

TECHNICAL ANNEX

SUDAN AND SOUTH SUDAN

FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2017/01000 and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

The activities proposed hereafter are subject to any terms and conditions which may be included in the related Humanitarian Implementation Plan (HIP).

1. CONTACTS

Operational Unit in charge: ECHO/C/3

Contact persons at HQ:

Julien DESMEDI	Head of Sector Sudan/South Sudan	julien.desmedt@ec.europa.eu
Elisabeth COELHO DETOURNAIJ	Desk Officer Sudan	elisabeth.coelho-detournaij@ec.europa.eu
Linda GREFJORD	Desk Officer Sudan	linda.grefjord@ec.europa.eu
Susana PEREZ DIAZ	Desk Officer South Sudan	susana.perez-diaz@ec.europa.eu
Anna ROPERS BERGEOT	Desk Officer South Sudan	anna.ropers-bergeot@ec.europa.eu

Contact persons in Juba:

Morten PETERSEN	Head of Office	morten.petersen@echofield.eu
Tharwat AL-ATTAS	Technical Assistant	tharwat.al-attas@echofield.eu
Thomas HARRISON- PRENTICE	Technical Assistant	thomas.harrison-prentice@echofield.eu
Anna ORLANDINI	Technical Assistant	Anna.Orlandini@echofield.eu

Contact persons in Khartoum:

Sophie BATTAS	Head of Office	sophie.battas@echofield.eu
Clément CAZAUBON	Technical Assistant	clement.cazaubon@echofield.eu
Esteban ARRIAGA- MIRANDA	Technical Assistant	esteban.arriaga-miranda@echofield.eu

2. FINANCIAL INFO

Indicative Allocation: EUR 70 000 000

Breakdown as per Worldwide decision:

Specific Objective 1 – Man-made¹

HA-FA: EUR 70 000 000

3. PROPOSAL ASSESSMENT

3.1. Administrative info

Assessment round 1

- a) Indicative amount: up to EUR 60 000 000
- b) Description of the humanitarian aid interventions relating to this assessment round: all interventions as described in section 3.4 of the HIP.
- c) Costs will be eligible from 01/01/2017². Actions will start from 01/01/2017.
- d) The expected initial duration for the Action is up to 12 months.
- e) Potential partners: All ECHO Partners.
- f) Information to be provided: Single Form³.
- g) Indicative date for receipt of the above requested information: by 14/12/2016.

Assessment round 2

- a) Indicative amount: up to EUR 10 000 000 (Sudan only)
- b) Description of the humanitarian aid interventions relating to this assessment round: all interventions as described in section 0 of the HIP.
- c) Costs will be eligible from 01/01/2017⁴.
- d) The expected initial duration for the Action is up to 12 months but in case of modification request could go up to 18 months.
- e) Potential partners: All ECHO Partners.
- f) Information to be provided: Single Form⁵ or Modification Request of on-going operation.
- g) Indicative date for receipt of the above requested information: by 27/07/2017.

¹ As possibly aggravated by natural disasters

² The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, whatever occurs latest.

³ Single Forms will be submitted to ECHO using APPEL

⁴ The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, whatever occurs latest.

⁵ Single Forms will be submitted to ECHO using APPEL

3.2. Operational requirements:

3.2.1. Assessment criteria:

The assessment of proposals will look at:

- The compliance with the proposed strategy (HIP) and the operational requirements described in this section;
- Commonly used principles such as: quality of the needs assessment and of the logical framework, relevance of the intervention and coverage, feasibility, applicant's implementation capacity and knowledge of the country/region.
- In case of actions already being implemented on the ground, where ECHO is requested to fund a continuation, a visit of the ongoing action may be conducted to determine the feasibility and quality of the Action proposed
- Other elements that may be taken into account in the appraisal, based on context, relevance and feasibility, e.g.: coordination, security, monitoring and control management, access arrangements, lessons learned, exit strategy, comparative advantage, added value, sustainability.

3.2.2. Operational guidelines:

3.2.2.1. General Guidelines

This section outlines the principles and general guidelines which need to be taken into account by all ECHO partners in the design of humanitarian operations supported by ECHO. Complementary information can be retrieved on these principles and guidelines in the links which are indicated in each of the subsections below.

The humanitarian principles of humanity, neutrality, impartiality and independence, in line with the European Consensus on Humanitarian Aid, and strict adherence to a "**do no harm**" approach remain paramount.

Do no harm: Partners should ensure that the context analysis takes into account threats in addition to vulnerabilities and capacities of affected populations. The analysis should bring out both external threats to the target population as well as the coping strategies adopted to counteract the vulnerabilities. The risk equation model provides a useful tool to conduct this analysis. The model stipulates that *Risks equals Threats multiplied by Vulnerabilities divided by Capacities*, and the way to reduce risks is by reducing the threats and vulnerabilities and increasing the capacities. Depending on the type of threat faced by the population in question, reducing it can be anything from possible/straightforward to impossible/dangerous. In the latter case, one will resort to focusing on vulnerabilities and capacities, but the fact that the analysis has acknowledged the threat will contribute to ensuring that the response subsequently selected does not exacerbate the population's exposure to the risk.

The safe and secure provision of aid: the ability to safely deliver assistance to all areas must be preserved. ECHO requests its partners to include in the project proposal details on how safety and security of staff (including the staff of implementing partners) and assets is being considered as well as an analysis of threats and plans to mitigate and limit exposure to risks. ECHO or its partners can request the suspension of ongoing actions as a result of serious threats to the safety of staff.

Accountability: partners remain accountable for their operations, in particular:

- The identification of the beneficiaries and of their needs using, for example, baseline surveys, KAP-surveys, Lot Quality Assurance Sampling (LQAS) or beneficiary profiling;
- Management and monitoring of operations, and having adequate systems in place to facilitate this;
- Reporting on activities and outcomes, and the associated capacities to collect and analyse information;
- Identification and analysis of logistic and access constraints and risks, and the steps taken to address them.

Response Analysis to Support Modality Selection for all Resource Transfers is mandatory. ECHO will support the most effective and efficient modality of providing assistance, whether it be cash, vouchers or in-kind assistance. DG ECHO does not advocate for the preferential use of either cash, voucher-based or in-kind humanitarian assistance. Partners should provide sufficient information on the reasons about why a transfer modality is proposed and another one is excluded. The choice of the transfer modality must demonstrate that the response analysis took into account the market situation in the affected area. Multiple contextual factors must be taken into account, including technical feasibility criteria, security of beneficiaries, agency staff and communities, beneficiary preference, needs and risks of specific vulnerable groups (such as Pregnant and Lactating Women, elderly, child headed households etc.), mainstreaming of protection (safety and equality in access), gender (different needs and vulnerabilities of women, men, boys and girls) concerns and cost-effectiveness. Therefore for any type of transfer modality proposed, the partner should provide the minimum information as recommended in the '[Thematic Policy Document n° 3 - Cash and Vouchers: Increasing efficiency and effectiveness across all sectors](#)' and demonstrate that the modality proposed will be the most efficient and effective to reach the objective of the action proposed.

For in-kind transfer local and/or regional purchase are encouraged when possible.

<http://ec.europa.eu/echo/en/what/humanitarian-aid/cash-and-vouchers>

http://ec.europa.eu/echo/files/policies/sectoral/concept_paper_common_top_line_principles_en.pdf

Strengthening coordination: Partners should provide specific information on their active engagement in cluster/sector and inter-cluster/sector coordination: participation in coordination mechanisms at different levels, not only in terms of meetings but also in terms of joint field assessments and engagement in technical groups and joint planning activities. The partners should actively engage with the relevant local authorities and, when feasible and appropriate, stipulate co-ordination in Memoranda of Understanding. When appropriate, partners should endeavour to exchange views on issues of common interest with actors present in the field (e.g. EU, UN, AU missions, etc.). In certain circumstances, coordination and deconfliction with military actors might be necessary. This should be done in a way that does not endanger humanitarian actors or the humanitarian space, and without prejudice to the mandate and responsibilities of the actor concerned.

<http://ec.europa.eu/echo/en/what/humanitarian-aid/civil-military-relations>

Disaster Risk Reduction (DRR): As part of the commitment of ECHO to mainstream disaster risk reduction in its humanitarian operations, the needs assessment presented in the Single Form should reflect, whenever relevant, the exposure to natural hazards and the related vulnerability of the targeted population and their livelihoods and assets. This analysis should also assess the likely impact of the humanitarian intervention on both immediate and future risks as well as the partner's institutional commitment to and operational capability in managing risk (technical competence in the relevant sectors of intervention. The DRR approach and related measures are relevant in all humanitarian sectors (WASH, nutrition, food assistance and livelihoods, health, protection, etc.), and should be systematically considered in hazard-prone contexts. Risk-informed programming across sectors should protect operations and beneficiaries from hazard occurrence, and include contingency arrangements for additional or expanded activities that might be required. Information from early warning systems should be incorporated into programme decision making and design, even where the humanitarian operation is not the result of a specific hazard.

All ECHO beneficiaries and activities should be appropriately protected from hazards and shocks – according to their likelihood of occurrence, intensity and possible impact. ECHO uses two complementary methods for DRR: 1) **Integrated DRR** is where ECHO humanitarian interventions are risk informed 2) **Targeted DRR** refers to specific DRR risk reduction actions – that cannot be "integrated" into ECHO response projects (see above) but that will strengthen a system to avoid future humanitarian needs by reducing risk to vulnerable populations.

For targeted DRR interventions, the information in the Single Form should clearly show that:

- all risks have been clearly identified, including their possible interactions;
- the intervention strengthens and promotes the role of the state and non-state actors in disaster reduction and climate change adaptation from national to local levels;
- the measures planned are effective in strengthening the capacity of communities and local authorities to plan and implement local level disaster risk reduction activities in a sustainable way, and have the potential to be replicated in other similar contexts;
- the intervention contributes to improving the mechanisms to coordinate disaster risk reduction programmes and stakeholders at national to local levels.
- demonstrate that the action is designed including the existing good practice in this field;
- the partner has an appropriate monitoring, evaluation and learning mechanism to ensure evidence of the impact of the action and good practice are gathered, and effectively disseminated.

http://ec.europa.eu/echo/files/policies/prevention_preparedness/DRR_thematic_policy_doc.pdf

Education in Emergencies: ECHO will support education activities that enable children's safe access to quality education⁶ in ongoing conflicts, complex emergencies and early recovery phases. Furthermore, it may support longer-term educational activities in protracted crises and in refugee/IDP camps. Innovative solutions will be supported. Actions targeting transition to formal education systems in preparation for a development intervention may also be supported.

It is essential that education activities are carried out in close connection with protection programs. It is vital to ensure that children can access education where they feel safe and protected. Therefore, education in emergencies activities under this HIP could also include enabling activities like psychosocial support; mine risk education and provision of life-skills, such as vital health, nutrition and hygiene information, HIV prevention, sexual- and reproductive health information and DRR training and awareness.

Education activities could entail enabling access to education for children currently out of school, but also strengthening the quality aspects of education in emergencies, including the recruitment and capacity building of teachers. To reduce the vulnerability of children affected by conflict, actions in the field of education in emergencies and especially conflict situations, should reflect protection, relevant legal frameworks (International Humanitarian Law, International Human Rights Law and Refugee Law), education in mediation and conflict resolution, child protection (with special attention to vulnerable groups such as unaccompanied minors and former child soldiers), community-based educational activities and the promotion of peaceful reconciliation. Hence, education projects could include components of child protection and peace education (i.e. mediation, conflict resolution, etc.).

In order to ensure a holistic response, linking education to other life-saving humanitarian sectors, such as WASH and health could also be considered.

Activities must be tailored to take into account the different needs of children based on their age, gender and other specific circumstances.

Coordination is essential and all education in emergencies projects need to coordinate and support the priorities set by relevant humanitarian and if appropriate development governance mechanisms (e.g. Global Education Cluster, Refugee Working Groups, communities of practices, Local Education Groups), as well as national structures (e.g. Ministry of Education).

All actions funded on education in emergencies should in their design adhere to the [INEE Minimum Standards for Education: Preparedness, Response, Recovery](#), as well as the [IASC Minimum Standards for Child Protection](#).

http://ec.europa.eu/echo/files/policies/sectoral/children_2008_Emergency_Crisis_Situations_en.pdf

Gender-Age Mainstreaming: Ensuring gender-age mainstreaming is of paramount importance to ECHO, since it is an issue of quality programming. Gender and age matter in

⁶ The Commission adhere to the UN Convention on the Rights of the Child that defines a 'child' as a person below the age of 18.

humanitarian aid because women, girls, boys, men and elderly women and men are affected by crises in different ways. Emergencies also tend to change gender dynamics.

The needs and capacities of different gender and age groups among targeted populations must be adequately assessed and - consequently - assistance must be adapted to ensure equal access and that specific needs are addressed. Context-specific gender-sensitive needs assessments and gender analysis must be conducted to avoid vulnerability-related assumptions (e.g. women should not be considered the most vulnerable groups by default) and to ensure a more effective targeting. On the basis of the identified needs, practical examples of assistance adapted to the needs of different gender and age groups must also be provided in the Single Form. Actions targeting one specific gender and/or age group - particularly when one group is clearly more vulnerable than others —may in some instances be deemed necessary (e.g. unaccompanied minors or adolescents): such actions should respond to a clear need that has been identified through a gender and age analysis and cannot be adequately addressed through mainstreaming. While assistance may specifically target one group, the participation of other groups may prove crucial for reaching the expected impact.

All project proposals/reports must demonstrate integration of gender and age in a coherent manner throughout the Single Form, including in the needs assessment and risk analysis, the logical framework, description of activities and the gender-age marker section. The Gender-Age Marker is a tool that uses four criteria to assess how strongly ECHO funded humanitarian actions integrates gender and age consideration. For more information about the marker and how it is applied please consult the Gender-Age Marker Toolkit

http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf.

http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid_en

Integrated approaches: Whenever possible, integrated approaches with multi- or cross-sectoral programming of responses in specific geographical areas are encouraged to maximize impact, synergies and cost-effectiveness. In contexts where it has been determined (see also response analysis below) that cash transfers are an appropriate modality, and that cash can meet multiple basic needs, partners are encouraged to transfer single payments using a common delivery platform. Multi-purpose cash transfers (MPCT) should be coordinated alongside other sector-specific responses within a basic needs approach, but fragmenting MPCT into sector clusters for coordination is not encouraged. MPCTs also offer the opportunity to conduct joined up assessments across sectors (including market analysis), common registration, targeting, and monitoring and evaluation frameworks. As far as possible, support functions should be separated out from actual transfers in order to reduce the potential for conflicts of interest. Partners are requested to provide information on how their actions are integrated with other actors present in the same area.

The application of an **integrated protection programming approach** is highly encouraged. Attention should be paid to addressing protection threats and vulnerabilities emanating from issues such as freedom of movement restrictions and the use of dangerous/negative coping mechanisms. ECHO is willing to support innovative approaches for integrated protection programming with the aim of building a body of best practice. Partners may propose an amount up to EUR 30 000 within a grant that aims to answer key outstanding questions and issues on 1) development of indicators to measure impact of integrated protection programming with other sectors; 2) Approaches for monitoring and evaluating integrated

protection programmes; 3) Training and human resources needs for integrated protection programming; and 4) Implementation of integrated protection programming in areas of difficult access. For more information please consult the Guidance for Integrated Food Assistance and Protection Programming in the ECHO Humanitarian Protection Thematic Policy Document.⁷

Protection: Programme design should be based on a clear analysis of threats, vulnerabilities and capacities of the affected population and the response must aim to prevent, reduce/mitigate and respond to the risks and consequences of violence, coercion, deliberate deprivation and abuse for persons, groups and communities in the context of humanitarian crises. Integration of protection concerns is important in all contexts, but should, in particular, be reflected in any actions implemented in a displacement-hosting context (be it refugees or IDPs), in situations of conflict or in contexts where social exclusion is a known factor, where considerations on inter-communal relationships are of utmost importance for the protection of the affected population.

Mainstreaming of basic protection principles in all programmes is of paramount importance to ECHO. It refers to the imperative for each and every humanitarian actor to prevent, mitigate and respond to protection threats that are caused or perpetuated by humanitarian action/inaction by ensuring the respect of fundamental protection principles in humanitarian programmes – no matter what sector or objective. While mainstreaming protection is closely linked to the 'do no harm' principle, it widens it to prioritising safety and dignity and avoiding causing harm, ensuring meaningful access, ensuring accountability, participation and empowerment. All proposals must demonstrate integration of these principles, but also in its substantive sections, i.e. the logical framework, result and activity descriptions, etc.

While humanitarian assistance often focuses on community-level interventions, it is important to remember that, in order to fully address many protection issues, it is also necessary to consider the relevance and feasibility of advocacy (structural level) interventions aimed at (a) stopping the violations by perpetrators and/or (b) convincing the duty-bearers to fulfil their responsibilities. The use of integrated protection programming approaches is also strongly encouraged.

http://ec.europa.eu/echo/sites/echo-site/files/staff_working_document_humanitarian_protection_052016.pdf

Resilience: ECHO's objective is to respond to the acute humanitarian needs of the most vulnerable and exposed people while taking opportunities to increase their **resilience** – to reduce on-going and future humanitarian needs and to assist a durable recovery. Where feasible, cost effective, and without compromising humanitarian principles, ECHO support will contribute to longer term strategies to build the capacities of the most vulnerable and address underlying reasons for their vulnerability – to all shocks and stresses.

All ECHO partners are expected to identify opportunities to reduce future risks to vulnerable people and to strengthen, self-reliance through livelihoods and capacities. ECHO encourages its partners to develop their contextual risk and vulnerability analysis and to adapt their approach to the type of needs and opportunities identified (see template). This requires

⁷ See Annex 4 on p. 49 and forward in http://ec.europa.eu/echo/sites/echo-site/files/staff_working_document_humanitarian_protection_052016.pdf

partners to strengthen their engagement with government services (at all levels), development actors and with different sectors. In that regard, ECHO partners should indicate how they will increase ownership and capacity of local actors whenever possible: community mobilisation, CSOs, technical dialogue, coordination and gradual transfer of responsibilities to countries' administration or relevant line ministries.

Good coordination and strategic complementarity between humanitarian and development activities (LRRD approach) are essential to the resilience approach, particularly to: i) increase the interest of development partners and governments on nutrition issues; ii) seek more sustainable solutions for refugees (access to education, innovative approaches to strengthening self-resilience, etc.) and IDPs; iii) integrate disaster risk reduction into humanitarian interventions.

Where applicable, partners should reflect on applying resilience thinking and programming to (protracted) **forced displacement** situations, so as to harness resilience and strengthen the self-reliance of affected populations – refugees, IDPs and their host communities. Working towards the gradual socio-economic inclusion of forcibly displaced populations – focusing on access to employment opportunities and access to services – in protracted crises is a priority for ECHO, DEVCO, NEAR and the EEAS, working in a comprehensive manner, each under their mandate – and should be supported by ECHO-funded partners, in line with humanitarian principles.

Linking **social protection** and humanitarian action can bridge the development-humanitarian divide. Investment in social protection mechanisms is an opportunity for tackling the challenges faced by humanitarian crises and contributes to a reduction in the chronic humanitarian caseload, especially in the context of extreme fragility. Access to predictable, adequate and regular aid can, in the short-term, protect poor households from the impacts of shocks and help to build capacity over time. Moreover, emergency safety nets can be incorporated as a cornerstone of self-reliance strategy for empowering the forcibly displaced and giving them support to address vulnerabilities.

http://ec.europa.eu/echo/files/policies/refugees-idp/Communication_Forced_Displacement_Development_2016.pdf

http://ec.europa.eu/echo/files/policies/refugees-idp/Staff_working_document_Forced_Displacement_Development_2016.pdf

Community-based approach: In all sectors, interventions should adopt, wherever possible, a community-based approach to defining viable options for increasing resilience and meeting basic needs among the most vulnerable. Community inclusion should be considered at all stages – design and implementation. Community ownership of the process is more effective and is encouraged. This includes the identification of critical needs as prioritised by the communities, and the transfer of appropriate knowledge and resources.

<http://ec.europa.eu/echo/en/what/humanitarian-aid/resilience>

ECHO Visibility: Partners will be expected to ensure full compliance with **visibility** requirements and to acknowledge the funding role of and partnership with the EU/ECHO, as set out in the applicable contractual arrangements, namely the following:

- The communication and visibility articles of the General Conditions annexed to the Framework Partnership Agreements (FPAs) concluded with non-governmental organizations or international organizations or in the General Conditions for Delegation Agreements concluded in the framework of the Financial and Administrative Framework Agreement (FAFA) with the UN.
- Specific visibility requirements agreed-upon in the Single Form, forming an integral part of individual agreements:
 - Section 9.1.A, Standard visibility in the field, including prominent display of the EU humanitarian aid visual identity on EU funded relief items and equipment; derogations are only possible where visibility activities may harm the implementation of the Action or the safety of the staff of the partner, staff of the Implementing partners, the safety of beneficiaries or the local community and provided that they have been explicitly agreed-upon in the individual agreements.
 - Section 9.1.B, Standard visibility recognizing the EU funding through activities such as media outreach, social media engagement and provision of photos, stories and blogs; every partner is expected to choose at least 4 out of 7 requirements. If no requirements are selected, a project-specific derogation based on security concerns is needed.
 - Section 9.2., Above standard visibility; applicable if requested and if agreed with ECHO based on a dedicated communication plan prior to signature.

For standard visibility activities, partners may, in principle, allocate a budget of up to 0.5% of the direct eligible costs of the action with a ceiling of EUR 8 000. However, for individual agreements equal or above EUR 5 million no absolute ceiling applies. Hence, in such cases, the standard visibility budget may go up to 0.5%, even when this amount exceeds EUR 8 000. In the latter case, partners must provide an overview of planned visibility activities and a budget breakdown.

Further explanation of visibility requirements and reporting as well as best practices and examples can be consulted on the dedicated ECHO visibility site: <http://www.echo-visibility.eu/>.

Other Useful links to guidelines and policies:

Food Assistance

<http://ec.europa.eu/echo/en/what/humanitarian-aid/food-assistance>

Nutrition

http://ec.europa.eu/echo/files/media/publications/tpd04_nutrition_addressing_undernutrition_in_emergencies_en.pdf

Infant and Young Children Feeding in Emergencies (IYCF)

http://ec.europa.eu/echo/files/media/publications/2014/toolkit_nutrition_en.pdf

Health

<http://ec.europa.eu/echo/en/what/humanitarian-aid/health>

Remote Management

http://dgecho-partners-helpdesk.eu/actions_implementation/remote_management/start

Water sanitation and hygiene

http://ec.europa.eu/echo/files/policies/sectoral/WASH_policy_doc_en.pdf

3.2.2.2. Specific guidelines

Partners are invited to take into account the following specific sector guidelines in the design of humanitarian operations supported by ECHO.

General principles

- **Emergency response** is the priority for both new crises and protracted situations. The most acute needs are to be addressed through sectoral prioritization for the most affected and vulnerable populations, during the most critical times and in the most affected locations.
- **Needs assessments:** All proposals should incorporate a well-articulated situation and response analysis that builds on recent needs assessment, and informs the choice of response(s) as well as the targeting criteria (to be clearly defined). Various sources of information can inform the needs assessment, but should always be complemented by direct evaluation of the needs by the partner.
- **Emergency Preparedness and Response (EP&R)** Partners are encouraged to develop EP&R mechanisms to allow a rapid and flexible response to new emergency needs. The objective of EP&R mechanisms is to address immediate, life-saving and essential needs across all sectors. Standalone EP&R response actions must demonstrate a coordinated approach with clear entry and exit triggers, response modalities, assessment and reporting tools, as well as logistic, financial and operational arrangements. Partners wishing to embed an EP&R response within a static response must do so the same, and maintain the EP&R as a separate result with an earmarked financial allocation, activities and indicators.
- **Humanitarian space:** Humanitarian space in Sudan and South Sudan is regularly challenged and further restricted and needs constant efforts from all stakeholders in order to be preserved. Each partner should consider integrating approaches and activities to protect and preserve humanitarian access through its interventions, including adequate knowledge and promotion of humanitarian principles as well as emphasis on quality of humanitarian assistance. Such an approach should support adequate response to needs as well as improving partners' acceptance. Only partners with a suitable and adequate direct access, presence and implementation capacity and knowledge of the country/region will be considered. Support to common services, dissemination of IHL and humanitarian principles, as well as coordination efforts, including civil-military coordination, will be considered as they can enhance access to affected populations.
- **Response to protracted situations will be considered** based on vulnerability, including a needs-based targeted approach rather than status-based blanket assistance (e.g. food assistance) and on emergency gaps analysis (e.g. new displacements in existing camps, increased morbidity/mortality, outbreaks, etc.). **LRRD** opportunities should be analyzed and promoted for responses **in protracted situations** in order to establish a link with longer-term engagement of development support. Sustainability and cost effectiveness of

basic services should be considered when designing the intervention, including appropriate community participation.

- **Innovation** is encouraged on the basis of initial risk and opportunities analysis, feasibility and opportunities for capitalization and information sharing.
- **Capacity building:** Activities related to capacity building will only be considered if they are based on a strategy that has identified specific needs directly linked to the implementation of the action and its results, and is implemented through regular supervision and monitoring and that aims at transition towards an exit. Capacity development of local partners can be considered if it aims at ensuring adequate programme scale, quality and sustainability, including respect of humanitarian principles. Capacity building related costs should be clearly identified and justified in the proposed action.
- ECHO has introduced standard **Indicators** for outcomes and results. The use of a specific KRI is mandatory for all actions covering the relevant sub-sector. Partners are strongly encouraged to use KOI whenever possible and in conjunction with "Custom" indicators.

Sectoral recommendations

Food Assistance⁸

- Food assistance interventions should target people affected by shocks (conflict, climate related) and severe food insecurity. Responses should ensure access to an adequate and balanced diet, in order to prevent further degradation of their nutritional status and, when relevant, to protect livelihoods.
- The partner must ensure that all relevant nutrition needs are taken into account in HFA. This is particularly important for distributions of food in-kind, which should include appropriate complementary food for children aged 6 to 24 months. At the same time the partner must ensure the protection of breastfeeding practices from potentially harmful products and actions.
- Beneficiaries' selection and targeting in areas with acute malnutrition, and for longer term displaced population should be based on community participation and household level analysis in order to prioritize the most vulnerable households.
- Unconditional food assistance is encouraged. Any conditionality should be duly justified according to the vulnerabilities of the targeted group (adapted for example for women with young children or in consideration of the agricultural season). The choice and value of transfer modalities (cash, vouchers, in-kind) must be based on a sound analysis including market assessments. A combination of modalities can be considered.
- Partners must participate in and reinforce existing food security information systems, particularly in areas with higher levels of food insecurity.
- Partners are encouraged to refer to ECHO's "Guidance for Integrated Food Assistance and Protection Programming".

⁸ ECHO webpage on food assistance: <http://ec.europa.eu/echo/en/what/humanitarian-aid/food-assistance>

Livelihoods

- Livelihoods interventions can be considered where acute needs are already covered and when the action clearly contributes to improving the food security situation or nutrition status of most vulnerable/most at risk population.
- Short-term emergency interventions intended to protect livelihoods may be considered where there is clear evidence of community demand, and where a strong case is made that the proposed intervention will be effective. Livelihood interventions should be supported by a well-informed context-based livelihood and risk analysis.
- Identification of potential exclusion factors for the most vulnerable households (such as a lack of access to land) is a pre-requisite for any proposed intervention. The proposal must include solutions to address these exclusion factors.

Livelihood interventions might be considered in the case of protracted crisis and where links with longer term solutions are identified. However, further engagement must be pursued with development actors for a medium term strategy that supports resilient livelihoods and self-reliance. ECHO humanitarian assistance will seek more opportunities to reduce vulnerability and lay the foundation for longer-term development while continuing its primary focus on covering essential needs of the most vulnerable people through targeted need-based approaches.

Health⁹

- Health interventions in a context of emergency needs linked to new and/or protracted crisis will be prioritized, as well as health activities that support the integration of nutrition, with a focus on specific support that does not substitute for structural engagement by the Ministry of Health and development actors.
- Interventions that contribute to the reduction of key morbidities and mortality, targeting vulnerable populations, will be prioritized. These should include improved free access to quality primary and secondary health care, war surgery and basic and comprehensive Emergency Obstetric and Neonatal Care.
- Actions responding to needs with clear emergency mortality thresholds, morbidity risk profile (e.g. under nutrition), and taking into account accessibility, size of populations and feasibility of implementation (quality and coverage) will be prioritized.
- At primary healthcare level, a trade-off should be sought between high access (coverage) and quality of services. Where possible, existing elements of the healthcare system should be taken into account in the design of the operation.
- Health interventions should include lifesaving referral support to beneficiaries including transport and the cost of referral treatment fee coverage. Partners will be requested to report and follow up on referral cases.
- Support to community health activities is mandatory in all health interventions including health promotion activities, active default tracing, surveillance and nutrition screening activities.
- Capacity building and training components will have to include a strong technical presence with preference for on the job training and a demonstrable impact on increasing the quality of healthcare services.

⁹ <http://ec.europa.eu/echo/en/what/humanitarian-aid/health>

- All health projects should include activities that actively contribute to early warning, preparedness, surveillance, prevention and response (EWARS) to potential outbreaks. Emergency Preparedness and response should include critical activities such as disease surveillance, preventive strategies, diagnostic and emergency capacity. Weekly reporting of Integrated Disease Surveillance Response (IDSR) and monthly Routine report (DHIS) is encouraged for all ECHO-funded health actors and can be used as source of verification.
- Timely and comprehensive medical support to victims of SGBV, integrated within reproductive health services, should be provided in all primary health care (PHC) projects supported by ECHO. The provision of psychosocial support may also be considered where techniques validated for the specific context are employed.
- Hospitals supported need to guarantee a minimal level of quality and basic implementation of universal precautions, to prevent transmission of communicable diseases. Organizations should have a proven record of successful implementation of similar activities.
- All PHC projects supported by ECHO should demonstrate collaboration/contribution to the main national health programmes (EPI, TB, malaria, HIV control)
- Financial incentives for Ministry of Health seconded staff are discouraged in ECHO-funded projects unless fully justified and coordinated at sectoral level.
- Temporary/provisional outreach PHC services may be supported, but mobile clinics should be implemented only where they support specific outbreak control activities or in the delivery of mass public health intervention packages (i.e. “child survival campaigns”).
- Services and human resources deployment should take into consideration the MOH strategic plans (and funding from development donors/partners) for the six pillars strengthening of the health system and in terms of access, coverage and sustainability
- Drug procurement should be properly planned so as to ensure adherence to the ECHO quality assurance standards as outlined in the ECHO FPA.

Nutrition

- Priority will be given to nutrition programmes addressing acute malnutrition and/or life threatening medical conditions in communities and among groups where these threats are greatest, increasing over time, and the existing response capacity smallest. Support will be given to quality and free-of-charge acute malnutrition treatment in order to reduce related mortality and morbidity.
- Nutrition programming can be implemented where needs are clearly identified, particularly where the prevalence of acute under-nutrition is higher than critical international thresholds, but also where justified by the analysis of the risks (potential areas receiving newly displaced populations, either IDPs or refugees, increasing food insecurity), vulnerabilities (such as very low access to water and health services), and potential caseload.
- Nutrition needs should be informed by good-quality and representative surveys and surveillance systems, presenting both weight-for-height and MUAC prevalence data to trigger response and exit criteria.
- Nutrition interventions should be implemented following Ministry of Health protocols, which include international guidelines. All derogations must be agreed by ECHO.
- Nutrition causal analysis (NCA) is highly encouraged to help identify the main determinants of under nutrition and guide the development of multi-sector projects in order to enhance nutrition security.

- Partners implementing CMAM programmes should ensure full treatment of severe cases with complications. Programmes should include analysis of existing capacity and gaps in coverage, appropriate support in terms of technical capacity to refer and to treat such cases, including medical staff, the costs for non-systematic drugs used in treatment of complications, medical analysis, transport for referral and counter-referral, and food allowances for caretakers. A medical doctor trained in SAM should be available.
- Full treatment for SAM cases, including routine medication, should be in place and provided without interruption.
- Support to MAM treatment can be considered but with a specific emphasis on adequate performance (based on analysis of previous years' performance and partner's capacity), strengthened integration/link between SAM and MAM treatments and with the possibility to consider alternative approaches (fresh local food, cash, vouchers, education, more frequent follow up and counselling, etc.)
- Innovative approaches to target MAM children can be considered but should be negotiated beforehand. MAM treatment services should always be 'linked' to a health facility where SAM services are available. Standalone MAM services will not be considered for funding.
- Partners should include in the proposals an indicator for stock-out of nutrition products.
- Blanket supplementary feeding programmes (BSFP) will be considered only when objective, target age, duration and type of food comply with the international recommendations (see UNICEF, WFP and UNHCR guidelines).
- Coverage assessments following globally approved methodologies (e.g. CSAS, SQUEAC) should be conducted regularly to assess barriers/boosters to programme coverage.

Community-level nutrition specific interventions

- Community level activities are eligible for support, including regular screening, sensitization, follow up of defaulters and non-respondents. Attention should be given to improving coverage and access to treatment.
- IYCF (Infant and Young Child Feeding) must be included and promoted in all nutrition programmes. The specific nutrition needs of infants, young children and women should be considered at all stages of the project cycle, across all sectors, and beyond Behavior Change Communication and 'soft' programme components.
- Harmonization and clarification of the role, responsibilities of and support to Community Health Workers is encouraged at sectoral level, to then inform programme activities.

Integration of nutrition programming

- The integration of nutrition programming into the existing health services is encouraged, as nutrition screening and therapeutic treatment should be provided as a routine health care service along with other preventive and curative activities. With this objective in mind, the partner is also encouraged to develop a relevant support and capacity building strategy, including supervision and on the job training to MoH staff and local partners.
- The decision to intervene in substitution or in integration with the health system should be informed by an analysis of the existing health system capacity, the comparative advantages between the immediate impact of the programme on the beneficiaries and affected communities, and the consideration of sustainability of nutrition programming in the long run.

- Project costs will be systematically checked to ensure cost-effectiveness (for example the cost of a CMAM programme per SAM child treated). Partners should indicate in the proposals the type and source of therapeutic food, whether self-procured with ECHO funding, donated by other agencies or mixed.

Protection (to be read in conjunction with the Protection paragraph in Section 3.2.2.1)

- Interventions designed to reduce and mitigate the protection risks of human-generated violence, coercion, deprivation and abuse for persons might be supported either in the form of stand-alone programmes or in an integrated manner by achieving protection outcomes through other programme activities and protection sensitive targeting. Multi-sectoral and integrated approaches implemented by partners with a solid presence and proven experience in the targeted areas will be prioritized.

Priority activities are listed below along with technical requirements and recommendations:

- **Documentation, Status and Protection of Individuals:** Registration for refugees and asylum seekers; birth registrations for refugee and other conflict-affected children; support for the restoration of lost personal documentation;
- **Information Management:** Population movement tracking for IDPs; Registration of IDPs; Monitoring of violations to feed a trend analysis that informs response programming and advocacy, and identifies victims of violence subsequently addressed by appropriate case management as outlined below.
- **Prevention of and response to Violence (including GBV):** *Prevention* interventions should focus on a) physical infrastructure to improve protection/reduce opportunities for violence and exposure to risks and b) sensitization and awareness-raising strategies (including a systematic assessment of the impact). *Response* interventions should prioritize timely access to professional medical assistance, as well as mental health/psycho-social support (level of PSS must be clearly mentioned in proposals). Economic assistance as direct compensation for protection violations experienced will NOT be considered for funding. GBV specific: access to services must be ensured to men, boys, women and girls. Proposals must specify the main type of GBV issue(s) they seek to address. Sensitization and awareness-raising strategies might be funded, and male targeting and involvement in these activities is crucial.
- **Child protection, including activities addressing separation of children and families, strengthening the protection of children affected by armed conflict including monitoring of grave violations of children's rights, prevention of recruitment, demobilization, reunification and first stage of reintegration of children affected by armed forces and armed groups.** Whenever feasible, actions focusing on the provision of individual case management services to vulnerable children should foresee the use of sound Information Management Systems. Tracing activities may only be supported through partners with specialized experience, and partners must document that they have the necessary capacity to link up with similar relevant agencies across the region to ensure that cross-border tracing is conducted if necessary. All child protection related activities should be tailored to the specific development stage, needs and capacities of children of different age-groups.
- **Community-based protection interventions – activities aiming to increase the self-protection mechanisms of communities affected by conflict/displacement, and promote**

cohesion with host communities will be considered. Activities aimed at measuring the impact of this kind of interventions should be included in proposals.

- **Information dissemination:** dissemination of information to the affected population on relevant legal frameworks, rights and entitlements in the country of displacement and asylum and concrete possibilities for assistance. Field-level interventions aimed at facilitating access to services, linking the most vulnerable population to available support, will be prioritized. Activities aiming at IHL dissemination will also be considered.
- Support will be considered for voluntary return in safety and in dignity and assistance for durable solutions; facilitation of well-informed decision making; restoration of personal documentation; information provision; monitoring of durable solutions conditions, as well as advocacy to ensure that principles are respected. For return: once the safety and security of areas of return have been verified as well as the voluntary nature of the return, priority will be given to enhancing access to basic services and protection in areas of return, rather than material assistance to facilitate the process.
- Mine Action with a focus on removal and destruction of mines and other explosive remnants of war, mine risk education and armed violence reduction.

Shelter and Non-Food Items

- Projects to provide emergency shelter and NFI will mainly be considered by ECHO in new emergencies and critical gaps in protracted situations, when based on updated needs assessments that will allow targeting of most vulnerable households.
- Status based blanket distributions will only be considered during first phase of emergency and based on sound justification.
- Unless security/protection reasons prevent beneficiaries from building their own shelter, partners should avoid paying daily workers for the construction of shelters. That is a reasonable contribution which should be expected from the beneficiaries, as long as the design of the shelter has been properly explained and demonstrated to targeted households. Special provision needs to be made for vulnerable households after proper assessments of vulnerabilities and capacities.
- Cash-based interventions can be considered, on the basis of market analysis, combined with a review of security and protection risks.
- NFI and shelter assistance package composition must be described in the proposal and unit costs should be calculated.
- Local purchase of materials is encouraged where cost benefit and economic analyses support such an approach without compromising quality and appropriateness of items as per sectoral standards.
- ECHO might support the use of common pipelines, however pre-positioning of stocks can be considered on the basis of additional justification.
- Post distribution monitoring should be systematic, including analysis of the timeliness of the distribution, the adequacy and quality of the materials distributed, the effectiveness of community consultation and participation in design of shelter/NFI kit and the final use of such items.

WASH¹⁰

- Integrated Water, Sanitation and Hygiene programming will be considered as a specific component of response to humanitarian needs, as well as in a multi-sectoral approach to malnutrition that includes short-term interventions. Actions responding to acute needs linked to the impact of conflict (including new population displacements), outbreak prevention and response, and fight against malnutrition will be prioritized, taking into consideration existing needs, gaps, accessibility, size of populations, feasibility of implementation and capacity of local actors to respond.
- Whenever possible, WASH services for displaced populations should be connected to / integrated with those of host communities.
- WASH interventions, particularly in epidemic outbreaks, should focus on addressing specific morbidity and mortality drivers. WASH actors should coordinate with the health sector and make full use of available epidemiological data to design, prioritize and target response activities.
- WASH interventions should be based on sound technical rationale, including clear cost benefit analyses (e.g. life cost cycle), proven technical capacity by the partner (design, implementation and monitoring), demonstrated relevance and technical feasibility with clear sustainability of the intervention. All WASH interventions should have a clear natural hazard analysis. Mitigation measures to reduce impact of natural disasters should be systematically included.
- Priority is given to the rehabilitation/repair of existing water points and sanitation facilities and the reinforcement of hygiene promotion. The creation of new water points should be subject to sound justification of its appropriateness, environmental impact and feasibility study. All partners should have a clear and rigorous supervision plan for the contractor and quality control mechanism of the services provided.

Water supply

- Emergency water supply systems normally should not be operated indefinitely. In protracted situations, Operation & Maintenance (including community maintenance) and cost efficient approaches must be considered. In protracted situations, beneficiaries should progressively contribute to the cost of accessing WASH services, while the most vulnerable individuals/families will continue to be subsidized, including through cash transfers where appropriate.
- Appropriate sectoral practices must be applied including geophysical surveys, appropriate pumping tests (step-down), water quality tests (bacteriological, physical and chemical) and systematic monitoring of the groundwater table and its replenishment. Partners should propose actions to mitigate water depletion risk and overuse. Data collected during the geophysical survey and drilling operations must be centralized and made available to relevant authorities.
- Water networks using solar energy can be considered on a case by case basis.

¹⁰ http://ec.europa.eu/echo/files/policies/sectoral/WASH_policy_doc_en.pdf

Hygiene promotion

- Hygiene and sanitation strategies should be based on accurate contextual socio-cultural, environmental and economic analyses, and clearly reflect a strategy to avoid stagnation of interest caused by the continual repetition of routine hygiene messaging.
- Communication tools such as mass media, video, audio, poster, etc... should be fostered for the dissemination of the messages.

Sanitation

- Sanitation projects should, where possible, have a clear community-based approach. Subsidies based on motivation and vulnerability could be considered according to the context.
- Construction of household latrines may be considered for support where there is strong community support for them, or in areas otherwise considered at high public health risk. ECHO will look for sanitation interventions that include drainage, open defecation disinfection, solid waste management (with community mobilization), etc.
- The design of household latrines should as much as possible promote the use of local materials and facilitate replication by the users when the pit is filled. The design should be coordinated with other WASH actors, at least in the same location.
- In the case of desludging trucks, access should be ensured in the rainy season. Desludging should be the last resort.

Wash in Nutrition

- The minimum package for WASH in Nutrition interventions should include:
 - Safe water access and storage as well as appropriate sanitation in health facilities (ceramic filter, incinerator, autoclave, hygienic latrine, hand washing...)
 - Hygiene kit distribution, containing water treatment product, jerry-can, and soap. Pre-distribution awareness should be provided on the use of water treatment products, followed by rigorous and regular monitoring.
 - When relevant, feasible and economically realistic, provision of safe water access for the whole community could be considered, especially in the context of high incidence of malnutrition.
 - Implementation of awareness campaign related to diarrheal disease and its impact on malnutrition status of children.

Education in Emergencies *(to be read in conjunction with the Education in Emergencies paragraph in Section 3.2.2)*¹¹

- **Priority will be given to:** Primary education for children affected by armed conflict, either in camps or outside; Children & adolescents at risk of recruitment into armed forces/groups and demobilized children; Girls' education. Within this, access to, and safety and quality of education represent the three main focal areas.

¹¹ A tentative indicative amount of EUR 2 million for Education I Emergencies components may be implemented in the current HIP. This amount may be reviewed in the context of the 2017 allocation of funds, based on the quality of proposals received.

- **Main focus will be on access to primary education.** Early Child Care and Development will be considered in light of securing access to primary education (e.g. in Sudan a valid ECCD certificate is mandatory to access primary education) and responding to specific protection needs. Secondary education can be considered for funding only in specific cases to be discussed with DG-ECHO.
- Enrollment campaigns can be supported but the number of children per classroom should be carefully assessed vis-à-vis the quality of education provided, specific context analysis and capacity.
- The action proposed will have to define precisely what curriculum and teaching language will be used and if beneficiaries will have access to annual exams and recognition of results by Ministry of Education. When projects are designed to respond to the education needs of refugee children, teaching language and other possible issues (e.g. recognition of curriculum) that could impact on children's access to education systems in their country of origin must be carefully assessed and partners should strive to advocate for formal recognition certification.
- Rehabilitation of classrooms and/or establishment of temporary structures, as well as provision of emergency supplies, can be considered.
- All partners must ensure that a functioning, easy to understand and up-to-date referral mechanism to enhance children's access to specialized Child Protection services is put in place in every school targeted by the action.
- Safety and security of children and teachers in school must be prioritized in every education intervention. This includes, but is not limited to the development of contingency plans, design of infrastructures and fencing and location of education facilities;
- Child protection, psychosocial support and life skills can be considered.
- Teachers' salaries/incentives can be funded, whenever in line with the education cluster and/or national standards. Incentives to community representatives (e.g. PTA) will not be considered for funding.
- In **South Sudan**, capacity building aimed at building teachers' capacity to transfer basic numeracy and literacy skills to pupils will be can be eligible,