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
EUTF05 - HoA - SDN - 13

1. IDENTIFICATION

Title/Number	Strengthening resilience for refugees, IDPs and host communities in Eastern Sudan		
Total cost	Total estimated cost: EUR 11,960,000 Total amount from the EU Trust Fund: EUR 11,960,000		
Aid method / Method of implementation	Indirect Management with the Ministry of Foreign Affairs and International Cooperation, Directorate General for Development and Cooperation, of the Republic of Italy (Italian Development Cooperation)		
DAC-code	**120**	Sector	Health

2. RATIONALE AND CONTEXT

2.1. Summary of the actions and Programme objectives

The project is based on **EU Trust Fund objective (2)** strengthening resilience of most vulnerable communities, **and 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 objective 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 focuses on the 3 Eastern States of Kassala, Gedaref and Red Sea (see also Annex 1) where chronically low development, and particularly health indicators are further aggravated by the increasing presence of refugees, internally displaced persons (IDPs) and migrants.

The **intervention logic** of the proposed project is based on the assumption that strengthening community resilience through the improvement of access to, and quality of health services, in areas affected by displacement and experiencing flows of refugees, will ensure that local communities, IDPs and refugees are able to receive adequate health care and services, which is widely recognised as one of the main push factors of irregular and forced migration.

The **overall objective** of the project is to improve the living conditions of refugees, IDPs and host communities and to address the root causes of irregular and forced migration.

The **specific objective** is to is to strengthen the local health systems to better deliver basic packages of health services in selected areas of Eastern Sudan, with the final aim of creating a more conducive and sustainable living environment for host communities, displaced populations and refugees. This will be achieved through the improvement of health system governance and accountability, and greater access, quality and coverage of primary health care, reproductive and maternal care and nutrition services for refugees, IDPs and host communities.

2.2. Context 2.2.1

Country context

Sudan is at the centre of the Eastern African migration route, towards North Africa and Europe. Hundreds of migrants, asylum-seekers and refugees are transiting through Sudan every month, with only a minority choosing to settle in the country. Traffickers and smugglers are operating in the country. About 3.1 million people are IDPs and almost 367,000 are refugees and asylum seekers (UNHCR 2015).

Eritreans are the largest group of refugees with 108,075 persons, of which 90,806 are residing in 9 camps in the East of Sudan, in the Kassala and Gedaref region[I]. Around 80 per cent of the Eritreans that are registered by UNHCR move onwards within two months after their arrival, to Khartoum, Libya and possibly to the EU. In fact, the chances of them risking onward migration is increasing due to the fact that the majority of the Eritreans coming to Sudan now are young urban people, who are unwilling to stay in enclosed camps without access to higher education or employment and do not have the same social networks in Sudan as the old generation used to have.

The majority of the IDPs in Sudan are found in conflict-affected areas, with an estimated 2.5 million in Darfur, 222,000 in South Kordofan and 176,000 in Blue Nile state.

Sudan is considered a fragile State, suffering long lasting internal conflicts, high social and economic disparities and unequal allocation of public resources. With an annual growth rate of 2.8%, the total population was around 39 million in 2014 (World Bank 2016). Sudan is at the bottom of the UN Human Development Index 2014, ranking 167 out of 188 countries, with about 46,5% of population living below poverty line, while 8% living in extreme poverty. In particular, in the East the population living below the poverty line in Red Sea (57.7%) and Gedaref (50.1%) is higher compared to the national average.

Sudan is a lower middle-income country, in a transition period. It has a weak economy with soaring inflation due to steep increase in fuel prices coupled with a high fiscal deficit in the face of continuing sanctions, and the binding domestic and international borrowing constrains. That translates in reduced socio-economic development, worsened by internal conflicts and political tension with South Sudan. Sudan's economy has worsened after South Sudan secession with the loss of the 75% oil revenue, resulting in a significant GDP contraction, more than offsetting the loss of 21% of the population, compounded by lack of external investment, economic and financial sanctions and an unsustainable external debt of over $45 billion. The economy is being keeping afloat by the money injected from the Gulf States, particularly Saudi Arabia and Qatar.

In particular, significant economic, social and cultural disparities between states are reported, with States in the Eastern Sudan, Darfur and Kordofan regions being particularly disadvantaged. Access to safe drinking water and basic services in these regions is limited, and extreme poverty is widespread. Moreover, these states do not receive federal resources proportionate to their needs.

2.2.2. Sector context

A complex set of drivers combined with context-related challenges underpins forced displacement and mixed migration. Among those, the lack of access to basic services, such as health, caused by poor governance, weak institutions and low state capacity, is recognised as a "push factor" for displacement in Sudan (UNHCR 2015).

Sudan faces significant challenges to provide adequate health care to its people. The National Health

[I] South Sudanese represent the largest group of Displaced People (DPs) in Sudan, and a great percentage of them are concentrated in White Nile and Sennar States. They are not considered refugees by the Sudanese Government.

Sector Strategic Plan (NHSSP 2012-2016) developed by the Federal Ministry of Health (FMoH) is the main policy and guiding document for the health sector. Despite its comprehensive nature and the identification of the main health sector challenges in the NHSSP 2012-2016, no effective improvement occurred, resulting in a disproportionally high burden of ill health in the country. The national health sector remains underfunded, inequitable, and inefficient, lacking adequate health care services coverage, basic infrastructures and qualified staff.

Since 1993, a National Health Insurance Fund (NHIF) is operative countrywide. The NHIF currently covers about 11,8 million people (almost 1/3 of the population) - mainly from the formal wage sector. Health facilities (Hospital and Health Units) are accredited by the NHIF against a set of quality criteria. However, the number of accredited health units is not sufficient to cater for the needs of the population. In addition, despite treatment for children under five and pregnant women being free of charge, less than 2% of the population receive free care and 92% pay for drugs.

Particularly in Eastern Sudan, the continuous and increasing influx of migrants and the large presence of displaced populations in the country causes an increased demand on the poor health services resulting in overwhelmed local services and facilities. Eastern Sudan is the main corridor for migratory flows from Eritrea and Horn of Africa towards Egypt/Libya. 62% of the overall Sudan's refugee population is in Kassala State. For instance, Girba Locality (Kassala State) has the biggest concentration of refugee camps hosting 45.000 refugees.

Eastern Sudan has the second worst health indicators in the country after Darfur conflict- affected areas:

- *Health services:* The percentage of Family Health Centres (FHCs) offering full package of PHC services (defined at national level) is only 18% in Red Sea, 29.8% in Kassala, and 55% in Gedaref. The availability of Emergency Obstetric Care (EmOC) services at FHCs is very low: 7%, 15% and 0% in Gedaref, Red Sea and Kassala respectively; and the uptake of antenatal care (ANC) services is correspondingly low with the lowest coverage reported in two localities in Red Sea State (with 0 and 2 per cent coverage)

- *Health status indicators:* 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 value 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 value of 60; high stunting rates are reported in Red Sea, Kassala and Gedaref respectively 46%, 55% and 52%. Acute malnutrition rates in Red Sea and Kassala (respectively 20% and 15%) are among the highest in the country (in particular Red Sea acute malnutrition rate is above the WHO threshold for a critical situation); in addition Red Sea State presents also the highest level of maternal under-nutrition with one in every three mothers malnourished.

The growing demand of health care services from the displaced populations has led to a restriction in basic sanitation and adequate health services available to the local communities, resulting in increased tensions between host communities and refugees, IDPs, and migrants leading to the eruption of local conflicts and turmoil. The situation risks to be further aggravated by the drought-related impacts of El Niño which are expected to lead to a degradation of the health and nutrition status of the population in the target areas.

2.3. Lessons learnt

The project is based upon evidence that the integration of development and humanitarian responses is essential to ensure continuity in the response and needs coverage both for migrants, refugees, IDPs, and for host communities. In this regard, the project acknowledges that enhancing the material and technical capacities of local health systems in resource- constrained environments characterised by recurrent natural and man-made crisis such as Eastern Sudan requires the integration of basic

services for local hosting communities and displaced populations into the existing system. The integration of basic services will avoid inequitable and inefficient use of already scarce resources and maximize the positive impact of the intervention both for the local communities and the displaced populations.

The proposed project goes in the direction of streamlining refugee, IDPs, migrant and local community health services into one functional public/national health system. Nonetheless, this requires a long-term approach aiming at addressing local health systems' unsolved and structural challenges i.e. limited managerial and organizational capacities, lack of planning and decision-making procedures, inadequate staffing and funding as well as other unaddressed sustainability issues

Therefore, the proposed project encompasses a two-fold approach. *On one hand,* in a long term perspective, it aims at transferring managerial and organizational skills to national and local health authorities to address weak governance, poor management system and lack of qualified human resources in order to strengthen the health system ability to absorb future shocks such as continued influx of people and a further increase in the demand for health and nutrition services. *On the other hand,* in a short term perspective, it will ensure an adequate and timely provision and delivery of basic services to address the immediate needs of the population of concern.

Finally, the proposed action benefits from the experience gained by the Italian Development Cooperation with previous projects that were able to establish and strengthen mechanisms and management structures at local level that could be successfully replicated with a broader geographical scope.

2.4. Complementary actions

The proposed project constitutes a consolidation of the on-going EU-funded project *Strengthening Sudan Health Services* (SSHS) implemented by the Italian Development Cooperation. The proposed project will be built on the achieved results and lessons learned of the present SHSS initiative, particularly as regards health system sustainability. At the same time, additional components of the proposed project will expand SSHS by addressing migrants, refugees and IDPs needs (basic services accessibility and availability) as well as those of their host communities.

The proposed project will ensure complementarity with other programmes including:

- Other EU interventions addressing migration in the Eastern States, particularly the Regional Development Protection Programme (RDPP) action in Eastern Sudan to be implemented in parallel to the present proposed project. The aim of the RDDP is to address protection and developmental needs of the refugees, asylum seekers and host communities. The proposed project and the RDPP are therefore expected to jointly contribute to support migrants, refugees, IDPs and local host communities by improving livelihoods opportunities and access to basic services as well as increasing social cohesion between the displaced populations and local hosting communities.

- The ongoing interventions implemented by UNICEF and the WFP to scale up nutrition in Sudan including Community Management of Acute Malnutrition (CMAM).

- Synergies and coordination will also be sought with the Japan International Cooperation Agency (JICA), which is in the process of renewing support to the health sector through projects that focus on the expansion of Primary Health Care, particularly in the State of Kassala.

- The present project will also establish close coordination with on-going bilateral projects implemented by the Italian Development Cooperation, mainly targeting the Eastern States of

Kassala, Gedaref and Red Sea, and focused on maternal and child health, primary health-care, water and sanitation, and sexually transmitted diseases.

In addition, the proposed project is expected to benefit from the new Global Fund grant of about USD 155 million for 3 years (2016-2019), out of which 135 million will be allocated to UNDP for the prevention and control of Malaria, HIV/AIDS and Tuberculosis in all States of Sudan and 20 million will be allocated for the Health System Strengthening component implemented by the Federal Ministry of Health (FMoH). The second component is therefore expected to improve governance and coordination capacities at FMoH level with a foreseeable positive cascade effect on the overall governance and management of the health system.Finally, he successful implementation of the proposed project is expected to contribute to the realization of the Health Sector Strategic Plan (NHSSP 2012-2016).

2.5. Donor co-ordination

There are few donors in Sudan active in the health sector, especially in the three targeted States. The funding is shared between humanitarian and development programs, with a predominance of the humanitarian sector (emergencies and early recovery support), implemented by UN agencies and non-governmental organizations (NGOs). Coordination of the operation of donors activities is under the responsibility of the Humanitarian Affairs Council (HAC).

Reinforced coordination amongst donors must be seen as part of the on-going broader European Union's dialogue and cooperation with African countries on migration and mobility at bilateral, regional and continental level. At national level, the Migration Working Group composed of the EU, EU Member States, Norway and Switzerland will overseen the implementation of the Action in as much as it aims to address root causes of irregular migration and displacement.

The Action Plan approved at the EU-Africa Valletta Summit on migration and the *EU Emergency Trust Fund for stability and addressing the root causes of irregular migration and displaced persons in Africa* identified domains and priorities which will guide donor coordination and interventions.

The Short Term Strategy 2016/17 for the implementation of a special support measure in favour of the people of the Republic of Sudan provide clear orientations to the EU and the EU Member States on how to better join efforts in order to address more effectively their development cooperation.
At sector level, there is a coordination mechanism since 2011 led by the local World Health Organisation (WHO) office, of which the EU Delegation is a member, among other donors.

At the project level, donor coordination will be ensured through the establishment of State Advisory Committee (SAC).

3 Detailed Description

3.1. Objective

The **overall objective** of the project is to improve the living conditions of refugees, IDPs and host communities and to address the root causes of irregular and forced migration.

The **specific objective** is to is to strengthen the local health systems to better deliver basic packages of health services in selected areas of Eastern Sudan, with the final aim of creating a more conducive and sustainable living environment for host communities, displaced populations and refugees. This will be achieved through the improvement of health system governance and accountability, and greater access, quality and coverage of primary health care, reproductive and maternal care and nutrition services for refugees, IDPs and host communities.

3.2. Expected results and main activities

The proposed project is expected to achieve the following results:

Result 1: *Health system governance and accountability are improved*

National and locality health systems are able to devote a sufficient amount of financial and human resources to cater for the additional displaced populations without negatively affecting the service provision to the local communities, only if already existing structural constraints in terms of weak governance and limited managerial capacities are addressed. Locality health systems capacity to respond to sudden and disruptive events is determinant especially in environments such as Eastern Sudan where scarce resources are normally thinly stretched and they can be further overstretched by the increasing demands and needs of the displaced populations. Prevention and response capacities are possible only if solid health governance structures and mechanisms are in place allowing for strategic planning, adequate distribution of resources, coordinated activities and early response.

This result will be achieved through the following activities:

Activity 1.1. Provide local health authorities (LHAs) with the needed offices space, refurbished and equipped for planning and data analysis collection.

Activity 1.2. Provide Capacity Building and Technical Assistance to target LHAs for health system management including on the elaboration of Human Resources for Health (HRH) distribution/attraction/ retention strategies.

Activity 1.3. Provide formal and in service/on the job training to LHAs management team on Health System Management.

Activity 1.4. Support and facilitate coordination mechanisms between LHAs, the State Ministry of Health (SMoH), and other relevant Stakeholders.

Activity 1.5. Strengthen and create data analysis and restitution mechanisms at SMoH/LHAs/Facility levels in order to support the national data collection system.

Result 2: *Improved access, quality and coverage to Primary Health Care (PHC), Reproductive Health (RH) and Nutrition services*

The increased PHC coverage will benefit a wide geographical area and a large population including both the local communities and the displaced and refugee populations. This result will ensure the delivery of a comprehensive package of primary health and nutrition care and referral services, so as to provide adequate health services to address the varying health needs of local communities and the displaced and refugee populations.

In particular, the project will ensure that main child and women illnesses are addressed through the provision of Reproductive Health and Nutrition services. For instance, maternal and child health nutrition services will be integrated in the expanded PHC service coverage. Since nutrition is a major determinant of good health, integrated PHC and nutrition services will ensure that the individual health status is not undermined by poor nutrition leading to reduced immunity, increased susceptibility to disease, impaired physical and mental development. Reproductive health services will also be included in the delivery of services including emergency obstetric service. Raising awareness about the availability of health services is crucial for the increasing demand, access, and coverage of health services. Therefore, community mobilization activities and awareness campaigns will be conducted to increase local communities and displaced population understanding of available health services and to raise individuals and communities' awareness as well as cultural acceptability of health services.

Increased service utilization rate is also influenced by the ability to seek and use health services by those who need them. In this regard, the project will try to expand health financing coverage systems through the promotion of the National Health Insurance Fund (NHIF) scheme coverage.

This result will be achieved through the following activities:

Activity 2.1. Rehabilitate and refurbish selected health facilities in priority communities for improving services accessibility and quality.

Activity 2.2. Provide training and on job training to front line health workers through partnerships with continuing professional development (CPD), Academy of Health Sciences (AHS) and Universities.

Activity 2.3. Strengthen drug distribution and management system and support dissemination of rational use of drugs with SOPs and guidelines.

Activity 2.4. Promote National Health Insurance Fund (NHIF) scheme coverage and increase the number of the public facilities accredited by the NHIF. The promotion of the National Health Insurance Fund (NHIF) scheme coverage is expected to benefit the overall population: a) by supporting the existing delivery of free cards to vulnerable groups (i.e pregnant women, under-5 children and poor) within the host community and b) by supporting the inclusion of IDPs, refugees and migrants in the distribution of NHIF free cards in the first year of the project. The project envisages that in the second and the third years the beneficiaries will be able to partially cover the cost of the card.

Activity 2.5. Strengthen EmOC services and the implementation of a referral system at the locality level.

Activity 2.6. Conduct prevention and early screenings of Cervical Cancer and Breast Cancer. This activity is in line with the existing national policy on early

diagnosis of cervical cancer for women and is expected to strengthen the current early screening and referral system. The project will use acetic acid test for the early screening of cervical cancer and ensure that positive cases will be referred to the existing public teaching hospitals where the Pap-test will be conducted. With regards to the Breast cancer, the project will focus on the prevention phase as the treatment phase is place although accessibility is still limited.

Activity 2.7. Conduct community mobilization activities and awareness campaigns on gender-based segregation in health services.

Activity 2.8. Strengthen and support nutrition intervention for mothers and children at Locality level: prevention and early detection, community based management, supplementary feeding centre, micronutrients supplements protocols.

Activity 2.9. Support community initiatives (community groups) to increase nutrition awareness and best practice including Schools Health Programs and peer to peer strategies.

Activity 2.10. Disseminate good practices (policy, protocols) for waste management and disposal at facility level and promote good/appropriate infection control practices at facilities and communities level.

Result 3: *Improved primary health care and maternal health care services accessibility for marginalized groups (migrants, refugees and IDPs)*

Taking into consideration the presence of a large and diverse displaced populations, an equity-focused approach is essential. This result will strengthen existing health services by improving the inclusion of displaced populations needs in health policies and strategies, increasing the latter health services coverage through infrastructural interventions, capacity building of health workforce and awareness raising activities. In order to ensure that displaced populations needs are clearly and duly identified, the project will facilitate and strengthen participatory mechanisms. For instance, the project foresees the establishment of local health coordination committees including host community members, migrants, refugees and IDPs representatives.

This result will be achieved through the following activities:

Activity 3.1. Support SMoH and LHAs in target localities to design a plan for improving health service accessibility for migrants, refugees and IDPs and integrate refugees and IDPs health services within the Locality Health System framework.

Activity 3.2. Rehabilitate and refurbish key health facilities in target localities where refugees and IDP camps are located for improving services accessibility and quality.

Activity 3.3. Support health service management at community and facility level in IDP areas (e.g drugs distribution and management, data collection, support supervision).

Activity 3.4. Strengthen community based health services for migrants, refugees and IDPS.

Activity 3.5. Organize in host communities mobilization activities and awareness campaign on equitable health services for migrants, refugees and IDPs.

Activity 3.6. Support integration of qualified health workers among DPs, in the health system (service delivery): SMoH, LHA advocacy, training/refreshing courses, communities sensitization and awareness.

Activity 3.7. Facilitate the establishment of health coordination committees (including host communities, migrants, refugees and IDPs representatives) for integrated health services management in the selected communities.

3.3. Risks and assumptions

The main risks are as follows:

Risks	**Risk level (H/M/L)**	Mitigating measures
Local authorities and communities low participation	M	The adoption and implementation of proper participatory approaches at community level (as shown in Results 1,2,3) and continued formal involvement of local authorities in the different phases of project elaboration and implementation will ensure a greater sense of ownership and foster a positive and supportive attitude towards the project.
Conflict and Insecurity	M	Coordination and cooperation with international actors, local NGOs, community groups and leaders, HAC, as well as the Government of Sudan will ensure that 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.
Economic decline	M	Lower governmental revenues, particularly lower oil- revenues, can have a negative impact on health sector funding, and consequently to the provision of financial and technical support of State and Locality health systems. In this regard, the project is expected to strengthen locality health system sustainability. Improved State and Locality health authorities' managerial and planning capacities are therefore expected to limit the negative impacts of a reduction of funding.
Natural hazards and outbreak of epidemic diseases	M	Seasonal droughts or floods as well as the outbreak of epidemic diseases can affect the timely implementation of the project. In this regard, the project foresees a progress monitoring to ensure that mitigating and early response actions are taken.
Restrictive cultural or religious barrier	M	Traditions, cultural practices and religious beliefs can negatively affect equitable access of project beneficiaries to basic services, particularly as regards reproductive and maternal health services. In this regard, the project adopts specific gender-based approach by addressing gender-based segregation issues in health services through awareness raising campaign and by strengthening women and mother health care services as part of the overall improvement of PHC services accessibility and availability.

The main assumptions of the proposed project are as follows:

- The leaders at Federal Ministry of Health, State Ministries of Health and local authorities will effectively support the project. During meetings and consultations, general consensus was expressed at any level about the validity of the problems identified and the appropriateness of the proposed interventions.
- Adequate health workforce will be made available to the project in a timely manner.
- Adequate resources are allocated for PHC services and LHAs running costs and standard supervision and M&E activities. Locality Authorities showed high level of support and engagement, community leaders during meetings and consultation committed community participation for cost recovering strategies.
- FMoH policies, strategies and programs are accepted and enforced at SMoH and LHA level. FMoH International Health Department has a role for facilitating donors' health programs aligned with National Strategies and policies.

3.4. Cross-cutting issues

The crosscutting issues related to the project are:

- *Climate change:* The project will have no significant bearing upon any climate change and environmental sustainability issues. 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 spillover effect on the environment. Besides, the rehabilitation of health facilities will be conducted with a sustainable and environmental-sensitive approach.
- *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.
- *Gender issues:* This issue will be consistently addressed by the project activities, and they have been endorsed as important components in the project activities. 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 reproductive health and maternal health. But the project will explicitly ensure that women are involved in community decision making processes and community structures involved in health care management.
- *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 that 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.
- *Misration:* 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.

3.5. Stakeholders

Direct beneficiaries:

The primary beneficiaries are the communities of the three targeted States, and in particular, the vulnerable groups, which are identified as follows:

- o Rural poor, women and young children living in rural areas;
- o Migrants, refugees, and IDPs
- o Pregnant women and under 5 years-old children
- o Health facilities staff and personnel
- o LHAs staff and SMoH Staff
- o Training Institutions staff

Indirect beneficiaries and other stakeholders:

- o State, Locality and community leaders and administrators
- o International development partners and organizations working in the same geographical area and sector
- o Other relevant Ministries such as Ministry of Higher Education and the Ministry of International Cooperation.

4. Implementation Issues

4.1. Financing agreement

In order to implement this action, it is not foreseen to conclude a financing agreement referred to in Article 17 of Annex IV to the ACP-EU Partnership Agreement.

4.2. Indicative operational implementation period

The indicative period of implementation will be 78 months, whilst the overall execution period (including a closure phase of no more than 24 months) will not exceed 102 months from the date of approval of this Action Document by the Operational Committee of the EU Trust Fund.

The Agreement is expected to be signed in the third quarter of 2016.

4.3. Implementation components and modules

This action will be implemented in **indirect management** with the Italian 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 Development Cooperation has extensive experience in implementing health programmes in East Sudan, particularly on Primary Health Care (PHC) and Maternal and Child Health Care (MCH), including with EDF funding through Delegated Cooperation. The IDC is currently implementing the SSHS Programme in the same geographical areas and intervention sector which is expected to create strong synergies with the proposed project. Moreover, IDC 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.

4.4. Indicative budget

Module	Amount in EUR
Result 1: Health system governance and accountability are improved *(Indirect management)*	4 200 000
Result 2: Improved access, quality and coverage to Primary Health Care (PHC), Reproductive Health (RH) and Nutrition services *(Indirect management)*	5 150 000
Result 3: Improved PHC and MCH services accessibility for marginalized groups *(Indirect Management)*	2 400 000
Visibility	150 000
Monitoring, Evaluation and Audit	60 000
Total	**11 960 000**

4.5. Monitoring, Evaluation and audit

It is important to establish monitoring and evaluation arrangements that can measure progress towards the intended results in a consistent and regular manner. Efforts will be made to set up a single monitoring & evaluation and lessons learned framework for all EUTF-funded projects in the Horn of Africa. Each of the projects in the Horn of Africa will pool resources by setting aside 1.5-2% of their EU Trust Fund allocations to establish a single monitoring and evaluation framework with a dedicated team of experts. The single M&E framework will help ensure consistency in progress reporting by using the project baselines and undertaking regular monitoring, evaluation and reviews of on-going projects in the region. It will also serve as a tool for compiling documentation and sharing experience in a structured manner.

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.

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. Appropriate contractual obligations shall be included in the procurement contracts. The Communication and Visibility Manual for European Union External Action shall be used to establish the Communication and Visibility Plan and the appropriate contractual obligations.

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**
1) Greater economic and employment opportunities 2) Strengthening resilience of communities and in particular the most vulnerable, as well as refugees and displaced people 3) Improved migration management in countries of origin and transit 4) Improved governance and conflict prevention, and reduction of forced displacement and irregular migration	1) Development benefits of migration and addressing root causes of irregular migration and forced displacement 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 2) Legal migration and mobility 5. double the number of Erasmus scholarships 6. pool offers for legal migration 7. organise workshops on visa facilitation 3) Protection and asylum 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 4) Prevention of and fight against irregular migration, migrant smuggling and trafficking of human beings 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 5) Return, readmission and reintegration 15. strengthen capacity of countries of origin to respond to readmission applications 16. support reintegration of returnees into their communities	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

Appendix 1: Logical Framework

Performance and progress monitoring will be an integral component of the project design. The indicators specified in the logical framework will serve as a starting point for performance measurement. They will be adapted and further elaborated during the inception phase.

OVERALL OBJECTIVE	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
To improve the living conditions of host communities, migrants, refugees, IDPs and to address the root causes of forced and irregular migration.	• Reduction in % of child and maternal mortality rate in the target groups and the target areas.	• Data from the Central Bureau of statistics (CBS) • Baseline survey and project interim and final reports • NGOs/INGOs reports • Reports from IOM/UNHCR • Reports from the relevant Sudanese Ministry	
SPECIFIC OBJECTIVE			
To improve integrated PHC services delivery and accessibility for migrants, refugees, IDPs and host communities at Locality level in Eastern Sudan	1. Long term strategic health plan prepared with the engagement from national and local governments 2. Increase of beneficiaries that can access PHC basic services: facility utilization rate, ANC 1st and 4th visit coverage, deliveries attended by skilled staff vs expected deliveries (base-line based on previous year report)	• SMoH and LHAs health policies and strategies • SMoH annual reports • HIS (DHS2) data • Health facilities reports • Direct observation	Peace prevails and security is maintained No major natural and man-made disasters

RESULTS	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
R1. Health system governance and accountability are improved	• Financial plans including budget are prepared by LHAs in the target areas • SMoH and LHAs are adequately capacitated (human and material resources) • Sectoral development plans and strategies jointly prepared by SMoH and LHAs	• Periodic reports prepared by SMoH and LHAs • Project interim and final reports	State and locality authorities are willing to cooperate for the implementation of the project Availability of adequate staff from the beneficiary side to participate and cooperate in the project activities Health facilities are accessible for most of the year (rain, insecurity) Monitoring mechanisms are working effectively Adequate human resources are available to participate in the capacity building activities. Target communities are willingness and cooperative
R2. Improved access, quality and coverage to Primary Health Care (PHC), Reproductive Health (RH) and Nutrition services	• Increase % number of adequately trained health workers • Availability of medicines and health products in the target project areas (no Essential Drugs tracer stock out) • Increase (%) of well-equipped health facilities (infrastructure and equipment) (base-line assessment during inception phase) • Improve access to health care services: facilities utilization rate and total number of visits (base line from SMoH annual report) • Increase % of women that have access to RH services: ANC coverage 1st and 4th visit, deliveries attended by skilled staff vs expected deliveries (base-line based on previous year report) • Number of CMAM/villages-communities operational	• Health Facility reports • HIS/DHS2 • LHA supervision reports • MoH reports and reports from regular supervision visits • Reports from monitoring visits by donor and stakeholders	
R3 Improved PHC and Mother and Child Health (MCH) services accessibility for marginalized groups (migrants, refugees and IDPs)	• Number of migrants, refugees and IDPs health needs assessment conducted • Number of SMoH and LHAs health plans and policies that include migrants, refugees and IDPs needs • Increase % number of migrants, refugees and IDPs that have access to PHC services (facility utilization rate, migrants vs host community utilization, ANC coverage, delivery attended by skilled staff) • Number of health coordination committees (including host communities, migrants, refugees and IDPs representatives) created and supported • Reduction of social tensions among different communities	• Program reports • Health Facility reports • SMoH and LHAs plans and policies • Reports from monitoring visits by donor and stakeholders • Reports from structured community interviews	

ACTIVITIES			
Activities under R1 Activity 1.1. Provide to LHAs the needed offices space, refurbished and equipped for planning and data analysis collection. Activity 1.2. Provide Capacity Building and Technical Assistance to target LHAs for health system management including on the elaboration of HRH distribution/attraction/ retention strategies. Activity 1.3. Provide formal and in service/on the job training to LHAs management team on Health System Management. Activity 1.4. Support and facilitate coordination mechanisms between LHA/SMoH/ and other relevant Stakeholders. Activity 1.5. Strengthen and create data analysis and restitution mechanisms at SMoH/LHAs/Facility levels in order to support the national data collection system (DHS2) **Activities under R2** Activity 2.1. Rehabilitate and refurbish selected health facilities in priority communities for improving services accessibility and quality Activity 2.2. Provide training and on job training to front line health workers through partnerships with CPD, AHS and Universities Activity 2.3. Strengthen drug distribution and management system and support dissemination of rational use of drugs with SOPs and guidelines. teams) Activity 2.4. Promote National Health Insurance Fund (NHIF) scheme coverage and Public facilities NHIF		- Progress Monitoring Reports prepared by the implementing Agencies - The tentative budget is approximately 12 MEUR	Assumption - Support from FMoH and SMoH and LHA leaders - Adequate HRH are allocated - Adequate resources for PHC services and LHA running cost allocated - FMoH policies and strategies accepted and enforced at SMoH and LHA level - The political and security situations are stable - Economic situation is stable Risks: - Local institutions and communities reluctant to accept changes - Reduced health findings - Restriction in program sites accessibility - Restrictive cultural/religious norms to care accessibility

accreditation expansion.

Activity 2.5. Strengthen EmOC services and the implementation of a referral system at the locality level

Activity 2.6. Conduct prevention and early screenings of Cervical Cancer and Breast Cancer.

Activity 2.7. Conduct community mobilization activities and awareness campaigns on gender-based segregation in health services

Activity 2.8. Strengthen and support nutrition intervention for mothers and children at Locality level: prevention and early detection, community based management, supplementary feeding centre, micronutrients supplements protocols.

Activity 2.9. Support community initiatives (community groups) to increase nutrition awareness and best practice including Schools Health Programs and peer to peer strategies

Activity 2.10. Disseminate good practices (policy, protocols) for waste management and disposal at facility level and promote good/appropriate infection control practices at facilities and communities level

Activities under R 3

Activity 3.1. Support SMoH and LHAs in target localities to design a plan for improving health service accessibility for migrants, refugees and IDPs and integrate refugees and IDPs health services within the Locality Health System framework

Activity 3.2. Rehabilitate and refurbish key health facilities in target localities where refugees and IDP camp are located for improving services accessibility and quality

Activity 3.3. support health service management at community and facility level in IDP areas (e.g drugs distribution and management, data collection, support

supervision)

Activity 3.4. Strengthen community based health services for migrants, refugees and IDPS

Activity 3.5. Organize in host communities mobilization activities and awareness campaign on equitable health services for migrants, refugees and IDPs.

Activity 3.6. Support integration of qualified health workers among migrants/DPs, in the health system (service delivery): SMoH, LHA advocacy, training/refreshing courses, communities sensitization and awareness.

Activity 3.7. Facilitate the establishment of health coordination committees (including host communities, migrants, refugees and IDPs representatives) for integrated health services management in the selected communities.

Annex 1. The estimated breakdown of the beneficiary population is as follows

State	Locality	Camp	Refugees/IDP	Host Communities	Total Beneficiaries
Red Sea					**804,220**
	Port Sudan			501,263	
	Sinkat			199,788	
	Swakin			103,169	
Kassala					**1,274,491**
	Hamashkoreeb			320,604	
	Telkok			375,161	
	River atbara			186,793	
	Girba			134,986	
		Shagarab	35,000		
		Kilo26	8,200		
		Kashm el Girba	6,200		
	Rify Kassala			187,547	
		Kassala Urban	20,000		
Gedaref					**426,530**
	Wasat			14,024	
	Rahad			170,397	
	Mafasa			76,301	
	Al Fashaga			150,808	
		Um Gardur	15,000		
TOTAL					2,505,241