



## Food and Agriculture Organization of the United Nations

### Project Proposal DFAT Emergency Funding

Upon request from DFAT through the Office of the Resident Coordinator in Sri Lanka, the Food and Agriculture Organization of the United Nations (FAO) will provide technical assistance for the following Project:

<b>Title:</b>	Addressing the Impact of COVID-19 on Nutrition Insecurity of Vulnerable Groups through Nutrition Sensitive Agricultural Home Gardens and Urban Agriculture Systems
<b>Project Symbol:</b>	UNJP/SRL/077/UNJ
<b>Recipient Country:</b>	Sri Lanka
<b>Government Counterpart(s):</b>	Ministry of Health & Ministry of Agriculture
<b>Implementing Partner(s):</b>	Nutrition Division – Ministry of Health & Provincial Departments of Agriculture
<b>Target Beneficiaries:</b>	Urban & Rural COVID-19 affected Nutritionally Vulnerable Families
<b>Project Duration:</b>	6 Months
<b>Total Budget:</b>	USD 100,000

On behalf of The Food and Agriculture Organization of the United Nations:

Name: Sarat Dash

Title: FAOR a.i.

Date: 21/5/2021



## ***1. RATIONALE***

The Global Pandemic has endangered the world population in all aspects. One of the key area that has a great threat is food security and nutrition status of the countries. This threat has increased the burden of malnutrition to a greater extend within a short period. Pre-pandemic stage, 690 million people were undernourished, 2 billion people suffered from micronutrient deficiency and 1 of every 3 adults is overweight or obese. The children under age 5, 149 million were stunted and approximately 50 million were wasted (2020 SOFI). The number of countries experience at least one form of malnutrition before pandemic was 143 and the number of countries experienced at least two forms of malnutrition are 124 (2020 Global Nutrition Report: Action on equity to end malnutrition, Bristol, UK: Development Initiative).

The impact of COVID-19 in nutritional outcomes of children worldwide are devastating. The decreasing curve of childhood stunting has reversed for the first time in 3 decades. This will result additional 2.6 million chronically malnourished children by 2022 (UN initiative fighting chronic malnutrition through innovation, 2020). Statistics shows that 6.7 million additional children under 5 could suffer from wasting and 10,000 additional child deaths per month will occur (LANCET, 2020). Further, childhood obesity will worsen due to negative impact on diet and lack of physical activity (Obesity, 2020 & LANCET, 2020). The danger is that obesity is associated with higher lethality.

The main reason for this is the adverse impact that COVID-19 has made on agri-food systems in the world. Globally, due to the pandemic, agriculture and food supply chains, food environment, consumer behavior and individual factors (choosing where and what food to acquire, prepare, cook, store and eat) and diets have affected massively. This has paved the way to have many challenges on global agri-food systems for healthy diets. Agriculture and food supply chains face the challenges of travel & transport restrictions and labor shortages in post-harvest operations are highly affecting perishables. School meal programmes have stopped due to the closure of schools and vulnerable children are nutritionally impacted. The mostly affected consumer group is the vulnerable women and children due to fewer resources to meet nutritional needs. Their diets are being reduced quantitatively, qualitatively and dietary diversity. This has worsen the situations of those with greater needs. The challenges of COVID-19 to agri-food systems for healthy diets has influenced nutritional and health outcomes as well as other aspects, such as social, economic and environment. This has hindered the governments to achieve Sustainable Development Goals by 2030.

Sri Lanka has achieved considerable progress in most of the Sustainable Development Goals, but the progress in nutrition sector is poor. Further, according to the Global Hunger Index and

Global Food Security Index of year 2020, Sri Lanka ranked in mid-sixties out of about 120 countries and is stagnant at that level for the last few years. Annually, government spend considerable amount of funds to improve nutrition indicators. However, in contrast to the population and funds dispersed to improve nutrition, child undernutrition indicators remains poor and overall improvement have been slow.

The major micro-nutrition deficiencies Sri Lanka experiencing are, Vitamin A deficiency, Folic Acid deficiency and Iron deficiency. In 2016, the global prevalence of childhood obesity was 7.8% in boys and 5.6% in girls. A recent survey among 5–18 year olds in urban Sri Lanka showed an obesity prevalence of 10.3% and overweight prevalence of 11.3%. This is significantly indicates that Sri Lanka is moving fast from double burden of malnutrition to triple burden of malnutrition.

Climate shocks affects availability and affordability of local production as well as the household income level of farmers; the highest rural population. This has led to poor household nutrition and food security outcomes of the most COVID-19 affected areas. The child nutrition issues mainly occur due to lack of dietary diversity. Among infants and toddlers this issue is sever, as they do not even consume minimum diverse diets. The COVID-19 pandemic and measures taken to control the spread of the pandemic has worsen the nutrition and food insecurity shocks in Sri Lanka due to disturbances of food value chains and the local food system similar to all other nations. The pandemic have a negative impact on household income, and all types of community nutrition improvement interventions targeted from pregnant and lactating mothers, infants, children, adolescents, and adults.

The proposed project is aiming to scale up a successful pilot intervention on community nutrition improvement in vulnerable families affected by COVID-19, through Nutrition Sensitive Agricultural Home Gardens and Urban Agriculture Systems.

## ***2. ALIGNMENT TO FAO'S STRATEGIC FRAMEWORK***

This project is an emergency project targeting nutrition vulnerability families affected due to COVID-19 pandemic and contribute to FAO Strategic Objective 5 (SO5): Increase the resilience of livelihoods to disasters. Under SO5, this project contributes equally to two Organizational Outputs, viz; 503 - Countries reduced risks and vulnerability at household and community level and 504 - Countries prepared for and managed effective responses to disasters and crises. Under above two Organizational Outputs, the project contributes to achieve Organizational Outcomes, 50302 - Communities equipped with vulnerability reduction

practices and measures and 50402 - Humanitarian assistance for livelihood saving timely delivered to crises affected communities respectively in the cooperate level.

### ***3. PROJECT STRATEGY***

A more health system centred approach for tackling Nutritional problems with inadequate multisector involvement is the key reason for Sri Lanka not being able to achieve the Global Nutritional Targets. As a result a Multi Sector Action Plan for Nutrition (MSAPN) was initiated by the Presidential Secretariat in 2014 to bridge this gap. It was a key initiative taken in order to collaborate and involve all sectors for a joint effort in uplifting nutrition in Sri Lanka. The proposed scaling up intervention is a good example to display Multi Sector involvement to uplift the nutritional insecurities aroused among the most vulnerable families island wide due to COVID-19.

Home gardening has been identified as an effective method of improving nutritional status as well as livelihood in the community. However, despite many successful home gardening projects implemented in the country, there has not been a demonstrable improvement in the malnutrition status among vulnerable families, especially under age 5 children.

The major lesson learned from the past home gardening projects was not having a nutrition focus in crop selection for cultivation. Lack of knowledge in cultivation practices, healthy cooking and eating habits are also contributing considerably for stagnated nutrition status among nutritionally vulnerable families.

Another lessons learned was selection on proper beneficiaries, i.e. not specifically targeted nutritionally vulnerable families. Targeting such families in a nutrition oriented home gardening interventions would increase the efficiency and effectiveness of the intervention outcomes. It will also enable to identify the pre and post intervention nutritional status of nutritionally vulnerable families through routine data collection to update the public health system at the grassroots level.

However providing the total requirement of proteins, carbohydrates and lipids of a family through cultivating in a relatively small home garden area could be practically challenging. Yet it would be possible to obtain a family's requirement of micronutrients i.e. vitamins and minerals which are needed in smaller quantities from a home garden. These micronutrients are a main group of nutrients in the body that are essential for many bodily functions. Vitamins are essential for energy production, immune function, blood clotting and other functions, while minerals play an important role in growth, bone health, oxygen transportation, fluid balance and several other processes.

In the proposed intervention, Nutrition Division of the Ministry of Health (MoH) and Department of Agriculture (DoA) under the Ministry of Agriculture (MoA) are the key players. The Midwives of MoH will identify the project beneficiaries, i.e nutritionally vulnerable families island wide, affected by COVID-19. This will include both rural and urban areas. High priority given to families with pregnant and lactating mothers, infants, children adolescents and senior citizens. The MoH and MoA together with FAO will identify the crops to be cultivated in a home garden (rural and urban) based on geographical location and micro-nutrient content of the commodity. The necessary plants and seedlings of identified crops will be procure by FAO from accredited plant nurseries locally available to minimize transportation and other overhead costs. These plants and seedlings will be distribute by Midwives to identified nutritionally vulnerable families in their respective designated area. The DoA, through its provincial system, will mobilize the Agriculture Instructors (AIs) to transfer the technical knowhow from planning a home garden, cultivation up to the process of harvesting, adhering to government protocols of social distancing. The beneficiaries' lives in urban areas will be given necessary equipment and technical knowhow to cultivate in a limited area, to develop an urban agricultural systems. These activities will be monitor and report by local CSOs in close coordination with beneficiaries, AIs and Midwives, DS officers, and GN officers.

Meantime, Nutrition Division of MoH together with The Dieticians Association of Sri Lanka will roll out TOTs for Midwives and CSOs such as Mother Support Groups and Happy Villager Initiative on Nutritional issues in Sri Lanka, Food Based Dietary Guidelines (FBDG), Healthy recipes and cooking habits, Health eating habits, etc. The trained TOTs can disseminate their knowledge among beneficiaries.

Due to the high risk of third wave of COVID-19, all the activities under this project will carry out strictly adhering to the government health standards to prevent COVID-19.

#### 4. EXPECTED RESULTS

<b>IMPACT</b>	<i>Improve nutritional status of vulnerable families through home gardens and urban agricultural systems</i>			
<b>OUTCOME</b>	<i>Vulnerable families produce and consume nutritionally rich home garden produce</i>			
<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Means of Verification</b>	<b>Assumptions</b>
Number of nutritionally vulnerable families maintaining home gardens for family dietary needs and practices healthy consumption habits	Families - 60,000 People – 240,000	45,000 families	Post intervention survey data	MOH Nutrition Division will take necessary steps to collect post intervention data through Midwives
<b>OUTPUT 1</b>	<i>Many varieties of nutritionally rich vegetables for rural and urban vulnerable families produced</i>			
<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Means of Verification</b>	<b>Assumptions</b>

<i>Consumption rate of vegetables produced by home garden</i>	None	At least one meal	Midwives reports	<p>AI will provide correct technical knowhow to the beneficiaries</p> <p>Beneficiary families are keen to maintain and consume produce from home gardens</p> <p>COVID-19 situation will not affect the training programmes</p> <p>Climate shocks will not arise</p>
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**ACTIVITIES for achieving output 1**

<b>Title</b>	<b>Description</b>
1.1 Identification of COVID-19 affected, nutritionally vulnerable families	<i>Nutrition Division of the MoH will instruct island wide Midwives to identify 10, COVID-19 affected nutritionally vulnerable families in their respective areas. The information of those families will be pass on to the MoH through MoH Offices.</i>
1.2 MoH track nutritional information of identified families	<i>MoH track the information such as number of family members, nutritional status of them, etc to identify the suitable seeds and plants according to their nutritional needs</i>
1.3 Selection of suitable vegetable types	<i>MoH together with MoA and FAO select suitable vegetable types according to the geographical area and nutritional needs of the identified beneficiaries</i>
1.4 Procure and distribution of seeds, plantlets urban agricultural equipment	<i>Procure seeds and plantlets from government accredited farm nurseries available in the local areas and distribute them through Midwives with the support of AIs. Urban agricultural equipment will procure from a suitable supplier and distribute through Midwives with the support of AIs.</i>

1.5 Mobilize AIs to train beneficiaries on cultivation practices to harvesting home garden produce	<i>With the support of the DoA and Provincial DoAs, mobilize AIs to train beneficiaries on cultivation practices to harvesting home garden produce. Small booklets and leaflets developed in local languages on nutrition sensitive home gardening also be distribute through AIs.</i>			
1.6 Field monitoring of the intervention	<i>With the support of the CSOs field level monitoring will done at different stages of the project lifetime</i>			
<b>OUTPUT 2</b>	<b><i>Nutrition education relevant to commodities and healthy cooking and eating habits provided</i></b>			
<b>Indicator</b>	<b>Baseline</b>	<b>Target</b>	<b>Means of Verification</b>	<b>Assumptions</b>
<i>Number of TOTs conducted</i>	None	7,000 people	Training records Project reports	Government counterparts will extend their cooperation  COVID-19 situation will not affect the training programmes  Participants are keen to acquire new knowledge
<b>ACTIVITIES for achieving output 2</b>				
<b>Title</b>	<b>Description</b>			
2.1 Develop training material, booklets and leaflets	<i>Nutrition Division of MoH, and DoA of MoA together with FAO and the Dieticians Association of Sri Lanka will discuss and develop training materials, booklets and leaflets on FBDG, Health cooking and eating habits, Nutrition Sensitive Home gardening, etc. If possible, due to limited time, already existing FAO publications on above topics will translated and localized.</i>			
2.2 Conduct TOT programmes	<i>Train all Midwives, CSOs such as mother support groups and Happy Village Initiative as TOTs on selected and relevant topics.</i>			
2.3 Knowledge dissemination	<i>Trained TOTs to reach beneficiaries to provide good nutritional practices</i>			



#### ***4. STRATEGIC FIT AND COMPARATIVE ADVANTAGE***

The proposed project is coming under the Strategic Objective 1 of FAO; Contribute to the eradication of hunger, food insecurity and malnutrition. The outcome of this project will contribute for country to make decisions based on evidence for the eradication of hunger, food insecurity and all forms of malnutrition by 2030. The proposed intervention improve the capacities of government and stakeholders to analyses food insecurity and all forms of malnutrition. This is a contribution of sectors and stakeholders to eradicate hunger, food insecurity and all forms of malnutrition by 2030.

In FAO mandate, raising levels of nutrition and standards of living of the peoples under their respective jurisdictions, and securing improvements in the efficiency of the production and distribution of all food and agricultural products are high priority fields of action. FAO has been identified as the world's agricultural knowledge agency, agency for policy development, integrated capacity building, technical cooperation, response to agricultural emergencies and support to rehabilitation/recovery, support to rural and agricultural investment, collection and dissemination of global information, and for the development and implementation of major international treaties and agreements. Facilitate partnerships for food and nutrition security, agriculture and rural development between governments, development partners, civil society and the private sector is one of the core functions of FAO.

#### ***4. CONTRIBUTION TO SDGS AND MPTF OBJECTIVES***

The proposed project is contributing to SDG 1, 2, 3,10, 12 and 17 and in line with the UNDP Multi Partner Trust Fund Objective of facilitating UN coherence and development effectiveness in addressing multifaceted issues—such as humanitarian crises, peacebuilding, recovery and development—and engages in collaborative international efforts on pandemics, climate change and biodiversity conservation.

#### ***5. IMPLEMENTATION AND MANAGEMENT ARRANGEMENTS***

The project budget holder is FAOR and responsible for project implementation, operational activities and reporting. Nutrition and Food Systems Officer in FAO regional Office act as LTO and provide technical support for project implementation.

The Ministry of Health nutrition Division and Ministry of Agriculture - Department of Agriculture and Provincial Departments of Agriculture are the main government counterparts. They are responsible for field level implementation and reaching out to beneficiaries.

CSOs will support for field level monitoring and Dieticians Associations will provide nutritional related training.

As this project is a scaling up of a pilot implemented by the Ministry of Health, lessons learned from pilot project will use to mitigate any possible risks.

The project will link up with ongoing projects under the Nutrition Division of MoH to uplift the nutrition status of pregnant and lactating mothers, children under 5 years and adolescents.

## ***6. PROJECT COMMUNICATION STRATEGY***

The proposed project will ensure providing adequate visibility to the donor (DFAT) in line with the branding guidelines for communication. All communication material and training material will carry donor logo along with FAO logo. Photos of activities to use on FAO Face Book page and any press releases will be shared with DFAT and RCO before publishing for necessary approvals. When social media used for visibility, FAO will make sure to tag the DFAT account on social media. The branding guidelines for communication.

## ***7. RISK MANAGEMENT***

Being an emergency project, the identified major risks are;

- 1) non availability of identified planting material;
- 2) supply of different plant material instead of what is required;
- 3) procurement delays of urban agriculture systems; and
- 4) distribution delays to beneficiaries.

In order to mitigate these risks, measures have been taken to select more than one plant nurseries registered with DOA in each district, monitor the distribution of exact plant material on within the given time through a local NGO operating island wide. To mitigate the procurement delays, we may have to select multiple suppliers in the event where sufficient urban agricultural systems stocks are not available with one supplier.

These risks and mitigation measures will be discuss with the MoH and MoA during the kick off meeting of the project to obtain timely support from the government counterparts.

## ***8. SUSTAINABILITY OF RESULTS***

The MoH will extend the intervention to more beneficiaries through the community nutrition division and district nutrition-planning unit. The concept of the intervention (nutrition sensitive agriculture through home gardens) will be included in future nutrition interventions to uplift the

nutrition indicator of the country. Further lessons learned from the intervention will be included in the Global Food System Dialogues report from Sri Lanka as a case study to demonstrate how to make local food systems sustainable from small interventions.

## Annex 1 – Work Plan

WORK PLAN	Responsibility	Months					
		M1	M2	M3	M4	M5	M6
<b>Output 1: Many varieties of nutritionally rich vegetables for rural and urban vulnerable families produced</b>							
<b>Activity 1.1:</b> Identification of COVID-19 affected, nutritionally vulnerable families	MOH/Midwives						
<b>Activity 1.2:</b> MoH track nutritional information of identified families	MOH						
<b>Activity 1.3:</b> Selection of suitable vegetable types	MOH/DOA/FAO						
<b>Activity 1.4:</b> Procure and distribution of seeds, plantlets urban agricultural equipment	FAO/Service Providers/Suppliers						
<b>Activity 1.5:</b> Mobilize AIs to train beneficiaries on cultivation practices to harvesting home garden produce	DOA/Provincial DOAs/AIs						
<b>Activity 1.6:</b> Field monitoring of the intervention	SRISAP/FAO/MOH						
<b>Output 2: Nutrition education relevant to commodities and healthy cooking and eating habits provided</b>							
<b>Activity 2.1:</b> Develop training material, booklets and leaflets	MOH/DOA/FAO/Dietician Association						
<b>Activity 2.2:</b> Conduct TOT programmes	Dietician Association/MOH						
<b>Activity 2.3:</b> Knowledge dissemination	Midwives						
<b>Operational Activities</b>							
<b>Procurement</b>	FAO						
<b>LoA</b>	FAO						

## Annex 2 – Budget

FAO Budget Code	FAO Posting Code	Budget Line Description	Unit	Quantity	Unit cost (USD)	Total cost (USD)
	<b>5013</b>	<b>Consultants (national and international)</b>				
	5543	[locally-recruited consultants /NPPs directly involved/charged to this project]	Man months	6	1,220	7,320
<b>5570</b>	5556	DSC - National Consultants - Human Resource Services	Man months	6	27	162
		<b>Section Total</b>				<b>7,482</b>
	<b>5024</b>	<b>Expendable procurement</b>				
	5941	Other Field Supplies	Nos	500	10	5,000
	5940	Plants and seeds	No.of HH	45000	1	29,250
<b>6000</b>	5956	DSC - Expendable - Procurement Services (PO)		2	44	88
		<b>Section Total</b>				<b>34,338</b>
	<b>5025</b>	<b>Non-expendable procurement</b>				
	6012	Other non-expensable equipment - contract for purchase	Nos	4	2,500	10,000
<b>6100</b>	6056	DSC - Non-Expendable - Procurement Services (PO)	<b>Nos</b>	1	44	44
		<b>Section Total</b>				<b>10,044</b>
	<b>5021</b>	<b>Travel</b>				
	5661	Duty travel	No of travel	15	125	1,875
	5685	Travel - consultants - national	No of travel	25	75	1,875
		<b>Section Total</b>				<b>3,750</b>
	<b>5014</b>	<b>Contracts</b>				
	5574	LoA with two NGO s	Lump sum	2	11,000	22,000
<b>5650</b>	5586	DSC - Contracts - Procurement Services	Nos	2	100	200
		<b>Section Total</b>				<b>22,200</b>

	<b>5027</b>	<b>Technical Support Services</b>				
	6120	Technical Backstopping	Lump sum			3,072
	6111	Reporting	Lump sum		5,000	5,000
		<b>Section Total</b>				<b>8,072</b>
	<b>5028</b>	<b>General Operating Expenses</b>				
	6152	Miscellaneous	No Of Mths	6	240	1,440
	6175	Vehicles operation and maintenance	No Of Mths	6	170	1,020
	6177	Other operating costs	No Of Mths	6	200	1,200
<b>6300</b>	6216	DSC - Security Services		6	15	90
		<b>Section Total</b>				<b>3,750</b>
	<b>5050</b>	<b>GOE Common Services- (Other Central Support Services)</b>				
<b>6500</b>	6420	IT services	Man months	6	137	822
<b>6500</b>	6421	Financial Services	Lump sum			3,000
		<b>Section Total</b>				<b>3,822</b>
	<b>Subtotal</b>					<b>93,458</b>
	<b>5029</b>	<b>Indirect Support Costs (PSC) - 7%</b>				6,542
<b>Total Cost</b>						<b>100,000</b>

