

		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Connectivity @	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	digital connectivity	YES	NO	
	energy	<input type="checkbox"/>	<input type="checkbox"/>	
	transport	<input type="checkbox"/>	<input type="checkbox"/>	
	health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	education and research	<input type="checkbox"/>	<input type="checkbox"/>	
	Migration @	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reduction of Inequalities @	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Covid-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUDGET INFORMATION				
12. Amounts concerned	Budget line(s) (article, item): BGUE-B2023-14.020120-C1-INTPA Total estimated cost: EUR 45 000 000 Total amount of EU budget contribution EUR 45 000 000			
MANAGEMENT AND IMPLEMENTATION				
13. Type of financing	Direct management through: - Procurement Indirect management with UN Agencies led by UNICEF with UNFPA and others to be selected in accordance with the criteria set out in section 4.4.2 and another international organisation			

1.2 Summary of the Action

The proposed Action aims to strengthen Access to Reproductive and Adolescent Health (SARAH) ¹ by addressing three key areas: i) Enabling **policy and institutions**: support formulation, revision and operationalisation of relevant strategy and Sexual and Reproductive Health and Rights (SRHR) policy instruments to harness the demographic dividend, ii) **Access and utilisation**: promote access to, and use of, quality health information, counselling and integrated reproductive health services with nutrition. This will target adolescents and youths in rural and underserved communities including those caught in conflict/humanitarian settings at National and subnational levels and iii) **Data for decision**: improve the collection and utilisation of data at Primary Health Care (PHC) level towards achieving Universal Health Coverage for the underserved and leaving no one behind. Understanding better the quality of the supply-side through improved data structures will help effectively target demand-side campaigns. Promoting demand to health facilities with limited capacity is likely to discourage the use of health services. The action shall therefore be complemented in 2024 by an **EFSD+ commercial guarantees for SMES** that will aim to boost investments in the health sector. Sexual and reproductive health facilities will be targeted, such as laboratories and other health facilities, especially for start-up investments (high capital expenditure (CAPEX) costs of contact and infrastructure) and in the rural areas. It leverages on the lessons learned from interventions targeted at Maternal, Newborn, Adolescent and child health in northern Nigeria using a Primary Health Care (PHC approach). For instance, teenage pregnancies and neonatal causes are major drivers of maternal and under five mortalities which can be addressed at the basic health care level by use of multisector convergent approaches and platforms that facilitates delivery of integrated and comprehensive service along a continuum of care for women and children including use of Mobile-based solutions as

¹ Adolescents are those from 10 to 19 years while young persons between 10 and 24 years.