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ANNEX 2

to the Commission Implementing Decision on the financing of the annual action plan in favour of the Federal Democratic Republic of Ethiopia for 2024 – Part 1

Action Document for Post-conflict restoration of basic health services, medical and psycho-social support to gender-based violence survivors and conflict affected communities in Ethiopia

ANNUAL PLAN
This document constitutes the annualwork 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**	Post-conflict restoration of basic health services, medical and psycho-social support to gender-based violence survivors and conflict affected communities in Ethiopia OPSYS/CRIS number: ACT-62591 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 Federal Democratic Republic of Ethiopia, particularly in the conflict affected regions (Tigray, Afar and Amhara).
4. Programming document	Multi Annual Indicative Programme (MIP) with the Federal Democratic Republic of Ethiopia, 2024-2027
5. Link with relevant MIP(s) objectives / expected results	The Action contributes to the MIP objective of improving equitable access, quality and internal efficiency in the delivery of basic services
PRIORITY AREAS AND SECTOR INFORMATION	
6. Priority Area(s), sectors	Priority Area 2 - Human Development – delivery of basic services
7. Sustainable Development Goals (SDGs)	Main SDG: 3 – Good Health and Well-being Target 3.4: ensure a reduction of mortality from non-communicable diseases and promote mental health Target 8: achieve universal health coverage, including financial risk protection and access to quality essential health care services Other significant SDGs: SDG: 5 – Gender Equality
8 a) DAC code(s)	Basic healthcare – 12220 (10%)

	Basic health infrastructure – 12230 (55%) Health education – 12261 (7%) Health personnel development – 12281 (8%) Promotion of mental health and well-being – 12340 (20%)			
8 b) Main Delivery Channel	NGOs and civil society – 20000 Third Country Government (Delegated co-operation) – 13000			
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 @	☒	☐	☐
		YES	NO	
	digital connectivity	☐	☐	
	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 (article, item): 14 02 01 21 Total estimated cost: EUR 25 000 000 Total amount of EU budget contribution EUR 25 000 000			
MANAGEMENT AND IMPLEMENTATION				
13. Type of financing	**Direct management** through: - Grants **Indirect management** with Expertise France			

1.2 Summary of the Action

While the Pretoria Cessation of Hostilities Agreement (CoHA) signed between the Ethiopian government and the Tigray People Liberation Front (TPLF) in November 2022 has ended a two-year long armed conflict and introduced a peace and reconstruction process, the situation in northern Ethiopia still remains volatile, as is evidenced in continuing armed confrontations between federal government forces and regional militias in Amhara region.

These last years of conflict and instability in Northern Ethiopia have caused significant damage to health facilities, translating into thousands of them becoming non-functional. It is reported that more than 2 800 health facilities were either partially or completely damaged in Tigray, Afar and Amhara regions. The EU is already supporting rehabilitation of facilities in conflict affected areas, though Individual measure 1, but the needs are way beyond the possibilities offered by the funding available.

In addition to health infrastructure damage, the conflict has also led to loss of livelihoods as well as psychological distress and sexual abuse of women and girls. Gender-based violence (GBV) is experienced by at least a quarter of Ethiopian women in their lifetimes, a situation exacerbated by the conflict. Yet the offer of tailored medical, legal, mental health and psychosocial support and sexual reproductive health services to GBV survivors, conflict affected communities, children and young people associated with armed groups is extremely limited, to almost non existent.

This Action will support resumption of essential health and Mental Health and Psychosocial Support (MHPSS) service provision for GBV survivors, conflict-affected communities, persons associated with armed groups and ex-combatants, including children and women . The Action will work on availability and access to quality health care, as well as a multi-sectoral support to child and adult GBV survivors and conflict affected communities. It will combine a “hard” component, with funding for the rehabilitation and equipment of the two main referral hospitals of Adwa (Tigray region) and Aba’ala (Afar region), and the creation of One Stop Centres for medical treatment of GBV survivors, together with “soft” components. The latter will consists of specialized medical training to health personnel, capacity building for improved GBV case management and better quality MHPSS services in conflict affected areas.. The Action will also support social and economic reintegration of GBV survivors and increased resilience of

communities in conflict affected areas. By working with children and adolescent victims of GBV, it will also strengthen the existing child protection systems.

This Action builds on an ongoing intervention funded under Individual Measure 1 in support of primary healthcare in conflict affected areas. It is aligned with the Ethiopia's Resilient Recovery and Reconstruction Planning Framework (3RF) and the reforms envisaged by the Health Sector Transformation Plan (HSTP-II), in particular with its objectives of a) accelerating progress towards universal health coverage, and b) improving health system responsiveness.

This Action falls under Priority Area 2 of the MIP with the Federal Democratic Republic of Ethiopia, Human Development, particularly its objective of improving equitable access, quality and internal efficiency in the delivery of basic services. It contributes to the achievement of SDG 3 (good health and wellbeing) and SDG 5 (gender equality).

A number of EU MS (France, Spain and Italy) are collaborating with EU in the health sector, including under Individual Measure 1. This Action builds upon the synergies created and will strengthen them further (including with a financial contribution to Expertise France). Despite not being an official TEI, this Action is an example of a promising Team Europe approach. This Action is contributing to the implementation of the Global Gateway strategy, with a combination of hard and soft components in one of the Global Gateway investment priorities, i.e. health.

1.3 Zone benefitting from the Action

The Action shall be carried out in the Federal Democratic Republic of Ethiopia, included in the list of ODA recipients.

2 RATIONALE

2.1 Context

Ethiopia is the second most populous country in Africa with around 126 million people (of which 39% are 0-14 years old) and the population growth remains high at around 2.5% per year, despite having been decreasing for the past three decades[1]. The UN estimates that its population will reach 200 million by 2050, becoming one of the world's ten largest countries. Education and health access and utilization have increased over the last decade as the number of primary health posts, health centres, and schools increased. Nonetheless, Ethiopia is also one of the poorest ranking 175 out of 191 countries at the Human Development Index (2021/2022)[2].

While the Pretoria Cessation of Hostilities Agreement (CoHA) signed between the Ethiopian government and the Tigray People's Liberation Front (TPLF) in November 2022 ended the armed conflict in the North and introduced a peace and reconstruction process, the situation in northern Ethiopia remains volatile as is evidenced in armed confrontations between federal government forces and regional militias in Amhara region.

The two-year conflict in northern Ethiopia resulted in significant loss of life and contributed to an acute humanitarian crisis in the country. The fighting caused significant damage to health facilities, translating into thousands of health facilities becoming non-functional[3]. This increased pressure on an already strained health system, which was under difficulties since the start of the COVID-19 pandemic.

In addition to health infrastructure damage, the conflict has also led to loss of livelihoods as well as psychological distress and sexual abuse of women and girls. Girls and women faced the risk of sextual transmitted diseases, unwanted pregnancy, unsafe abortion and depression. Gender-based violence (GBV) is experienced by at least a quarter of Ethiopian women in their lifetimes, a situation exacerbated by the conflict. Due to the conflict, many people have had limited access to humanitarian assistance and basic services. SGBV increased due to disruption of protection systems. Children and women are disapprortaionally affected by the conflict. As a result of these multiple factors, adolescent girls and young women resorted to adapt negative coping mechanisms such as child labor, child marriage, transactional sex and unsafe migration for their survival.

[1] UNFPA, World Population Dashboard, Ethiopia. Consulted on 09 October 2023.
[2] UNDP, Human Development Reports, Ethiopia. Consulted on 09 October 2023
[3] The *2022 Ethiopia Conflict Impact Assessment and Recovery and Rehabilitation Planning (CIARP)* shows that the conflict resulted in varying levels of damage to the facility infrastructure including damage of walls by bullets and heavy artillery, damage to electric and water systems as well as massive looting of medical, surgical and laboratory equipment including ambulances rendering health facilities dysfunctional. It is reported that 2815 health facilities, 5 blood banks, 2 pharmaceutical hubs/stores and 144 ambulances were either partially or completely damaged in Tigray, Afar and Amhara regions.

According to UNFPA study report[4], only five hospitals in the entire country have dedicated a separate clinic that provides sexual and GBV survivors with clinical services. In other health facilities, survivors of sexual violence are not consistently provided with specialised services, such as clinical management of rape and the availability of professional counselling and psychological support is insufficient. The need for clinical GBV services and referrals to available services, including mental health and psychosocial support is critical, including specific services for children and adolescents.

Within such a challenging context, the government has been implementing its Health Sector Transformation Plan (HSTP-II). The HSTP-II mid-term review[5] highlighted the significant impact of the conflict on maternal and child health services. During the last decade (before the conflict), Ethiopia had achieved impresevive results in reducing maternal and child deaths, and currently there is a critical need to protect these gains and/or mitigate further impact of the conflict on the health outcomes.

Following the signature of the peace agreement, the improved security situation in Afar and Tigray has made it possible to access areas that were severely impacted by the conflict. In these areas, alongside immediate humanitarian assistance, stabilisation efforts are needed for affected communities to be able to recover. In line with this, the government, in collaboration with development partners, has designed the Resilient Recovery and Reconstruction (3RF) Planning Framework (2023-2028) to support progress from early recovery to longer-term resilience over the next 3-5 years. The 3RF provides an overarching framework for planning, coordinating, financing, implementing, and monitoring Ethiopia's resilient recovery and reconstruction through a coordinated efforts with the involvement of all stakeholders and support from the international community.

The Action proposes to implement the intervention in the northern regions, where damage on health facilities is significant. This includes the specialized hospitals of Adwa Tigray and of Aba'ala in Afar, with an estimated catchment population of 1.2 million and 82 000, respectively. Access to services for GBV survivors is also limited in conflict affected areas of Tigray, Afar and Amhara region.

The EU has been amongst the first responded to ensure restoration of basic health services in conflict affected areas, with an ambitious package of EUR 39 500 000 under Individual Measure 1 adopted in 2022 and currently under implementation. The package of interventions includes rehabilitation at scale, with UNICEF supporting health centres and primary hospitals rehabilitation, as well as support to GBV survivors, and Expertise France focussing on the specialized hospital of Dessie, in Amhara region. The needs are far more than can be currently covered, hence the design of this Action under AAP 2024 – Part 1. With this Action, the EU will be supporting the main specialized hospital in each of the three conflict affected region, and will provide a substantial contribution to the, so far, neglected area of GBV survivor support. The Action recognizes that medical treatment for GBV survivors has been very limited, and it will need to be framed withn a broader holistic support to survivors, with solid referral systems, covering the legal as well as the socio-economic support. Where relevant and applicable, this approach will also support Disarmament, Demobilization and Reintegration (DDR) processes in terms of providing services for severe mental health problems and psycho-social support for children, men and women associated with armed groups and child and adult GBV survivors.

Supporting stabilisation efforts in these regions, through rehabilitation and deliverance of key protection services, would initiate a positive dynamic and reinforce federal authorities' investment in the restoration of basic services across conflict-affected areas. Moreover, developing a stabilisation intervention in these regions would more generally promote community buy-in into the November 2022 peace agreement through the materialisation of peace dividends that would also benefit communities more broadly, and not only those involved in direct fighting.

This Action is aligned with the proposed interventions in the Ethiopia's Resilient Recovery and Reconstruction Planning Framework and the reforms envisaged by the Health Sector Transformation Plan (HSTP-II), in particular with its objectives of a) accelerating progress towards universal health coverage, and b) improving health system responsiveness.

The present Action is also fully consistent and aligned with European Commission policies, objectives and priorities. It falls under Priority area 2 of the Multi Annual Indicative Programme for Ethiopia, i.e. Human Development. It contributes to its specific objective to improve equitable access, quality and efficiency in the

[4] UNFPA Report 2020: Universal Health Coverage Policies and Progress towards the Attainment of Universal Sexual and Reproductive Health and Rights Services in Ethiopia

[5] *Ethiopia Health Sector Transformation Plan (HSTP-II) Mid-Term Review, June 2023*

delivery of basic services. Furthermore, the Action aligns with the Gender Action Plan III,[6] the EU Disability Rights Strategy 2021-2030,[7] the EU vision of the future Africa-EU partnership as per its Communication "Towards a Comprehensive Strategy with Africa"[8] and especially with the Partnership for Sustainable Growth and Jobs, which aims at increasing access to quality education, skills, research, innovation, health and social rights. Finally, it also contributes to the 2030 Agenda for Sustainable Development through the SDG 3 (global health and wellbeing), which is also closely linked to SDG 5 (gender equality).

The Action will link up with the EU's past and ongoing humanitarian aid funded actions in the health sector, aimed at providing life-saving emergency healthcare access to vulnerable people in locations hit by conflict, natural hazards and underprivileged conditions. Such linkage and coordination will be done with a view to strengthening resilience, promoting access to quality and sustainable services, addressing the root causes of humanitarian crises and developing resilience of crisis-affected populations, avoiding duplication in interventions.

This Action will complement and further strengthen interventions from Individual Measure 1 by replicating the rehabilitation of important referral/specialized hospitals from Amhara (where the rehabilitation of Dessie Hospital already started in 2022 and is progressing well) in the two other conflict affected regions: in Tigray with Adwa hospital and in Afar with Aba'ala hospital. That way, the EU will provide a regionally balanced approach and significantly widens the access to specialised medical services in all conflict-affected areas. The Action will also complement EU funding to restoration of primary healthcare and MHPSS and GBV trauma support in conflict affected areas, implemented through UNICEF and Medicins du Monde.

2.2 Problem Analysis

Health facilities damaged by the conflict

The northern Ethiopia conflict has created high humanitarian needs across Tigray, Afar and Amhara regions, which remains largely unaddressed. Important health infrastructures, such as health facilities (hospitals and health centres), WASH and waste disposal systems, IT infrastructure, and medical equipment amongst others, have been severely damaged and rendered non-functional, thereby hindering the provision of basic essential health services to communities. Hostilities have resulted in massive population movements, and individual's access to health services is being seriously limited.

Facility level assessments[9] in Adwa hospital (Tigray region) and Aba'ala hospital (Afar region) indicated that critical health services are severely affected due to damage on health infrastructures, looted/damaged medical and non-medical equipment, destruction/non-functional power & water supply system, damage on waste disposal system, etc. These two hospitals are the main referral hospital (tertiary level) of the regions, serving catchment population of (estimated) 1.2 million and 82 000 people respectively.

In **Adwa hospital**, the Regional Health Bureau was constructing a new building before the conflict while providing services in an old building. During the conflict, the old building was severely damaged and has already stopped functioning. Service provision in the new building is yet to start with some finishing infrastructure and electromechanical works, installation of water supply system and upgrading the waste disposal system. It also require equipping with the necessary medical equipment and supplies. Infrastructure damage in **Aba'ala hospital** is relatively not significant, requiring fixing of broken doors, window and part of the roofing damaged by bullets and heavy artilleries. The critical damage in Aba'ala hospital is on the water supply system which is completely destroyed and requiring drilling of deep borewell, which is expensive given the location of the hospital. Like in Adwa hospital, medical equipment were looted/damaged, including gynaecology and intensive care, diagnostic & imaging, operation theatre /OR/equipment.

Additionally, infrastructure and equipment for clinical treatment of GBV survivors are also not available in both Adwa and Aba'ala hospitals. The Government standard requires to establish One Stop Centre (OSC) for treatment of GBV survivors at hospital level, which is missing in both hospitals. According to standards, they would need to count on equipment and trained professionals, particularly for gynaecological/obstetric interventions.

GBV Survivors living with unmet needs

[6] join-2020-17-final_en.pdf (europa.eu)
[7] KE0221257ENN_002 proof 2.pdf
[8] Africa-EU Partnership - European Commission (europa.eu)
[9] Expertise France Rapid Asessment report on Adwa and Aba'ala hospitals, March 2023.

The conflict has led to loss of livelihoods as well as mental distress and sexual abuse of women and girls. GBV cases, especially sexual violence, is still rife in conflict-affected areas, and there is an urgent need to address the long-term effects of GBV and sexual violence in the aftermath of the northern Ethiopia conflict.

Assessments from the northern regions indicates that the conflict drove a dramatic rise in reported GBV cases, which is believed to represent a small proportion of the actual GBV incidents, given the lack of access to medical facilities, as well as social stigma around reporting.

Sexual and other forms of gender-based violence as a result of the northern conflict have had multiple consequences for survivors and their communities, including negative health outcomes and psychosocial impacts. Health consequences include sexually transmitted infections and HIV, unwanted pregnancies, abortions, gynecological problems, fistula, and other bodily injuries. Psychosocial impacts on survivors have both psychological and social dimensions, which can be closely related. Psychological impacts include depression, anxiety, or post-traumatic stress disorder (PTSD). The longer-term psychological impacts on children who were themselves survivors or witnesses remains to be seen. Social impacts include stigma. Identification as a survivor of many forms of GBV in Ethiopia can lead to stigmatisation, which includes abandonment by a spouse or a family, exclusion from communities, and subsequent lack of access to resources and protection that can in turn lead to vulnerability to further exploitation and abuse. Finally, in terms of sheer economic impacts, in addition to the above-mentioned loss of access to resources if rejected by family and community, many survivors reported immediate loss of food, drink, and property rights. Others suffered loss of livelihood or ability to work due to the physical or psychological injuries they sustained.

The mental health and psychosocial impacts of the conflict goes beyond the GBV survivors. The health workers themselves and the communities in conflict affected areas are traumatized and the need for MHPSS interventions is critical. Unfortunately, there is also limited capacities of trained MHPSS professionals specialized in trauma in conflict affected areas rehabilitation for which hospitals/health centres experience high rates of staff burnout. Additionally, increased awareness is needed of trauma-informed practices by non-MHPSS actors working with highly traumatized communities.

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

The main beneficiaries of this Action will be the rights holders, population living in conflict affected areas, with a special focus on women and girls. Other population living in the most vulnerable situations such as persons with disabilities, the elderly and IDPs and refugees will also benefit from this action. The Action will also targets health personnel who is practicing in conflict affected areas, in support of their mandate to provide assistance to GBV victims but also as themselves being victims affected by the conflict.

Other key stakeholders include:

- **EU Member States (MS)**: almost all EU MS are present in Ethiopia and some are actively engaged in the health sector. Most of them (Spain, Irland, Italy and the Netherlands) provided support to health through contribution to the Sustainable Development Goals Performance Fund (SDG PF), which is a non-earmarked pooled fund managed by the Ministry of Health using its financial management systems and procedures. The EU also supported the sector mainly through budget support operations. Currently, due to the country's situation, Budget Support operation remains suspended. The EU, however, consistently supported the Ethiopian population through Individual Measure 1, with a focus on the provision of basic services (health and education) in collaboration with UN agencies (UNICEF, WFP) and EU MS (Spain, Italy and France).
- **UN agencies**: the UN system is also an important partner supporting the health sector in Ethiopia. UNICEF, UNFPA, and the World Health Organisation (WHO) are the most active UN actors in health. UNDP is also relevant partner to collboarate, exchange information and target on persons associated with armed groups and ex-combatants for GBV services and MHPSS.
- **IFIs, such as World Bank,** supporting restoration of health infrastructures and community work in woredas affected by conflict, thorugh its reconstruction fund. The EIB is also supporting health system strengthening through a partnership with WHO.
- **International NGOs**: Save the Children, the African Medical and Research Foundation (AMREF), Medecins Sans Frontieres, Medecins du Monde, International Rescue Committee, Collegio Universitario Aspiranti e Medici Missionari (CUAMM) and the Catholic Organization for Relief and Development Aid (Cordaid), Center for Victims of Torture (CVT) are amongst the most active international NGOs in the health sector.

- **Government (duty bearers)**: Ministry of Health, Regional Health Bureau and Woreda Health Offices are important stakeholders. Coordination with them from implementing partners will be required.

3 DESCRIPTION OF THE ACTION

3.1 Objectives and Expected Outputs

The Overall Objective of this action is to support resumption of essential health and Mental Health and Psychosocial Support (MHPSS) service provision for GBV survivors and conflict-affected communities.

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

1. Enable resumption of essential health services through rehabilitation and upgrading of health facilities damaged by the conflict
2. Improve quality of medical treatment of GBV survivors, through skilled personnel and specialized equipment
3. Improve GBV case management and increase availability of good quality MHPSS services in conflict affected areas
4. Build capacities for social reintegration of GBV survivors and increased resilience of communities in conflict affected areas

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

Contributing to Specific Objective 1

1.1 Health infrastructure damaged by the conflict are rehabilitated and equipped to enable resumption of service provision in Adwa (Tigray region) and Aba'ala (Afar region) hospital

Contributing to Specific Objective 2

2.1 Hospital based One Stop Centres (OSCs) established and provided with equipment and skilled personnel for medical treatment of GBV survivors, including gynaecological/obstetric interventions and child-specific services where appropriate

Contributing to Specific Objective 3

3.1 Increased access to MHPSS services for GBV survivors, including children and women associated with armed groups, frontline workers and vulnerable communities

3.2 Strenghtened referral mechanisms and legal support to GBV survivors

3.3 Strenghtened community trauma management mechanisms

3.4 Strengthened community based MHPSS mechanisms

3.5 Specialized training of health professionals for MHPSS services

3.6 Support to MHPSS policy and guidelines development at national level

Contributing to Outcome 4 (or Specific Objective 4)

4.1 Support to skills development and economic opportunitis for GBV survivors and other vulnerable groups within conflict affected communities

3.2 Indicative Activities

Activities relating to Output 1.1

- Construction and/or rehabilitation health infrastructure (civil works, electro-mechanical and waste disposal management systems) damaged by the conflict in the tertiary referral hospitals of Adwa (Tigray region) and Aba'ala (Afar region)
- Procurement and installation of medical and non-medical equipment looted/damaged by the conflict

Activities relating to Output 2.1

- Set up of hospital-based One Stop Centres (OSCs) in Adwa and Aba'ala hospitals for comprehensive treatment of GBV survivors
- Training of health workers for surgical/obstetric treatment of GBV survivors

Activities relating to Outputs 3.1 to 3.6

- Training, mentoring and technical assistance to the social service workforce to improve the quality of GBV services for survivors , including psychosocial, legal support services and other services
- Building the capacity of stakeholders in mobilising families and communities to support identification and referral of GBV cases
- Support multi-sectoral collaboration, coordination and referral mechanisms for responding GBV cases
- Support GBV rehabilitation centersbased on capacity needs
- Support development and implementation of National Policy for prevention and response to GBV
- Advocate for gender responsive, costed national GBV prevention and response frameworks, plans, and strategies and accountability for their implementation

Activities relating to Output 4.1:

- Organize skill/business development trainings to GBV survivors and conflict affected vulnerable communities
- Develop GBV survivors economic livelihood support scheme aimed at strengthening their resilience and recovery process

3.3 Mainstreaming

Environmental Protection & Climate Change

In line with the EU sustainable energy and climate change mitigation objectives, the interventions may seek to apply renewable solar-powered based energy solution such as stand-alone systems in the rehabilitation of health facilities. Climate change adaptation and environmental sustainability will also be improved through applying principles in construction leading to an improvement over the pre-existing quality and sustainability of facilities, including through climate proofing, and "one health" approach, recognizing that the health of people is connected to the health of the close environment.

Outcomes of the EIA (Environmental Impact Assessment) screening

The EIA (Environment Impact Assessment) screening classified the action as Category B (not requiring an EIA, but for which environment aspects will be addressed during design).

Outcome of the CRA (Climate Risk Assessment)

The Climate Risk Assessment (CRA) screening concluded that this action is at risk (climate risk will be addressed as part of an EIA).

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 a gender perspective is integrated throughout the Action: the specific objectives in point 3.1, particularly SO 1 and 2 being directly focused on improving access to health care to women and girls recognising they are disproportionally affected by the conflict, physically as well as socially and economically. This is also a pillar of the Women, Peace and Security Agenda at EU level and worldwide.

A systematic assessment of the particular needs and strengths of women and girls of the planned activities will be conducted and sex- and disability (where possible) disaggregated data will be collected and presented at all levels.

Human Rights

Access to health services is a basic human right recognised in the international legal framework. While the final beneficiaries of this Action do have special needs arising from the conflict, their right to enjoy such services will also be underscored, moving from a needs approach to a rights approach. International humanitarian law also provides the principle of special protection for children as persons who are particularly vulnerbale in time of armed conflict and children shall be provided with care and aid they require. Such a human rights based approach will

ensure as well the sustainability of the gains achieved, including through awareness raising activities aiming at ensuring the population is aware of their rights so to be able to fully exercise them. The action will respect the five working principles: respect to all human rights, meaningful participation, non-discrimination, transparency and accountability in all the phases and activities.

Disability

As per OECD Disability DAC codes identified in section 1.1, this action is labelled as D1. This implies that a disability perspective is integrated throughout the Action and a systematic assessment of the particular needs people with disabilities will be taken into consideration in the planned activities. In particular, disability is addressed in the activities related to rehabilitation of health facilities, raising awareness around stigma and prejudice among health workers, as well as implications for child protection and reintegration and access to livelihoods and economic support.

Reduction of inequalities

The Action will support access to basic health services by communities, reducing disequalities in access to services. Furthermore, the action will specifically support women and children victims of the conflict to have better access to tailored health care, both from a physical as well as psychosocial point of view. By working on reducing stigma around GBV violence and improved economic opportunities, the Action will support women empowerment and reduction of inequalities at community level. To the extent possible, the action will consider also stigma related to women or children associated with former combatants and armed groups.

Democracy

N/A

Conflict sensitivity, peace and resilience

The choice of locations for implementation will take a conflict sensitive approach, ensuring that no particular region or ethnicity is receiving more support than other, while maintaining due consideration for the needs of the local population. This will need to be supported by a clear communication campaign that clarifies why certain areas or regions have been targeted and that services are open to anybody without prejudice. Psychological support and stress management training for practitioners will be provided to ensure a Do-No-Harm and conflict sensitive approach to service delivery and to ensure protection of workers. Possibilities of working on the H-D-P nexus and in building resilience and sustainability of these services in the long run will be further explored during detail programming/contracting with implementing partners.

Disaster Risk Reduction

The renovation of health facilities will take into account, to the extent possible, key standards for disaster risk reduction and management, including in relation to risks related to possible armed conflict resurgence (possible evacuations, early warning alerts, etc.).

The triple nexus

The Action will foster collaboration and synergies with ongoing humanitarian intervention, promoting the triple nexus humanitarian-peace-development. The Action will coordinate with emergency interventions in the health and psychosocial sectors, and will support medium-long term solutions for health system strengthening and resilience as well quality of health care. Well functioning health system will mitigate the risks of future humanitarian health crises. By improving access to quality health services for members of conflict affected communities, including trauma related intervention, the Action will strengthen the resilience of population and will contribute to peacebuilding. It will promote social cohesion by supporting socio-economic intergraion of GBV survivors and will bring back to communities peace dividends.

3.4 Risks and Lessons Learnt

Category	Risks	Likelihood (High/ Medium/	Impact (High/ Medium/	Mitigating measures

		Low)	**Low)**	
External environment	Difficult access to regions in conflict: some conflict areas may remain closed to access by implementing partners, and areas that have recently stabilised may become unstable again, which risks delaying the implementation of some activities and/or losing gains made during the implementation.	H	H	The programme will develop clear criteria for access to zones, woredas and kebeles which will include a consideration of safety and security issues and possible safeguards to these risks. Alternative locations could be pre-identified to quickly adapt implementation if needed.
Exernal environment	Vulnerability to shocks and crises: Ethiopia remains vulnerable to significant shocks, natural and man-made, affecting the target population. The impact of climate change, ongoing active conflict and COVID-19 risks exacerbating these vulnerabilities, which could have detrimental effects in the implementation of projects.			Flexibility in terms of implementation (choice, sequencing and modalities of activities) will be built into the programme in order to adjust to the evolution of the situation in a conflict-sensitive manner.
Social	Stigma around GBV surviors reduces the incentives victims have to seek for assistance	H	H	The Action will support creation of safe spaces for children and women at One Stop centers and strengthen capacities of healh personnel on communication skills. The action will also build capacity of social work forces on facilitation skills to run structured PSS interventions at community level. Furthermore, the Action will support work at community level to increase understanding around GBV

				issues and economic empowerment of survivors and their communities.
External environment	Availability of health personnel in conflict affected areas is significantly reduced hence limiting possibilities for specialized assistance to GBV victims	M	M	Implementation of the Action will be accompanied by regular policy dialogue with Ministry of Health to deploy critical health personnel in conflict affected areas and also strengthen existing referral systems. The Action will also be complemented by an ongoing IM1 support specialized training for medical personnel to increase availability of care with a focus on the targeted conflict affected areas.
Planning processes and systems	Substantial increases in the costs of constructions and fixed budget reduces the scope of intervention	M	H	In depth assessments of health facilities and needs will be conducted in inception phase to establish a realistic rehabilitaton plan in partnership with Government Health authorities. EUD will also continously engage with MS active in health sector to explore possibility for additional contributions and longer term sustainability of the programme.
External environment	Aid diversion	M	H	EU and implementing partner will put in place safeguarding measures to reduce the risk of aid diversion. Regular follow up with implementing partners and government counterparts on implementation of the action, coupled with monitoring missions, regular systems audits and expenditure verifications.

Lessons Learnt:

- Political and security situation in Ethiopia remains volatile and design and implementation of actions on the ground will need to be sufficiently flexible to adapt to a rapidly changing context. Access to conflict affected areas may vary, hence continuous monitoring and contact with authorities and partners on the ground is of paramount importance.
- While the problem analysis and the intervention logic of this Action will remain relevant, it is not unlikely that volatile situation may require adjustment in the scope of the rehabilitation/reconstruction works, possibly due to rapid increase in the price of building materials, difficult access to targeted areas, as well as repeated damages due to protracted conflict. Because of substantial discrepancies between costs estimated during proposal and needs assessment during inception phase, the number of health facilities rehabilitated under the UNICEF implemented project CARE4Health (NDICI AFRICA/2022/437-516) had to be drastically reduced.
- GBV survivors may refrain from requesting appropriate support due to fear of stigma and discrimination. There is a need to devise multi-sectoral approaches to reach GBV survivors and address the multi faceted problems (health, psycosocial and economic) they face.
- It is necessary to devise relevant strategies and approaches to challenge existing attitudes, beliefs, norms and structures that promote or excuse gender based violence. Informal mechanisms (religious leaders, traditional leaders, clan leaders in Afar, community based structures) can play pivotal roles in creating awareness, mobilize community members and bringing attitudes change.

- In response to the aid diversion scandal there will be thorough discussions with implementing partners on safeguarding measures in place to reduce risk of misuse of funds, complemented by regular monitoring and enhanced control, as well as additional risk mitigation measures if and when needed.

3.5 The Intervention Logic

The underlying intervention logic for this action is that by carrying out activities to rehabilitate damaged health infrastructures and support the victims of the conflict living in the most vulnerable situations, including through psychosocial support, gains lost or at risk due to the conflict will be restored. As for activities such as equipping hospitals, training of healthcare workers on clinical treatment of GBV survivors, as well as other specialised MHPSS training provided (in particular those related to needs arising from the conflict), these will contribute to strengthening the quality of health care at all levels. If conflict recedes or is contained, these outcomes will be realised in the targeted locations.

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.

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 support resumption of essential health and Mental Health and Psychosocial Support (MHPSS) service provision for GBV survivors and conflict-affected communities.	1.UHC Index 2. Extent to which measures supported by the EU to prevent and combat sexual and gender-based violence in situations of fragility and conflict are effective in preventing sexual and gender-based violence and providing services to survivors (GAP III [10]- Ensuring freedom from all forms of gender-based violence (GAPIII-GBV)	1. 0.5 2.	1.0.58 2. TBD	1.Health Sector Transformation Plan II, 2020/21-2024/25, EDHS2. tbc 2. EU intervention monitoring and reporting system	*Not applicable*
Outcome 1	1 Enable resumption of essential health services through rehabilitation and upgrading of health facilities damaged by the conflict	1.1 Number of rehabilitated and upgraded health facilities readiness to deliver essential health service	1.1 0 (2023)	1.1 2 (2027)	1.1 Progress reports of the Action	

[10] "*The Gender Action Plan III is a Joint communication by the Commission and the High Representative of the Union for Foreign Affairs and Security Policy which was welcomed through EU Presidency Conclusions of 16 December 2020. Drafting was led by European Commission in close consultation with EU Member States, EEAS, civil society organisations, partner governments, and international organisations (UN entities, International Finance Institutions among others). The different parties contributed to the drafting of the document through meetings and through responses to a survey conducted during the process.*"

Outcome 2	2 Improved quality of medical treatment of GBV survivors, through skilled personnel and specialized equipment	2.1 % of GBV survivors who reported positive experience of care, disaggregated by sex, age, IDP status	2.1 TBD (inception phase)	2.1 TBD (inception phase)	2.1 Progress reports of the Action	
Outcome 3	3 Improved GBV case management and increase availability of good quality MHPSS services in conflict affected areas	3.1 % of GBV survivors' who received timely and gender responsive case management services disaggregated by sex, age, IDP status 3.2 % (and #) of social service workers who are confident in their ability to identify and respond to cases of GBV disaggregated by sex, age, IDP status	3.1 TBD (inception phase) 3.2 TBD (inception phase)	3.1 TBD (inception phase) 3.2 TBD (inception phase)	3.1 Progress reports of the Action 3.2 Progress reports of the Action	
Outcome 4	4 Build capacities for social reintegration of GBV survivors and increased resilience of communities in conflict affected areas	4.1 % (and #) of GBV survivors that report changes to their income as a result of the intervention disaggregated by sex, age, IDP status	4.1 TBD (inception phase)	4.1 TBD (inception phase)	4.1 Progress reports of the Action	
Output 1 **relating to Outcome 1**	1.1 Health infrastructure damaged by the conflict are rehabilitated and upgraded to enable resumption of service provision in Adwa (Tigray region) and Aba'ala (Afar region) hospitals	1.1.1 Conflict affected hospitals rehabilitated and upgraded for improved quality of services 1.1.2 Number of medical equipment/ hospital departments equipped per the MoH standard	1.1.1 0 (2023) 1.1. TBD (inception phase)	1.1.1 2 (2027) 1.1.2 TBD (inception phase)	1.1.1 Progress reports of the Action 1.1.2 Progress reports of the Action	
Output 1 **relating to Outcome 2**	2.1 Hospital-based One Stop Centres (OSCs) established and provided with equipment and skilled personnel for medical treatment of GBV survivors, including gynaecological/obstetric interventions	2.1.1 Number of OSCs established and equipped with the necessary equipment and trained professionals 2.1.2 Number of health professionals trained on clinical treatment of GBV survivors disaggregated by sex, age	2.1.1 0 (2023) 2.1.2 TBD (inception phase)	2.1.1 TBD (inception phase) 2.1.2 TBD (inception phase)	2.1.1 Progress reports of the Action 2.1.2 Progress reports of the Action	
Output 1 **relating to Outcome 3**	3.1 Increased access to MHPSS services for GBV survivors, children and women associated with armed groups, frontline workers and vulnerable communities	3.1.1 Number of GBV survivors identified and provided with MHPSS services disaggregated by sex, age, IDP status 3.1.2 Number of ex-combatants or individuals associated with armed	3.1.1 TBD (inception phase)	3.1.1 TBD (inception phase)	3.1.1 Progress reports of the Action	

		groups benefitting from psycho-social support thanks to support from the EU-funded intervention (disaggregated by sex and age) 3.1.3 Number of frontline workers and other vulnerable communities who received MHPSS services, disaggregated by sex, age.	3.1.2 TBD (inception phase) 3.1.3 TBD (inception phase)	3.1.2 TBD (inception phase) 3.1.3 TBD (inception phase)	3.1.2 progress reports of the Action 3.1.3 Progress reports of the Action	
Output 2 **relating to Outcome 3**	3.2 Strenghtened referral mechanisms and legal support to GBV survivors	3.2.1 Number of GBV survivors who received legal support disaggregated by sex, age, IDP status 3.2.2. Proportion of gender-based violence cases reported to the police, brought to court which resulted in the perpetrators being sentenced 3.2.3. Number of referral mechanisms supported	3.2.1 TBD (inception phase) 3.2.2 TBD (inception phase)	3.2.1 TBD (inception phase) 3.2.2 TBD (inception phase)	3.2.1 Progress reports of the Action 3.2.2 Progress reports of the Action	
Output 3 **relating to Outcome 3**	3.3 Strengthened community trauma management mechanisms	3.3.1 Number of participants attended for community awareness and trauma healing sessions disaggregated by sex, age, IDP status 3.3.2 Number of community based mechanisms involved in trauma healing initiatives disaggregated by location, 3.3.3. Number of ex-combatants or individuals associated with armed groups involved in community awareness and trauma healing initiatives	3.3.1 TBD (inception phase) 3.3.2 TBD (inception phase) 3.3.3 TBD (inception phase)	3.3.1 TBD (inception phase) 3.3.2 TBD (inception phase) 3.3.3TBD (inception phase)	3.3.1 Progress reports of the Action 3.3.2 Progress reports of the Action 3.3.3 Progress reports of the Action	
Output 4 **relating to Outcome 3**	3.4 Strengthened community based MHPSS mechanisms	3.4.1. Number of community based structures supported based on the capacity needs 3.4.2. Number of community based actors (community health volunteers, health development army, community based child protection actors), teachers and	3.4.1 TBD (inception phase) 3.4.2.TBD(inception phase)	3.4.1.TBD (inception phase) 3.4.2.TBD (inception phase)	3.4.1. Progress of the Action) 3.4.2. Progress of the Action	

		health extension workers trained on MHPSS				
Output 5 **relating to Outcome 3**	3.5 Specialized training of health professionals for MHPSS services	3.5.1 Number of health professionals cadre trained/specialized on MHPSS	3.5.1 TBD (inception phase)	3.5.1 TBD (inception phase)	3.5.1 Progress report of the Action	
Output 6 **relating to Outcome 3**	3.6 Support to MHPSS policy and guidelines development at national level	3.6.1 Number of policy/guideline developed and adopted	3.6.1 0 (2023)	3.6.1 1 (2026)		
Output 1 **relating to Outcome 4**	4.1 Support to skills development and economic opportunitis for GBV survivors and other vulnerable group within conflict affected communities	4.1.1 Number of GBV survivors, conflict affected vulnerable group members, persons associated with armed groups or ex-combatants identified and trained for business development initiatives disaggregated by sex, age, , IDP status 4.1.2 Number of start-up capital/grant beneficiaries linked with micro-finance institutions and engaged in their preferred economic livelihood initiatives	4.1.1 TBD (inception phase) 4.1.2 TBD (inception phase)	4.1.1 TBD (inception phase) 4.1.2 TBD (inception phase)	4.1.1 Porgress report of the Action 4.1.2 Porgress report of the Action	

4 IMPLEMENTATION ARRANGEMENTS

4.1 Financing Agreement

In order to implement this action, it is envisaged to conclude a financing agreement with the Government of the Federal Republic of Ethiopia.

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 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 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[11].

4.4.1 Direct Management (Grants)

(a) Purpose of the grant(s)

The grant will contribute to achieve Specific Objective 3 "Improve GBV case management and increase availability of good quality MHPSS services in conflict affected areas" and Specific Objective 4 "Build capacities for social reintegration of GBV survivors and increased resilience of communities in conflict affected areas".

This call will be launched on 22 January 2024 under a suspensive clause prior to the adoption of this Decision. This is justified because of the substantial unmet needs for MHPSS services amongst GBV survivors, health personnel and communities who have been affected by conflict since more than three years. It is therefore a matter of urgency, and the launch with suspensive clause of the call will allow implementation of activities on the ground immediately after NDICI Committee decision. By restoring/strengthening access to specialized services, the Action will contribute to recovery and stabilisation in conflict affected communities, and ultimately contribute to the National Dialogue process.

(b) Type of applicants targeted

Public bodies, international organisations, NGOs, research institutions

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The part of the action under the budgetary envelope reserved for grants may, partially or totally and including where an entity is designated for receiving a grant without a call for proposals, be implemented in indirect management with an entity, which will be selected by the Commission's services using the following criteria:

- Experience on GBV case management in conflict affected areas
- Experience with provision of training, capacity building and technical assistance of social service workforces on assistance to GBV survivors

[11] 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.

- Experience with economic and social reintegration action for GBV survivors
- Esperience with advocacy on GBV prevention and response

4.4.2 Indirect Management with an entrusted entity

A part of this action may be implemented in indirect management with Expertise France. This implementation entails activities contributing to the achievement of Specific Objective 1 "Enable resumption of essential health services through rehabilitation and upgrading of health facilities damaged by the conflict" and Specific Objective 2 "Improve quality of medical treatment of GBV survivors, through skilled personnel and specialized equipment".The envisaged entity has been selected using the following criteria:

- Proven experience in supporting the health sector in Ethiopia;
- Experience in rehabilitation and refurbishment of health infrastructure; procurement of medical equipment
- Working experience in health system strengthening in post conflict situations

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

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

In case activities in indirect management as described in 4.4.2 cannot be implemented due to circumstances outside of the Commission's control, this part of the action could be implemented though direct management-procurement. Procurement will cover activities relating to Specific Objectives 1 "Enable resumption of essential health services through rehabilitation and upgrading of health facilities damaged by the conflict" and Specific Objective 2 "Improve quality of medical treatment of GBV survivors, through skilled personnel and specialized equipment"

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)**
Implementation modalities – cf. section 4.4	
Specific Objectives 1 "Enable resumption of essential health services through rehabilitation and upgrading of health facilities damaged by the conflict" and Specific Objective 2 "Improve quality of medical treatment of GBV survivors, through skilled personnel and specialized equipment" – composed of	**16 000 000**
Indirect management with Expertise France - cf. section 4.4.2	16 000 000

Specific Objectives 3 “Improve GBV case management and increase availability of good quality MHPSS services in conflict affected areas” and Specific Objective 4 “Build capacities for social reintegration of GBV survivors and increased resilience of communities in conflict affected areas”– composed of	**8 000 000**
Grants - cf section 4.4.1	8 000 000
Grants – total envelope under section 4.4.1	8 000 000
Evaluation – cf. section 5.2 **Audit** – cf. section 5.3	500 000
Contingencies	500 000
Totals	**25 000 000**

4.7 Organisational Set-up and Responsibilities

A Programme Steering Committee (PSC) will be established for oversight and overall coordination and monitoring of the Action's implementation process. The Steering Committee will meet at least twice a year to discuss strategic issues and provide direction in addressing programme implementation challenges. The composition and mandate of the Steering Committee will be decided by the European Commission services and implementing partners upon signature of contracts. It will include relevant Governent stakeholders at federal and regional level. The work of the PSC will be supported by the Programme Technical Committee, which will meet at least 4 times a year and whose composition will mirror the PSC, but at technical level.

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.

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.

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:

Indicators shall be disaggregated at least by sex and disability when relevant. All monitoring and reporting shall assess how the action is taking into account the human rights-based approach and gender equality, including the inclusion of persons with disabilities.

The performance of the programme will also be closely monitored by the Steering Committee through reviewing biannual progress reports. Implementing partners will present a summary of project implementation progress and the Steering Committee will discuss at strategic level and provide direction in addressing key challenges. In addition, when negotiating contracts, the Commission and implementing

partners will align with the logframe matrix in this Action Document, and implementing partners will provide baseline and suggest targets.

Monitoring and reporting of the Action's implementation process may involve use of both internal and external sources of data. Primarily, programme reports/data will be used to monitor and assess progress of implementation at output level. Achievements of indicators defined at outcome and impact level require contribution from other interventions and will need use of external sources of data including the Ethiopian Demographic and Health Survey (EDHS), Health Management Information System (HMIS), other assessments/surveys and facility reports. When missing, baselines and suggested targets will be proposed through conducting surveys, which will be a responsibility of the implementing partners, and will be conducted at the inception phase.

5.2 Evaluation

Having regard to the importance of the action, a mid term and final evaluation may be carried out for this action or its components via independent consultants contracted by the Commission.

Mid term evaluation will be carried out for problem solving and learning purposes, in particular concerning the effectiveness and complementarity of the different components but also to be able to adjust the components action/part of the action in case of a changing context.

Final evaluation will be carried out for accountability and learning purposes at various levels (including for policy revision), taking into account in particular the fact that this Action is taking place in response to the conflict in Ethiopia and may inform future conflict sensitive 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[12]. The implementing partner and the Commission shall analyse the conclusions and recommendations of the evaluations and, where appropriate, apply the necessary adjustments.

Evaluation services may be contracted under a framework contract.

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

[12] See best practice of evaluation dissemination

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: all contracts in the present action
Group of actions level (i.e. top-up cases, different phases of a single programme)		
☐	Group of actions	Actions reference (CRIS#/OPSYS#):
Contract level		
☒	Single Contract 1	Indirect management with Expertise France
☒	Single Contract 2	Direct management - Grant
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	