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ANNEX 1

to the Commission Implementing Decision on the multiannual action plan in favour of the Republic of South Sudan for 2023-2024

Action Document for Strengthening the health system and service delivery support in South Sudan, particularly for women and children

MULTIANNUAL PLAN
This document constitutes the multi-annual work programme within the meaning of Article 110(2) of the Financial Regulation, within the meaning of Article 23 of the NDICI-Global Europe Regulation.

1 SYNOPSIS

1.1 Action Summary Table

1. Title **CRIS/OPSYS business reference** **Basic Act**	Strengthening the health system and service delivery support in South Sudan, particularly for women and children. OPSYS: ACT-61825 Financed under the Neighbourhood, Development and International Cooperation Instrument (NDICI-Global Europe)
2. Team Europe Initiative	No
3. Zone benefiting from the action	The action shall be carried out in the Republic of South Sudan
4. Programming document	Republic of South Sudan Multi-annual Indicative Programme (MIP) 2021-2027
5. Link with relevant MIP(s) objectives / expected results	Increase inclusive availability, efficiency and effectiveness of basic services/ Increased inclusive access to and availability of basic health care services, including quality sexual and reproductive health (SHR) information and services, and mental health care; Improved institutional/governmental responsiveness for basic services: education and health. Increase basic service support – education and health – to host communities in areas with the need for reintegration following voluntary and spontaneous returns of IDPs and refugees / Increased availability and access to [education and] health for host communities confronted with the need for reintegration following voluntary and spontaneous returns of IDPs and refugees. Improve/increase the capacity of public sector institutions, management transparency and accountability/ Enhanced transparent, accountable and efficient Public Finance Management and improved public service delivery

PRIORITY AREAS AND SECTOR INFORMATION	
6. Priority Area(s), sectors	**Human Development: education and health / sector : health (130)**
7. Sustainable Development Goals (SDGs)	Main SDG (1 only): SDG 3 “good health and well-being”, target 3.1 “By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births”; target 3.2 “By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births”; target 3.3 “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases”; target 3.7 “By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes”; Other significant SDGs (up to 9) and where appropriate, targets: SDG 2 "zero hunger", target 2.2 “By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons” SDG 5 "gender equality", target 5.2 “Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation”; target 5.6 “Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences” SDG 6 "clean water and sanitation", target 6.1 “By 2030, achieve universal and equitable access to safe and affordable drinking water for all”; target 6.2 “By 2030, achieve universal and equitable sanitation and hygiene for all and end open defecation, paying special attention to the need of women and girls and those in vulnerable situations” SDG 10 "reduced inequalities", target 10.2 “By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status” SDG 16 “peace, justice and strong institutions”, target 16.1 “Significantly reduce all forms of violence and related death rates everywhere”
8 a) DAC code(s)	**120 health – 80%** 12220 – Basic health care 12230 – Basic health infrastructure 12240 - Basic nutrition 12250 – Infectious disease control 12262 – Malaria control 12264 – COVID-19 control 12340 – Promotion of mental health and well-being 13020 – Reproductive health care 13030 – Family planning **140 – Water Supply & Sanitation – 10 %** 14030 – Basic drinking water suplly and basic saniation

	14050 – Waste management/disposal **151 - Government & Civil Society-general – 10 %** 15110 – Public sector policy and administrative management 15111 - Public finance management (PFM) 15180 – Ending violence against women and girls			
8 b) Main Delivery Channel	World Bank - 44001			
9. Targets	☐ Migration ☐ Climate ☒ Social inclusion and Human Development ☒ Gender ☐ Biodiversity ☐ Education ☐ Human Rights, Democracy and Governance			
10. Markers **(from DAC form)**	**General policy objective** @	**Not targeted**	**Significant objective**	**Principal objective**
	Participation development/good governance	☐	☒	☐
	Aid to environment @	☒	☐	☐
	Gender equality and women's and girl's empowerment	☐	☒	☐
	Reproductive, maternal, new-born and child health	☐	☐	☒
	Disaster Risk Reduction @	☒	☐	☐
	Inclusion of persons with Disabilities @	☐	☒	☐
	Nutrition @	☐	☒	☐
	RIO Convention markers	**Not targeted**	**Significant objective**	**Principal objective**
	Biological diversity @	☒	☐	☐
	Combat desertification @	☒	☐	☐
	Climate change mitigation @	☒	☐	☐
	Climate change adaptation @	☒	☐	☐
11. Internal markers and Tags:	**Policy objectives**	**Not targeted**	**Significant objective**	**Principal objective**
	Digitalisation @	☒	☐	☐
	digital connectivity	YES ☐	NO ☒	

	digital governance digital entrepreneurship digital skills/literacy digital services	☐ ☐ ☐ ☐	☒ ☒ ☒ ☒	
	Connectivity @	☒	☐	☐
	digital connectivity energy transport health education and research	YES ☐ ☐ ☐ ☐	NO ☒ ☒ ☒ ☒	
	Migration @	☒	☐	☐
	Reduction of Inequalities @	☐	☒	☐
	Covid-19	☐	☒	☐
BUDGET INFORMATION				
12. Amounts concerned	Budget line(s) (article, item): 14.020121 -INTPA Total estimated cost: EUR 300 000 000 Total amount of EU budget contribution EUR 24 400 000 This action is co-financed in joint co-financing by: - World Bank for an amount of USD 130 000 000 - Canada (GAC) for an amount of CAD 68 000 000 - Sweden (SIDA) for an amount of SEK 300 000 000 - United States (USAID) for an amount of USD 30 000 000; and - United Kingdom (FCDO) for an amount of GBP 51 000 000			
MANAGEMENT AND IMPLEMENTATION				
13. Type of financing	**Indirect management** with the entity to be selected in accordance with the criteria set out in section 4.4.1			

1.2 Summary of the Action

Ten years after independence (2011) of South Sudan, the situation in the country remains structurally fragile. Protracted conflicts, climate-related shocks, inadequate public finance management, unemployment, and limited government capacities and responsiveness have eroded livelihoods and coping strategies in South Sudan.

The objective of this action is to strengthen the health system and service delivery support in South Sudan, particularly for women and children.

The EU will continue its support to ensure access to basic services for people living in the most vulnerable situations across South Sudan. The intervention will prioritise **three levels of support**, as per the outcomes decribed below. Firstly, the action will focus on maintaining and/ or increasing access to basic life-saving health services (particularly for women, children and vulnerable groups). Secondly, the action will support health system strengthening especially through the Boma Health Initiative, access to medicines, and increased use and capacities of the health information system. Finally, the action will also address public finance management, in order to

improve the political and financial commitment to health of the government, especially targeting increased disbursements to the health system.

This Action is aligned with the Global Europe targets on health and human development by supporting greater access to and improves quality of resilient health and social protection services and nutrition1 and with the Global Gateway priorities on health, particularly in improving access to quality essential health services, strengthening response and public health capacities.

The action is fully in line with the priority area on 'Human Development' as defined in the Multi-Annual Indicative Program for South Sudan 2021-2027. The action contributes to the EU Gender Action Plan III (GAP III)[2] and particularly to its thematic area of engagement on rights and freedoms:

- **Ensuring freedom from all forms of gender-based violence**, Specific Objective 3 *"Women, men, girls and boys in all their diversity, who experience sexual and gender-based violence have increased access to essential services and protection";* Specific Objective 4 "*The rights of every individual to have full control over, and decide freely and responsibly on matters related to their sexuality and sexual and reproductive health and rights, free from discrimination, coercion and violence, is promoted and better protected"*; and Specific Objective 6 *"Women, men, girls and boys, in all their diversity, are better protected from sexual and gender-based violence in fragile and humanitarian crisis situations";*
- **Promoting sexual and reproductive health and rights,** particularly Specific objective 2 *"Improved access for every individual to sexual and reproductive health care and services, including family planning services, information and education on sexual and reproductive rights"*
- **Strengthening economic and social rights and empowering girls and women**, particularly on Specific Objective 8 *"Improved access to safe water and sanitation facilities"* and Specific Objective 9 *"Public health systems have sufficient and sustaines financing to address the health needs of women and girls in all their diversity*".

The action will directly contribute towards several targets of SDG 3 on health and well-being, and will have an impact on all other SDGs, mainly SDG 2 on food security; SDG 5 on gender equality; SDG 10 on reducing inequality; and SDG 16 on social cohesion/conflict reduction mechanisms.

2 RATIONALE

2.1 Context

South Sudan was ranked 191 out of 191 countries on the 2021-22 Human Development Index (HDI) and has steadily lost both absolute and relative HDI value and position since the country's independence in 2011. Protracted and wide-spread conflict both prior to and since independence has created massive social and economic instability, caused trauma, and entrenched rather than alleaviated grievances. War, displacement (including estimated 114.000 of people newly displaced from Sudan), the centralisation of investment and power, corruption, diversion of resources away from public services, and the destruction of infrastructure during conflict have left many communities impoverished. Civilians, always the most vulnerable in conflict settings, have borne the brunt of widespread subnational conflicts and violence. Extreme levels of poverty and pressure on human development services have been further aggravated by a succession of more recent crises including COVID-19 and food inflation.

The impact of this legacy on health outcomes has been devastating. South Sudan has some of the worst health indicators globally, particularly for women and girls and for children. One child in ten is not expected to reach their fifth birthday while many more are vulnerable to stymied growth, poor development, disease and illness.[3]

[1] Regulation (EU) 2021/947 of the European Parliament and of the Council establishing the Neighbourhood, Development and International Cooperation Instrument – Global Europe

[2] https://myintracomm.ec.europa.eu/dg/near/whatwedo/equality-corner/genderequality/Documents/GAP/Gender%20action%20plan%20III%20%2820212025%29/GAP_III_Joint_Staff_Working_Document.pdf

[3] United Nations Inter-Agency Group for Child Mortality estimations, 2020 at https://childmortality.org/

40% of child mortality occurs in the first month of life[4]. Most deaths are due to perinatal causes, inadequate care during infancy and/ or preventable diseases exacerbated by nutritional insecurity and exposure to a range of risks such as poor hygiene and water quality. One in three children is stunted while the maternal mortality ratio is estimated at 1,150 maternal deaths per 100,000 live births,[5] one of the highest in the world. Less than a third of pregnant women receive minimum antenatal care and fewer than half of women deliver in a health facility[6]. The prevalence of modern contraceptives is estimated at less than 4% among all women, despite a large unmet need for family planning. Women in South Sudan have a 1 in 18 lifetime risk of dying from maternal causes.[7]

State institutions in South Sudan are unable to respond to this humanitarian situation and to meet the basic needs of the citizens. In 2021, South Sudan was ranked by Transparency International as the most corrupt country in the world. The public financial management system is opaque. Since independence and despite support, the government has been unable to establish a strong, transparent and robust culture of administrative efficiency based on rigorous procedures and institutions. The country's income is overly dependent on oil revenue which accounts for 90% of government revenue but as there is no sovereign wealth fund, income is not transparent and is often allocated away from agreed budget commitments. Most basic services to support individuals are provided through international aid.

South Sudan is one of the world's most vulnerable countries to climate change. Four consecutive years of unprecedented and atypical flooding have led to mass displacement and the loss of livelihoods with serious, longterm consequences for health and for people's access to basic health services. Social and economic determinants of health play a large role in health outcomes. Due to lack of investment in infrastructure, water and sanitation infrastructure is extremely weak where it exists at all. For example, more than 50% of health facilities do not have functioning water points and hence neither patients nor staff can access safe water. Waterborne and water-related diseases (malaria for example) are common in South Sudan exacerbated by a lack of good hygiene practices (for example, handwashing among children which reduces transmission of respiratory infections, a leading cause of death). This action thus aims to increase functioning water and sanitation infrastructures through construction and rehabilitation of water points and latrines at health facilities level as well as improving hygiene practices through health education.

The health sector in South Sudan thus faces a range of enormous challenges. Since independence health service delivery has been heavily supported by donors delivered through NGO implementing partners. Efforts have focused on providing a basic package of health and nutrition services through public (government) facilities to save lives and this has helped to reduce preventable deaths among children. However, sustainability is weak in the current context. In 2019, WHO estimated that total per capita expenditure on health in South Sudan was US$23, of which only 16% was from the government, 55% from external aid and 24% from out-of-pocket spending. Such a low public sector contribution reflects a weak commitment towards the sector and its development. This has put a lot of pressure on the donor community to fill the gaps and prioritize service provision over other equally important aspects of health system strengthening and quality improvement. Therefore, a sustained and gradually growing government contribution in financing the health sector is seen as critical for ensuring better system governance and sustainability.

2.2 Problem Analysis

Short problem analysis:

South Sudan has some of the worst health indicators in the world, particularly for women and girls. **Moreover, gains achieved are largely due to external partner funding and service delivery. Weak government health sector stewardship, limited public sector health financing, and limited sectoral accountability have contributed to a largely donor financed and led health sector.** The government's budget allocated for health remains extremely low while its execution is not transparent or predictable. Budget implementation in health is lower than the already low budget allocation.

As a relatively new state, South Sudan has weak governance and financing institutions generally. Its regulatory and legal environment is fragile, public budgeting and financial governance is insufficient and a

[4] World Bank Data Bank: https://data.worldbank.org/indicator/SH.DYN.NMRT?locations=SS
[5] South Sudan | Data (worldbank.org) accessed July 2022
[6] Household Health Survey 2020
[7] https://data.unicef.org/countdown-2030/country/South-Sudan/1/

widespread lack of skills and capacities puts the planning and delivery of adequate quality services out of reach in the current context. Both health systems and health services delivery capacity need to be strengthened while, on a wider level, improved governmental responsiveness to citizen needs and development is vital. As identified in the context above, in addition to conflict and climate shocks, major challenges to health service delivery include **inadequate infrastructure and access, a dysfunctional referral system, weak human resources for health, and cultural, economic and financial barriers to health service utilisation.**

This action therefore aims to address these complex needs. Recognising that health outcomes are almost fully dependent on external partners, the action will strike a balance between maintaining essential services while expanding and deepening systems support with the aim to strengthen public sector commitment, service delivery capacity, and health personnel skills. The action will focus on working with other long-term partners in South Sudan including financers like the World Bank, USAID, the Global Fund (for AIDS, TB and Malaria), GAVI, Canada, Sweden and the United Kingdom and implementers like International Organisation and Non governmental Organisations. Strengthening alignment and cohesion with other major partners will be a critical pathway towards strengthening government commitment and thus to the increased sustainability of system financing and delivery.

South Sudan is one of the countries most affected by climate change. In particular public health is one of the sectors most impacted by it, as it exacerbates increasingly persistent health threats, such as malnutrition, accelerated and extended spread of Dengue fever, Yellow fever, Malaria and other waterbone diseases like Giardiasis, Cholera, Dysentery, and parasitic infection like schistosomiasis. It can also led to the potential appearance of new skin diseases.

Identification of main stakeholders and corresponding institutional and/or organisational issues (mandates, potential roles, and capacities) to be covered by the action:

A) Right holders

- **South Sudan's population –** With more than half of the population living more than 5 kms away from a health facility, improving equitable access to health services is a major challenge in South Sudan. Malaria remains the leading cause of illness and death in the country accounting for 66.8% of outpatient consultations, 30% of admissions and about 50% of deaths[8]. Lack of access to clean water and poor hygiene practices make South Sudanese more likely to suffer from diarrhea. Respiratory infections are one of the three main diseases (together with malaria and diarrhea in South Sudan) due to the tough environment (floods, dust). Although health programmes implemented in South Sudan are addressing these three main diseases, they do not cover the entire population and, in addition, shortage of drugs are often observed. Finally, the last census of the population was made in 2008, leading to decision making based on outdated data.
- **Health workers (including community health workers) –** Health workers, including Boma health workers working at community level, are key actors. However, health workers do not receive their salary on a regular basis with delays occasionally reaching 6 months. Furthermore, salaries are extremaly low and hence, health workers rely on incentives paid by the international community. Finally, the volatile environment and the challenges to access areas during the rainy season limit access to some areas and even put their safety at risk. In addition, lack of institutes to train them affect the quality of service delivered and hence, their capacities need to be strengthened and there is a need to train and recruit more female Health workers.
- **Women and girls –** South Sudan has one of the highest maternal mortality in the world. Women and girls are often victims of Sexual Gender Based Violence (SGBV) and many early pregnancies are being reported. This puts girls's health at risk (i.e Sexually Transmitted Infections, miscarriages) and further discriminates them, as it affects, among others, their ability to attend to school and complete their education.
- **Civil Society –** At the moment civil society does not play an important role in the health sector. However, considering the lack of investment from the government in the health sector, civil society has a crucial role to play to advocate for increasing investment in the health sector towards the government.

B) Duty bearers

[8] Malaria Conference, Juba South Sudan, 8-10 November 2022

- **South Sudanese government** is not investing sufficiently in the health sector. About 3% of the national budget for 2022-2023 is allocated to the health sector and the actual budgetary execution in previous years to the health sector remains unknown, although Ministry of Health officials report that it is lower than the allocated budget. The action will address the need fo the government to increase spending on health and the discussions wity implementing partners and donors show full agreement in including conditions linked to government funding of the health sector. The **Ministry of health** influence is limited by poor leverage on the government budgetary decisions, the fragmentation of state health ministries, lack of resources and insufficient capacities. The action will address these deficiencies as much as possible, with an element of capacity building at both central and state governments.

C) Partners working in South Sudan

- **International organizations:**
  - **United Nation Agencies (UN),** have a prominient role in the health structure. UNICEF is the lead agency for health and nutrition. It is also the operation manager for the health program funded by the World Bank in three States (Upper Nile, Jonglei and since mid-2022 Unity). Some of UNFPA programs are integrated both major health programs in country as they are buying commodities which are shipped to health facilities in South Sudan. World Food Programme procures treatment for Moderate Acute Malnutrition. World Health Organisation (WHO) is the health cluster lead in South Sudan and secretariat of the Health Development Partner Group (HDPG) in South Sudan and hence, has a leading role in coordinating health programmes in South Sudan with both organisation and Ministry of health. In order to avoid duplication, coordination with these main UN Agencies will be essential while developing the new health program funded through this Action document.
  - **The Global Fund -** coordination with the Global Fund is also extremely important to offer better screening, treatment and referral of TB, Malaria and AIDS in country.
  - **GAVI** supports immunization nationwide. GAVI funds the Health Pooled Fund for the seven States funded by the programme and UNICEF for the three other States.
- **National and International Non Government Organizations (NNGO/ INGO)** are the main implementers in country. They are often sub-contracted by UN Agencies or for profit organization (i.e Crown Agents managing the Health Pooled Fund – co-funded by the EU). Apart from the main two health programs implemented in the country, N/INGOs gets funds from several different – mostly humanitarian – sources of funding. Hence, coordination is essential to avoid duplication and efficiency in the way health and nutrition programmes are delivered.

3 DESCRIPTION OF THE ACTION

3.1 Objectives and Expected Outputs

The Overall Objective of this action is to improve the state of health of the population of South Sudan with a special focus on pregnant women and children under five, along with other vulnerable populations (*including IDPs, refugees and returnees)*

The Specific(s) Objective(s) of this action are:

1. To expand access to essential, quality health services for the women, children and vulnerable groups in South Sudan;
2. To support and, where possible, to strengthen health services delivery capacity at state and county levels;
3. To strengthen political and financial commitment to health by the Government in South Sudan .

The Outputs to be delivered by this action contributing to the corresponding Specific Objectives are

Contributing to Outcome 1 (or Specific Objective 1):

1.1. Improved prevention, detection and treatment of common health and nutrition conditions and risks;

1.2. Improved handling and management of family planning, psychosocial screening and support, and SGBV in health facilities and in communities;

1.3. Increased access to water, sanitation and hygiene services at health facilities.

Contributing to Outcome 2 (or Specific Objective 2):

2.1. Improved access to essential medicines at national, state and county level;

2.2. Improved access to community based services through the Boma Health Initiative;

2.3. Increased human and information management capacities across the health system.

Contributing to Outcome 3 or Specific Objective 3):

3.1. Increased financial commitment and disbursement to health year on year;

3.2. Increased capacities of national and state Ministries of Health for policy making, financial management and public procurement for the health sector.

3.2 Indicative Activities

Activities relating to Output 1.1
Activities could include: Delivery of quality essential health services for reproductive, maternal, neonatal, child and adolescent health (RMNCAH) including promotion of maternal health (ante and post-natal); referral and institution of infection prevention and control measures in health facilities (including epidemic and pandemics); Delivery of quality essential health services for nutrition including: screening and referral at community and health facility level, prevention of malnutrition through awareness campaign including breast-feeding and best feeding practices.

Activities relating to Output 1.2
Activities could include: Family planning, detection, treatment and referral for sexual and gender-based violence (SGBV), psychosocial screening, basic treatment (PEP); campaigns &/or training to improve awareness of knowledge about mental health and SGBV also of health workers.

Activities relating to Output 1.3
Activities could include: Investing in safe water and sanitation infrastructure including rehabilitation of water and sanitation infrastructures and hygiene promotion at health facilities and community level (awareness raising campaigns) and water quality testing.

Activities relating to Output 2.1:
Activities could include: Provision of essential medicines to health facilities and support for the management of drugs and commodities at county level together with investments to integrate national supply chains for health, nutrition and family planning commodities where practical.

Activities relating to Output 2.2:
Activities could include: Strengthening and streamlining community-based interventions through the established Boma Health Initiative with a focus on health promotion and prevention activities. Training of Boma health workers on appropriate modules including gender equality and social inclusion approaches, malnutrition screening, the prevention, detection and management of common health conditions (respiratory infection, malaria, diarrhoea) and, where appropriate, building referral pathways between communities and health facilities.

Activities relating to Output 2.3:
Activities could include**:** Supporting the roll-out of DHIS2 to counties and health facilities while ensuring adequate mechanism in place to improve the quality of the reported information in the system (between registration form and data entered in the information system); Strengthening human resources for health by engaging at the National, State, County Health Department levels to support better health workforce planning, training and supervision;

Activities relating to Output 3.1:
Activities could include: Monitoring the progress of the government's commitments towards the health sector as per and agreed upon action plan in accordance with an agreed set of benchmarks or milestones. This plan could include a gradual percentage of the programme funded by the Government of South Suda, regular payment of

salaries, increased contributions for service running cost at health facility level. . Advocacy at the level of ministry, parliament and vice-president office.

Activities relating to Output 3.2:
Activities could include: strengthening the stewardship at the MOH through building the planning, reporting, monitoring, and supervision functions of the Project Management Unit/Project Implementation Unit along with state MOH. Provide technical assistance on critical dimensions (credibility, transparency, policy-based, predictability, accounting and audit) to the Ministry of Health.

3.3 Mainstreaming

Environmental Protection & Climate Change

Outcomes of the SEA screening (relevant for budget support and strategic-level interventions)
The Strategic Environmental Assessment (SEA) screening concluded that no further action was required.

Outcomes of the EIA (Environmental Impact Assessment) screening (relevant for projects and/or specific interventions within a project)
The EIA (Environment Impact Assessment) screening classified the action as Category C (no need for further assessment)

Outcome of the CRA (Climate Risk Assessment) screening (relevant for projects and/or specific interventions within a project)
The Climate Risk Assessment (CRA) screening concluded that this action is no or low risk (no need for further assessment)

Gender equality and empowerment of women and girls

As per the OECD Gender DAC codes identified in section 1.1, this action is labelled as G1. This implies that gender equality is the main objective of the action and it is fundamental in its design and expected results. Gender equality is a central component of this action and contributes to ensure girls and women have better access to sexual reproductive health and rights (quality family planning services, SGBV prevention and other basic reproductive health services) activities particularly within Outcome 1: Increased availability, accessibility and preparedness of health services at health facilities and community level;

Human Rights
Women and girls are disproportionately impacted by human rights violations in South Sudan. The action will mainstream human rights, e.g. increase access to family planning, improve access to health facilities for delivery, after sexual violence.

Disability

As per OECD Disability DAC codes identified in section 1.1, As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1. This implies that the intervention contributes to promote, protect and ensure the full and equal enjoyment of all human and fundamental freedoms of all persons with disabilities and promote respect for their inherent dignity.

Reduction of inequalities
This action aims at reducing inequalities by ensuring equal access to health care services to every South Sudanese person, especially for the prevention of diseases and for increased access to basic health enhancing knowledge and services including hygiene and hand-washing, reproductive health care, prevention and treatment of malaria, and others. In addition, it aims to improve knowledge around modern contraceptive methods to empower women to take more control over their choices concerning family planning and to strengthen and empower women and girls in relation to bodily autonomy.

Democracy: Democratic principles will be addressed throughout the action.

Conflict sensitivity, peace and resilience: The action is conflict sensitive and peace-oriented, based on a conflict and risk analysis and addresses drivers of conflict that preclude sustainable returns and recovery, such as unequal access to health facilities which increases the likelihood of some groups resorting to violence.

Disaster Risk Reduction
The action will not address Disaster Risk Reduction directly, although the support to water and sanitation infrastructure in health facilities will be undertaken in ways that strengthen resilience and reduce vulnerability to climate and other environmental risks.

3.4 Risks and Lessons Learnt

Category	**Risks**	**Likelihood (High/ Medium/ Low)**	**Impact (High/ Medium/ Low)**	**Mitigating measures**
1. to the external environment	Bureaucratic impediments hinder activity implementation	Low	Medium	Close consultation with authorities at all stages of programming
2-to planning, processes and systems	Restrictions on gatherings due pandemics (i.e EVD) and accessibility due to border closures and movement restrictions	Medium	High	Limit participants at events and use radio during events. Respect social distancing and wear protection equipment (masks) Risk communication in communities and strengthen surveillance established Task force are being established and take necessary measure and leadership
2. to planning, processes and systems	Limited investment in the health sector by the Government of South Sudan.	High	Medium	Donor engagement to influence prioritisation of health spending Introduction of coordinated conditionality jointly by health donors working together to fund the programme
3-to people and the organisation	Climatic shocks impact access to health facilities	High	High	Prepositioning of materials during dry season
3-to people and the organisation	Lack of cooperation between communities	Medium	Medium	Increase sensitisation of communities about peaceful co-existence
3-to people and the organisation	Conflict and crisis will exacerbate gender inequality in broader society	Medium	Medium	Engagement with organisations and networks that specialise in health in conflict and crisis to ensure increase awareness of risks and to access tools and

				strategies developed for conflict-affected settings and stakeholders
3-to people and the organisation	Continuation and escalation of conflicts, access constraints	High	Medium	Continuous conflict analysis, follow-up of the situations and do-no-harm approach by implementers with all stakeholders. Hence, the action will ensure accountability to affected populations and mainstream protection principle while providing medical cares. The action will integrate IHL and human rights-based approach principles of participation, non-discrimination, accountability and transparency.
3-to people and the organisation	Conflict and/or increased insecurity hinders programme implementation	Medium	High	Conflict analyses to be conducted prior to the start of the implementation of the project. Close monitoring of the security situation at all stages of the programme.

Lessons Learnt:

General:

To respond to the volatile situation in South Sudan, the EU addresses all three dimensions of the humanitarian, development, peace nexus and the need to further strengthen it in order to address the root causes of conflicts.

The operating environment remains particularly challenging (insecurity, lack of infrastructure, lack of ownership and capacities). Therefore, it is important to have solid conflict and fragility analysis in programmes.

Health:

South Sudan's health system faces a set of complex challenges across core health system components. These challenges are compounded by protracted conflict, a weak economy and environmental factors. These challenges have led to poor service delivery indicators perpetuating health outcomes that are amongst the worst in the world. Lessons learned from previous programme will inform on best practices for future health programming (i.e prepositioning of drug during the dry season, performance of community health workers, etc,)

Weak government health sector stewardship, limited government health sector financing, and limited sectoral accountability have contributed to a largely donor financed and led health sector. Fragmentation and low government engagement are defining features of South Sudan's health system. Ownership of the government is essential to ensure sustainability of the health system and without this, investments in sustainability will be of limited value. Hence, this action will adopt a multi-pronged approach to building government ownership and commitment including (a) working more closely towards clear disbursement linked indicators or benchmarks developed jointly with all the major health donors as an aligned group; (b) monitoring progress made by the government (central and State ministry of finance and health) regarding their engagement and disbursement of the national budget to the health sector and other expected benchmarks; (c) ensuring the EU's commitment to supporting the life saving health services to the people of South Sudan is maintained while government stewardship and commiment is strengthened.

In 2018, donors strengthened coordination between the two geographically distinct programmes. This included alignment to a basic package of services, harmonization of health worker incentive payments, and joint investment in third party monitoring. However, the coordination between two programmes has remained challenging and has contributed to the fragmentation of the health system. Future programme(s) should therefore be more integrated, coordinated and aim at better value for money as well as efficiency. At this stage in the discussions, the indications are that there will be a single health programme for the entire country led by the World Bank and funded by several donors.

3.5 The Intervention Logic

The underlying intervention logic for this action is based on the idea that better access to quality health services for prevention, detection and treatment will improve health outcomes and the well-being of the South Sudan population especially pregnant women and children under five along with other vulnerable populations.

In response, the action will contribute to improve the state of health of the population of South Sudan with a special focus on pregnant women and children under five along with other vulnerable populations.

Theory of change:

-) IF the prevention, detection and treatment of common health and malnutrition conditions and prevention of public health risks are improved,

IF the handling and management of family planning, psychosocial screening and SGBV in the facilities and communities is improved,

IF access to water, sanitation and hygiene services at health facilities is increased,

AND, IF the following assumptions at the level of outputs (under SO1) are realised:

- Established methods, practises and skills are applied country-wide under the leadership and funding of the government and development partners
- Implementing partners can access targeted locations and communities
- Exchange rates remain stable
- Government and development partners support the safe water supply and safe sanitation for other health facilities in the country

THEN the action will contribute to expanding the access to essential quality health services for the women, children and vulnerable groups in the country

-) IF access to essential medicines at national, state and county level is improved,

IF access to community based services in improved through Boma Health Initiative is improved,

IF human and information management capacities of the health system are increased,

AND, IF the following assumptions at the level of outputs (under SO2) are realised:

- MoH is actively involved and participates to establish methods, procedures and standards for essential medicine supply and turnover management and reporting by the health facilities
- The Boma Health Initiative expands to cover the whole population ~~country~~ and continuously receives sustained support of the government and local authorities
- Skilled health workers stay at their job, are paid fairly and on time, are well managed and have access to new skills training, supportive supervision and career opportunities
- The DHIS 2 maintenance capacities are developed locally

THEN health services delivery capacity at national and state levels will be strengthened

-) IF financiel commitment and disbursement to health year on year is increased,

IF increased capacities of national and state Ministries of Health for policy making, financial management and public procurement for the health sector are increased,

AND, IF the following assumptions at the level of outputs (under SO3) realise:

- Skilled officials stay at their job
- Government executes the budget
- Transportation is available for Ministry of Health staff

THEN political and financial commitment to health by the Governement in South Sudan will be strengthened

BECAUSE the quality of service delivery will have improved, communities in remote and hard to reached areas will have better access to basic health care services, women and girls in particular will feel safer and will have

increased opportunities to address their reproductive and other health needs (particularly SRHR) at health facilities, health care workers will be better trained and managed, and the government will increase its stewardship and its ownership of the health sector responsibilities, functions and outcomes.

IF, the Specific Objectives are contributed to

AND, assumptions met,

THEN, the Overall Objective to contribute to the improvement of the state of health for the population of South Sudan with a special focus on pregnant women and children under five along with other vulnerable populations will have been met.

3.6 Logical Framework Matrix

This indicative logframe constitutes the basis for the monitoring, reporting and evaluation of the intervention.
On the basis of this logframe matrix, a more detailed logframe (or several) may be developed at contracting stage. In case baselines and targets are not available for the action, they should be informed for each indicator at signature of the contract(s) linked to this AD, or in the first progress report at the latest. New columns may be added to set intermediary targets (milestones) for the Output and Outcome indicators whenever it is relevant.

- At inception, the first progress report should include the complete logframe (e.g. including baselines/targets).
- Progress reports should provide an updated logframe with current values for each indicator.
- The final report should enclose the logframe with baseline and final values for each indicator.

The indicative logical framework matrix may evolve during the lifetime of the action depending on the different implementation modalities of this action.
The activities, the expected Outputs and related indicators, targets and baselines included in the logframe matrix may be updated during the implementation of the action, no amendment being required to the Financing Decision.

PROJECT MODALITY (3 levels of results / indicators / Source of Data / Assumptions - no activities)

Results	Results chain (@): Main expected results (maximum 10)	Indicators (@): (at least one indicator per expected result)	Baselines (values and years)	Targets (values and years)	Sources of data	Assumptions
Impact	To improve the state of health of the population of South Sudan with a special focus on pregnant women and children under five, along with other vulnerable populations .	1 Maternal mortality ratio 2 Under 5 mortality rate	1 TBD in inception phase 2. TBD in inception phase	1 TBD in inception phase 2 TBD in inception phase	1. and 2. SDG database DHIS	*Not applicable*
Outcome 1	To expand access to essential, quality health services for the women, children and vulnerable groups in South Sudan	1.1. Proportion of births attended by skilled health personnel 1.2. Percentage of all women that used modern contraceptives 1.3 % of all children below one year old with 3 doses of pentavalent vaccine received	1.1. TBD in inception phase 1.2. TBD in inception phase 1.3. TBD in inception phase	1.1.. TBD in inception phase 1.2. TBD in inception phase 1.3. TBD in inception phase	DHIS / national surveys	Government takes credible steps on PFM reform Revitalised Agreement on the Resolution of the Conflict in the Republic of South Sudan (R-ARCSS) is implemented and Ceasefire holds nationwide
Outcome 2	To support and, where possible, to strengthen health services delivery capacity at state and county levels	2.1. Percentage of health facilities having essential drugs at the time of supervisory visit 2.2 Proportion of functional health facilities submitting standardized HMIS monthly reports into the DHIS2 or HMIS equivalent system within one month of the reporting month	2.1 TBD in inception phase 2.2 TBD in inception phase	2.1 TBD in inception phase 2.2 TBD in inception phase	2.1. – 2.2. DHIS/ implementing / Third party monitoring/ national surveys	
		3.1 % of national budget allocated for the health sector	3.1. TBD in inception phase	3.1. TBD in inception phase	3.1. – 3.3. State annual budgets, annual budget reports, DHIS	

Outcome 3	To strengthen political and financial commitment to health by the Government in South Sudan	3.2 General government health expenditure as a % of general government expenditure 3.3. Status of programme budgets for health sector policy	3.2. TBD in inception phase 3.3. None in 2022	3.2. TBD in inception phase 3.3. Programme budgets are elaborated on yearly basis and reported on by the government		
Output 1 **relating to Outcome 1**	Improved prevention, detection and treatment of common health and nutrition conditions and risks	1.1.1 Number of deliveries attended by skilled health personnel (with the support of the Action, disaggregated by location) 1.1.2 Number of children vaccinated with 3 doses of pentavalent vaccine (with the support of the Action, disaggregated into girls, boys and location (**GERF 2.35)) 1.1.3 Number of children assessed for malnutrition (with the support of the Action, disaggregated into girls, boys and location) 1.1.4 Number of pregnant women receiving antenatal care during a visit to a health provider (with the support of the Action, disaggregated by location)	1.1.1 TBD in the inception phase 1.1.2 TBD in inception phase 1.1.3. TBD in inception phase 1.1.4. TBD in inception phase	1.1.1 TBD in the inception phase 1.1.2 TBD in inception phase 1.1.3. TBD in inception phase 1.1.4. TBD in inception phase	1.1.1. – 1.1.4. DHIS/ implementing / Third party monitoring/ national surveys	Established methods, practises and skills are applied country-wide with the leadership and funding by the government and development partners Project / activity implementers can access targeted locations and interlocutors Exchange rate remains stable
Output 2 **relating to Outcome 1**	Improved handling and management of family planning, psychosocial screening and support, and	1.2.1 Number of women aged 15−49 years, married or in union, who are currently using, or whose sexual partner is using, at least one method of	1.2.1 TBD in inception phase	1.2.1 TBD in inception phase	1.2.1 – 1.2.3. DHIS/ implementing / Third party monitoring/ national surveys	

	SGBV in health facilities and in communities	contraception, regardless of the method used (with the support of the Action, disaggregated by location) 1.2.2 Number of women of reproductive age (15−49 years) who are sexually active and who have their need for family planning satisfied with modern methods (with the support of the action disaggregated by location) 1.2.3. Number of gender-based survivors presenting at health facilities provided with clinical management of rape services (with the support of the Action disagreggated by sex and location)	1.2.2 TBD in inception phase 1.2.3. TBD in inception phase	1.2.2 TBD in inception phase 1.2.3. TBD in inception phase		
Output 3 **relating to Outcome 1**	Increased access to water, sanitation and hygiene services at health facilities	1.3.1. Number of health facilities with a functional water point as compared to the number at baseline (with the support of the Action disagreggated by location) 1.3.2. Number of health facilities with at least one functional latrine (with the support of the Action disagreggated by location) 1.3.3. Number of deliveries taking place in a health facility that has an improved water source and a functional latrine (with the support of the Action disaggregated by location)	1.3.1. TBD in inception phase 1.3.2. TBD in inception phase 1.3.3. TBD in inception phase	1.3.1. TBD in inception phase 1.3.2. TBD in inception phase 1.3.3. TBD in inception phase	1.3.1. and 1.3.2. Works contractor's reports, acceptance acts 1.3.3. DHIS/ implementing / Third party monitoring/ national surveys	The government and development partners support the safe water supply and safe sanitation for other health facilities in the country

Output 1 **relating to Outcome 2**	Improved access to essential medicine at national, state and county level	2.1.1 Number of health facilities having essential drugs at the time of supervisory visit (with the support of the Action disaggregated by disaggregated by location) 2.1.2 Number of health facilities receiving commodities within a defined time period (with the support of the Action disaggregated by disaggregated by location)	2.1.1 TBD in inception phase 2.1.2 TBD in inception phase	2.1.1 TBD in inception phase 2.1.2 TBD in inception phase	2.1.1. – 2.1.3. Reports of the health facilities; internal assessment and monitoring reports of the Action DHIS/ implementing / Third party monitoring/ national surveys	MoH is actively involved and participates establish methods, procedures and standards for essential medicine supply and turnover management and reporting by the health facilities The Boma Health Initiative expands to cover the country and continuously receives the support of the government and local authorities Skilled health workers stay at their
Output 2 **relating to Outcome 2**	Improved access to community based services through the Boma Health Initiative	2.2.1 Number of children under 5 screened and treated by the boma health workers for diarrhoea, malaria and pneumonia (with the support of the Action disaggregated by disaggregated by by girls/boys and location) 2.2.2. Number of Boma health workers (BHWs) providing Family Planning (FP) information, referrals (with the support of the Action and disaggregated by location and sex) 2.2.3 Proportion of health facilities linked to BHI receiving county led supportive supervisory visits within a month before the supervisory visit (with the support of the Action and disaggregated by location)	2.2.1 TBD in inception phase 2.2.2 TBD in inception phase 2.2.3 TBD in inception phase	2.2.1 TBD in inception phase 2.2.2 TBD in inception phase 2.2.3 TBD in inception phase TBD in inception phase	2.2.1. – 2.2.3.DHIS/ implementing / Third party monitoring/ national surveys	

		2.2.4 Number of children in the community below one year who have been identified as immunisation defaulters and referred	2.2.4 TBD in inception phase	2.2.4 TBD in inception phase		job, are paid fairly and on time, are well managed and have access to new skills training, supportive supervision and career opportunities
Output 3 **relating to Outcome 2**	Increased human and information management capacities across the health system	2.3.1. Number of health workers who received at least one training per year on DHIS 2 to be able to use the system, disaggregated by location 2.3.2 Number of health facilities with structured supervision visit within a month	2.3.1. TBD in inception phase 2.3.2. Only at national level	2.3.1. TBD in inception phase 2.3.2. Established and operational in # communities	2.3.1. Pre- and post-training assessment; lists of trainees 2.3.2. DHIS/ implementing / Third party monitoring/ national surveys	
Output 1 **relating to Outcome 3**	Increased financial commitment and disbursement to health year on year	3.1.1. Amount of money paid into this programme by the government of South Sudan	3.1.1. None	3.1.1. TBD in inception phase	3.1.1. The progress reports and the review notes by the Action 3.1.2.- 3.1.4. Pre- and post-training assessment; attendants lists DHIS/ implementing / Third party monitoring/ national surveys	The DHIS 2 maintenance capacities are developed locally Skilled officials stay at their job
Output 2 **relating to Outcome 3**	Increased capacities of national and state Ministries of Health for policy making, financial management and public procurement for the health sector	3.2.1. Number of quarterly meetings with the steering committee chaired and minutes submitted by the Programme Management Unit (PMU) 3.2.2. National plans (i.e National training plan),	3.2.1. 0 3.2.2. 0	3.2.1. TBC in inception phase 3.2.2. TBC in inception phase	3.2.1. Minutes disseminated 3.2.2. Plan completed	

		implemented by PMU at National and State level				Government executes the budget Transportation is available for Ministry of Health staff

4 IMPLEMENTATION ARRANGEMENTS

4.1 Financing Agreement

In order to implement this action, it is not envisaged to conclude a financing agreement with the partner country.

4.2 Indicative Implementation Period

The indicative operational implementation period of this action, during which the activities described in section 3 will be carried out and the corresponding contracts and agreements implemented, is 60 months from the date of adoption by the Commission of this Financing Decision.

Extensions of the implementation period may be agreed by the Commission's responsible authorising officer by amending this Financing Decision and the relevant contracts and agreements.

4.3 Implementation of the Budget Support Component

N/A

4.4 Implementation Modalities

The Commission will ensure that the EU appropriate rules and procedures for providing financing to third parties are respected, including review procedures, where appropriate, and compliance of the action with EU restrictive measures[9].

4.4.1 Indirect Management with an entrusted entity

This action (Specific Objectives 1,2 and 3) may be implemented in indirect management with an entity, which will be selected by the Commission's services using the following criteria:

a. familiarity with the country context;
b. established presence, which also reaches out (directly or through implementing partners) to remote and challenging regions of the country;
c. technical competence in the sector and leverage for policy dialogue, including technical expertise in health workers and health service delivery management, drugs delivery and sound experience in sexual reproductive health and right;
d. administrative capability and the experience to implement this type of intervention due to its mandate and expertise;
e. extensive network of national and international partners, which can be drawn on;
f. demonstrated capacity to coordinate with various stakeholders;
g. demonstrated capacity (in South Sudan or similar environments) to achieve the specific objectives of this action:
    a. Delivery of quality essential health services for reproductive, maternal, neonatal, child and adolescent health (RMNCAH); delivery of quality essential health services for nutrition; family planning, detection, treatment and referral for SGBV services;
    b. Provision of essential medicines to health facilities and support the management of drugs and commodities at county level; strengthening and streamlining the community-based interventions through Boma Health Initiative to focus on promotion and prevention activities; building referral between community and health facilities; supporting the roll out of DHIS 2

[9] www.sanctionsmap.eu. Please note that the sanctions map is an IT tool for identifying the sanctions regimes. The source of the sanctions stems from legal acts published in the Official Journal (OJ). In case of discrepancy between the published legal acts and the updates on the website it is the OJ version that prevails.

to counties and facilities while ensuring adequate mechanism in place to improve the quality of the reported information in the system;

c. Strengthening the stewardship at the MOH through building the planning, reporting, monitoring, and supervision functions; monitoring the progress of the government's commitments towards the health sector including regular payment of salaries, increased budget allocation and execution for the health sector.

If negotiations with the pillar-assessed entity fail, that part of this action may be implemented in direct management in accordance with the implementation modalities identified in section 4.4.2

4.4.2 Changes from indirect to direct management mode (and vice versa) due to exceptional circumstances (one alternative second option)

Direct management: grants

The grant(s) will contribute to achieving:

- Specific Objective 1: To expand access to essential, quality health services for the women, children and vulnerable groups in South Sudan;
- Specific Objective 2: To support and, where possible, to strengthen health services delivery capacity at state and county levels;
- Specific Objective 3: To strengthen political and financial commitment to health by the Government in South Sudan.

In order to be eligible for a grant, the lead applicant must:

- be a legal person **and**
- be non-profit-making **and**

be a specific type of organisation such as: non-governmental organisation, , international (inter-governmental) organisation as defined by Article 156 of the EU Financial Regulation **and**

- be established in South Sudan,
- be directly responsible for the preparation and management of the action with the co-applicant(s) and affiliated entity(ies), not acting as an intermediary **and**
- technical competence in the sector, including technical expertise in health workers and health service delivery management, drugs delivery and sound experience in sexual reproductive health and right.

Under the responsibility of the Commission's authorising officer responsible, the recourse to an award of a grant without a call for proposals is justified because of the possibility to use flexible procurement and grant procedures in crisis situations as defined by the Financial Regulation (Article 195 (a)), provided that they are valid at the time of the attribution.

4.5. Scope of geographical eligibility for procurement and grants

The geographical eligibility in terms of place of establishment for participating in procurement and grant award procedures and in terms of origin of supplies purchased as established in the basic act and set out in the relevant contractual documents shall apply subject to the following provisions.

The Commission's authorising officer responsible may extend the geographical eligibility on the basis of urgency or of unavailability of services in the markets of the countries or territories concerned, or in other

duly substantiated cases where application of the eligibility rules would make the realisation of this action impossible or exceedingly difficult (Article 28(10) NDICI-Global Europe Regulation).

4.6. Indicative Budget

Indicative Budget components	EU contribution (amount in EUR)	Third-party contribution, in currency identified
Implementation modalities – cf. section 4.4		
Objective 1 – to expans the coverage of essential health services for the women, children and vulnerable groups in the country composed of	22 400 000	
Indirect management with an entrusted entity - cf. section 4.4.1	22 400 000	
Objective 2 – to strengthen health system functions at national and state levels composed of	1 000 000	
Indirect management with an entrusted entity - cf. section 4.4.1	1 000 000	
Objective 3 – to improve policy-making, budgeting and domestic financing of the health sector composed of	1 000 000	
Indirect management with an entrusted entity- cf. section 4.4.1	1 000 000	
Grants	N.A.	
Procurement	N.A.	
Evaluation – cf. section 5.2 **Audit** – cf. section 5.3	may be covered by another Decision	
Contingencies	N.A.	
Totals	24 400 000	USD 160 000 000 CAD 68 000 000 SEK 300 000 000 GBP 51 000 000

4.7 Organisational Set-up and Responsibilities

The arrangements of the governance structures of the support through indirect management will be agreed at the contracting level. They will ensure a seat for the EU in the steering committee(s) and ensure that the organisational set-up will include active and meaningful participation of key stakeholders, including rights holders and duty bearers for policy advocacy. The steering committee(s) will indicatively meet on a quarterly basis.

Key project stakeholders have been consulted in the formulation of this Action, and where national strategies or policies exist, these have been incorporated into its outputs. Key stakeholders will be consulted in the development of annual workplans and will be provided with the opportunity to identify priorities.

As part of its prerogative of budget implementation and to safeguard the financial interests of the Union, the Commission may participate in the above governance structures set up for governing the implementation of the action and may sign or enter into joint declarations or statements, for the purpose of enhancing the visibility of the EU and its contribution to this action and ensuring effective coordination.

4.8 Pre-conditions

Not applicable

5 PERFORMANCE MEASUREMENT

5.1 Monitoring and Reporting

The day-to-day technical and financial monitoring of the implementation of this action will be a continuous process, and part of the implementing partner's responsibilities. To this aim, the implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports (not less than annual) and final reports. Every report shall provide an accurate account of implementation of the action, difficulties encountered, changes introduced, as well as the degree of achievement of its results (Outputs and direct Outcomes) as measured by corresponding indicators, using as reference the logframe matrix (for project modality) and the partner's strategy, policy or reform action plan list (for budget support).

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

Roles and responsibilities for data collection, analysis and monitoring:

All monitoring and reporting shall assess how the action is taking into account the rights-based approach working principles (i.e participation, non-discrimination, accountability and transparency) as well as how it contributes to gender equality and women's empowerment.

The EU has funded several health projects and data on health are available, there for most of the qualitative indicators baseline will be known. However, due to a poor health information system, lack of nationwide survey (i.e maternal mortality), and a estimation of the population living in South Sudan quality of data are quite poor. It is yet to determine whether baseline will start from 0 are it will take into consideration population reached through the previous health programmes.

Data will be collected by the implementation partner who will adopt a mixed-method approach to monitor the action, including the utilization of structured focus group discussions, perception surveys, community-based monitoring, and post-distribution monitoring to enable an in-depth understanding of the impact of activities on community members. Assessments will also capture the knowledge gained by those in target communities who are provided training through pre- and post-test assessment. In addition, monitoring mechanism in partnership with Ministry of health will enable to engage MoH on key issues. Monthly, quarterly and annual report will enable to monitor the progress of this action on a regular basis.

All result indicators will be disaggregated by **gender,** and specific indicator to measure women's access to quality health care service will be measure.

5.2 Evaluation

Having regard to the nature of the action, a(n) mid-term and final evaluation(s) will be carried out for this action or its components via independent consultants or via an implementing partner.

In case of Mid term evaluation, it will be carried out for problem solving and learning purposes, in particular with respect to document lessons, experiences and recommendations that can inform the implementation of the second phase of the Action.

In case of final evaluation, it will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the fact that health system strengthening and a gradual progressive government contribution in the health sector components are innovative approaches.

The Commission shall inform the implementing partner at least 30 days in advance of the dates envisaged for the evaluation missions. The implementing partner shall collaborate efficiently and effectively with the evaluation experts, and inter alia provide them with all necessary information and documentation, as well as access to the project premises and activities.

The evaluation reports may be shared with the partners and other key stakeholders following the best practice of evaluation dissemination[10]. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, apply the necessary adjustments.

The financing of the evaluation may be covered by another measure constituting a Financing Decision.

5.3 Audit and Verifications

Without prejudice to the obligations applicable to contracts concluded for the implementation of this action, the Commission may, on the basis of a risk assessment, contract independent audit or verification assignments for one or several contracts or agreements.

6 STRATEGIC COMMUNICATION AND PUBLIC DIPLOMACY

The 2021-2027 programming cycle will adopt a new approach to pooling, programming and deploying strategic communication and public diplomacy resources.

In line with the 2022 "Communicating and Raising EU Visibility: Guidance for External Actions", it will remain a contractual obligation for all entities implementing EU-funded external actions to inform the relevant audiences of the Union's support for their work by displaying the EU emblem and a short funding statement as appropriate on all communication materials related to the actions concerned. This obligation will continue to apply equally, regardless of whether the actions concerned are implemented by the Commission, partner countries, service providers, grant beneficiaries or entrusted or delegated entities such as UN agencies, international financial institutions and agencies of EU member states.

However, action documents for specific sector programmes are in principle no longer required to include a provision for communication and visibility actions promoting the programmes concerned. These resources will instead be consolidated in Cooperation Facilities established by support measure action documents, allowing Delegations to plan and execute multiannual strategic communication and public diplomacy actions with sufficient critical mass to be effective on a national scale.

Appendix 1 REPORTING IN OPSYS

A Primary Intervention(project/programme) is a coherent set of activities and results structured in a logical framework aiming at delivering development change or progress. Identifying the level of the primary intervention will allow for:

Articulating Actions or Contracts according to an expected chain of results and therefore allowing them to ensure efficient monitoring and reporting of performance;

Differentiating these Actions or Contracts from those that do not produce direct reportable development results, defined as support entities (i.e. audits, evaluations);

Having a complete and exhaustive mapping of all results-bearing Actions and Contracts.

Primary Interventions are identified during the design of each action by the responsible service (Delegation or Headquarters operational Unit).

The level of the Primary Intervention chosen can be modified (directly in OPSYS) and the modification does not constitute an amendment of the action document.

The intervention level for the present Action identifies as (tick one of the 4 following options);

Action level (i.e. Budget Support, blending)		
☐	Single action	Present action: N/A
Group of actions level (i.e. top-up cases, different phases of a single programme)		
☐	Group of actions	Actions reference (CRIS#/OPSYS#): N/A
Contract level		
☒	Single Contract 1	Administration Agreement with World Bank
Group of contracts level (i.e. series of programme estimates, cases in which an Action includes for example four contracts and two of them, a technical assistance contract and a contribution agreement, aim at the same objectives and complement each other)		
☐	Group of contracts 1	N/A