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

1. IDENTIFICATION

<table>
<tr><td>Title</td><td>Reference: T05-EUTF-HOA-SD-73
Humanitarian Development Peace Nexus: Strengthening a Decentralized Health System for protracted displaced populations in North and South Darfur (HealthPro)</td></tr>
<tr><td>Zone benefitting from the action / Localisation</td><td>Sudan: South Darfur: Nyala; North Darfur: Al Fasher, Kutum, Umbaro, Serf Umra.</td></tr>
<tr><td>Total cost</td><td>Total estimated cost: 15 000 000 EUR
Total amount drawn from the Trust Fund: 15 000 000 EUR</td></tr>
<tr><td>Aid modality(ies) and implementation modality(ies)</td><td>Indirect Management with the Italian Agency for Development Cooperation (AICS)
Direct management through grant (direct award) to GOAL</td></tr>
<tr><td>DAC – codes</td><td>12110 Health system strengthening and health governance / 12220 Basic and primary health care programmes aimed at achieving universal health coverage / 12240 Basic nutrition. 13020 Promotion of reproductive health; prenatal and postnatal care including delivery; safe motherhood activities /43030 Urban infrastructure and services; urban development</td></tr>
<tr><td>Main delivery channels</td><td>Third Country Government (Delegated co-operation) – 13000 / Non-Governmental Organisations (NGOs) and Civil Society - 20000 / International NGOs - 21000</td></tr>
<tr><td>Markers</td><td>
<table>
<tr><th>Policy objectives</th><th>Not targeted</th><th>Significant objective</th><th>Principal objective</th></tr>
<tr><td>Participatory development / good governance</td><td>☐</td><td>☐</td><td>X</td></tr>
<tr><td>Aid to environment</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Gender equality and empowerment of women and girls</td><td>☐</td><td>X</td><td>☐</td></tr>
<tr><td>Trade development</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Reproductive, maternal , new-born and child health</td><td>☐</td><td>☐</td><td>X</td></tr>
<tr><td>Disaster Risk Reduction</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Nutrition</td><td>☐</td><td>X</td><td>☐</td></tr>
<tr><td>Disability</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><th>Rio Markers</th><th>Not targeted</th><th>Significant objective</th><th>Principal objective</th></tr>
<tr><td>Biological diversity</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Combat desertification</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Climate change mitigation</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Climate change adaptation</td><td>X</td><td>☐</td><td>☐</td></tr>
<tr><td>Migration</td><td>☐</td><td>X</td><td>☐</td></tr>
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<tr><td>SDG</td><td>Goal 2: Zero hunger
Goal 3: Good health and well-being
Goal 5: Gender equality
Goal 11: Sustainable cities and communities</td></tr>
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Valetta Action Plan Domains	**1.** Development benefits of migration and root causes of irregular migration **3.** Protection and asylum
Strategic objectives of the Trust Fund	**2.** Strengthening resilience of communities and in particular the most vulnerable, as well as refugees and displaced people (IDPs)
Beneficiaries of the action	North Darfur Direct beneficiaries 217.708 (**IDPs and Returnees**), and 953.111 (**host communities**) South Darfur direct beneficiaries 176.678 (**IDPs and Returnees**) and 1.000.000 (**host communities/urban population**)
Derogations, authorised exceptions, prior agreements	Event to be reported 20.b

2. RATIONALE AND CONTEXT

2.1. Summary of the action and its objectives

Strengthening a Decentralised Health System for protracted displaced populations in North and South Darfur (HealthPro) is a EUTF intervention, prepared on the basis of the EU humanitarian-development-peace **Nexus Action** approach in Sudan**.** In particular, it supports one of the two identified priority areas for EU nexus support; addressing protracted displacement, with an emphasis on protracted urban displacement. It also contributes to the achievement of the UN Collective Outcomes for Sudan: Collective Outcome 2 (Basic Social Services). The project promotes durable solutions for displacement-affected communities and access to quality health services in target localities in North and South Darfur strengthening the different building blocks of the decentralised health system. It brings together experienced humanitarian and development cooperation actors (GOAL, Italian Agency for Development Cooperation) building upon the experience of similar approach implemented in West Darfur. The indicative implementation period is 60 months.

The project responds to the situation in protracted camps for Internally Displaced Persons (IDPs) in Sudan, e.g. Abu Shoak and Al Salaam in Fasher, which are currently in a transition process into sub-urban dwellings. The majority of IDPs in these camps wish to stay and not to return. In Al Fasher, the Government of Sudan (GoS) has recently decided to convert the two camps into urban quarters giving them new names. HealthPro is complementary to an EUTF vocational training programme in Darfur responding to the aspirations of a generation of IDPs who have grown up in the camps to have an employment perspective.

The **overall objective** of HealthPro is to contribute to providing Universal Health Coverage in North and South Darfur States and the **specific objective** is to support the decentralised health system[1] in North and South Darfur States, so that Locality Health Authorities are able to deliver Primary Health Care to protracted IDP and host communities. The overall objective reflects the EU commitment to SDG 3 (sub-target 8): Universal Health Coverage and to UHC 2030 Health Systems Strengthening towards Universal Health Coverage. It addresses Sexual and Reproductive Health and Rights. They are enshrined also in the Sudan National Policy 2017-2030. The specific objective is aligned to Sudan National Policy 2017-2030 of health system decentralisation.

[1] The health system is intended as composed by six building blocks: Health Governance, Human Resource for Health, Health Management Information System, Service Delivery, Medical Supplies and Health Financing.

The action is justified under the EUTF as it aligns with one of the key priority criteria set for the EUTF by the Strategic Board in April 2018, namely Essential stabilisation efforts in Somalia, Sudan and South Sudan.

The **intervention logic** of the project is that by supporting locality health systems particularly in peri-urban areas and urbanising IDP camps, better access to health care for deprived and vulnerable people will be promoted thereby contributing to addressing the root causes of forced migration, and promoting developmental solutions to protracted crises. Ensuring that the multi-layer health system remains functional in the present volatile political context is a way to prevent further destabilisation in Darfur (including violence, new displacement, discrimination.)

2.2. Context

2.2.1 *National context*

With an area of approximately 1.9 million km², Sudan is the third largest country in Africa. An estimated population of 40 million inhabitants is growing rapidly. It is estimated that 40% of the population is less than 14 years old. With an estimated EUR 792 GNI per capita, Sudan is low income country. Sudan is classified by the OECD DAC Committee as a Least Developed Country. Poverty and inequality are widespread. According to official government statistics, 46.5 % of the population live below the poverty line. In all likelihood the figure is much higher, and women are poorer than men. The 2017 Human Development Index ranks Sudan at 167 out of 189 countries. Female participation in the labour market was 24 % compared to 70% for men. Poverty is heightened by inefficient development strategies, low public expenditures on basic services, and erosion of land and natural resources.

Economic indicators remain low in the context of a deepening crisis. The secession of South Sudan in 2011 lead to the loss of 75–80% of oil production and exports and the economy is not diversified. This has been compounded by a difficult external environment, including US economic sanctions (1997-2017) and limited access to external financing, due to continued inclusion of Sudan on the US list of State Sponsors of Terrorism. An Interim Poverty Reduction Strategy Paper (PRSP) and the Five-Year Program for Economic Reforms were approved by Parliament in December 2014. The Government of Sudan is still expected to finalise a full PRSP, which has been under preparation since 2016. In 2018, the measures taken to try to control the exchange rate have contributed to the further deterioration of the economy. For 2018, GDP growth is expected to be only 0.9%, annual inflation has reached 73% and public debt reached more than 80% of GDP. Imports remain roughly twice as high as exports, and foreign exchange reserves are depleted. Due to good rains the harvest could have been very good, but it was only medium due to constraints on fuel supply during the harvest season. As a result, there are significant shortages of bread, fuel and foreign exchange impacting on the daily life of Sudanese citizens and economic output. Sudan's limited ability to manage natural resource rents, sustained and multiple conflicts, and weaknesses in public service provision, has contributed to meagre outcomes in the areas of poverty reduction and human development. Progress in addressing the wide regional disparities in public service provision remains limited.

After four months of popular protests, the military removed Bashir from presidency (11 April 2019). A Transitional Military Council took control of the situation and entered into dialogue with the opposition umbrella to organise the transition towards a civilian government.

Within this volatile and unpredictable political context, the humanitarian and socio-economic situation remain serious and complex, and is even more acute in current situation. Humanitarian needs are primarily driven by poverty, underdevelopment and climatic factors, and in many

areas further causes are conflict and inter-communal tensions. The Sudan 2018 Humanitarian Needs Overview points to 5.5 million people in need of humanitarian assistance, but more recent estimates indicate an increase to 8 million. A rapid assessment of the impact of the economic situation on the urban population of the Khartoum State in January 2019 showed that people are even less available to meet their food requirement, send children to school or afford medicines social safety nets and health insurance failing to mitigate the consequences of the crisis (UNICEF & WFP).

Sudan borders some very unstable countries: Central African Republic, South Sudan, and Libya. It is at the centre of the Eastern African migration route, towards North Africa and Europe. Migrants, asylum-seekers and refugees originate from or transit through Sudan, with only a minority choosing to settle in the country. Traffickers and smugglers are operating in the country. About 2 million people are internally displaced (IDPs), and almost 925,000 are refugees and asylum seekers (UNHCR).

Situation in Darfur did not substantially changed so far due to ongoing national political turmoil. The needs remain the same, largely unaddressed and affected by a degradation of the security environment in several areas, including IDP camps. The scheduled withdrawal of UNAMID continues as foreseen and this might have further negative security consequences. Darfur covers approximately 26% of Sudan's area (493,000 km^2) and is home to nearly one-quarter of Sudan's population. It has been affected by a decade and a half of conflict, resulting in one of the world's worst humanitarian crises. 70 % of the people live below the poverty line and 300,000 depend on humanitarian assistance. In Darfur alone, there are some 1.7 million displaced people. According to the 2019 Humanitarian Needs Overview (draft), North Darfur States alone still hosts 446,441 IDPs while South Darfur hosts 537,023 IDPs. Although Sudan's population growth has slightly declined over the last years (currently 1.83%), Darfur's population growth rate remains high with over 2.8%.

Protracted displacement into camps around major cities like Al Fasher and Nyala has contributed to an accelerated urbanisation process, putting enormous pressure on government authorities and already limited urban services. Additionally, after 16 years of protracted displacement and access to free and improved services, many of the displaced have become increasingly accustomed to urban settings and humanitarian assistance. Approximately half of Darfur's population is below the age of 16. Hence, they were born in a peri-urban environment. The recent profiling exercise found that approximately half of the IDP households (51%) in both Abu Shouk and El Salaam camp wish to remain and settle in these urban areas, both because of improved services and potential income generating opportunities[2]. In November 2018, the local authorities in North Darfur officially announced a plan to integrate IDPs in Al Fasher. The Government plans include Abu Shouk becoming an official new neighbourhood of Al Fasher named Doha, whilst El Salam camp would be renamed Al Shatti town.

In the Report of the Independent Expert to the Human Rights Council on the situation of human rights in Sudan (2018), the vulnerabilities of women, girls and boys to sexual violence, including conflict-related sexual violence, remain a major concern. Displaced women and girls from IDP camps remained the most vulnerable to, and were most often the victims of, conflict-related sexual violence, which primarily occurred around the camps for the displaced, villages of return and other remote areas while victims were engaged in livelihood activities. In Darfur, the Independent Expert noted that land occupation and violence targeting internally displaced persons, including sexual violence against displaced girls and women, continued to hinder their return to their areas of origin.

[2] World Bank & JIPS 2018, Update on the Profiling and Durable Solutions process December 2018 in El Fasher.

2.2.2. *Sector context: policies and challenges*

The Federal Ministry of Health has been developing national health policies and plans to move towards universal health coverage in line with Sustainable Development Goals. With support from WHO (and financed by the EU[3]), sub-sector analyses and strategies have been put in place converging into the National Health Policy 2017-2030. This policy pursues a health system strengthening approach across all 6 buildings blocks of the health system (service delivery, financing, medicines, information system, human resources, governance) towards the achievement of universal health coverage. A "One" Annual Health Plan 2018 has been endorsed by the UN (WHO, UNICEF, WFP, UNFPA) emphasising strengthening of a decentralised health system. Sudan also pursues a "Health in all policies" approach addressing the social determinants of health. Sudan has signed the Compact of the International Health Partnership (IHP+) in June 2014, co-signed by Development Partners in Sudan, including the European Union. Since December 2016, the Federal Ministry has been engaging to better align health donors through the creation of a Health Sector Partnership Forum. It successfully conducted a 2016 Joint Annual Review (JAR) in 2017 and is currently preparing the next JAR. The objective is to create a basis for sector dialogue and mutual accountability.

The national health system in Sudan is three-tiered consisting of federal, state and locality levels. The Federal Ministry of Health is responsible for setting standards, legislation and control measures, national policies and strategic planning, capacity building of state and local health systems, international relations, managing external aid, monitoring and evaluation. The states are responsible for operational planning, capacity building of human resources and providing secondary care. The locality is responsible for the provision of primary health care, midwifery, mother and child services, environmental health, vector control and human resource management. Severe underfunding, gaps in staffing, lack of clarity over roles and weak management capacities at the locality level pose challenges to efficient service delivery.

The National Health Insurance Fund was created in 1993. The 2016 National Health Insurance Act made health insurance compulsory for all residents, including refugees. Total coverage increased from 34.8% in 2014 to 64.4% by December 2018. Coverage among the poor has increased from 38.9% in 2014 to 84.7% in 2018. However, the number of accredited health units is not sufficient to cater for the needs of the population. Almost 80% of health expenditures are still “out-of-pocket”. Despite free treatment for children under five and pregnant women, less than 2% of the population receive free care and 92% pay for drugs.

Medicines are supplied by the National Medical Supplies Fund, which has strong capacities in supply chain management at federal and state levels, but insufficient capacities to cover the “last mile” resulting in delays of delivery to remote areas. At facility level, inadequacies of current infrastructure affect the storage and management of vaccines and medicines.

The Health Management Information System is weak and fragmented. There is little evidence that monitoring is being implemented beyond data collection and report submission, as was noted by the 2017 Joint Annual Review Report. Out of 18 localities in North Darfur only 5 had submitted reports to the District Information Health System in January 2018.

The level of ambition of the project will be adjusted on the premise that overall the Sudanese health sector remains underfunded, inefficient, and with insufficient health care services and infrastructures, and qualified staff. The current political and economic crisis (high inflation, lack of

3 EU/LUX-WHO UHC Partnership Programme (DCI-SANTE/2011/261-054. addendum DCI-SANTE/2012/309-832 and DCI-HUM/2015/360-302)

forex) challenges the sustainability and ambitious targets of the NHIF and has led to critical shortages in the supply of medicines through the National Medical Supplies Fund.

Darfur States' health indicators are among the worst of Sudan. For example, the under-five mortality rate is much higher in the states of North Darfur (90.3/1.000) and South Darfur (71.9/1.000) than in Khartoum State (49.8/1.000). The following table compares child health indicators in the Darfur States with the Sudan average.

Geographic area	**Neonatal mortality** per 1000 live births	**Under 5 mortality** per 1000 live births
Sudan	**32.6**	**68.4**
North Darfur	43.9	90.3
West Darfur	39.2	91.4
South Darfur	35.2	71.9
Central Darfur	24.7	77.4
East Darfur	51.8	111.7

The IPC estimate until March 2019 for all Sudan was 5.6 million people (13% of the total population) to be food insecure. In the phase3 (crisis), about 4.7 million people need humanitarian assistance to reduce food consumption gaps reduce malnutrition and protect livelihoods. In phase 4 (emergency) about 0.9 million people need to save lives and livelihoods[4]. The national averages for malnutrition were estimated for stunting among children < 5 years (chronic malnutrition) at 38.2% and for wasting among children < 5 years (GAM) (%) at 16.3%. Nutritional indicators in Darfur are worse than the Sudan average. The population with severe or moderate malnutrition in North Darfur (ND) is 44.9% and in South Darfur (SD) 29.4.While the overall security situation has improved there are still communities with difficult humanitarian access resulting in preventive programmes being undermined. The immunisation coverage for measles in South Darfur is 58.9% and in North Darfur is 67.5 %. Maternal care shows dramatically low figures: antenatal care (ANC) 4th visit coverage is only 41% in South Darfur while in North is even lower at 37%. The percentage of deliveries attended by skilled staff is very low too: only 48.7% in South Darfur and 60.7% in North Darfur. Unicef estimates that in Sudan 87 % of women aged 15-49 have undergone female genital mutilation, which increases risk of delivery complications.

The State's capacity to provide basic services to IDPs, returnees and affected communities remains limited. It is estimated that about 40% of the health facilities are not operational and the remaining 60% cannot provide quality PHC services. In addition, the inability of the local health systems to cater for the need of a growing population may create further tension and conflict amongst the communities. Although access to formerly restricted areas has improved; deployment of essential civil servants to the localities remains poor. A critical issue with is staffing in rural areas, staff retention, poor remuneration or non-payment.

There are differences in the health system capacity between in North and South Darfur. In South Darfur, the high number of agencies and international organisations directly managing the health sector has reduced State Ministry of Health ownership and capacity for planning, organisation and monitoring. In addition, in North Darfur, the State Ministry appears to be relatively well organised, with a general development plan and limited coherent available data on health services and facilities. In South Darfur, international NGOs have a parallel drug supply system with fully "for free" drugs distribution, which does not comply with the national strategy. The National Health Insurance Fund does not appear to be engaged as a partner of the NGOs supporting the health system. Services are provided for free independently from fund

[4] IPC 2018, Sudan IPC report current October 2018, Projection January-March 2019.

registration. In the two States, national health insurance only covers about 45% of the population. Both North and South Darfur have a high number of Localities (21 in South Darfur and 18 in North Darfur) and extended territory (mainly in North Darfur) that pose challenges: providing adequate resources (particularly qualified staff), building organisational frameworks, reactivating the PHC network and supervision programs.

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

Due to the non-ratification of the revised Cotonou Agreement by the Government of Sudan, the country is not eligible for programmable, bilateral 11th EDF funding. However, the country remains fragile while playing a crucial role for the stability of the Greater Horn and along the migratory routes heading to the Mediterranean shores. The EU has therefore adopted ad hoc measures addressing the root causes of instability and displacement in the country, and these funds are channelled through the EUTF. Hence, this action also aligns with one of the key priority criteria (Essential stabilisation efforts in Somalia, Sudan and South Sudan) set for the EUTF Horn of Africa window by the EUTF Strategic Board in April 2018.

2.3. Lessons learnt

The project takes a step from humanitarian aid (life-saving response to humanitarian crises) to a developmental approach (systems building and systems strengthening) focusing on strengthening decentralised health systems. It builds on the experience from the EUTF project in West Darfur "Strengthening Resilience for IDPs, Returnees and Host Communities"[5], demonstrating that two NGOs with a long humanitarian experience can shift to a "developmental systems strengthening approach". This is being achieved through (i) Strengthening the Locality Health Authorities with some infrastructure, equipment, capacity development; (ii) medicines supply through the National Medical supplies Fund instead of parallel NGO supplies, and (iii) support to the National Health Financing Policies and the National Health Insurance Fund through increasing insurance coverage among the poor and accreditation of health facilities. A joint planning process with the State Ministry of Health and all partners has proven to be instrumental. The programme is currently in implementation and the experiences made and difficulties encountered, particularly in the context of the current economic crisis, will inform the implementation of this new project.

The proposed project brings together experienced humanitarian and development cooperation actors in Sudan: GOAL and the Italian Agency for Development Cooperation. EUTF health projects in Eastern Sudan[6] have shown that it is possible to integrate, IDPs, migrant and local community health services into the national health system. The Italian Agency for Development Cooperation will make use of its experience in previous interventions in strengthening governance and expanding Primary Health Care coverage in coordination with different stakeholders, particularly the National Health Insurance Fund and the National Medical Supplies Fund. GOAL will draw upon experience in implementing PHC in North Darfur and South Kordofan at facility and community level enhancing governance and strengthening District Health Information System. GOAL will apply their Nutrition Impact and Positive Practice (NIPP) concept improving positive nutrition practices.

[5] T05-EUTF-HOA-SD-12 EUR 7.000.000
[6] T05-EUTF-HOA-SD-13 EUR 12.000.000

2.4. Complementary actions and synergies

The proposed project will create synergies with the existing projects and other EU, EU Member States and non-EU funded projects aligning with Federal and State Policies using standard protocols and working together to train and build the capacity of local partners. The proposed project will ensure complementarity with other programmes including:

1. Health System Strengthening towards increased resilience of vulnerable communities in West Darfur (EUTF), EUR 7 million, 36 months starting 2017. The objective is to strengthen local health systems to better deliver basic packages of health services to create a more sustainable living environment for host communities and displaced populations. Implemented by IMC and Concern.

2. Strengthening resilience for refugees, IDPs and host communities in Eastern Sudan (EUTF), EUR 12 million. The objective is to strengthen the local health systems to better deliver basic packages of health services in selected areas of Eastern Sudan. The project works closely with the NHIF and NMSF and is implemented by the Italian Agency for Development Cooperation.
3. Support Financing Reforms to Improve Governance of the National Health Insurance Fund (EUTF), EUR 1 million, implemented by WHO. The objective is to strengthen the capacity of NHIF and extend health insurance coverage to poor, vulnerable, IDP and refugee populations.

4. Youth, Employment, Skills-Sudan (YES), EUR 15 million (EUTF). The project provides Technical and Vocational Training to young people in the three big urban centres in Darfur (Al Fasher, Nyala, Geneina) giving an employment perspective particularly to the generation of protracted IDPs grown up in the peri- urban camps. Implemented by GIZ.

5. Strengthening the decentralised Health system in five states to achieve the health coverage (West Darfur, Central Darfur, North Kordofan, West Kordofan and Sinnar States), JICA USD 500,000; 1 year**)**

6. EU/LUX-WHO Universal Health Coverage Partnership Programme (DCI-SANTE since 2011). With support of this programme, WHO has been able to facilitate sector policy dialogue among different stakeholders and the development of sub-sectoral strategies supporting the Federal Ministry of Health, the Public Health Institute and the National Health Insurance Fund.

7. Italian Agency for Development Cooperation, South Darfur: A programme to strengthen Mother and Child services in Nyala. It received a first grant EUR 0.3 million in 2018 for rehabilitating Nyala Paediatric Clinic (INGO Emergency) and will receive a second grant of EUR 0.6 million.

ECHO supports a lifesaving response through health and nutrition services in North and South Darfur, often containing elements supporting locality health systems:

1. GOAL ‘in Kutum and Al Waha localities EUR 0.8 million
2. International Medical Corps in 12 Primary Health Care Centres including 2 in the protracted camps of Nyala South Darfur State (Salam and El Sherief), for EUR 1.7 million;
3. Relief International: Preventive and curative Health and Nutrition packages for 16 PHC of Nyala camps 5 in ZamZam - and 4 in Malah localities EUR 1 million.

4. World Vision in 6 different localities including Nyala camp and refugee settings EUR 1 million.
5. Save The Children in North Darfur and North Kordofan' in14 PHC/ EUR 1 million.
6. Norwegian Church Aid 'Emergency and Early Recovery WASH, Health and Nutrition response for 1 key clinic of Bielel locality – rural locality attached to Nyala EUR 0.85 million.
7. UNICEF supports to 10 secondary level stabilisation centres (Nyala and Al Fasher paediatric hospitals). EUR 9.3 million

2.5. Donor coordination

There is growing recognition that different Donor Coordination mechanisms around the PRSP, development aid, humanitarian aid and the humanitarian-development and peace nexus in Sudan need to be harmonised and enabled for a meaningful dialogue with Government. Currently, external health funding in Darfur is provided by both humanitarian and development donors, with a predominance of the humanitarian support. Projects are implemented by UN agencies and non-governmental organisations (NGOs). Coordination of the humanitarian actors in the health sector takes place in the WHO-lead Health Cluster. Under the Humanitarian-Development-Peace Nexus and the ongoing "Refresh" of the 2013 Darfur Development Strategy new donor coordination mechanisms are emerging while undertaking an effort to align and harmonise among each other:

1. The EU Delegation-ECHO- EU Member States Meetings on the EU Nexus.

2. A "New Aid Architecture" is being promoted by DfID and the UN-led "Collective Outcomes" process. Collective outcomes are: 1) Governance, 2) Basic Social Services, 3) Climate Change and 4) Livelihoods/Economy. Together with UNICEF, the EU is a "convener" for Collective Outcome 2), Basic Social Services: health, education, wash. Among the proposed targets for health is the strengthening of Decentralised Health Systems. International partners are conducting a comprehensive mapping of humanitarian, development and peace projects, and in the process of defining targets for monitoring progress and mutual accountability.

3. The review and update of the 2013 Darfur Development Strategy (UN, Qatar, EU, DfID) is currently ongoing. The DDS has three pillars: Governance, Reconstruction (including basic services) and Economic Recovery. The review has concluded a comprehensive mapping of donor interventions in Darfur.

In 2014, the Government of Sudan and Health Partners (including EU) signed International Health Partnership (IHP+) Compact. Since 2016, the Health Partners Forum has been in place comprising State Ministries, academia, UN, NGOs and health donors. As mechanism of mutual accountability, a first Joint Annual Health Review was been conducted in 2017.

The newly created (April 2019) coordination structure of the Sudan International Partners Forum and the technical working groups foreseen therein should provide the opportunity for stronger coordination.

3. DETAILED DESCRIPTION

3.1. Objectives and expected outputs

The **overall objective is** to contribute to providing universal health coverage in North and South Darfur States.

The **specific objective** is to support the decentralised health system in North and South Darfur States so that Locality Health Authorities are able to deliver Primary Health Care to protracted IDP and host communities.

The expected outputs are:

Output 1: The Governance of the decentralised health system, particularly of the Locality Health Authorities is strengthened in accordance with the WHO District Health System definition.

The Local Health Authorities will be supported to take their governance role and responsibilities in a decentralised health system to ensure service delivery at locality level and in coordination with the National Health Insurance Fund and the National Medical Supplies Fund.

Output 2: The Health System Building Blocks (Human Resource for Health, Health Management Information System, Medical Supplies and Health Financing) are supported to ensure the quality and accessibility of PHC services pursuing a rights-based approach[7].

Locality Health System will be strengthened and their coordination at decentralised level enhanced in all building blocks of the health system (Human Resources, Medical Supplies, Health Financing and Health Management Information System), also in accordance with gender-responsive rights-based approach principles participation, non-discrimination/equality, accountability and transparency.

Output 3: The decentralised health system provides a full PHC package of basic health and nutrition services utilised by host communities and IDP.

Locality health authorities will have greater capacity to provide a full package of health and nutrition services at facility level that are client-friendly. To achieve this result, communities will be empowered through health committees and behaviour change and to strengthen mechanisms to hold service providers accountable. Activities will be tailored to the different contexts and needs in South and North Darfur.

3.2. Main activities

There will be an inception phase to foster ownership and alignment through consultative workshops with all relevant stakeholders (State Ministries of Health, Ministry of Urban Planning, National Health Insurance Fund, National Medical Supplies Fund, Academy of Health Sciences, UN Habitat, WHO, UNICEF, UNDP, UNFPA, INGOs and Community-based Organisations). The inception phase will update the situation analysis and provide base line studies. Moreover, in consideration of the present socio-economic and political crisis, the exercise will allow re-adjusting the project within the humanitarian-development-peace spectrum to re-assess the feasibility and scope of each of the health systems strengthening activities. A critical element of the inception phase will be a gender analysis to ensure that the rights of women are given maximum priority on the basis of latest data and information available.

[7] Special focus will be paid on inclusion of women and girls and boys, adolescents, victims of sexual violence and people in the most vulnerable situations such as persons with disabilities, pastoralists and ethnic minorities

3.2.1. *Activities associated with each result*

The activities could include, but not necessarily be limited to:

Output 1: The Governance of the decentralised health system, particularly of the Locality Health Authorities is strengthened in line with the WHO District Health System definition

1.1. Capacity building for the decentralised health system through trainings, seminars and technical workshops which will all include a gender equality and human rights component. Support to joint supervision with engagement of state, federal level and partners.
1.2. Support a biannual Darfur regional health meeting on progress report about decentralised Health System Strengthening.
1.3. Support decentralised health systems' coordination meetings (National Health Insurance Fund, National Medical Supplies Fund, Academy of Health Sciences, community and facility-based services, gender-responsive rights-based approach in the health sector, EmOC, vaccination, and nutrition).
1.4. Support to human resource motivation and retention strategies in coordination with the National Health Insurance Fund and the National Medical Supplies Fund.
1.5. Mentoring and coaching will be organised to allow exchanges between Darfur States and within the region on strengthening Locality Health systems supporting South-South Cooperation.

Output 2: The Health System Building Blocks (Human Resource for Health, Health Management Information System, Medical Supplies and Health Financing) are supported to ensure the quality and accessibility of PHC services pursuing a rights-based approach[8].

2.1. Support the pre-service and in-service training institutions to improve managerial and clinical skills of human resources.
2.2. Support the National Medical Supplies Fund to strengthen the medical supply chain up to the "last mile" and to ensure the quality of medicines procured and distributed.
2.3. Support the National Health Insurance Fund to expand health insurance coverage.
2.4. Strengthen the health information system in disaggregated data collection and analysis.
2.5. Support exchange of experience at national and international level and South-South Cooperation.

Output 3: The decentralised health system provides a full PHC package of basic health and nutrition services utilised by host communities and IDP.

3.1. Improve the quality of PHC facility-based services.
3.2. Improve the referral system and quality of Emergency Obstetric Care (EmOC)
3.3. Strengthen nutrition programs at facility and community level (through the implementation of Nutrition Impact Positive Practice.
3.4. Support the expansion of the immunization programme
3.5. Support community-based services: (health promotion, prevention and education) and community health committees.

[8] Special focus will be paid on inclusion of women and girls and boys, adolescents, victims of sexual violence and people in the most vulnerable situations such as persons with disabilities, pastoralists and ethnic minorities

3.6. Support programs addressing the health of women (e.g. early detection and management of cancer).
3.7. Support school health: health education and promotion programmes.
3.8. Conduct surveys on nutrition and health determinants at community level

3.2.2. *Target groups and final beneficiaries*

Estimated IDP, returnees and conflict affected host communities in Darfur are the final beneficiaries.

	Area	IDP	Returnees and conflict affected host communities	Host communities (Locality/Town pop)	Total Direct Beneficiaries
North Darfur					
Kutum	Kutum	52,743	22,517	210,000	285,260
	Umbaro	0	34,410	137,447	171,857
	SerefUmra	11,163	16,792	105,664	133,619
	Total	**63,906**	**73,719**	**453,111**	**590,736**
AlFasher	Abu Shouk camp	44,531	0	500,000	544,531
	Al Salaam camp	35,552	0		35,552
	Total	**80,083**	**0**	**500,000**	**580,083**
South Darfur					
Nyala	Nyala	24,421	19,517	1,000,000	1,043.938
	Nyala North	97,011	35,729		132,740
	Total	**121,432**	**55.246**	**1,000,000**	**1.176,678**
	Grand Total	**265,421**	**128,965**	**1,953,111**	**2,347,497**

Indirect beneficiaries: the health sector in South Darfur and North Darfur will benefit, including Ministry of Health staff along with the broader target health work force and health sector institutions.

3.3. Risks and assumptions

Risks	Level of risk	Mitigating measures
Current political situation in country is not resolved, thus barring effective delivery of support	High	The EU is closely following the current process of transition towards a civilian Government and will adjust implementation accordingly to the political developments. The project targets specifically local authorities which are the ones likely to be less affected by national political turmoil.
Deterioration of the security situation (or natural disasters)	Medium	The overall security situation in Darfur has consistently improved since the beginning of 2016 – despite localised violence is reported. The situation will be closely monitored and the EU Delegation will

preventing access to project sites. The current economic and political crisis combined with the withdrawal of UNAMID can lead to a new deterioration.		ensure that its implementing partners will react timely and quickly to any changes.
Bureaucratic procedures delay implementation	Medium	Pursue timely approval of project documents and travel permits o
The Medical Supplies Fund is not in a position to procure quality medicines in sufficient quantity.	High	The objective of the project is to procure medicines through the National Medical Supplies Fund Due to the worsening of the political and economic crisis and the lack of foreign exchange there have been recently acute shortages in the supply medicines. As a "nexus" project the EU has the fall-back position to procure medicines outside the national system when the NMSF can no longer guarantee import of Essential Medicines. The NMSF imports medicines from countries with strong Drug Regulatory Authorities and monitors quality along the supply chain. However, there may be problems of quality of medicines for locally manufactured drugs and there use might increase in to substitute imported medicines. The EU Delegation will commission a study on the quality control by the Drug Regulatory Authority from our Technical Cooperation Facility to assess the situation and consider supporting measures through a complementary intervention.
Inflation and exchange rates	High	Implementing partners will have a strong procurement plan monitoring market prices.
Resistance from communities regarding new approach to delivering health services which requires their financial contribution	Low	Services will be planned by using the AAAQ framework and disaggregated data. The action proposes a mixture of approaches, that are in line with the gender-responsive rights-based approach principles participation, non-discrimination, accountability and transparency, to mobilise the community and build consensus including community dialogue, social accountability, community-led mechanisms, proactive engagement with community leaders, mobilising key partners such as Ministry of Health, National Health Insurance Fund, and locality administrations to engagement with target communities and share information consistently. In community-led mechanisms will be ensured that voice of women, girls and those in the most vulnerable situations (such as persons with disabilities, pastoralists, ethnic minorities etc) is heard.
Women's, girls' and people in vulnerable situations are left behind with limited access to participate in the planning process and to use services, including those related to sexual and reproductive health and rights	Medium	The EU is supporting WHO and closely working with other partners supporting sexual and reproductive health and rights and fighting female genital mutilation. EU support to the education sector supports the empowering of girls.

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

- Facilities, staffing levels and standards are maintained by the Ministry with support from National Health Insurance Fund and the National Medical Supplies Fund during and after the project period
- Once sensitised, target communities are willing to embrace a system of cost recovery for health services and medications for sustainability
- LHA and service providers are willing to engage with communities to develop mechanisms for improvement and implement recommendations
- Appropriate measures are in place for recruiting and retaining staff in the health facilities
- Local and international staff can be timely recruited

3.4. Mainstreaming

Gender issues: Specific project activities will focus on women including awareness raising activities on gender-segregation in health services as well as on women's specific health needs as regards high prevalence of conflict-related sexual violence, sexual and reproductive health and rights and maternal health. The project will give equal opportunities to female health workers. The community-based and nutrition interventions will address mother and women groups. Women are to be involved in community decision making and health care management. The project aims to be a show case for how to address gender issues in Darfur Health systems

Human rights: In this regard the project is expected to promote human rights, and in particular the right to access health services for IDPs, refugees and communities hosting them.

Social inclusion: This issue will be consistently mainstreamed and addressed by the project activities. In this regard, the project is expected to facilitate and support the creation of health coordination committees (including host communities, migrants, refugees and IDPs representatives). The health coordination committees will ensure that the needs of the different stakeholders are taken into account and those potential barriers to the equitable access to health services of vulnerable groups (women, children, disabled and others) are identified and adequately addressed.

Good governance: This issue is addressed by the project activities, in particular at local level, by improving the managerial and organizational structures, the health information system, and by training managers and officers. This is aimed at improving the accountability, efficiency and effectiveness of the health system.

Migration: This issue is clearly mainstreamed in the project; it is expected to contribute to reduce increased pressure posed by migrants on already overstretched locality health systems. In doing that the project will benefit local communities and displaced populations and is expected to reduce one of the main push factors of irregular and forced migration. At the same time, the project is expected to improve migrants' well-being by ensuring their access to adequate and available health services.

Climate change and Environment: The project will have no significant bearing upon any climate change. However, the effective management of the primary health care components will improve water and waste management at the level of local health facilities with a positive spill over effect on the environment. The rehabilitation of health facilities will be conducted using environmentally friendly approaches like earth architecture.

3.5. Stakeholder analysis

Main Stakeholders for the action are:

- The Federal Ministry of Health (namely the directorates of: International Health, Planning, Clinical Services, Primary health care, Human Resources)
- National Health Insurance Fund
- National Medical Supplies Fund
- Academy of Health Sciences
- Continuous Professional Development
- State Ministries of Health, Ministry of Physical planning and public utilities, State Water Authority, Water Environment Sanitation authority, Ministry of Education
- UN agencies, UN Habitat, IOM, UNCHR,
- INGOs, Local NGO, CSOs.

A comprehensive stakeholder analysis will be undertaken during the inception phase of the project.

4. IMPLEMENTATION ISSUES

4.1. Financing agreement, if relevant

Not applicable.

4.2. Indicative operational implementation period:

The implementation period will be **60 months** from the date of contract signature.

4.3. Implementation modalities

The Action activities will be implemented with the following modalities:

Part of this action will be implemented in **indirect management** with the Italian Agency for Development Cooperation in accordance with Article 58(1)(c) of Regulation (EU, Euratom) No 966/2012 applicable by virtue of Article 17 of Regulation (EU) No 323/2015.

The entrusted entity would undertake budget implementation tasks, notably acting as contracting authority concluding and managing contracts and grants, carrying out payments and recovering moneys due. This implementation is justified because the Italian Agency for Development Cooperation has extensive experience in implementing health programmes in East Sudan, particularly on Primary Health Care and Maternal and Child Health Care, including with EDF funding through Delegated Cooperation. It is currently implementing the "Strengthening resilience for refugees, IDPs and host communities in Eastern Sudan (T05-EUTF-HOA-SD-13)" EUTF Programme in Eastern Sudan, on the same intervention sector: this is expected to create strong synergies with the proposed project. Moreover, the Italian Agency for Development Cooperation has built trust and consensus among authorities' at all institutional levels: Federal, State, localities and community thanks to its long presence in the country and particularly in the target areas.

Part of this action will be implemented in **Direct Management** through grant contracts to be concluded with the NGO GOAL, in line with the use of flexible procedures.

This implementation is justified because GOAL will draw upon its experience in designing and implementing primary health care services in North Darfur and South Kordofan, at facility and

community level enhancing governance mechanisms and strengthening District Health Information System. GOAL will also leverage experience in Nutrition Impact and Positive Practice approach which is a unique community-based methodology that links humanitarian and development programming, improving adoption of positive practices.

For this, event to be reported 20.b *for the purpose of humanitarian aid and civil protection operations, emergency assistance (EDF) or crisis situation,* as per section 8.5.1 of the DEVCO Companion, is considered.

GOAL will focus on Kutum, Umbaro and Serf Umra; AICS will focus on Al Fasher and Nyala. Some thematic activities can be carried out by one partner in all localities, depending on agreements reached in the contracting phase.

Service contracts will be used for implementing activities related to the visibility and communication and monitoring, evaluation and audit components of the Action.

4.4. Indicative budget

Component	Amount (EUR)
SO1/2/3: Indirect Management Contribution Agreement *Delegation Agreement with AICS*	9 795 000
SO1/2/3: Direct Management *Grant Contract with Goal*	4 905 000
Communication and visibility	150 000
Monitoring, evaluation and audit	150 000
Total	**15 000 000**

4.5. Monitoring and reporting

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

In the initial phase, the indicative logical framework agreed in contract and / or the agreement signed with the implementing partner must be complemented by benchmarks and targets for each indicator. Progress reports provided by the implementing partner should contain the most recent version of the logical framework agreed by the parties and showing the current values for each indicator. The final report should complete the logical framework with reference points and final values for each indicator. The final report should be gender-sensitive, assess gender equality results and implementation of rights-based approach working method principles (Participation, Non-discrimination, Accountability and Transparency) in terms of implementation of the project and project outcomes.

The final report, financial and descriptive, will cover the entire period of the implementation of the action.

The Commission may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the Commission for independent monitoring reviews (or recruited by the responsible agent contracted by the Commission for implementing such reviews).

The implementing partner(s) will report on a number of common EUTF indicators of the selected results for this Action.[9]

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

4.6. Evaluation and audit

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

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

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

4.7. Communication and visibility

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

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

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

List of acronyms

EmOC	Emergency Obstetric Care
EU	European Union
EUTF	The European Union Emergency Trust Fund for Stability and addressing the Root Causes of Irregular Migration and Displaced Persons in Africa
IHP+	International Health Partnership, now UHC 2030
PHC	Primary Health Care
PRSP	Poverty Reduction Strategy Paper
SMOH	State Ministry of Health
UHC	Universal Health Coverage
UHC2030	Universal Health Coverage Partnership, previously IHP+
UNHCR	United Nation High Commissioner for Refugees
UNICEF	United Nation Children Fund
WHO	World Health Organization

Annex: Indicative Logical Framework Matrix

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

	Results chain: **Main expected results (maximum 10)**	**Indicators** **(at least one indicator per expected result)**	**Sources and means of verification**	**Assumptions**
Impact (Overall objective)	To contribute to providing universal health coverage in North and South Darfur States	% population in target areas with access to health facilities, disaggregated by sex	Central Bureau of Statistics Data	
Outcome(s) (Specific Objective(s)	To support the decentralised health system in North and South Darfur States so that Locality Health Authorities are able to deliver Primary Health Care to protracted IDP and host communities	*# of State Ministry of Health (SMoH) annual Action Plans where 60% of recommendations/activities have been implemented* *# of Locality annual Action Plans where 60% of recommendations/activities have been implemented;*	SMoH and LHAs reports HIS (DHS2) data Health facilities reports Program reports including supportive supervision reports, Midline and Final reports UN/INGO Reports	Peace prevails and security is maintained. No major natural and man-made disasters. No limitation to individual movement. Sudan HRH development policy is fully implemented. National financial stability is restored and maintained (fuel and cash availability).
Other Results (Outputs and/or Short-term Outcomes)	Output 1: The Governance of the decentralised health system, particularly of the Locality Health Authorities is strengthened in line with the WHO District Health System definition.	% of target area LHA with operational office (facilities, equipment's, staffing and means of transport) and operational; % of health facilities in target areas providing full package PHC services	SMoH and LHAs reports HIS (DHS2) data Health facilities reports	• FMoH support • State authorities support • Peace prevails and security is maintained

	Output 2: The Health System Building Blocks (Human Resource for Health, Health Management Information System, Medical Supplies and Health Financing) are supported to ensure the quality and accessibility of PHC services. Output 3: The decentralised health system provides a full PHC package of basic health and nutrition services utilized by host communities and IDP.	% of health facilities in target areas providing BEmOC and CEmOC according to the national EmOC Plan # of trainings organized, and HRH trained, trained staff disaggregated by sex; % HF reporting HMIS /DHS2 monthly % Target localities reporting HMIS /DHS2 monthly % communities in target area with community midwives (CMWs) # of local authorities and communities, including rural municipalities, grassroots organisations and civil society, supported through investments to their local developments plans, public works and technical assistance. # of people disaggregated by sex, age and disability, including forcibly displaced and their host communities, receiving improved access to health # Number of people disaggregated by sex, age and disability, including forcibly displaced and their host communities, benefiting from nutrition related treatment, sensitization to improved nutritional practices and support for nutrition sensitive agricultural practices	Program reports including supportive supervision reports, Midline and Final reports UN/INGO Reports	• No major natural and man-made disasters • No limitation to individual movement • National financial and energy situation stabilized • HRH attraction retention National Strategy in place • Community support