ACTION DOCUMENT

THE EUROPEAN UNION EMERGENCY TRUST FUND FOR STABILITY AND ADDRESSING THE ROOT CAUSES OF IRREGULAR MIGRATION AND DISPLACED PERSONS IN AFRICA

1. IDENTIFICATION

<table>
<tr><td>Title</td><td>Reference: T05-EUTF-HOA-SS-74
Support to health services in South Sudan</td></tr>
<tr><td>Zone benefitting from the action / Localisation</td><td>South Sudan – locations will depend on implementation modalities</td></tr>
<tr><td>Total cost</td><td>Total estimated cost: 23 851 182.22 EUR
Total amount drawn from the Trust Fund:
23 851 182.22 EUR</td></tr>
<tr><td>Aid modality(ies) and implementation modality(ies)</td><td>Indirect management through Contribution Agreement
(Direct management for evaluation and audit)</td></tr>
<tr><td>DAC – codes</td><td>120 - Health</td></tr>
<tr><td>Main delivery channels</td><td>Third Country Government - Delegated co-operation – 13000 / International NGO – 21000 and/or UN agency - 41000</td></tr>
<tr><td>Markers</td><td>
<table>
<tr><th>Policy objectives</th><th>Not targeted</th><th>Significant objective</th><th>Principal objective</th></tr>
<tr><td>Participatory development / good governance</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Aid to environment</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Gender equality and empowerment of women and girls</td><td>☐</td><td>X</td><td>☐</td></tr>
<tr><td>Trade development</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Reproductive, maternal , new-born and child health</td><td>☐</td><td>☐</td><td>X</td></tr>
<tr><td>Disaster Risk Reduction</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Nutrition</td><td>☐</td><td>X</td><td>☐</td></tr>
<tr><td>Disability</td><td>☐</td><td>X</td><td>☐</td></tr>
<tr><th>Rio Markers</th><th>Not targeted</th><th>Significant objective</th><th>Principal objective</th></tr>
<tr><td>Biological diversity</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Combat desertification</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Climate change mitigation</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Climate change adaptation</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Migration marker</td><td>X</td><td>☐</td><td>☐</td></tr>
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<tr><td>SDG</td><td>Goal 3: Good Health
Goal 5: Gender Equality
Goal 16: Peace, Justice and Strong Institutions</td></tr>
<tr><td>Valetta Action Plan Domains</td><td>1. Development benefits of migration and root causes of irregular migration</td></tr>
</table>

Strategic objectives of the Trust Fund	**2.** Strengthening resilience of communities and in particular the most vulnerable, as well as refugees and displaced people (IDPs)
Beneficiaries of the action	**Direct beneficiaries:** key personnel in health facilities, hospitals and county health departments (duty-bearers). **Final Beneficiaries:** the public at large (rights-holders) and especially pregnant women and children under five.
Derogations, authorized exceptions, prior agreements	Events to be reported 20.b and 21

2. RATIONALE AND CONTEXT

2.1. Summary of the action and its objectives

This action builds on previous EU engagement in the health sector of South Sudan, via global health initiatives and through the Health Pooled Funds (I and II). Despite the recent signature of the revitalised peace agreement, the basic health needs of the South Sudanese population remain largely unaddressed. The **overall objective** of this action is to contribute to improved health and wellbeing of the population of South Sudan. The **specific objective** is to achieve increased equal access to quality health, including nutrition services, with a special focus on pregnant women and children under five.

The **intervention logic** is that promoting better health for everyone will support the implementation of the peace agreement, reconstruction efforts and the return of internally displaced people (IDPs) and people who fled conflict to neighbouring countries. The action will do so by supporting the foundations of an effective public health system that will support rights to health for all, deliver improved access to quality health services in South Sudan, and respond to emergency needs where required.

This will be achieved through higher availability access and preparedness of quality health services at health facilities; better awareness, prevention and treatment of common health conditions and public health risks through community level interventions; availability of safe, effective and quality essential medicines and supplies; more stable, transparent and quality health systems that respond to the rights to health and needs of the people living in vulnerable situations specifically women and children ; improved the knowledge on, and / or treatment of mental health and Sexual Gender Based Violence.

This support to the health services in South Sudan is aligned with the priorities for the country notably South Sudan's Basic Package for Health and Nutrition Services, the Health Sector Development Plan and the Health Sector Strategic Plan (2015-2019).

South Sudan does not have access to programmable bilateral resources from the 11th European Development Fund and hence relies on other sources of funding such as the EUTF. This action is justified under the EUTF as it aligns with one of the key priority criteria (Essential stabilisation efforts in Somalia, Sudan and South Sudan) set for the EUTF Horn of Africa window by the EUTF Strategic Board in April 2018 and due to the allowance of needed swift and adaptable response and implementation.

2.2. Context

2.2.1. *National context*

At least three generations of people in South Sudan experience chronic insecurity as a result of repeated wars and conflict at multi levels. Almost 4 million people – nearly one in three – are displaced. This includes 1.9 million who are internally displaced and 2 million South Sudanese who sought refuge in neighbouring countries. Around half of the population, 6.1 million people are severely food insecure and 7 million are in need of humanitarian assistance. Conflicts severely affect South Sudanese women socially, economically, physically and psychologically. Sexual violence has been used as a weapon of war during and even after the civil wars, and women continue to suffer. The country has more than 60 ethnic groups and the tensions among them have been a serious issue.

On 12 September 2018, the parties signed the Revitalised Agreement on the resolution of Conflict in South Sudan (R-ARCSS). This marked the end of a process to revitalise the 2015 Agreement on the Resolution of Conflict in South Sudan (ARCSS), led by the Intergovernmental Authority on Development (IGAD). There is broad acknowledgement that this is the only deal on the table and that there is a need to engage constructively in encouraging implementation. There has been some progress in terms of implementation, most notable the ceasefire is largely respected, the release of some high profile political prisoners, the return of many members of the opposition to Juba and regular meetings of the peace process with various institutions and mechanisms are taking place. That said, there has been more limited progress on some of the challenging issues including security sector reform most notably in the area of cantonment, state boundaries, transparency and accountability on the management of the country's economy and resources.

On the basis of the 2011 Constitution, the territory of South Sudan is composed of ten states. In October 2018, a presidential decree increased the number of states to 28 and in January 2017 to 32 states. In this period, the Health Pool Fund continued operating in the states as delimited before October 2018, hence the reference in this document to "former states".
In February 2020 the number of states was brought back to ten.

2.2.2. *Sector context: policies and challenges*

South Sudan has underdeveloped health services, further affected by decades of conflict and underinvestment, which are inadequate to meet the needs**. 56% of people do not live within 5km of a functioning health facility[1].** The Ministry of Health has developed a Health Sector Strategic Plan (2015-2019) to improve the delivery of health services. However, the worsening economy with very high levels of inflation and drastically reduced government revenues has led to an almost non-existent national health budget (EUR10M budgeted for 2018/2019 compared to actual EUR84.5M for 2014/2015). As a result, the provision of basic health relies primarily on funding of external humanitarian and cooperation donors working mostly through national structures with public health workers supported by NGOs. There is a severe shortage of health workers and some two-thirds receive a salary from the Ministry of Health below the poverty line and often paid late. Key health workers are paid incentives funded by donors. External support to the health sector aims at reducing long-term harm to the population's health by maintaining existing health systems operating to the extent possible. Implementation is challenging in certain areas as a result of insecurity with certain health facilities being inaccessible and looted and attacks on health workers. Coordination among health development

[1] 2009 Southern Sudan Health Facility mapping survey

actors and between development and humanitarian actors requires sustained efforts to be improved.

South Sudan has some of the worst health indicators in the world.

On 30 January 2020, WHO declared the **COVID-19** outbreak a Public Health Emergency of International Concern and a pandemic on 11 March 2020. Accordingly, WHO has requested that all countries (including South Sudan), enhance preparedness for containment of the disease. This includes active surveillance, early detection, isolation, case management, contact tracing and prevention of the onward spread of COVID-19 infection. Apart from having positive repercussion at the regional and global level, such activities fall within the overall objective of this Action as they contribute to the improved health and wellbeing of the population of South Sudan. In South Sudan, the response will benefit from the involvement of women's groups. In particular, the EUTF project "Women Empowerment" (5 000 000 EUR) for South Sudan may contribute in the area of prevention of stigmatisation, reduced civic space for women due to government's measures in the context of COVID-19, etc.

Among other issues, the COVID-19 outbreak has led to an acute shortage of certain essential medical supplies worldwide. In the fight against COVID 19, individual nations have entered into a race to satisfy individual needs, thereby leading to market distortions (medical equipment, healthcare respondents, transport containers, and all means of transportation). In particular, the shortage of personal protective equipment (PPE) poses a tremendous challenge. As of June 2020, only 5% of the inter-agencies requests for PPE in South Sudan could be fulfilled. Because 60% of these requests are related to health case management, the risk is that an entire generation of the precious frontline health workers may be dangerously exposed to contracting COVID-19 due to the unavailability of PPE.
Under the present transport/supply difficulties at national and international level, the capacity to promptly scale up the availability of PPE is grossly insufficient. The lack of visibility on the volume and timeliness of the pipeline poses a further challenge to the health organisations, that can't make best use of the limited stocks available.

Maternal mortality rate in South Sudan is the fifth highest in the world (2015 estimate[2]): 789 deaths per 100 000 live births. A major contributor to maternal mortality is abortion (illegal in South Sudan), about 34%, which could be reduced by promoting Family Planning.[3] Research shows that up to 30% of maternal deaths could be prevented by using birth spacing. Education around this is fundamental since the low-uptake of family planning (5%) arises from ignorance and misconceptions. Fewer than 11 of every hundred deliveries are attended by a skilled worker.

Childhood mortality is also **alarmingly high, among the 10 highest in the world**: nearly one in ten children will die before the age of five[4]. Most of these deaths are preventable.[5] Early-age pregnancy and child marriage rates are very high in South Sudan[6]. 40% of girls marry before the age of 18, although illegal, and 30% are still children when first pregnant.[7] The pertaining

[2] WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, Trends in Maternal Mortality 1995-2015, November 2015.
[3] https://www.southsudanhealth.info Library - Gender and the health sector: key challenges in the context of conflict, 2016
[4] https://www.unicef.org/southsudan/health.html.
[5] https://www.unicef.org/southsudan/UNICEF-South-Sudan-Health-Briefing-Note-Oct-2018.pdf
[6] http://mics.unicef.org/surveys
[7] https://southsudan.unfpa.org/en/news/child-marriage-threat-lives-and-future-south-sudans-girls

babies have a significantly higher risk of being underweight at birth and suffer from nutrition related challenges.

Gender inequality and Gender Based Violence (including sexual) are pervasive with, according to certain studies, an estimated 65% of girls / women having experienced physical and / or sexual violence in their lifetime, approximately 51% from an intimate partner.[8] An estimated 33% were sexually assaulted by a non-partner, mainly during attacks or raids.[9] Survivors often endure enormous stigma, are blamed for being assaulted[10] or fear reprisal, while impunity is the norm for perpetrators.

Mental health: a significant proportion of the population is affected by mental health troubles but less than 1% of those affected with mental disorders are receiving the services they need. Besides, South Sudan has a critical shortage of mental health workforce and has been unable to adequately meet the mental health needs. Within the Ministry of Health establishment, there are only two psychiatrists, 20 community mental health workers, one psychiatric nurse and 30 psychologists serving a population of over 12 million people. This is equivalent to a ratio of 1 psychiatrist per 6 million, which is critically below the WHO recommended standard of at least 1 per 100 000. [11] Furthermore, a recent study[12] covering six States in South Sudan and Abyei indicated that 40.7% met symptom criteria for probable Post Traumatic Stress Disorder. South Sudanese authorities have had limited capacity to respond to the needs of people with disabilities and the support provided by national and international organisations is not enough to meet the immediate and long term needs of people with disabilities.

2.2.3. *Justification for use of EUTF Africa funds for this action*

To address the above challenges, provision of health services is one of the drivers that contribute to prevent further instability, irregular migration and displacement and encourage the return of some 4 million people displaced internally and in neighbouring countries. This is in line with the priority criteria set by the EUTF Board and falls under the strategic objectives of the EUTF.

Furthermore, South Sudan does not have access to programmable bilateral 11th EDF funds, hence the reliance on other sources of funding, such as the EUTF Africa

2.3. Lessons learnt

Most lessons learned in the health sector, described below, derive from the implementation of the Health Pooled Fund (HPF) 1 and 2 (2012 to 2018) presented in the evaluation of both programmes (dated 10 July 2018).[13]

In the context of South Sudan, experience with the HPF has demonstrated that there are significant challenges with health systems. Strengthening and focusing on subnational (state and county) levels' stabilisation of the system may be the most effective initial way of intervening. This can provide the most resilient approach to protecting and stabilising service delivery. However there remain significant challenges with this, particularly as the

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[8] https://www.unicef.org/southsudan/gbv.html
[9] ibid
[10] http://www.unfpa.org/news/women-face-unspeakable-sexual-violence-south-sudan
[11] https://afro.who.int/news/world-mental-health-day-commemorated-south-sudan
[12] https://www.researchgate.net/publication/316051615_Posttraumatic_stress_disorder_trauma_and_reconciliation_in_South_Sudan
[13] HPF is a multi-donor programme led by Dfid supporting the provision of basic health service delivery in South Sudan with funding from Dfid, Canada, Sweden and USAID which started in 2012.

administrative boundaries are now even more highly contested. It will be vital to ensure that the healthcare delivery provided is responsive enough to adapt quickly to the needs stemming from political instability including conflict.

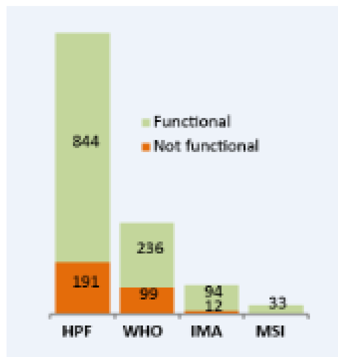
Other lessons learned are:

- There is an opportunity for strengthening and scaling up the delivery of nutrition interventions through the health sector, nutrition being an integral part of the basic primary healthcare package in South Sudan.
- There is a need for interventions targeting the people living in vulnerable situations; women of reproductive age, children under 5, people with disabilities and special needs including mental health, indigenous peoples/pastoralists and internally displaced people.
- Interventions must include a focus on sexual and gender based violence and aim also to promote emotional health and well-being.
- Responses must be context specific, flexible and adaptive, able to respond to changing security circumstances.
- Delivering health and nutrition interventions alongside other sectoral programs such as education e.g. de-worming, vaccination provisions and sexual and reproductive health and rights education improves service coverage and quality and promotes resilient programming.
- Health promotion programs can increase health awareness and health seeking behaviour and promote community engagement and ownership in services.
- Strengthening health facilities accountability to the local population should also improve health outcomes and increase demand.
- Functioning health systems capable of delivering services equitably, efficiently, and in a coordinated manner are necessary for achieving improved health outcomes.
- Better coordination is needed among health development actors and also with humanitarian players. The HPF evaluation found that while the humanitarian Health Cluster (group) seems to be working well, coordination of development partners has considerable scope for improvement. The Health Cluster has recently initiated a forum, the Strategic Advisory Group, led by WHO and co-led by Save the Children, to improve co-ordination between humanitarian and development partners.
- Large outbreaks of an infectious disease (and, of course, a pandemic such as Covid-19) may easily overwhelm a fragile health system like that of South Sudan and undermine access to a vast range of health services, if not contained promptly.
- Ebola virus disease preparedness confirmed the importance of prevention facing outbreaks, notably due to limited scope for virus induced emergency in the country

2.4. Complementary actions and synergies

There are 124 partners (of which 54 humanitarian) operating in 2019 in the health sector in South Sudan: 10 UN agencies, 47 international NGOs and 67 national NGOs.

The Health Pooled Fund (HPF) supports and monitors the largest numbers of health facilities in South Sudan (see diagram below), followed by WHO, UNICEF (previously IMA World Health) (World Bank funded) and Management Science International (MSI) (USAID funded).



The Health Pooled Fund 3 delivers basic health services in eight of the ten former states of South Sudan, i.e.: Eastern Equatoria, Central Equatoria, Western Equatoria, Western Bahr el Ghazal, Northern Bahr el Ghazal, Warrap, Lakes and Unity. It is a five-year (October 2018 to 2023) multi-donor programme led by DFID (UK) with the support of EU, Canada, the United States Agency for International Development (USAID) and the Swedish International Development Cooperation Agency (SIDA) Until March 2020 the fund attracted a total of EUR 288M (70% funded by DFID).

The World Bank supports the delivery of health services in the former states not covered by the HPF i.e. Upper Nile and Jonglei. In February 2019, the World Bank approved a 28 months project for US$105.4M to be implemented by UNICEF (US$73.4M) and the International Committee of the Red Cross (ICRC) (US$32M).

WHO is monitoring health facilities in Unity and Upper Nile while MIS works in the Equatorias, Lakes and Norther Bahr El Ghazal.

ECHO mobilised in 2018 EUR 6.7 million to support the health sector in South Sudan through International Non-Governmental Organisations, International Red Cross and UN agencies (UNFPA, UNICEF). Several projects have specific activities on gender-based violence, frequently within larger projects on protection or health, such as psychosocial and medical support, as well as referrals to quality service providers and awareness campaigns. There are contributions to UNFPA pipeline for post-rape treatment kits and trainings on clinical management of rape. ECHO also supports the provision of emergency health care (epidemics) and nutrition. With the risk of Ebola Virus Disease spreading from the Democratic Republic of Congo into South Sudan, classified by the World Health Organisation as high priority country, ECHO has also been active in advocating for enhanced preparedness and response capacity and is part of the National Ebola Virus Disease taskforce. Infectious diseases require sustained and increase efforts by all health actors in ensuring strengthening of systems.

As of June 2020, under the decision ECHO/AF/BUD/2020/92000, ECHO is negotiating a 12 months agreement with WFP in support of the organization's efforts and the Logistics Cluster. This includes the supply, storage, management and distribution of PPE (approximately EUR 2 million). ECHO's expected financing in this area is aligned with this action. In terms of reporting, the relevant logical framework indicators are defined in a way that allows easy reporting, monitoring and comparison.

South Sudan benefits from global health initiatives (funded by EU and EU Member States) such as: "GAVI, the Vaccine Alliance" providing funds and vaccines including cold chain equipment

and "the Global Fund" supporting efforts to prevent and control HIV/AIDS, tuberculosis and malaria.

The EU-WHO Universal Health Partnership provides policy dialogue and strategic support to increase equitable and affordable access to quality health services by all people.

The World Food Programme (WFP), UNICEF and WHO provide support to nutrition programming including food distribution and supplementation. FAO, WFP and other partners support food security and livelihoods. Additionally, WHO, UNICEF and other partners support the Expanded Programme on Immunization (EPI), healthcare (related to childhood morbidity and mortality) and UNICEF the cold chain for vaccines. UNICEF, UNFPA and WHO provide top-up/emergency drugs, commodities and supplies for Emergency Preparedness and Response (for epidemics).

Leaders from the Executive branch of the Government and relevant line Ministries including State Governors, traditional and religious leaders, civil society organizations and the United Nations under the leadership of UNFPA, the United Nations Population Fund, made a collective commitment and pledge, in June 2018, to eliminate child marriage at the launch of the costed Strategic National Action Plan (2017-2030) to End Child Marriage in South Sudan[14].

Further to the declaration of the Covid-19 pandemic and in particular since the recent (beginning of April) confirmation of cases in South Sudan, some donors are considering further financial contributions to the health sector in South Sudan, which have not materialized yet as of March 2020. As concerns other donors' planned further financial contributions to the HPF in particular, in addition to this proposed additional contribution of 4 000 000 EUR from EU, GAVI plans to contribute approximately 750 000 USD within the coming by mid-April.

COVID-19 inter-agency technical team (WHO, UNICEF, MSF, HPF and other health partners) designed a selection process for the distribution of essential supplies in the COVID-19 response. The distribution prioritises case management and protection of workers dealing with active confirmed cases across the country. This EU action will contribute to the establishment and operation of the centralised system for procuring and managing PPE. The intervention will therefore ensure timely, coordinated and transparent efforts to equip health and humanitarian workers with essential protective equipment.

2.5. Donor coordination

There is a number of coordination platforms and mechanisms to exchange and coordinate in different fields such as humanitarian health (led by WHO and co–led by Save the Children), development health (chaired by MoH and co-chaired by WHO), nutrition (led by UNICEF), WASH (led by UNICEF), gender and social inclusion (led by UNFPA). There are also several Technical Working Groups (TWGs) in these areas chaired by the Ministry of Health which are important fora in establishing dialogue.

The HPF evaluation found that while the humanitarian Health Cluster (group) seems to be working well, coordination of development partners has considerable scope for improvement. This includes the interaction between humanitarian and development actors. The health cluster

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[14] https://southsudan.unfpa.org/en/news/statement-ending-child-marriage-south-sudan-ministry-gender-child-and-social-welfare-and-unfpa

has recently initiated a forum, the Strategic Advisory Group, advocated by ECHO and other humanitarian donors for greater inclusion of developmental actors, to improve co-ordination between humanitarian and development partners. Additionally, the health, nutrition and WASH clusters are part and parcel of the Health Sector Working Group which is the overall health coordination platform for development and humanitarian programming for South Sudan.

A pooled funding model by itself increases donor coordination better channelling scarce resources. As of March 2020, HPF includes as donors: DFID (UK), Canada, Sweden, EU, USAID and Gavi. However, the HPF evaluation suggested that to facilitate strategic discussions between the relevant stakeholders and strengthen coordination, the HPF Steering Committee (which includes the Ministry of Health) could widen its attendance to other key health actors, such as the World Bank, UNICEF, UNFPA and WHO. It would also be important that the humanitarian actors be included notably ECHO and the lead of the health humanitarian cluster.

There is a good coordination on data collection, dissemination and use. Implementing Partners report what they achieve through the National Health Management Information System (HMIS). The HMIS reports are submitted by facility and by county and state making it difficult to attribute what exactly each specific partner is contributing to achieve.

Specifically for Covid-19, the Government established a National High Level Taskforce to coordinate the process of developing the Country Preparedness and Response Plan (April to September 2020), which includes a matrix for resources mobilization. The COVID-19 Taskforce consists of pillars, each led by a Government Technical Officer, supported by a lead partner and other support partners. The involvement of women's groups and other civil society organizations will enhance the impact of the Preparedness and Response Plan.

IGAD has developed a Regional Response Strategy for COVID-19 Pandemic, which defines its intervention in support of the IGAD national response committees in Health, Food Security, Peace and Security affected by COVID-19. IGAD has established an Emergency Coordination Unit and a Rapid Regional Response Team to be deployed in the region. It supports measures for the safe circulation of goods and commodities through safe trade zones, thereby preserving critical supply chains, such as food, fuel and medicines.

With EU support (EUR 60 million), IGAD will provide access to health and socio-economic support for vulnerable groups, including migrants, refugees, internally displaced persons and cross-border communities. It will also provide a wide range of medical and personal protective equipment, including 3.5 million surgical masks, 70,000 test kits and 24 ambulances in Djibouti, Ethiopia, Eritrea, Kenya, Somalia, Sudan, South Sudan and Uganda. The component on PPE (via UNOPS) in South Sudan targets cross-border areas and refugees camps. This action "T05-EUTF-HOA-SS-74 Support to health services in South Sudan" is not only in synergy with the EU-IGAD project and the IGAD Regional Response Strategy to COVID-19, but it is an active part of its implementation. In fact, the guiding principle of the strategy is that IGAD "can only be as strong as the weakest health system"[15] and this action actually aims at improving the response in the country which ranks the most dangerous to live in under the pressure of COVID-19[16].

[15] IGAD Regional Response Strategy for COVID-19 Pandemic, pre-final document 20 April 2020, paragraph 3 Strategic Objectives

[16] Big Data Analysis of 200 Countries and Regions COVID-19 Safety Ranking and Risk Assessment, Deep Knowledge Group, http://analytics.dkv.global/covid-regional-assessment-200-regions/full-report.pdf

3. DETAILED DESCRIPTION

3.1. Objectives and expected outputs

The **overall objective** of this proposal is to contribute to improved health and wellbeing of the population of South Sudan.

The **specific objective** is to achieve increased equal access to quality health including nutrition services with a special focus on pregnant women and children under five.

The **expected results** are:

1. Increased availability, accessibility and preparedness of health services at health facilities.
2. Safe, effective and quality essential medicines and supplies are available.
3. Increased awareness, prevention and treatment of common health conditions and public health risks through community level interventions.
4. More stable, transparent and quality health system that responds to the rights and needs of the people.

An indicative logical framework reflecting objectives and results is included in Annex 1 of this Action Document. Targets will be developed for the contracting phase with an active participation of communities, civil society organisations and other key stakeholders.

As of November 2020, the government of South Sudan has not yet passed its national budget for the fiscal year 2020-2021. The draft budget isolates specific allocations for the COVID-19 response in health and for the COVID-19 response in education. A reduction of the resources assigned to health and education in general is likely. In this context, the importance of foreign assistance is increasing and the role of the Health Pooled Fund 3 even more important, as it provides health services in 8 of the 10 states of South Sudan. As a consequence, the HPF3 is trying to source further contributions and is revising its targets on the basis of the deteriorating context. The revision is in coordination with all HPF donors and in consultation with the government; it is due for completion in 2020.

3.2. Main activities

3.2.1. *Activities associated with each result*

Result 1: Increased availability, accessibility and preparedness of health services at health facilities.

Activities could include: services sensitive to gender and life-cycle requirements, health, nutrition and hygiene promotion, treatment of childhood illness, screening and referral of malnutrition and distribution of micronutrients, promotion of maternal health (ante and post-natal) and family planning, recognition, treatment and referral for Sexual Gender Based Violence, psychosocial screening, basic treatment (PEP) and referral and institution of infection prevention and control measures in health facilities (including epidemic and pandemics); campaigns &/or training aiming a) to improve the knowledge in mental health and Sexual Gender Based Violence also of health workers, b) to raise community awareness on these issues and any other actions that will result in improving the health and wellbeing of the population (studies, workshops, etc.). Activities will advocate for facilities to include, as much as possible financial budget allowing, the underlying determinants of health, such as safe and potable drinking water and adequate sanitation facilities. Actions aiming at ensuring, as much as possible financial budget allowing, accessibility of health facilities and services for all without

discrimination: physically accessible and in safe reach for all, including women and girls, and people living in vulnerable situations (for example persons with disabilities, ethnic minorities, indigenous peoples, HIV positive, etc.), affordability for all, particularly for people living in vulnerable situations, the right to seek, receive and impart health information, whilst respecting the confidentiality of personal integrity and data.

Result 2: Safe, effective and quality essential medicines and supplies are available.

Activities could include: the procurement, storage and provision of quality assured pharmaceuticals and of personal protective equipment for contagious diseases.

Result 3: Increased awareness, prevention and treatment of common health conditions and public health risks through community level interventions, with a special focus on response to Covid-19 crisis.

Activities could include: support for the provision of the Ministry of Health's agreed basic package of health and nutrition services including Integrated Disease Surveillance and Response / Early Warning, Alert and Response System (IDSR/EWARS), vaccination (Expanded Programme on Immunisation), sexual and reproductive health and rights (prioritising family planning, emergency obstetric and new born care, and Sexual Gender Based Violence), childhood health, curative care, management of injuries, prevention and treatment of malnutrition, malaria, HIV and Tuberculosis and other major communicable diseases including epidemics and pandemics. Also, health promotion, social and behavioural change with a focus on marginalised groups and people living in vulnerable situations, community awareness and empowerment programme centred on social accountability and peace building.

Activities related to Covid-19 will include:

- Risk communication.

- Training of health care providers in HPF health facilities in priority areas and

  provision of basic equipment e.g. infrared thermometers, face masks

- Filling gaps in IPC – infection prevention and control /WASH facilities in priority areas

- Increase capacity of Health workforce

Result 4: More stable, transparent and quality health system that responds to the rights and needs of the people.

Activities could include: administrative support to the Ministry of Health public staff to provide integrated supervision, monitoring, and training of staff, including on gender-responsive rights-based approach and its principles in the health sector, health information, confidentiality/data protection and human resource management systems, procurement and support with epidemic surveillance and response (EWARS). Assessing the satisfaction of the community on the quality of health care received, reinforcing the efficiency and the coordination of the sector. Because the citizens that are not registered at birth face more restrictions in accessing state services, the project will consider if it is possible to promote the use of the health facilities as entry points for birth registrations of new-born children.
The staff recruited and trained will reflect a gender-sensitive and balanced geographical, ethnical distribution.

3.2.2. *Target groups and final beneficiaries*

Direct beneficiaries: key personnel in health facilities (duty-bearers), hospitals and county health departments.

Final Beneficiaries: the public at large (rights-holders) and especially pregnant women and children under five with particular attention on inclusion of women and children from people living in vulnerable situations.

3.3. Risks and assumptions

Risk	Level of risk	Mitigating measures
Insecurity impedes programme delivery in certain areas	High	Robust planning to find flexible ways of delivering in areas affected by conflict or, in extreme cases, provisional suspension of services
Attacks on personnel and looting of facilities and supplies	Medium	Robust risk management framework, setting out clear operating modalities for implementing partners to minimise risks to personnel, facilities and supplies. Deliveries of supplies to high risk areas are delivered by airfreight.
Ebola Virus Disease (EVD) spreads from DRC to South Sudan	Medium	The EBD preparedness task force (headed by the Ministry of Health with the support of WHO and others including DFID and ECHO) is making good progress in preparing for such a risk.
Epidemics (recurrent)	High	Appropriate surveillance, training and provisioning of supplies
COVID-19 outbreak and increased number of patients beyond the capacities of the health system	High	HPF closely monitors the situation in aligned with updates on COVID-19 and to propose and implement any measures required with relevant partners on the field, as the project itself designed to support mitigation of the disease.
International shortage of COVID-19 associated supplies procurement	High	Early communication and proper planning in advance with relevant suppliers can ensure safe supplies required by the project
Health workers stop working due to wages rendered worthless by hyper-inflation and paid late	High	Payment of incentives to key health workers and / or equitable distribution of incentives to staff in supported health facilities (to avoid tensions)
Natural hazards –drought and flooding – affect implementation	Medium	Risk management of these recurrent hazards to increase capacity to affected areas.
Unintended negative impact on conflict within/between communities in situation where tensions and violence along ethnic lines leaves certain groups behind with no access to services.	Medium	Detailed services will be planned by using the Availability, accessibility, acceptability and quality (AAAQ) framework. The Action is planned and implemented fully in line with the gender-responsive rights-based approach principles participation, non-discrimination, accountability and transparency. Transparency and inclusion of people living in vulnerable situations and the principle of non-

		discrimination/equality will be supported with a capacity-building activities.
Women's, girls' and people in vulnerable situations are left behind with limited access to participate in the planning process and to use services, including those related to sexual and reproductive health and rights.	Medium	Do no harm –principle and conflict-sensitivity will be carefully applied, and ensured that voice of women, girls and those in the most vulnerable situations (such as persons with disabilities, ethnic minorities, pastoralists, IDPs, etc.) is heard during the planning and implementation of the Action. During the inception/implementation the human rights and gender equality impact will be assessed (including CSOs assessment).
Lack of willingness to tackle corruption in the health sector		CSOs will be enhanced to monitor and involved to participate in the planning process. Relevant Ministries and procurement units will be strengthened for accountability and transparency in the health sector.

The **assumptions** for the success of the action and its implementation include:

- Implementation remains possible: insecurity, the spread of Ebola or other epidemics do not reach levels resulting in implementing partners having to halt their operations
- Humanitarian partners continue to support actions against the famine and malnutrition
- Vaccines supplies and cold chain support remain available
- Other partners are able to provide top-up and emergency drugs if there are outbreaks or disease burden increases
- Public health workers continue to be paid
- Availability of skilled health professionals, such as qualified midwives, remains stable.

3.4. Mainstreaming

Gender-Responsive Rights-Based Approach and Social Inclusion: Special attention will be paid to an appropriate "Gender and Social Inclusion Plan" being available and mainstreamed. **Women's rights** have been recognized and guaranteed in core national laws and policies as well as international human rights instruments, notably the *Universal Declaration of Human Rights*, the *International Covenant on Economic, Social and Cultural Rights* and in the *Convention on the Elimination of all forms of Discrimination Against Women* (ratified by South Sudan in 2015) and the project will dedicate a special focus on pregnant women, paying particular attention on inclusion of women and children from people living in vulnerable situations (such as persons with disabilities, ethnic minorities, pastoralists, HIV-positive, etc.) leaving no one behind. At all stages gender-responsive rights-based approach principles participation, non-discrimination/equality, accountability and transparency applying to all rights will guide the planning and implementation of the Action. Accordingly, the Action will contribute to the Gender Action Plan 2016-2020 (GAP II) and in particular to the objectives: (10) *Equal access to quality preventive, curative and rehabilitative physical and mental health care services for girls and women,* and (11) *Promoted, protected and fulfilled right of every individual to have full control over, and decide freely and responsibly on matters related to*

their sexuality and sexual and reproductive health, free from discrimination, coercion and violence. The action will also contribute to the goal 5 of the SDG "Achieve gender equality and empower all women and girls".

Rights of People with disabilities will be taken into account. There is no specific legislation relating to the rights of persons with disabilities in South Sudan. The country has not signed or ratified the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

Rights of children are targeted by the action. South Sudan is signatory of the Convention on the Rights of the Child.

Conflict sensitivity: Considering the context and realities of South Sudan, a conflict sensitive and non-discriminatory approach to planning and implementation is crucial. The action will adhere to the principles of non-discrimination, conflict reduction and doing no harm. The recently agreed harmonised health workers incentives, if adhered to broadly, will reduce existing tensions between workers.

Impact of medical waste on the environment: Implementers will be asked to address how to reduce the impact of medical waste on the environment. This includes segregation, storage, collection, treatment and disposal of health care waste.

3.5. Stakeholder analysis

The action will contribute to realizing the right to health, mainly by developing the capacities of the duty bearers and the participation of the rights-holders. A core element of this human rights-based approach is the elimination of any form of discrimination within each rights-holder group and among them. Efforts will include: fighting discrimination which requires that the national health information systems makes available disaggregated data that allows the identification of people living in vulnerable situations and their diverse needs.
The right to health is understood in its wide definition, thus extending to timely/appropriate health care and inclusive of the key determinants of health, such as safe and potable water, sanitation, food, housing, health-related information and gender equality. This requires sensitizing the duty-bearers and the rights-holders in inter-disciplinary approaches.

The Ministry of Health (duty-bearers): The MoH is in-charge of the health sector policy, guidelines, regulations, and standards development; quality assurance, M&E, health financing and health sector partner coordination at the country level. It provides stewardship and guidance to the sector, manages the Tertiary (Teaching) Hospitals and executes a supportive role to the State Ministries of Health (SMoH). It chairs (WHO co-chairs) the Health Sector Working Group which is the overall health coordination platform for development and humanitarian programming for South Sudan and which meets quarterly. Recently Terms of Reference have been drafted to clarify roles and objectives to improve coordination and it is being considered holding these meetings monthly. There are also Technical Working Groups in the areas of humanitarian health, development health, nutrition and WASH that are led by the Ministry of Health which are important fora in establishing dialogue. It chairs certain meetings like the HPF Steering Committee. Also, the Ministry of Health is responsible for paying salaries to staff working in hospitals, health centres, State Ministries of Health and County Health Departments. The MoH has a gender unit, as required by the National Gender Policy. This unit will be

involved in the action and will work in close collaboration with the Ministry of Gender, Child and Social Welfare and all relevant gender focal points.

The State Ministries of Health (duty-bearers): provide leadership for health service delivery and management at State level making supervision visits to health facilities in their State.

The County Health Departments (CHD) (duty-bearers): oversees the delivery of primary health care services in their respective County, provide some training to health workers and take part in health service delivery.

The Ministry of Gender, Child and Social Welfare (duty-bearers): provides leadership on child and gender needs and rights. The action will ensure close coordination with this ministry.

Public Health Workers (duty-bearers): provide preventive and curative services to the population. Some will benefit from incentives according to the new harmonized incentives scale, on-the-job training, supportive supervision by donor funded NGOs.

International and National NGOs: are responsible for developing, implementing and monitoring plans for the hospitals and health facilities they support in collaboration with local health authorities and local health facilities as regards to activities to be carried out (provision of health & nutrition services and training), incentives to be paid to health workers, operational costs to be covered (like fuel or a new tire for an ambulance) and small infrastructure investment required.

Civil Society Organisations (representatives of the rights-holders): CSOs that represent the rights of the users of the health system will be involved in the action. The action will promote their access to information and their involvement in changes. Women organizations and Persons with disabilities Organisations (PDOs) will be supporting rights for health through participation and non-discrimination of people living in vulnerable conditions specifically pregnant women and children. DPOs will be involved in community-based rehabilitation (CBR) for people with disabilities.

The **users of the health system (rights-holders):** will be empowered to understand, know and participate in the decision-making processes that affect them. The inclusion of marginalised groups will be sought. Individuals and communities will be empowered to know and claim their rights through exchange platforms with the providers of health services.

The **Logistics Cluster**, among other activities, manages a central stock of PPE on behalf of WHO and health partners. The Cluster procures supplies in line with the National COVID-19 Response Plan. The technical assessment of the quantities and types of goods to be procured is the role of an **Inter-Agency Technical Team** formed by **WHO**, **UNICEF**, **MSF**, **HPF** and other health partners. Within this process, requests for PPE are consolidated from partners who receive instructions through various communication channels (Logistics Cluster, Inter-Cluster Coordination Group and National Steering Committee).

WFP co-leads the Logistics Cluster and is a member of the South Sudan National COVID-19 Steering Committee (previously called National Taskforce on COVID-19). It coordinates

closely with the wider humanitarian community through its participation in the **Inter-Agency COVID-19 Operations and Leadership Groups**, composed of the **Humanitarian Country Team** plus members and heads of relevant agencies. As part of its work with these coordination mechanisms, WFP is coordinating the consolidated supply chain for PPE.

4. IMPLEMENTATION ISSUES

4.1. Financing agreement, if relevant

Not applicable.

4.2. Indicative operational implementation period

The implementation period will be **48 months** from the date of contract signature.

4.3. Implementation modalities

This action may be implemented in indirect management with pillar assessed entities which will be selected by using the following criteria:

a. familiarity with the country context;
b. established presence, which also reaches out (directly or through implementing partners) to remote and challenging regions of the country;
c. technical competence in the sector and leverage for policy dialogue, including technical expertise in rights-based approach, gender equality and human rights in the sector;
d. administrative capability and the experience to implement this type of intervention due to their mandate and expertise;
e. extensive network of national and international partners, which can be drawn on;
f. demonstrated capacity to coordinate with various stakeholders.

The implementation by these entities entails the design, monitoring and implementation (directly or through implementing partners) of actions to achieve the results mentioned under 3.2.

In case of exceptional circumstances which will render impossible the implementation of all or part of the action in indirect management, the action will be fully or partially implemented in direct management through grants. In this case:

a) The initiatives to be financed shall be initiated and directly implemented by either: civil society organisations, public bodies, public operators and their associations, public sector bodies with private service mission, private legal entities, eligible under the European Development Fund.

b) The essential selection criteria shall be the financial and operational capacity of the applicant as well as demonstrable experience in the health sector. Partnership in consortium will be strongly promoted.

c) The essential award criteria shall be relevance of the proposed action to the objectives of this programme as well as design, effectiveness, feasibility, sustainability and cost-effectiveness of the action.

d) Maximum rate of co-financing is estimated at 90%. However, co-financing might be increased up to 100% if deemed essential for the action to be carried out. The essentiality of full funding will be justified by the Authorising Officer responsible in the award decision, in

respect of the principles of equal treatment and sound financial management. In this latter case an event to be reported 21 (full financing in grant contracts) will be applicable.

Following the renewal of the declaration of crises situation in South Sudan, the application of flexible procedures in South Sudan remains possible. Also, under EUTF actions, application of flexible procedures is possible. In this case of exceptional circumstance, event to be reported 20.b (Use of direct award for grants without call for proposals) "for the purpose of humanitarian aid and civil protection operations, emergency assistance (EDF) or crisis situation (following declaration of crisis situation by the DG)" is applicable, as per section 8.5.1 of the DEVCO Companion.

4.4. Indicative budget

Component	Amount EUR
Specific Objective: To achieve increased equal access to quality health including nutrition services with a special focus on pregnant women and children under five	23 625 000
Communication and visibility	25 000
Monitoring, evaluation and audit	201 182.22
Total	**23 851 182.22**

4.5. Monitoring and reporting

The implementing partner must establish a permanent internal, technical and financial monitoring system for the action and prepare regular progress reports and final reports.

In the initial phase, the indicative logical framework agreed in contract and / or the agreement signed with the implementing partner must be complemented by benchmarks and targets for each indicator. Progress reports provided by the implementing partner should contain the most recent version of the logical framework agreed by the parties and showing the current values for each indicator disaggregated by sex, age, ethnic group and disabilities when needed. The final report should complete the logical framework with reference points and final values for each indicator.

The final report, financial and descriptive, will cover the entire period of the implementation of the action. The final report should be gender-sensitive, assess gender equality results and implementation of rights-based approach working method principles (Participation, Non-discrimination, Accountability and Transparency) in terms of implementation of the project and project outcomes.

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).

The implementing partner(s) will report on a number of common EUTF indicators of the selected results for this Action[17]

Project Implementing Partners will be required to provide regular data, including the evolution of the actual values of the indicators (at least every three months) to the contracting authority, in a format which is to be indicated during the contract negotiation phase. The evolution of the indicators will be accessible to the public through the EUTF website (https://ec.europa.eu/trustfundforafrica/) and the Akvo RSR platform (https://eutf.akvoapp.org/en/projects/).

4.6. Evaluation and audit

Evaluation will be gender-sensitive and assess implementation of rights-based approach principles in terms of implementation of the project and project outcomes.

If necessary, ad hoc audits or expenditure verification assignments could be contracted by the European Commission for one or several contracts or agreements.

Audits and expenditure verification assignments will be carried out in conformity with the risk analysis in the frame of the yearly Audit Plan exercise conducted by the European Commission. The amount allocated for external evaluation and audit purposes should be shown in EUR. Evaluation and audit assignments will be implemented through service contracts, making use of one of the Commission's dedicated framework contracts or alternatively through the competitive negotiated procedure or the single tender procedure.

4.7. Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU. This action shall contain communication and visibility measures which shall be based on a specific Communication and Visibility Plan of the Action, which will be developed early in the implementation. The measures are implemented by the Commission, the partner country, the contractors, the beneficiaries and / or the entities responsible in terms of legal obligations regarding communication and visibility. Appropriate contractual obligations will be included in the financing agreement, purchase and grant agreements and delegation agreements.

Communication and visibility requirements for the European Union are used to establish the communication and visibility plan for the action and the relevant contractual obligations.

Given the sensitivity of part of this action, it is necessary to foresee communication and visibility measures that will be established at the beginning of implementation on the basis of an Action Plan. Nevertheless, the visibility of the European Union will be ensured taking into account the evolution of the local security context and according to the sensitivity of the activities carried out, so as not to threaten the security of the organization, the donor and the final beneficiaries, and in particular humanitarian organizations, in order not to compromise their principles of neutral and independent humanitarian action.

The South Sudan IGAD office will be closely associated in the project. Furthermore, IGAD's visibility will be secured in particular for the component on PPE (e.g.: upon contract signature and/or delivery of PPE via newspaper, Twitter, EUDEL Facebook, etc.).

[17] EN : https://ec.europa.eu/trustfundforafrica/sites/euetfa/files/eutf_results_indicators_41.pdf
FR : https://ec.europa.eu/trustfundforafrica/sites/euetfa/files/eutf_results_indicators_41_fr.pdf

List of acronyms

AAAQ	Availability, accessibility, acceptability and quality
CHD	County Health Department
DFID	United Kingdom Department for International Development
ECHO	European Civil Protection And Humanitarian Aid Operations
EDF	European Development Fund
EPI	Expanded Program on Immunization
EVD	Ebola Virus Disease
EUTF	The European Union Emergency Trust Fund for stability and addressing the root causes of irregular migration and displaced persons in Africa
FAO	Food and Agriculture Organization of the United Nations
GAVI	Vaccine Alliance
HIV	Human Immunodeficiency Viruses
HMIS	Health Management Information System
HPF	Health Pooled Fund
IDP	Internally Displaced People
IDSR/EWARS	Integrated Disease Surveillance and Response / Early Warning, Alert and Response System
IGAD	Intergovernmental Authority on Development
MoH	Ministry of Health
MSI	Management Science International
NGOs	Non-Governmental Organisations
PEP	HIV Post-Exposure Prophylaxis
PDO	Persons with Disabilities Organisations
PPE	Personal Protective Equipment
R-ACRSS	Revitalised Agreement on the resolution of Conflict in South Sudan
SDG	Sustainable Development Goals
SIDA	Swedish International Development Cooperation Agency
SMoH	State Ministries of Health
TWG	Technical Working Group
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WFP	World Food Programme

Annex 1: Indicative Logical Framework Matrix

Additional notes: The term "results" refers to the outputs, outcome(s) and impact of the Action. Assumptions should reflect risks and related management strategies identified in the Risk analysis.

	Results chain: **Main expected results (maximum 10)**	**Indicators** **(at least one indicator per expected result)** **(baselines & targets will be defined during the inception phase)**	**Sources and means of verification**	**Assumptions**
Impact (Overall objective)	Improved health and wellbeing for the population of South Sudan	➢ *Maternal mortality ratio* ➢ *Under 5 mortality rate*	South Sudan Household Survey, Maternal Mortality Survey or Model Surveys	*Not applicable*
Outcome(s) (Specific Objective(s)	To achieve increased equal access to quality health, including nutrition services, with a special focus on pregnant women and children under five	➢ *Antenatal care services coverage (at least one visit and at least four visits)* ➢ *Proportion of births delivered in a health facility* ➢ *Number of women using any method of contraception with EU support* ➢ *Prevalence of wasting among children under 5 years of age*	MoH HMIS/DHIS or data collected quarterly by the HPF	✓ Humanitarian partners continue to support the famine/high levels of malnutrition
Other Results (Outputs and/or Short-term Outcomes)	1. Increased availability, accessibility and preparedness of quality health services at health facilities 2. Safe, effective and quality essential medicines and supplies are available	*1.1 Number of deliveries in a health facility attended by a skilled birth attendant* *1.2 Number of children vaccinated with 3 doses of pentavalent vaccine* *1.3 Total number of outpatient consultations (disaggregated data by sex, age, disability)* *1.4 Percentage of health facilities with staff trained on sexual and reproductive health and rights and to assist*	Idem as above	✓ Vaccines supplies remain available, and UNICEF continue to provide cold chain support

		victims of sexual violence (disaggregated data by sex, age) *1.5. Proportion of persons with a severe mental disorder (psychosis, bipolar affective disorder, or moderate –severe depression) who are using services (disaggregated data by sex, age, type of mental health condition)* *2.1 Proportion of health facilities receiving commodities within a defined time period* *2.2 Percentage of facilities with any expired drugs* *2.3 Proportion of health facilities that supply complete commodity consumption reports* *2.4 Proportion of health facilities that have all relevant tracer medicines available, and in the last three months* *2.5 Quantity of PPE dispatched to beneficiaries in line with the expectations of the COVID-19 Technical Team*		
Other Results (Outputs and/or Short-term Outcomes)	3. Increased awareness, prevention and treatment of common health conditions and public health risks through community level interventions, with a special focus on Covid-19 4. More stable, transparent and quality health system that responds to the rights and needs of the people	*3.1 Number of children under 5 receiving treatment in the community for diarrhoea, malaria and pneumonia (disaggregated by diarrhoea, malaria and pneumonia as well by sex)* *3.2 Number of children in the community, below one year who have been tracked and identified as immunisation defaulters (disaggregated by sex)* *3.3 Number of community members reached for family health sessions, disaggregated by sex, age and disability* *3.4 Proportion of mothers with children under 5 with knowledge of danger signs of childhood illnesses (children disaggregated by sex)*	Idem as above	✓ Other partners are able to provide top-up/emergency drugs if there are outbreaks or disease burden increases (e.g. WHO, UNICEF) ✓ Public health workers continue to be paid ✓ Availability of qualified midwives and other skilled professionals remains stable

		3.5 Covid-19: number of cases detected, health workers trained and people sensitized, Number of laboratory operational and properly equipped for rapid confirmation for COVID-19 cases and with equipment, supplies, medicines and PPE *4.1 Proportion of facility health committees which are functional- composition disaggregated by sex, meetings, decisions and activities* *4.2 Percentage of community members who express satisfaction with the availability and quality of health facility services, disaggregated by sex, and age and disability* *4.3 Percentage of beneficiaries using hospitals, health centres, and clinics providing basic drinking water, adequate sanitation and adequate hygiene*		✓ Instability and epidemics remain at a manageable level