

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

Title	Reference: T05-EUTF-HOA-SD-91 Humanitarian-Development Nexus: Strengthening preparedness and response of the health system addressing the COVID-19 Pandemic in Sudan (COVID-19 RESPONSE Sudan)			
Localisation	Sudan			
Total cost	Total estimated cost: 20 600 000 EUR Total amount drawn from the Trust Fund: 20 200 000 EUR Co-financing from World Health Organization: 400 000 EUR			
Aid /implementation modality(ies)	Project Modality Indirect Management with the World Health Organization			
DAC – codes	12110 Health system strengthening and health governance 12191 Medical services Laboratories, specialised clinics and hospitals (including equipment and supplies)			
Main delivery channels	WHO - 41503			
Markers	General Policy objectives	Not targeted	Significant objective	Principal objective
	Participation development / good governance	<input type="checkbox"/>	<input type="checkbox"/>	X
	Aid to environment	X	<input type="checkbox"/>	<input type="checkbox"/>
	Gender equality and empowerment of women and girls	X	<input type="checkbox"/>	<input type="checkbox"/>
	Trade development	X	<input type="checkbox"/>	<input type="checkbox"/>
	Reproductive, maternal, new-born and child health	X	<input type="checkbox"/>	
	Disaster Risk Reduction	X	<input type="checkbox"/>	<input type="checkbox"/>
	Nutrition	X	<input type="checkbox"/>	<input type="checkbox"/>
	Disability	<input type="checkbox"/>	<input type="checkbox"/>	X
	RIO Convention markers	Not targeted	Significant objective	Principal objective
	Biological diversity	X	<input type="checkbox"/>	<input type="checkbox"/>
	Combat desertification	X	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change mitigation	X	<input type="checkbox"/>	<input type="checkbox"/>
	Climate change adaptation	X	<input type="checkbox"/>	<input type="checkbox"/>
	Migration marker	X	<input type="checkbox"/>	<input type="checkbox"/>
	Digitalisation	X	<input type="checkbox"/>	<input type="checkbox"/>
	COVID-19	<input type="checkbox"/>	<input type="checkbox"/>	x
SDG	Goal 3: Good Health and Well-being			
Valetta Action	1. Development benefits of migration and root causes of irregular migration			

Plan Domains	3. Protection and asylum
Strategic priorities of the Trust Fund	2. Strengthening resilience of communities and in particular the most vulnerable, as well as refugees and displaced people
Beneficiaries of the action	40 million Sudanese at risk to contract the SARS-CoV-2 virus and develop COVID-19 disease.
Derogations, authorized exceptions, prior agreements	EVR. 22.b (retroactivity, costs incurred as of 15 April will be considered as eligible.)

2. RATIONALE AND CONTEXT

2.1. Summary of the action and its objectives

“Strengthening epidemiological preparedness and response of the health system addressing the COVID-19 Pandemic in Sudan” (COVID-19 RESPONSE SUDAN) is an EUTF intervention, following Humanitarian-Development-Peace Nexus in Sudan.

The Action contributes to the EU Trust Fund objective (2) Strengthening resilience of communities and in particular the most vulnerable, as well as refugees and displaced people. It aligns with one of the key priority criteria set for the EUTF by the Strategic Board in April 2018, namely “essential stabilisation efforts in Somalia, Sudan and South Sudan”. The Action is aligned with the Valletta Action Plan priority domain (1) development benefits of migration and addressing root causes of irregular migration and forced displacement, in particular through “investing in development and poverty eradication”. COVID-19 RESPONSE SUDAN directly contributes to Sustainable Development Goal (SDG) 3: “ensure healthy lives and promote well-being for all at all ages” and in particular to Target 3d “Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks”.

The intervention logic of the project is that addressing critical shortcomings in health governance, epidemiological surveillance, epidemic preparedness and response in the current COVID-19 pandemic will contribute to strengthening the health systems and health security in Sudan.

The overall objective of COVID-19 RESPONSE SUDAN is “The health system is sustainably strengthened for epidemic preparedness and response addressing the needs of the current COVID 19 pandemic in Sudan”.

The specific objectives (expected outcomes) are: (i) Governance and coordination to control and minimize the spread of COVID-19 are strengthened; (ii) Surveillance, rapid response and laboratory capacities are strengthened; (iii) Capacity to isolate and manage cases is strengthened; (iv) Risk communication and WASH measures at health facility level are strengthened; (v) essential PHC and emergency care services are maintained.

2.2. Context

In line with the EUTF interventions in Sudan and in the framework of the Humanitarian-Development-Peace Nexus in Sudan, the response by the EU to the effects of the COVID-19 crisis calls for a new action: “Strengthening epidemiological preparedness and response of the health system addressing the COVID-19 Pandemic in Sudan” (COVID-19 RESPONSE SUDAN).

Sudan is currently undergoing a fragile and volatile transition. Following a period of thirty years of dictatorship, a peaceful revolution resulting in a power sharing agreement between military/security services and civilian opposition groups led to a civilian led, technocratic government assuming power in September 2019. The Sovereign Council, which remains the highest authority in the country, is under military chairmanship until 2021 when a civilian will be appointed to chair this body also. The priorities established for the transition are: i) peace; ii) stabilisation of the economy and ii) preparation for democratic elections in 2022. The challenges facing the civilian led government cannot be understated. The previous regime left behind a government system of opacity, clientelism, corruption, absence of accountability and an economy in crisis. The severity of the crisis is reflected in high inflation, the rapid devaluation of the currency and fuel and bread shortages. Needed economic reforms are already expected to put additional strain on the population, while the country confronts the significant impact of the COVID-19 pandemic and its response measures on livelihoods and economy (curfews, border closures, travel restrictions).

Sudan faces a triple burden of disease, communicable disease 52.8%, non-communicable disease 33.9%, and injuries as consequence of accidents and violence 13.4%. The demographic transition is not advanced as 43.2% of the total population are under the age of fifteen. Persisting high under 5 mortality is the outcome of high infectious disease morbidity and malnutrition. Sudan did not achieve the MDGs targets for child and maternal health and is not on track towards 2030 SDG targets. Health indicators and service provision vary between states. Poverty and poor wash conditions triggered repeated outbreaks of cholera over the last 2 years. Malaria, dengue, meningitis and other tropical and infectious diseases are endemic in large parts of the country. In addition, the country suffered a series of outbreaks in 2019. Although sound health policies are in place, geared towards universal health coverage and health systems strengthening, the social sectors have been dramatically underfunded and the health system is extremely weak in all its 6 building blocks (service delivery, medicines, financing, human resources, information system and governance), despite the increase of public spending on health in 2020 budget. Health security, pandemic preparedness and response have been inappropriate as shown by the multiplicity of outbreaks in 2019.

The main policy document is the Sudan National Health Policy 2017–2030. It emphasises the commitment to SDG 3, target 8, Universal Health Coverage. In order to achieve this, the Government of Sudan (GoS) takes a comprehensive health system strengthening approach across the 6 building blocks. The new Transitional Government has issued a “National Health Recovery and Reform Policy & Strategic Plan (NHRRP-SP, 2020-2022)” endorsing the key elements of the 2017-2030 Health Policy. The key remaining challenge is GoS’ willingness and ability to mobilise sufficient resources to implement these ambitious policies. In the light of the corona pandemic, the Federal Ministry of Health has adopted the “Sudan Response Plan for Novel Coronavirus (2019-nCoV) 15/March - 30/June 2020” that defines major objectives, results and activities in a national corona response (currently under revision). The Humanitarian Country Team has issued a “Sudan Corona Virus - Covid-19 Country Preparedness and Response Plan” that prioritizes actions to address the current pandemic and sets out the financial need of major UN agencies in Sudan.

The first case of COVID-19 in Sudan was reported in 13 March 2020, two days after the World Health Organisation (WHO) characterised it as a global pandemic. Initially, Sudan was rated as a country at risk of SARS-CoV-2 spread based on the risk profile and capacity of the country to respond to potential outbreaks.

The surveillance system doesn’t cover the entire country and is structurally weak with long delays between alert and confirmation of an outbreak. The points of entry (PoE) in the country are only rudimentarily equipped and insufficiently staffed. Widely spreading outbreaks of infectious diseases occur across the country each year. There is a lack of isolation units, intensive care units, infection control material, medicines and medical supplies and adequately trained staff to address quickly

spreading outbreaks including the corona virus (SARS-CoV-2) and corona virus disease (COVID-19) in all states across the country.

2.2.1. Justification for the use of EUTF funds for this Action

Due to the non-ratification of the revised Cotonou Agreement by the Government of Sudan, the country is not eligible for programmable, bilateral 11th EDF funding. However, the country plays a crucial role for the stability of the Greater Horn and along the migratory routes heading to the Mediterranean shores. The EU has therefore adopted *ad hoc* measures addressing the root causes of instability and displacement in the country, and these funds are channelled through the EUTF. Hence, this action also 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. In addition, the current needs of the people of Sudan are significant, in facing up to the current challenges. Equally, the Government needs for support and tangible commitments from International Community early on in transition process, in particular in its response to the potentially overwhelming COVID-19 pandemic.

2.3 Complementary actions and synergies

COVID-19 RESPONSE SUDAN will create synergies with the existing projects of bilateral and multilateral agencies as well as ongoing and new EU projects, including projects recently approved.

2.3.1 Ongoing support to pandemic preparedness and Health Systems

2.3.1.1 Pandemic preparedness

Support Public Health Security Measures at the Designated Points of Entry and Laboratories in Sudan (WHO – Italian Agency for Cooperation and Development - AICS): Objectives of the project were to review the current status of core capacities at PoE as identified by IHR 2005; and to identify strategies and approaches to strengthen core capacity at ports, airports and ground crossings (PAG). Project was targeted at the states of West Darfur, Red Sea, Northern, Khartoum State, White Nile and Gedaref. The projects procured ambulances, equipment and supplies, developed training modules and conducted training workshops. It developed standard operating procedures for the inspection of ships, surveillance, and case management. It rehabilitated isolation centres in selected states. WHO has implemented the joined programme with the Italian Corporation to strengthen the laboratories in 10 medical laboratories in Kassala. The project included rehabilitation of the laboratories, infrastructures, water supply, solar system for electricity supply, laboratory equipment and training of the laboratory staff.

The German Biosecurity Program in Sudan (Jointly implemented by GIZ and the Robert Koch Institute (RKI)): The project was focusing on raising awareness of biological risks and measures in the field of biosecurity and networking of stakeholders to prevent, detect and respond to biological hazards. In this project, a national network has been developed to enable Sudanese laboratories to exchange on issues of biosecurity. Furthermore, the program has drawn up national biosecurity guidelines in cooperation with Sudan health agencies. A strategy for implementing these guidelines has been developed together with Sudanese health institutions, in addition to which a cross-discipline exercise has served to test and improve existing emergency plans. To reduce the risk of an outbreak of infectious disease in laboratories, a reporting system for laboratory incidents has been developed. A nation-wide assessment of public health laboratories was carried out to direct the implementation.

2.3.1.2 Health Systems Strengthening

- Strengthening a Decentralized Health System for protracted displaced populations in North and South Darfur (HealthPro), EURO 15 million. The programme will work with the National Health Insurance Fund (NHIF) and the National Medical Supplies Fund (NMSF).
- Health System Strengthening towards increased resilience of vulnerable communities in West Darfur (EUTF), EUR 7 million, 36 months starting 2017. The objective is to strengthen local health systems. It is implemented by IMC and Concern.
- Strengthening resilience for refugees, IDPs and host communities in Eastern Sudan (EUTF), EUR 12 million. The objective is to strengthen the local health systems to better deliver basic packages of health services in selected areas of Eastern Sudan and is implemented by the Italian Agency for Development Cooperation and works closely with the NHIF and NMSF.
- Support Financing Reforms to Improve Governance of the National Health Insurance Fund (EUTF), EUR 1 million, implemented by WHO. The objective is to strengthen the capacity of NHIF and extend health insurance coverage to poor, vulnerable, IDP and refugee populations.
- EU/LUX-WHO Universal Health Coverage Partnership Programme (DCI-SANTE since 2011). With support of this programme, WHO has been able to facilitate sector policy dialogue among different stakeholders and the development of sub-sectoral strategies supporting the Federal Ministry of Health, the Public Health Institute, and the National Health Insurance Fund.
- Strengthening the decentralised Health system in five states to achieve the health coverage (West Darfur, Central Darfur, North Kordofan, West Kordofan and Sinnar States), JICA USD 500,000; 1 year)

2.3.1.3 Envisaged or on-going EU Actions

COVID-19 RESPONSE SUDAN is part of the Short-term Strategy adopted by the European Commission to allocate EUR 100 million transferred from the 11th EDF reserve to the EU Trust Fund in support of the transition process in Sudan. These financial resources have been mobilised as a bridge until the entry into force of the next Multi Annual Financial Framework (MFF) in 2021. They are intended help to ensure the provision of critical support to address the most pressing needs in the country and it will allow the EU to continue playing a relevant role during the Sudanese transition. Four sectors have been identified as macro-areas of intervention:

- (1) Social protection;
- (2) Promoting economic reforms;
- (3) Economic opportunities for youth and women;
- (4) Support to the peace process and democratic governance.

This choice of sectors was based on the need to ensure peace and stability in Sudan. Economic reforms, social protection of vulnerable people and support to democracy are vital for the future of the country and the welfare of the Sudanese population. The reallocation of EURO 20.2 million to this project “COVID-19 RESPONSE SUDAN” as well as the reformulation of new EUR 45 million the social protection programme underneath respond to the new “EU support to partner countries in their efforts to address COVID-19” addressing health systems and social-economic consequences of the pandemic. The key complementary actions addressing the social consequences of the pandemic are:

- EU support for the Family Support Programme and for the consolidation of social protection in Sudan, EUR 45 million. The objective of the programme is to support GoS to mitigate the impact of the global COVID-19 pandemic within the context of its ongoing economic reforms.
- EU Support for a Social Protection System in Sudan (T05-EUTF-HOA-SD-82 EU EUR 35 million). The project aims to support the new civilian-led GoS to establish the foundations for a robust social protection system. The main objectives are to: deliver social assistance to vulnerable citizens in selected States, strengthening existing systems and piloting new approaches to inform subsequent scale-up and consolidation.

2.3.2 Lessons learned

COVID-19 RESPONSE SUDAN takes a step from humanitarian aid addressing the current pandemic to development aid focussing on strengthening the health system and capacities to implement the 2005 International Health Regulations (IHR2005). It addresses the lessons learnt from outbreaks and pandemics, in particular the West African Ebola Epidemic (2013-2016). Key lessons can be summarised as follows: (i) Pandemics and regional epidemics are closely linked to the processes of globalisation and human migration (both regular and irregular); (ii) in order address pandemics, epidemics and infectious disease outbreaks it is important to support resilient and strengthened health systems, particularly in those countries where these are weakest. (iii) the concept of health systems strengthening across the 6 building blocks has to be complemented by building the capacity of partner countries to implement the IHR2005 to respond to public health risks and emergencies of national and international concern. There 8 core capacities to implement the IHR2005 are: (1) National legislation, policy and financing, (2) Coordination and National Focal Point (NFP) communications, (3) Surveillance, (4) Response; (5) Preparedness; (6) Risk communication; (7) Human resources, (8) Laboratory¹.

2.4 Donor Coordination

Coordination of development cooperation is one of the main priorities of the transitional government. It is understood that a structure, whereby both the Prime Minister's office and the Ministry of Finance are the key interlocutors and coordinators on the part of the Government of Sudan, is being considered. The Sudan International Partners Forum (SIPF) convenes all international actors in Sudan, whether bilateral donors, multilateral development banks or financing institutions, UN entities or NGOs. A Steering Committee is intended to lead the work of the SIPF and three co-chairs (one from UN, one from iNGO and one bilateral donor) seeks to ensure dialogue with GoS. Both GoS and SIPF systems remain embryonic and will need to adapt to situation as it develops in Sudan. The health sector is coordinated by the Health Sector Partners' Forum established in 2016. The COVID 19 response been coordinated so far by the Humanitarian Country Team that elaborated the "Sudan Corona Virus - Covid-19 Country Preparedness and Response Plan".

3. DETAILED DESCRIPTION

3.1 Objectives and expected outcomes

The **overall objective (expected impact) is:** "The health system is sustainably strengthened for epidemic preparedness and response addressing the needs of the current COVID 19 pandemic in Sudan"

The EU is committed to health systems strengthening towards Universal Health Coverage (SDG3, target 8) and the lessons learned from recent pandemics and outbreaks that it is important for countries to strengthen their capacities to implement the 2005 International Health Regulations (IHR 2005).

The **specific objectives (expected outcomes)** are:

1. Governance and coordination to control and minimize the spread of COVID-19 are strengthened.
2. Surveillance, rapid response and laboratory capacities are strengthened.
3. Capacity to isolate and manage cases is strengthened.
4. Risk communication and WASH measures at health facility level are strengthened.
5. Essential PHC and emergency care services are maintained

Outcome 1: Governance and coordination to control the spread of COVID-19 are strengthened.

Governance and coordination across all stakeholders are essential to lead proper implementation of an agreed strategic plan and effective interventions to mitigate the spread of the COVID-19 disease. International cooperation and coordination are essential, while experiences of other countries controlling the disease may inform the Sudanese response. Measures will be taken to ensure all

¹ <https://www.who.int/ihr/checklist/en/>

groups, in particular those living with specific vulnerabilities and at high risk to contract COVID 19 such as the elderly, people with disabilities, people living in camps (IDP and refugees), people with HIV/AIDs and minorities, are effectively included and have their needs met.

Outcome 2: Surveillance, rapid response and laboratory capacities are strengthened.

Having strong surveillance system is key to detect disease outbreaks like COVID-19. This requires building human resource capacities, in surveillance and strengthening the health information system, that also protects data privacy. In application of the IHR2005, Points of Entry (PoEs) will be strengthened with relevant capacities and supplies. Regional public health laboratories will be established, equipped, the capacity of testing increased and staff trained.

Outcome 3: Capacity to isolate and manage cases is strengthened.

This will be achieved through the establishment and rehabilitation of treatment centres, including intensive care, training health workers and improving the Infection Prevention and Control (IPC) measures. The establishment of functioning comprehensive isolation centres requires deployment and training of staff, medical supplies and medicines. Outputs are going to be delivered in 12 selected states: (i) West Darfur: PoEs with 750 km open borders with Chad and a high number of IDPs; (ii) White Nile: PoE to South Sudan, and thousands of refugees and IDPs; (iii) Northern State: PoE with Egypt; (iv) Khartoum State: high population density, international airport by IDP camps; (v) Gadaref - PoE and Refugees; (vi) Blue Nile: fragile health system with frequent disease outbreaks; (vii) Jazeera state; (viii) Central Darfur; (ix) East Darfur; (x) South Kurdufan; (xi) West Kurdufan and (xii) Kassala state. Isolation centres put in place will be available to be utilised for other outbreaks as well.

Outcome 4: Risk communication and WASH measures at health facility level are strengthened.

Clean and secure working environments at facility level have highest priority to save health care workers and prevent cross infection with the health care facilities. Supporting infrastructures that improve waste management systems, hygiene, handling of dead bodies and health communication.

Outcome 5: Essential PHC and emergency care services are maintained

While evidence of non-COVID-19 deaths is mounting, not least through disruption of health services and deprivation of livelihood, there is a growing need to maintain essential health services and prepare for surge in COVID-19 cases as the country reopens. Ensuring a safe and effective patient flow and putting in place a response and effective first point-of-contact strategy are important foundations for WHO's operational guidance on maintaining essential services for the COVID-19 context.

Redesigning hospital emergency units is a way that helps to triaging patients and protect health care workers and providing primary health care facilities with relevant equipment to screen patients at first point of contact.

3.1.1. Outputs related to the Outcomes

Outcome 1: Governance and coordination to control the spread of COVID-19 are strengthened.

- 1.1. Leadership, coordination and monitoring (High committee, technical committees) supported and inclusive.
- 1.2. Evidence based policies and planning supported for COVID-19 and other outbreaks.
- 1.3. FMOH supported to coordinate with/learn from other countries to control COVID-19.
- 1.4. Enforcement of public health legislation and regulations supported, taking into account the needs of all groups.
- 1.5. Support the department of state affairs (FMOH) for better and effective coordination with states and strengthen the capacities of local health teams.

Outcome 2: Surveillance, rapid response and laboratory capacities are strengthened.

- 2.1. Rapid Response Teams (RRTs) and community Rapid Response Teams (cRRTs) are strengthened.

- 2.2. Health Information System (HIS) in all hospitals supported through innovative mobile technologies.
- 2.3. National surveillance guidelines and manuals to address COVID-19 reviewed and implemented and protects data privacy.
- 2.4. Points of Entry PoEs supported (capacity building, equipment and supplies).
- 2.5. Three regional reference public health laboratories established/ upgraded for detection and diagnosis of COVID-19 and other diseases (infrastructures, equipment, supplies, training) and accessible to all.
- 2.6. Testing capacities for COVID-19 increased through providing adequate supplies.

Outcome 3: Capacity to isolate and manage cases is strengthened.

- 3.1 Isolation centres with 30 beds, 4 ICU beds, 1 oxygen generator and 2 ventilators in selected twelve states (equipment, Ambulances, PPEs, medicines and IPC, WASH supplies) established.
- 3.2 Capacities of health care workers on Covid-19 IPC, triage protocol, case management and clinical intensive care built.

Outcome 4: Risk communication and WASH measures at health facility level are strengthened

- 4.1 Infrastructure supported focusing on waste management, sanitation and handling of dead bodies.
- 4.2 WASH supplies to health facilities provided.
- 4.3 Capacities of health care workforce strengthened in health communication, hygiene and environmental control

Outcome 5: Essential PHC and emergency care services are maintained

- 5.1 A safe and effective patient flow for the health system is supported
- 5.2 A responsive and effective first point-of-contact strategy is put in place
- 5.3 Communities are engaged to support prevention and response.

3.2. Target groups and final beneficiaries

Final beneficiary is the population of Sudan at risk to contract COVID -19, the indirect beneficiaries are Federal and State Ministries of Health, the hospitals, laboratories, Rapid Response Teams and other health staff.

3.3. Risks and assumptions

Risk	Level of risk	Mitigating measures
Deterioration of the security situation or natural disaster preventing access to project sites.	Medium	The security situation in Sudan has consistently improved since the beginning of 2016. The current economic and political crisis combined with the withdrawal of UNAMID can lead to a new deterioration in Darfur. The situation will be closely monitored, and the EU Delegation will ensure that its implementing partners will react timely and quickly to any changes.
Economic crisis worsens	High	Measures of the EUR 100 million short term strategy aim at supporting economic reforms and mitigating the social consequences of the economic crisis, the needed economic reforms and the COVID-19 pandemic. International efforts, including by Friends of Sudan, to

		support Sudan's economic recovery will continue.
Corruption related to the procurement of medicine and supplies in health systems, including price gouging	High	Ensure maximum openness of information, including open data, with a comprehensive view of public procurement, from planning to delivery, as well as real-time supervision.
COVID-19 outbreak and increased number of patients beyond the capacities of the health system	High	EU and WHO closely monitor 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.
Risk of bribery, as hospitals face increasing shortages in staff, beds, ventilators, and other equipment	High	Ensure timely payment of adequate salaries and consider further incentives such as overtime allowances and bonuses.
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, in addition WHO HQs support will facilitate the international required supplies.
Inflation and exchange rates	High	Implementing partners will have a strong procurement plan monitoring market prices.
Lack of continued commitment to human rights and gender equality principles and standards.	Medium	The protection of international human rights standards related to the response will be promoted. Use of political and policy dialogue to reinforce the protection of human rights and gender equality. The inclusion of human rights monitoring and organisations representing groups living with vulnerabilities will be ensured.

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

- Working with WHO and the Federal Ministry of Health (FMOH) allows for access to project sites even under conditions of travel restrictions.
- Continued support and collaboration from SMoH, NHIF, NMSF and local and national authorities.
- Facilities, staffing levels and standards are maintained by SMoH with support from NHIF and NMSF during and after the project period.

4. IMPLEMENTATION

4.1 Financing agreement, if relevant

Not applicable.

4.2 Indicative operational implementation period

The duration of the implementation period will be 36 months from the date of contract signature.

4.3 Implementation modalities

The Action will be implemented in indirect management by concluding a contribution agreement with the World Health Organisation.

Retroactivity provision: the Commission authorises that the costs incurred may be recognised as eligible as of 15 April 2020, a date prior to the adoption of this decision, because of the urgency in starting the implementation of the Action and the procurement of equipment and items needed to implement the response and preparedness plan. Since there are risks of delays or availability of supplies' due to the Covid-19 expansion, the best way forward is for WHO to start the procurement process as soon as possible. Therefore, "Event to be Reported 22.b" (Retroactive starting date), as per section 8.5.1 of the DEVCO Companion, will apply to this action.

4.4 Indicative budget

Component	Amount from EUTF (EUR)	Amount from WHO (EUR)
Objective 1: The health system is sustainably strengthened for epidemic preparedness and response addressing the needs of the current COVID 19 pandemic in Sudan Contribution Agreement (indirect management) with the World Health Organization	19 950 000	400 000
Communication and visibility	100 000	
Monitoring, evaluation and audit	150 000	
Total	20 200 000	400 000

4.4.1. Organisational set-up and responsibilities

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.

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. 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 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 (see list in English / French published on the EUTF² web site).

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 and the Akvo RSR platform (<https://eutf.akvoapp.org/en/projects/>).

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

4.6 Evaluation and audit

The European Commission will commission a final independent ex-post evaluation of the project, particularly to assess the elements the project has contributed to a longer-term health systems' strengthening. This evaluation shall also assess to what extent the rights-based approach working principles (i.e. participation, non-discrimination, accountability and transparency) as well as gender equality and women's empowerment have been applied. In this regard, expertise on human rights and gender equality will be ensured in the evaluation teams.

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.

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, to be elaborated at the start of implementation.

For the purpose of enhancing the visibility of the EU and its contribution to this action, the Commission may sign or enter into joint declarations or statements, as part of its prerogative of budget implementation and to safeguard the financial interests of the Union.

In terms of legal obligations on communication and visibility, the measures shall be implemented by the Commission, the partner country, contractors, grant beneficiaries and/or entrusted entities.

² 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

Appropriate contractual obligations shall be included in, respectively, the financing agreement, procurement and grant contracts, and delegation agreements.

The Communication and Visibility Requirements for European Union External Action (or any succeeding document) shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.

List of acronyms

2019-nCoV	The novel Corona Virus, now called SARS-CoV-2
COVID-19	Corona virus disease
EU	European Union
EUTF	The European Union Emergency Trust Fund for Stability and addressing the Root Causes of Irregular Migration and Displaced Persons in Africa
FMOH	Federal Ministry of Health
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
GoS	Government of Sudan
HC	Health Centre
HIS	Health Information System
HRH	Human Resource for Health
IHR2005	International Health Regulations 2005
IOM	International Organisation for Migration
IPC	Infection Prevention and Control
NHIF	National Health Insurance Fund
NMSF	National Medical Supplies Fund
NGO	Non-Governmental Organization
PHC	Primary Health Care
PHEIC	Public Health Emergency of International Concern
RKI	Robert Koch Institut
RRTs	Rapid Response Teams
cRRTs	community Rapid Response Teams
PoEs	Point of Entries
SARS-CoV-2	See: 2019-nCoV
SMOH	State Ministry of Health
TA	Technical Assistance
UHC	Universal Health Coverage
UNHCR	United Nation High Commissioner for Refugees
UNICEF	United Nation Children Fund
WHO	World Health Organisation

Annex: Indicative Logical Framework Matrix (max. 2 pages)

Additional note: The term "results" refers to the outputs, outcome(s) and impact of the Action (OECD DAC definition).

Results chain		Indicator ³	Source of data
IMPACT	Impact (overall objective)	The health system is sustainably strengthened for epidemic preparedness and response addressing the needs of the current COVID 19 pandemic in Sudan	<p><i>Outcomes of COVID-19 outbreak in term of # of recoveries and deaths</i></p> <p>SMoH and LHAs reports</p> <p>HIS (DHS2) data</p> <p>Health facilities reports</p> <p>Program reports including supportive supervision reports, Midline and Final reports</p> <p>UN/INGO Reports</p>
OUTCOME(S)	Outcome 1 (specific objective)	Governance and coordination to control and minimize the spread of COVID-19 are strengthened	<p><i># Of meetings conducted by high committee for COVID-19 and other outbreaks.</i></p> <p><i># Of meetings conducted by technical committees for COVID-19 and other</i></p>

³ Formulation of the indicators has to be in a neutral form starting with the measurement unit as in the example (number of; percentage of; status of). Please note it is NOT required to specify baselines and targets.

Results chain		Indicator ³	Source of data
		<p><i>outbreaks.</i></p> <p><i># of coordination meetings in response to COVID-19 and other outbreaks.</i></p> <p><i># Availability of Sudan's COVID-19 and other outbreak response policy.</i></p> <p><i># Availability of Sudan's COVID-19 and other outbreak strategy.</i></p> <p><i># of county experiences learnt and # of interventions adapted from other country experiences.</i></p> <p><i># Availability of proposed legislation and regulations which tackling issues of COVID-19 and other outbreaks.</i></p>	
	Outcome 2 (specific objective)	Surveillance, rapid response and laboratory capacities are strengthened	<p><i># of RRTs and cRRTs members trained and supported by supplies.</i></p> <p><i># of facilities reporting through agile mobile DHIS2.</i></p> <p><i>Availability of update national surveillance guidelines and manuals addressing COVID19</i></p>

Results chain			Indicator ³	Source of data
			<i>that also protects data privacy # of Established and/or upgraded regional reference public health laboratories.</i>	
	Outcome 3 (specific objective)	Capacity to isolate and manage cases is strengthened	<i># of newly established isolation centres # of health care workers trained on Covid-19 IPC, triage protocol and case management.</i>	
	Outcome 4 (specific objective)	Risk communication and WASH measures at health facility level are strengthened	<i># of hospitals supported to have functioning waste management, sanitation and handling of dead bodies systems and tools. # of health care workers trained on environmental control.</i>	
	Outcome 5 (Specific objective)	Essential PHC and emergency care services are maintained	<i># of health facilities with established COVID-19 screening and acuity-based triage # of adopted national point-of-contact strategy # of established locality health management teams in high</i>	

Results chain			Indicator ³	Source of data
			<i>priority states</i>	
OUTPUT(S)	Output(s) related to Outcome 1	<ul style="list-style-type: none"> 1.1. Leadership, coordination and monitoring (High committee, technical committees) supported 1.2. Evidence based policies and planning supported for COVID-19 and other outbreaks. 1.3. FMOH supported to coordinate with/learn from other countries to control COVID-19. 1.4. Enforcement of public health legislation and regulations supported. 1.5. Support the department of state affairs (FMOH) for better and effective coordination with states and strengthen the capacities of local health teams. 		
	Output(s) related to Outcome 2	<ul style="list-style-type: none"> 2.1. Rapid Response Teams (RRTs) and Community Rapid Response Teams (CRRTs) are strengthened. 2.2. Health Information System (HIS) in all hospitals supported through innovative mobile technologies. 2.3. National surveillance guidelines and manuals to address COVID-19 reviewed and implemented. 2.4. Points of Entry PoEs supported (capacity building, equipment and supplies). 2.5. Three regional reference public health laboratories established/ upgraded for detection and diagnosis of COVID-19 other diseases (infrastructures, equipment, supplies, training) and accessible to all. 2.6. Testing capacities for COVID-19 increased 		

Results chain		Indicator ³	Source of data
		through providing adequate supplies.	
	Output(s) related to Outcome 3	<p>3.1 Isolation centres with 30 beds, 4 ICU beds, 1 oxygen generator and 2 ventilators in selected twelve states. (Equipment, Ambulances, PPEs, medicines and IPC, WASH supplies) established.</p> <p>3.2 Capacities of health care workers on covid-19 IPC, triage protocol, case management and clinical intensive care built.</p>	
	Output(s) related to Outcome 4	<p>4.1 Infrastructure supported focusing on waste management, sanitation and handling of dead bodies.</p> <p>4.2 WASH supplies to health facilities provided.</p> <p>4.3 Capacities of health care workforce strengthened in health communication, hygiene and environmental control</p>	
	Output(s) related to Outcome 5	<p>5.1 A safe and effective patient flow for the health system is supported</p> <p>5.2 A responsive and effective first point-of-contact strategy is put in place</p> <p>5.3 Communities are engaged to support prevention and response.</p>	