

## TECHNICAL ANNEX

### HORN OF AFRICA<sup>1</sup>

#### FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2021/01000 and the 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 that may be included in the related Humanitarian Implementation Plan (HIP).

#### 0. CONTACTS

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<sup>1</sup> Horn of Africa for this HIP and technical annex covers: Djibouti, Ethiopia, Kenya, and Somalia

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**1. FINANCIAL INFO**

Indicative Allocation<sup>3</sup>: EUR 170 244 909,55 of which an indicative amount of EUR 15 700 000 for Education in Emergencies.

In line with DG ECHO's commitment to the Grand Bargain, pilot programmatic partnerships have been launched in 2020 with a limited number of partners (in direct management). An indicative amount of EUR 3 834 000 is earmarked for the second year of implementation of these programmatic partnerships in the Horn of Africa.

What is more, new pilot programmatic partnerships could be envisaged with partners in indirect management. Part of this HIP may therefore be awarded to these new pilot programmatic partnerships

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<sup>3</sup> The Commission reserves the right not to award all or part of the funds made or to be made available under the HIP to which this Annex relates

Breakdown per Actions as per Worldwide Decision (in euros):

Countries	Action (a) Man-made crises and natural disasters	Action (b) Initial emergency response/s mall- scale/epid emics	Action (c) Disaster Preparednes s	Actions (d) to (f) Transport / Complemen tary activities	TOTAL
Djibouti	500 000				500 000
Ethiopia	82 700 000		1 000 000		83 700 000
Kenya	17 000 000				17 000 000
Somalia	59 544 909,55		1 500 000		61 044 909,55
Regional <sup>4</sup>	8 000 000				8 000 000

## 2. PROPOSAL ASSESSMENT

### a) Co-financing:

Under the EU Financial Regulation, grants must involve co-financing; as a result, the resources necessary to carry out the action must not be provided entirely by the grant. An action may only be financed in full by the grant where this is essential for it to be carried out. In such a case, justification must be provided in the Single Form (section 10.4).

### b) Financial support to third parties (implementing partners)

Pursuant to Art. 204 FR, for the implementation of actions under this HIP, partners may provide financial support to third parties, e.g. implementing partners. This financial support can only exceed EUR 60 000 if the objectives of the action would otherwise be impossible or excessively difficult to achieve. Such situations can occur in cases where only a limited number of non-profit non-governmental organisations have the capacity, skills or expertise to contribute to the implementation of the action or are established in the country of operation or in the region(s) where the action takes place.

Ensuring broad geographical/worldwide coverage while minimising costs and avoiding duplications concerning in particular presence in country, prompted many humanitarian organisations to network, e.g. through families or confederations. In such a context, the situations referred to above would imply that the partner would rely on other members of the network. In such cases, justification must be provided in the Single Form.

<sup>4</sup> Covers Ethiopia, Somalia, Kenya and Sudan

c) Alternative arrangements

In case of country or crisis-specific issues or unforeseeable circumstances, which arise during the implementation of the action, the Commission (DG ECHO) may issue specific ad-hoc instructions which partners must follow. Partners may also introduce via the Single Form duly justified requests for alternative arrangements to be agreed by the Commission (DG ECHO) in accordance with Annex 5 to the Grant Agreement.

d) Field office costs

Costs for use of the field office during the action are eligible and may be declared as unit cost according to usual cost accounting practices, if they fulfil the general eligibility conditions for such unit costs and the amount per unit is calculated:

- i. using the actual costs for the field office recorded in the beneficiary's accounts, attributed at the rate of office use and excluding any cost which are ineligible or already included in other budget categories; the actual costs may be adjusted on the basis of budgeted or estimated elements, if they are relevant for calculating the costs, reasonable and correspond to objective and verifiable information

and

- ii. according to usual cost accounting practices which are applied in a consistent manner, based on objective criteria, regardless of the source of funding.

## 2.1. Administrative info

### **Allocation round 1**

- a) Indicative amount: up to EUR 99 700 000.
- b) Costs will be eligible from 01/01/2021.
- c) The initial duration for the Action may be up to 24 months, in particular for Education in Emergencies and Disaster Preparedness, as well as for pilot Programmatic Partnerships but also for any other sectors when duly justified in view of improving the efficiency/effectiveness of the intervention.
- d) In view of the transition towards the 2021-2027 Multi annual Financial Framework, the new Single Form and the Model Grant Agreement, it will not be possible to present follow-up actions, which continue/extend ongoing operations, as modification requests for the first allocation round of the 2021 HIP. Proposals will need to be submitted **as new proposals** on the basis of the new Single Form. The above provision does not apply to pilot Programmatic Partnerships which have started in 2020 and for which a modification request remains the norm
- e) Potential partners<sup>5</sup>: All DG ECHO Partners
- f) Information to be provided: Single Form<sup>6</sup>

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<sup>5</sup> Unless otherwise specified potential NGO partners refer to certified partner organisations.

g) Indicative date for receipt of the above requested information:

- For Djibouti by 04/02/2021<sup>7</sup>
- For Ethiopia by 05/02/2021<sup>8</sup>
- For Kenya by 04/02/2021<sup>9</sup>
- For Somalia, by 29/01/2021<sup>10</sup>

### **Allocation round 2**

- a) Indicative amount: up to **EUR 8 000 000** for **Ethiopia, Somalia, Kenya and Sudan**
- b) Costs will be eligible from 01/01/2021.
- c) The expected duration for the Action is up to 18 months
- d) Potential partner<sup>11</sup>: internationally mandated agency in food and agriculture-FAO, in charge of desert locust control and surveillance operations
- e) Information to be provided: Single Form<sup>12</sup>
- f) Indicative date for receipt of the above requested information: 19/03/2021

### **Allocation round 3**

#### **Part one:**

- a) Indicative amount: **EUR 11 000 000** for **Ethiopia**
- b) Description of the humanitarian aid interventions related to this assessment round: addressing acute needs of people affected by the conflict in Tigray.
- c) Costs will be eligible from: 01/1/2021
- d) Potential partners: partners that have submitted proposals under allocation round 1.
- e) Information to be provided: N/A.
- f) Deadline for submission of proposals: N/A.

#### **Part two:**

- a) Indicative amount: unallocated amount under allocation round 1 for **Somalia only: Disaster Preparedness budget line (DPBL): EUR 1 500 000**

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<sup>6</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>7</sup> The Commission reserves the right to consider Single Forms transmitted after this date, especially in case certain needs/ priorities are not covered by the received Single Forms.

<sup>8</sup> idem

<sup>9</sup> idem

<sup>10</sup> idem

<sup>11</sup> Unless otherwise specified potential NGO partners refer to certified partner organisations.

<sup>12</sup> Single Forms will be submitted to DG ECHO using APPEL.

- b) This allocation round corresponds to the needs described in section 2.2 of the HIP and the updates mentioned under **3.2.2.2 Country-specific Priorities and Modalities** of this Technical Annex for **Somalia (pages 24-26, section d, Disaster Preparedness)**.
- c) Costs will be eligible from 01/01/2021.
- d) The expected initial duration for the Action is 24 months
- e) Potential partners<sup>13</sup>: All DG ECHO Partners
- f) Information to be provided: Single Form<sup>14</sup>
- g) Indicative date for receipt of the above requested information: **30/04/2021**

#### **Allocation round 4**

- a) Indicative amount: up to **EUR 30 000 000** for **Ethiopia**<sup>15</sup>
- b) Costs will be eligible from 28/06/2021 for new proposals.
- c) The expected duration for the Action is up to 18 months.
- d) Geographical location: regions affected by the Northern Ethiopia / Tigray conflict (Tigray, Amhara, Afar and other areas directly affected by the conflict)
- e) Potential partner<sup>16</sup>: mandated agencies for food assistance, nutrition, health and mine action; all DG ECHO partners that are able to demonstrate over the past 9 months, well-established and solid pre-existing presence and operations in all the regional *zones*<sup>17</sup> targeted in their proposed actions, preferably in all the specific *woredas*<sup>18</sup> targeted.
- f) Priorities:
  1. Emergency life-saving responses: protection, food assistance, nutrition (service delivery, supplies/ pipelines and coordination), health (service delivery and supplies/ pipelines), WASH, shelter, non-food items and mine awareness / action.
  2. Support services: coordination (general, civ-mil coordination, nutrition), security, logistics, transportation (including emergency air/ cargo services), information management and analysis. Enhanced data collection and analysis.

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<sup>13</sup> Unless otherwise specified potential NGO partners refer to certified partner organisations.

<sup>14</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>15</sup> An additional amount of EUR 30 000 000 will be allocated from the European Union's Solidarity Emergency Aid Reserve after approval of the relevant request by the Budgetary Authority.

<sup>16</sup> Unless otherwise specified potential NGO partners refer to certified partner organisations.

<sup>17</sup> Zones is the second administrative division of Ethiopia.

<sup>18</sup> Woredas are the administrative division of Ethiopia.

- g) Information to be provided: Single Form for new proposals or modifications requests for an on-going DG ECHO funded operation.<sup>19</sup>
- h) Indicative date for receipt of the above requested information: 13/10/2021.

### **Allocation round 5**

#### **Part one: Kenya**

- a) Indicative amount: up to **EUR 3 000 000** for **Kenya**
- b) Costs will be eligible from 01/12/2021 for new activities related to the drought.
- c) The expected duration for new activities linked to the drought is up to 8 months
- d) Geographical location: Arid and Semi-Arid counties (ASAL), in particular areas most affected by drought with high IPC levels (3 and more), declared in alert phase by the National Drought Management Authority (NDMA), and with limited or no support from other actors.
- e) Potential partners<sup>20</sup>:
  - Partners with operational presence and capacity to address food insecurity through Multi-Purpose Cash Transfers (MPCT) interventions in the hardest hit areas of ASAL counties.
- f) Priorities:
  - Live-saving assistance to address food insecurity through MPCT during the lean season;
  - Independent targeting and verification by the applicant
  - Coordination with other actors and the established response coordination mechanism, including development donors to ensure synergies with long-term support to livelihoods and income generating activities, and disaster preparedness actions.
- g) Information to be provided<sup>21</sup>: Single Form for new proposals or modifications requests for an on-going DG ECHO funded operation
- h) Indicative date for receipt of the above requested information: 10/01/2022

### **Allocation round 5**

#### **Part 2: Somalia**

- a) Indicative amount: up to **EUR 18 544 909,55** for **Somalia**
- b) Costs will be eligible from 01/12/2021 for activities related to the drought within the overall timeframe of DG ECHO funded actions.
- c) The expected duration for the new activities is up to 9 months

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<sup>19</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>20</sup> Unless otherwise specified potential NGO partners refer to certified partner organisations.

<sup>21</sup> Single Forms will be submitted to DG ECHO using APPEL.

- d) Geographical location: Geographical targeting should follow ongoing drought hotspots identification/mapping consisting of most drought affected districts, classified in IPC 3 or higher and with significant acute displacement (Jubaland, South-West State, Galmudug). Particular focus will be put on rural and hard-to-reach areas/communities.
- e) Potential partners<sup>22</sup>:
  - Internationally mandated agencies in food assistance, food and agriculture (WFP, FAO)- international organisations with demonstrated capacity to scale up ongoing emergency water provision activities in the above mentioned most drought affected regions/hotspots.
  - DG ECHO-funded partners in Somalia currently delivering emergency assistance through unconditional cash under food security lens or emergency health and nutrition services through well-established and extended pre-existing presence and operations in the above-mentioned hotspots (see point d).
- f) Priorities:
  - a. Emergency life-saving responses: water provision (intermediate emergency support to provide access to water and essential rehabilitations of strategic water sources, particularly in rural areas), food assistance, multi-purpose cash assistance, livelihood protection, integrated health and nutrition interventions.
  - b. Cash modalities to be used whenever feasible and relevant.
- g) Information to be provided<sup>23</sup>: Modification Request for an ongoing DG ECHO funded operation.
- h) Indicative date for receipt of the above requested information: 12/01/2022

## **2.2. Operational requirements:**

### *2.2.1. Assessment criteria:*

- 1) Relevance
  - How relevant is the proposed intervention and its compliance with the objectives of the HIP?
  - Has the joint needs assessment been used for the proposed intervention (if existing)?
  - Has the proposed intervention been coordinated with other relevant humanitarian actors?
- 2) Capacity and expertise
  - Does the partner, with its implementing partners, have sufficient expertise (country / region and / or technical)?

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<sup>22</sup> Unless otherwise specified potential NGO partners refer to certified partner organisations.

<sup>23</sup> Single Forms will be submitted to DG ECHO using APPEL.



- How good is the partner's local capacity / ability to develop local capacity?
- 3) Methodology and feasibility
- Quality of the proposed response strategy, including intervention logic / logframe, output & outcome indicators, risks and challenges.
  - Feasibility, including security and access constraints.
  - Quality of the monitoring arrangements.
- 4) Coordination and relevant post-intervention elements
- Extent to which the proposed intervention is to be implemented in coordination with other humanitarian actors and actions (including, where relevant, the use of single interoperable registries of beneficiaries).
  - Extent to which the proposed intervention contributes to resilience and sustainability.
- 5) Cost-effectiveness/efficiency/transparency
- Does the proposed intervention display an appropriate relationship between the resources to employed, the activities to be undertaken and the objectives to be achieved?
  - Is the breakdown of costs sufficiently documented/explained?<sup>24</sup>

In case of actions ongoing in the field, where DG ECHO is requested to fund the continuation thereof, a field visit may be conducted by DG ECHO field expert (TA) to determine the feasibility and quality of the follow-up action proposed.

No award will be made to NGO partner organisations which have not complied with their obligations concerning the submission of audited financial statements (i.e. which would not have submitted those in due time to the Commission without a proper justification) or which would appear not to offer sufficient guarantee as to their financial capacity to implement the proposed actions (in light of their liquidity and independency ratios as appearing from their latest available annual statutory accounts certified by an approved external auditor).

#### 2.2.2. *Specific operational guidelines and operational assessment criteria:*

This section outlines the specific operational guidelines that DG ECHO partners need to take into account in the design of humanitarian operations supported by DG ECHO. It also lists and explains the assessment criteria – based on those outlined in section 3.2.1 - that DG ECHO will apply in the specific context of the HIP to which this Technical Annex relates when assessing proposals submitted in response to the related HIP.

The **HIP Policy Annex** should be consulted in parallel.

### **Transfer modalities**

Where assistance is to be delivered in the form of cash transfers, particular attention will be paid to the principles laid down in DG ECHO's cash guidance note, which will form the

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<sup>24</sup> In accordance with the relevant section of the Single Form guidelines (section 10)

basis for the assessment and selection of partners, in particular in the case of large-scale transfers. Partners will be expected to demonstrate a satisfactory efficiency ratio and, to the extent possible and taking into account the operational context, partners will be assessed on their ability to work based on common targeting criteria, single or interoperable beneficiary registries, a single payment mechanism, a common feedback mechanism and a common results framework. In line with the cash guidance note, DG ECHO will expect partners to strive for segregation of duties and full transparency on the costs of implementation. Furthermore, partners should ensure that the efficiency ratio is maintained throughout the action, unless otherwise approved by DG ECHO. For the delivery of smaller-scale cash transfers, DG ECHO will assess proposals paying particular attention to the Guidance note's principles of coordination, harmonisation and multi-partner approach.

### **Strengthening early response capacity**

The Horn of Africa (HoA) is characterised by recurrent man-made and natural, rapid and slow onset crises. In addition to the expected inherent adaptability of all humanitarian partners DG ECHO will systematically address early response in all its activities as follows:

#### On the Humanitarian Aid Budget Line

##### **1) Emergency/Rapid Response Mechanisms (ERM/RRM) as standalone actions**

Emergency/Rapid Response Mechanisms (ERMs/RRMs) are stand-alone actions pooling capacities of different partners for improved and more coordinated preparedness and early response, guided by firm forecasts, early warning and contingency plans. ERMs/RRMs are designed to provide initial lifesaving multipurpose assistance when other response mechanisms are not yet in place. ERMs/RRMs are mostly used for rapid-onset crises. For slow-onset, objective indicators with thresholds for engagement / disengagement should be defined in coordination with other stakeholders including the State Authorities.

##### **2) Flexibility embedded into the actions**

Whenever relevant, partners should introduce flexibility tools in their actions, such as a Crisis Modifier, to swiftly respond to any new emerging shocks occurring in the area of their operations (a crisis within a crisis). Flexibility measures can be triggered to provide initial lifesaving multipurpose response in the aftermath of a rapid onset crisis; the two main scenarios are: i) to fill the time gap while waiting for additional resources; ii) to respond to small scale humanitarian needs which would otherwise remain unattended.

The process is based on a multi-risk analysis, identifying geographic locations most exposed to (seasonal) hazards, high impact and most likely scenarios, estimated number of people potentially affected by a given shock, expected needs and type/sector. The process also includes the identification of triggers so that the decision to intervene or not is consistent.

ERM/RRM and flexibility measures are complementary and do not exclude each other; flexibility measures enable to bridge the time gap between the shock and the time needed to mobilize ad-hoc resources through the ERM/RRM or additional funding. Timeliness of response is a key element for effectiveness of both flexibility measures and ERM/RRM.

In the Single-form, the flexibility mechanism should be presented as a specific Result, with "*Disaster Risk Reduction / Disaster Preparedness*" as the main sector and

*“Contingency planning and preparedness for response”* as sub-sector. As good practice, the Result budget ranges from 5-10% of the total budget of the action; however, this budget does not need to be pre-allocated to the Result at proposal stage.

Partners must demonstrate their capacity to prepare, preposition stocks and deploy adequate staff to respond to a disaster within an acceptable timeframe. Sector/cluster response plans are of paramount importance for coherent and coordinated interventions

Partners are expected to minimise the timeframe between the alert, the assessment and the response. Justification to respond or not to following an early warning should systematically be explained. The following indicators to measure rapidity of response are encouraged.

- ✓ *“Number of people covered by early action/ contingency plans” (KRI);*
- ✓ *“Number of days between the crisis and/or alert and the beginning of the response”* (Target: to be adapted according to the country context and the modality used);
- ✓ *“% of the targeted population assisted within x weeks after the beginning of the response”* (Target: to be adapted according to the country context and the modality used).

When activating the Crisis Modifier (CM), partners shall inform DG ECHO Country Office. If the funds of the CM are not used, the partner shall propose to DG ECHO how to reallocate the resources, in the interim report or not later than one month before the end of the action.

#### On the Disaster Preparedness Budget Line

In addition to ERM/RRMs and Flexibility measures noted above, DG ECHO supports targeted DP actions under the Disaster Preparedness Budget Line (DPBL). For the 2021 HIP, this will apply to Ethiopia and Somalia.

Additional information can be found in the specific Country paragraphs.

All Disaster Preparedness actions should incorporate an overall protection approach in the foreseen response to disasters.

#### **Humanitarian-Development Nexus**

Wherever feasible, and without compromising humanitarian principles and immediate humanitarian service delivery, partners should apply a “Nexus lens” throughout the project cycle, and to all intervention sectors, with a view to strengthening resilience, promoting access to quality and sustainable services, addressing the root causes of humanitarian crises and developing shock-responsive safety nets to crisis-affected populations.

In this context, DG ECHO's partners are expected to explore possibilities to engage with national systems at different levels, especially related to basic social services (health/nutrition, WASH, education), social protection and direct (cash) transfers to households, as a way of strengthening existing systems in crisis-settings and beyond. Partners are expected to share good practice examples of humanitarian interventions for advocacy/ dialogue at national level, to trigger further long-term investments by development actors, aiming at global SDG commitments.

In the food assistance sector, the Global Network against Food Crises is expected to initiate its country engagement within the next year, aiming at promoting or reinforcing

nexus structures and mechanisms. In the relevant countries, partners are encouraged to engage in and support this process.

In the context of protracted forced displacement, actions aimed at promoting durable solutions (return, relocation and local integration) must ensure complementarity and integration with existing durable solutions programmes supported by development partners. Such actions shall be funded by DG ECHO only when proven to be voluntary, safe and secure, dignified, informed and sustainable, in full respect of humanitarian principles and international guiding principles.

For actions having Nexus as a central objective, partners are encouraged to provide an analysis of Nexus opportunities such as partnerships/synergies with other programmes and actors, as well as enhanced dialogue/advocacy opportunities and coordination mechanisms. In particular partners should: i) identify measurable reporting mechanisms to assess operationalization of the Nexus; ii) develop a strategy of intervention with budgets over three years, under which DG ECHO funding would typically initiate the first 12-24 months; iii) describe the human resources dedicated to Nexus (coordination, advocacy, knowledge management, technical assistance; iv) involve the relevant European Delegation(s) in the selection of proposals and monitoring/evaluation of the Nexus aspects.

### **Climate change adaptation and environmental considerations**

Adapting responses to future climate change as well as reducing environmental degradation are highly relevant in partners' interventions. Such actions also contribute to the European Commission's overall implementation of the European Green Deal<sup>25</sup>.

All partners must take all necessary measures to reduce the environmental footprint of humanitarian aid, and ensure that their work does not contribute to the further deterioration of the environment, or the health and well-being of the people living in the target area. Partners should take measures such as choosing materials with a lower carbon footprint, using clean energy solutions, avoiding deforestation, implementing robust waste management systems, greening the organisation's logistics or supply chain, or working more closely with local actors to decrease intercontinental transport.

### **Remote management**

In Somalia and other HoA countries as relevant, especially in the context of the COVID-19 pandemic, partners must pay particular attention to "*DG ECHO approach to remote management*"<sup>26</sup>, in terms of its requirements for independent assessment, staff qualifications and experience, monitoring capacity, respect of humanitarian principles, security management, and the life-saving imperative. Partners must maintain efforts to increase acceptance by communities and parties to the conflict through their conduct, demonstrated neutrality and impartiality and not least quality of projects and services.

### **Visibility and Communication**

Partners will be expected to ensure full compliance with visibility requirements and to acknowledge the funding role of DG ECHO, as set out in the applicable contractual

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<sup>25</sup> [https://ec.europa.eu/info/strategy/priorities-2019-2024/european-green-deal\\_en](https://ec.europa.eu/info/strategy/priorities-2019-2024/european-green-deal_en)

<sup>26</sup> <https://www.dgecho-partners-helpdesk.eu/ngo/actions-implementation/remote-management>

arrangements. The DG ECHO Visibility Guidelines are available at: <https://www.dgecho-partners-helpdesk.eu/visibility>. The guidelines also explain the three main Visibility & Communication options available to partners when submitting project proposals, and the possible budgets.

### **3.2.2.1 – Sector Specific Priorities**

#### **Protection**

Considering the existing conflict dynamics and inter-communal tensions in the HoA, coupled with recurrent natural shocks/disasters and exacerbated by the COVID-19 pandemic, all proposed interventions should be informed by a thorough **gender-informed risk analysis** aimed at 1) developing a conflict-sensitive response (i.e. when the main outcome of the intervention is not protection); 2) directly managing threats, vulnerabilities and capacities of affected populations, hence reducing their exposure and directly assisting them according to protection risks (i.e. interventions with a protection outcome).

Moreover, taking into account the strong correlation between natural disasters, epidemics and conflict in the HoA, integrated actions<sup>27</sup> are strongly encouraged.

The regional dimension of specific crises (e.g. South Sudan crisis, migration crisis, etc.) should be taken into account when designing protection responses, for example through monitoring cross-border movements – in a coordinated manner - and regularly assessing the return intentions of displaced populations.

Mainstreaming of basic protection principles is of paramount importance in each sector of intervention. This implies taking into account safety and dignity, avoiding causing harm and ensuring meaningful access, accountability and participation, and empowerment of affected communities from the needs assessment to systematic monitoring. DG ECHO strongly encourages partners to include a specific indicator at objective level aimed at measuring the four protection mainstreaming principles: *% of beneficiaries (disaggregated by sex, age and disability) reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.*

Detailed priorities for the protection sector are included in the country-specific paragraphs below.

#### **Humanitarian food assistance (HFA)**

Food assistance interventions will be prioritised to the most severe food insecure, based on food security indicators and analysis such as IPC (e.g. IPC 3 or more households, households with poor Food Consumption Scores (FCS), high Coping Strategy Index (CSI), etc.). Targeting and verification mechanisms should be in place. All interventions, notably distributions, shall be safe and adapted to the context of COVID-19.

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<sup>27</sup> **Protection integration** refers to sector work that aims to prevent and respond to violence or threat of violence; coercion and exploitation; deliberate deprivation, neglect or discrimination, and supporting people to enjoy their rights in safety and with dignity, through sector specific work (e.g. Food Security and Livelihoods).

Food assistance should prioritise newly displaced populations. Immediate assistance should be provided at arrival points, ensuring the provision of sufficient and quality food assistance.

Food assistance for protracted displaced people should be based on vulnerability criteria (profiling) and livelihoods capacities.

Actions should be based on a thorough assessment of needs and gaps, and be risk-informed.

The specific needs of groups most vulnerable to undernutrition should be addressed; in particular, the provision of complementary food for children aged 6-24 months should be considered, and provided through the most appropriate modality or mix of modalities.

Unconditional food and livelihoods assistance is always preferred. Any conditionality should be fully justified and adapted to the vulnerabilities of the targeted group (for example, women with young children) or in consideration of the agricultural season.

When using the MEB to respond to food needs, partners must justify the proportion of the MEB to be provided, based on sound methodology and in coordination with other actors, particularly the CWG and the FS Groups

Partners providing food products should ensure quality of the products and prevention of leakage by strengthening basic logistics controls at all levels of the supply chain, conducting market surveillance and creating awareness within the targeted community.

Emergency livelihoods activities should be included in the response whenever possible in order to support strategies for self-reliance and livelihoods protection, focusing on the most vulnerable. Livelihoods actions should be based on rigorous livelihoods assessments and risk analysis and should not be confined to agricultural and pastoral livelihoods. Linkages to self-reliance strategies should be identified. The feasibility and appropriateness of the interventions should be carefully considered and documented using the minimum standards such as those developed by the Livestock Emergency Guidelines and Standards (LEGS: <http://www.livestock-emergency.net>) and considering existing early warning systems.

Agricultural inputs, such as seeds and tools, can be considered where there is a clear link between the shock and the loss of such assets, and where they are required for livelihood recovery. A robust analysis of seed systems (such as a Sustainable Seed System Assessment) should be conducted to ensure the appropriate choice of modality (in-kind, cash or vouchers) and especially to ensure that seed systems (private and public) are not undermined by an in-kind provision of seeds.

Partners must participate in and reinforce existing food security information systems, particularly in areas with higher levels of food insecurity.

Food utilisation is a pillar of food security that should be an inherent part of any food assistance project. Components such as hygiene, appropriate feeding practices, proper energy source and technology for adequate processing, cooking and conservation of food, and safe water should be considered alongside food access and availability.

## Nutrition

Nutrition programming will be considered where emergency needs are demonstrated, with priority given to contexts with significant risk of deterioration (arrival of newly displaced populations, high levels of food insecurity and/or risk of epidemics), low response capacities, and significant caseload.

Nutrition needs should be informed through data collected through surveys or surveillance systems; in view of the possible restrictions for primary data collection the use of MUAC<sup>28</sup> to estimate prevalence of undernutrition is acceptable.

DG ECHO funding will prioritise the most life-threatening type of undernutrition (i.e. Severe Acute Malnutrition) but this could be extended in some cases to the continuum of care (SAM+MAM) for children and PLW<sup>29</sup>. Standalone MAM<sup>30</sup> services will not be considered for funding.

Nutrition interventions must be compliant with treatment protocols and adaptations to COVID-19 in effect in each country. However innovative approaches (i.e. simplified protocol, CMAM surge) are strongly encouraged when demonstrated as safe for beneficiaries and acceptable by national institutions, if they are expected to provide advantages such as enabling access to treatment in remote or insecure areas, increasing cost-efficiency or efficiently prevent undernutrition.

Treatment of acute malnutrition and its complications should be integrated in existing health systems and provided free of charge for the beneficiaries. This should include systematic and non-systematic medical treatment and lab tests, and transport and board for caretakers of cases referred to in-patient treatment.

Partners are encouraged to develop comprehensive community mobilization strategies, including building the capacity of caretakers and other community members to diagnose and refer cases of undernutrition to adequate treatment structures.

All nutrition projects should include IYCF promotion; the modalities, content of messages and monitoring indicators should be tailored to the challenges and opportunities of the context of operation, including the COVID-19 pandemic.

Integrated responses (WASH/Health/FSL/Education) that maximize impact on the target communities, and actions that integrate Protection activities (e.g. identification and referral of SGBV survivors or children at risk) are also strongly encouraged.

## Health

Access to a package of basic health services must be ensured in any crisis situation. Interventions that contribute to the reduction of key morbidities, disability and avoidable mortality, targeting the most vulnerable populations, will be prioritised. These include improved free and equitable access to quality primary and secondary health care, integration of nutritional programs, war surgery and basic and comprehensive emergency obstetrics and neonatal care.

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<sup>28</sup> Mid-Upper Arm Circumference

<sup>29</sup> Pregnant and Lactating Women

<sup>30</sup> Moderate Acute Malnutrition

Those health activities that have the highest potential (evidence-based) to save most lives during the period of assistance, will be prioritised. High-impact public health mass interventions (i.e. measles vaccination + Vitamin A+ de-worming + LLINS<sup>31</sup> + MUAC assessment) are encouraged for areas of high vulnerability and precarious access, as well as for identified transit points for IDPs/refugees.

Health interventions should include lifesaving referral support to beneficiaries including transport and the cost of referral treatment and laboratory tests. Partners will be accountable for follow up and will report on referral cases.

Support to “evidence-based” community health activities is mandatory in all health interventions including health promotion activities, active defaulter tracing, surveillance and nutrition screening activities.

Capacity building and training components should focus on the main health priorities, address critical capacity gaps and include a strong technical presence with preference for on the job training and supportive supervision leading to a demonstrable impact on the quality of healthcare services, while building the basis for future sustainability.

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, and diagnostic and emergency response capacity. Weekly reporting of Integrated Disease Surveillance Response (IDSR or similar) is encouraged for all DG ECHO-funded health actors and can be used as source of verification. This is of particular relevance in the response to the current COVID 19 pandemic.

Timely (<72 hrs), confidential, safe and comprehensive medical support to victims of SGBV must be provided in all primary health care (PHC) projects supported by DG ECHO. The provision of psychosocial support may also be considered where techniques validated for the specific context are employed.

Information on access barriers should be included in the proposal providing the background on the delivery of services with specific attention to SGBV, referral pathways, etc.

Facilities supported need to guarantee a minimal level of quality and basic implementation of universal precautions, to prevent transmission of communicable diseases (IPC). Organisations should have a proven record of successful implementation of similar activities.

All Primary Health Care (PHC) projects supported by DG ECHO should demonstrate collaboration with / contribution to the main national health programmes (EPI, TB, malaria, kala azar, HIV control, safe motherhood).

Financial incentives for Ministry of Health seconded staff are discouraged in DG 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, in

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<sup>31</sup> Long-lasting insecticidal nets



extremely hard to reach areas, displacement without access to PHC services 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 Ministry of Health (MoH) strategic plans (and funding from development donors/partners) for the six pillars<sup>32</sup> strengthening of the health system and in terms of access, coverage and sustainability, avoiding as much as possible substitution of MoH structural engagement.

Drug procurement, storage and distribution should be properly anticipated so as to ensure adherence to the DG ECHO quality assurance standards as outlined in the DG ECHO annex III of the FPA.

Partners will be requested to incorporate an indicator on stock outs (i.e. tracer drugs, PEP kits, Rapid Diagnostic Tests (RDT), etc.) ensuring the availability of essential drugs throughout the timeframe of the Action. Efforts should be made to enhance coordination and joint planning with the GFATM to ensure availability of adequate commodities while avoiding/reducing duplication.

Partners are expected to address to the extent possible the prevention and early diagnosis / treatment of cervical cancer (major cause of premature avoidable mortality among women).

## **Water Sanitation and Hygiene (WASH)**

### ***General***

Guiding standards are WHO-based including, but not limited to, WHO Guideline for Drinking Water Quality. All WASH-related actions should be included within a WASH-related Result. All WASH sub-sectors must be addressed unless the related needs are already covered (either by local capacities or other humanitarian actors) or should the lack of existing services not represent a public health emergency or threat. In all cases, the coverage of the different sub-sectors should be monitored by the partner.

Two different types of context, requiring different modalities, are envisaged within the sector:

- i. Emergency response addressing newly-affected and newly-accessible populations (conflicts, natural disaster). A main priority is the timeliness of the response, that should entail the provision of pre-designed kits and/or temporary services (water trucking, emergency water supply systems) designed to support households and local services. Structural interventions are not foreseen in this context, apart from rapid interventions (emergency repairs) that allow the re-establishment of local services (hand pump repairs, water point disinfection). Consumables should cover at least three months of the affected population’s needs. Kit designs must be adapted to the size of the households and properly documented (technical specifications and unit costs). Host populations’ needs are not prioritized but can be partially addressed using the same modalities, in order to gain acceptance. The capacity, timeliness and modality of the response (rapid response mechanism, contingency plans) must be

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<sup>32</sup> WHO Six pillars for health system strengthening : Health financing, Human resources (workforce), Drugs and medical supplies/technology , Health Service delivery, Information/management system and research, Governance/leadership and coordination

documented. The efficiency and appropriateness of the provided kits must be documented with on-site surveys and observations (post distribution surveys).

- ii. Post-emergency response aims at strengthening support to affected populations (conflicts, natural disaster) unable to recover from the initial shock (camps, settlements and populations hosted in communities). The intervention strategy must encompass the whole process, beyond the specific DG-ECHO support. It may include structural interventions (rehabilitation or, on a case-by-case basis, installation, of WASH infrastructure). The partner must demonstrate the technical capacity of its human resources to design and implement (and monitor) the most cost-effective and environmental-friendly response. The proposed intervention must include contingency planning based on the dynamic and the type of the crisis (either a post-acute, protracted or a chronic crisis), and an iterative multi-annual strategy aimed at durability, affordability and integration of the service within the local capacities (Nexus approach). The public service needs of the host community should be included within the response in order to further facilitate service integration and acceptance of the affected populations within the hosting areas. The design of the WASH services should be adapted in accordance with the capacities of the target population to maintain and renew them, in order to ensure self-reliance and sustainability. The preservation and exploitation of natural resources must be thoroughly documented.

The articulation between these two modalities must be documented within the WASH response strategy.

WASH support to other sectors (Health, Nutrition, Education in Emergency) must be aligned with these two modalities. Mainstreaming of Protection-related concerns should be envisaged under a Do No Harm perspective and as information and alert mechanisms.

Cholera related WASH response must complement the health response for affected populations focussing on Risk Communication & Community Engagement (RCCE) and interventions aiming at preventing further contamination through disinfection of potential sources of contamination and strengthening access to safe water and hygiene to affected households and public places.

COVID-19 related WASH response must be aligned with the national response strategy. Related interventions should follow the same logic as for a cholera response (RCCE & access to safe water and hygiene).

Drought-related interventions should be based on an effective documentation of water table depletion due to lack of water recharge; this must include local dynamics of different water uses and availability (quantity and quality).

All WASH sector support, including services accessed through a cash modality, must be monitored using WASH-related KRIs.

All DG ECHO supported WASH interventions must mainstream COVID-19 measures such as population awareness and Infection, Prevention and Control measures wherever necessary.

**Water supply:** For new water points, geophysical surveys, pump testing, water quality analysis and systematic monitoring of groundwater and its replenishment must be documented, shared and centralised with relevant local/national authorities. Solar-powered pumping systems must ensure an appropriate balance between resources (irradiation),

capacity (water extraction), needs (actual and foreseen) and supply chain (national-level providers). Partners are fully responsible for ensuring water quality monitoring from source to household level.

**Hygiene:** Hygiene awareness, access and practise should be systematically addressed in the needs assessment and response analysis. Once accessible, hygiene consumables should be sustained for the whole duration of the action; availability and use should be monitored throughout the project's duration.

**Sanitation:** Latrines are to be provided only if their absence represents a public health emergency hazard. The design, and monitoring of its use, must ensure the premises' hygiene, that pits are hermetic, and resistance to hazards, as well as address protection, gender and disability needs.

Community Led Total Sanitation is not considered as a suitable methodology as it depends on triggering factors, which are unlikely to be reached within the duration of the action.

### **Shelter and Settlement (S&S)**

All S&S related actions should be included in a S&S-related Result. All S&S subsectors must be addressed unless the related needs are already covered (either by local capacities or another humanitarian actors) or should the lack of existing services not represent a public health emergency or threat. In all cases, the coverage of the different sub-sectors should be monitored by the partner.

As for the WASH sector, two different types of context are envisaged within the sector. Strategy, priorities, modalities and requirements follow the same logic, with the following specificities:

- i. Emergency response: The lifespan of the items included in the kits must be sufficient to avoid the need for repeated interventions, avoid waste and allow their recycling once the emergency phase is over. Designs should not rely on onsite natural resources as their use may impact local availability and related livelihoods. When affected populations are living with host families, support should cover as much as possible the needs of the entire household in order to facilitate and promote local acceptance. Designs must allow the possibility for the affected population to relocate their shelter in case of further movements
- ii. Post emergency response must envisage self-reliance of the affected populations, using local and transitional designs which promote the re-use of materials and tools. Negative impact on local resources must be carefully avoided and monitored. Support to host communities can be envisaged, for the most vulnerable. Initiatives to preserve and renew shared local resources, and provide livelihood opportunities, should be envisaged wherever possible.

The articulation between these two modalities must be documented within the S&S response strategy. S&S support to other sectors (Health, Nutrition, Education in Emergency) must be aligned with these two modalities. Mainstreaming of Protection-related concerns should be envisaged under a Do No Harm perspective and as information and alert mechanisms.

All S&S sector support, including services accessed through a cash modality, must be monitored using S&S-related KRIs.

**Shelter:** Pre-positioning of stocks can be considered if properly justified based on the frequency, magnitude and location of the targeted shocks.

**Settlements:** Ownership rights to the land and property in question must be established before shelter initiatives are implemented. Prior permission must be obtained to use the buildings or sites for the purpose of communal shelter<sup>33</sup>.

### **Education in Emergency (EiE)**

EiE will focus on providing access to safe, quality and accredited primary and secondary education to boys and girls, particularly adolescents. EiE interventions should target out-of-school and drop-out boys and girls, over-age children, through formal and non-formal education opportunities, including AEP's (Accelerated Education Programmes). Non-formal education activities<sup>34</sup> should be to the extent possible aligned with the formal system, providing children with opportunities to enter (or re-enter) the system.

The proposed actions should tackle context-specific barriers to education for girls and boys, and the (post) COVID-19 challenges. Furthermore, they should ensure that students are well-equipped with life-saving and life-sustaining skills, which will be tailored to the risks and concerns identified. Likewise, teachers and other education personnel should be supported with relevant and tailored professional development opportunities and interventions that will also contribute to increased motivation and decreased turnover.

Proposals should aim at increasing both enrolment and learning outcomes, and be aligned with the school academic year to avoid any further disruptions (and cover at least one full academic year). Retention and transition of children in the next school year and cycle should be measured, especially in the (post) COVID-19 and related schools' closure context.

The provision of psychosocial support to students and teachers, especially those recently affected by conflict and/or displacement, will also be considered of critical importance as well as equipping education staff with referral skills.

Child safe-guarding mechanisms must be established to ensure that children are not at risk when attending school, and that child protection related issues are timely and effectively responded to by professional actors (either directly or through referrals). In this regard, integrated EiE and child protection actions are strongly encouraged: school-based protection activities must be built upon a sound risk analysis and should address the most life-threatening protection risks. Moreover, proposed actions should promote protection of the schools from attacks and support the implementation of the *Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict*.<sup>35</sup>

The proposed activities can include the provision of ad hoc support for enrolment of most vulnerable groups (cash-transfer modality envisaged).

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<sup>33</sup> [http://www.globalprotectioncluster.org/\\_assets/files/aors/protection\\_mainstreaming/Protection\\_Mainstreaming\\_Training\\_Package\\_SECTORGUIDANCE\\_November\\_2014.pdf](http://www.globalprotectioncluster.org/_assets/files/aors/protection_mainstreaming/Protection_Mainstreaming_Training_Package_SECTORGUIDANCE_November_2014.pdf)

<sup>34</sup> For NFE programmes, partners are strongly encouraged to use the definitions, tools and guidance developed by the AEWG (Accelerated Education Working Group):  
<https://inee.org/collections/accelerated-education>

<sup>35</sup> <http://www.protectingeducation.org/safeschoolsdeclaration>

EiE actions integrated into multi-sectoral rapid response mechanisms with established exit strategies will also be considered for funding.

Proposals should demonstrate sound coordination with other education initiatives and development actors and be in line with existing government-led education response plans.

### **3.2.2.2 – Country-specific Priorities and Modalities**

#### **a) Djibouti**

##### **Strategic priorities and modalities**

**Vulnerable migrants, and deportees:** In 2021, DG ECHO will continue to support the humanitarian needs of migrants on the “Eastern Route” into and from the Arabian Peninsula”, with a focus on operations in Obock, and with a strong emphasis on protection. Priority will be given to protection interventions, including monitoring of movements, registration and reception, and assistance in the quarantine sites. Funding requests should pay particular attention to extremely vulnerable cases, such as Unaccompanied Minors. Actions may include food assistance for the most insecure households or newly displaced people, prioritising unconditional cash as the preferred modality.

#### **b) Ethiopia**

##### **Strategic priorities and modalities**

**Internal conflict:** priority will be to ensure rapid life-saving humanitarian response to new conflicts and clashes across the country. Particular attention will also be placed on secondary displacement and populations whose return is putting them at higher risk / vulnerability due to insufficient security or material conditions. Attention to host populations in both places of displacement and return is paramount, via a Do No Harm and conflict sensitivity approaches whereby the protection of conflict-affected populations is also an essential objective.

**Refugees, asylum-seekers and deportees:** specific attention will be put on new arrivals, as well as most vulnerable individuals/households in protracted situations. Focus will be put on legal counselling, legal case management, protection monitoring (including cross-border) and improved access to reception and documentation services for new arrivals, including timely identification of vulnerabilities as well as on advocacy.

DG ECHO will continue to support the most vulnerable cases and categories of deportees from Gulf and other neighbouring countries, with attention to unaccompanied and separated minors deported back to Bole International Airport.

**Natural shocks including drought, floods, epidemic outbreaks and pests:** The multiplication of crises and recent increase of internal conflict is forcing ECHO to prioritise its response to natural and climatic shocks to the most urgent and critical needs. DG ECHO’s comparative advantage will be mainly in supporting the early response to these natural shocks in an attempt to mitigate their impact on the affected populations and prevent further deterioration of the situation.

In the fluid context of Ethiopia, **Strengthening Emergency Preparedness and Early Response** is a clear priority and will be covered by 3 mechanisms: i) Crisis Modifiers

(CM) and/or ii) Rapid Response Mechanisms (RRM) and iii) through targeted Disaster Preparedness Action under the specific Disaster Preparedness Budget Line.

- i) Crisis modifiers: considering the recurrence of shocks in Ethiopia, small or large, climatic or man-made, the inclusion of a crisis modifier in any response is encouraged to ensure flexibility, to respond to acute onset shocks (see **section 3.2.2** above).
- ii) Partners proposing RRM should have the capacity to implement four core functions:
  - 1) coordination, information on humanitarian situations, Early Warning and advocacy on humanitarian needs and on access including agreements with Administrative Authorities;
  - 2) preparedness, contingency plans, risk scenarios analysis, stock pre-positioning;
  - 3) management, coordination and monitoring of sub-grants;
  - 4) management of the grievance mechanisms.

Responses must include multisectoral life-saving interventions. Despite the short-term nature of RRM interventions, conflict and protection analyses remain mandatory and should be ensured prior to any implementation.

In view of reducing potential conflicts of interest and optimising coverage of emergency needs, DG ECHO requires separation between the roles of grant management and the delivery of the response, and recommends the establishment of a solid, effective and participative steering committee structure, closely coordinating with similar emergency tools existing in Ethiopia.

- iii) Disaster Preparedness Budget Line: the focus will be on enhancing the capacity of nationally-recognised rapid response partners with local networks to deliver timely, professional and principled humanitarian assistance to conflict affected populations.

2021 programming in Ethiopia will be based on the priorities developed in the above section, while partners will have to be able to demonstrate the following elements in the project.

**Principled humanitarian approach:** Partners will need to include in their proposal an in-depth gender-informed **conflict and protection analysis** identifying the conflict dynamics and proposing ways to reduce identified risks.

**Life-saving programmes:** Proposals will need to demonstrate the prioritisation of urgent needs as well as capacity to provide rapid/early response to crises through a solid risks assessment, the identification of relevant early warning / alert systems and the use of crisis modifier mechanism (see below). Internal capacity to deliver rapidly in the proposed areas of intervention should be convincingly spelled out (operational presence, HR/ logistics etc.). Special attention will be given to proposals ensuring some level of integration among sectors.

**Geographical prioritisation & Targeting:** Partners will have to demonstrate a clear prioritization of the crises and of the targeted areas based on the urgency and severity of the needs, and on partners' independent direct or joint assessments and cluster coordination fora's recommendations as well as on their capacity to respond in a timely manner. Complementarity with other donor projects must be demonstrated. In addition, projects will also need to explain the targeting and verification mechanism (at household/individual level), demonstrating impartiality and independence in the process.

**Coordination & Advocacy:** are key elements to ECHO funded intervention in Ethiopia and partners will have to demonstrate the following:

- i. **Coordination** efforts that go beyond the mere participation to the cluster coordination system – i.e. strategic and operational coordination (in particular strengthening the inter-cluster coordination, ensuring synergies among interventions at field level and with other coordination structures put in place for a specific crisis (such as ECC, EOC, etc.).
- ii. **Strategic advocacy plan** developed from an assessment of the risks to humanitarian principles and proposing concrete actions in case those risks materialize.

Whenever relevant and where possible, **multi-purpose and unconditional cash** transfers will be the preferred modalities for addressing the basic needs of the most vulnerable populations. Partners should ensure full participation at the Ethiopia Cash Working Group (ECWG). Collective efforts and advocacy should be made to ensure that efficient cash delivery systems are established.

### **Sectoral priorities**

**Protection:** considering the likelihood of further conflict and refugee influx in 2021, any protection intervention will need to include risk- and vulnerability-informed preparedness activities; safe and quality protection case management (including legal) will be supported. In the IDP response, direct protection monitoring will be prioritized. Interventions focusing on protection monitoring should include the provision of specific assistance to identified cases, in line with ethical standards. Protection coordination with concrete and measurable outputs remains a priority. While in principle relevant, DG ECHO will no longer support operational engagement in durable solutions for IDPs as the past 2 years' experience have shown that the 4 principles (voluntary, dignified, informed, sustainable) were not respected. DG ECHO will nonetheless support advocacy initiatives on the matter.

**Food assistance and livelihood:** DG ECHO will support food assistance responses that demonstrate quality and regularity in their implementation, with prioritization of the most critical needs and harmonization with other actors and systems. With a new shock as the entry point, actions ensuring the protection of livelihood assets could also be considered but remain second priority as long as the immediate and critical food gap is not covered.

**Health: COVID-19** response (all pillars), plus robust interventions to other epidemic outbreaks (cholera, measles and malaria in particular) including support to vaccination campaigns, will be considered on a case-by-case basis, in strict accordance with International Health Regulations (IHR) and existing international guidelines for the particular disease. In addition, temporary/flexible responses for displaced populations shall be considered for funding. Mobile clinics should integrate the full package of basic services and programmes, including referrals. For the refugee response, health actions should focus on immediate short-term support, and be complementary to long-term initiatives. Ensuring availability of commodities and consumables (medicines and PPEs) is essential in all health responses and partners are expected to propose clear and coordinated approaches to support this component, in line with ECHO quality assurance requirements.

**Nutrition:** DG ECHO will focus on areas affected by a shock (man-made or natural) and with a high risk of fast deterioration of the nutritional status of the affected population. Support will target facilities involved in nutrition programming at all levels of the health

system based in identified gaps, and consist of technical reinforcement, provision of equipment and logistic support for transportation of nutrition products, and access to safe water and sanitation based on context- or facility-specific analysis. For the refugee population, DG ECHO will support actions responding to high rates of acute malnutrition in the camps and receptions centres, including the MAM pipeline.

**WASH** activities are articulated as specified in **section 3.2.2.1** with the following specificities:

- i. Emergency response (also called dynamic response) is designed to cover 3 months needs and includes people on the move (IDPs still in movements and refugees in reception centres).
- ii. Post-emergency response (also called static response) includes slow onset disaster such as drought as long as a direct link between the shock and the repair work is demonstrated.

WASH strategy can encompass a combination of both; this would be relevant in refugee camps where a static response would be complemented by a crisis modifier / contingency planning in case of new influx, or in the case of water access issues related to a sudden large scale influx of IDPs.

**Shelter/NFI:** Priority will be given to emergency needs. The response should comply with HLP tools developed for the ES/NFI sector. Attention shall be given to the risk of instrumentalisation of assistance (in particular in contexts of internal displacement and return) and sector standards quality compliance of NFIs;

**Education in Emergencies:** DG ECHO support will focus on forced displacement i.e. the refugee response as well as displacement crises not financially supported by Education Cannot Wait. Projects will ensure that existing schools have adequate capacity to host displaced populations, such as temporary learning spaces (as well as access to water and segregated latrines), increasing safe access to quality formal and non-formal education services. Actions should aim at increasing enrolment and implementation of tailored education retention measures, in particular for girls and adolescents, including accelerated programs and/or language skills acquisition enabling learners to transition to the formal system. To this end, actions supporting the transition (and retention) from primary to lower secondary school level will also be considered.

### c) Kenya

#### **Strategic priorities and modalities**

DG ECHO will continue to support the refugee operations in Dadaab and Kakuma (including asylum seekers and undocumented individuals), with a focus on the provision of timely, adequate and appropriate emergency/life-saving interventions.

Humanitarian services out of food assistance and protection in **Kalobeyi settlement** may be considered only in case of a new emergency and with a clear exit strategy at the onset. In this case, and when relevant, vulnerability-based targeting could be developed. Actions in the settlement have to be well articulated with the longer-term actions funded by other EU instruments and donors, avoiding overlap.

DG ECHO will only consider actions providing **basic survival services** (food, WASH, health, nutrition, education and protection) by actors already working in these sectors and



present in the camps. Durable solutions for refugees in protracted situations, alternative and/or innovative approaches contributing to **building the self-reliance** of the displaced population can be supported.

In the event of **deterioration of the food security and/or nutrition situation in the ASALs** beyond the national capacities, a potential DG ECHO response would focus its response in areas with severe food needs (IPC3 and above) prioritising the most vulnerable population and supporting a coordinated and harmonized response. DG ECHO could also provide ad hoc support to help ensure access to quality nutrition treatment and minimize impact on child mortality. In this context, linkages to transitional / Humanitarian-Development Nexus paths are to be sought to achieve collective outcomes that reduce needs, risks and vulnerability.

Partners should aim at the **expansion of unrestricted Multi-Purpose Cash Transfers (MPCT)** and ensure a harmonised approach responding to basic needs. Partners should contribute to the discussions on the cash amounts and sectors, using the Kenya Cash Working Group (KCWG) as a platform for coordination and harmonisation. Particular attention to nutrition sensitive food assistance should be provided in the definition of needs / Minimum Expenditure Baskets (MEB). Efforts should be made to ensure that efficient and coordinated systems for cash delivery are established as well as appropriate accountability systems. Furthermore, DG ECHO might consider supporting actions that can contribute to inform and enable the environment towards establishing safety net schemes in refugee settings, in coordination with other donors.

**Crisis modifiers (CM) embedded into actions:** only for actions covering the ASALs, and where considered relevant, partners may include a CM component in their action to enable them address immediate needs of affected populations after a rapid onset crisis in the partners area of operation (see section 3.2.2 above).

### **Sectoral priorities**

**Protection:** all actions aimed at enhancing the protection of refugees, asylum seekers (including undocumented) as well as compliance with Refugee Law (including advocacy) will be considered for funding, including specific monitoring of cross-border movements and assessment of the intention to return to the Country of Origin.

**WASH:** Interventions are articulated as specified in **section 3.2.2.1**. Refugees WASH response will seek its integration within the existing host communities.

**Education in Emergencies:** Given the prolonged period of school closure in 2020 due to the COVID-19 pandemic, DG ECHO will consider education activities that support access to protective learning environments for vulnerable children and adolescents to enter, re-enter or be retained in formal education. This objective can be achieved through i) support to directly enter and be retained in formal education and/or ii) non-formal education (NFE), providing pathways for transition into the formal system. Specifically, DG ECHO will consider supporting education activities in refugee camps that meet following criteria:

- i. Focus on primary and secondary levels of education with priority on enrolment of out-of-school children, particularly out-of-school girls also in the secondary education.
- ii. Increasing access to accelerated learning opportunities, while ensuring appropriate transition to formal learning or acquisition of relevant certification. Partners must

demonstrate actions towards enabling a harmonized approach to non-formal learning services.

- iii. Interventions aimed at increasing absorption capacity of schools (including construction of classrooms) may be considered and the partner must demonstrate complementary resources to enable continuity of service delivery (infrastructure maintenance, HR costs, etc.).

**Food Security and livelihoods:** Unrestricted cash is preferred, whenever possible, ensuring a harmonised approach and appropriate accountability systems. For actions in the ASALs, targeting criteria will also have to be clearly defined and harmonized.

**Health/Nutrition:** DG ECHO will continue to support the provision of integrated nutrition programming in the refugee camps and encourage the implementation of innovative approaches such as combined protocols and surge capacity.

#### d) Somalia

##### **Strategic priorities and modalities:**

**Life-saving actions for populations recently displaced by acute crises** (conflict and natural disasters) or exposed to epidemic outbreaks are the focus of the programme. Vulnerability assessment should be based on commonly defined and agreed vulnerability criteria through clusters, when available. Innovative and safe ways of accessing hard-to-reach populations will be considered. Partners are expected to use **contextual comprehensive analysis** to explain the needs and justify the geographical targeting.

**Geographic prioritisation and targeting** will be based on the ability to access the most vulnerable populations. A specific focus will be given to populations in IPC 4 hotspots. The longer-term protracted IDPs or other vulnerable populations will only be considered on a case by case basis, for short term interventions with a clear plan for their inclusion in longer-term development plans and/or emerging safety net. Support to local integration and return of displaced populations to their places of origin will be considered when based on sound programming, respect of all principles (voluntary, dignified, informed, and sustainable).

**Centrality of Protection:** All actions should clearly demonstrate their contribution to the objectives outlined in the Centrality of Protection strategy, including, but not limited to, holistically addressing exclusion of marginalized groups. Concrete measures to adhere to best practices related to 1) Protection Mainstreaming, 2) Accountability to Affected Populations, and 3) Protection from Sexual Exploitation and Abuse shall be included in all actions across all sectors.

**Strengthening early response capacity:** Coordination and complementarity with others emergency preparedness & response mechanisms (e.g. shock responsive component of existing safety net) need to be considered. Protection concerns must be duly considered and integrated. Community-based preparedness planning will not be funded. For more details on the overall approach, see **section 3.2.2.**

The use and exploration of the **cash transfer modality** to reach sector specific outcomes will be encouraged. Both harmonisation and streamlining of humanitarian cash transfers will continue to be required in 2021.

**Multi-Purpose Cash Transfers (MPCT):** MPCT should be linked to the larger recovery/resilience building programmes and emerging shock-responsive safety net programming (World Bank and EU/ILED). MPCT partners will have to work within and contribute to the framework of the multi-donor initiative, the Donor Working Group (DWG), and its Technical Assistance Facility (TAF) aiming at transitioning from an emergency cash transfer to a shock-responsive safety net approach with a view to contribute to the long term social protection agenda of Somalia. The aim is to test, learn and improve the design of the articulation and promote complementary between humanitarian cash transfer and the shock-responsive component of the existing predictable safety net systems to make them work seamlessly.

### **Sectoral priorities**

**Food security:** Most crises in Somalia result in an undermining of the food security and livelihoods and access to basic needs of its population, to which MPCT remains the main modality to respond. However, when duly justified, other modalities or food security or livelihoods activities may be considered as long as they continue to focus on severe food needs, and ensure adequate impact on priority households with severe food insecurity indicators.

**Health & Nutrition:** Support to the health system for life-saving activities will be considered in areas hosting large concentrations of IDPs and newly acute displacements, as well as areas with crises-related critical gaps. Support to health and nutrition programmes should include both primary and secondary levels of the health system, integration of health and nutrition services, reinforcement of hygiene promotion, and should ensure free access to curative and preventative services for pathologies linked to avoidable mortality and morbidity. GBV integration in health services is mandatory. Partners are recommended to follow a common/coordinated approach to support national health programmes, with a joint strategy and logical framework.

**Education in Emergencies (EiE):** The EiE programme will focus on reaching displaced out-of-school boys and girls with relevant primary formal or non-formal education, including accelerated and catch-up programmes informed by a comprehensive context analysis. EiE actions should prioritise access, enrolment and retention, which contribute to quality education and improved learning outcomes. Efforts should be made to support the relevant approved curriculum in schools. The common supply pipeline for enhanced emergency response may continue to be supported, provided it ensures preparedness and early response. Actions must include activities that promote the protection of children, including prevention and response to GBV risks. Actions must advocate and implement appropriate measures to ensure learning environments are secure and safe, and protected from attacks. Transversal access to safe water, sanitation and hygiene practices at school level can be supported when justified by high needs. Actions that can demonstrate linkages to e.g., secondary education and TVET, expanded teacher training, capacity building with education authorities and curriculum development and dissemination as part of Nexus and New Way of Working will be at an advantage.

**Protection:** Priority will be given to actions aimed at monitoring protection violations, including evictions, addressing life-threatening protection risks as well as advocacy. Prevention measures will be considered if their design leads to concrete results (or progress) within the timeframe of the action and shows clear linkages with increased

protection risks caused by the crises. Assistance programmes to protracted refugee situations will not be funded.

**WASH:** Interventions are articulated as specified in **section 3.2.2.1** with a focus on areas with increased exposure to Acute Watery Diarrhoea/ cholera, high malnutrition rates and displacement. The community management aspect of water provision systems must be included with strong emphasis on self-reliance and sustainability.

**Disaster Preparedness (DP):** Actions aiming at improving flood-related disaster preparedness through capacity building, knowledge transfer and strengthening of locally owned systems supporting 1) the proper dissemination of flood warning/mitigation/prevention related information linking national, local and community levels early warning systems (EWS) and 2) the institutionalised and systemic preparedness and response capacity to recurrent floods. The focus of an action should be on 1) Strengthening EWSs that enables individuals, communities, government, businesses and others to take timely action to reduce disaster risks in advance of floods events; 2) National, local and community contingency planning (including Early Actions planning together with development of an EA/AA framework that includes triggers, SOP and identification of relevant early or anticipatory response actions.) as a tool for an effective and efficient management of response operations; 3) Strengthening logistics preparedness to improve first responders' capacity at national and local level with pre-positioning of flood preparedness items and small infrastructure works identified in the contingency plan; 4) strengthening capacity for first responders to have the right skills, tools, institutional and operational capacities to implement effective and timely response. Priority will be given to an action with significant impact where the geographical scope of the action will be urban / peri-urban areas along the Shabelle river (e.g. Beletweyne, Balo-Barde, Jowhar) and/or the Juba river (Dollow, Luuq, Bardheere). The nexus approach needs to be part of the DP strategy, therefore, a more strategic collaboration on prevention and river management with development donors is needed and will be pursued as part of the DP strategy. Coordination and complementarity with other emergency preparedness & response mechanisms (e.g. emergency interventions under crisis modifiers, shock responsive component of existing safety nets) needs to be considered.