EN

THIS ACTION IS FUNDED BY THE EUROPEAN UNION

ANNEX 1

of the Commission Implementing Decision on the financing of the annual action plan 2021 in favour of the Republic of Guinea-Bissau

Action Document to "Support Reproductive, Maternal, Newborn and Child Health towards a Universal Health Coverage System (PIMI III)"

ANNUAL ACTION PLAN FOR GUINEA-BISSAU

This document constitutes the annual work programme in the sense of Article 110(2) of the Financial Regulation, and measures in the sense of Article 23(2) of NDICI-Global Europe Regulation.

1. SYNOPSIS

1.1. Action Summary Table

1. Title CRIS/OPSYS business reference Basic Act	Support Reproductive, Maternal, Newborn and Child Health towards a Universal Health Coverage System (PIMI III) CRIS number: NDICI AFRICA/2021/043-340 Financed under the Neighbourhood, Development and International Cooperation Instrument - Global Europe (NDICI-GE)
2. Team Europe Initiative	No
3. Zone benefiting from the action	The action shall be carried out in Guinea-Bissau
4. Programming document	EU-Republic of Guinea-Bissau: Multiannual indicative programme 2021-2027
5. Link with relevant MIP(s) objectives/expected results	The action is aligned to MIP priority 1 (Human Development), Specific Objective (SO) 1.1 (To contribute to the development of a Universal Health Coverage system that provides efficient and equitable quality care for all, in particular to adolescent girls, women of reproductive age and children under 5, as well as vulnerable groups).
PRIORITY AREAS AND SECTOR INFORMATION	
6. Priority Area(s), sectors	**Priority Area 1:** Human Development; **Sector:** Health
7. Sustainable Development Goals (SDGs)	Main SDG: 3 (Good health and well-being) Other significant SDGs and where appropriate, targets: 1 (No poverty), 2 (Zero hunger) and 5 (Gender equality).
8a) DAC code(s)	DAC 120: Health
8b) Main Delivery Channel @	Non-governmental Organisations (NGOs) and civil society – 20000 United Nations (UN) institutions – 41000 Private sector institutions – 60000

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	☐	☒	☐
	Trade development	☒	☐	☐
	Reproductive, maternal, newborn 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 @ Tags: digital connectivity digital governance digital entrepreneurship job creation digital skills/literacy digital services	☒	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
	Connectivity @ Tags: transport people2people energy digital connectivity	☒	☐ ☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ ☐
	Migration @ (methodology for tagging under development)	☒	☐	☐
	Reduction of inequalities (methodology for marker and tagging under development)	☐	☒	☐
	Covid-19	☐	☒	☐

BUDGET INFORMATION	
12. Amounts concerned	Budget line (article, item): BGUE-B2021-14.020120-C1-INTPA Total estimated cost: EUR 10 000 00 Total amount of EU budget contribution EUR 10 000 000
MANAGEMENT AND IMPLEMENTATION	
13. Type of financing	**Direct management** through: - Grants - Procurement **Indirect management** with the World Health Organisation (WHO)

1.2. Summary of the Action

The proposed action intends to ensure increased and better access to quality Reproductive, Maternal, Newborn and Child Health (RMNCH) in Guinea Bissau.

The intervention aims at consolidating the process, started in 2013 with the PIMI I[1] programme (2013-2016), implemented in some regions, and subsequently extended to the whole country with PIMI II (2017-2021). This third phase (PIMI III) intends to take advantage of the relatively stable political scenario where the Ministry of Public Health (MINSAP) is showing renewed commitment and engagement in fighting corruption and improving the sound management of the health sector, with the support of the Ministry of Finance (MINFIN).

In particular, the action seeks to: i) consolidate the achievements of the previous programmes, PIMI I and II, which contributed to a reduction in maternal and infant mortality through better access to quality RMNCH in Guinea Bissau, ii) promote the gradual transfer of responsibility to MINSAP, iii) lay the foundations for a Universal Health Coverage (UHC), to ensure increased coverage of good-quality essential health services without experiencing financial hardship.

The action will contribute to Sustainable Development Goal (SDG) 3, underpinned by at least 4 targets (3.1: maternal mortality, 3.2: neonatal mortality, 3.7: sexual and reproductive health care, and 3.8: UHC). It contributes also to SDG 1 (No poverty), 2 (Zero hunger) and 5 (Gender equality).

2. RATIONALE

2.1 Context

Despite a democratic and constitutional framework, Guinea-Bissau's history has been marked by recurrent political and institutional instability, which have hampered the impact of internal and external investments towards sustainable socio-economic growth and inclusive human development.

Notwithstanding its undeniable wealth and potential in terms of vibrant youth and natural resources, Guinea-Bissau still faces significant challenges to create employment and generate better revenues for its population. The country suffers from high levels of poverty, inequality, a strong climate vulnerability, ethno-religious and resources related tensions. Guinea-Bissau also faces serious governance challenges with weak government institutions, lack of domestic resource mobilisation and provision of public services in large parts of the territory.

The recent report from UNICEF on Children's Climate Risk Index, ranking countries based on how vulnerable children are to environmental stresses and extreme weather events, finds children in Guinea-Bissau among the most at risk.

Covid-19 had a significant impact on the economy of Guinea-Bissau, which went from a growth of 4.5% in 2019 to a negative one of -2.4% in 2020. It has disrupted economic activity and led to a deterioration in the country's public finances as a result of the lower external demand for cashew nuts and of the impact of the domestic lockdown measures on consumption and investment. Guinea-Bissau's risk of external debt distress has deteriorated, with debt indicators having significantly worsened on the back of higher fiscal deficits, increased borrowing for investment

[1] Programme intégré pour la réduction de la mortalité maternelle et infantile.

projects, and the additional financing required to address the impact of the pandemic. While a partial recovery is expected in 2021 (3%) and 2022 (4%), the gap in relation to the average growth of the West African Economic and Monetary Union (WAEMU) Gross Domestic Product (GDP) - 5.2% and 6.6% respectively - is further accentuated.

Under the 2021-2027 Multiannual Indicative Programme (MIP) for Guinea-Bissau, the European Union (EU) has identified three interlinked strategic priorities for its future interventions: (1) human development, (2) green and inclusive economy, and (3) good governance and stability.

The identification of the MIP priorities were based on consultations with the government and civil society, as well as the analysis of the more recent National Development Plans (Terra Ranka " A fresh start for Guinea-Bissau 2025" and the subsequent Government Programme of the 10th Legislature "Guinea-Bissau in the light of Covid-19 – a new opportunity for a fresh start (2020-2023)".

The key priorities presented in these national plans are: i) Stability and good governance through institutional reform; ii) Investment in human development, with education, health and social protection at its core; iii) Promotion of sustainable and inclusive growth, through economic reform and job creation, productive sectors and urban development, as well as investment in enabling infrastructure and iv) Preservation and protection of the natural capital and biodiversity, combating climate change effects. These priorities are in line with the geo-political orientations of the EU-Africa Strategy, and thus corroborate the EU and Member States' choice of focal sectors for the 2021-2027 programming cycle in the fields of the "Green Deal", "Alliance for Sustainable Jobs and Growth" and "Alliance for Governance, Peace and Security".

Despite the political instability, the EU has maintained a regular dialogue with the national authorities, international organisations and civil society, the latter being also formally consulted while updating the EU Roadmap for engaging with Civil Society.

Guinea-Bissau is near the bottom of international indexes on almost every Human Development indicator. Covid-19 added a further toll to this structural challenge, with a GDP recession, lower revenues and a higher deficit, and therefore less room for financing expenditure in the social sectors (notably health and education). Therefore, the EU has identified the strengthening of both the health and the educational dimensions as key priorities for intervention. In the area of health, the EU seeks to consolidate significant achievements in maternal and child health and support the transition to a UHC system, in line with the National and Sectoral Development Strategy to fighting inequalities.

The action will contribute to progress on a number of SDGs and consequent fulfilment of economic and social rights, and gender equality, in line with Guinea-Bissau's international human rights commitments. It will also contribute to SDG 2.2, calling for an end to all forms of malnutrition, with particular emphasis on children under 5 years of age, adolescent girls, pregnant and lactating women.

Moreover, the action contributes to the EU Gender Action Plan (GAP) III, and particularly its thematic areas of engagement 1) Promoting economic and social rights and empowering girls and women; and 2) Promoting sexual and reproductive health and rights.

2.2 Problem Analysis

Short problem analysis:

The national health system in Guinea-Bissau is largely dysfunctional, underfinanced and poorly managed and is highly dependent on funding and activities conducted by the various international development partners. Frequent rotation of health managers and other staff, due to political instability and poor governance, hampers the possibility to offer a comprehensive, integrated health care for the entire population.

The country faces significant levels of undernutrition and widespread food insecurity. The main causes of malnutrition are related to low-quality diets, inadequate access to food, infectious diseases, poor hygiene and inadequate health care for mothers and children as well as inequalities, including gender. Stunting remains at 28% for children under 5 years old. High infant and maternal mortality rates and low coverage of primary health care go hand in hand with poverty, inequalities and poor health outcomes. 43.8% of women of reproductive age are affected by anaemia[2] and HIV prevalence of 3.3% of the reproductive age population is among the highest in West Africa. Women account for over 70% of cases. The high HIV prevalence among young people (3.6% of pregnant women aged 15-19 are testing positive in antenatal care) is evidence that the transmission of HIV is not decreasing[3]. Moreover, in Guinea-Bissau, adolescent fertility is high (137 per 1,000 women aged 15-19), aggravated by limited

[2] Source: WHO 2018.
[3] Source: UNICEF 2018.

access to youth-friendly reproductive health services. This additionally hampers the productivity and well-being of young people across the country. Poverty also impacts women more than men, reflecting gender inequalities in access to land, credit, education and health.

Despite remarkable progress over the past decades, Guinea-Bissau still figures among the countries of the world which bear the highest burden of maternal and child mortality, and reproductive health is not effectively addressed by public policies. The country's maternal mortality ratio was estimated at 667 deaths per 100,000 live[4] births in 2017 and its neonatal mortality rate at 35.1 per 1,000 live births in 2019, which are among the highest rates globally. Concerted action is thus needed to approach the related SDG targets by 2030, i.e. a reduction of maternal mortality to below 70 per 100,000 live births (SDG 3.1) and neonatal mortality to below 12 per 1,000 live births (SDG 3.2). Universal access to quality routine and emergency Maternal and Child Health (MCH) services is considered essential to improve maternal-perinatal health and survival chances of mothers and newborns.

The previous EU funded programmes, PIMI I and II, contribute to a reduction in maternal and infant mortality through better access to quality maternal and child healthcare services in Guinea Bissau. However, further actions are needed to ensure better coverage of primary health care. This requires stronger cooperation among main health stakeholders to actively participate in the (re-)design and implementation of country-led policies and strategic plans.

From a more general viewpoint, Guinea-Bissau will continue to depend on strong support by the international community, due to chronicle lack of budgetary resources and insufficient administrative capacity.

The participation and representation of some actors, such as civil society, health experts and marginalised groups, are insufficient in decision-making processes. There is limited transparency which makes it difficult to hold actors accountable for their actions.

The priority areas and activities identified for this programme will contribute to enhance health and nutrition of women in reproductive age, newborns and children under five in Guinea-Bissau. These are preconditions for wellbeing, improved living standards and progress in human development.

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

- National authorities, specifically public administration in the various ministries and other national institutions should be involved in both identification and formulation phases and in the action's implementation. These include, in particular: Ministry of Health and Ministry of Finance, Ministry of Women, Family and Social Solidarity, Regional Health Directorates, National Health Institute[5], the National School of Nursing and the Health structures.
- Private non-profit health providers, given their role as partners in providing good quality care in the country (Caritas, Bor Hospital, Cumura Hospital, Fondazione Renato Grandi, Centro Sanitario Caterina Troiani, etc.). They will be involved in policy dialogue and exchange platforms that will lead to policy reforms. Moreover, these structures, which often operate with high quality standards, can be integrated and can be scaled up to maximise cost efficiency, financial sustainability and help solving the accessibility problem.
- Civil society actors, considering their key role in enhancing the right to health, as well as religious and traditional leaders. The action will operate in close cooperation with the Liga Guineense dos Direitos Humanos and with women's associations, such as "Plataforma política das mulheres" (women's civil society organisation (CSO) for Empowerment, Gender Equality and Political Participation), RENLUV (network of organisations that fight gender inequalities and child-based violence in Guinea-Bissau), and Miguilam (movement for women's empowerment). Also CSOs representing rights of persons with disabilities and minorities will be involved in the implementation of the action.
- Other technical and financial development partners, notably those implementing EU interventions, such as the United Nations system and EU Member States' agencies. Various Technical and Financial Partners (TFPs) are involved in the implementation of specific health programmes financed by the EU, notably the World Bank, the Global Fund, the World Health Organisation (WHO), the United Nations Development Programme (UNDP) and EU Member State agencies such as the Camões Institute (Portuguese cooperation) within the *Ianda Guiné Saúde* programme. However, with the exception of a WHO chaired mechanism on Covid-19 with the main health donors, there is no formal, effective, efficient and regular aid coordination mechanism that brings together all the

[4] Maternal mortality ratio (modelled estimate, per 100,000 live births) - Guinea-Bissau, WHO, UNICEF, UNFPA, World Bank Group, and the United Nations Population Division. Trends in Maternal Mortality: 2000 to 2017. Geneva, World Health Organization, 2019.
[5] Instituto Nacional de Saúde Pública (INASA).

TFPs in Guinea-Bissau. This coordination issue will be addressed by PIMI III through the set up and implementation of adequate mechanisms to be defined together with MINSAP (supported by the foreseen technical assistance (TA)) and other international donors.

- In line with the EU framework policies, measures will be taken to address specific needs of groups that are living in vulnerable situations, persons with disabilities, people living in extreme poverty and in remote areas, including those speaking local dialects. Language and other communication barriers can be a serious obstacle to inclusive access to health care[6].

3. DESCRIPTION OF THE ACTION

3.1 Objectives and Expected Outputs

The **Overall Objective** (Impact) of this action is to contribute to reduce maternal and under five children mortality rates through better access to quality Reproductive, Maternal, Newborn and Child Health (RMNCH).

The **Specific Objective** (Outcome) of this action is to improve equitable access to quality RMNCH services, including for people living in vulnerable situations.

The **Outputs** to be delivered by this action contributing to the corresponding Specific Objective (Outcome) are:

1. Increased number of antenatal, postpartum and postnatal consultations;
2. Strengthened management and administrative capacity of health structures and Regional Health Directorates (*Direções Regionais*);
3. Improved general leadership, governance and regulatory capacities of MINSAP, including on gender issues;
4. Strengthened procurement and supply chain of essential medicines in general, and in particular the supply chain of medicines for Neglected Tropical Diseases having an impact on women's and children's health.

3.2 Indicative Activities

Activities related to Output 1: Increased number of antenatal, postpartum and postnatal consultations

- Mapping of health structures' needs for the provision of equipment, with particular reference to water supply and electricity, and other necessary rehabilitations;
- Technical support and training to ensure the functioning and maintenance of health equipment and infrastructures;
- Support the provision and dissemination of manuals, norms and other relevant health protocols;
- Technical support and training of medical staff and exchange of expertise, including through digital technologies;
- Development of effective and sustainable mechanisms for providing free access to essential RMNCH services. in particular for women and girls living in vulnerable situations;
- Awareness raising campaigns and ad hoc interventions for reducing mother and child malnutrition;
- Technical and logistic support, including through digital technologies, to medicines supply chain and monitoring of health centres;
- Monitoring and supervision of relevant service delivery activities in the health structures;
- Awareness raising campaigns, RMNCH events and dissemination of UHC objectives and ways to achieve it, notably as regards to inclusiveness (vulnerable groups);
- Data collection and analysis to improve RMNCH response.

Activities related to Output 2: Strengthened management and administrative capacity of health structures and Regional Health Directorates (Direções Regionais)

- Information and training of health staff (e.g. on public health administration, quality health, health financing, accounting, procurement, management of human resources for health, etc.);

[6] While Portuguese is the country's official national language, many groups also use their own language.

- Management of free access (gratuity) to RMNCH care services;
- Monitoring and evaluation, audit, and capacity building support missions;
- Support the implementation of the community health strategy by creating synergies and collaboration in various activities (training of community health workers, development of protocols, supply of materials, research studies, etc.);
- Awareness raising campaigns and public events about health care management, transparency and accountability;
- Data collection and data analysis.

Activities related to Output 3: Improved general leadership, governance and regulatory capacities of MINSAP, including on gender issues

- Technical assistance to support the design, revision and implementation of national norms and protocols on birth assistance;
- Policy dialogue and exchange within relevant platforms leading to health policy reforms, including private non-profit health providers and civil society actors;
- Technical assistance to facilitate the establishment of aid coordination capacities at country level (also with the possibility of enabling fellowship schemes such as Overseas Development Institute in order to provide postgraduate economists and statisticians);
- Creation of a basis to national health insurance scheme for essential health care (with the support of the SOCIEUX+ facility);
- Support pandemic preparedness by strengthening and maintaining the capacity for ensuring rapid detection, verification and response to public health risks, and supporting reporting events of international public health importance, in alignment and complementary with the Regional Disease Surveillance Systems Enhancement (REDISSE) programme of the World Bank;
- Advocate and promote gender balance in all organisational activities of the programme;
- Partner with and support national women's CSOs (and those representing rights of persons with disabilities) that advocate and promote women's health and nutrition;
- Support research and vital statistics institutions targeting women's health and nutrition, including collection of disaggregated data;
- Awareness raising campaigns and public events about health governance;
- Data collection and data analysis.

Activities related to Output 4: Strengthened procurement and supply chain of essential medicines in general, and in particular the supply chain of medicines for Neglected Tropical Diseases

- Technical and logistic support to medicines supply chain and monitoring of health centres;
- Coordination with the central drug purchasing centre (CECOME) on the process of procurement and distribution of medicines, including the institutionalisation of good international practices;
- Ensure logistical and technical support for the distribution of medicines for neglected tropical diseases having an impact on women and children's health;
- Data collection and data analysis.

The management and coordination of the programme should be undertaken by an experienced implementing partner in close cooperation with the MINSAP. The following human resources team is foreseen:

- One **Programme Director/Clinical Coordinator** responsible for coordinating and ensuring the implementation of the various activities of PIMI III in close collaboration with the various organisations and structures (internal and external stakeholders) and for coordinating and improving the quality of basic health care.
- One **Operational/logistics coordinator** responsible for managing the free access (gratuity) of the national MCH system and to improve the local/national financial/administrative management system, including the management of the medicines supply chain, in cooperation with national entities.

- A **team of health care professionals** in the field to support local health staff. This team should involve clinical staff and personnel responsible for supporting the management of health structures (including the management of 'gratuity services'). All structures should have a focal point for the clinical aspects and another for the management component. It would be very useful to have a clinical and management coordinator at the level of the Regions to report, monitor and audit the activities' implementation.
- **Technical Assistance** (TA) to MINSAP to improve planning and implementing capacity, and to start the reflections about a social protection system or a national health insurance system to develop a national strategy on social security towards a UHC (involving the MINFIN). It is essential to develop conditions to align and use the national health data system (SIS) in monitoring programme activities and indicators. The relationship and collaboration with the national public health institute (INASA) will be promoted. Furthermore, the TA will have to ensure alignment and complementary with the REDISSE programme and other regional initiatives for pandemic preparedness, as well as with other initiatives aimed at promoting social empowerment of young women (UNFPA). Activities related to the administrative and financial management must be implemented, and coordinated with provincial and central level. TA's activities could also include an in-depth analysis of the current situation of health financing policies and explore opportunities to increase national financial resources for health (e.g. innovative fiscal measures such as a VAT rate for health, etc.). The TA will also be instrumental to support MINSAP in developing a new National Health Strategy and the corresponding action and implementation plan. This TA will be provided by a pool of experts that can be requested on an ad-hoc basis.
- A **group of researchers** with extensive quantitative and qualitative research experience to assess the effects of health interventions in Guinea-Bissau.

3.3 Mainstreaming

Environmental Protection & Climate Change

The Environment Impact Assessment screening classified the action as Category C (no need for further assessment). The Climate Risk Assessment screening concluded that this action is no or low risk (no need for further assessment).

Climate change, climate-related extreme events and other environmental shocks and disasters affect mainly the poor and those in vulnerable situations. On average, 5% of the country's total population, are annually affected by droughts[7]. Islands and coastal areas are more prone to adverse climate events impacts (floods, heatwaves, water scarcity, etc.). In addition, challenges of the significant, but unplanned urban growth, including traffic congestion and unorderly waste disposal, increase social inequalities and the deterioration of health conditions linked to the lack of access to basic services such as water and sanitation. In Guinea-Bissau children are very vulnerable to environmental stresses and extreme weather events, hence investments that improve access to health and nutrition services (for example, quality maternal and newborn care services, immunization programmes, support to preventive and curative services for pneumonia, diarrhoea, malaria and other child health conditions) can considerably reduce overall risks.

Environmental issues will be taken into account and sustainable measures will be promoted, in particular, sustainable health care waste management in hospitals and health centres, through the construction of hospital incinerators and the definition of sustainable procedures for the elimination of organic and inorganic residues. Where required, the improvement of sanitary infrastructures (water, sanitation, electricity) will be based on the use of renewable energy and good environmental practices. Moreover, training for proper maintenance practices of renewable energy systems will be ensured.

Gender equality and empowerment of women and girls

As per OECD Gender DAC codes identified in section 1.1, this action is labelled as G1. This implies that the objectives and outcomes of this action are directly oriented towards the reduction of gender inequalities and to favour the empowerment of women and their right to sexual and reproductive health. The actions to be developed will focus on eliminating financial barriers in access to health care, promoting the active involvement of women in decision-making related to their health and well-being, and improving women's health as a resource to generate considerable socio-economic benefits.

Gender equality and women empowerment issues will be taken into account in the action's implementation through the involvement of women's associations, such as "Plataforma política das mulheres" (women's CSO for

[7] UNISDR, Disaster Risk profile Guinea Bissau, 2018 (% computed with reference to the total 2016 Population).

Empowerment, Gender Equality and Political Participation), RENLUV (network of organisations fighting gender inequalities and child-based violence in Guinea-Bissau), and Miguilam (movement for women's empowerment). Moreover, this action is fully aligned with the new EU Action Plan on Gender Equality and Women's Empowerment in External Action 2021-2025 (GAP III), notably its objective of promoting sexual and reproductive health and rights. Policy makers will be invited to strive for demystifying traditional practices by communicating and engaging with local and community structures in a joint, strategic objective to eliminate gender-based discrimination and to promote the positive social attitudes necessary for women's empowerment.

Human Rights

The action builds on a human rights based approach, where all forms of discrimination in the realisation of rights, in particular the right to health, must be prevented and eliminated. Particular attention is given to those in the most marginalised situations and who face the biggest barriers to realising their rights. It is based in the assumption that accessible maternal and child health care and respect for sexual and reproductive health and rights are critical components of UHC. Through this action the EU intends to build a credible political and policy dialogue on human rights and gender equality on the basis of its very concrete actions on maternal and child health.

Some of the main risks related to safeguarding human rights in the context of this programme may be related to the persistence of violence against women and girls, and a general absence of sexual and reproductive health rights for young people. These generally translate into greater vulnerability to risks associated with sexual and reproductive health. In this sense, the action will promote activities to ensure protection of women and girls and facilitate access to RMNCH care. All relevant ministries CSOs and religious and traditional leaders will be consulted and involved to support progress on women's health issues.

Disability

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1. This implies that persons with disabilities, often facing stigma, discrimination and difficulty in accessing public services, particularly regarding their access to sexual and reproductive health and rights, will have RMNCH services[8] facilitated.

Within this framework all the activities of this programme contribute to the respect, protection and fulfilment of the rights and inclusion of people with disabilities, ensuring and promoting their empowerment and accessibility to health care, sexual and reproductive health and rights, and strengthening the development of policies to support the participation of these persons with disabilities and/or their representatives in society. The contribution to establish a UHC in the country should ultimately allow equitable access by people with disabilities to the services they need. Supporting the creation of a national health insurance scheme for essential health care (under output 3), the EU will advocate for the inclusion of the costs of basic disability equipment and devices (wheelchairs, prostheses, etc.) in the essential package covered by the national scheme. This would be a strong, concrete measure in favour of people living with disabilities.

Democracy

This programme has been designed respecting international benchmarks and indicators in order to maximise the potential benefits of the activities developed. Through a democratic, collaborative and shared dynamics, best practices in public health and in the governance of the health system will be promoted and stimulated, in particular the recognition that UHC and the protection of citizen's health is fundamental to ensure continued progress and wellbeing.

Conflict sensitivity, peace and resilience

The medium-term effects of poor RMNCH impact largely over the first 1,000 days of life, from conception to age of 2 years, and establish trajectories that persist across the life course and into the next generation. The global economic recession after the Covid-19 pandemic is likely to result in reduced investment in RMNCH in the short term. Under-5 mortality, child wasting and stunting, and maternal mortality are likely to increase through interrupted food systems

[8] DCD/DAC/STAT (2020). The OECD-DAC policy marker on the inclusion and empowerment of persons with Disabilities - Handbook for data reporters and users. OCDE.

and health-care services. Promoting and investing in RMNCH services has effects on population health and contributes to wellbeing and resilience in the short and longer term.

Moreover, a recent study of University of Southern Denmark in Guinea-Bissau[9], highlighted the tendency to commodification of facility births that leads to severe equity concerns, which refers to inequities and impaired human needs of individuals or populations determined by social structures and power differentials in social arrangements. In other words, most women acknowledge and value benefits of facility births, however they regard at the several barriers to giving birth at a health facility as ordinary life challenges rather than as obstacles preventing to access essential MCH. These include sufficient financial means to cover out-of-pocket and indirect costs such as payments for transportation, as well as a place to stay close to the health facility in case of a limited geographic accessibility of the point of care. While women also referred to such barriers, they were most often mentioned unemotionally, as a commonly accepted condition rather than lamented and referred to as barriers that should be acted upon. The present action aims to counteract this trend and ensure access to quality services for all, thus contributing to prevent and reduce social conflicts.

Disaster Risk Reduction

Guinea-Bissau faces specific challenges that need special attention and support in order to ensure adequate, sustainable and timely means of development. Within the Sendai Framework for Disaster Risk Reduction 2015-2030, building resilience, reducing risks and potential loss and damage is achieved by supporting and investing in the reduction of maternal and child mortality; availability and access to early warning systems related to maternal and child health; sharing of experiences, lessons learned, good practices and capacity building and training of national, regional and local human resources; improving management and governance of the health system with involvement of the government and relevant national authorities[10].

Disaster Risk Reduction requires knowledge for informed decision making and coordinated action. Risk management aims at protecting people, their health, cultural and environmental assets, promoting and protecting all human rights, including the right to development. Therefore, this programme fits the perspective of the Sendai Framework, with its activities and outputs aligned with the dynamics recommended for cooperation and development actions.

Other considerations if relevant

The current Covid-19 pandemic period poses severe risks to health, to the economy and to international security. Infectious diseases cross borders, so all countries must prioritise prevention, detection and swiftly response to public health emergencies.

Like many other countries, Guinea-Bissau was not prepared for the Covid-19 crisis. The country was particularly at high risk of transmission due to lack of trained health workers, minimal local capabilities to implement the Infection Prevention and Control (IPC) components and limited legislation around IPC protocols. However, the country is handling the pandemic under the coordination of a High Commissioner for Covid-19 with the support of WHO, which coordinates with international partners and supervises the implementation of the International Health Regulations, working closely with the MINSAP. The response emphasizes the need for international cooperation to ensure global access to safe and effective medicines, vaccines and medical equipment in a collaborative approach among countries, development partners, international organisations, private sector and academia.

New financing mechanisms to fight the pandemic are needed. This may include a new multilateral global health security financing mechanism, such as a global health security matching fund.

The REDISSE programme, aiming at building national and regional inter-sectoral capacity to improve collaborative disease surveillance and epidemic preparedness in West Africa, is helping in providing an immediate and effective response. PIMI III will be embedded in the dynamic of collaborative actions that are being developed and implemented by multiple organisations in ensuring the necessary public health responses under the implementation period.

[9] University of Southern Denmark – Bandim Health Project, An in-depth study of barriers and facilitators to the uptake of essential maternal and child health services in Guinea-Bissau, Draft report – 15-08-2021 (to be published).
[10] UN (2015). Sendai Framework for Disaster Risk Reduction 2015-2030. UN General Assembly.

3.4 Risks and Lessons Learnt

Category	Risks	Likelihood (High/ Medium/ Low)	Impact (High/ Medium/ Low)	Mitigating measures
External environment	The political situation and the recurrent instability and crises could determine the suspension of the EU cooperation with Guinea-Bissau.	**M**	**H**	EU cooperation with Guinea-Bissau depends on a stable political, socio-economic and security context. It should be noted, however, that the international community remains engaged in a political dialogue with the authorities and that the situation is being closely monitored.
Planning, processes and systems	Institutional instability, resulting in high turnover of administrative staff, especially managers, in the line ministries	**H**	**M**	Establishment of an EU-government interface structure and a common consultation framework including other TFP, with a view to increase donor coordination and facilitate regular and coherent dialogue with national officials occupying strategic positions within the ministries.
People and the organisation	Low degree of ownership and participation of the national authorities (technicians) in the implementation of interventions	**M**	**M**	Establishment of an EU-government interface structure will help to continuously verify and foster ownership by the authorities, particularly in the formulation and implementation of EU interventions.
Environment and climate change	Increase of environmental hazards, shocks and stresses	**M**	**H**	Establishment of increased dialogue with national and international stakeholders to strengthen readiness, responsiveness and provision of essential services.
Legality and regularity aspects	Potential abuse of participation in conferences and seminars by inappropriate staff and to non-relevant events	**L**	**L**	EU will apply objective criteria for approving requests for funding, as well as adequate narrative and financial reporting on the use of the funds granted. This risk is also mitigated by the fact that the major part of the action will be under direct management.

Lessons Learnt:

Two components of the national health system (community health and maternal and child health) have been able to maintain a minimum access to quality services for the most vulnerable population, contributing to a significant improvement in certain public health indicators. Both of these components have received substantial support from the EU through previous programmes, notably PIMI I and II, aimed at reducing maternal, newborn and infant mortality.

Previous experience and recent evaluation findings show that PIMI I (2014-16) and II (2017-19) contributed at reducing maternal, newborn and infant mortality. Based on the latest data shared by WHO Africa, the country's rates of mortality decline are higher than the West African averages. Specific research commissioned by the EU in Guinea-Bissau shows impressive increases in the uptake of essential MCH services over time. For example, the overall proportion of women having obtained four or more antenatal care (ANC) visits increased markedly from 32% in 2013 before the introduction of the programme to 45% in the first phase of PIMI (2014-16) and 56% in the second phase (2017-19). Likewise, the proportion of facility births increased markedly from 33% (2013) to 39% (2014-16) and 49% (2017-19). Yet, despite this remarkable progress, service coverage remains suboptimal. At the same time, perinatal mortality remains high at approximately 8% (before, during the first and second phase of PIMI). During the same period, mortality of women of fertile age declined, from 644 per 100,000 person in 2012-14 to 560 in 2014-16 and 565 in 2017-19. Despite overall progress, Guinea-Bissau must do much more to achieve the SDGs.

The EU intervention has furthermore resulted in a good balance between the increase of demand for services and improvement of quality, and in the valid key prioritisation of standards and protocols by MINSAP. However, malnutrition remains one of the main underlying causes of infant mortality in Guinea Bissau.

MINSAP fully recognizes the role of the EU in the financial, logistical and methodological support to maternal and child health. The Ministry has shared its willingness to build on PIMI II achievements and engage with the EU in a more strategic dialogue in order to develop a National Health Strategy. PIMI III will therefore consolidate the EU as a key partner in MCH, and position the EU at the centre of the policy and strategic dialogue on the health sector. The gradual transfer of responsibility to MINSAP will integrate PIMI III services and protocols within the national system, to eventually strengthen and ensure its resilience and sustainability. It is also expected to build a credible political and policy dialogue on human rights and gender equality on the basis of its very concrete actions on maternal and child health.

Building on the previous PIMI achievements, a more horizontal and overarching strategy will be adopted, by addressing key blocks of the health system, notably (i) Leadership and governance, (ii) Service delivery, (iii) Health system financing, (iv) Health workforce, (v) Medical products, vaccines and technologies, and (vi) Health information systems, while assuring adequate RMNCH services (with increased capacity of the MINSAP) and enhanced coordination with national and international stakeholders, in order to gradually move away from a "substitution approach" and progressively contribute to building a country-led UHC system.

With regards to coordination with national and international stakeholders, synergies and complementarities will be sought in the context of Sexual and Reproductive Health (including Family Planning), which received less focus during PIMI II. As such, alignment and collaboration with UNFPA's programme on family planning will be explored (e.g. training of health staff), as well as synergies with NGOs working in the sector of reproductive health (e.g. Enda Tiers Monde). In the context of community health, collaborations may be explored with the Global Fund and UNICEF, and in the context of Global Health Security the action will seek alignment with the World Bank's MCH and REDISSE programmes.

Alignment and complementarity is also foreseen with the EU funded *Ianda Guiné! Saúde* programme, aimed at contributing to UHC in Guinea-Bissau by strengthening health system governance of and improving the quality and quantity of health professionals.

Together with *Ianda Guiné! Saúde* (implemented by the Portuguese Cooperation Agency), this action will pave the way for a larger future programme which will aim at building a more resilient, inclusive and sustainable health system. PIMI III aims at strengthening the capacities of MINSAP as well as supporting the development of a multiannual comprehensive policy for the health sector. A new action will then be foreseen as of 2025. The Cooperation Facility (CF), also designed under the Annual Action Plan (AAP) 2021, could contribute with studies to support the formulation of the next programme phase.

Finally, lessons learnt also point out the importance of ensuring regular monitoring of interventions and continuously sharing this information with the national authorities.

3.5 The Intervention Logic

The action proposes a four year intervention to further consolidate PIMI's achievements on RMNCH and pave the way towards a UHC System.

Based on the assumption that accessible maternal and child health care is a critical component of UHC, and that access to and respect for sexual and reproductive health and rights is related to multiple human rights, including the right to health, the **specific objective** of the action is to ensure better access to quality RMNCH in Guinea-Bissau.

PIMI III, stemming from the experience of PIMI I and PIMI II, will ensure the maintenance of high-quality, integrated, people-centred RMNCH services, based on primary health care and comprehensive essential service packages. To endure PIMI's contribution in reducing maternal and child mortality through a better access to healthcare services, the action intends to take advantage of the relatively stable political scenario where the MINSAP is showing renewed commitment and engagement in fighting corruption and improving the sound management of the health sector.

PIMI's intervention resulted in a good balance between the increase of demand for services and improvement of quality, and in the validation of standards and protocols by MINSAP. It is now essential to advance this process, mainly led by NGOs, and transfer the responsibility to MINSAP, to permanently integrate these services and protocols within the national system, to eventually strengthen them and ensure their resilience and sustainability. This cannot be done abruptly, but requires a gradual shift from a substitution intervention (PIMI I and II) to a development capacity process (PIMI III). This will contribute to the development of a country led UHC system that provides efficient and equitable quality care for all, in particular to adolescent girls, women of reproductive age and children under 5, to be further supported under the MIP 2021-2027.

Hence, to ensure better access to quality RMNCH in Guinea Bissau, thus contributing to reduce maternal and under five children mortality, the action intends to increase access to (better quality) antenatal, postpartum and postnatal consultations, increase the management capacity of health structures and Regional Health Directorates, improve general leadership of MINSAP (including on gender issues), and strengthen procurement and supply chain of essential medicines.

The action will also ensure complementarity with other initiatives related to the promotion of Maternal and Child Health (World Bank), Community Health (Global Fund, UNDP), Health Governance (Camões Institute) and with the joint initiative promoted by UNIDO and UNFPA aimed at leveraging positive correlations between health, education, productivity and economic empowerment of youth, especially young women.

A possible mobilisation of funds, with the support of the European Investment Bank (EIB), which is still under review, might also allow the government to launch a rehabilitation programme for a number of health institutions, to be equipped with renewable energy sources (solar panels) and WASH facilities. EIB expressed interest provided such investments could be channelled through resident UN agencies, such as UNOPS, UNICEF or UNDP. If the EIB intervention is confirmed, it will mobilise an EU guarantee to be funded via the MIP. In the same vein, complementarity with the "infrastructures" component (rural roads) of the EU's ongoing *Ianda Guiné*! programme, as well as actions to be carried out under MIP's priority area 2 (Green and Inclusive Economy – SO 2.1: To improve urban living conditions, as well as the quality and efficiency of municipal/local services) should facilitate better mobility for people and therefore better access to basic services.

3.6 Logical Framework Matrix

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 contribute to reduce maternal and under five children mortality rates through better access to quality Reproductive, Maternal, Newborn and Child Health (RMNCH)	• UHC Service Coverage Index[11]	40 (2017)	55 (2027) 47 (2024)	World Bank reports UNICEF (MICS 2022, DHS), WHO reports UN-IGME (under-five mortality rate) Bandim health project (mortality among women of fertile age; estimated MMR) Hospital statistics on neonatal mortality	
		• Maternal Mortality Ratio (MMR)	MMR: (WHO, UNICEF, UNFPA, World Bank; 2017): 667/100,000	250/100,000 (2024)		
		• Neonatal Mortality Rate (NMR)	NMR: (MICS 6; 2018): 22/1,000	15/100 (2024)		
		• Under-five mortality rate	Under-five: (UN-IGME; 2019): 78/1,000	45/1,000 (2024)		
		• Adolescent birth rate (aged 15-19 years) per 1,000 women	102/1,000 (2019)	80/1,000 (2024)		
Outcome 1	To improve equitable access to quality RMNCH services, including for groups living in vulnerable situations	• Antenatal Care Coverage (4+ visits)	65% (2018)	85% (2027) To be defined (2024)	UNICEF (MICS 2022, DHS), WHO reports PIMI III reports Routine information data from MINSAP/INASA UNFPA data (for Family Planning) IMVF quality assurance data reports	Political and institutional stability for the implementation of health policies and cooperation with the EU Financial support to the health sector remains at least at the same ODA level of 2021. Political will to implement cooperation programmes effectively
		• % of institutional deliveries	Institutional deliveries: 51% (2018)	Institutional deliveries: 60% (2024)		
		• % of women of reproductive age (15-49) having met their need for family planning and modern contraceptive methods	47.5% (2018)	70% (2024)		
		• % of children correctly treated for diarrhoea in the health structures	Diarrhoea close to 90%; (PIMI II data; 2020	95% (2024)		

[11] The indicator is an index reported on a unit less scale of 0 to 100, which is computed as the geometric mean of 14 tracer indicators of health service coverage. The tracer indicators are as follows, organized by four components of service coverage: 1. Reproductive, maternal, newborn and child health 2. Infectious diseases 3. Non communicable diseases 4. Service capacity and access.

Output 1	Increased number of antenatal, postpartum and postnatal consultations	• Number of MCH consultations	MCH Consultations: 881,121 (2020)	MCH Consultations: 1,200,000 (2024)	PIMI III Reports Routine information data from MINSAP/INASA MICS 2022 IMVF quality assurance data reports	Capacity of MINSAP to identify needs for technical assistance MINSAP promotes a continuous health policy debate among key policy makers, health implementers and health care consumers Capacities of MINFIN and respective staff to accompany implementation of interventions with adequate resources (Inter)national NGOs work on promoting policies on prohibiting female genital mutilation Government, supported by WHO and World Bank, continues to implement the REDISSE project, to strengthen the national resilience against epidemics UNFPA collaborates with EUD on PIMI-III on Family Planning
Output 2	Strengthened management and administrative capacity of health structures and Regional Health Directorates (Direções Regionais de Saúde)	• Timeliness and/or completeness of reporting (health structure to DRS and DRS to MINSAP)	Tbd through a baseline survey	Timeliness 60% Completeness 75%	Source DHIS2 Annual MINSAP and DRS reports	
		• % of effective and regular (quarterly) supervisions to health facilities by DRS	Tbd through a baseline survey	90% (2024)		
Output 3	Improved general leadership, governance and regulatory capacities of MINSAP, including on gender issues	• % of effective and regular (bi-annual) supervision to regions	Tbd through a baseline survey	90% (2024)	Annual MINSAP reports	
		• Number of MINSAP staff trained in administrative and financial responsibilities	Tbd through a baseline survey	Tbd once survey data is available		
		• Established national health insurance scheme for primary health care	No insurance scheme	Validated health insurance scheme (2024)		
		• Number of aid coordination meetings	No meetings (except for Covid-19)	4 per year (2024)		
		• Established legal frameworks that promote, enforce and monitor gender equality	No data[12]	Tbd once data is available		
Output 4	Strengthened procurement and supply chain of essential medicines in general, and in particular the supply chain of medicines for Neglected Tropical Diseases	• Number of days stock-out per reporting period of essential medicines (including RMNCH medicines and medicines for Neglected Tropical Diseases)	Tbd through a baseline survey	Tbd once survey data is available	MINSAP and CECOME reports IMVF quarterly reports	
		• % medicines expired in public health facility	Tbd through a baseline survey	Tbd once survey data is available	MINSAP and CECOME reports IMVF quarterly reports	

[12] As of December 2020, only 27.9% of indicators needed to monitor the SDGs from a gender perspective were available, with gaps in key areas, in particular: violence against women, unpaid care and domestic work and key labour market indicators, such as the unemployment rate and gender pay gaps. In addition, many areas – such as gender and poverty, physical and sexual harassment, women's access to assets (including land), and gender and the environment – lack comparable methodologies for regular monitoring (source: UN Women).

4. IMPLEMENTATION ARRANGEMENTS

4.1 Financing Agreement

In order to implement this action, it is 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 3.1 will be carried out and the corresponding contracts and agreements implemented, is **48 months** from the date of entry into force of the financing agreement.

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[13].

4.4.1 Direct Management (Grants)

The grant will contribute to achieve, in particular, Specific Objective (Outcome) 1 of the present action: To improve equitable access to quality RMNCH services, including for groups living in vulnerable situations; and Outputs 1, 2 and 4.

(a) Purpose of the grant(s)

The programme activities to implement through a direct grant (following a direct award) are the following:

Activities related to Output 1: Increased number of antenatal, postpartum and postnatal consultations.

Activities related to Output 2: Strengthened management and administrative capacity of health structures and Regional Health Directorates.

Activities related to Output 4: Strengthened procurement and supply chain of essential medicines in general and in particular the supply chain of medicines for Neglected Tropical Diseases.

(b) Type of applicants targeted

The circle of potential applicants to implement this action is very limited, with a high level risk regarding the quality of the results. It is therefore decided to use a direct award (see point c).

(c) Justification of a direct grant

Under the responsibility of the Commission's authorising officer responsible, the grant may be awarded without a call for proposals to **Instituto Marquês de Valle Flor (IMVF)**, which was already involved in the implementation of PIMI programme, through a direct grant. This experienced partner, with a proven track-record, contributed to

[13] 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.

ensure the achievement of the specific objectives of PIMI I and PIMI II, and will provide the best value for money and flexibility in the implementation of PIMI III. IMVF is currently contracted by the World Bank, which is temporarily financing MCH activities, based on the Agreement between the MINSAP, the EU and the World Bank to ensure the continuation of phase II of the PIMI programme[14].

The recourse to an award of a grant without a call for proposals is justified because the action has characteristics requiring a specific type of beneficiary for its technical competence and its high degree of specialisation and administrative powers according to article 195(f) of the Financial Regulation (FR). As specified above, IMVF was already involved in the implementation of PIMI I and II and has the in-depth know-how, equipment, logistics and human resources already trained and readily available in the field. This particular type of action requires the immediate deployment of a team of medical and health technical experts in MCH, with comprehensive knowledge of the regions, local languages and the specific features of the targeted 144 public health centres. Moreover, IMVF knows well the challenges related to the supply of medicines and the control of their availability in the country. A change of beneficiary would lead to a dispersion of knowledge and loss of technical means with heavy consequences for the timing and transitional costs of activities.

4.4.2 Direct Management (Procurement)

Through procurement procedures, service contracts will be established for studies and analysis contributing to:

- Output 3, for the specific activity: Support research and vital statistics institutions targeting women's health and nutrition, including the collection of disaggregated data. This will be done by researchers with extensive experience in quantitative and qualitative research, in order to allow evidence-informed policymaking. A service contract will be established with the **University of Southern Denmark (USD/BHP)**, already involved in PIMI II, through the Bandim Health Project, a collaboration between the Ministry of Health and the University of Southern Denmark. The backbone of this project is the continuous health and demographic surveillance system, which includes collecting of data on pregnancies, births and use of health services. The data collection focuses on women of fertile age and children under the age of 5 years and follows a population of more than 200,000 individuals in urban and rural Guinea-Bissau. This provides a unique platform for conducting maternal health research. No other public or private operator would be able to operate with the same degree of capillarity and with such an extensive network of local surveyors supervised by an experienced and well rooted University.
- Outputs 1, 2, and 4: Ad hoc technical expertise will be contracted via Framework Contracts to support both the implementing partners and the EU Delegation on specific activities.

4.4.3 Indirect Management with an International Organisation

A part of this action may be implemented in indirect management with the WHO.

This implementation entails the activities related to Output 3: Improved general leadership, governance and regulatory capacities of MINSAP, including on gender issues. To this regard, efforts will be placed on improving public finance management in the health sector, thus making the link to priority 3.3 of the MIP (To develop a transparent and accountable economic governance).

The envisaged entity has been selected using the following criteria: Its experience in supporting and strengthening health governance (leadership, legal framework, policies, gender, etc.), the National Health Information System; its role in coordinating partners, especially in fighting Covid-19.

The constant collaboration with WHO, in charge of coordinating the dialogue among the international donors, will ensure complementarity with other initiatives in the health sector, included those that will be promoted under the health component of the new regional programme focusing on health security along the One Health approach, sexual and reproductive health and rights, medicines regulation and availability, and the role of public health institutions

If negotiations with the above-mentioned entity fail, that part of this action may be implemented in direct management in accordance with the implementation modalities identified in section 4.4.4.

[14] Agreement of 17/3/2021 between the Minister of Public Health, the European Union and the World Bank to ensure the continuation of phase II of the PIMI programme until the first quarter of 2022 and the formulation of a phase III of PIMI.

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

From direct to indirect management:

A part of this action may be implemented in indirect management with the United Nations Population Fund (UNFPA).

This implementation entails the activities related to Output 1: Increased number of antenatal, postpartum and postnatal consultations; Output 2: Strengthened management and administrative capacity of health structures and Regional Health Directorates; and Output 4: Strengthened procurement and supply chain of essential medicines in general and in particular the supply chain of medicines for Neglected Tropical Diseases, as referred in section 4.4.1.

The envisaged entity has been selected using the following criteria: its experience in health systems strengthening and health governance and their in-depth knowledge of the EU administrative procedures. UNFPA also has a robust experience in providing universal access to sexual and reproductive health and rights, including family planning in Guinea-Bissau.

In case the envisaged entity would need to be replaced, the Commission's services may select a replacement entity using the same criteria. If the entity is replaced, the decision to replace it needs to be justified.

From indirect to direct management:

Should WHO be unable to implement the activities related to Output 3: Improved general leadership, governance and regulatory capacities of MINSAP, including on gender issues, foreseen under indirect management in section 4.4.3, for circumstances outside of the Commission's control, a part of this action may be implemented through procurement (direct management) via a service contract, awarded either under the framework contract procedure or under a simplified procedure involving at least three candidates.

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.

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[15]	**EU contribution (amount in EUR)**
Implementation modalities	
Output 1: Increased number of antenatal, postpartum and postnatal consultations Direct management (grant) with IMVF under section 4.4.1 Direct management (procurement) - Framework contract under section 4.4.2	3 600 000
Output 2: Strengthened management of health structures Direct management (grant) with IMVF under section 4.4.1 Direct management (procurement) Framework contract under section 4.4.2	3 100 000
Output 3: Improved MINSAP leadership and governance Indirect Management with WHO under section 4.4.3 Direct management (procurement) under section 4.4.2 (Service contract with USD/BHP)	1 280 000
Output 4 Strengthening supply chain of medicines Direct management (grant) with IMVF under section 4.4.1 Direct management (procurement) under section 4.4.2 (Framework contracts)	1 900 000
Evaluation – cf. section 5.2 Audit – cf. section 5.3	80 000 40 000
Total	10 000 000

4.7 Organisational Set-up and Responsibilities

A Steering Committee will be organised at least twice a year in order to review progress, analyse the results of the programme's implementation and to evaluate the need for adjustments. The Steering Committee will be formed by the EU Delegation, MINSAP, MINFIN and WHO (permanent members), and by observers – such as World Bank, UNDP and UNFPA. In addition to the participation of the programme implementing agencies, participation in the Steering Committee meetings will be open to other partners active in the health sector in Guinea-Bissau (CSOs, etc.) who may contribute to discuss key operational issues and share relevant information.

The Steering Committee will verify that the commitments of partners are being respected and that the implementation of the programme is carried out effectively and efficiently.

Periodic internal monitoring and coordination meetings will be held by the partners responsible for implementing the programme with the support of the technical assistance (Pool of Experts).

Gender equality, human rights and human rights based approach expertise will be ensured during the implementation of the action. They will also be integrated in relevant capacity building activities and documents, as minimum expertise requirements.

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.

[15] N.B: The final text on audit/verification depends on the outcome of ongoing discussions on pooling of funding in (one or a limited number of) Decision(s) and the subsequent financial management, i.e. for the conclusion of audit contracts and payments.

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 (at least annually) 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.

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).

Monitoring and evaluation will assess gender equality results, an impact on rights of groups living in the most vulnerable situations and the implementation of the rights based approach working principles (applying human rights for all; meaningful and inclusive participation and access to decision-making; non-discrimination and equality; accountability and rule of law; and transparency and access to information supported by disaggregated data). Monitoring and evaluation will be based on indicators that are disaggregated by sex, age, disability and area (*urban/rural)* when applicable.

Roles and responsibilities for data collection, analysis and monitoring:

The EU Delegation, national authorities and the implementing partners of the action will be jointly responsible for monitoring and reporting on indicators of the logframe matrix, including the collection of baselines and regular data collection, which can be supported by specific monitoring and evaluation missions.

Data collection and reporting is under the responsibility of the implementing partners. Specific studies supporting data collection may also be funded under the regular budget of the action (budget lines grants or procurement).

Active and meaningful participation of stakeholders in the Health sector, including their identification, will be sought, via regular exchanges with national authorities and civil society.

5.2 Evaluation

Having regard to the nature of the action, a final evaluation will be carried out for this action or its components via independent consultants contracted by the Commission.

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 it will be necessary to verify whether the action has been able to strengthen the capacities of national authorities and civil society actors in a sustainable way.

The Commission shall inform the implementing partner at least 2 months 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 shall be shared with the partner country and other key stakeholders following the best practice of evaluation dissemination[16]. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, in agreement with the partner country, jointly decide on the follow-up actions to be taken and any adjustments necessary, including, if indicated, the reorientation of the project.

Evaluation services may be contracted under a framework contract.

[16] See best practice of evaluation dissemination.

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.

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 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

An Intervention[17] (also generally called project/programme) is the operational entity associated to a coherent set of activities and results structured in a logical framework aiming at delivering development change or progress. Interventions are the most effective (hence optimal) entities for the operational follow-up by the Commission of its external development operations. As such, Interventions constitute the base unit for managing operational implementations, assessing performance, monitoring, evaluation, internal and external communication, reporting and aggregation.

Primary Interventions are those contracts or groups of contracts bearing reportable results and respecting the following business rule: 'a given contract can only contribute to one primary intervention and not more than one'. An individual contract that does not produce direct reportable results and cannot be logically grouped with other result reportable contracts is considered a 'support entities'. The addition of all primary interventions and support entities is equivalent to the full development portfolio of the Institution.

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 is defined in the related Action Document and it is revisable; it can be a(n) (group of) action(s) or a (group of) contract(s).

Tick in the left side column one of the three possible options for the level of definition of the Primary Intervention(s) identified in this action.

In the case of 'Group of actions' level, add references to the present action and other action concerning the same Primary Intervention.

In the case of 'Contract level', add the reference to the corresponding budgetary items in point 4.6, Indicative Budget.

Option 1: Action level		
☐	Single action	Present action: all contracts in the present action
Option 2: Group of actions level		
☐	Group of actions	Actions reference (CRIS#/OPSYS#): <Present action> <Other action>
Option 3: Contract level		
☐	Single Contract 1	<foreseen individual legal commitment (or contract)>
☐	Single Contract 2	<foreseen individual legal commitment (or contract)>
☐	Single Contract 3	<foreseen individual legal commitment (or contract)>
	(…)	
☐	Group of contracts 1	<foreseen individual legal commitment (or contract) 1> <foreseen individual legal commitment (or contract) 2> <foreseen individual legal commitment (or contract) #>

[17] ARES (2021)4204912 - For the purpose of consistency between terms in OPSYS, DG INTPA, DG NEAR and FPI have harmonised 5 key terms, including 'action' and 'Intervention' where an 'action' is the content (or part of the content) of a Commission Financing Decision and 'Intervention' is a coherent set of activities and results which constitutes an effective level for the operational follow-up by the EC of its operations on the ground. See more on the concept of intervention.