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AFRICAN DEVELOPMENT BANK GROUP

PORTFOLIO RESTRUCTURING NOTE
Date: **17 September 2025**

PROJECT TITLE: **SUDAN HEALTH EMERGENCY AND INFRASTRUCTURE PROJECT (SHEIP)**

COUNTRY: **SUDAN**

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PROJECT TITLE: **SUDAN HEALTH EMERGENCY AND INFRASTRUCTURE PROJECT (SHEIP)**

RDGS/AHHD/COSD

Otober 2025

CURRENCY EQUIVALENTS
Exchange Rate Effective 15 November 2024

Currency Unit	Equivalent
1 UA	1.309 US$
1 UA	799.60 SDG
1 US$	600.47 SDG

FISCAL YEAR
January 01 – December 31

WEIGHTS AND MEASURES

1 Metric ton	2,204.62 Pounds (lbs)
1 Kilogramme (kg)	2.20462 lbs
1 Meter (m)	3.28 Feet (ft)
1 Millimetre (mm)	0.03937 Inch (“)
1 Kilometre (km)	0.62 Mile
1 Hectare (ha)	2.471 Acres

ABBREVIATION AND ACRONYMS

AfDB	African Development Bank	**MCH**	Maternal and Child Health
BCISD	Building Capacity for Inclusive Service elivery	**MSF**	Medicines Sans Frontiers
COVID19 ERSP	COVID-19 Emergency Response and Support Project	**PCO**	Project Coordination Office
CSO	Civil Society Organization	**PMU**	Programme Management Unit
EWARS	Early Warning, Alert, and Response System	**PRN**	Portfolio Restructuring Note
GBV	Gender-Based Violence	**PSREAH**	Prevention and response to sexual exploitation abuse and harassment
GoS	Government of Sudan	**PSC**	Project Steering Committee
ICRC	International Commission of the Red Cross	**RASME**	Remote Appraisal, Supervision, Monitoring and Evaluation
IFRC	International Federation of the Red Cross	**SHARE**	Sudan Health Assistance and Response in Emergencies
IHASSP	Improving Health Access and Service Strengthening Project	**SHEIP**	Sudan Health Emergency and Infrastructure Project
INGO	International Non-Governmental Organization	**TSF**	Transition Support Facility
IOM	International Organization for Migration	**UN**	United Nations
M&E	Monitoring and Evaluation	**UNICEF**	United Nations Children's Fund
MoH	Ministry of Health	**UNFPA**	United Nations Population Fund
MoSD	Ministry of Social Development	**WHO**	World Health Organization

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1. INTRODUCTION AND PROJECT SUMMARY

a. The purpose of the restructuring note and eligibility.

1. **The prolonged de facto situation and ongoing conflict have adversely affected Sudan's socioeconomic prospects. The conflict has also affected the Bank's engagement with the Sudanese authorities, thereby holding back most of its operations in the country.** The Bank's health portfolio, which is constituted by three (3) projects, has consequently suffered considerable setbacks because of the conflict. The proposed restructuring, with the aim of working with a third-party implementing agency to implement the portfolio, presents an opportunity to sustain the Bank support to the people of Sudan under the ongoing active conflict and de-facto government.

2. **Since April 2023, the crisis has left 20.3 million people—over 40% of the population—in urgent need of health assistance, including 7.3 million women of reproductive age, of whom 726,000 are pregnant and require specialized care.** Access to health services is collapsing and Data from the Health Resources Availability Monitoring System (HeRAMS) confirms that in conflict areas over 80% of hospitals have collapsed. Yet, the conflict situation has led to increase in sexual and gender-based violence among women and girls e.g, in 2024, the demand for GBV increased by 288% compared to 2023. Between January and May 2025, around 330 cases of conflict related sexual violence were documented. At the same time, 2.5 million (74% of total) school-aged girls are currently out of school. Hence increased demand for emergency health services among the women and girls. Maternal mortality has risen by 30%, skilled birth attendance has fallen from 85.9% before the conflict to the current level of 77%, and over 1 million pregnant women cannot access even the most basic reproductive health services.

3. **Malnutrition is widespread, with 3.7 million people in need of interventions and more than 4.9 million children under five suffering from acute malnutrition.** Among them, over 770,000 children face severe acute malnutrition (SAM), including 116,800 with life-threatening complications, with the burden rising sharply. Certain parts of the country witnessed a 46% increase in SAM treatment between January and May 2025. Immunization coverage has collapsed from 90% to 51%, exposing millions of children to preventable disease outbreaks. Human resource is also suffering with brain drain as health workers face months without pay, limited medical supplies, and migration out of the sector and the country. Sudan's nurse-to-doctor ratio is critically low, with just 33.5 nurses and midwives and 2.8 physicians per 10,000 people, based on 2021 data. This combination of conflict, displacement, poor nutrition, and failing health services is overwhelming the Federal Ministry of Health's capacity, leaving large gaps in both service delivery and workforce availability.

4. **According to the *Implementation Guidelines of the Bank Group Policy on Sovereign Operations Restructuring (2022),* project restructuring is initiated when any of the following takes place:** (i) the Project faces serious implementation issues warranting restructuring; (ii) the project is affected by an emergency situation and the borrower/recipient requests the Bank to initiate a project modification to respond to the specific emergency situation; and (iii) the national authorities of the borrowing/recipient country request that a project should be modified to respond to a change in the country's strategic orientations, including to address an emergency situation. In the case of the three (3) health projects, they have been affected by a conflict/war and the recipient (The Government of Sudan) has requested the Bank to restructure and repurpose them into an emergency response health project so as to respond to the ongoing humanitarian crisis in the country. The restructuring is necessary to realign the project with Sudan's pressing needs, particularly in light of the prevailing conflict, which has disrupted health services and heightened

demand for resilient, accessible healthcare to ensure functionality, availability, and accessibility of quality health services to the people of Sudan.

5. **The restructuring is in alignment with the Bank's Ten-Year Strategy (TYS, 2024-2033), which emphasizes peace and climate resilience as public goods;** the Strategy for Quality Health Infrastructure in Africa 2022-2030 with a goal of securing increased access to quality health services for the people of Africa; the 2022-2026 Strategy for Addressing Fragility and Building Resilience in Africa, which includes its guiding principles on conflict sensitivity/do no harm, conflict prevention and staying engaged including through strong Humanitarian-Development-Peace Nexus partnerships and the Climate Change and Green Growth Action Plan (2021-2025) with its emphasis on preventing and addressing the adverse impacts of climate change on most vulnerable populations, such as conflict affected populations in Sudan. The restructuring is also aligned with the Gender Strategy (2021 – 2025) which aims to ensure that women and girls are benefitting from strengthened health system delivery.

6. **This Portfolio Restructuring Note builds on the findings from the appraisal and discussions held in October 2024, which identified key areas requiring adjustments to align the projects with Sudan's current healthcare priorities and operational context.** This involved initiation of the first step of continued consultation with key stakeholders (Government agencies, United Nations and local partners) on priorities to be addressed and proposed interventions. Further consultations will continue during implementation of the restructured health portfolio.

b. Description of the initial project, its initial development objective, main components, instruments and main financiers.

7. This section presents an overview of the three (3) Health Projects in the current Sudan portfolio, namely, Building Capacity for Inclusive Service Delivery (BCISD), the COVID-19 Emergency Response and Support Project (COVID19 ERSP) and Improving Health Access and Service Strengthening Project (IHASSP).

Building Capacity for Inclusive Service Delivery (BCISD)

8. **The Development Objective of the Project was to support Sudan's socio-economic development by enhancing governance, institutional capacities and human resources in the health sector.** The Project Components included governance capacity building, institutional strengthening and targeted workforce development to create a more efficient and sustainable health infrastructure. The project was financed by a grant from the ADF and counterpart funding from the Government of Sudan.

Project information sheet (initial)

Project name:	Building Capacity for Inclusive Service Delivery (BCISD)
Project SAP code:	P-SD-IBD-006
Sector (s):	Social
Grant Recipient:	Republic of Sudan
Executing Agency:	Ministry of Social Development
Project instrument (s):	ADF Grant
Use of country systems:	N/A

Implementation and restructuring appraisal

Board approval date	25 March 2015
Date of signature	28 April 2015
Project implementation period (initial)	April 2015 – March 2020
Date of effectiveness	28 April 2015
Date of first actual disbursement	23 December 2015
Project closing date	31 December 2025
Previous restructuring operations, category and justification (if applicable)	N/A
Appraisal mission for the proposed restructuring	October 2024

Financing information and project milestones

Total project amount	UA 31.10 million
Amount of Bank Group Financing	UA 27.99 million (Grant)
Amount of Co-financiers/Trust fund Financing:	Zakat Fund: UA 3.11 million (Government of Sudan)
Date and amount of last disbursement	01 March 2023/Total disbursed: UA 24,164
Total disbursed Amounts (above UA 5,000) to date (by instrument- loans, grants, equity)	Grants: UA 15,893,328.49 **(Undisbursed balance: UA 12,096,671.51)**
Cancelled amounts (broken down by instrument - loans, grants, equity)	N/A

COVID-19 Emergency Response and Support Project (COVID19 ERSP)

9. **The Development Objective of the Project was to strengthen Sudan's health system to effectively respond to the COVID-19 pandemic by enhancing emergency preparedness and response capabilities.** The Project Components focused on immediate pandemic response, including provision of essential medical supplies, health workforce training, and disease surveillance improvements. The project was financed by grants from ADF and TSF Pillar I.

Project information sheet (initial)

Project name:	COVID-19 Emergency Response and Support Project (COVID19 ERSP)
Project SAP code:	P-SD-KOO-007
Sector (s):	Social
Grant Recipient:	Republic of Sudan
Executing Agency:	Ministry of Health
Project instrument (s):	ADF and TSF Pillar I Grants
Use of country systems:	N/A

Implementation and restructuring appraisal

Board approval date	18 November 2020
Date of signature	10 February 2021
Project implementation period (initial)	November 2020 – November 2022
Date of effectiveness	10 February 2021
Date of first actual disbursement	16 July 2021
Project closing date	31 December 2025

Previous restructuring operations, category, and justification (if applicable)	N/A
Appraisal mission for the proposed restructuring	October 2024

Financing information and project milestones

Total project amount	UA 20 million
Amount of Bank Group Financing	ADF Grant: UA 18.75 million TSF Pillar I Grant: UA 1.25 million
Amount of Co-financiers/Trust fund Financing:	N/A
Date and amount of last disbursement	06 September 2023 / Total disbursed: UA 490,000
Total disbursed Amounts (above UA 5,000) to date (by instrument- loans, grants, equity)	Grants: UA 259,213.13 (TSF) and UA 482,048.11 (ADF) – **(Undisbursed balance: UA 990,786.87 (TSF) and UA 18,267,951.89 ADF))**
Cancelled amounts (broken down by instrument - loans, grants, equity)	N/A

Improving Health Access and Service Strengthening Project (IHASSP)

10. **The Development Objective of the project was to increase demand for healthcare and improve the supply of health services, targeting a reduction in mortality and morbidity rates among women and children.** This objective includes a focus on vulnerable and underserved populations. The Project Components included delivering a package of essential health services, upgrading healthcare facilities with critical medical equipment, and expanding access to health services for marginalized and high-need communities. The Project was financed by a grant from the TSF Pillar I.

Project information sheet (initial)

Project name:	Improving Health Access and Service Strengthening Project (IHASSP)
Project SAP code:	P-SD-IOO-004
Sector (s):	Social
Grant Recipient:	Republic of Sudan
Executing Agency:	Ministry of Health
Project instrument (s):	TSF Pillar I Grant
Use of country systems:	N/A

Implementation and restructuring appraisal

Board approval date	11 January 2018
Date of signature	12 March 2018
Project implementation period (initial)	March 2018 – December 2022
Date of effectiveness	12 March 2018
Date of first actual disbursement	5 June 2018
Project closing date	31 December 2025
Previous restructuring operations, category and justification (if applicable)	N/A
Appraisal mission for the proposed restructuring	October 2024

Financing information and project milestones

Total project amount	UA 22.28 million
Amount of Bank Group Financing	TSF Pillar I Grant: UA 20.05 million
Amount of Co-financiers/Trust fund Financing:	Government of Sudan (GoS): UA 2.23 million
Date and amount of last disbursement	18 October 2022/UA 628,888.22
Total disbursed Amounts (above UA 5,000) to date (by instrument- loans, grants, equity)	Grants: UA 9,694,977.86 disbursed **(Undisbursed balance: UA 10,355,022.14)**
Cancelled amounts (broken down by instrument - loans, grants, equity)	N/A

c. Categorization of the restructuring.

11. The restructuring of the three health projects into an emergency health and infrastructure project involves a significant modification of the design and scope from those originally approved by the Boards of Directors. **It is, therefore, a first-order portfolio restructuring.**

d. The main changes proposed to the project as part of the restructuring operation.

12. The restructuring of the health portfolio involves adapting and repurposing the respective designs and scope of the three health projects to be able to effectively address the emerging and evolving health humanitarian crisis in Sudan. Specifically, the modifications entail the following actions:

- **Improving health infrastructure and resilience**: The restructured portfolio will support healthcare facilities by making them more capable of delivering essential healthcare services with needed infrastructure upgrades, including supply of basic equipment, minor rehabilitation, renewable energy sources and climate proofing measures.

- **Provision of a basic package of essential health services**: The restructured portfolio will prioritize the delivery of priority components of a package of essential health services, focusing on maternal and child health, communicable and noncommunicable diseases, mental health and psychosocial support (MHPSS), etc.

- **Enhancing the institutional capacities of the decentralized health system to maintain provision of essential health services and priority public health interventions:** Building and strengthening the capacities of the health authorities and institutions at state and locality level is key to ensure sustainable access to essential health services and to deliver the priority public health interventions.

- **Enhanced focus on emergency preparedness and response:** To improve readiness for health emergencies and responses, the restructured health portfolio will support key public health functions relevant to this such as national public health laboratories, expansion of disease surveillance systems, and complementing of other efforts such as supporting rapid response teams (RRTs).

- **Enhanced Social and Gender Safeguards**: Dedicated measures will address social and gender specific risks, including the prevention of Gender-Based Violence (GBV) and support for Prevention and Response to Sexual Exploitation Abuse and Harassment (PSREAH).

- **Conflict-Sensitivity:** The restructured health portfolio will ensure conflict sensitivity and resilience building in its design and implementation, while also making sure that internally displaced persons (IDPs) and hosting communities as well as other conflict-affected communities, who are often the most in need of support for climate adaptation, will benefit from these activities.

- **Environmental health initiatives** will also be integrated to protect vulnerable populations and ensure safe healthcare settings.

13. **These changes will better position the restructured health portfolio to more effectively address Sudan's health sector needs,** enhance resilience within the health system, and support sustainable health outcomes in a challenging operational context.

14. **In effect a number of activities under the suspended projects will be dropped** such as advanced health workforce training and provision of high-end diagnostic and treatment services in preference for basic services that better address the current health sector challenges and needs in the country.

15. **There are outstanding payments for staff wages, goods (equipment) suppliers and civil works contractors.** The Bank suspended payment of PIU staff salaries from Bank project resources after March 31, 2023 and recommended that the Government honors its commitment to cover the costs of project core teams until the de facto government declaration is lifted and normal operations are resumed.

2. PROJECT IMPLEMENTATION STATUS

a. Summary of the implementation status of the project, starting from its approval and effectiveness date.

16. **Building Capacity for Inclusive Service Delivery Project (BCISD):** The project aimed at enhancing governance, institutional capacity, and human resources to improve access to healthcare and social safety nets for Sudan's vulnerable populations. Approved on 25th March 2015, with the grant agreement signed on 28th April 2015, the project became effective on 28th April 2015, and the first disbursement was made on 23rd December 2015. The total project cost is UA 31.10 million, funded by an ADF grant of UA 27.99 million and supplemented by a UA 3.11 million contribution from the Zakat Fund. The initial project implementation period was 5 years with the initial project completion date being 31st March 2020. However, as a result of implementation challenges including political instability, conflict, delays in delivering on the various civil works and procurements, the COVID outbreak and eventually the de-facto governance situation, the project end date was extended 5 times with a final extension date being granted by OpsCom to 31st December 2025. By September 2024, the project had achieved a **disbursement rate of 56%**, with significant progress in Governance, capacity building, health facility renovation, despite challenges. The overall status of physical project implementation has stagnated at 67.76%.

17. **Emergency Response Support Programme (COVID19 ERSP): The project was** designed to strengthen Sudan's healthcare system to respond to the COVID-19 pandemic and enhance resilience for future health crises. The project was approved on 18th November 2020, with both grant agreements signed on 10th February 2021, and it became effective on 10th February 2021 and the first disbursement was made on 16th July 2021. The total financing for the project

amounted to UA 20 million, provided through an ADF grant and support from the Transition Support Facility (TSF). The project's initial completion date was 30th September 2022. However, due to implementation delays caused by the de facto Government situation and suspension of disbursements by the Bank, it was extended to 31st December 2024 and finally to 31st December 2025 after approval by OpsCom. By April 2023, only **3.71% of the total funds had been disbursed and no further disbursement has been made since then.**

18. **Improving Health Access and Systems Strengthening Project (IHASSP):** The project was launched to enhance the accessibility and quality of healthcare services in Sudan, focusing on maternal and child health, nutrition, and cancer care in El Gezira, Khartoum, Northern State, and River Nile. The project was approved on 11th January 2018, with the grant signed on 12th March 2018 and it became effective on 12th March 2018 and the first disbursement was processed on 5th June 2018. The total project cost was UA 22.28 million, with UA 20.05 million funded by the African Development Fund's Transition Support Facility (TSF) Pillar I and UA 2.23 million contributed by the Government of Sudan. The initial project implementation period was 5 years with the initial project completion date being 31st December 2022. However, as a result of implementation challenges including political instability, conflict, delays in delivering on the various civil works and procurements, the COVID outbreak and eventually the de-facto government situation, the project end date was extended to 31st December 2024 and finally to 31st December 2025 after approval by OpsCom. As of the latest progress report in March 2023, the **disbursement rate was approximately 48% with physical implementation at 53%** indicating moderate progress amidst ongoing challenges.

b. Summary of the implementation progress has been since the Board approval.

Building Capacity for Inclusive Service Delivery Project (BCISD):

19. The ***BCISD*** has completed and operationalized 31 health facilities, including family health centers (FHCs), rural hospitals, and **governance institutions**. These developments have strengthened the resilience of the health system and improved service delivery in targeted areas. Additionally, 6 ambulances were distributed to support emergency response, and solar power units were installed in 27 FHCs to ensure a reliable and clean energy supply. Enhancements to management information systems (MIS) at the federal level have improved administrative processes and data management.

20. It has successfully advanced **human resource** capacity building, positively impacting over 3,236 individuals through targeted training programs in leadership, management, and healthcare service delivery. This includes scholarships for 564 mid-level healthcare workers and in-service training for 1,480 healthcare professionals.

21. A significant achievement of BCISD has been its collaboration with the International Labor Organization (ILO) to provide financial literacy training to 2,786 community members and expand health insurance coverage to more than 24,000 beneficiaries.

22. Implementation progress has faced delays due to political instability, conflict, and issues with civil works. Key challenges include:

- ✓ Delays in delivering civil works and procurement.
- ✓ Shortages of medical staff.

- ✓ Frequent turnover of government officials.

Emergency Response Support Programme (COVID19 ERSP)

23. Since the Board's approval, the ***COVID-19 ERSP's*** progress has been mixed with the de facto government situation and suspension of disbursements by the Bank greatly affecting the implementation of project activities and achievement of development outcomes. By April 2023, only 16 health facilities were providing COVID-19 treatment services against a project end target of 50 facilities. The project adopted standard operating procedures for COVID-19 testing and 2,000 staff were trained in testing protocols, although implementation of training programs for rapid-response teams was delayed.

Improving Health Access and Systems Strengthening Project (IHASSP)

24. The ***IHASSP***, since Board approval, has achieved significant progress in its implementation but has faced challenges that have impacted its pace of delivery of results. By March 2023, 100% of targeted hospitals had received essential medical equipment, with five undergoing substantial upgrades to improve diagnostic and treatment capabilities, especially for maternal and child health services. The project trained 375 community health workers (achieving 9.38% progress against the project end target of 4,000) and 115 medical technicians (exceeding the initial end target with 121% completion), thereby enhancing technical expertise in operating and maintaining medical equipment. Additionally, 24% of targeted children received micronutrient supplements, contributing to better child health and nutrition. Community outreach efforts also successfully promoted health awareness and increased service utilization in the designated regions. However due to the de facto government situation, Bank operations were suspended hindering progress in implementing project activities and achievement of project results. At the same time, the country also faced catastrophic health emergencies including Ebola, Dengue fever, monkey pox and the COVID-19 all further weakening the country's health systems and infrastructure and further hindering the achievement of the project's development outcomes.

25. **Common challenges** to all three projects included political instability, frequent government leadership changes, and the COVID-19 pandemic, which have significantly hindered the progress and implementation of the projects. These challenges have been particularly evident in areas such as the slow progress in civil works, procurement delays, and the disrupted continuity of operations. The pandemic exacerbated these issues by interrupting training programs and disrupting supply chain logistics, particularly during 2020 and 2021, thereby affecting the readiness of health facilities and the distribution of essential equipment. Additionally, conflict and safety concerns in these areas have posed severe logistical challenges, thus limiting the operational capacity of projects and exacerbating delays in the delivery and installation of necessary supplies and equipment. Lastly all the three projects have outstanding Special Account (SA) balances totaling UAC 582,630.87. These special account advances were disbursed to the Sudan national executing agencies. Given the current situation in the country, efforts will be made to recover/account for these advances from the Government of Sudan once the situation normalizes. In the meantime, the 3rd Party IP (WHO) will be treated as separate implementing entity and will be responsible only for the resources disbursed to it.

c. Summary of the implementation progress ratings.

Building Capacity for Inclusive Service Delivery Project (BCISD):

- Overall Project Performance Classification – Problematic Project (PP)
- Rating on Development Objective (DO) – 1
- Rating on Implementation Progress (IP) – 1
- Both the DO and IP are highly unsatisfactory. The overall classification is therefore PP. The current political situation and conflict and the resultant suspension of activities and disbursements greatly impacted on the implementation of project activities and the achievement of the project's Development Objective. A number of project activities are dependent on the completion of civil works and yet these were being impacted by the suspension of disbursements and the rampant escalation of prices.

Emergency Response Support Programme (COVID19 ERSP)

- Overall Project Performance Classification – Problematic Project (PP)
- Rating on Development Objective (DO) – 1
- Rating on Implementation Progress (IP) – 1
- Both the DO and IP are highly unsatisfactory. The overall classification is therefore PP. The progress of the project has been rated as unsatisfactory overall which is mainly due to the evolving nature of the COVID-19 pandemic as well as external socio-political challenges. As of April 2023, the disbursement rate was notably low at only 3.71% of the total funds, signaling significant delays in implementation.

Improving Health Access and Systems Strengthening Project (IHASSP)

- Overall Project Performance Classification – Potentially Problematic Project (PP)
- Rating on Development Objective (DO) – 2
- Rating on Implementation Progress (IP) – 2
- Both the DO and IP are unsatisfactory. The overall classification is therefore PPP. There has been some progress towards the achievement of the project's DO reflected in the steady progress in equipment delivery and training; however the current political situation and conflict and the resultant suspension of activities and disbursements are greatly impacting on the implementation of project activities and the full achievement of the project's Development Objective.

3. PROPOSED CHANGES AND RATIONALE

a. A description of the proposed changes to the project (based on the project modification checklist below), including the rationale and justification for the restructuring changes.

26. **The Bank's health portfolio that was constituted by three (3) projects has suffered considerable setbacks because of the conflict** and again as a result of this conflict, there are new emerging healthcare needs and priorities necessitating the restructuring of the three projects to be able to effectively address these emerging needs including working with a third-party implementing agency. **This presents an opportunity to sustain Bank support to the people of Sudan under the ongoing active conflict and de-facto government.**

27. The restructured operation will focus specifically on the following;

- Provision of a basic package of essential health services (including response to GBV) at health service delivery levels.
- Improving maternal and child health (MCH) programs. The emphasis on PHC includes a particular focus on maternal and child health, which is a critical area for improving overall health outcomes in Sudan.
- Ensuring the supply of essential medicines and consumables.
- Controlling epidemics and vector-borne diseases.
- Climate proofing of health infrastructure to enhance adaptive capacity and build resilience against damage by extreme weather events.
- Enhancing a coordinated response with partners specifically other donors and UN agencies.

28. The restructured health portfolio's overall objective, therefore, is to ***"Improve access to healthcare services".*** The specific objectives are to (a) improve access to basis essential primary healthcare services including emergency care, (b) strengthen emergency preparedness and response, and (c) build health system resilience. This builds upon and aligns with the aims of the three original projects—COVID19 ERSP, BCISD, and IHASSP—while responding to Sudan's current needs and priorities in a more integrated manner. Through this, the operation aims to reach 6 million beneficiaries across Sudan, with concentrated efforts in vulnerable areas, at-risk populations while giving priority to areas that were initially targeted by the previous AfDB projects including White Nile, Kordofan, Darfur and potentially some localities in Khartoum (subject to accessibility and security). By prioritizing these regions and groups, the project seeks to reduce health disparities and improve essential health services for those most in need. Further, by aligning with the goals of multiple UN and humanitarian partners, the restructured portfolio will enhance coordination, thereby reinforcing Sudan's collaborative efforts for a unified and efficient health response.

29. **The restructured health portfolio will be implemented by the World Health Organization (WHO) as the implementing agency.** This change leverages WHO's extensive experience and technical capacity in health system strengthening, emergency response, and operational support, which aligns with the project's primary goals of enhancing healthcare access, emergency preparedness, and resilience within Sudan's health system. In addition, WHO has a

strong operational footprint and presence in the country, 3 main zonal offices and in addition to longstanding relationship with local health authorities and a network of international and national implementing partners within and beyond the health cluster across the country. WHO directly and through the health cluster will draw up the support and physical presence and expertise of international and national partners, as needed depending on the localities and interventions of the project.

30. **The measurable benefits of the restructured portfolio are provided in detail in the results measurement framework.** These include (a) Increased access to essential healthcare services and higher utilization rates, especially among vulnerable populations, (b) Reduced maternal and child mortality rates due to improved MCH services, (c) Enhanced emergency preparedness and response capacity with faster response times and reduced morbidity and mortality during health crises, and (d) Strengthened health system resilience through basic infrastructure upgrades, climate-proofing of infrastructure to adapt to changing climatic conditions and a more capable healthcare workforce.

31. **Lastly, the restructured portfolio will work towards enhancing complementarities and collaboration with other Bank funded projects in Sudan** to promote the efficient use of all available resources and avoid duplication of activities and interventions.

b. Specific factors that triggered the restructuring, based on the Bank Group Policy on Sovereign Operations restructuring.

32. **The restructuring has been triggered by a request from Government of Sudan to restructure the health portfolio so as to respond to the emerging health challenges resulting from the prolonged ongoing conflict in the country and the de facto situation of the government.** The conflict situation has led to a deterioration in the healthcare system in the country. The war has destroyed the country's public infrastructure, including the health system. Sudan's health care system is suffering from an acute lack of staff, funding and medical supplies in addition to repeated attacks, looting and occupation of medical facilities and hospitals. Treatable diseases are taking a deadly toll—cholera death rates in Sudan are now triple the global average. With high rates of malnutrition, a debilitated health system and low levels of immunization, disease outbreaks are having catastrophic impacts, particularly for children. The ongoing crisis in Sudan is also taking a devastating toll on women and girls. The collapse of critical healthcare services has put new mothers at risk of losing their lives in the months ahead as it has become nearly impossible to access essential reproductive care.

c. Changes to the initial environmental and social safeguards category.

33. The proposed restructuring will require a change to the initial environmental and social safeguards category.

Changes to the project description:

d. Linkage of revised activities to revised objectives, outputs and outcomes.

34. **The restructured operation introduces three core components that align with the objective of ensuring access to essential healthcare services, strengthening emergency preparedness and response, and building health system resilience in Sudan.** These changes integrate the goals of the original projects while addressing Sudan's evolving healthcare needs and challenges.

i **Component 1: Health Service Delivery Component *(UA 30,342,128.52) (73%):*** This component aims to ensure access to essential health services for targeted populations and facilities, particularly those most vulnerable and in need of support.

- **Key Subcomponents:**

✓ Infrastructure and basic Equipment: Addressing critical gaps due to ongoing conflict, this subcomponent focuses on minor conflict-sensitive rehabilitation and upgrades to healthcare basic infrastructure, including water supply, sanitation, climate proofing infrastructure against impacts of flood and drought and solar energy installations. Equipment upgrades will provide facilities with essential diagnostic, medical, and surgical tools, ensuring they can deliver essential primary healthcare services and quality care.

✓ Essential Package of Integrated Health and Nutrition Services: This subcomponent delivers priority components of a minimum package of conflict-sensitive health and nutrition services (including GBV one stop services), targeting primary and secondary care levels. Key services include maternal and child health (MCH), nutrition, communicable and noncommunicable diseases, emergency care, mental health, and water, sanitation, and hygiene (WASH) within the targeted healthcare facilities. It also ensures a steady supply of essential medicines, other medical supplies, and consumables to meet immediate health needs.

✓ Health Service Quality Improvement: Enhancing and advocating a quality culture as a bridge to social and environmental safeguards. Infection prevention and control (IPC), patient safety standards, and clinical best practices will be integrated to ensure that health services are not only accessible but also safe and effective. Quality improvement measures will include IPC, minor rehabilitation, medical waste management, installing protective screening and air curtains of health facilities, improving warehousing quality, and building the capacity of healthcare workers, and introducing patient friendly initiatives to health facilities.

✓ Emphasizing quality of care: This subcomponent aims to improve infection prevention and control (IPC) measures, patient safety, and clinical practices through capacity building, mentorship programs, and performance-based incentives. Continuous quality monitoring and feedback mechanisms will be implemented to maintain high standards of care.

ii **Component 2: Preparedness, Emergency Response, and Health Systems Resilience *(UA 5,237,142.86) (13%):*** This component enhances Sudan's health system capacity to detect and respond effectively to emergencies and build resilience to future health shocks.

- **Key Subcomponents:**

✓ Control of Epidemic Diseases: Strengthening disease surveillance systems, including the Early Warning, Alert, and Response System (EWARS), to enable prompt outbreak detection and response that is conflict-sensitive. This includes support for rapid response teams capacities to contain and manage disease outbreaks effectively.

✓ Climate-Resilient and Sustainable Interventions: To ensure long-term resilience, this subcomponent includes vulnerability assessments for climate-related risks and

interventions to protect health facility operations from environmental hazards. Investments in renewable energy, such as solar power and minor rehabilitation and efficient water and waste management systems will enhance sustainability and continuity of services.

- ✓ Capacity Building and Training: Developing healthcare worker skills in areas critical to emergency preparedness and response, including conflict sensitivity, early warning and response, data collection, and disease surveillance. The training will enhance the effectiveness of surveillance, outbreak management, and overall emergency response.

iii **Component 3: Project Management,** ***(UA 4,144,949.58) (10%):*** This component focuses on ensuring effective implementation, oversight, and coordination of the project through robust management, operational support, and a comprehensive monitoring and evaluation framework. It is cross cutting and integrates all critical operational and managerial aspects of the project to ensure alignment with objectives and optimal resource utilization.

- **Key Subcomponents:**

- ✓ **The Project Management Unit (PMU) based in WHO** will be responsible for day-to-day project management, implementation of activities, monitoring and evaluation of the project, adherence to financial, procurement, and safeguards guidelines, adherence to the financial agreement requirements and reporting.

- ✓ The PMU personnel shall have the requisite skillsets, experience and expertise for effective project implementation in an environment of conflict and insecurity including, inter alia with regards to financial management, procurement, environmental and social, Project management coordination, etc.

- ✓ A **Project Coordination Office (PCO)** will be based within the Ministry of Health and will act as the central coordination hub for the project. The PCO will be staffed by national consultants including the three previous Project Managers of the original projects who have extensive experience in Bank operations and the previous three AfDB health projects. They will play a key role in the implementation of the restructured operation. The PCO will work closely and in coordination with the WHO PMU and there will be continuous capacity building and transfer of expertise from WHO to the Government, particularly the Ministry of Health. This will help ensure that institutional capacity in project implementation is built so that the government can take over projects from third party implementers once the de facto government situation is lifted and peace is restored.

- ✓ The **Project Steering Committee (PSC)** will provide oversight, guidance, and governance for the project, ensuring alignment with national health priorities and donor requirements. The objective and mandate of the PSC, as well as its membership, and the role and responsibilities of its members shall be agreed upon between AfDB and WHO through separate terms of reference which shall be at all times consistent with AfDB and WHO's respective legal framework. The PSC will be Co-Chaired by the Ministry of Health and WHO and will also include the Director General of the International Health Directorate, a representative from the Ministry of Finance, representatives from key MoH departments, WCO, PMU and PCO managements. The PSC will regularly meet to review project progress and address emerging challenges.

- ✓ M&E Framework: The PMU in collaboration with the PCO will enact a robust M&E framework to systematically track progress, assess outcomes, and ensure accountability. The PMU with the PCO will lead internal M&E activities and coordinate external M&E activities including collecting data on key performance indicators, and generating regular progress reports for the PSC and AfDB.

- ✓ Operations, Supply Chain and Procurement: The PMU will work towards ensuring that all procurement activities adhere to WHO's and AfDB's procurement standards to ensure transparency, cost-efficiency, and timely delivery of goods and services (value for money).

Outputs of the restructured health portfolio include (a) Upgraded infrastructure and equipment to enhance conflict-sensitive access to essential healthcare services, (b) Strengthened disease surveillance and emergency response mechanisms, (c) Climate-resilient interventions, like solar power installations and climate proofing measures, (d) Targeted healthcare workforce training programs to build the capacity of 3,500 healthcare workers, aiming at 25% female participation to promote gender equity in health service delivery, (e) Enhanced youth engagement through training and equipping young professionals with skills to support resilient healthcare systems, and (f) Improved access to gender-responsive health services, including prevention and response to sexual exploitation, abuse, and harassment (PSREAH) programs and gender-based violence (GBV) services, ensuring safe, inclusive, and accessible healthcare for vulnerable populations, especially women and girls.

Outcomes of the restructured portfolio include (a) Improved health outcomes and inclusiveness, particularly in maternal and child health (MCH); (b) Reduced mortality and morbidity during health crises; and (c) Increased health system resilience to withstand climatic, environmental and operational shocks.

e. Changes in the project sponsor or executing entity and the implications for its technical/financial profile, overall strategy, and how it will support the restructured project.

35. **The restructured health portfolio will be implemented by the World Health Organization (WHO) working closely with the Federal Ministry of Health.** WHO was chosen based on the track record the Bank and WHO already have in implementing health emergency projects over the years particularly during the Ebola epidemics and the most recent COVID-19 pandemic. Further, WHO's role as the implementing agency brings a robust technical and financial profile well-suited to the restructured operation's requirements. WHO's expertise in health service delivery, public health interventions, disease surveillance, and capacity-building activities will enhance the quality and effectiveness of project activities. This includes implementing climate-resilient interventions, emergency response training, and ensuring the delivery of essential healthcare services. In addition, WHO has a strong operational footprint and presence in the country, 3 main zonal offices and a network of international and national implementing partners within and beyond the health cluster across the country. Lastly, WHO has established financial oversight mechanisms, ensuring efficient use of resources and adherence to international standards for financial accountability and transparency. WHO will charge a ***lump-sum fee of 5% (UA 1,986,211/USD 2,599,950) for the Project Support Costs (PSC).***

36. **To support the restructured portfolio's objectives effectively, WHO will be part of a coordinated implementation framework, engaging closely with the Ministry of Health and other stakeholders.** The key elements of the implementation arrangement include (a) Project

Steering Committee (PSC): Comprising representatives from WHO, the Ministry of Health, and key stakeholders, (b) Project Coordination Office (PCO): Comprising of consultants, particularly the former Project Managers of the three projects being restructured and hosted within the Ministry of Health, and (c) WHO Project Management Unit (PMU) handling the day-to-day operations.

37. **The PMU will regularly report progress to PSC and the Bank through the PCO ensuring transparency and accountability throughout the project life cycle.** Furthermore, the restructured portfolio will build on complementarity with other projects including the Sudan Health Assistance and Response in Emergencies Project (SHARE) funded by the World Bank and other funding streams and interventions supporting the health system in Sudan

38. **With these implementation arrangements the restructured project is well-positioned to deliver on its objectives and strengthen Sudan's health system amid current challenges.** These arrangements create a cohesive framework that will enhance coordination, maximize impact, and promote sustainability in health service delivery.

f. Checklist indicating all the specific changes and implications to the project.

Project modification checklist

Modifications	*Yes*	*No*
Change in Implementing/Executing Agency	X	
Change in Project's Development Objectives	X	
Change in Results Framework	X	
Change in Expected Impact	X	
Change in Legal Terms, Conditions and Covenants	X	
Change in Technical/Project Design	X	
Change in Scope	X	
Change in Disbursement Arrangements	X	
Change in the expiration date of a bank's guarantee		N/A
Change to Components and Cost	X	
Change in Procurement	X	
Change in Implementation Schedule	X	
Change of ESS category		X
Other Changes to Safeguards		X
Change in Economic and Financial Analysis	X	
Change in Technical Analysis	X	
Change in Environmental and Social Analysis	X	
Change in Risk Analysis	X	
Other Change(s)		X

4. UPDATES FROM APPRAISAL/DETAILED ASSESSMENT

Updated timetable of project implementation

a. Updated implementation schedule.

39. **Given the scope of proposed interventions and the complex context in Sudan, a reasonable timeframe for implementation will be 3 years.** This estimate considers several critical factors including the scope and complexity of interventions and challenges in the operating

environment. The restructured health portfolio includes infrastructure improvements (some of which include lengthy processes), capacity-building, disease surveillance, and emergency preparedness components, which require phased implementation and coordination with various stakeholders. Further, Sudan's ongoing conflict, frequent disease outbreaks, and natural disasters like flooding will likely affect implementation timelines. Accounting for these factors, the project should include contingency allowances in the schedule to preposition supplies and manage delays due to external disruptions.

Engagement with civil society organizations and other relevant stakeholders

b. Steps taken to ensure country ownership on the proposed project modifications including the multi-stakeholder engagement plan and the consultations that were conducted with respect to the proposed changes.

40. **The restructuring of the three health projects into one health emergency project was overseen by the Federal Ministry of Health and involved key stakeholders from Government, State and local authorities, UN agencies, international and local NGOs, civil society organizations (CSOs), and community representatives.** This approach fosters an inclusive project design that resonates with both national and community-level needs and priorities. In collaboration with UN agencies, international NGOs, and local NGOs, the consultative process ensured that the restructured project aligns efforts across various humanitarian/development actors, promoting a cohesive approach to addressing health needs in Sudan. Further, WHO will continue its engagement with stakeholders and partners like UNICEF, UNFPA, IOM, and local NGOs, frontline workers to ensure that the project complements ongoing health and emergency response initiatives, such as emergency and disease outbreak response, reproductive health and nutrition support. These partners will continue to be consulted throughout the implementation process.

41. **To maximize impact, the restructured portfolio is designed to complement other initiatives, particularly those led by development partners such as the World Bank.** This includes the initiatives like the Sudan Health Assistance and Response in Emergencies (SHARE) project, as well as other programs/projects which also focuses on critical interventions as in this project including health system resilience and service delivery improvement. Coordination with these partners will ensure the project builds upon established frameworks and leverages shared resources to meet Sudan's most pressing health challenges. Within this context, project interventions vis a vis delivery of a package of health services, preparedness and climate resilience will be complementary with other funding streams in terms of scope, types of intervention, geographic coverage, as well as address funding gaps and maximize benefits from available resources.

42. **Through these implementation arrangements and multi-level engagements,** the restructured portfolio is well-positioned to deliver effective, community-centered health interventions that are responsive to Sudan's unique context. These partnerships and engagements will create a robust framework for sustainable, collaborative healthcare improvements across the country.

Changes in economic and financial analysis

c. Changes to the economic and financial analysis and also to the originally submitted narrative.

43. **The restructured health portfolio involves several modifications to the initial economic and financial analysis to align with the updated objectives, expanded scope of activities, and Sudan's evolving health context.** These adjustments reflect the increased demand for essential health services, the need for enhanced resilience measures, and the integration of climate-adaptive interventions, which have economic and cost implications.

44. **The restructured portfolio places a stronger emphasis on access to primary healthcare, emergency preparedness, and health system resilience.** These interventions are expected to yield high economic benefits through improved long-term sustainable health outcomes, reduced disease burden, and lowered emergency response costs. Supporting and expanding access to these interventions will reduce mortality and morbidity, leading to a healthier population and potentially increasing productivity, a key factor for long-term economic growth. Furthermore, investments in disease surveillance and emergency response reduces the costs associated with managing large-scale health crises by enabling faster, more effective responses. By integrating climate-adaptive measures such as solar power and improved water management, the project will lower operational costs and promote sustainable healthcare delivery in the face of environmental challenges.

Changes in the technical evaluation:

d. A detailed assessment from the technical perspective on any changes in the project design.

45. **These technical changes are essential for adapting the restructured health portfolio to Sudan's unique health environment and improving resilience against public health risks.** The revised technical approach enhances the restructured portfolio's ability to deliver sustainable, high-quality healthcare services and ensure that interventions remain effective in the face of Sudan's challenges, including environmental threats and healthcare access limitations.

46. **The restructured health portfolio incorporates a number of technical adjustments to enhance its effectiveness in addressing Sudan's current health challenges.** These modifications reflect the focus on primary healthcare, emergency preparedness, climate resilience, aligning with the portfolio's revised objectives and the Ministry of Health's priorities. The portfolio includes the delivery of a standardized package of primary health services, ensuring uniformity and quality across health facilities. Infection prevention and control (IPC), patient safety standards, and clinical best practices were integrated to ensure that health services are not only accessible but also safe and effective. A key technical addition is the integration of Early Warning, Alert, and Response System (EWARS) which enhances disease surveillance and rapid response capabilities.

47. **Given Sudan's vulnerability to climate-related events, the technical approach now includes climate-adaptation and mitigation measures.** Solar power installations for health facilities have been incorporated to provide a reliable, sustainable energy source, particularly in remote and underserved areas. Improved water systems and sustainable waste management practices and measures to climate proof the infrastructure have been included in the technical design to enhance facility resilience and environmental safety, particularly important in flood-prone regions.

Changes in environmental, social assessment (including gender considerations)

e. Main changes in expected outcome of the environment and social impact assessment for the restructured portfolio.

48. ***E&S performance of the original project(s)*:** The parent projects, Building Capacity for Inclusive Service Delivery Project (P-SD-IBD-006); Improving Health Access and Systems Strengthening (P-SD-I00-004) and COVID-19 Emergency Response Support Program (P-SD-K00-007) are all Category 3 projects and were not required to undertake a formal Environmental and Social Assessment (ESA).

49. ***Restructured health portfolio Environmental and Social Risk Categorisation*:** The project poses moderate environmental and social risks mainly from the planned activities that include minor rehabilitation and upgrades to healthcare basic infrastructure, including water supply, sanitation, and solar energy installations in selected facilities. The E&S risk classification was confirmed as Category 2, validated in the ISTS and recorded in the SAP on 06th February 2025.

50. ***Applicable E&S safeguards instruments*.** In line with the Bank's ISS, the Grant recipient shall consider E&S measures during project implementation to manage the associated risks. As this is a crisis and emergency response project, applicable E&S safeguards instruments will be prepared post Board approval, in line with the Bank and National requirements, and in collaboration with WHO. The grant Recipient will prepare site-specific Environmental and Social Impact Assessments (ESIAs), and a Stakeholder Engagement Plan (SEP). An E&S Management Plan (ESMP) annex to the financing agreements outlining the material actions to manage the project's E&S risks and impacts was prepared and disclosed on 20th February 2025.

51. ***Key Environmental and Social Risks.*** Environmental risks associated with infrastructure rehabilitation and upgrades include air and water contamination, and health risks. The disposal of hazardous materials, such as those from medical waste(incineration) and solar panels, pose additional environmental threats. The social risks include disruptions to healthcare services during healthcare facility rehabilitations and upgrades. Ensuring social inclusion and equitable access to healthcare, especially for vulnerable populations, remains a key challenge.

52. ***Grants Recipient's Capacity for the implementation of the E&S safeguards obligations*:** The project will adhere to the Bank's ISS requirements and relevant national legislation and policies. The WHO has been chosen as the project executing agency (EA) and will form a dedicated Project Management Unit (PMU). This team will include an environmental and social safeguards officer who will oversee the implementation of the E&S safeguards instruments and carry out all necessary due diligence, including monitoring and reporting, in accordance with the financing agreement.

53. ***Environmental and Social Safeguards Compliance*:** In addition to the full and adequate implementation of all the disclosed E&S plans, including measures to address non-anticipated risks and impacts occurring during project implementation, the Receipient will prepare quarterly E&S measures implementation reports. Also, an annual E&S performance audit conducted by an independent E&S safeguards expert will be submitted annually and no later than the end of the first quarter of the following year. All these reports will be shared with the Bank and made accessible to the stakeholders. Also, the Receipient is committed to establishing the project-level Grievance Redress Mechanism (GRM) at the onset of the implementation, making it known by all

the stakeholders and maintaining it functional over the project's lifecycle. The project is compliant and ready for submission for the Board's consideration, as evidenced by the ESCON in the annex.

54. **In light of Sudan's ongoing conflict, the restructured health portfolio will give specific priority to Gender-Based Violence (GBV) Prevention and Response.** In addition to providing GBV responsive health services as part of the essential package of health services, social safeguards have been strengthened to address GBV risks, particularly for women and vulnerable populations. The portfolio includes measures for safe reporting mechanisms, community education on GBV prevention, and access to survivor support services within healthcare facilities. Enhanced PSREAH services are integrated to support reproductive health, safe childbirth, and maternal health services. These services aim to provide women in conflict-affected areas with essential healthcare that respects their dignity and privacy.

55. **Priority will also be given to environmental health measures to ensure safe water, sanitation, and waste management practices within health facilities,** especially important in areas with limited infrastructure and heightened environmental risks due to conflict.

56. **The restructured health portfolio has been screened for climate risks using the Bank's Climate Safeguards System (CSS) and classified as Category 2,** meaning that the activities across the project sites are moderately vulnerable to the impacts of climate change. Key climate risks include high temperatures, drought, erratic rainfall patterns and flooding. These impacts could cause damage to infrastructure, water scarcity and water contamination, leading to the risk of waterborne disease outbreak. The restructured portfolio has however incorporated climate-adaptive measures to improve environmental sustainability and resilience of healthcare facilities.

57. **To mitigate against the impacts of climate change and enhance green growth, solar power installations will be made across the facilities.** The restructured portfolio's proposed adaptation and mitigation interventions are well aligned with Sudan's Updated Nationally Determined Contributions (NDCs), which seek to enhance adaptation and mitigation action in the public health sector through integrating solar energy solutions and climate proofing infrastructure.

58. The portfolio has also been assessed using the Joint Multi-lateral Development Banks (MDBs) Paris Alignment direct finance methodologies for mitigation and adaptation and is considered aligned as the main project activities of enhancing access to climate resilient health centers is consistent with the goals of the Paris Agreement. A Paris Alignment Assessment is provided in Annex 5.

Changes in financial management and procurement

f. Changes in the portfolio's financial management and procurement, including financial accounting, disbursement methods and auditing.

59. **In accordance with the Fiduciary Principles Agreement (FPA) amongst the Bank, the Fund and the WHO dated July 2019 which facilitates cooperation amongst the three former institutions in implementation of inter alia emergency operations and relief assistance,** WHO's FM and procurement rules, including its eligibility criteria/waiver of Rule of Origin, and regulations for investigating allegations of fraud and corruption will be used in view of WHO's sound fiduciary framework and accountability and oversight framework.

60. **The WHO will be responsible for financial management of the proposed restructured health portfolio in line with the ADF and TSF Pillar I Bi-partite Funding and**

Implementation Agreements which will be signed between the WHO and the Bank. In line with the FPA, the project will comply with WHO's regulations, rules, and policies and procedures for financial management including audit and control frameworks. In this regard, the WHO will maintain sound financial management systems and arrangements to ensure that funds are used for the purposes intended, with due attention to considerations of economy, efficiency, and value for money. The funds utilization will be monitored using a unique code that will be assigned to the Project. To foster compliance with the financial management enshrined in the FPA, the WHO will be required to furnish to the Bank interim unaudited financial statements within 60 days after the end of every semester. In addition, WHO will provide the Bank with annual financial statements certified by a financial officer authorized by the entity within 6 months after the end of each accounting period up to project closure. The financial statements shall be prepared based on applicable accounting standards and policies adopted by the WHO.

61. **The restructured portfolio will not be audited independently**, its transactions will form part of the sampling population for the entity audit hence WHO will submit to the Bank its annual reports which will include separate and consolidated audited financial statements prepared in accordance with applicable accounting standards of the WHO within 6 months after the end of each year.

62. **WHO will provide bank account details in which the proceeds of the ADF and TSF Pillar I grants will be deposited.** Given the emergency nature of the operation, the Bank will disburse the grant in two tranches to WHO, into the Account so designated, subject to the signature of the ADF and TSF Pillar I Bi-Partite Funding and Implementation Agreements amongst the Bank, the Fund and WHO as well as other conditions stipulated therein. Funds shall be disbursed from the Bank to WHO in accordance with Bank's Disbursement Rules and Procedures. Justification on the utilization of project funds shall be through an acceptable financial report certified by a designated official of WHO that it has complied with the terms of the Bi-partite Funding and Implementation Agreements. Grant funds that are not utilized within the emergency operation timeframe shall be refunded to the Bank.

63. **As a condition for eligibility to receive the second tranche**, WHO shall provide evidence of submission of the interim unaudited financial statements or annual certified financial statements acceptable by the Bank showing actual expenditures excluding commitments of at least 50% or more from the first tranche.

Changes in legal section

g. Changes in the legal section and conditions precedent to disbursement.

64. **Legal Instruments.** The legal instruments for the restructured project will be: (i) ADF Bi-Partite Funding and Implementation Agreement for an amount of UA 30,364,623 between the African Development Fund (the "Fund") and the World Health Organization (the "UN Partner" or "WHO"); and TSF Pillar I Bi-Partite Funding and Implementation Agreement for an amount of UA 11,345,809 amongst the Bank and the Fund (the Bank and the Fund together the "Bank" as Administrators of the Transition Facility (TSF)) and WHO (the "Grant Agreements"). The General Conditions applicable to Protocols of Agreement of the African Development Fund dated February 2009, as amended from time to time shall be applicable.

65. **Conditions Precedent to Entry into Force of the Grant Agreements:** The Grant Agreements shall enter into force on the date of signature by the Parties.

66. **Conditions Precedent to Disbursement of the First Tranche of the Grants:** The obligation of the Bank to disburse the first tranche of ***60% (UA 25,026,260)*** of the Grants to WHO shall be conditional upon the entry into force of the Grant Agreements and the submission by WHO of a workplan and budget approved by the Bank covering the first tranche.

67. **Conditions Precedent to Disbursement of the Second Tranche of the Grants:** The obligation of the Bank to disburse the second tranche of ***40% (UA 16,684,172)*** of the Grants to WHO will be conditional upon the fulfilment of the following conditions by WHO in form and substance satisfactory to the Bank, namely the submission of: (a) copy of a progress report acceptable to the Bank; (b) a copy of unaudited financial statements showing at least 50% or more of Project expenditures from the first tranche; and (c) a copy of a workplan and budget covering the second tranche approved by the Bank.

68. Undertakings. WHO undertakes:

(i) To ensure proper coordination with the country's national and local authorities (as appropriate) to ensure effective implementation of Project activities.

(ii) To carry out the Project in accordance with the Bank's Safeguards Policies and applicable national legislation in a manner satisfactory to the Bank.

(iii) To consider environmental and social safeguard measures throughout Project implementation in order to manage associated risks.

(iv) To prepare site-specific Environmental and Social Impact Assessments (ESIAs) and a Stakeholder Engagement Plan (SEP) in compliance with the Bank's policies.

(v) To develop and submit to the Bank quarterly reports on the implementation of environmental and social safeguards under the Project, including the difficulties identified and the corrective measures adopted.

Changes to the risk assessment

h. Main risk factors (including any newly identified risks -financial, technical and operational, social and environmental and other risks - from the restructuring of the portfolio) and the corresponding mitigation measures.

69. **The restructured health portfolio carries substantial risks particularly political and security risks inherent in the volatile human and political context of the crisis in Sudan, which may affect its successful implementation.** The project carries other potential risks including environmental, climatic and social risks. The overall implementation risk is assessed as "moderate to substantial". The Bank has proposed mitigation measures to address them. These risks and mitigating measures are detailed in Annex 2. Close supervision by the Bank through innovative and remote-based data collection and monitoring mechanisms, including the use of third-party monitors, beyond the Remote Appraisal, Supervision, Monitoring and Evaluation (RASME) will ensure continuous monitoring of risks throughout the implementation period.

Changes to arrangements for monitoring, reporting and evaluation

i. Methodologies for monitoring and reporting of the key outcomes of the restructured portfolio.

70. **The restructured project will incorporate a robust Monitoring and Evaluation (M&E) framework to ensure systematic tracking of key outputs/outcomes, data-driven decision-making, and accountability for project goals.** The framework includes both internal and external M&E processes to provide comprehensive oversight and validation of project results.

71. **The PCO/PMU will oversee the day-to-day monitoring activities, using an M&E system to collect, analyze, and report on key performance indicators (KPIs) for project components.** This system will allow real-time tracking of progress across different regions and activities, enabling the PMU to identify any implementation gaps early and adjust as necessary. The restructured portfolio will adopt standardized data collection methodologies to gather quantitative and qualitative data on key outcomes. This includes routine health facility assessments, service delivery metrics, and beneficiary feedback through surveys and focus group discussions. Data will be regularly reported, with progress updates shared quarterly with the Project Steering Committee (PSC) and key stakeholders. The Project will perform regular quality control checks on data collected, ensuring accuracy and reliability. Additionally, the risk register will be integrated into the M&E system, allowing the PMU to monitor risk mitigation progress alongside outcome indicators.

72. **To provide unbiased assessments of project impact, external M&E activities will be conducted by third-party evaluators.** Annual reviews will focus on evaluating key project milestones, the effectiveness of implemented activities, and the sustainability of outcomes. These evaluations will be conducted in alignment with MoH, WHO and AfDB standards to ensure comprehensive oversight. External M&E processes will also include beneficiary feedback as a key component of assessing project effectiveness. Surveys and interviews will be conducted to gather insights from community members and healthcare staff, providing valuable perspectives on the project's social impact and alignment with community needs.

5. CONCLUSIONS AND RECOMMENDATIONS

73. **The already fragile health system is in tatters, with looming disease outbreaks, including cholera, dengue fever, measles, and malaria.** More than 70% of health facilities in conflict areas are out of service, and two-thirds of the population lack access to healthcare. The Bank's health portfolio of three (3) projects has consequently suffered considerable setbacks because of the conflict and its restructuring, including working with a third-party implementing agency, presents an opportunity to sustain Bank support to the people of Sudan under the ongoing active conflict and de-facto government.

74. **It is recommended that the Boards of Directors of the Bank and Fund approve the restructuring of the original three health projects in the Sudan Country Portfolio into one emergency health and infrastructure project** with balances totaling UA 41,710,432 (ADF UA 30,364,623 and TSF UA 11,345,809) to assist in addressing the current health humanitarian crisis in Sudan.

Annex 1: Initial and Updated Results Measurement Frameworks

RESULTS FRAMEWORK

A PROJECT INFORMATION

PROJECT NAME AND SAP CODE: Sudan Health Emergency and Infrastructure Project (SHEIP) - P-SD-IB0-004	COUNTRY/REGION: Sudan
PROJECT DEVELOPMENT OBJECTIVE: To improve access to healthcare services. The specific objectives are to (a) Improve access to basic essential primary healthcare services, (b) strengthen emergency preparedness and response and (c) build health system resilience in Sudan	
ALIGNMENT INDICATOR (S): Coverage of essential health services	

B RESULTS MATRIX

RESULTS CHAIN AND INDICATOR DESCRIPTION	RMF/ADOA INDICATOR	UNIT OF MEASUREMENT	BASELINE (January 2025)	TARGET AT COMPLETION (December 2027)	MEANS OF VERIFICATION
OUTCOME STATEMENT 1: Increased access and utilization of essential healthcare services with a focus on improving maternal and child health outcomes.					
OUTCOME INDICATOR 1: Percentage increase in utilization of healthcare services at targeted health facilities compared to baseline.	☐	*Percentage (%)*	*0*	*40%*	*Health facility records/reports or M&E reports*
OUTCOME STATEMENT 2: Enhanced health system resilience and improved emergency preparedness and response					
OUTCOME INDICATOR 2.1: Number of targeted health facilities ensuring uninterrupted essential health services during climate-related events due to project-supported climate-resilient infrastructure	☐	*Health facility (Number)*	*0*	*23*	*M&E reports*
OUTCOME INDICATOR 2.2: Percent of targeted health facilities with operational disease surveillance systems (EWARS).	☐	*Percentage (%)*	*0*	*70%*	*EWARS reports or M&E reports*
OUTPUT STATEMENT 1: Health facilities upgraded with essential services and equipment.					
OUTPUT INDICATOR 1.1: Number of healthcare services provided to target populations in project-supported facilities, disaggregated by number of women, and internally displaced persons (IDPs)	☐	*Services (Number), Women (Number), IDPs (Number)*	*1,500,000*	*6,000,000 (including 3,000,000 for women and 1,200,000 IDPs)*	*Health facility records/reports or M&E reports*
OUTPUT INDICATOR 1.2: Number of supported health facilities providing the allocated essential package of health and nutrition services.	☐	*Health facility (Number)*	*0*	*30*	*Health facility records/reports or M&E reports*
OUTPUT INDICATOR 1.3: Number of safe deliveries conducted in project-supported facilities.	☐	*Deliveries (Number)*	*5,000*	*30,000*	*Health facility records/reports or M&E reports*
OUTPUT INDICATOR 1.4: Number of healthcare workers trained in-service (disaggregated by sex).	☐	*Workers (Number, Male/Female)*	*0*	*3,500 (Including 875 women)*	*Training records, attendance lists*

OUTPUT STATEMENT 2: Disease surveillance and emergency response systems implemented.					
OUTPUT INDICATOR 2.1: Number of Rapid Response Teams members trained on alerts investigation and outbreak response disaggregated by sex).	☐	*Individuals (Number, Male/Female)*	*0*	*500 (including 100 women)*	*Training records, attendance lists*
OUTPUT STATEMENT 3: Implementation of GBV prevention and gender-inclusive healthcare.					
OUTPUT INDICATOR 3.1: Number of healthcare workers trained on GBV and gender-sensitive service delivery (disaggregated by sex). Aiming to have 40% of trainees women).	☐	*Workers (Number, Male/Female)*	*0*	*700 (including 175 females trained)*	*Training records, attendance lists*
OUTPUT INDICATOR 3.2: Patient satisfaction rate with healthcare services provided at supported facilities (disaggregated by sex).	☐	*Percentage (%) (Male / Female)*	*0 (no survey conducted)*	*75% (including 30% female surveyed)*	*TPM/ M&E survey*

Annex 2: Initial BCISD Results Reporting

Outcome indicators (as specified in the RLF, add rows as needed)	**Baseline value (2014)**	**Most recent value**	**End target** *(expected value at project completion)* **(2023)**	**Progress towards end target** *(% realized)*	**Assessment**
Outcome 1					
• Gender- and fragility-sensitive safety nets framework	None	TBD	In place and operation	TBD	Suspended
• An integrated ICT-based performance management system					
• Fully functional family health centres (40) (%).	None	TBD	In place and operation	TBD	Suspended
• Rural hospital environment improved (10) (%)	0%	20	40	50%	20 out of 40 FHC (12 in NK and 8 in WN) were renovated and equipped.
• State and referral hospitals with service improved (6) (%)					5 hospitals were ongoing, 2 contracts terminated and were in retendering process.
• Functioning decentralised teaching facilities (%)	0%	5	10	50%	
	0%	0	6	0%	One was ongoing, one terminated, 4 were under processing.
	0%	2 locality health hospitals renovated and equipped.	2	100%	2 locality health hospitals renovated and equipped.
Outcome 2					
• Gendered health workforce strategy	None	TBD	In place and operation	TBD	Suspended
• Localities with trained health service managers (%)			100%		
• Fully staffed family health centres (%)	0%	100%		100%	
• Health cadre skills and knowledge improve (%)	0%	TBD	50% in target localities	TBD	MoH responsibility
• Gap in provision of middle health service in 10 localities filled (%)	0%	100%	100% in target localities	100%	

	0%	Decreased by 80%	100% in target localities	80%	According to State Health authorities.
Outcome 3 • Enhanced consumption expenditure of the poor (% of the poverty line)	65%	35%	80% among the beneficiaries	43.75%	
• Increased population covered and benefited from health insurance (#)	0	5230 families covered (NK)	5000 (50%women)	105%	Target exceeded.
• Increased share of the poor engaged in income generating activities (%)	0	2241 families covered (WN)	2000 (50%women)	112%	Target exceeded.
	0%	TBD	5% in target localities (1,000 persons).	TBD	Some trained communities began to practice activities to generate income using their own resources and local materials.

Output indicators (as specified in the RLF, add rows as needed)	**Most Recent Value**	**Annual Target** (*expected cumulative value at end of reporting year*)	**End Target** (*expected cumulative value at completion*) **(2023)**	**Progress towards annual target** (*% realized*)	**Progress towards end of project target** (*% realized*)	**Assessment**
Output 1.1 • Number of TAs financed	10 technical assistance studies conducted.	10	15	67%	67%	4 technical assistance studies cancelled and transferred to COVID-19 national prevention program.
Output 1.2 • Family Health Centres renovated & equipped	20	20	40	100%	50%	Works in ongoing 8 FHCs and 12 FHCs under suspension.
• Referral facilities renovated & equipped	0	1	2	0%	0%	The design and tendering process suspended.
	12	12	12	100%	100%	

• Ambulances and other vehicles						12 ambulances have been procured and already distributed.
Output 1.3 • State institutions to be supported to link with locality facilities • Locality health facilities to be upgraded to teaching facilities	4 0	4 TBD	6 10	100% TBD	67% TBD	4 out of 6 institutions renovated and equipped The other 2 are under suspension. MoH responsibility
Output 1.4 • Well-integrated and decentralized ICT-based performance management system established & functional	1	1	3	100%	33%	Suspended. It consists of 3 parts: 1- Equipment for data center, 2- Software for NHIF, and 3- Data center /ERP for MoH.
Output 2.1 • Leaders groomed (at least 50% women)	0	100	100 50	0%	0%	Training cancelled and transferred to COVID-19 program.
Output 2.2 • Number health of managers trained • Number of health care workers trained • Middle health care workers graduated	144 1480 0	200 2372 564	200 2372 564	72% 62.6% 0%	72% 62.6% 0%	Study tour and exchange visits covering 126 persons suspended. Suspended. - 464 students were in the second year. -100 students were in the first year.
Output 3.1 • People supported to practice their skills • Number of young people (16-45 years) trained	500 4080 trained (2178 are women)	500 4000	500 5,000 (50% women)	100% 102%	100% 82%	

Output 3.2 • Enterprises created or supported • Number of people trained and mentored in entrepreneurial skills • Community-based safety net system	120 2245 0	Up to 100 2000 Up to 50	Up to 500 4000 Up to 100	120% 107% 0%	24% 56% 0%	

Annex 3: Initial COVID-19 ERSP Results Reporting

Outcome indicators (as per RLF)	Baseline value	Most recent value	End target	Progress toward endtarget (%)	Assesment
Enhanced (national) capacity for treatment and care of COVID-19 patients					
Number of health facilities providing new treatment services for COVID-19 such as (i) critical care and (ii) triage (nbr)	0.000	16.000	50.000	32.00%	**Achieved/Likely to be achieved** Project implementation frozen due to de factor state of government. No implementation of project for over 2 years. Negatively affecting achievement of the objective targets.
Capacity for intensive care and isolation based on equipped and operational intensive care units (ICU) (nbr)	50.000	50.000	500.000	0.00%	**Achieved/Likely to be achieved** Project implementation frozen due to de factor state of government. No implementation of project for over 2 years. Negatively affecting achievement of the objective targets.
Heightened community awareness					
Number of people effectively reached with accessible information on COVID-19 and targeted messages on prevention and on access to services (nbr)	50,000.000	50,000.000	2,000,000.000	0.00%	**Likely to be achieved with correctives actions** Project implementation frozen due to de factor state of government. No implementation of project for over 2 years. Negatively affecting achievement of the objective targets.
Enhanced (national) capacity for testing, and surveillance for COVID-19					
National laboratory capacity to screen/test for COVID-19 (ntd)	500.000	500.000	1,500.000	0.00%	**Likely to be achieved with correctives actions** Project implementation frozen due to de factor state of government. No implementation of project for over 2 years. Negatively affecting

					achievement of the objective targets.
Number of people tested daily for COVID-19 (nbr)	1,000.000	10,000.000	10,000.000	100.00%	**Likely to be achieved with correctives actions** Project implementation frozen due to de factor state of government. No implementation of project for over 2 years. Negatively affecting achievement of the objective targets.

Output indicators	Most recent value	Annual target	End target	Progress towards annual target (%)	Progress towards end of project target (%)	Assessment
Health facilities renovated and equipped and an emergency response plan prepared						
Number of health centres constructed/rehabilitated and equipped for COVID-19 treatment (nbr)	28.000	50.00	50.000	0.00%	0.00%	**On track** Project implementation frozen due to de factor state of government. No implementation of project for over 2 years. Negatively affecting achievement of the objective targets.
Emergency response plan prepared with agreement for regular updating	YES	NA	Yes	NA	NA	**On track** Project implementation frozen due to de factor state of government. No implementation of project for over 2 years. Negatively affecting achievement of the objective targets.
Community awareness initiatives implemented						
Community engagement plan(s) launched	YES	NA	Yes	NA	NA	**On track** Project implementation frozen due to de factor state of government. No

						implementation of project for over 2 years. Negatively affecting achievement of the objective targets.
Number of culturally appropriate communication materials produced (nbr)	0.000	10,000.00	10,000.000	0.00%	0.00%	**On track** Project implementation frozen due to de factor state of government. No implementation of project for over 2 years. Negatively affecting achievement of the objective targets.
Capacity for testing, and surveillance for COVID-19 in place						
Adoption of standard operating procedures for testing	YES	NA	Yes	NA	NA	**On track** Project implementation frozen due to de factor state of government. No implementation of project for over 2 years. Negatively affecting achievement of the objective targets.
Number of persons trained in testing protocol (nbr)	2,000.000	15,000.00	15,000.000	0.00%	0.00%	**On track** Project implementation frozen due to de factor state of government. No implementation of project for over 2 years. Negatively affecting achievement of the objective targets.
Number of rapid-response teams trained and equipped to conduct contact tracing (nbr)	0.000	50.00	50.000	0.00%	0.00%	**On track** Project implementation frozen due to de factor state of government. No implementation of project for over 2 years. Negatively affecting achievement of the objective targets.

Annex 4: Initial IHASSP Results Reporting Outcome reporting

Outcome indicators (as per RLF)	Baseline value	Most recent value	End target	Progress toward endtarget (%)	Assesment
Improved knowledge and competency among health providers					
Health worker knowledge M/F (nbr)	0.000	1.000	1.000	100.00%	**Likely to be achieved with correctives actions** The project implementation is frozen due to defacto state.
Health worker competency M/F (nbr)	0.000	1.000	1.000	100.00%	**Likely to be achieved with correctives actions** The project implementation is frozen due to defacto state.
Health worker performance M/F (nbr)	0.000	1.000	1.000	100.00%	**Likely to be achieved with correctives actions** The project implementation is frozen due to defacto state.
Improved efficiency of the health system to deliver high quality health services					
Caesarean section deliveries (% deliveries) (%)	9.100	9.100	5.000	0.00%	**Likely to be achieved with correctives actions** The project implementation is frozen due to defacto state.
Breast/Cervical cancer screening (% women) (%)	1.000	1.000	15.000	0.00%	**Likely to be achieved with correctives actions** The project implementation is frozen due to defacto state.
Emergency obstetric care availability (% facilities) (%)	0.000	1.000	1.000	100.00%	**Likely to be achieved with correctives actions** The project implementation is frozen due to defacto state.
Improved health knowledge and utilization of care in target population					
Improved health knowledge and utilization of care in	0.000	0.500	1.000	50.00%	**Likely to be achieved with correctives actions**

target population (nbr)					The project implementation is frozen due to defacto state.
Antenatal care coverage 4 visits (% pregnant women) (%)	50.700	50.700	60.800	0.00%	**Likely to be achieved with correctives actions** The project implementation is frozen due to defacto state.
Knowledge of disease symptoms (% mothers) (%)	26.900	26.900	30.000	0.00%	**Likely to be achieved with correctives actions** The project implementation is frozen due to defacto state.
Institutional delivery (% deliveries) (%)	27.700	27.700	33.500	0.00%	**Likely to be achieved with correctives actions** Sudan is experiencing a unique yet challenging de facto state of govenance that implementation of this operation. The country is also facing possible catastrophic health emergencies including suspectd Ebola, Dengue fever and Mpox. The health systems and infrastructure situation is worse and injuries and malnution is worsening the situation. No implementation of this operation, yet the need for teatment is very high.
Contraceptive prevalence rate (% women) (%)	12.200	12.200	14.600	0.00%	**Likely to be achieved with correctives actions** The project implementation is frozen due to defacto state.
Exclusive breastfeeding (% infants	55.400	55.400	63.700	0.00%	**Likely to be achieved with correctives actions** The project implementation is frozen due to defacto state.

Output indicators	Most recent value	Annual target	End target	Progress towards annual target (%)	Progress towards end of project target (%)	Assessment
Strengthening training institutes						
Number of Trainers trained M/F (nbr)	50.000	80.00	80.000	62.50%	62.50%	**On track**] The project

						implementation is frozen due to defacto state.
Training Community Health Workers						
Number of Community Health Workers trained M/F (nbr)	375.000	4,000.00	4,000.000	9.38%	9.38%	**On track** The project implementation is frozen due to defacto state.
Training of Clinical Providers						
Number of Clinical Health Providers trained M/F (nbr)	3.000	973.00	973.000	0.31%	0.31%	**On track** The project implementation is frozen due to defacto state.
Training of Nutrition Providers						
Number of Nutrition Providers trained M/F (nbr)	501.000	1,073.00	1,073.000	46.69%	46.69%	**On track** The project implementation is frozen due to defacto state.
Training of Medical Technicians						
Number of Medical Technicians trained M/F (nbr)	115.000	95.00	95.000	121.05%	121.05%	**On track** The project implementation is frozen due to defacto state.
Medical equipment procurement						
Number of hospitals upgraded with equipment (nbr)	5.000	5.00	5.000	100.00%	100.00%	**On track** The project implementation is

						frozen due to defacto state.
Micronutrient supply						
Number of children receiving supplements M/F (nbr)	99,263.000	412,480.00	412,480.000	24.06%	24.06%	**On track** The project implementation is frozen due to defacto state.
Mobile health campaign						
Population coverage of mobile health campaign % M/F (nbr)	0.000	50.00	50.000	0.00%	0.00%	**On track** The project implementation is frozen due to defacto state.
Mobile health clinics						
Population coverage of mobile health clinics % M/F (nbr)	0.000	20.00	20.000	0.00%	0.00%	**On track** The project implementation is frozen due to defacto state.
Mass media campaign						
Population coverage of mass media campaign % M/F (nbr)	0.000	50.00	50.000	0.00%	0.00%	**On track** The project implementation is frozen due to defacto state.

Annex 5: Revised risk analysis matrix

RISK CATEGORY	RISK DESCRIPTION	RATING	MITIGATION MEASURE	RISK OWNER
Country's political and governance context	Most areas of the country are still under conflict.	High	• The Bank will rely on the UN risk analysis and mitigation measures to ensure a safe and effective implementation of project activities. • The Bank will enhance its dialogue with the Government and its development counterparts to ensure a secure implementation of project activities.	Government AfDB
	Escalation of the conflict or significant movement of lines of conflict		• Having a business continuity plan with back stopping support. • Maintain constant communication with the Health Cluster to stay updated on the latest developments and coordinate efforts more effectively. • Regular security updates from country security team	WHO
Operational risks	Limited access to remote and conflict affected areas	Medium	• Engage and coordinate with implementing partners for last mile delivery. Close coordination with OCHA, logistic cluster partners, and local authorities to secure the movement of supplies and staff. • Efficient warehouse management to ease of dispatch and deliveries. Warehouses distributed along different states to ensure delivery.	Government WHO
	Capacity gaps in local workforce		• Targeted training programmes for health workers focusing on essential health services and emergency response. • Engagement of local communities.	WHO
	Threats to personal and health facilities		• Conduct regular security assessments and implement risk mitigation protocols for staff and facilities. • Partner with local authorities and implementing partners.	Government, WHO
	Aid diversion		Strengthen mechanisms of : • M&E (internal and external) • Audit. • Accountability, including community feedback.	Government, WHO
	Delayed procurement		• Frontload lengthy procurement processes.	WHO

RISK CATEGORY	RISK DESCRIPTION	RATING	MITIGATION MEASURE	RISK OWNER
			• Engage vendors with proven track records and pre-qualified suppliers. • Ensure advance planning, and delegation of authority as needed to ensure expedited processing. • Ensure that the logistic team is ready and briefed at each stage of the procurement cycle with a designated responsible at each stage.	
	Delayed disbursement		• Implement streamlined disbursement mechanisms • Ensure selected implementing partners have financial network capacities to avoid any delay on payments. • Develop flexible payment schedules that can adapt to delays without significantly impacting the overall project. • Coordinate closely with AfDB to address bottlenecks.	AfDB and WHO
Environmental and social	Rains and flooding making some of the project sites inaccessible.	Medium	• Climate resilient interventions in health facilities (e.g., elevated designs, drainage systems) • Develop contingency plans for service continuity during natural disasters. • Delivery of required medical supplies before rainy season and/or establish different routes to ensure access to potential flood/isolated areas • The UN environmental and social risk analysis mechanism will be used to plan the project activities appropriately.	Government and WHO
	Potential negative social and environmental safeguards impacts		• Establish and adopt and environmental and social management framework. • Develop complaints and feedback mechanism • Conduct regular monitoring of environmental aspects in supported facilities • Conduct regular stakeholder consultations.	Government, WHO
	Low community engagement		• Regular stakeholder engagement. • Collaborate with local organizations. • Provide clear, consistent messaging about the project's goals at community level.	Government, WHO

RISK CATEGORY	RISK DESCRIPTION	RATING	MITIGATION MEASURE	RISK OWNER
Programmatic	Delays in meeting outcome targets	Medium	• Regularly update the projects M&E framework to track progress, identify gaps, and adjust interventions. • Regular project implementation updates and reviews. • Conduct TPM to identify gaps and recommend improvements. • Establish and maintain effective coordination between PSC, PMU and PCO.	Government AfDB WHO
	Unreliable NGOs or implementing partners		• FENSA approach application will ensure the selected IPs/NGOs comply with the necessary capacity, background, and trust. • Third-Party Implementing Partner Capacity Assessments (IPCA): WHO Sudan ensures that all IPs expected to handle >USD 150,000 are assessed externally by a Third Party Monitor. This assessment is used to tailor grant conditions and monitoring intensity. • Use of Harmonized UN Tools and Procedures. • WHO applies standardized UN IP assessment tools and may coordinate with other UN agencies under the UNCT framework to share assessments and align assurance activities for efficiency and risk reduction.	WHO
	WHO faces challenges to effectively deliver on its responsibilities and tasks.		• Work alongside other Development Partners especially the World Bank which has an ongoing strategic project (SHARE) that is jointly being implemented by WHO and UNICEF. • A dedicated Programme Management Unit in place focusing on managing the partnership and implementation of the project's activities. • WHO Sudan's "emergency' focused structure to be mantained ensuring its capacities and operational footprint in the country including procurement, operations support and logistics are in place to fulfill project requirements. WHO	Government AfDB

RISK CATEGORY	RISK DESCRIPTION	RATING	MITIGATION MEASURE	RISK OWNER
			will contribute with capacities (funded from other projects) to support the project as needed. • Rigorous Resource mobilization and partnerships opportunities, diversifying funding streams(emergency and development). • Robust M&E and reporting structures, and compliance capacities to take stock of progression a regular basis. • Regular supervision of the Project by the Bank to ensure that activities, outputs and outcomes are on track.	
Other	Displacement of people continuing to put pressure on the limited resources and services.	Medium	• The government is working on response mechanisms including a continuous engagement with Development Partners.	Government Development Partners

GOAL	Improve access to basic essential primary healthcare services including emergency care, strengthen emergency preparedness and response, and build health system resilience						
MID-TERM OUTCOMES	Increased access to and utilization of essential healthcare services, leading to improved maternal and child health outcomes.				Enhanced health system resilience and improved emergency preparedness and conflict sensitive responses.		
SHORT-TERM OUTCOMES	Health facilities supported in delivering the designated essential package of health and nutrition services, including maternal and child health.	Improved utilization rate of healthcare services among displaced populations and hosting communities and other conflict-affected communities.	Improved patient satisfaction with healthcare services at supported facilities.		Health facilities equipped with climate-resilient infrastructure, such as solar power systems.	Health systems better equipped with emergency preparedness and conflict-sensitive response capacities to manage health emergencies effectively.	Implementation of functional early warning and surveillance systems for timely detection of public health threats.
OUTPUTS	*# of healthcare visits by target populations in project-supported facilities.* *# of safe deliveries conducted in project-supported facilities.* *# of healthcare workers trained in-service (disaggregated by sex).* *# of healthcare workers trained on GBV and gender-sensitive service delivery (disaggregated by sex).* *# of routine surveys to gather data on patient experiences and satisfaction levels, ensuring responses are disaggregated by sex.* *# of facilities with a basic package of conflict-sensitive essential health services and with climate-resilient water and sanitation infrastructure to ensure continuous access to clean water.*				*# of Rapid Response Teams members trained on alerts investigation and conflict-sensitive outbreak response (disaggregated by sex).* *# of RRTs deployed to support outbreak investigation* *# of health facilities with operational disease surveillance systems (EWARS).* *# of PHLs equipped and supported by supplies to enable rapid testing and confirmation of outbreak pathogens.* *# of facilities supported with climate proofing against health and floods, and solar panels and battery storage systems in health facilities to provide reliable energy.*		
PILLARS	Access to Essential Healthcare Services	Emergency Preparedness and Conflict-Sensitive Response	Health System Resilience	Capacity Building	Surveillance and Early Warning Systems	Community Engagement and Utilization	
ASSUMPTIONS	1. There will be an adequate number of trained healthcare workers to support health facilities and Rapid Response Teams. 2. Security and transport routes will remain accessible so that patients can reach healthcare facilities without major obstacles. 3. Climate-resilient infrastructure will be maintained and properly managed over time. 4. Displaced and affected communities will actively engage in and use healthcare programs.						

Annex 8: Paris Alignment: BB1 And BB2 Framework Alignment Assessments

Project title	**SUDAN HEALTH EMERGENCY AND INFRASTRUCTURE PROJECT (SHEIP)**
Country	Sudan
Cost	UA 41.7 MILLION
Sector	Health
Expected board period	

Project Description

The Development Objective of the project is to increase demand for healthcare and improve supply of alth services, targeting a reduction in mortality and morbidity rates among women and children focus on nerable and underserved populations. The Project Components include delivering a package of essential health vices, upgrading healthcare facilities with critical medical equipment, and expanding access to health services marginalized and high-need communities.

BB1 ALIGNMENT ASSESSMENT	
UC 1: Is a project/economic activity included in the 'considered universally aligned list' with activities that have a positive or negligible impact on the climate?	**Yes** The project activities are included in the 'considered universally aligned list' under the sector of buildings and public installations under the eligible operation line of buildings (education, healthcare, housing, offices, retail etc) The project is therefore **Aligned**.
Conclusion	**Aligned with BB1**

BB2 ALIGNMENT ASSESSMENT	
Criterion 1: Establishment of climate risk and vulnerability context. *Step 1: Identifying and assessing physical climate risk* Is the operation (including assets, stakeholders and the systems within which it takes place) at risk?	**Low/material physical risk** The project has been screened for climate risks using the Bank's Climate Safeguards Systems and classified as Category 2, meaning it is moderately vulnerable to climate risks. Key climate risks posed to the project include increasing temperatures, drought, erratic rainfall patterns and floods.
Criterion 2: Definition of climate adaptation and resilience measures *Step 1: Addressing physical climate risks and building climate resilience* Have climate adaptation and resilience measures been identified to reduce material physical climate risks and contribute to building climate resilience?	**Low/material physical risk** Based on the risks identified by the Bank's Climate Safeguards System, appropriate adaptation measures have been suggested including climate proofing of infrastructure at the health centers, water harvesting mechanisms and integration of solar solutions.
Criterion 3: Assessment of inconsistency with a national/broad context for climate resilience	**Yes**

Assessing the broader climate resilience context: Is the operation not inconsistent with relevant policies/strategies, private sector or community-driven priorities for climate adaptation and resilience?	The project is not inconsistent with Sudan's Updated Nationally Determined Contributions (NDC) and other climate policies and strategies.
Conclusion	**Aligned with BB2**