	Baseline Assessment	DRC, Kenya, Ethiopia, STP, Rwanda, Burundi, Malawi and Zambia
	Conduct ToT training on the Online Web Based Reporting System	MPA project countries

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Annexes

Annex 1: List of Stakeholders

- Ministries of responsible for Health, Agriculture/Animal Health, and Environmental affairs from participating countries
- Additionally, the countries bordering the project countries including Uganda, Tanzania, Malawi, Zambia, Mozambique, Rwanda, Burundi Djibouti, and South Sudan) that are being engaged to collaborate or benefit indirectly from the interventions will also form part of the stakeholders. These stakeholders will be engaged in meetings during inception and progress reporting meetings. ECSA-HC convenes annual regional advisory committee meeting for high level participation of officials from the Project countries (PS, Director Generals of Health, and technical experts).
- Technical teams from the participating countries including experts from the collaborating ministries that meets through virtual or in-person meetings through the communities of practice (CoPs) to ensure cross-country learning and knowledge exchange.
- Collaborating organizations e.g., IGAD, East African Community, Southern Africa Development Community (SADC), Africa CDC, AFENET through governance meetings (RAC) and the technical meetings.
- Training institutions especially those training field epidemiologists - meetings are held with these institutions to collaborate in providing FELTP residents to support the Project while gaining experiences on field epidemiology.
- Other regional organizations including WHO, ASLM, local universities and training institutions are other interested parties. These organizations will be engaged from time to time collaborating with the project to implement activities such as training experts, undertaking risk assessments for health emergencies, rolling out surveillance activities, strengthening public health emergency operations centres, mobilizing additional resources to support other countries among others.

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Annex 2: **Sample Grievance form -Grievance Mechanism**

(To be made available in all local languages)

Date:

Place of Registration: _____

Mode of Communication (e.g., note/letter, email, verbal/telephone):

Name _____

Gender

Age _____

Home Address(optional): Woreda/district:_____Kebele/Village_____ Province/Region_____

Phone/Email _____

Individual/authority to whom the complaint was submitted:_____

Details of Grievance / Feedback

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Volume 2
Intergovernmental Authority on Development (IGAD)

Health Emergency Preparedness, Response and Resilience Project for Eastern and Southern Africa under Phase I of the Multiphase Programmatic Approach (P180127)

UPDATED STAKEHOLDER ENGAGEMENT PLAN for THE SECOND ADDITIONAL FINANCING

PEACE, PROSPERITY AND REGIONAL INTEGRATION

August 08, 2026

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Introduction/Project Description

1.1 IGAD Region Context

1. The Intergovernmental Authority on Development (IGAD) is one of the Regional Economic Communities (RECs) and a pillar of African Union (AU). IGAD encompasses eight (8) Member States, namely Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda. The IGAD region stretches over 5.2 million Km^2 with an estimated population of 270 million inhabitants. The region hosts over 4.5 million refugee population, 12 million Internally Displaced People (IDPs) and a significant population of pastoralists and cross border mobile population.

2. Initially, the Intergovernmental Authority on Drought and Development (IGADD) was established in 1986 by Djibouti, Ethiopia, Kenya, Somalia, Sudan and Uganda to jointly address drought and mitigate its impact in the region. In 1996, the IGADD was transformed into Intergovernmental Authority on Development (IGAD) superseding the earlier and broadening its mandate to include development. More specifically, it was mandated to assist and complement member States' efforts to achieve peace, prosperity and regional integration and assist efforts of Member States to collectively combat drought and other natural and man-made disasters and their consequences through:

- Increased cooperation for food security and environmental protection.
- Promotion and maintenance of peace and security and addressing humanitarian affairs.
- Economic cooperation and integration as well as health social development.

3. Two countries were included which increased the number of the member states to 8 and are: South Sudan and Eritrea. The Authority comprises of the Assembly of Heads of states and Governments, a council of Ministers, a Committee of Ambassadors and Secretariat. The Secretariat operates through these policy organs and Sector Ministerial and Technical Committees while collaborating with various stakeholders and executing its mission.

4. The IGAD region is characterized with frequent disease outbreaks, natural disasters and conflicts often resulting in humanitarian crisis. The immense humanitarian crisis is often occasioned by large population of refugees and the IDP's in a number of the member states. The crises impact heavily on the already fragile health systems resulting to weakened health system affecting the entire chain of continuum of health care in the region. Constant movement of population, goods and services, labor, refugees and displaced persons across borders in the IGAD region predisposes the vulnerable cross border communities to acute public health events and transboundary diseases that collectively endanger the health of the population in the region and international borders. Ensuring necessary collective action for health at both national and regional level is vital in addressing the regional health security.

5. The burden of TB, HIV and Malaria is quite significant in the region. For instance, Ethiopia, Kenya and Uganda are among the 30 high burden TB countries and Somalia among one the 30 MDR burden countries globally. Similarly, Uganda, Kenya and Ethiopia are among the countries with high number of people living with HIV. Recent, assessment jointly done by IGAD, Roll Back Malaria and ALMA along with the National Malaria Control Programs of member states showed that all countries except Ethiopia are in the control phase. Generally, Malaria is endemic and Epidemic in many of the IGAD member states particularly, Sudan and South Sudan. However, all are expected to end malaria by 2030 which requires regional collaboration for malaria elimination and robust surveillance system. IGAD Secretariat has developed a regional HIV, TB and Malaria strategic plan 2018 to 2025 which is aimed to; strengthen cross border health collaboration for effective service delivery, support to improve HIV, TB and Malaria services in refugee settings, generate evidence to regional inform policy on HIV, TB and Malaria elimination and resource mobilization for cross border and refugee health programs

5. Since 2016, The IGAD Health Ministers recognized that communicable diseases place a high-level burden

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on IGAD member states Health system and pronounced changes in the incidence of epidemic diseases have been observed in the region in parallel with the extreme weather conditions associated with the EL Nino cycle and the climate change. The Ministers recommended that IGAD Member States should have a robust preparedness plan and integrated outbreaks and epidemics surveillance system that will be applicable in all emergencies and crisises including the cross borders and remote hard to reach areas. Therefore, when the COVID-19 pandemic was declared early in 2020, IGAD developed a Regional Response Strategy on COVID-19 pandemic and was basis for the ongoing COVID-19 response project.

6. The ongoing COVID-19 pandemic continues to exert immense challenges in the IGAD region. The IGAD Secretariat responded timely to the pandemic by developing a regional COVID-19 response plan which helped to galvanize resources in collaboration with various partners, notably the European Union (EU), AfDB among others. Despite the various health interventions geared to mitigate the pandemic, the region continues to experience multiple challenges which stem from weak health system and infrastructure, weak surveillance system and limited cross border capacity on disease prevention and control. As occasioned by these challenges the region evidently has low pace of COVID-19 vaccine uptake where the vaccine coverage still stands below 30%. This is an indication of inadequate health systems to support vaccination programs in the member states and more so at the cross-border areas

7. Other emerging and re-emerging infectious and non-infectious diseases continue to pose significant threat to the region. Key among these are zoonotic diseases such as Ebola and Yellow Fever. In the same line, new vector for malaria (Anopheles stephensi) has emerged in Djibouti, Somalia and Ethiopia. IGAD has a longstanding partnership on building health systems especially in cross border areas and with a focus on vulnerable cross-border and mobile populations, such as refugees, migrants, IDPs, pastoralists/Nomads, youth, traders and seasonal workers, and their hosting communities with development partners such as EU, AfDB, Word Bank, UN Agencies, WHO, Global Fund, USAID and many others. The engagement covers strengthening coordination and intercountry collaboration; strengthening regional and cross border health system; strengthening community engagement; strengthening diseases surveillance, preparedness, and response to transboundary health threats. Today, IGAD is leading the coordination of the region's response to key health challenges at the intersection of climate change, mobility, conflicts, displacement, and fragility.

1.2 Project Description

8. **In this project, IGAD builds on existing capacity and lesson learned and aligns its interventions to the priority of this MPA.** In line with the overall MPA Program and building on previous IGAD's efforts, IGAD's interventions include activities designed to strengthen preparedness and resilience of the regional health system to prepare, detect, respond to and be resilient to the Health Emergencies through multisectoral engagement and partnerships with relevant stakeholders including the private sectors such as private sector companies working on pharmaceuticals manufacturing and medical supplies. To support the Health Emergency Preparedness, Response and Resilience Program for Eastern and Southern Africa, IGAD will ensure regional coordination and facilitation of specific interventions under the four program components as follows:

9. **Component One: Strengthening preparedness and resilience of regional systems to manage health emergencies (HE).** Within the MPA, IGAD will be implementing regional interventions and play key role leveraging IGAD's political convening power, existence of established member states coordination platforms, advocacy and policy dialogue, and knowledge sharing role on multi-sectorial issues/aspects pertaining to climate change, one health, cross-border collaboration, crisis management including Health emergencies induced by conflict resulting in humanitarian crisis among others. This component will also support (i) regional multisectoral planning, financing, and governance for health preparedness; (ii) health workforce development including addressing gender gaps in health workforce; (iii) Strengthening of local vaccine and pharmaceutical manufacturing capacity; and (iv) regional information systems for HEs and the digitalization of the health sector.

10. **Component Two: Strengthening the regional health emergency preparedness and response:** Activities

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under this component will be supporting countries to structure their preparedness and response frameworks with Africa CDC, international standards such as IHR and the global health security agenda. The IGAD Centre for Emergency Preparedness and Response was initiated by the IGAD secretariat in 2019 with main objective to provide high level advocacy and coordination of preparedness and response to Public Health Events of Concern (PHEC) in the region. Through this initiative IGAD proposes to strengthen optimal operationalization of the Centre to support implementation and coordination of Emergency Preparedness and Response (EPR) in the region. This component will support (i) Enhance early warning, multisectoral gender-disaggregated surveillance and laboratory diagnostics for HEs (in collaboration with IGAD); and (ii) Effective RCCE across gender and other socioeconomic differences to better manage pandemics throughout the prevention, preparedness, response, and recovery phases of a serious public health event.

11. **Component Three: Program management:** This component will support the implementation of other components in terms of day-to-day operations and activities, support learning and documentation of best practices as well as provide tailored made combined technical support to MPA and non MPA participating countries. This component will support (i) M&E; (ii) country and regional learning agenda; and (iii) other aspects of program management, equipment and coordination

12. IGAD had developed a stakeholder engagement plan (SEP) to provide guidance for stakeholders' engagement. The goal of this SEP is to improve and facilitate decision making and create an atmosphere of understanding for those activities which involve project-affected people and other stakeholders in a timely manner. The SEP will ensure that stakeholders are afforded adequate opportunity to voice their opinions and concerns that may affect the project decisions. The SEP describes the timing and methods of engagement with stakeholders throughout the life cycle of the project as agreed between the Bank and IGAD, distinguishing between project-affected parties and other interested parties. This SEP will also describe the range and timing of information to be communicated to project-affected parties and other interested parties, as well as the type of information to be sought from them. The SEP further includes a list of the stakeholder groups identified, including disadvantaged or vulnerable individuals or groups; the proposed stakeholder engagement program (including topics stakeholders will be engaged on, how stakeholders will be notified, the methods of engagement, list of information/documents that will be in the public domain, languages they will be available in, length of consultation period, and opportunities to comment); resources required and the responsibilities for implementing stakeholder engagement activities; summary description of the grievance mechanism; and contact information and process for seeking further information.

Why revised SEP

13. After the approval of Phase 1, the HEPRR Program significantly expanded its financing envelope and number of participating countries, and AF1 was approved in March 2026 as a partial response to this increased geographical scope**.** The program had envisioned the participation of five countries when it was approved by the Board in September 2023. Ethiopia, Kenya, and São Tomé and Príncipe (STP) were included as Phase 1, with ECSA-HC and IGAD. The Democratic Republic of Congo (DRC), and Burundi were subsequently included as Phases 2 and 3, respectively. Since then, together with the approval of Phase 4 (Rwanda), the program envelope has increased as noted above and the number of countries in the program financing framework has increased to 11. Malawi, Zambia, Mozambique, Botswana, and Angola have been approved as Phases 5, 6, 7, 8, and 9, respectively. As of August 2026, 11 countries have been approved under the MPA—more than double the number expected at the outset. The geographic scope of country support and regional coordination provided by ECSA-HC and IGAD has expanded in step with program expansion. AF1 has increased the total resource envelope available to the two regional organizations but their five-year strategic plans remain only partially resourced.
14. As evident during the ongoing BVD outbreak in the DRC and Uganda, a solid regional foundation and multisectoral action continue to be critical for health emergency (HE) preparedness and resilience in

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AFE countries**.** AFE remains a hotspot for emerging and re-emerging infectious disease outbreaks, endemic diseases, and other complex and inter-related HEs, including non-communicable diseases (NCDs). Zoonotic diseases remain a major threat as evidenced by the ongoing outbreak of Bundibugyo virus, which causes a severe form of Ebola disease. As of July 15, 2026, a cumulative total of 2124 confirmed cases, including 828 deaths, have been reported from the DRC. The World Health Organization (WHO) has noted that it is challenging to differentiate Bundibugyo virus disease from other endemic febrile diseases (e.g., malaria) without laboratory confirmation using PCR or antigen- or antibody-based assays.[3] As no approved vaccines or specific treatments currently exist for BVD, the WHO also notes that testing for the presence of orthoebolaviruses (and also for orthomarburgviruses) should be performed in appropriately equipped laboratories by staff trained and competent in the relevant technical and biosafety procedures.[4] This highlights the ongoing importance of the work done by the regional organizations financed by the HEPRR MPA on laboratory strengthening, human resources for health development, and more.

15. IGAD requires additional resources to continue the intensified cross-border work that is necessary for greater BVD preparedness and response in high-risk countries. This will enable IGAD to work on the following: strengthening cross-border Ebola preparedness through rapid readiness assessments, joint preparedness planning, cross-border surveillance, Points of Entry (PoE) readiness at critical PoEs using a standardized package of interventions, laboratory capacity and sample referral strengthening, simulation exercises, after-action reviews, and regional and country coordination. This will build on IGAD's ongoing HEPRR work, including previous cross-border Ebola preparedness exercises, as well as broader work on PoE readiness, laboratory systems strengthening, PHEOC/IMS, simulation exercises and regional coordination. The aim is to ensure that countries are better prepared to detect, notify, refer, investigate and coordinate suspected Ebola events across borders in a timely manner.
16. **The second additional Financing of US$5 million is therefore proposed for IGAD, with project restructuring to include an Ebola-specific component for IGAD.** AF2 will continue to support implementation of regional activities and the learning agenda across an expanded set of countries, as annual work planning is linked to a five-year strategic plan for each organization that is currently not fully resourced. AF2 will also support an Ebola-specific component for ECSA-HC to respond to the ongoing BVD outbreak. The details of activities under AF2 are presented in Tables 2a and b. Activities remain closely linked with the mandates of both institutions. The RFs for Phase 1 and for IGAD are being modified to monitor the BVD response in 2026-2027. Details of RF revisions are in Section II (Table 3). Overall Phase 1 performance is rated satisfactory for progress towards the PDO and moderately satisfactory for implementation progress (ISR Seq.5, March 2026), development objectives remain achievable (details below) and there is agreement with all the implementing entities for ECSA-HC and IGAD on strategic planning and actions to ensure completion of activities.

17. The revised SEP is being prepared as the regional entities will require AF to be able to serve the needs of a larger group as more countries join the MPA. Further, a Level 2 restructuring is anticipated, at program and project levels, to make a few necessary adjustments to the results framework following a multi-country assessment of indicator definitions and relevance, baselines, and targets by ECSA-HC, IGAD and the Bank. There are no changes anticipated to program or project development objectives.

Progress made so far

18. Project activities are being implemented nationwide in participating countries. No construction

[3] WHO, 2026. News release. *Ebola disease caused by Bundibugyo virus, Democratic Republic of the Congo & Uganda*, 17 July 2026.
[4] WHO, 2026. *Diagnostic testing for Ebola disease and Marburg virus disease: interim guidance*, 9 July 2026. Geneva: World Health Organization; 2026. https://doi.org/10.2471/B09834

activities are being financed under IGAD components; therefore, the environmental and social risks are minor and related to security, exclusion of underserved communities, labor and working conditions, gender-based violence (GBV), and community health and safety. The actions therefore are in line with the E&S risks identified. A robust GRM is already in place and staff are sensitized to using it. The GRM committee has also been established and a specific budget for GRM has been allocated. The agreed E&S staff as per ESCP is in place. All project workers, including consultants, sign ethical code of conduct in line with the world bank and IGAD guidelines; training of PIU, IGAD and critical stakeholders on ESF-WB requirements is underway; and E&S requirements have been mainstreamed in all program procurement.

Summary of previous stakeholder engagement activities

19. Since project is still in early stage of implementation, not much has been done in terms of stakeholder engagement. ECSA-HC, in collaboration with IGAD, completed baseline assessments for each of the 8 countries that are currently active in the program: Ethiopia, Kenya, STP, DRC, Burundi, Rwanda, Malawi, and Zambia. These assessments aimed to evaluate the baseline and current status of project indicators, set annual operational targets, assess country readiness for public HEs, and identify strengths, weaknesses, and opportunities for improvement in emergency preparedness policies and systems. ECSA has also completed risk assessment and profiling of the risk, including gender-based risk for all project countries and regional training support on Gender, Equity, and Inclusion in HEs.

Brief Summary of Previous Stakeholder Engagement Activities

20. **IGAD Health program organized a regional advocacy meeting for implementation of cross border health data sharing and protection policy framework.** In this meeting IGAD invited directors of policy and planning of the IGAD countries. IGAD seized this opportunity and inform the member states about the incoming MPA project with the World Bank. IGAD shared with them the project development objectives, components and multi-phased modality. Member of the delegation from Ethiopia who is receiving the first phase reflected on the approach and linkages with their country components. The Ethiopian delegation as participating country in the MPA expressed the need to coordinate and have further discussion on challenges and opportunities. The meeting deliberated on the project and underscored the importance of the regional component and full engagement of non MPA participating countries in the regional component. Nonparticipating countries express strong desire to be part of this MPA in the next phases.

The outputs of the above engagements helped inform the design of the project in particular the components that would be implemented by IGAD. Further engagement of the new participating countries stakeholders will be planned during the implementation of the project

Stakeholder Identification and Analysis

21. The identification of the key stakeholders, who will be informed and consulted about the project, including individuals, groups, or communities, is informed by the previous historical stakeholder information related to the similar projects implemented by IGAD. Those key stakeholders are categorized as those that:

a. Are affected or likely to be affected by the project (project-affected parties); and
IGAD has not held any consultations so far with NGOs and local communities. As this is a regional component, we will capitalize on the countries national consultations for the community level discussion

b. May have an interest in the project (other interested parties).

Affected Parties

22. The main stakeholders likely to be directly affected by the project are the IGAD Member States and other stakeholders in East Southern Africa region, including Republic of Sao Tome Principe.

Table 1: Stakeholder group and assessment of engagement interest

Stakeholder Group	Engagement of Interest
Ministry of Health of participating countries will be fully engaged as primary group Other IGAD Member States Ministries of Health are also affected because they will be engaged with the development and validation of regional policies, frameworks and management of transboundary diseases emergency preparedness and response and engage in the upcoming phases of the project	Health emergency preparedness and response project will strengthen the health system resilience and multi-sectoral preparedness and response to health emergencies in IGAD region and Eastern and Southern Africa region

Other Interested Parties

23. The Other Interested Parties (OIP) include 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 the project and the process of its implementation in some way. Other interested parties include, among others, government institutions that may be involved in various ways in the project, as well as academia, civil society, international organizations, the media, etc. IGAD secretariat and its different entities will play a big role in the implementation of the project activities. The Steering Committee Members of the project at regional level will play a key role in the overall coordination and information sharing, scaling up of best practices, synergy with on-going similar projects.

Table 2: Other interested parties and assessment of engagement interest

Stakeholder Group	Engagement of Interest
IGAD Secretariat and specialized institutions	The executing units for region-level activities will include the IGAD related entities, Health and Social Development and IGAD specialized institutions (ICPAC, CEWARN, ICPALD) who will provide various support to IGAD Health Program in the implementation of the technical components of the Project.
Regional Advisory Committee (RAC)	The IGAD PIU will be overseen by a Regional Steering Committee (RAC) whose primary function is to provide policy and technical guidance to the implementation of the project.
International and regional partners such as Africa CDC/AUC WHO, AFENET, other UN Agencies, World Bank, USAID, EU, GF, NGOs, Research institutions among others	The partners have invaluable experience including knowledge, skills, and resources for the establishment of resilient health emergency preparedness and response systems in the region based on innovations. IGAD will work closely with them on identification of best practices that enhance the preparedness, detection and response to regional health emergencies.

Media	These have wide regional and global coverage that can be utilized for awareness creation and visibility. They will promote and popularize regional emergency response mechanisms as well as create awareness to policy makers to increase investment on outbreak response in the region.

Disadvantage or Vulnerable Individuals or Groups

24. Vulnerable Groups which include IDPs, refugees, migrants, people on the move and other vulnerable groups in relation to the cross-border activities of this project. The project ESMF was consulted with the identified vulnerable groups whereas SEP and ESCP was consulted with the institutional stakeholders during the project preparation stage.

Table 3: Summary of project stakeholder needs

Community	Stakeholder group	Key characteristics	Language needs	Preferred notification means (e-mail, phone, radio, letter)	Specific needs (accessibility, large print, childcare, daytime meetings)
IGAD Member States	Ministry of Health and other ministries related to health emergency and preparedness and response	Consists of high-level technical representatives whose knowledge and skills in health emergency preparedness, response and resilience	Official Language: English and French (Djibouti)	Translated letter, shared electronic documents (reports) via email and presented / discussed when needed at formal meeting	Public and virtual consultations meetings with translation
IGAD Secretariat and specialized institutions	IGAD health and Social Development programs IGAD Climate Prediction and Application Centre, CEWARN, IGAD Centre for Pastoral Areas and Livestock Development	Formulate and implement regional interventions, policies and strategies as well as multisectoral coordination	French and English	Translated letter, shared electronic documents (reports) via mail, phone call for follow up, leaflets/ informative notes	Project roles and responsibilities, support in stakeholder engagements, information generation and dissemination. Regular formal and informal meetings

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International and regional partners	UN Agencies, World Bank, AFDB, Africa CDC/AUC, USAID, EU, Global Fund, I&N NGOs, Research institutions	Knowledge generation and documentation	English	Email, telephone calls, meetings (in person or virtual)	Project progress, project preparation and implementation, other stakeholder engagements, joint control and management efforts, experience sharing Regular formal and informal meetings
Regional Steering Committee (RAC)	IGAD MSs (Ethiopia and Kenya and other IGAD countries), IGAD Secretariat, Sao Tome Principe and ECSA-HC	Organizations working regionally on health emergency preparedness, response and resilience with similar projects and also cover the same geographical areas	English and French	Email, telephone calls, meetings (in person or virtual)	Project progress, project preparation and implementation, other stakeholder engagements, joint control and management efforts, experience sharing Regular formal and informal meetings
Media	Radio and TV stations, international media, IGAD websites and social media pages	Wide regional and global coverage that can be utilised for awareness creation and visibility	English	Email, telephone calls, meetings (in person or virtual)	Alerts, press releases, project reports and events Periodic meetings with media channels

Stakeholder Engagement Program

Purpose and timing of stakeholder engagement program

25. The overall goal of this Stakeholder Engagement Plan is to ensure a systematic, consistent, comprehensive and coordinated approach to stakeholder participation and communication throughout the project cycle. The SEP outlines ways in which the project team will communicate with stakeholders and feedback mechanism to be utilized. The plan will guide timely engagement with key stakeholders as well as dissemination and increased access to relevant project information. The project will innovate ways for consultations to be effective and meaningful to project and stakeholder needs even during any restrictions due to epidemics or pandemics. Strategies to be employed include virtual and physical meetings, research, phone calls, and emails. It is important to note that most of the planned activities in the regional component

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are activities that includes stakeholder engagement and consultations. The coordination and policy dialogue role of the IGAD in its regional component depends on participation and interaction of the stakeholders of the project. So the appraisal document of the regional component is contributing to the overall SEP.

Implementation Phase

26. Stakeholder engagement is an inclusive process that must be conducted throughout the project cycle. The key stakeholder's engagement activities were undertaken during the project preparation stage as under:

a) Individual consultations with different stakeholders during the preparation phase was carried out.

b) **In the Implementation Phase, IGAD is actively engaged with** Africa CDC, WHO, RECs, others; organized a workshop for Integration of meteorological and hydrological information into the surveillance information in participating countries, has conducted virtual meeting of the COP on local health manufacturing; conducted several virtual meeting and consultation with Africa CDC/WHO on Africa Common position on NCDs, Injuries and Mental health that will be presented to the upcoming UNGAS.

In case of any stakeholder consultations meeting/workshops, either virtual or face-face, the IGAD-PIU will strive to provide relevant information to stakeholders with enough advance notice (15-30 business days) so that the stakeholders have enough time to prepare and to provide meaningful feedback. The PIU will gather written and oral comments, review them and report back to stakeholders on how those comments were incorporated, and if not, provide the rationale for reasons for why they were not within 30 working days from the stakeholder consultation event. The timeframe for notice for a ministerial event will be 3 months in advance with official letters sent via email through the Ministry of Foreign Affairs who are the IGAD Focal points.

Proposed strategy for information disclosure

27. The electronic copies of the disclosure materials will be placed on the IGAD and World Bank websites to allow easy access for all stakeholders. The IGAD Centre of Health Emergency Preparedness, Response and Resilience will create its own link within IGAD website where also information can be shared. Also, IGAD will ensure the use of public information sharing methods and media engagement (Radio, TV, Channels, newspapers will be ensured) to disclose information to the general public and will pay particular attention to the special accessibility needs of members of vulnerable groups, including persons who are illiterate or with disabilities, where needed. The IGAD websites have an on-line feedback feature that will enable readers to leave their comments in relation to the information shared. The disclosure materials will also be shared with the targeted stakeholders through email, and during project related meetings. In order to to address issues concerning to PWD such as persons with visual disabilities, autistic people, etc., project will use auxiliary aids and services, make documents and materials accessible in advance, and train staff on accessibility and disability etiquette. In addition to disclosure of the various project materials (ESCP, SEP, PAD), formal channels will be put in place to register and document comments and suggestions from the public. These grievance arrangements shall be made publicly available to receive and facilitate resolution of concerns in relation to the Project.

Table 3: Information disclosure plan

Project stage	List of information to be disclosed	Communication channels	Target stakeholders	Timetable: location/date	Responsibilities

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Preparation Phase	Project Concept note ESF documentation that is required for disclosure by the WB -SEP with GRM -ESCP	Email, intranet, website, meetings	PIU and implementing entities/divisions of IGAD	In person or virtual up to one month after project effectiveness	IGAD/PIU
Project Launch	-Project information/Appraisal document -key activities, work plan -Implementation modalities -Key elements of ESCP and SEP	Shared via Email with an official invitation letter Media coverage for the launch event	PIU and implementing entities/divisions of IGAD and other stakeholders listed above	20 working days before the meeting, all stakeholders will be informed and shared with them the key documents by email as 100% target.	IGAD-PIU
During implementation	Progress Reports on: -Activities -M&E framework -TDA studies -ESIA assessment	Via email and during the SC meetings	PIU and implementing entities/divisions of IGAD and other stakeholders listed above	Throughout the implementation period	IGAD-PIU

Proposed strategy for consultation

28. For the stakeholder consultation, as described in below table, is the strategy that is being followed. The consultations are being carried out both face to face as well as virtually.

Table 4: Proposed strategy for stakeholder consultations

Project stage	Topic of consultation	Method used	Timetable: Location and dates	Target stakeholders	Responsibilities

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Preparation Phase	Project design's activities, SEP including GM, ESCP	Virtual consultations meetings, documents shared via emails	During the preparation and formulation phase	PSC and IGAD entities	IGAD-PIU
During implementation	-Progress reports -Policy issues at Higher level -SEP including GM, ESCP etc. if revisions needed	Workshops/meetings, email for dissemination of documents	-Biannual meetings -As need arise	-MS, SC, IGAD entities	IGAD-PIU

Proposed strategy to incorporate the views of vulnerable groups

29. The views of vulnerable or disadvantaged groups (VDG) will be sought during the project formulation process. The vulnerable groups include people with physical and /or visual disability, autistic people, etc. Where necessary the project will avail auxiliary aids and services such as sign-language interpreters and sensitize and train staff on accessibility and disability etiquette. In depth analysis is required in order to fully understand who the VDG are and what are their issues related to this project. The project has mapped different stakeholders including VDGs. The terms of reference (TORs) prepared for various technical assistance (TA) includes the provision for VDGs among others.

Review of Comments

30. All written comments on reports will be sent by email to the concerned stakeholders either with track changes or in form of text message/note. After receiving all stakeholders' comments within 10 working days week after the shared date, the PIU will review and send them back within 15 working days. The disclosure will be for the concerned stakeholders who are basically the member of RAC, including non MPA participating countries, who will benefit from the IGAD regional component. **IGAD will ensure that feedback from the stakeholders is incorporated into the SEP, and IGAD will inform stakeholders regarding where and how in the SEP their feedback was taken into consideration.**

All oral comments during consultation meetings will be taken into account as an action item. This will be cleared by the PIU at the last day of the mentioned organized event.

Resources and Responsibilities for implementing stakeholder engagement activities

Resources

31. IGAD Environment Specialist will continue supporting the PIU and provide support to the Project and he will be responsible for ensuring implementation of the SEP and GM throughout project implementation. The focal person will be supported by the staff of the PIU and if need arise a consultant will be hired to support the implementation of this plan. However, most of the IGAD regional component is basically consultations and activities will be supported by the grant and a total amount of US$350,000

is allocated to support those consultations and engagement of various stakeholders. **The budget includes SEP activities in additional countries and therefore no additional budget is required for additional financing.**

For more information about the implementation of the SEP, please contact the below persons who are responsible for management and oversight of the SEP.

Eshete Dejen (PhD)
Program Manager for Environment Protection
Email: Eshete.Dejen@igad.int
Telephone: +25321354050
IGAD Secretariat, Avenue Georges Clemenceau, Djibouti Ville
Republic of Djibouti

Management functions and responsibilities

32. **At the regional level**, the proper implementation of the SEP will be under the direct responsibility of the IGAD health program and subsequently the PIU Coordinator. The PIU will be embedded in IGAD Health Program and specifically will be in the IGAD Centre of health emergency preparedness, response and resilience and assisted by the entire IGAD Communication team. The IGAD Communication team is composed of 5 professional staff with complementary background communication skills in addition to two health communication staff. They will mainly support project information production and dissemination (preparation of webinars/video and GRM PR-materials).

33. **The PIU will be in charge of communication and engagement with key stakeholders.** The key stakeholders include the MPA participating countries and their Ministries of Health. Some of the non key stakeholders will the relevant sectors including Ministries of Animal resources, Environment and climate related sector as well as some continental and regional organizations such AU, WHO. The team from IGAD health program, who is engaged in the preparatory steps for this project (this role will be done by PIU during implementation), will be in charge of the document records, facilitation of logistical support to all consultation events, technical support (Google teams, WEBEX, Zoom…) for conducting online public consultations, meetings with communities, and other interested parties, assisting consultant(s) access to field trips in the IGAD Member States and any other duties related to stakeholder engagement.

Grievance Mechanism

34. The purpose of the feedback, complaint and grievance redress mechanism (GRM) is to allow all project users and other stakeholders to communicate on adverse impacts of the project, potential damages, injuries or routine project activities and to effectively address any complaints, concerns or suggestions related to the project implementation, especially with regard to the environmental and social safeguards. Therefore, the mechanism will ensure the continuous improvement of the programme.

35. **T**he project-level grievance redress mechanism (GRM) will be central to risk mitigation efforts and will help manage grievances from project affected communities or by other parties who feel that are or will be adversely affected by the project. The project-level GRM will serve as an avenue for communities to channel their concerns. Each participating countries will establish an accessible, effective, and efficient GRM with the capacity to receive and respond timely to grievances in the local languages.

36. For the IGAD GM, the PIU manages the Project GRM process and facilitates the resolution of any complaints that may arise as described and designed in Figure 1 below. The PIU, in particular its Project Coordinator, ensures that it can be reached for complaints (e.g., hotline, mobile number, electronic address). When no local solution can be found through implementing partners or the focal persons of the project on the ground, the PIU is informed and investigates complaints in more detail and develops a solution proposal. Another layer of handling the grievances is to be communicated with the senior management of IGAD Secretariat in the health and social development division or even directly to the Executive Secretary Office.

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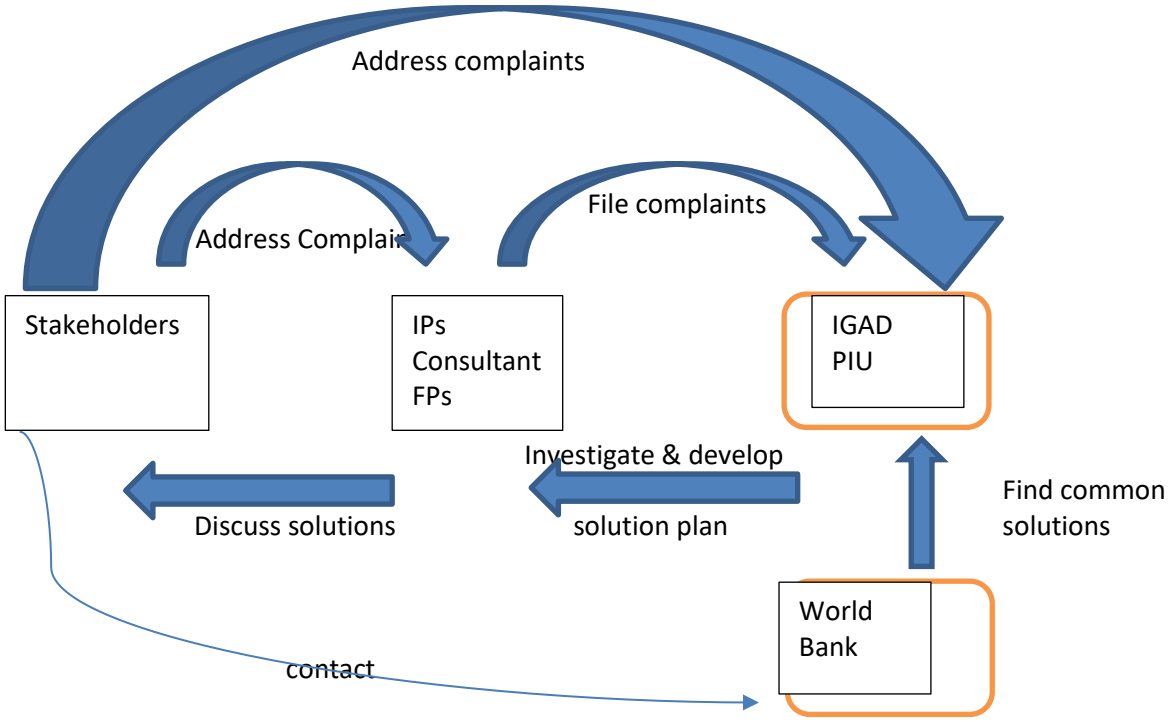
IGAD is public international intergovernmental organization and can easily be reached through its website (www.igad.int), emails, telephones and the social media platforms. In exceptional cases, when the complainant deems it necessary, the World Bank can be contacted directly. Please refer to the following website to make a complaint directly to WB: http://www.worldbank.org/en/projects-operations/products-and-services/grievance-redress-service

Figure 1: GRM Processes



The grievance mechanisms at all levels will be:

- Scaled to address the risks and impacts on affected communities,
- Culturally appropriate,
- Clear and accessible for any individual or group at no cost (vulnerable groups),
- Transparent and including regular reporting, and
- Prevent retribution and not impede access to other remedies.

Important design principles include:

- **Accessibility:** the grievance mechanism should be directed to and disclosed to all people affected as well as other interested parties. The Human Resource Unit (hrunit@igad.int) is responsible to address grievances.
- **Acknowledgement:** the receipt of a complaint should be acknowledged within a short time frame (e.g., 5 days) after submission.
- **Timely and appropriate response:** the response should be proportionate to the risk.
- **Record: the complaint should be recorded including information on:** 1) name and contact details (unless requesting anonymity), 2) date of contact, 3) issue(s) raised, 4) proposed response, and 5) status (recorded, active closed).
- **Confidentiality:** If a complainant wishes to remain anonymous this will be accepted. No personal

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data will be made public. Details of the grievance will only be provided to those directly involved in the examination process.

- **Data management:** Personal data contained in the Complaints Register will be kept only as long as necessary to investigate the Complaint and implement a resolution. Personal data will then be either deleted or modified and transferred to an archive for a reasonable period.

37. **For the Project workers** project implementation staff, consultants and firms hired under the Project, in addition to the above grievance mechanism, will sign the IGAD Code of Conduct 2018 (see Annex 1), and the IGAD Sexual Harassment Policy 2018 (Annex 2). The IGAD Sexual Harassment Policy also includes a grievance mechanism to address issues related to SEA/SH. The IGAD Whistleblower Policy (Annex 3) will be available to the workers to report grievances relating to accountability and integrity. Project workers are invited to report concerns relating to fraud, theft, use of inside information, bribes, gifts (etc.), inappropriate disclosure of confidential information, conflicts of interest and illegal acts.

Monitoring and Reporting

38. The IGAD project's theory of change developed during the preparation stage is useful for monitoring and evaluation. It helps identify better key evaluation questions, key indicators for monitoring, gaps in available data, priorities for additional data collection, and a structure for data analysis and reporting. With the clearly identified key indicators in the log frame of the project, the collection of the data for monitoring them will not require significant additional resources. Monitoring will be the responsibility of the paid project staff with the strong support of the IGAD Secretariat Monitoring & Evaluation team. In addition, MEL expert will develop M&E system/plan within 90 days of the start of his duty.

The stakeholders will be involved monitoring the activities during the biannual meetings through presenting the progress report.

39. Reporting back to stakeholder groups: The results of stakeholder engagement activities will be reported back to both affected stakeholders and broader stakeholders as described below:

- At the biannual meetings with the RAC, discussions on the comments and recommendations will be presented as action items and shared on the last day of the event.
- For the comments on the consultant(s) report, PIU will send the report to the main stakeholders' via email. It will request them to provide their comments within 10 working days. PIU will then submit the revised report within 15 working days.
- Training, communication and knowledge materials will be sent electronically to the participants by the PIU within 7 days after completion of the event.

These reports will rely on the same sources of communication that were used earlier in 4.2 section.

Stakeholders will be provided with updates on the availability of the grievance mechanism during quarterly stakeholder meetings and other meetings, meetings such as RAC biannual meetings.

ANNEX 1: IGAD Code of conduct 2018

Statement by the Executive Secretary

Recognizing that local laws and cultures differ considerably from one country to another, this code of conduct is based on International/Regional Intergovernmental Organizations legal standards. This code of Conduct is applicable to all employees as defined in the IGAD Service Regulation and provides guidance in terms of behavior and conduct in all circumstances. In accepting appointment, you undertake to discharge your duties and to regulate your conduct in line with the requirements of this Code. This Code is, of course, broadly stated and therefore, is not intended to be a complete listing of detailed instructions for every conceivable situation. Rather, it is intended to help you develop a working knowledge of the Rules and Regulations that affect your job as well as maintaining a conductive work environment.

1. Purpose

This code of conduct seeks to capture and encompass the spirit of cooperation and collegial respect under which a working environment will be sustained.
Employees will be expected to:

a) Treat all people fairly and with respect and dignity.
b) Observe all local and international laws and be sensitive to local customs.
c) Ensure that my professional conduct and behavior do not bring IGAD into disrepute.
d) IGAD engages with governments, public interest groups, Regional Economic Communities and a broad range of other similar bodies around the world. In doing so, we must ensure we comply with all guidelines laid down.
e) The Authority recognizes each employee's right to participate as an individual in social and political activities. However, these activities must be kept separate from the workplace.
f) IGAD disassociates itself from any political or religious activity that incites extremism or undermines our commitment to cultural diversity and equal opportunity.

2. Conflict of Interest

This involves a conflict between the public duty and private interests of an employee in which the employee's private interests would improperly influence the performance of their official duties and responsibilities.

2.1 Gifts, Meals and Entertainment

An employee will not accept gifts, meals, entertainment or any remuneration from governments, beneficiaries, donors, suppliers and other persons, which have been offered with the intention to influence an outcome.

3. Health, Safety and Security

The Authority shall provide a safe, secure and healthy working environment for all employees. As far as possible, it shall safeguard health and safety in all its premises. Employees shall make good use of IGAD facilities. All employees are expected to adopt a proactive, co-operative attitude towards the health, safety and security of all IGAD staff and suppliers, and others working at or visiting IGAD premises. All our operations must be conducted in compliance with applicable health and safety laws and regulations, Authority standards and best practice in workplace health, safety and security.

a) Each employee should be aware of applicable IGAD safety and health programs, as well as, regulations. IGAD staff should be appropriately trained for their respective roles, in order to conduct

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their activities in a safe, healthy and responsible manner.

b) We will act to mitigate risks which arise from deliberate or accidental breaches in our physical security or threats to our people.

c) Promptly report accidents, incidents, near misses, non-compliance with regulations or anything else posing a risk to health, safety and security, as may be applicable.

d) Understand the hazards associated with our own job and those associated with our colleagues' jobs.

e) Manage the risks responsibly and ensure any required health and safety training has been completed.

f) Integrate health, safety and security consideration into our day-to-day working activities.

g) Make sure we know what to do in case an emergency occurs at our place of work.

h) Challenge unsafe behavior by others in a timely manner to demonstrate that unsafe behavior is unacceptable.

4. Substance Abuse

IGAD is committed to promoting the wellbeing of its staff by creating a safe and healthy work environment. Additionally, the authority recognizes the negative impact that alcohol and drugs may have on the individual's ability to work safely and correctly. IGAD aims to ensure a working environment free from inappropriate use of substances where employees are unable to carry out their duties in a safe and efficient manner. Any misbehavior witnessed as a result of intoxication shall be deemed unacceptable and will be handled as a disciplinary issue.

5. Physical Violence

In keeping with the laws of the land and staff regulations, physical violence of any nature by one member of staff against another is strictly prohibited. Differences between staff are expected to be resolved amicably with the respect that each deserves.

6. Use of Authority Resources

IGAD employees are expected to make responsible use of the information and resources to which they have. For the purposes of this section, resource & assets, shall be defined by the Financial Rules and Regulations. Employees:

a) Should not use Authority assets for their personal benefit or the benefit of anyone other than the Authority, unless allowed contractually.

b) Are expected to make sensible use of facilities including the occasional personal phone call or e-mail from your workplace. Excessive personal calls or e-mail is a misuse of assets.

c) Should use responsibly any digital communication channels that allow individuals to create and share content and post comments

d) Should not use the Organization's resources to visit third party websites and gambling websites. This is strictly prohibited.

e) Should not operate the Authority's assets unless authorized.

Misuse or theft of Authority assets whether by:

a) Unauthorized removal or;

b) Unauthorized information sharing or;

c) Embezzlement or intentional misreporting of time or expenses may result in disciplinary measures being taken.

The Authority treats workplace theft of assets belonging to other employees the same way it treats theft of

Authority assets.

7. Authority Information

7.1 Use of Information
For the purposes of this section, non-public information is any information which may not yet be disclosed to the public. Safeguard the Authority's non-public information is the responsibility of every IGAD employee.

7.2 Confidential Information
a) Do not disclose non-public information to anyone outside the Authority, including to family and friends, except when disclosure is required by law. Even then, take appropriate steps, such as execution of a confidentiality agreement, to prevent misuse of the information.
b) Do not disclose non-public information to others inside the Authority unless they have authority from the Executive Secretary.
c) Only authorized employees can issue external communications on behalf of the Authority.
d) Employees are obligated to protect the Authority's non-public information at all times, including outside of the workplace and working hours, and even after employment ends.
e) Refer to IGAD Service Regulation, Financial Rules and Regulation, IT Policy and any other additional regulations for guidance and tips on safeguarding information.

7.3 Information Security
All employees using the IGAD digital systems must ensure that these resources are used appropriately and used in line with the IGAD IT Policy.

7.4 Record Management & Data Privacy
Accurate and complete record keeping is everyone's responsibility. Employees who handle the records must:
a) Act in accordance with applicable law.
b) Act in accordance with any relevant contractual obligations.
c) Exercise confidentiality and prevent unauthorized disclosure.

8 Non-Discrimination, Intimidation & undue Influence

8.1 Non-Discrimination
All persons working or affiliated to IGAD, shall not practice any form of discrimination, instead, they shall be entitled to equal treatment irrespective of political inclination, gender, color of skin, religion, culture, education, social status, ethnic affiliation or nationality.
a) In all aspects of employment, IGAD will treat individuals justly, solely according to their abilities to meet the requirements and standards of their job.
b) IGAD recognizes the diverse skills and contributions of the workforce and will ensure that individuals are equitably remunerated for their contributions to the Authority.
c) Physical, sexual, racial, psychological, verbal, or any other form of harassment or abuse will not be tolerated, any staff who engages in such conduct will be liable to disciplinary action.

8.2 Intimidation & Undue Influence
IGAD staff members either by their position or any other factor of influence shall not coerce, induce, intimidate or unduly influence any member staff or third parties with an intention of influencing their decision.

9. Sexual Harassment

IGAD will operate a zero-tolerance policy for any form of sexual harassment in the workplace, treat all incidents seriously and promptly investigate all allegations of sexual harassment. (Refer to Sexual Harassment policy)

10. Implementation of this policy

IGAD will ensure that this policy is widely disseminated to all relevant persons.

All new employees must be sensitized on the content of this policy as part of their induction into the company. It is the responsibility of every employee to comply ensures that they are aware of the policy.

11. Staff commitment

I have read carefully and understand the IGAD Code of Conduct and hereby agree to abide by its requirements and commit to upholding the standards of conduct required to support IGAD's aims, values and beliefs.

Name ……

Signature……..

Date……..

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ANNEX 2: IGAD Sexual harassment policy 2018

1. The Policy Statement

The Intergovernmental Authority on Development (IGAD) is committed to providing a safe environment for all its employees free from any form of discrimination. IGAD will operate a zero tolerance policy to any form of sexual harassment in the workplace, treat all incidents seriously and undertake prompt investigation of all allegations of sexual harassment. Any person found to have sexually harassed another will face disciplinary action. This could culminate in dismissal from employment. All complaints of sexual harassment will be treated with respect and in confidence. Furthermore, all employees who bring forward legitimate sexual harassment cases will be free of any and all reprisal or retaliation.

2. Purpose of the Policy

To define and institutionalize IGAD's response to sexual harassment and document the process, which is to be followed, should any grievances arise.

3. Sexual Harassment

Sexual harassment under this policy constitutes any unwelcome verbal, non-verbal or physical conduct of a sexual nature which makes a person feel offended, humiliated and/or intimidated; and interferes with work, productivity or wellbeing of others. It includes situations where a person is asked to engage in sexual activity as a condition for employment, promotion or benefit from a service or opportunity. Sexual harassment can involve one or more incidents.

Examples of conduct or behavior which constitute sexual harassment include, but are not limited to:

3.1 Physical conduct

a) Unwelcome physical contact including patting, pinching, stroking, kissing, hugging, fondling, or inappropriate touching.
b) Physical violence, including sexual assault.
c) The use of job-related threats or rewards to solicit sexual favors.

3.2 Verbal conduct

a) Comments on a worker's appearance, age, private life, etc.
b) Sexual comments, stories and jokes
c) Sexual advances
d) Repeated and unwanted social invitations for dates or physical intimacy
e) Insults based on the sex of the worker
f) Condescending or paternalistic remarks, sending sexually explicit messages (by phone or by email or any other means)

3.3 Non-verbal conduct

a) Display of sexually explicit or suggestive material
b) Sexually-suggestive gestures
c) Whistling
d) Leering

Both female and male employees, service providers, applicants, partners and clients of IGAD may be exposed to sexual harassment.

4. Scope of application of the Policy

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IGAD recognizes that sexual harassment is a manifestation of power relationships and often occurs within unequal relationships in the workplace, for example between manager or supervisor and subordinate. Anyone, including employees of IGAD, suppliers, casual workers, contractors or visitors engaging in any acts of sexual harassment shall be reprimanded in accordance with this Policy. All forms of sexual harassment are prohibited under this Policy whether occurring within IGAD's premises or outside, including but not limited to: social events, official mission trips, training and other stakeholder workshops, meetings or conferences convened by IGAD.

5. Complaints procedures

Anyone who is subject to sexual harassment should, as soon as possible, inform the alleged harasser that the conduct is unwanted and unwelcome. He/she should then file a complaint with the human resources officer or any director or other senior member of management that he/she is most comfortable with Where the victim is unable to directly inform the alleged harasser due to any reasonable cause, he/she may file a complaint with the Human Resources Office or any director or other senior member of Management that he/she is most comfortable with.
When a complaint is received the following action should be taken:

i) Statement of fact recording the dates, times and facts of the incident(s)
ii) Ascertain the views of the Complainant as to what outcome he/she wants.
iii) Ensure that the Complainant understands the Organization's procedures for dealing with the complaint.
iv) Discuss and agree on the next steps: either informal or formal complaint, on the understanding that choosing to resolve the matter informally does not preclude the Complainant from pursuing a formal complaint if he/she is not satisfied with the outcome.
v) Keep a confidential record of all discussions.
vi) Respect the choice of the Complainant.
vii) Ensure that the Complainant knows that they can lodge the complaint outside IGAD through the relevant processes and applicable national law(s).
Throughout the complaints procedure, a Complainant is entitled to be helped by a skilled counsellor. IGAD will identify and train a number of counsellors to enable them assist victims of sexual harassment.

5.1 Informal complaints mechanism

If the Complainant wishes to deal with the matter informally, particularly for offenses that are not classified as serious or criminal, the designated/appropriate manager shall:
i) Give an opportunity to the alleged harasser to respond to the complaint;
ii) Ensure that the alleged harasser understands the complaints mechanism;
iii) Facilitate discussion between both parties to achieve an informal resolution which is acceptable to the complainant; or if an amicable settlement cannot be reached refer the matter to another party (senior manager within IGAD), with the consent of both complainant and accused;
iv) Ensure that a confidential record of proceedings is kept. All officials involved in the investigations/ case management must be bound by the duty to maintain confidentiality and impartiality during the hearing or after conclusion of the case;
v) Follow up after the outcome of the complaints mechanism to ensure that the behaviour has stopped;
vi) Ensure that the above measures are taken expeditiously and within a period not exceeding 14 days from the date of filing the complaint.
5.2 Formal complaints mechanism

If the Complainant wants to make a formal complaint or if the informal complaint mechanism has not led to a satisfactory outcome for the Complainant, the formal complaint mechanism should be used to resolve the

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matter.
The designated/appropriate person who initially received the complaint will refer the matter to the Executive Secretary to instigate a formal investigation. The Executive Secretary may deal with the matter, refer the matter to an internal or external investigator or refer it to a committee.
The person carrying out the investigation will:
i) Interview the Complainant and the alleged harasser separately;
ii) Interview other relevant third parties separately;
iii) Ascertain whether or not the incident(s) of sexual harassment took place;
iv) Produce a report detailing the investigations, findings and any recommendations;
v) If the harassment took place, decide what the appropriate remedy the Complainant is, in consultation with the Complainant (i.e.- an apology, a change of working arrangements, a promotion if the Complainant was demoted as a result of the harassment, training the harasser, discipline, suspension, dismissal or possible prosecution under applicable national penal laws for offences such as rape;
vi) Follow up to ensure that the recommendations are implemented, that the behaviour has stopped and that the Complainant is satisfied with the outcome;
vii) Keep a record of all actions taken;
viii) Ensure that all records concerning the matter are kept in trust and strict confidence. Such information shall be used only for the purposes required in fulfilling the purpose of this policy and as such shall not be used for any other purpose, or disclosed to any third party without approval;
ix) Ensure that the process is done as quickly as possible and in any event within 21 working days of the complaint being made.

6. Sanctions and disciplinary measures
Anyone who has been found to have sexually harassed another person made false and malicious allegations thereof, under the terms of this policy liable to any, but not limited to, the following sanctions:

a) Verbal or written warning;
b) Transfer;
c) Demotion;
d) Suspension;
e) Dismissal;
f) Prosecution under national penal laws for serious offences such as rape.

The nature of the sanctions will depend on the gravity and extent of the harassment. Suitable deterrent sanctions will be applied to ensure that incidents of sexual harassment are not treated as trivial. Where, after proper investigations, there is evidence to support allegations of severe sexual assaults such as rape or attempted rape, such offences shall upon consultation with IGAD Legal Counsel, be referred to national authorities for criminal prosecution.

7. Appeals Process
Both the complainant and the accused may seek a review of any alleged failure to implement the procedures and principles of this policy fairly and reasonably. The subject may request a review of disciplinary action taken pursuant to this policy; the appeal must be in writing and submitted to the Human Resource Office within a reasonable time frame, not exceeding 30 days after the date of the disciplinary action, with clearly outlined grounds for the appeal.
8. Freedom from Reprisal
A person who brings a complaint in good faith should not be subjected to retaliation, and adverse action taken against a complainant that appears to stem from the registering of a complaint will be thoroughly investigated in accordance to the IGAD Whistle-blowing Policy Section 7 (Prevention of recriminations, victimization or harassment).

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9. Implementation of this policy

IGAD will ensure that this policy is widely disseminated to all relevant persons.

All new employees must be sensitized on the content of this policy as part of their induction into the Organization. It is the responsibility of every employee be aware of the policy and comply.

Every IGAD Employee shall be required to read this Policy and sign a declaration affirming to have understood his/her rights, duties and responsibilities therein. The signed declaration shall form part of the employee's personal file.

10. Declaration

I _____ do hereby affirm that I have read and fully understood my rights, duties and responsibilities under the IGAD Sexual Harassment Policy.

Position: _____

Duty Station/Section: _____

Signed _____

Date _____

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Annex 3: The IGAD Whistleblower Policy

1. INTRODUCTION

Employees of organizations are often the first to realize that there may be something wrong with their organization, or that an employee or member of management or another affiliated person or organization has been involved with wrongdoing detrimental to IGAD's interests. However, they may decide not to express their concerns because they feel that speaking up would be disloyal to their colleagues or to the organization. They may also fear harassment or victimization. In these circumstances, they may feel it would be easier to ignore the concern rather than report what may just be a suspicion of malpractice.

IGAD's Whistle-Blowing Policy is intended to encourage and enable staff members to raise serious concerns within IGAD, rather than overlooking a problem or seeking a resolution for the problem outside IGAD, and to make it clear that IGAD will take necessary steps to protect them from victimization, subsequent discrimination or disadvantage.

This Policy is also intended as a clear statement that if any wrongdoing within IGAD or by any of its management or staff or by any of its projects or grant recipients is identified and reported to IGAD, this wrongdoing will be dealt with expeditiously and will be thoroughly investigated and remedied.
IGAD will also examine how to prevent such wrongdoing in the future. This Policy applies to all of the Secretariat's and project staff, including staff at Specialized Offices. It is also intended to provide a method for other stakeholders (suppliers, grant or aid recipients, project affiliates, etc.) to voice their concerns. The Internal Auditor is responsible for recommending any changes to this Policy.

2. DEFINITIONS FOR THIS POLICY

2.1. Whistle-Blowing
Whistleblowing can be described as giving information about potential illegal and/or unethical practices, i.e. wrongdoing.

2.2. Wrongdoing
Wrongdoing involves behaviour that can result in financial harm or bring discredit to IGAD. It includes but is not limited to:

- An unlawful act, whether civil or criminal in the applicable Member State or country where the act occurred;
- Acceptance or offering of bribes or favors related to their association with IGAD;
- Undue favoritism or discrimination with respect to national, religious, tribal, or other ethnic groups in hiring, procurement, provision of service or any other form;
- Conflict of interest;
- Breach of or failure to implement or comply with any published IGAD policy;
- Knowingly breaching IGAD's regulations.
- Serious unprofessional conduct.
- Questionable or fraudulent accounting or other practices;
- Misuse of assets.
- Knowingly making a misstatement.

- Dangerous practice likely to cause physical harm/damage to any person/property.
- Failure to rectify or take reasonable steps to report a matter likely to give rise to a significant and avoidable cost or loss to IGAD or a project.
- Abuse of power or authority for any unauthorized or ulterior purpose.
- Sexual harassment.
- Providing false information on official documents or reports.
- Risking the organization's resources.
- Consistently overriding controls

3. BASIC POLICY

Any IGAD or project staff/supplier/conference attendee/consultant/recipient/affiliated person or organization that makes a disclosure or raises a concern under this Policy will be protected if he/she:
a) Discloses the information in good faith;
b) Believes it to be substantially true;
c) Does not act maliciously or make false allegations; and
d) Does not seek any personal or financial gain.

4. PROCEDURE

Anyone with a complaint or concern about IGAD should try to contact Internal Audit, their own supervisor or director or the Human Resources Officer. This depends, however, on the seriousness and sensitivity of the issues involved and who is suspected of malpractice. Therefore contact directly with the Executive Secretary, Audit Committee Member or any member of the Council or of the Committee of Ambassadors may also be warranted. Contact details for the Heads of Internal Audit, Human Resources and designated Audit Committee member are listed at the end of this Policy.

5. IGAD'S RESPONSE

IGAD will respond positively to any concerns, although whistle-blowers must remember that checking the concerns is not the same as either accepting or rejecting them. Where appropriate, the matters raised may:
a) Be investigated by management, the Internal Auditor, or through a disciplinary process;
b) Be referred to forensic accountants, the police or other authorities or investigators.
In order to protect individuals and those accused of misdeeds or possible malpractice, initial enquiries will be made to decide whether an investigation is appropriate and, if so, what form it should take.
Some concerns may be resolved by agreed action without the need for investigation. If urgent action is required, this will be taken before any investigation is conducted.

6. TIME SCALE

Within 15 calendar days of a concern being raised, the person contacted or a representative thereof will write to the whistle-blower:
(i) Acknowledging that the concern has been received;
(ii) Indicating how IGAD proposes to deal with the matter;
(iii) Explaining whether any initial enquiries have been made;
(iv) Explaining whether further investigations will take place and if not, why not; and
(v) Giving an estimate of how long it will take to provide a final response.
Concerns will be investigated as quickly as possible. The seriousness and complexity of any complaint may have an impact on the time taken to investigate a matter.
The amount of contact between the persons considering the issues and the whistle-blower will depend on the nature of the matters raised, the potential difficulties involved and the clarity of the information provided.

If necessary, IGAD will seek further information from the whistle-blower.
IGAD will take steps to minimize any difficulties which the whistle-blower may experience as a result of raising a concern. IGAD accepts that the whistle-blower needs to be assured that the matter has been properly addressed. Thus, subject to legal constraints, IGAD will inform the whistle-blower of the outcomes of any investigation.

7. PREVENTION OF RECRIMINATIONS, VICTIMISATION OR HARASSMENT
IGAD will not tolerate an attempt on the part of anyone to apply any sanction, detriment or punishment to any persons who have reported to IGAD a genuine concern that they may have concerning an apparent wrongdoing. Retaliation against staff who report concerns in good faith is against IGAD's policy and IGAD will take all reasonable measures to protect all legitimate whistleblowers from any retaliation, ostracizing, discrimination or subsequent disadvantage.
If, having made a report of suspicious conduct, the whistle-blower subsequently believes that he/she has been subjected to retaliation or mistreatment of any kind, he/she should immediately report it to his/her Director, Internal Audit, the Human Resources Officer, or Committee of Ambassadors or Audit Committee member. Reports of retaliation will be investigated promptly, in a manner intended to protect confidentiality, consistent with a full and fair investigation. The party conducting the investigation will notify the whistle-blower of the results of such investigation. Any staff member who is found to have engaged in retaliation to or mistreatment of a whistle-blower will be subject to discipline.

8. CONFIDENTIALITY AND ANONYMITY
IGAD will respect the confidentiality of any whistle-blowing complaint received by IGAD when the complainant requests confidentiality. However, it must be appreciated that it will be easier to follow up and to verify complaints if the complainant is prepared to give his or her name. In addition, confidentiality cannot be maintained if such confidentiality is incompatible with a fair investigation or if disclosure of the identity of the complainant is required by law. If anonymity is requested, the person may request anonymity of the Internal Auditor, Executive Secretary or Council Member, or he/she may send an anonymous message to the Internal Auditor.

9. FALSE AND MALICIOUS ALLEGATIONS
IGAD will regard the making of any deliberately false or malicious allegations by any employee of IGAD as a serious disciplinary offence, which may result in disciplinary action.

10. STATUS OF THIS POLICY
This Policy should be in accordance with all other Policies and the Service Regulations. In the event of a conflict, this Whistle-Blowing Policy shall prevail. Under the direction of the Audit Committee, the Internal Auditor is responsible for preparing updates as needed of this Policy to be submitted to the Council of Ministers for approval.
11. CONTACTS
Position Name Email/Telephone
Internal Auditor
Human Resources Officer
Designated member of Audit Committee