

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

Action Fiche for the implementation of the Horn of Africa Window

1. IDENTIFICATION

Title/Number	Reference: T05-EUTF-HOA-SD-32 Improving Nutrition and Reducing Stunting in Eastern Sudan through an Integrated Nutrition and Food Security Approach		
Total cost	Total estimated cost: EUR 54 802 260.00 WFP will provide a financial contribution of EUR 28 802 260.00 Total amount drawn from the Trust Fund: EUR 26 000 000.00		
Aid method / Method of implementation	Project Modality: Indirect management with the World Food Programme (WFP)		
DAC-code	12240 basic nutrition	Sector	Direct feeding programmes (maternal feeding, breastfeeding and weaning foods, child feeding, school feeding); determination of micro-nutrient deficiencies; provision of vitamin A, iodine, iron etc.; monitoring of nutritional status; nutrition and food hygiene education; household food security.

2. RATIONALE AND CONTEXT

2.1. Summary of the action and its objectives

The Action contributes to the **EU Trust Fund objectives (2)** strengthening resilience of communities and in particular the most vulnerable, as well as refugees and displaced people, and **(4)** improved governance and conflict prevention, and reduction of forced displacement and irregular migration. The Action is aligned with the **Valletta Action Plan priority domain (1)** development benefits of migration and addressing root causes of irregular migration and forced displacement. The project is also based on the **objectives and indicative intervention priorities of the Short Term Strategy 2016/17** for the implementation of a special support measure in favour of the people of the Republic of Sudan.

The **geographical scope** of the project comprises 16 localities of three States in Eastern Sudan namely, Red Sea, Kassala and Gedaref, where child malnutrition, particularly chronic malnutrition and stunting, are widespread.

The **intervention logic** of this action is based on the assumption that stunting diminishes children's potential and ability to reach their educational potential, which impact their ability to lead economically productive lives and sets in motion a cycle of chronic poverty, negative coping mechanisms and malnutrition. To break this cycle, the proposed action will follow an integrated approach which will focus on four key interventions targeting nutrition, education, livelihood support and capacity strengthening. The successful implementation of the action will strengthen community resilience.

The estimated beneficiaries targeted under this project are 977,707 people; children in their first 1000 days of live, households with pregnant and lactating women and children under 5.

The **overall objective of the action** is to enhance the ability of women and children in the States of Red Sea, Kassala and Gedaref to lead socially and economically productive lives, and in doing so strengthen their resilience and that of their communities.

The **specific objective** is to improve the nutritional and food security status of women and children in vulnerable households including refugees in and out of the camps of targeted localities in the States of Red Sea, Kassala and Gedaref through nutrition-specific and nutrition-sensitive interventions.

The exit strategy of the project builds on a long-term approach strengthening local authorities' capacities to continue implementing national food security and nutritional programmes and strengthening the resilience of communities.

2.2. Context

2.2.1. Country context

With an area of approximately 1.9 million km² (almost half the size of the EU), Sudan is the third largest country in Africa. An estimated population of 40 million inhabitants is growing rapidly, and Sudan is experiencing a major demographic transition. It is estimated that 40% of the population is below 14 years old.

Sudan is categorized as a low middle-income and fragile country. About 46.5% of the population lives below the poverty line, while 8% lives in extreme poverty. Almost 9.3 million people are in need of humanitarian assistance (Oct 2020). Socio-economic indicators remain low in a context of deep economic crisis, with reduced revenues after the independence of South Sudan, low oil prices and an economy that is not diversified. In the global Human Development Index rankings, Sudan was placed at 166 out of 187 countries in 2014. It is estimated that 20% of the active population is unemployed, with women's unemployment nearly twice that of men. Agriculture remains the main source of employment, although the urban informal sector is reported to account for more than 60% of GDP. Poverty is heightened by inefficient development plans and strategies, reduced public expenditures on basic services, and erosion of land and natural resources. An interim Poverty Reduction Strategy Paper (I-PRSP) and the Five-Year Program for Economic Reforms were approved by the Sudanese parliament in December 2014.

Socio-political instability and the ongoing economic crisis have exacerbated needs while deepening poverty in areas in the central and eastern parts of Sudan, where humanitarian partners have a limited presence. In addition, environmental factors, such as erratic climate shocks, exacerbate the humanitarian crisis, contributing to displacement and food insecurity. Sudan experienced unpredictable rainfall patterns and floods, with negative consequences to the harvest and food supply. The lockdown measures to prevent the spread of the COVID-19 pandemic significantly decreased commodity movement, market function and cross-border trade, and compromised livelihoods, daily labour opportunities, reducing household purchasing power and food access of the vulnerable population.

Sudan has borders with countries facing challenges of fragility and instability: Central African Republic, South Sudan, Libya, Eritrea or Chad. Sudan is at the centre of the Eastern African migration route, towards North Africa and Europe. Hundreds of migrants, asylum-seekers and refugees originate from or transit through Sudan every month, with only a minority choosing to settle in the country. The country hosts over 1.1 million refugees from neighbouring countries (HNO 2020). Traffickers and smugglers operate in the country. About 3.1 million people are internally displaced (IDPs) and almost 367,000 are refugees and asylum seekers. The capital, Khartoum, and the states of Kassala, Gedaref and White Nile, are the most affected areas by migration flows heading to Europe through Egypt and Libya. In White Nile State, a continuing flow of South Sudanese refugees is registered. About 84% of the new

arrivals are women and children. Sudan also hosts significant numbers of Syrian refugees and several thousand Yemeni refugees who have arrived in Sudan in recent years.

Sudan also has the largest population of displaced people in Africa. Only in Darfur, some 1.6 8 million displaced people are registered as living in camps (HNO 2020). For unregistered IDPs, i.e. displaced people living in rural settlements and urban areas, estimates vary considerably, especially as there is no systematic registration of displacement outside camps. Nearly all communities in conflict-affected areas, whether sedentary rural farmers, nomadic pastoralists, public sector workers or urban dwellers, have been impacted, further undermining their capacity to host displaced people. Protracted displacement has disrupted traditional livelihood activities of both displaced and host communities, and eroded community resilience to withstand shocks. Displaced people are essentially made more vulnerable due to their reduced access to natural resources such as land and water, and a chronic shortage of basic services. Conflicts also impact pastoralists' traditional migration routes and farmers' capacity to transport their crops.

2.2.2 Sector context: policies and challenges

Eastern Sudan has the second lowest health indicators in the country, the worst being in the conflict-affected areas of Darfur. The percentage of Family Health Centres offering a full package of Primary Health services¹ is only 18% in Red Sea, 29.8% in Kassala, and 55% in Gedaref. Under-five mortality rates are higher in Gedaref, Red Sea and Kassala (respectively 107, 122 and 87 per 1000 live births) than the national average of 79; infant mortality rates in Red Sea, Gedaref and Kassala (respectively 85, 65 and 62 per 1000 live births) are higher than the national average of 60; high stunting rates are reported in Red Sea, Kassala and Gedaref (respectively 46%, 55% and 52%).

The food insecurity situation in Sudan is due to several factors which contribute to what is known as a “complex emergency”. Key drivers include continued unrest and its attendant displacement, climatic variability resulting in recurrent droughts and floods, inadequate investment in smallholder (especially rain fed) farming. In addition, weak food security policies, poor rural infrastructure, lack of access to land and to income-generating opportunities, and rising fuel and food prices (for instance, food prices are estimated at 150% higher than the average of the last five years) have resulted in an estimated 9.6 million people in Sudan facing food insecurity. Limited access to basic public services coupled with the above-mentioned chronic and transient factors has resulted in more than three million people requiring humanitarian assistance every year. As a result, households' food insecurity is one of the primary underlying causes of malnutrition in Sudan.

The food security and nutrition situation has become even worst in Eastern Sudan, in particular in Gedaref and Kassala States, due to the large influx of refugees coming from Tigray region of Ethiopia due to the conflict. Since November, according to UNHCR 62,166 refugees have crossed the border to escape violence, and 41,181 are hosted by Um Rakuba and Tunaydba refugee camps. To mitigate potential health and security risks, the UN agencies and partners are working to relocate refugees to camps away from the border. The relocation of refugees to Um Rakuba has been suspended as the camp reached its maximum capacity. While work is ongoing to set up additional communal shelters and tents in Um Rakuba in the extension of land allocated by the government, UNHCR has started relocations to the newly set up site in Tunaydbah.

¹ In 2003 the essential primary health care package policy was drafted. The package included vaccination of children, RH, IMCI, Nutrition, Treatment of common illnesses, essential drugs.

There are gaps in all the sectors, from water (incl. water trucking and chlorine tablets), sanitation (incl. latrines, drainage, and waste management) and hygiene (incl. shower rooms and handwashing facilities) to health facilities (incl. general medicine, reproductive health, ambulances, solar power, isolation centres, health staff, medicines, laboratory tests, and medical supplies), food (incl. quality and variety), shelter (incl. durable emergency shelters) and protection response, especially youth protection activities, mental health and psychosocial support and GBV response. Fuel shortages, limited numbers of vehicles and limited road access are also posing a challenge to the relocation of the new arrivals as well as the provision of supplies to the different sites.

The crisis has affected not just refugees, but the communities hosting them, who are just as vulnerable. The weakness of the host economy may place a further burden on the host populations and erode their ability to withstand shocks and achieve food security over time

The World Food Programme (WFP) is playing a critical role in providing life-saving food and nutrition support in particular in the camps and surrounding areas.

Undernutrition in Eastern Sudan

Undernutrition, in acute and chronic manifestations, is a significant public health problem in Sudan. The Sudan National S3M survey undertaken in 2013 indicated a total of 54 out of 184 localities with acute malnutrition prevalence above the emergency threshold of 15%². Red Sea State also presents the highest level of maternal under-nutrition with one in every three mothers malnourished. The S3M II nutrition survey results showed an overall tendency for improvement in stunting rates, but also sharp increase in GAM in some localities. The nutrition in the eastern states remains of great concerns with indicators above the highest severity thresholds.

Stunting

Since 1986, the prevalence of stunting has been consistently estimated above 30%. The latest Multiple Indicator Cluster Survey (MICS) conducted in 2014 shows stunting prevalence among under-five children is 38.2%, with severe stunting affecting approximately 18.2% of children across the country. Today, an estimated 2.2 million children are stunted, or one in every three children. The Eastern Sudan States of Kassala, Gedaref and Red Sea have stunting prevalence above the national average (see above). Disaggregated data in the localities being targeted by this project exhibit a stunting prevalence between 50-70% in some of these localities. One-third of infants are born with a low birth weight, caused by – among other factors – poor maternal nutritional status and inadequate dietary intake by the pregnant mother, often due to limited access to a nutritious and well balanced diet.

Underlying causes of stunting amongst children include: poor household food security; poor water, sanitation and hygiene practices causing frequent infections; low awareness on adequate child feeding practices; poor child caring practices; inadequate health services and poor environment. At a broader level, a lack of effective policies and strategies, a lack of effective programmes addressing identified food security and other direct and underlying nutrition problems, and financial and human capital limitations, all contribute to stunting.

²http://www.coverage-monitoring.org/wp-content/uploads/2014/12/Sudan_S3M-_2013_FINAL-Endorsed-EXECUTIVE-SUMMARY_25Nov2014.pdf

Nutrition Sector Policies

In August 2016, the Government of Sudan, jointly with UNICEF and WFP, launched a *Case of Investment in Nutrition in Sudan*³ which shows how undernutrition is one of the country's most serious, but least addressed, socioeconomic and health problems. People's health suffers from a lack of awareness about consequences and prevention of undernutrition. In addition, the country's operational and financial capacity to develop and implement a comprehensive nutrition policy is extremely limited.

As a result of insufficient investment in nutrition over the past 30 years, the country has missed opportunities for social and economic development.

The 2012-2016 National Health System Strategic Plan (NHSSP) is the overarching strategy to improve health and strengthen the health system in Sudan. It focuses on increasing access to primary health care (currently reaching only 80% of households with wide disparities between States) and increasing the quality and coverage of an essential package of care, including nutrition. While the NHSSP takes a comprehensive approach, current implementation has not resulted in significant changes of the nutritional status of the population, and in particular in a reduction of stunting among children.

Complementing the NHSSP there was the Ministry of Health's National Nutrition Strategy Plan (2014-2018), which is an inter-sectoral tool to provide basic treatment and prevention services for acute malnutrition as well as addressing the underlying causes. An updated and revised National Nutrition Strategic Plan for the period 2014 till 2025, leading up to the global World Health Assembly targets, was formulated with support of the UN Agencies and the wider nutrition stakeholder community and feeds into the countries Sustainable Development Goal commitments.

The Government of Sudan remains committed to addressing malnutrition in the country. Sudan joined the Scaling Up Nutrition (SUN) movement five years ago (14 October 2015), enabling the country to advocate for additional resources and technical support at national and international levels in order to support the implementation of nutrition-specific and nutrition-sensitive policies.

Government policy related to food security has always focused primarily on stimulating agricultural production (e.g. through the Agricultural Revitalisation Programme⁴), especially cereal production, rather than addressing the different aspects of food insecurity. At State level, decades of instability have negatively impacted on their capacities to plan, budget, formulate and implement sector policies defined at central level. Current State Government Sector Policies and Strategic Plans are replicas of federal Government policies and are not necessarily based on the States' and localities' contexts. However, there are encouraging signs of the Government's intention to start addressing the multi-dimensional nature of food insecurity in a more effective way. For instance, the EU-funded Sudan Food Security programme has assisted in the creation of a Food Security and Nutrition Technical Secretariat at State level, and the authorities have shown a strong commitment to provide the Secretariat with permanent and qualified staff.

Moreover, the Government has presented the 5-year National Agriculture Investment Plan (SDNAIP, 2020-2026) to address some of the most significant challenges to agricultural development in the country, to increase access to local food, to reduce poverty and malnutrition, and to boost income generation for rural families, especially for smallholders.

³http://www.avenirhealth.org/download/OHTCountryApplications/PDF/150619%20P893_UNICEF_Investment_Case_Collated_v3.pdf

⁴ The four-year Agricultural Revitalization Programme was launched in 2008 with a high level of political support. It has been a very ambitious programme that identified policy related gaps to agricultural development including financial, marketing, investment and land use policies as well as institutional reform. The programme has fallen short at the implementation stage for reasons related to capacity to implement the policies required.

Shocks and stresses

In Red Sea, Kassala and Geradef States, climate-related shocks as a result of unpredictable and uneven rainfall are increasingly leaving households more vulnerable and unable to cope or adapt. Households that have lost their productive assets and are relatively new to cultivation, or those with little access to services, support and information, face particular difficulties withstanding climate-related shocks.

In these three states, agro-pastoralists and farmers are constrained by multiple challenges, including weather, availability of arable land, limited knowledge and skills for diversifying livelihoods, limited infrastructure and farming inputs and poor access to credit. Households and communities have inadequate access to agricultural extension services and therefore their agronomic skills and knowledge are relatively low. In addition to erratic rainfall, the limited access to agricultural extension services is a stress for cultivators.

At the national level, Sudan has developed a number of policies and strategic papers to address these shocks and stresses (such as the case of the Integrated Water Resource Management (IWRM), a National Adaptation or a National Strategy for Environmental Protection). However, despite the existence of different policies related to climate change, implementation is still lagging behind, and adaptation to shocks needs to be strengthened into programmes at the State level.

2.3. Lessons learnt

The targeted States of Kassala, Red Sea and Gaderef are characterized by persistent and widespread drought that has contributed to severe hardship, poverty, hunger, displacement, migration, malnutrition and even famine.

Based on experiences in the Sahel and Horn of Africa, the following lessons have been gleaned:

Costs of undernutrition

The estimated impact of malnutrition on the global economy is estimated at US\$3.5 trillion per year, resulting from economic growth foregone and lost investments in human capital associated with preventable child deaths, 45% of which can be ascribed to poor nutrition, as well as premature adult mortality linked to diet-related non-communicable diseases. Further costs are incurred through impaired learning potential, poor school performance, compromised adult labour productivity and increased health care costs.

The National Council of Child Welfare in Sudan and the African Union Commission led the Cost of Hunger Study Initiative to estimate the social and economic impact of child undernutrition in 2019 which showed that the total loss associated with undernutrition in Sudan are estimated at SDG 11.6 billion, or USD 2 billion for the year 2014. These losses are equivalent to 2.6 percent of Sudan 2014 GDP

Availability and Access to Health Services

Children who are acutely malnourished are 3-4 times more likely to die than children with a normal weight and height for their age. Malnutrition contributes to 45% of child deaths every year. The treatment and prevention of malnutrition is essential in reducing mortality, morbidity and improving the health status of children. The availability of a basic package of services and a range of care for children suffering from acute malnutrition is essential in reducing the overall burden of undernutrition.

Importance of Social Behaviour Change Communication

Eastern Sudan presents a complex scenario of multiple tribes with different cultures and practices related to food, nutrition and women's health. For the success of any programme, a strong social and behaviour change component needs to be incorporated in all activities.

The Link between Education and Nutrition

Research has shown that well-nourished children concentrate better in school, have higher educational attainment and better job opportunities as adults. Keeping girls in school has a direct link to the nutritional status of their children, as educated girls are generally more able to make more well-informed choices about child birth, child care, utilization of health services and nutrition. Investment in girls' education, in particular, has been proven as one of the most effective ways to address undernutrition. Schools also provide an effective platform for disseminating nutrition related messages, teaching life skills and reinforcing positive behaviours (e.g. hand washing), which can all contribute to improved nutritional outcomes.

Given the high proportion of out of school children in Eastern Sudan, due to a range of factors including being pulled into income generating activities, early marriage, etc., WFP proposes to provide school meals to incentivize families to send their children to school. The on-site meals, some of the commodities for which will be bought locally to stimulate local demand, can be combined with conditional cash assistance for families based on attendance, complemented by SBCC on good nutrition and diversifying diets. The cash assistance can also stimulate the local economy and improve the nutritional status of families. The programme will provide students to access education, allowing them to focus on learning and for families to receive the assistance they need to not pull their children out of school.

Agricultural and vegetable gardening activities

Complementary activities such as supporting the production of food or setting-up school gardens are also opportunities to talk about nutrition. These activities promote the integration of nutrition and health, and food security with livelihoods and provide an additional source of income for households. They contribute to the diversification of household diets and thereby to the prevention of malnutrition. These activities target different categories of the population: school gardens for children, crops from improved seeds for men, and collective or family gardens for women - thus involving every single member of the household.⁵

Starting from 2021, WFP will implement a pilot Home-Grown School Feeding Program (HGSFP), in select schools, by linking its school feeding programmes with local smallholder farmers to provide schoolchildren food that is safe, diverse, nutritious and local. WFP will document and analyse the results will inform future HGSFP programming.

⁵ FAO, 2014, Integrating nutrition and food security programming - Analysis of experience in the Sahel and the Horn of Africa - December 2014,

2.4. Complementary actions

Most of the donor funding for nutrition in Sudan is for short-term support of humanitarian action with limited longer-term outcomes.

The proposed project will build on and work in synergy with EU and non-EU funded projects and with other development partners to ensure complementarity of approaches.

Activities under this proposal are complimentary to:

- Projects funded by the EDF implementing the Special Measure for Sudan in the focal sectors of basic services (health and education), food security and governance, which are channelled through the EU Trust Fund. This is notably the case of the project Strengthening Sudan Health Services (EUR 12 000 000), implemented with the Italian Development Cooperation and aimed at improving basic health services and institutional capacity building at locality and national levels, and the Regional Development and Protection Programme currently being implemented in Kassala and Gedaref.
- Projects funded by the DCI under the Food Security Programme in East Sudan (EUR 7 000 000), which have a nutrition component principally targeting households in rural areas.
- EU humanitarian aid-funded protection projects/components under the EU Humanitarian Aid Regulation 1257/96.
- The ongoing Protracted Relief and Recovery Operations (PRRO) of WFP covering the period of July 2015 to June 2017, in which assistance is provided through Cash Based Transfer, Targeted Supplementary Feeding Programme, Food-based Prevention of Moderate Acute Malnutrition, School Feeding and Food Assistance For Assets.
- The Joint Resilience Building Programme in Kassala funded by UKAID to build resilience of communities in four vulnerable localities in Kassala through improved food security, nutrition, health status and gender equity of Kassala State.
- Inclusive and Sustainable Value Chains and Food Fortification: subject to approval of the European Commission, this is a joint initiative between WFP, FAO and WHO to build the capacity of the Government and retail market to provide country-wide fortification of staple foods.
- WFP Social Protection and Productive Safety Net Program in Red Sea State, funded by the Italian Development Cooperation.

2.5. Donor Coordination

A coordinated approach between the Donors, UN Agencies, NGOs and Government entities at the national and state/local level is critical to ensure there is an agreement on key objectives, complimentary targeting and preventing the duplication of activities.

A Development Partners Group (DPG) was established in 2015 following preparatory work by the UK (DFID) and the EU. The DPG convenes active development partners in the country on a semi-regular basis, acting as an umbrella for thematic sector groups. A meeting to consider a future modus operandi for the DPG was held in June 2016. The UNDP acts as a secretariat to the DPG. In Sudan only a few sectors have groups of this nature. The Government participates in these groups.

At the EU level, donor coordination takes place through the EU Heads of Cooperation meetings, held on a regular basis, as well as the EU+ (Switzerland and Norway) Migration working group also held on a regular basis.

The total project size is EUR 54.8 million and in addition to EU's contribution of EUR 26 million, WFP mobilised some EUR 28.8 million from other donors. With a contribution of EUR 28.8 million, WFP will expand nutrition component to fully cover targeted localities, scale up livelihood activities and to continue its school feeding project which WFP is already implementing in Kassala and Red Sea states. The school feeding programme contributes to ensuring access to education and under this proposal, the schools will be used as an important platform to enhance nutrition education in an integrated manner.

Funding has been secured for initiating school feeding in Gedaref and expansion in Kassala and Red Sea under CERF, which will start upon opening of schools for the 2020-21 school year, which will give the opportunity for WFP to expand the use of micronutrient powders (MNPs) in school meals programme from 10 to 16 localities under this project.

In addition, complementary donor funding is planned to be provided for the Targeted Supplementary Feeding programme for the state of Kassala.

WFP will implement the project in close cooperation with state authorities and line ministries, notably HAC, COR, MoLSD, MoA and MoH in programme design, targeting, transfer modalities, monitoring and evaluation and technical rigor. For operational implementation of the project, WFP will work with national and international NGOs - who will be responsible for the coordination of nutrition components in line with the Nutrition Investment Case for Sudan. A state steering committee will be reactivated, comprising all involved line ministries, WFP (sub-office) and participating NGOs - to coordinate the overall project, guide programme development and link federal systems to state level implementation.

WFP activities are aligned with national policies and priorities including the Interim Poverty Reduction Strategy Paper (IPRSP), Sudanese National Agriculture Investment Plan (SDNAIP) and the Twenty-Five Year National Strategy (2007-2032). The National Nutrition Strategy (2014-2025)—developed with the support of WFP—which seeks to improve access and utilization of health services, strengthen institutional support for Scaling Up Nutrition (SUN) and advocates for nutrition in development priorities across sectors. As well as the Nutrition Investment Case for Sudan which proposes an integrated multi-sectoral package of interventions designed for the prevention of child malnutrition both acute and chronic, reduction of child mortality and interventions to improve maternal nutrition. WFP is also a key stakeholder in the Strategic Response Plan (SRP) which identifies humanitarian need and sector priorities as well as the United Nations Assistance Framework (UNDAF) 2012-2016, and its successor for 2017-2021, which supports the Government's main development priorities.

3. DETAILED DESCRIPTION

3.1. Objectives

The **overall objective of the action** is to enhance the ability of women and children in the States of Red Sea, Kassala and Gedaref to lead socially and economically productive lives, and in doing so strengthen their resilience and that of their communities.

The **specific objective** is to improve the nutritional and food security status of women and children in vulnerable households including refugees in and out of the camps of targeted localities in the States of Red Sea, Kassala and Gedaref through nutrition-specific and nutrition-sensitive interventions.

3.2. Expected results and main activities

The proposed project is expected to achieve the following results:

Result 1: Increased access to direct nutritional services contributing to the prevention of stunting

This result will be achieved through the implementation of three key activities:

Activity 1.1: Implement a targeted Supplementary Feeding Programme which will treat moderately acutely malnourished (MAM) children under 5 and pregnant and lactating women through the provision of specialized nutritious foods. Children and pregnant and lactating women (PLW) will be screened and enrolled into the treatment programme for up to three months, or until their health has sufficiently improved.

Activity 1.2: Implement food-based prevention of Moderate Acute Malnutrition (MAM) with focus on children under 2 years of age (part of the 1000 days approach) and pregnant and lactating women aimed at the prevention of MAM in addition to facilitating access to complementary health interventions such as deworming, immunization and Vitamin A supplementation.

Activity 1.3: Apply Home fortification through the provision of micronutrient powders aimed at the prevention of micronutrient deficiencies in children under 5 and pregnant and lactating women.

Result 2: Improved caring practices and nutritional awareness amongst parents and caretakers of children

Conduct social and behaviour change communication (SBCC) activities at community level.

Activity 2.1: SBCC amongst teachers and parents, and dissemination of nutrition-related messages in schools, complemented by activities like school gardening which will make the concrete link between knowledge and behaviour.

Activity 2.2: Integrate nutrition education activities into the resilience and livelihood components, ensuring that households partaking in nutrition-sensitive activities are provided with basic nutrition knowledge.

Result 3: Improved provision of nutrition-specific and nutrition-sensitive interventions at the primary school level.

Utilising WFP's existing School Feeding Programme as an entry point, this project will have the opportunity to integrate different activities which contribute to improving the nutritional status of school children and to reducing stunting including:

Activity 3.1: Improve the nutritional quality of the food basket (diversifying school meals through local procurement of foods).

Activity 3.2: Integrate nutrition education: including topics such as dietary diversity; importance of physical exercise and the awareness of the right to food in the curriculum; training teachers and school staff in nutrition and food hygiene; revitalizing school gardens as an educational tool (with a focus on micro-gardens); and improve nutrition knowledge amongst school children and teachers focussing on key messages related to malnutrition and stunting reduction.

Activity 3.3: Provide micronutrient supplementation.

Activity 3.4: Implement school gardening for pedagogical purposes in selected schools.

Activity 3.5: Distribute deworming tablets in coordination with WHO and Ministry of Health.

Activity 3.6: Supply take home rations for girls where appropriate.

Activity 3.7: Pilot Home-Grown School Feeding Program (HGSFP)

Result 4: Improved food security and diet diversification of selected households through productive safety net, asset creation programmes and behaviour change.

Activities may comprise:

Activity 4.1: Implement cash for assets activities to improve resilience and nutrition through increased incomes and community assets in selected households.

Activity 4.2: Rehabilitate water harvesting structures.

Activity 4.3: Plant income generating and nutritious trees and plants.

Activity 4.4: Construct water and sanitation facilities in schools and health centres.

Activity 4.5: Contribute to land rehabilitation and cultivation addressing agricultural degradation.

Activity 4.6: Implement and integrate throughout all project activities community based capacity building components related to participatory planning, implementation and maintenance of community assets and income generation activities.

Result 5: Improved capacity of local communities, locality and state line ministries to plan and implement nutrition-specific and nutrition-sensitive activities.

Community-based participatory planning will be used to help communities identify their main problems and design solutions. Capacity building will be provided to target beneficiaries, government line ministries and cooperating partners on monitoring and evaluation, behavioural change (nutrition, hygiene, gender), participatory planning and implementation of productive assets, post-harvest losses, and nutrition-sensitive school feeding activities.

3.3. Risks and Assumptions

<u>Risks</u>	<u>Risk level</u> <u>(H/M/L)</u>	<u>Mitigating measures</u>
Reduced support from the Government to project activities/ food security	H	The involvement of Federal and State authorities in the elaboration and implementation phase will ensure commitment to provide support to the project (in kind/logistic).
Infectious disease outbreaks, including Nile fever, Chikungunya, Malaria and COVID	M	As possible implement disease transmission awareness campaign and take necessary hygiene and social distancing measures. When required modify implementation models, e.g. unconditional cash advances, take home rations for school feeding, smaller groups for training and SBCC activities, alternative channels for SBCC that require less social contact.
High inflation rates for food and non-food commodities including fuel	H	Cash transfer values are adjusted to reflect the targeted purchasing power for PSN and SF girls THR transfer.

		Logistics and FLA agreements with transporters and cooperating partners are put in place with clauses that deal with the volatile exchange rate and inflation and mitigate disruption of supply chain and programme implementation. WFP started importing fuel for its operations and allocating fuel to CPs on cost recovery basis.
Conflict and Insecurity	M	Coordination and cooperation with international actors, local NGOs, community groups and leaders, as well as the Government of Sudan will ensure that the security situation is constantly monitored in order to a) guarantee the safety of the staff and beneficiaries and b) comply with national security rules and procedures.
Drought/Floods	H	Increased focus on activities that increase community resilience/early warning.
Disputes between Farmers and Pastoralists: delay in project implementation	L	More focus on awareness raising, advocacy, mainstreaming of peace building and conflict resolution mechanisms in the natural resources and livelihoods activities.
Cultural practices, Social Norms and Taboos: effective targeting of women will be impacted	M	Advocacy and awareness raising; selection of progressive staff for project implementation.
Lack of Access to Communities: Implementation and monitoring exercises will be affected	L	Use national NGOs - less likely to lose access and do not need permits.
Communities reject programme methodology: negative impact on targeted locations	L	Prior to target selection, methodology will be discussed with communities.
Limited government ownership of the multi-sectoral approach at locality level: Negative impact on applying the life cycle approach	L	Advocacy and awareness of the impact of integrated programming at all levels of government.

The main **assumption** for the success of the project and its implementation is that EU and Implementing Partners have access to three States throughout the duration of the programme.

3.4. Cross-cutting issues

Gender equality: gender equality considerations will be built into the detailed project design. Gender criteria will be considered in the selection of the personnel to be trained both at State

and Federal level. Moreover, (improved) nutrition policies will address the food security and nutrition needs of vulnerable populations, including women. In general, assistance will be given mostly through women, who are responsible for the wellbeing of children and family members. Female heads of households will be given priority to receive assistance.

Social inclusion: this issue will be consistently mainstreamed and addressed by the project activities. In this regard, the project will adopt a community-based participatory planning approach that is expected to ensure that the needs of different stakeholders are taken into account, and particularly that potential barriers to the equitable access to food of vulnerable groups are identified and adequately addressed.

Good governance: this issue is addressed by the project activities, in particular at national and local government level, by improving the managerial and organizational structures, i.e., behavioural change, participatory planning and implementation of productive assets preventing stunting by training managers and officers. This aims at improving the accountability, efficiency and effectiveness of the actions tackling malnutrition and food security.

Environment and cultural heritage: any infrastructure rehabilitated or constructed under the Action will adhere to international best practices and adhere and respect local and traditional construction techniques and designs.

Conflict prevention: better planning and implementation capacities of national plans on food security and malnutrition, along with more sources of income for vulnerable communities, is expected to reduce potential conflicts over land and natural resource control between different communities.

3.5. Stakeholders

The stakeholders for nutrition activities include:

Primary beneficiaries: Pregnant and Lactating Women, Children under 5 and their households;

Secondary beneficiaries: Health Centres' staff; Schoolchildren; School staff; Farmers; the Federal Ministry of Health; State Nutrition Directorates of the States of Red Sea, Kassala and Geradef; Community Health Mobilizers; NGOs at States level, WHO and UNICEF.

The stakeholders for the school related activities:

The schoolchildren and particularly schoolgirls, parents, teachers and school staff, farmer communities in the neighbourhood of schools, the Federal and State Ministry of Education, the Federal and State Ministry of Health, WHO and UNICEF.

The stakeholders for the farmers to market activities include:

The Federal Ministry of Agriculture and Irrigation, Federal Ministry of Water and Electricity, farmers associations in Red Sea, Kassala and Geradef States and especially women in farmers associations, Ministry of Environment and Physical Development Higher Council for Environment and Natural Resources, FAO, UNDP, IFAD, NGOs at the level the three States.

The stakeholders for the resilience include:

The Federal Ministry of Environment, Forestry and Physical Development, Federal Ministry of Water and Electricity, farmers associations in Red Sea, Kassala and Geradef States and especially women in farmers associations, Ministry of Environment and Physical Development Higher Council for Environment and Natural Resources, FAO, UNDP, UNEP, NGOs at the level the three States.

4. IMPLEMENTATION ISSUES

4.1. Financing agreement

It is not foreseen to conclude a Financing Agreement with the partner country for the implementation of the Action.

4.2. Indicative operational implementation period

The implementation period will begin from the date of signature by the last party of the first contract implementing this Action, or from the earliest starting date of implementation period at contract level in case of retroactive financing, whichever occurs first, and will last until the 31/12/2024. This operational implementation period will be followed by a liquidation period of 18 months which will end on the 30/06/2026.

For each of the objectives indicated in the present action document there will be an inception phase in order, among others, to further define baselines and targets and to refine the indicators.

4.3. Implementation components and modules

The envisaged implementation modality is Indirect Management through the conclusion of a PAGODA Delegation Agreement with WFP. This organisation has a long-standing presence and expertise in Sudan, with 17 offices and around 1000 personnel, and has a distinct advantage in the fields covered by this action, particularly in relation to activities aimed at fighting hunger and stunting, enhancing standards of nutrition of IDPs, refugees and resident communities.

4.4. Indicative budget (amounts in EUR)

	EU contribution	WFP	Total
Result 1: Increased access to direct nutritional services for the prevention of stunting	3 074 000	6 700 000	9 774 000
Result 2: Improved caring practices and nutritional awareness amongst parents and caretakers of children	3 224 000	-	3 224 000
Result 3: Improved provision of nutrition specific and nutrition sensitive interventions at the primary school level	7 938 000	5 202 260	13 140 260
Result 4: Improved food security and diet diversification of selected households through productive safety net, asset creation programs and behaviour change	10,664,000	16 500 000	27 164 000
Result 5: Improved capacity of local communities, locality and state line ministries to plan and implement nutrition specific and nutrition sensitive activities	400 000	400 000	800 000

Communication and Visibility	200 000	-	200 000
Monitoring, Evaluation/Audit	500 000	-	500 000
Total	26 000 000	28 802 260	54 802 260

4.5. Evaluation and audit

Ad hoc audits or expenditure verification assignments could be contracted by the European Commission. 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. 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. A mid-term review of the project will be conducted between 18 and 22 months after the beginning of the implementation.

4.6. 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, to be elaborated at the start of implementation.

In terms of legal obligations on communication and visibility, the measures shall be implemented by the Commission, the partner countries and entrusted entities. Appropriate contractual obligations shall be entered into the Agreements concluded by the Commission with the entrusted entities and the partner countries.

The Communication and Visibility Manual for European Union External Action shall be used to establish the Communication and Visibility Plan of the Action and the appropriate contractual obligations.

A **logical framework** showing targets and indicators is attached.

EU Trust Fund Strategy	Valletta Action Plan	United Nations Sustainable Development Goals
Four main areas of intervention	Five priority domains, and 16 initiatives	17 goals
<p>1) Greater economic and employment opportunities</p> <p>2) Strengthening resilience of communities and in particular the most vulnerable, as well as refugees and displaced people</p> <p>3) Improved migration management in countries of origin and transit</p> <p>4) Improved governance and conflict prevention, and reduction of forced displacement and irregular migration</p>	<p>1) Development benefits of migration and addressing root causes of irregular migration and forced displacement</p> <ol style="list-style-type: none"> 1. enhance employment opportunities and revenue-generating activities 2. link relief, rehabilitation and development in peripheral and most vulnerable areas 3. operationalise the African Institute on Remittances 4. facilitate responsible private investment and boost trade <p>2) Legal migration and mobility</p> <ol style="list-style-type: none"> 5. double the number of Erasmus scholarships 6. pool offers for legal migration 7. organise workshops on visa facilitation <p>3) Protection and asylum</p> <ol style="list-style-type: none"> 8. Regional Development and Protection Programmes 9. improve the quality of the asylum process 10. improve resilience, safety and self-reliance of refugees in camps and host communities <p>4) Prevention of and fight against irregular migration, migrant smuggling and trafficking of human beings</p> <ol style="list-style-type: none"> 11. national and regional anti-smuggling and anti-trafficking legislation, policies and action plans 12. strengthen institutional capacity to fight smuggling and trafficking 13. pilot project in Niger 14. information campaigns <p>5) Return, readmission and reintegration</p> <ol style="list-style-type: none"> 15. strengthen capacity of countries of origin to respond to readmission applications 16. support reintegration of returnees into their communities 	<ol style="list-style-type: none"> 1) End poverty in all its forms everywhere 2) End hunger, achieve food security and improved nutrition and promote sustainable agriculture 3) Ensure healthy lives and promote well-being for all at all ages 4) Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all 5) Achieve gender equality and empower all women and girls 6) Ensure availability and sustainable management of water and sanitation for all 7) Ensure access to affordable, reliable, sustainable and modern energy for all 8) Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all 9) Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation 10) Reduce inequality within and among countries 11) Make cities and human settlements inclusive, safe, resilient and sustainable 12) Ensure sustainable consumption and production patterns 13) Take urgent action to combat climate change and its impacts 14) Conserve and sustainably use the oceans, seas and marine resources for sustainable development 15) Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss 16) Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels 17) Strengthen the means of implementation and revitalise the global partnership for sustainable development

INDICATIVE LOGFRAME MATRIX OF THE PROJECT

The activities, the expected outputs and all the indicators, targets and baselines included in the logframe matrix are indicative and may be updated during the implementation of the action without an amendment to the action document. The indicative logframe matrix will evolve during the lifetime of the action: new lines will be added for listing the activities as well as new columns for intermediary targets (milestones) when it is relevant and for reporting purpose on the achievement of results as measured by indicators.

Please note that baselines and indicators will be further defined during the inception phase.

	Results chain	Indicators	Baseline (incl. reference year)	Current value Reference date	Targets (incl. reference year)	Sources and means of verification	Assumptions
Overall Objective	Contribute to enhance the ability of women and children in the States of Red Sea, Kassala and Gedaref to lead socially and economically productive lives, and in doing so strengthen their resilience and that of their communities	prevalence of moderate or severe food insecurity in the population, stunting prevalence among children < 5 years of age anaemia of women of reproductive age prevalence of low-birth weight	Will be based on baseline study to be produced during inception phase	Will be based on baseline study to be produced during inception phase	Will be based on baseline study to be produced during inception phase	Project baseline and post implementation reports Reports from concerned line Ministries and stakeholders WFP and other international Organisations reports	

<p>Specific Objective(s) Outcome(s)</p>	<p>To improve the nutritional and food security status of women and children in vulnerable households including refugees in and out of the camps of targeted localities in the States of Red Sea, Kassala and Gedaref through nutrition-specific and nutrition-sensitive interventions</p>	<p>% of infants 0-6 months fed exclusively with breast milk</p> <p>Minimum Dietary Diversity of Women</p> <p>Minimum Dietary Diversity of children 6-23 months</p>				<p>Project baseline and post implementation reports</p> <p>Project progress report</p> <p>Periodical report from the targeted Ministries</p>	<p>State and national government are committed to support the development and implementation of policies to reduce stunting and malnutrition,</p> <p>State and non-state actors are committed to participate in planning and implementation of state food security and malnutrition plans.</p>
<p>Outputs</p>	<p>1. Increased access to direct nutritional services contributing to the prevention of stunting</p>	<p>MAM treatment recovery rate (%)</p> <p>coverage of Multiple micro-nutrition supplements</p> <p>Vitamin A supplementation coverage among children 6-59 months of age</p>				<p>Project baseline and Project Progress and final reports</p> <p>Reports from cooperating partners</p> <p>WFP monitoring reports</p> <p>Cross-sectional surveys</p> <p>KAP survey</p>	<p>Availability of competent staff at state and federal level to provide technical supports to the members of the institutional framework</p> <p>Adequate human resources available to participate in the training/TA activities</p> <p>Trained members of the institutional</p>

	<p>2. Improved caring practices and nutritional awareness amongst parents and caretakers of children</p>	<p>Consumption Score for Nutrition</p> <p>Increased % of caregivers receiving 3 key messages</p> <p>Increased number of caregivers who are knowledgeable on MNPs</p> <p>Increased use of home fortification for Vitamin A</p> <p>Increased number of households consuming iodized salt</p>					<p>framework will not be relocated to another state or another department within the state. The State government will provide all the required resources for sustaining the activities of the food security and malnutrition in the state by the end of the project cycle. Office space will be offered by federal and state government for the project activities.</p>
	<p>3. Improved provision of nutrition sensitive interventions at the primary school level</p>	<p>Inclusion of nutrition education in the school curriculum</p> <p>number of schools with school gardens for educational purposes</p> <p>number of</p>					

	<p>4. Improved access to food and dietary diversification of women and children from vulnerable households through productive safety net, asset creation programs and behaviour change</p> <p>5. Improved capacity of local communities, locality and state line ministries to plan and implement nutrition specific and nutrition sensitive activities.</p>	<p>schools with WASH facilities coverage of school - age children that received deworming treatment.</p> <p>number of community assets restored or maintained.</p> <p>number of integrated nutrition sensitive plan developed by communities</p> <p>number of persons trained on the job on assessing, identifying, designing, delivering, monitoring and</p>					

		evaluating inter-sectoral programming that directly and indirectly prevent stunting Number of LOU between 7 agencies (UNICEF, WHO, WFP, UNFPA, FAO, IFAD and World Bank) signed and operationalised					
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