

TECHNICAL ANNEX
SUDAN AND SOUTH SUDAN

FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2018/01000 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

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2. FINANCIAL INFO

Indicative Allocation: EUR 86 000 000 (of which an indicative amount of EUR 2 000 000 for Education in Emergencies)

Breakdown as per Worldwide Decision:

Specific Objective 1 - Man-made crises²: HA-FA: EUR 86 000 000
HA-FA: EUR 86 000 000

Total:

3. PROPOSAL ASSESSMENT

3.1. Administrative info

Allocation round 1

- Indicative amount: up to EUR 68 000 000
- Costs will be eligible from 01/01/ 2018³
- The initial duration for the Action may be up to 24 months, including for Actions on Education in Emergencies.
- Potential partners⁴: All DG ECHO Partners
- Information to be provided: Single Form⁵

² As possibly aggravated by natural disasters.

³ 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.

⁴ For British applicants (non-governmental organisations): Please be aware that you must comply with the requirement of establishment in an EU Member State for the entire duration of the grants awarded under this HIP. If the United Kingdom withdraws from the EU during the grant period without concluding an agreement with the EU ensuring in particular that British applicants continue to be eligible, you will cease to receive EU funding or be required to leave the project on the basis of Article 15 of the grant agreement.

⁵ Single Forms will be submitted to ECHO using APPEL.

f) Indicative date for receipt of the above requested information⁶:

- For South Sudan: 20/11/2017⁷
- For Sudan: 15/12/2017

Allocation 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: food and nutrition pipeline and common services.
- c) Costs will be eligible from 01/01/2018⁸.
- 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:
 - Internationally mandated agencies in nutrition and food assistance response: UNICEF, WFP.
 - Logistical services to provide humanitarian assistance across Sudan in a timely manner: UNHAS.
- f) Information to be provided: Single Form⁹ or Modification Request of on-going operation.
- g) Indicative date for receipt of the above requested information: by 13/07/2018.

Allocation round 3

- a) Indicative amount: up to EUR 8 000 000 (Sudan only)
- b) Description of the humanitarian aid interventions relating to this assessment round: nutrition pipeline, common services and coordination.
- c) Costs will be eligible from 01/01/2018¹⁰.
- d) The expected initial duration for new actions is up to 12 months. Ongoing operations can be extended by up to 12 months .

⁶ 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.

⁷ To allow for timely pre-positioning, partners are kindly invited to submit proposals for actions in South Sudan by 20 November. This should allow a smooth transition towards 2018 ECHO support.

⁸ 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.

⁹ Single Forms will be submitted to ECHO using APPEL

¹⁰ 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.

e) Potential partners:

- Internationally mandated agencies in nutrition response: UNICEF.
- Logistical services and coordination to provide humanitarian assistance across Sudan in a coordinated and timely manner: UNHAS and OCHA.

f) Information to be provided: Modification Request of on-going operation.

g) Indicative date for receipt of the above requested information: by 07/12/2018.

3.2. Operational requirements:

3.2.1. Assessment criteria:

Each action will be assessed against a set of criteria according to the specific context of intervention. These criteria include:

- Relevance to DG ECHO strategy and operational requirements;
- Quality of the needs assessment¹¹;
- Quality of the response strategy, including the relevance of the intervention and coverage;
- The logical framework, including robust and relevant output and outcome indicators;
- Feasibility;
- Implementation capacity and technical expertise; and
- Knowledge of the country/region.

Depending on the characteristics of the crisis, other elements are likely to be taken into account when assessing the proposals, such as:

- Security;
- Coordination;
- Access arrangements;
- Monitoring system;
- Sustainability, resilience, Linking Relief Rehabilitation and Development;
- Cost efficiency; or comparative advantage of the action or the partners.

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

¹¹ Partners are expected to contribute and use coordinated needs assessments on crisis and sector level in line with Grand Bargain commitments

3.2.2. Operational guidelines:

This section outlines the general and specific operational guidelines which need to be taken into account by DG ECHO partners in the design of humanitarian operations supported by DG ECHO. Complementary information can be retrieved on these guidelines in the links provided below. Partners are invited to duly reflect the guidance provided in these documents in the preparation of their proposals to DG ECHO.

3.2.2.1. General Guidelines

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.

The safe and secure provision of aid: The ability to safely deliver assistance to all areas must be preserved. DG 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 are being considered, as well as an analysis of threats and plans to mitigate and limit exposure to risks. DG ECHO or its partners can request the suspension of ongoing actions as a result of serious threats to the safety of staff.

Accountability: As the quality and robustness of any humanitarian aid operation lie first and foremost with the organisation that proposes it and will be responsible for its implementation in the field, attention is drawn to the fact that DG ECHO partners' accountability in this respect relate, *inter alia*, to the following aspects of Actions' design and implementation:

- The identification of the beneficiaries and of their needs through robust, comprehensive methods conducted in a coordinated manner with humanitarian partners on sector and crisis level¹²;
- Management and monitoring of operations, as properly facilitated by adequate systems in place;
- Monitoring and reporting on activities, outputs and outcomes, through robust indicators 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.

Local disaster response organisations have had, and continue to play, an indispensable role in responding to the humanitarian needs. DG ECHO funds have, and will be, translated into services and assistance provided by local actors in the majority of cases. As such, DG ECHO will continue to ask for strategic partnerships of FPA/FAFA partners with local actors in line with the Grand Bargain commitments.

Grand Bargain commitments: DG ECHO and most of its main partners have signed up to the Grand Bargain, a set of commitments in line with current good practice and ongoing policy discussions seeking to bring about substantial changes in terms of aid efficiency. While many of the commitments require further groundwork on a global level, progress can be made already in 2018 on a certain number of commitments. In

¹² See footnote related to the quality of needs assessment and the Grand Bargain-related section below.

addition to the commitments covered in specific sections in this annex (cash, humanitarian-development nexus, localisation and accountability to affected populations), partners are expected to explore and propose concrete ways of implementing commitments such as multi-annual planning and reduced duplication and management costs (such as making use of technology and innovation to be more cost effective or providing clear, comparable cost structures).

Innovation and the private sector: Humanitarian emergencies are reaching unprecedented levels. Strengthening the capacity of humanitarian actors to respond to natural disasters and man-made crises in an effective and efficient manner is a priority. Innovation can play an important role in this respect. Harnessing the technological innovation, technical skills and expertise of the private sector and academia is determinant. Where it is in the interest of the action, and without prejudice to the applicable legal framework, DG ECHO encourages an increased involvement of a wide range of actors, including the local and international private sector, and the adoption of innovative solutions and approaches to optimising the efficiency and effectiveness of the humanitarian response.

Cash-based assistance: DG ECHO will support the most effective and efficient modality of providing assistance, whether it be cash, vouchers or in-kind assistance. However, in line with WHS commitments, DG ECHO will endeavour to increase cash-based interventions in the interests of cost efficiency and effectiveness gains. Partners should provide sufficient information on the reasons why a transfer modality is proposed and another one is excluded through a robust response analysis (see section below). Partners are encouraged to consider multipurpose cash transfers (MPCT) where assessments and response analysis demonstrate that multiple basic needs can be met through single cash transfers.

DG ECHO's Cash Guidance note covering the delivery of large-scale cash transfers applies when the delivery of cash at scale is envisaged. The Guidance note, as updated, will apply to 2018 HIPs.

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 coordinated 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 coordination 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>

Preparedness for Response and Early Action: As part of the commitment of DG ECHO to mainstream disaster preparedness in EU-funded humanitarian operations, the needs assessment presented in the Single Form should reflect, whenever relevant, the exposure to the range of hazards affecting people at the village/ community level (natural hazards and conflict related threats), the related vulnerability of the targeted population, and their ability to cope. 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 Disaster Preparedness (DP) 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 and threats 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.

For targeted DP 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 regional, national, and local capacities for better preparedness and response at local level;
- the partner has an appropriate monitoring, evaluation and learning mechanism to ensure that evidence of the impact of the action and good practices are gathered and effectively disseminated;
- the action is justified by an explanation of the losses and suffering that will be avoided or reduced (and why this conclusion is valid);
- due consideration has been given to the integration of contingencies and preparedness arrangements (shock responsiveness) into planning to provide locally owned basic service delivery and social protection for vulnerable populations (e.g. for social, safety net programmes), notably in situations of protracted or recurrent crises;
- the use of EU Aid Volunteers in the DP intervention is envisaged or not and for what kind of tasks;
- in more fragile contexts, the development of national and local competencies for early action and locally owned Rapid/Emergency Response Mechanisms (ERMs) implemented by local actors should be considered. Actions to build local preparedness capabilities will include opportunities to apply and benefit from the resources and expertise held by the Union Civil Protection Mechanism (UCPM).

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

Education in Emergencies (EiE): DG ECHO will support education actions in emergencies including sudden onset emergencies, ongoing conflicts, natural disasters, and situations of displacement (IDP/Refugee). The objective of these EiE actions will be to prevent, reduce, mitigate and respond to emergency-related barriers to children's¹³ education while ensuring inclusive, and quality education¹⁴. EiE actions will respond to

¹³ The Commission adheres to the UN Convention on the Rights of the Child that defines a 'child' as a person below the age of 18.

¹⁴ The definition of quality education: Quality education is affordable, accessible, gender-sensitive and responds to diversity. It includes (1) a safe and inclusive learner-friendly environment; (2) competent and well-trained teachers who are knowledgeable in the subject matter and pedagogy; (3) an appropriate context-specific curriculum that is comprehensible and culturally, linguistically and socially

the multiple barriers (academic, financial, social, institutional, physical/infrastructural) that children face in accessing their education due to their experiences of the humanitarian situation. As such, EiE actions must be tailored to the different needs of children based on their age, gender, and other specific circumstances including the specific impact of the emergency they face (e.g. unaccompanied minors, former child soldiers, and disabled children). DG ECHO EiE actions work towards three outcomes:

- **Outcome 1:** Children affected by humanitarian crises access to and learn in safe, quality and accredited primary and secondary education
- **Outcome 2:** Children affected by humanitarian crises learn life-saving and life-sustaining skills, are protected and have increased personal resilience
- **Outcome 3:** Education services are strengthened through preparedness, response and recovery interventions in line with the *INEE Minimum Standards for Education: Preparedness, Response, Recovery*¹⁵

DG ECHO's support to EiE will focus on non-formal and formal education in the context of primary and secondary levels of education. Non-formal education supports should, where possible, enable children to enter (or re-enter) the formal system. Early childhood development will be considered in specific circumstances where it is already embedded in formal education in a national system or where specific skill or protection needs are identified to enter primary school. Technical and vocational education and training (TVET) programmes are considered to fall outside of the scope of work for DG ECHO's EiE response.

Protection must be considered as both a core component and key outcome of EiE response. The provision of safe learning environments, psycho-social support, and direct referral to child protection services will provide a protective environment for children affected by emergencies. The learning itself – in both formal and non-formal education actions – must provide relevant life-saving and life-sustaining skills and messages, including vital health, nutrition and hygiene information, HIV prevention, sexual and reproductive health information, and DRR training and awareness. In order to ensure safe and protective education, all actions supported by DG ECHO are expected to be designed and implemented according to the principles of conflict sensitive education (CSE). EiE actions should reflect relevant legal frameworks for protection (International Humanitarian Law, International Human Rights Law, and Refugee Law).

In order to ensure a holistic response to the needs of children, it is encouraged that beyond child protection, EiE actions are also linked with other life-saving humanitarian sectors, such as WASH, health and nutrition, whenever relevant and feasible.

EiE actions should be recognized as not distinct from long-term learning goals and as such also aim at strengthening the quality aspects of education, in particular the

relevant for the learners; (4) adequate and relevant materials for teaching and learning; (5) participatory methods of instruction and learning processes that respect the dignity of the learner; (6) appropriate class sizes and teacher-student ratios; and (7) an emphasis on recreation, play, sport and creative activities in addition to areas such as literacy, numeracy, and life skills. INEE. (2010). *Minimum Standards for Education: Preparedness, Response, Recovery*.

¹⁵ Inter-Agency Network on Education in Emergencies (INEE) (2010): *Minimum Standards for Education: Preparedness, Response, Recovery*.

availability of and support to teachers through the recruitment and capacity development of facilitators and teachers.

Whenever relevant and supportive of safe, inclusive and quality education, DG ECHO will support innovative EiE solutions.

EiE actions should be conceived with a medium to long-term vision. This implies first and foremost that programmes be designed and implemented in a way that allows for the fullest and most rapid recovery of safe, inclusive and quality education services. At the same time, programmes must be aligned with development and/or government actors to ensure continuity of learning for affected children through proper transition planning. Therefore, in order to ensure continuity and alignment with both the wider humanitarian and development contexts, EiE actions must be informed by any existing education sector framework as well as the inter-sectoral humanitarian response. Furthermore, in order to ensure coordination, harmonization and effective prioritization within the EiE response, partners implementing EiE actions supported by DG ECHO will be expected to participate in, and contribute to, national and/or sub-national sector coordination activities throughout the Humanitarian Programme Cycle. EiE actions should contribute to the strategic objectives of the education cluster/working group strategy (if one exists) and to any wider strategic sector objectives based on the humanitarian-development nexus.

All EiE actions funded by DG ECHO should adhere in their design and implementation 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: Women, girls, boys, and men, of all ages are affected by crises in different ways and emergencies tend to change gender dynamics. Ensuring gender-age mainstreaming is therefore crucial to DG ECHO and an issue of quality programming. To this end, the needs and capacities of different gender and age groups among targeted populations must be adequately assessed and assistance must be adapted to ensure that equal access is granted and specific needs are addressed.

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. 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 children 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.

Notwithstanding the paragraph on protection below, which should be read in conjunction, all humanitarian interventions funded by DG ECHO must take into

consideration, together with other protection concerns, any risk of gender-based violence and develop and implement appropriate strategies to prevent such risks. Moreover, in line with its life-saving mandate, DG ECHO encourages the establishment of quality, comprehensive and safe GBV response services since the onset of emergencies. Further details are available in DG ECHO 2013 Gender policy.

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

The Gender-Age Marker is a tool that uses four criteria to assess how strongly DG ECHO funded humanitarian actions integrate gender and age consideration. More information about the marker and how it is applied are available in 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, and in line with DG ECHO's Guidance on the delivery of large-scale cash transfers, support functions should be separated out from actual transfers in order to enhance efficiency, transparency and accountability. Partners are requested to provide information on how their actions are integrated with other actors present in the same area.

Multi-year planning and funding: In crises where it is appropriate to engage in multi-year interventions (i.e. 24 months and longer), actions should be grounded in a longer-term strategy including possible risks and contingencies that may occur over the timeframe as well as exit scenarios and Linking Relief, Rehabilitation and Development. Project design should also be done in a more flexible manner, taking into account the longer duration and the possible changes in context that may occur during implementation.

Protection: All programme design and targeting should be based on a clear analysis of threats, vulnerabilities and capacities of the affected population and it is recommended to use the risk equation model as a tool to conduct this analysis.¹⁶ The analysis should bring out external and internal threats to the target population as well as the coping strategies adopted to counteract the vulnerabilities arising from the threats. Protection responses 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

¹⁶ 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

in the context of humanitarian crises. Consideration 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, and where considerations of inter-communal relationships are of utmost importance for the protection of the affected population.

The application of an **integrated protection programming approach** is highly encouraged. In this, particular 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. For more information please consult the Guidance for Integrated Food Assistance and Protection Programming in the DG ECHO Humanitarian Protection Thematic Policy Document.¹⁷

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.

Mainstreaming of basic protection principles in all programmes is of paramount importance to DG ECHO – 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, and ensuring meaningful access, accountability, participation and empowerment. All proposals must demonstrate integration of these principles in its substantive sections, i.e. the response strategy, the logic of the intervention, and the indicators.

To follow the principles of protection mainstreaming, targeting of humanitarian assistance should be done in a manner that takes into account the protection concerns of individuals and groups based on: A) the risk of exposure to harm, exploitation, harassment, deprivation and abuse, in relation to identified threats; B) the inability to meet basic needs; C) limited access to basic services and livelihood/income opportunities; D) the ability of the person/population to cope with the consequences of this harm; and E) due consideration for individuals with specific needs. Particular attention must be paid to ensure that issues of social exclusion and discrimination are not overlooked, and that the specific needs of groups most often affected by this – people with disabilities, LGBTIs, and very marginalized social groups – are appropriately addressed in programme design and targeting. In line with the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, specific attention will be paid to the measures ensuring inclusiveness of people with disabilities in proposed actions.

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

¹⁷ See Annex 4 on p. 49 and forward of http://ec.europa.eu/echo/sites/echo-site/files/staff_working_document_humanitarian_protection_052016.pdf.

Resilience: DG 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 ongoing and future humanitarian needs and to assist a durable recovery. Where feasible, cost-effective, and without compromising humanitarian principles, DG 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 DG ECHO partners are expected to identify opportunities to reduce future risks to vulnerable people and to strengthen self-reliance through livelihoods and capacities. DG 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 partners to strengthen their engagement with government services (at all levels), development actors and with different sectors. In that regard, DG 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.

Preparedness for response and early action should be the main element of DG ECHO's contribution to resilience and to humanitarian-development nexus/Linking Relief, Rehabilitation and Development (LRRD) programming.

Good coordination and strategic complementarity between humanitarian and development activities (LRRD approach) are essential to the resilience approach, particularly in relation to: i) increasing interest of development partners and governments on nutrition issues; ii) seeking for more sustainable solutions for refugees (access to education, innovative approach toward strengthening self-resilience, etc.) and IDPs; iii) integrating 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 dignity and 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 DG ECHO, DG DEVCO, DG NEAR, and the EEAS. This joined-up approach of different EU instruments, each under their own mandate, should be supported by DG ECHO-funded partners, in line with humanitarian principles. Where feasible, DG ECHO partners should consider the use of EU Aid Volunteers if the security conditions in the country allow.

Linking **social protection** and humanitarian action can bridge the development-humanitarian divide: scaling up social protection systems in response to shock and crisis has been identified as one of the core measures to enhance resilience and empower people, and most importantly to be able to react quickly and efficiently to disasters.

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. The increasing profile on multi-purpose cash-based emergency response provides further momentum towards safety nets as a component of a wider social protection approach. 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.

Without compromising humanitarian principles, DG ECHO partners are expected to consider if it is appropriate to deliver humanitarian assistance through national social safety nets or if it is possible to use the humanitarian response as a window of opportunity to trigger investments in the development of "nascent" safety nets. The longer-term aim in such a scenario is to progressively move chronic humanitarian caseloads into social protection systems.

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

Resilience mainstreaming – The Resilience Marker

Actions addressing the immediate needs of affected populations, however, can also present opportunities for strengthening resilience. DG ECHO's approach to resilience, and the intent of its Resilience Marker, is to ensure that these opportunities are used to the greatest extent possible without compromising humanitarian principles. Four steps are key to take these good practice opportunities in humanitarian programmes:

- Conduct an analysis of hazards, threats, vulnerabilities and their causes;
- Be risk-informed (i.e. ensure that activities do not aggravate risks or vulnerabilities, do no harm and are prepared for likely hazards and threats);
- Contribute to building local capacities so that the most vulnerable can cope better with shocks; and
- Include a deliberate strategy to reduce future humanitarian needs.

The marker ensures a systematic consideration and inclusion of resilience considerations in project proposals, implementation and assessment. The marker is used for all DG ECHO projects apart from those that may be considered "Non-applicable" because of the urgency of context or the type of activity being conducted (e.g. capacity raising).

http://ec.europa.eu/echo/files/policies/resilience/resilience_marker_guidance_en.pdf

Community-based approach: In all sectors, interventions should adopt, wherever possible, a community-based approach in terms of defining viable options to effectively help 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>

Response Analysis to Support Modality Selection for all Resource Transfers is mandatory. DG ECHO will support the most effective and efficient modality of providing assistance, whether it be cash, vouchers or in-kind assistance. Partners should provide sufficient evidence to support the choice of one modality over another, taking into account all relevant contextual factors and including an analysis of the market situation in the affected area. 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. Partners are encouraged to consider multipurpose cash transfers (MPCT) where assessments and response analysis demonstrates that multiple basic needs can be met through single cash transfers. In such approaches, the value of transfer would normally be based upon a Minimum Expenditure Basket (MEB), while taking account the contribution made by households, and available resources.

For in-kind transfers local purchases are encouraged when possible.

DG 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/DG ECHO, as set out in the applicable contractual arrangements, namely the following:

- The communication and visibility provisions of the General Conditions annexed to the Framework Partnership Agreements (FPAs) concluded with non-governmental organisations or international organisations 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 recognising 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 DG 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 DG 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

Shelter and Settlement

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

EU Aid volunteers

http://ec.europa.eu/echo/what/humanitarian-aid/eu-aid-volunteers_en

https://eacea.ec.europa.eu/eu-aid-volunteers_en

Shelter and Settlements

http://ec.europa.eu/echo/sites/echo-site/files/ss_consolidated_guidelines_final_version-20-02ev.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 DG ECHO in **Sudan** and **South Sudan**.

General principles

- **Emergency response** is the priority for both new crises and protracted situations. The most acute needs are to be addressed through sectoral prioritisation for the most 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 a recent needs assessment, and informs the choice of response(s) as well as the targeting criteria. Various sources of information can inform the needs assessment, but should always be complemented by direct and objective 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. Dedicated EP&R response actions (Emergency Response Mechanisms (ERMs)) 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 within a humanitarian action must do so the same, and when appropriate integrate a Crisis Modifier as a separate result with an earmarked financial allocation, activities and indicators.

- **Humanitarian space:** humanitarian access is regularly challenged in both countries 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.). Opportunities to establish a link with longer-term development engagement should be analysed and promoted for responses **in protracted situations**. 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 capitalisation and information sharing. **Capacity building and self-reliance:** 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 are implemented with regular supervision and monitoring. The partner has to develop and implement a long term strategy for capacity building when providing technical assistance. Trainings should be administered by qualified professionals and be supported by appropriate resources/assets and include entry and exit tests, extensive on the job practice, adult education good practices, good educational material, etc. The final objective should be not only the knowledge transfer, but the promotion of local capacities eventually leading to greater self-reliance (= people) and sustainability (= system).
- DG 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

Education in Emergency

Education in Emergency related funding in both countries will focus on safe access to quality formal and non-formal education services, focusing on **primary education**. All interventions must ensure a conflict sensitive approach¹⁸.

1. In South Sudan the primary goal of all EiE interventions is to establish or re-establish protective learning opportunities for children as soon as possible and to immediately respond to children's protection, including psychosocial needs and return to a state of normalcy amidst a crisis. The main focus will be on access to primary education and EiE interventions will primarily target girls and boys who are not currently accessing education services due to schools not fully functioning in the area or due to functioning schools being unable to cater for these children
2. The duration of the action should aim at covering the total duration of a school year and allowing the evaluation of the impact, especially in terms of retention of children in the next school cycle;
3. EiE actions integrated into multi-sectoral rapid response mechanisms with established exit strategies will also be considered for funding;
4. Non-formal education activities should be as much as possible aligned to the formal system providing children with opportunities to enter (or re-enter) the system. Curricular needs of IDPs and refugees/asylum seekers should be addressed following a learning needs assessment, considering language of instruction, teacher capacity development needs and gaps in their academic levels. Whenever possible, EiE in refugee settings should reflect formal systems and provide children with pathways to transition into other systems as their circumstances change.
5. Child safe-guarding mechanisms must be established to ensure both that children are not at risk when attending school and that child protection related issues are timely and effectively responded to by professional actors: codes of conduct for education staff, strategies to promote positive classroom management together with the development of up to date referral mechanisms for child protection cases will be considered as minimum requirements for funding. Moreover, actions should support the implementation of the *Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict*¹⁹
6. Specific activities can include the establishment of/support to Accelerated Learning Programs, payment of teachers' incentives (especially in refugee settings) and provided they are coordinated with other development education sector support, rehabilitation of classrooms and/or establishment of temporary structures, gender-appropriate WASH facilities as well as provision of emergency supplies, but not construction of new permanent infrastructures.
7. Capacity building opportunities for education personnel should be based on in-depth assessment of the needs of both education personnel and learners and based on recognised and globally endorsed training materials. Considering the low number of qualified teachers in the region, when protection actors are present, capacity building opportunities should primarily focus on contributing to enhanced education

¹⁸ Conflict Sensitive Education (CSE) is the process of: i. Understanding the context in which education takes place; ii. Analysing the two-way interaction between the context and education programmes and policies (development, planning, and delivery); and iii. Acting to minimize negative impacts and maximize positive impacts of education policies and programming on conflict, within an organization's given priorities;

¹⁹ South Sudan and Sudan have both endorsed the Safe School Declaration

outcomes for learners. Projects should develop/use appropriate assessment tools to measure improvements in teaching and learning.

8. The provision of life-saving skills and messages will be considered for funding when part of a broader intervention and, if developed on the basis of a thorough needs assessment, contextualised to the specific crisis. Coordination and active collaboration with agencies working in other sectors is highly encouraged.

Food Assistance

1. Food assistance interventions will be supported to save lives and to protect productive assets as a response to severe, transitory food insecurity due to natural and/or man-made disasters.
2. Food assistance interventions should prioritise people affected by shocks (conflict, climate-related) and households with severe food insecurity indicators (IPC 3+, poor FCS, high CSI etc.). In **South Sudan** when access does not allow household level targeting, area based prioritisation will apply.
3. Actions for protracted displaced people and in areas with acute malnutrition should be based on vulnerability criteria (profiling) and livelihoods capacities to cover food needs. Use of tools such as Household Economic Approach (HEA) is encouraged. However, a status-based approach can be applied for new displacements.
4. The partner must ensure that all relevant nutrition needs are taken into account in food assistance, in order to prevent further degradation of the nutritional status and, when relevant, protect livelihoods. 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.
5. 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).
6. The choice of transfer modalities (cash, vouchers, in-kind, for food or livelihoods support) must be based on a sound analysis with preference, wherever possible, to cash-based transfer modality. The purpose of the transfer, the value that will be covered for each beneficiary and the criteria for determining the exact amount/quantity, must be clearly explained and clearly justified to ensure impact. The partner should include information on the analysis of delivery mechanisms options and actions put in place to ensure coordination and harmonisation with other actors for the design and implementation of the modality.
7. 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 and at risk populations.
8. Emergency interventions intended to protect livelihoods may be considered. In protracted situations, livelihood actions could be envisaged to support self-reliance strategies, where links with longer-term solutions are identified. Livelihood interventions should be supported by a well-informed livelihood assessment and risk analysis.
9. Identification of potential exclusion factors for the most vulnerable households (such as a lack of access to land) and analysis of risks associated to livelihoods support (eg increased exposure due to conflict) is a pre-requisite for any proposed intervention

on agricultural and pastoral support. The proposal must include solutions to address these exclusion factors.

10. Partners must participate in and reinforce existing food security information systems, particularly in areas with higher levels of food insecurity.
11. Components such as hygiene promotion, appropriate feeding practices, sufficient energy sources and technology for adequately processing, cooking and conservation of food and safe water should be considered alongside food access and availability.

Health

1. Access to a package of basic health services needs to be ensured in any crisis situation. Interventions that can contribute to the reduction of key morbidities and avoidable mortality targeting vulnerable populations should 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.
2. Those health activities that have the highest potential (evidence based) to save most lives during the period of assistance, should be prioritised. High impact public health mass interventions (i.e. measles vaccination + Vit A+ de-worming + LLINS + MUAC assessment) are encouraged for areas of high vulnerability and precarious access, as well as for identified transit points for IDPs/refugees.
3. Health interventions should include lifesaving referral support to beneficiaries including transport and the cost of referral treatment fee coverage. Partners will be requested to follow up and report on referral cases.
4. 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.
5. Capacity building and training components will have to focus on main health priorities and address critical capacity gaps and include a strong technical presence with preference for on the job training and supportive supervision leading towards a demonstrable impact on increasing the quality of healthcare services.
6. 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) and monthly Routine report (DHIS) is encouraged for all DG ECHO-funded health actors and can be used as source of verification.
7. Timely (<72 hrs) 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 DG ECHO. The provision of psychosocial support may also be considered where techniques validated for the specific context are employed.
8. Facilities supported need to guarantee a minimal level of quality and basic implementation of universal precautions, to prevent transmission of communicable diseases. Organisations should have a proven record of successful implementation of similar activities.
9. All PHC projects supported by DG ECHO should demonstrate collaboration/contribution to the main national health programmes (EPI, TB, malaria, kala azar, HIV control).

10. Financial incentives for Ministry of Health seconded staff are discouraged in principle in DG ECHO-funded projects, unless fully justified and coordinated at sectoral level.
11. Temporary/provisional outreach PHC services may be supported, but mobile clinics should be implemented only where they support specific outbreak control activities, in extremely difficult to reach areas or in the delivery of mass public health intervention packages (i.e. “child survival campaigns”).
12. Services and human resources deployment should take into consideration the MOH strategic plans (and funding from development donors/partners) for the six pillars²⁰ strengthening of the health system and in terms of access, coverage and sustainability, avoiding as much as possible substitution of MOH structural engagement.
13. Drug procurement, storage and distribution should be properly planned so as to ensure adherence to the DG ECHO quality assurance standards as outlined in the DG ECHO FPA.

Nutrition

1. Priority will be given to nutrition programmes addressing acute malnutrition and cases with medical complications in communities and among groups where these threats are greatest, increasing over time, and the existing response capacity is smallest. Support will be given to quality and free-of-charge acute malnutrition treatment in order to reduce related mortality and morbidity.
2. Nutrition programming can be implemented where needs are clearly identified, particularly where the prevalence of acute under-nutrition is higher than the critical threshold, but also where justified by the analysis of the risks (potential areas receiving newly displaced populations, either IDPs or refugees, increasing food insecurity), extreme vulnerabilities (such as very low access to safe water / sanitation and health services), and potential caseload.
3. Nutrition needs should be informed by good-quality surveys and surveillance systems, presenting both weight-for-height and MUAC prevalence data. In South Sudan, surveys must be validated by the nutrition cluster.
4. Nutrition interventions should be implemented following Ministry of Health protocols. DG ECHO does support partners willing to adopt simplified treatment protocols to provide assistance where the standard protocol is not practicable (e.g. limited access, limited availability of food products, etc.); all derogations must be agreed by DG ECHO.
5. Partners supporting stabilisation programs should ensure that all gaps existing in service provision are duly addressed, and in particular: programme coverage, referral mechanism, skilled human resources (including a medical doctor); provision of non-systematic drugs used in treatment of complications, basic diagnostic tests, and food allowances for caretakers.
6. Support to MAM treatment can be considered but with a specific emphasis on adequate performance (based on analysis of previous years’ performance and

²⁰ 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

- partner's capacity) and strengthened integration/link between SAM and MAM treatments (standalone MAM services will not be considered for funding).
7. Innovative approaches to target MAM children can be considered but should be negotiated beforehand with DG ECHO. Partners should specify in the proposal the source of therapeutic food (whether procured with DG ECHO funds or granted by UN agencies) and include an indicator for stock-out. If buffer stocks are procured with DG ECHO funds, they should be included as a separate result in the logical framework for eventual transfer.
 8. Blanket supplementary feeding programmes (BSFP) will be considered only when the objective, target age group, duration and type of food comply with the international recommendations (see UNICEF, WFP and UNHCR guidelines) and when its cost/effectiveness is not jeopardised by gaps in other programs (e.g. lack of GFD in highly food insecure areas).
 9. 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

10. Community level activities including regular screening, sensitisation, follow up of defaulters and non-respondents must be part of any CMAM program. Attention should be given to improving coverage and access to treatment.
11. IYCF (Infant and Young Child Feeding) practices promotion must be included in all nutrition programmes and the strategy should be detailed in the single form. Harmonization and clarification of the role, responsibilities of and support to Community Health Workers (in South Sudan called Household Health Promoters and Community Nutrition Volunteers) is encouraged at sectoral level, to inform programme activities.

Integration of nutrition programming

12. 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.
13. 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.
14. Project costs will be systematically checked to ensure cost-effectiveness (for example the cost of a CMAM programme per SAM child treated).

Protection

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 prioritised.

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

1. Prevention of and response to violence (including Gender Based Violence): The identification of victims/survivors (or persons at high risk) of violence, coercion, willful deprivation and/or abuse will be prioritised for funding when meaningful access to services is ensured, in line with humanitarian principles. Actions aimed at responding to the 6 grave violations affecting children the most in times of war²¹ will be prioritised. Initiatives aimed to help victims of violence must ensure victims' physical safety by establishing appropriate measures to provide immediate solutions in cases where the victim's life is at risk. Medical, psychosocial/psychological and mental health - related needs must also be covered. Regarding the latter, the proposal must make clear reference to the '*intervention pyramid*' set out in the IASC Guidelines on Mental Health and Psychosocial Support (MHPPS) and ensure trained/experienced staff for the provision of different level of services.
2. Preventive and preparedness protection interventions will also be considered for funding, with priority given to actions with foreseen tangible outcomes rather than focusing on behaviour change strategies. Initiatives promoting conflict prevention and resolution, including but not limited to dialogues and mediation, could be foreseen and prioritised when designed in the framework of an integrated approach.
3. Dissemination of information to the affected population on relevant legal frameworks, rights and entitlements in the context of displacement and asylum and concrete possibilities for assistance. Field-level interventions aimed at facilitating access to services and assistance will be prioritised.
4. Actions aimed at promoting respect for and compliance with International Humanitarian Law and other relevant legal frameworks (e.g. Refugee Law, Kampala Convention²²).
5. Protection monitoring interventions: information management mechanisms must be clearly defined in the proposal and a response component (either direct response or through external referral) should also be included.
6. Durable solutions for displaced populations, when in line with the principles of safety, dignity, voluntariness. Specifically, for return, priority will be given to enhancing access to basic services and protection in areas of return, rather than material assistance to facilitate the return process.
7. Mine Action with a focus on removal and destruction of mines and other explosive remnants of war, mine risk education and armed violence reduction.
8. In refugee settings, access to registration and documentation, including birth registration, will be prioritized.

Shelter/Settlement solutions and Non-Food Items

²¹ UNSC resolution 1261 (1999)

²² Sudan is not a signatory of the Kampala Convention; South Sudan signed the Convention but has not yet ratified it

1. Projects to provide emergency shelter and NFI will mainly be considered by DG ECHO in new emergencies and critical gaps in protracted situations
2. Emergency and transitional shelter should be prioritised. The design should be based on local capacity of self-replication or/and self-upgrading, promoted by appropriate demonstration and training. The re-use of materials and tools for shelters should be fostered as much as possible. Thus, unless security/protection considerations or vulnerabilities prevent beneficiaries from building their own shelter, partners should avoid paying daily workers for this activity.
3. Environmental impact and risk of conflict over access to natural resources must be taken into account when designing the project.
4. Environmental hazards should be identified and avoided or mitigated when selecting the settlement/camp site. Water source capacity should also be taken into account.
5. Special provision needs to be made for vulnerable households after proper assessments of vulnerabilities and capacities. In Sudan, NFI and shelter assistance package composition must be described in the proposal, unit costs should be calculated, and specific gender needs taken into account
6. 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.
7. DG ECHO will support the use of common pipelines, however pre-positioning of stocks can be considered on the basis of additional justification. Such stocks should be included as a separate result in the logical framework for eventual transfer.
8. Post-distribution monitoring should be systematic.

WASH

1. Actions responding to acute needs linked to conflicts (including new population displacements), outbreak prevention and response, and fight against malnutrition will be prioritised, taking into consideration existing needs, gaps, accessibility, size of populations, feasibility of implementation and capacity of local actors to respond.
2. Whenever possible, WASH services for displaced populations should be connected to /integrated with those of host communities fostering equity in the provision of services.
3. 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, prioritise and target response activities.
4. WASH interventions should be based on sound technical rationale, including clear cost benefit analyses (e.g. life cost cycle and comparison of alternate technical solutions), proven technical capacity by the partner (design, implementation and monitoring), demonstrated relevance and technical feasibility with clear sustainability of the intervention.
5. All WASH interventions should have a clear natural hazard analysis. Mitigation measures to reduce impact of natural disasters should be systematically included.
6. 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

7. 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 subsidised, including through cash-based approaches, where appropriate.
8. 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. Data collected during the geophysical survey and drilling operations must be centralised and made available to relevant authorities.
9. Water supply using solar energy can be considered on a case by case basis based on technical and economic justification and partners' technical expertise including mechanisms for their operation and maintenance.

Hygiene promotion

10. 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. Dynamic and targeted approaches that contribute to better and verifiable result/impact are prioritised.
11. Communication tools such as mass media, video, audio, poster, etc. should be actively considered for the dissemination of messages.

Sanitation

12. Sanitation projects should include a minimum package of activities addressing drainage, open defecation disinfection and solid waste management.
13. Sanitation projects should, where possible, have a clear community-based approach. Subsidies based on motivation and vulnerability could be considered according to the context.
14. Construction of household latrines should be promoted if supported by the community or in areas otherwise considered at high public health risk. Household latrines should be promoted (versus communal latrines) when economically and technically feasible, and should be built with a strong community based approach.
15. 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 up.
16. In the case of desludging trucks, access should be ensured in the rainy season. Desludging should be the last resort.

Wash in Nutrition

17. The minimum package for WASH in Nutrition interventions should include:

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

Emergency Preparedness and Response (EP&R)

Partners may consider two models for EP&R:

1. Emergency Response Mechanisms (ERM) as dedicated actions in **South Sudan**, which may be pooling capacities of different partners for coordinated preparedness and early response guided by early warning, identified needs and contingency plans. ERMs are designed to provide early lifesaving multi-sectoral assistance when other response mechanisms are not in place.
2. Crisis modifiers (CM) embedded into the actions in **Sudan and in South Sudan**. Where relevant, and particularly in protracted crises, partners may introduce a crisis modifier to mobilise resources within on-going actions to timely respond to new emerging shocks occurring in the area of their operations. The CM can be triggered in two main situations: a) to fill the time gap while waiting for additional resources or, in case of South Sudan, until additional response capacity (EP&R intervention) is deployed; b) to respond to small scale humanitarian needs, which otherwise would remain unaddressed. In exceptional circumstances and on a case-by-case basis, a Crisis Modifier may be considered for static programming to initially respond to small-scale shocks.

The proposed Crisis modifier should:

- Be designed to provide an early lifesaving multi-sectoral assistance in the aftermath of a rapid onset crisis (provided that the partner has demonstrated multi-sectoral expertise).
- Be guided by multi-risk analysis and the development of scenarios.
- Be based on an Emergency Preparedness and Response (EP&R) plan considering surge capacity (prepositioning of stocks, surge staff), process for decision, triggers for engagement/disengagement, activities, sectors of intervention.
- Duration of the CM should be limited in time and should be triggered within a few days of the alert. If needs are likely to persist beyond the CM scope, an EP&R intervention needs to be activated.
- In Sudan, be the object of an ad-hoc result and budget line, and in South Sudan, be built-in with existing results through flexibility in a specific indicator.
- Timeliness of response is a key element for effectiveness. Partners should adopt standardised indicators to measure the timeframe required to deliver assistance.