

TECHNICAL ANNEX

HORN OF AFRICA¹

FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2019/01000 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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¹ Horn of Africa for this HIP and technical annex covers: Djibouti, Eritrea, Ethiopia, Kenya, Somalia and Uganda.

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2. FINANCIAL INFO

Indicative Allocation: EUR 163 000 000 (of which an indicative amount of EUR 22 500 000 for Education in Emergencies. Tentative amounts per country: Djibouti EUR 500 000; Ethiopia EUR 4 000 000, Kenya EUR 2 500 000, Somalia EUR 7 500 000, Uganda EUR 8 000 000).

Breakdown per actions as per Worldwide Decision in euros:

Country	Action (a) Man-made crises and natural disasters	Action (c) Disaster Preparedness	TOTAL
Djibouti	1 000 000	0	1 000 000
Ethiopia	51 000 000	0	51 000 000
Kenya	14 500 000	2 000 000	16 500 000
Somalia	60 500 000	1 000 000	61 500 000
Uganda	30 000 000	3 000 000	33 000 000
Total:	157 000 000	6 000 000	163 000 000

3. PROPOSAL ASSESSMENT

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).

3.1. Administrative info

Allocation round 1

- a) Indicative amount: up to EUR 108 000 000
- b) This assessment round corresponds to the needs described in section 3.4 of the HIP and 3.2.2 of this Technical Annex for **Djibouti, Ethiopia, Kenya, Somalia and Uganda**.
- c) Costs will be eligible from 01/01/2019³
- d) The initial duration for the Action may be up to 24 months, including for Actions on Education for Emergencies
- e) Potential partners⁴:
 - All DG ECHO Partners

For Uganda: Disaster preparedness budget is only open to UNHCR, IFRC and eligible Partner National Societies (with Uganda Red Cross Society)
- f) Information to be provided: Single form⁵

In the case of a continuation of a 2018 action: modification request.
- g) Indicative date for receipt of the above requested information⁶:
 - For Djibouti by 10/01/2019
 - For Ethiopia by 18/01/2019
 - For Kenya by 19/11/2018
 - For Somalia, by 19/11/2018
 - For Uganda, by 26/11/2018

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 UK based 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 (e-Single Form)

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.

Allocation round 2

- a) Indicative amount: up to EUR 5 000 000
- b) This assessment round corresponds to the needs described in section 0 of the HIP on Ethiopia (focus on south Sudanese refugees).
- c) Costs will be eligible from 01/01/2019⁷
- d) The initial duration for the Action may be up to 12 months
- e) Potential partners⁸:

Pre-identified partners : Internationally mandated agencies in emergency food assistance (WFP) and in refugee response (UNHCR)

For nutrition : partners already providing treatment of severe acute malnutrition in entry points and South Sudanese refugee camps

For shelter package (shelter and associated latrine): partners already delivering shelter package in South Sudanese refugee camps

- f) Information to be provided: Single form⁴ or modification request for an on-going DG-ECHO funded operation.
- g) Indicative date for receipt of the above requested information⁵: 12 April 2019

Allocation round 3

- a) Indicative amount : **unallocated amount under assessment round 1 for Uganda only; EiE line: EUR 4 million; DP line: EUR 2 million**
- b) This assessment round corresponds to the needs described in section 3.4 of the HIP and the updates mentioned under 3.2.2 of this Technical Annex for **Uganda, pages 25 - 27, section b.**
- c) Costs will be eligible from 01/06/2019⁷
- d) The initial duration for the Action may be up to 24 months, including for Actions on Education for Emergencies
- e) Potential partners⁸: All DG ECHO Partners already operating in the area of interest. For the DP line: demonstrated expertise in Disaster and/or Refugee Influx preparedness initiatives. For EiE line: demonstrated experience/expertise on Education in Emergencies.

⁷ 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.

⁸ For UK based 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.

- f) Information to be provided: Single form⁵ or modification request for an on-going DG-ECHO funded operation.
- g) Indicative date for receipt of the above requested information⁶ : by 23/05/2019

Allocation round 4

- a) Indicative amount: up to EUR 50 000 000 as follows Somalia EUR 25 000 000, Ethiopia EUR 20 000 000, Kenya EUR 3 000 000 and Uganda EUR 2 000 000.
- b) This assessment round corresponds to the needs described in section 0 of the HIP, second modification Somalia, Ethiopia, Kenya, Uganda- regional drought
- c) Costs will be eligible from 01/01/2019⁹
- d) The initial duration for the Action may be up to 12 months
- e) Potential partners¹⁰: DG ECHO partners with pre-existing operational presence and capacity in the targeted drought affected areas of intervention and in the priority sectors described below:

Criteria, pre-selected partners and priority sectors for Somalia: pre-existing operational presence and capacity in the proposed areas of intervention (Areas affected by drought (IPC3+) with high level of displacement and high prevalence of acute malnutrition especially in Somaliland, Puntland, Galmudug, Hirshabelle, Bay & Bakool regions and the coast line of Jubaland, South West and Benadir. **CONCERN WORLDWIDE-IR (MPCT), ICRC (health), UNICEF (nutrition/wash), WFP (food assistance/MPCT), FAO (FSL), ACF-ESP (health/nutrition/wash), Oxfam-NL (wash).**

Criteria, pre-selected partners and priority sectors for Ethiopia: pre-existing operational presence and capacity in the proposed areas of intervention (Somali region, Eastern Tigray, Eastern Amhara, South and eastern Oromia). **UNICEF (nutrition), WFP (food assistance and nutrition), FAO (FSL), IRC-DE - Emergency Response Mechanism (multi sector drought response), GOAL-IR (nutrition, wash), WV-DE (MPCT)**

Criteria, pre-selected partner and priority sectors for Kenya: pre-existing operational presence with humanitarian intervention in the hardest hit areas of ASAL counties (currently including Garissa, Marsabit, Turkana, Mandera, Wajir, West Pokot, Baringo, Samburu, Tana River and Kilifi). **ACTED (MPCT).**

Criteria, pre-selected partner and priority sectors for Uganda: pre-existing operational presence and capacity in the proposed areas of intervention (Karamoja and Teso regions) **WFP (Food assistance and nutrition).**

⁹ 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.

¹⁰ For UK based 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.

- f) Information to be provided: Single form⁴ or modification request for an on-going DG-ECHO funded operation.
- g) Indicative date for receipt of the above requested information⁵: 15 July 2019

3.2. Operational requirements:

3.2.1. Assessment criteria:

1) Relevance

- How relevant is the proposed intervention and its coverage for the objectives of the HIP?
- Do joint (prioritised) needs assessment and coordination mechanisms of the humanitarian actors exist, and if so, has the joint needs assessment been used for the proposed intervention and/or has the proposed intervention been coordinated with other relevant humanitarian actors?

2) Capacity and expertise

- Does the partner, with its implementing partners, have sufficient country / region and / or technical expertise?
- How good is the partner's local capacity? Is local capacity of partners being built up?

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 actions (including where relevant use of single interoperable registries of beneficiaries).
- Extent to which the proposed intervention contribute to resilience, LRRD and sustainability.

5) Cost-effectiveness/efficiency/transparency

- Does the proposed intervention display an appropriate relationship between the resources employed, the activities to be undertaken and the objectives to be achieved?
- Is the breakdown of costs sufficiently displayed/explained?¹¹

¹¹ In accordance with the relevant section of the Single Form guidelines (section10)

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

- Security;
- Access arrangements;
- Monitoring system;

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.

3.2.2. Operational guidelines and operational assessment criteria

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 Specific Operational guidelines and operational assessment criteria

This section outlines the specific operational guidelines that need to be taken into account by DG ECHO partners 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 will be applied by DG ECHO in the specific context of the HIP to which this Technical Annex relates when assessing proposals submitted in response to the related HIP.

Preference will be given to proposals of a reasonable scope.

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 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 on the basis of 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. For the delivery of smaller-scale cash transfers, DG ECHO will assess proposals paying particular attention the Guidance note's principles of coordination, harmonisation and multi-partner approach. A good efficiency ratio will also be expected for small-scale projects.

STRENGTHENING EARLY RESPONSE CAPACITY

(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 early warning and contingency plans. ERMs/RRMs are designed to

provide initial lifesaving multipurpose assistance when other response mechanisms are not yet in place. ERM/RRMs are mostly used for rapid-on-set crisis. For slow-on-set, 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 to mobilize resources from on-going actions and 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 application of flexibility measures should be based on a multi-risk analysis and the development of worst and most likely scenarios. Partners should develop a detailed plan considering prepositioning of stocks, surge staff, triggers and sectors of intervention.

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. Partners should adopt indicators to measure the timeframe required to deliver the first assistance (e.g. lifesaving response for xxx persons, and/or need assessment within xxx days from the displacement/disaster/alert/exceeded triggers).

General principles

Proposals from partners should be aligned with and address the following principles:

- **Needs assessments:** All proposals should incorporate a well-articulated situation and response analysis that builds on recent and contextualised needs assessment, and informs and prioritises response(s) as well as the targeting criteria (to be clearly defined). Various sources of information can inform the needs **assessment**, but should always be complemented by direct evaluation of the needs by the partner.
- **Humanitarian access:** Humanitarian access is the capacity of people in need to access timely and pertinent humanitarian assistance, and it is also the capacity for humanitarian actors to access people affected by crises who depend on humanitarian assistance to meet their basic needs. Humanitarian access is regularly challenged and restricted requiring constant efforts from all stakeholders in order to be negotiated and expanded. Each partner should consider integrating innovative 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 approaches should address humanitarian needs as well as improving partners' acceptance among affected communities. 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 IHL¹² and humanitarian principles and advocacy, as well as coordination efforts, including civil coordination, will be considered as they can improve meaningful access to affected populations.
- **Response to protracted situations will be considered** based on vulnerability, including 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.). **Nexus** opportunities should be analysed and promoted for responses in protracted situations in order to establish a link with longer-term engagement of development support. Sustainability and cost effectiveness of basic services should be considered when designing the intervention, including fair community participation.
- DG ECHO-funded actions need to be **environmentally-friendly** (e.g. sustainable technical solutions including renewable energy).
- Partners should demonstrate **correct targeting and quality monitoring**, including mainstreamed biometrics verification.
- DG ECHO has introduced standard **Indicators** for outcomes and results. The use of a specific KRI (Key Results Indicators) is mandatory for all actions covering the relevant sub-sector. Partners are strongly encouraged to use KOI (Key Objective Indicators) whenever possible and in conjunction with "Custom" indicators.
- **Capacity building and self-reliance.** Partners should develop and implement long term strategies for capacity building when providing technical assistance. Trainings should be administered by qualified professionals, and include entry and exit tests, extensive on the job practice, adult education good practices, good educational material, etc. The final

¹² International Humanitarian Law

objective should be not only knowledge transfer, but the promotion of capacities eventually leading to self-reliance.

Sector Specific Priorities

In all countries in HoA cash-based interventions should continue as the preferred modality where possible; opportunities for its upscale and expansion to multi-purpose cash transfers (ie beyond food assistance) should be supported. In all cases, concrete information should be provided: the purpose of the transfer, the value and frequency that will be provided to each beneficiary/ household and the criteria for determining the amount must be clearly explained and justified. The partner should include analysis of the different delivery mechanism options and ensure coordination and harmonisation with other actors for the design and implementation of the selected modality.

Disaster Preparedness (specific Budget Line)

In addition to DRR mainstreaming in all actions, DG ECHO will support targeted DRR actions under the Disaster Preparedness Budget Line (DPBL) in Kenya, Somalia and Uganda. More information can be found under each Country-specific paragraph.

Strengthening Early Response Capacity

In addition to the protracted and large scale disasters, the region is characterized by recurrent man-made and natural medium-small size rapid on-set crises; their probability of occurrence is high but it is difficult to anticipate their location. With Preparedness for Response and Early Action as emerging priority for DG ECHO, two models for strengthening early response capacity will be prioritised in the HoA:

1. Rapid Response Mechanisms (RRM) as stand-alone actions.
2. Crisis Modifiers (CM) as separate result and dedicated budget.

1. Rapid Response Mechanisms (RRM) are stand-alone actions pooling capacities of different partners for improved and more coordinated preparedness and early response, guided by early warning and contingency plans.

2. Crisis Modifiers (CM): in the framework of DG ECHO interventions in the region, CM refers to a separate result and dedicated budget to enhance responsiveness and flexibility of partners. Whenever relevant, partners should introduce a CM in their actions to be able to swiftly respond to any new emerging shocks occurring in the area of their operations (a crisis within a crisis) – or outside their main area of operations if they have the capacity to do so.

In the Single-form, the CM 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.

Both modalities are designed to provide initial lifesaving multipurpose assistance when other response mechanisms are not yet in place. They have the same purpose of enhancing flexibility and rapidity of the response. Both, to be effective, have to be based on risk analysis, scenarios and contingency plans, with intervention triggers identified, but the level of details of these plans will be different. Partners should demonstrate their capacity to preposition stocks and deploy adequate staff to respond without delay.

RRM and CM are mostly used to respond to rapid on-set crises. For slow on-set, objective indicators with thresholds for engagement / disengagement should be defined in coordination with other stakeholders.

RRM and CM are complementary and do not exclude each-other (although it is not relevant to have a CM embedded into a RRM program).

Timeliness of response is a key added value of these modalities and partners are expected to minimize the timeframe between the alert and the assistance. The following indicators could be used.

- ✓ “Number of people covered by early action/ contingency plans” (KRI);
- ✓ “Number of needs assessment completed within x days after the alert” (Target: to be adapted according to the country context and the modality used);
- ✓ “Number of days between the crisis 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).

Protection

Considering the existing conflict dynamics and inter-communal tensions in the Horn of Africa, coupled with recurrent natural shocks/disasters, 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 tackling threats, vulnerabilities and capacities of affected populations, hence reducing their exposure to protection risks (i.e. interventions with a protection outcome). Moreover, taking into account the strong correlation between natural disasters and conflict in the Horn of Africa, integrated actions¹³ are strongly encouraged.

Mainstreaming of basic protection principles is of paramount importance for 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 as from the needs assessment to systematically monitoring throughout the action. DG ECHO strongly encourage partners to include a specific indicator at objective level aimed at measuring the four protection mainstreaming principles: *% of beneficiaries (disaggregated by sex, age and diversity) 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)

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.

¹³ **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).

2. Food assistance interventions will target the most severe food insecure as a priority based on food security indicators and analysis such as IPC (eg IPC 3 or more households, households with poor Food Consumption Scores (FCS), high Coping Strategy Index (CSI), etc).
3. Food assistance needs for newly displaced populations should be prioritised in the context of displacement. Immediate assistance should be provided at arrival, ensuring the provision of sufficient and quality food assistance.
4. Actions for protracted displaced people should be based on vulnerability criteria (profiling) and livelihoods capacities to cover food needs, and the use of tools such as Household Economic Approach (HEA) is encouraged.
5. 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, according to the context.
6. Implementing partners providing food products should ensure prevention of product leakage by strengthening basic logistics controls at all levels of the supply chain, conducting market surveillance and creating awareness within the targeted community.
7. 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 livelihoods assessments and risk analysis and should not be confined to agricultural and pastoral livelihoods. Linkages with self-reliance strategies should be favoured. The feasibility and appropriateness of the interventions should be carefully considered and documented using the minimum standards 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 important for livelihood recovery. A robust analysis of seed systems (such as a Sustainable Seed System Assessment: SSSA) should be conducted to make 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.
8. Unconditional food and livelihoods assistance is preferred. Any conditionality should be duly justified and adapted according to the vulnerabilities of the targeted group (adapted for example for women with young children or in consideration of the agricultural season).
9. Partners should ensure coordination and complementarities with national safety nets where possible, and support when relevant the strengthening of the safety nets to cover acute needs in times of crisis.
10. 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 adequately processing, cooking and conservation of food/ making and safe water should be considered alongside food access and availability.

Nutrition

1. Nutrition programming will be considered where needs are demonstrated (i.e. prevalence of acute under-nutrition is higher than the critical threshold), and with priority given to

- contexts with significant risk of deterioration (arrival of newly displaced populations, high levels of food insecurity), low response capacities and significant caseload.
2. Nutrition needs should be informed by surveys or surveillance systems done with internationally approved methodologies. The use of prevalence of undernutrition using MUAC¹⁴ is acceptable in absence of other available indicator when sample representativeness is demonstrated.
 3. Nutrition interventions will be implemented following the CMAM¹⁵ protocols in effect in each country. Nevertheless, the implementation of protocols, including the continuum of care is encouraged when no other options are available and when added value on coverage and cost-efficiency can be demonstrated. The partner interested to implement this approach should share the proposed protocols for approval by DG ECHO. Standalone MAM¹⁶ services will not be considered for funding.
 4. All partners are expected to develop and share with DG ECHO the procedures for the prevention and the mitigation of nutrition products leakage. This includes, but is not limited to: strengthened controls of the supply chain (all relevant levels as per the proposal), conduction of market assessments, and implementation of awareness sessions within target communities.
 5. Treatment of acute malnutrition and its complications should be provided free of charge for the beneficiaries. This should include systematic and non-systematic drugs and lab tests, transport and board for caretakers, etc.
 6. Partners should specify in the proposal the source of therapeutic food (whether procured with DG ECHO funds or granted by UN agencies). If buffer stocks are procured with DG ECHO funds, an indicator for stock-out at facility level must be included in the logframe.
 7. Coverage assessments are encouraged in programs to measure objectively the coverage and identify barriers/boosters to increase access and acceptability of the nutrition program by communities. They should be undertaken on a two-year interval or less in case of significant changes at population or program level. Coverage surveys should comply with globally approved methodologies (e.g. CSAs¹⁷, SQUEAC¹⁸).
 8. All nutrition projects should promote IYCF practices and detail the strategy adopted in the funding proposal.

Health

1. Access to a package of basic health services must be ensured in any crisis situation. Interventions that can contribute to the reduction of key morbidities and avoidable mortality targeting the most 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

¹⁴ Mid-Upper Arm Circumference

¹⁵ Community Management of Acute Malnutrition

¹⁶ Moderate Acute Malnutrition

¹⁷ Community-Supported Agriculture

¹⁸ Semi-Quantitative Evaluation of Access and Coverage

- interventions (i.e. measles vaccination + Vit A+ de-worming + LLINS¹⁹ + 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 and lab tests fee coverage. Partners will be requested accountability for 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 or similar) 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, 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.
 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 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 Ministry of Health (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.

¹⁹ Long-lasting insecticidal nets

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

13. 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 FPA.

Water Sanitation and Hygiene (WASH)

1. Solar-powered pumping systems will be considered on a case-by-case basis, according to water-source capacity (adequacy between the water needs/demands and the capacity of production related to water resources and irradiation resources), demonstrated performance of the solar pump to match the need of people, proven proficiency of the partner, and availability of appropriate providers / installers in the country.
2. In dry lands areas, local dynamics of various water uses and availability should be thoroughly investigated (quantity and quality) and recorded.
3. Partners should focus on rehabilitation and repair of existing WASH systems / facilities. New construction could be granted on a case by case basis, depending on the relevance of the justification and, in any case as a last resort.
4. Water trucking should only be considered for the shortest time following an event, and as a last-resort lifesaving intervention requiring a clear and concrete exit strategy. Partners are fully responsible of ensuring water quality: water treatment and monitoring from tap to Households (HH) level.
5. Enhancement of self-reliance together with community contribution should be fostered as much as possible and a clear strategic plan beyond the duration of a DG ECHO funding should be developed and regularly updated.
6. Whenever possible, WASH services for displaced populations should be connected to / integrated with those of host communities, promoting equity in the level of service.
7. WASH activities have a complementary value in the control and prevention of epidemics, and should be linked to epidemics response where relevant, addressing the root causes of the disease.
8. Whenever relevant, WASH should be integrated into nutrition interventions to ensure a holistic and integrated approach to reduce vulnerabilities. The minimum package for WASH in Nutrition interventions should include:
 - 8.1. Safe water access and storage as well as appropriate sanitation in health facilities
 - 8.2. Hygiene kit distribution, containing water treatment product (if relevant in the context), jerry-can, and soap.
 - 8.3. Implementation of adapted and targeted awareness campaign related to diarrheal disease and its impact on the malnutrition status of children.
9. Hygiene promotion strategies should be dynamic, innovative, adapted or tailored to the context to avoid routine and loss of interest. Notice boards should be installed at strategic locations to enable awareness campaigns. In times of epidemics outbreak/emergency, simple direct communication should be prioritised; the use of heavy and long participatory methods, aiming at unrealistic behaviour changes, should be avoided unless supported by specific relevant contextual justification and a long term strategy.
10. Latrines must:
 - Address / take into account protection concerns;
 - Constitute a barrier to the transmission route of diseases (be hygienic).
 - Design and management of the latrines should promote as much as possible self-reliance
11. Sanitation projects should, where possible, have a clear community-based approach with beneficiary contribution. The design of household latrines and related capacity building

should privilege and be based on the capacity of the people to replicate it to ensure self-reliance and then sustainability. The management of the pit once filled up must be taken into account while designing the activity. The reuse of materials should be fostered as much as possible.

Shelter and Settlement

1. Emergency and transitional shelter should be prioritised. The design should be based on local capacity for self-replication or/and self-upgrading. The re-use of materials and tools to upgrade shelter into more permanent structure should be fostered as much as feasible.
2. Environmental impact and risk of conflict over the access to natural resources must be taken into account when designing the project.
3. Environmental hazards should be identified and avoided or mitigated when selecting settlement/camp site. Water source capacity should also be taken into account while selecting a site for settlement.

Education in Emergency

EiE will focus on providing access to safe, quality and accredited primary and secondary education to boys and girls, particularly adolescents. EiE interventions in the HoA should target out-of-school and drop-out boys and girls, over-age children, through formal and non-formal education opportunities which provide learners with competencies that enable their transition to formal education.

Proposed actions should be needs-based and tackle context-specific barriers to education as well as pulling factors. Priority will be given to actions that are innovative, multi-sectorial, conflict sensitive, promote social cohesion, have strong community participation and – in the case of refugee education - have links with longer term programs for more sustainability. Proposals should ensure that students are equipped with life-saving and life-sustaining skills which will be tailored to the risks and concerns identified. Likewise, teachers (unqualified, underqualified and volunteers) and other education personnel should be supported with relevant and tailored capacity building/professional development opportunities and interventions that increase motivation and decrease turnover. Proposals should aim at increasing both enrolment and learning outcomes and be aligned to the school academic year to avoid any further disruptions (and cover at least one full academic year).

Strong synergy with child protection – based on the specific protection risks – is strongly recommended. The provision of psychosocial support to students and teachers, especially those newly arrived and affected by conflict, will also be considered of critical importance as well as equipping education staff with referral skills. DG ECHO expects proposals to demonstrate sound coordination with other education initiatives.

Country-specific priorities

a) Djibouti

In 2019, the priority for DG ECHO will remain the **support to newly-arrived and protracted refugee populations**. DG ECHO will prioritise core humanitarian needs in camps, including access to WASH services and food assistance using the most appropriate and cost effective transfer modality, preferably cash. Protection activities focusing on registration and documentation of refugees and asylum seekers and comprehensive assistance

to victims of violence will be also considered. **Education in Emergencies:** in line with the Comprehensive Refugee Response Framework (CRRF), priority will be given to EiE actions that aim at: increasing the enrolment and integration of refugee boys and girls with *ad hoc* ‘transitional’ classes and activities, including providing courses on language acquisition and curriculum orientation for new arrivals; supporting the transition from primary to secondary and the expansion of secondary education opportunities – particularly in those locations where this is absent.

b) Ethiopia

DG ECHO’s first priority in Ethiopia will be to provide **life-saving assistance** to populations affected by man-made and natural disasters., partners will be expected to prioritise the most acute and recent needs. In the case of **displacement**, assistance to new influxes (refugees or IDPs) will be prioritised while considering – on a case by case basis – the needs and protection of protracted displaced populations if/when not addressed by long-term interventions. Ensuring complementarity and integration with existing durable solutions programs supported by development partners is paramount.

With regards to **refugees**, proposed actions must demonstrate that the target population is clearly aligned with the latest biometrics-verified figures. Camp maintenance services will not be a priority though may be supported if deemed necessary so as not to lose the gains achieved in the past.

Recovery activities will be considered (if/when funding is available), when demonstrating a clear bridging with on-going resilience or development programs in the spirit of the humanitarian – development Nexus. These activities will prioritise the same populations affected by man-made and/or climatic shocks, in particular the displaced populations using the same logic of prioritisation of the most urgent / critical needs for recovery, taking into account the vulnerability of the population and the opportunities for durable solutions (such as return, local integration or relocation).

Four different types of crises and related affected populations will be considered for funding:

- i) Cross-border displacement resulting in refugees and returnees arriving in Ethiopia and in need of immediate humanitarian support (priority will be based on acuteness of needs, then on timing (most recent) of arrivals);
- ii) Populations affected by internal conflict and violence, including populations in displacement and host / local populations.
- iii) Populations affected by climatic shocks (drought, floods) - including populations in displacement and communities hosting the displaced population.
- iv) Local and displaced populations affected by epidemics.

The **geographical prioritization** is difficult to foresee considering the multiplication and unpredictability of sudden-onset crises in Ethiopia. While it is currently foreseen that humanitarian needs will continue in 2019 for conflict related displaced and possibly returned / relocated populations along the border between Oromiya and Somali regions as well as in Gedeo (SNNP) and W.Guji (Oromiya) zones this does not preclude the possibility to respond elsewhere if new disasters arise.

The **sectors of response** prioritised will be protection, food assistance, WASH, shelter/NFIs, nutrition, health, livelihoods and education.

- i) **Protection:** Priority will be given to the timely provision of life-saving and quality protection assistance, including information dissemination, development of clear referral pathways and Standard Operating Procedures (SOPs) and case management, including referral to other services, Due to the scattered geographical distribution of IDPs sites, mobile/flexible responses will be prioritised. The development of system/sector-wide concrete prevention and response strategies will also be considered for funding. Specifically for Refugees and Asylum Seekers, priority will be given to the reception, registration and documentation of new arrivals, including the identification of protection-related vulnerabilities for timely assistance; the provision of assistance to victims of violence will also be considered for funding;
- ii) **Food assistance:** support to food assistance will prioritize populations affected by a shock (drought, conflict, etc.) and by acute food insecurity. Existing national channels for food assistance response will be preferred whenever possible and relevant in terms of timeliness and accountability. Other mechanisms can be used to ensure that additional vulnerabilities are adequately addressed, particularly in the case of IDPs. Actions considering protection of livelihoods could also be considered.
- iii) The delivery of **Shelter/NFI** will be prioritised for new displacement / arrivals but will also be considered in case of return / relocation if it is a first distribution. Attention will also be given to the quality of the NFIs.
- iv) **WASH** activities will prioritise access to water then sanitation followed by hygiene promotion and will need to integrate a sound sustainability/exit strategy. Interventions aiming at fighting cholera epidemics will need to demonstrate a clear integration with health interventions as well as tangible outcomes on the epidemics evolution through prevention and response activities aiming at stopping further transmission of the disease.
- v) **Nutrition:** nutrition interventions will prioritise areas affected by a shock (whether man-made or natural) with high risk of fast deterioration of the nutritional status of the affected population. The nutrition support must ensure the continuity of care (MAM-SAM) at all time. Innovative approaches to optimise coverage and cost effectiveness are encouraged.
- vi) **Health:** response to epidemic outbreaks including vaccination will be considered on a case-by-case basis, in strict accordance with existing international guidelines for the particular disease.
- v) The support to the **education** sector will focus on forced displacement with priority to locations that have received high influx of forcibly displaced persons and which are not sufficiently covered by humanitarian interventions. Proposals should take into consideration the needs of people displaced as well as return/relocations plans and reintegration plans. Within the application of the Comprehensive Refugee Response Framework (CRRF) for the **refugees** hosted in Ethiopia, priority will be given to actions that also: increase the enrolment and implement tailored education retention measures, in particular for girls and adolescents; scale up accelerated education programmes that enable learners to transition to formal; systems, support the transition from non-formal to formal as well as from primary to secondary education.

Strengthening Early Response Capacity will be covered through 2 mechanisms: i) Rapid Response Mechanisms (RRM); ii) Crisis Modifiers (CM).

i) Partners applying as grant managers of RRMs 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, scenarios, prepositioned stocks;
- 3) management, coordination and monitoring of sub-grants;
- 4) management of the grievance mechanisms.

Responses can include most types of life-saving intervention - health, nutrition, WASH, protection, short-term emergency food assistance and livelihood, NFI, and shelter.

In view of reducing potential conflict of interest, DG ECHO encourages separation between the roles of grant management and the delivery of the response.

ii) Crisis modifiers: Partners implementing projects in response to natural disasters, displacement or other emergencies should consider the integration of a crisis modifier (CM) into their actions to respond to rapid-onset crisis-within-crisis such as floods, epidemics and population displacements. CM can be used for short term emergency water trucking, health, livestock vaccination, nutrition, protection, shelter and NFI; CM should be triggered within a few days of the alert to provide short term assistance very rapidly.

Coordination is a key element of DG ECHO strategy in Ethiopia and should follow a principled approach at all times. It entails the following:

- Independent needs assessments, information management, data collection (such as the Displacement Tracking Matrix), targeting and verification;
- Strategic advocacy on sensitive subjects such as humanitarian space, respect to humanitarian principles and protection (mainstreamed and dedicated activities);
- Strategic and operational coordination (in particular the inter-cluster coordination and the role of NGOs as cluster co-leads);

c) Kenya

DG ECHO's support for Kenya in 2019 will focus on assistance to refugees and asylum seekers living in camps, and on Strengthening Early Response Capacity including the reinforcement of Early Warning Systems and linkages between communities and County authorities for preparedness and rapid response to acute crises. Linkages with existing safety nets or support for strengthening their shock responsiveness, including refugees, should be considered within the above focus areas.

Refugees and Asylum Seekers: DG ECHO will continue to support the refugee operations, with a focus on emergency/life-saving interventions. The encamped refugee and asylum-seeker populations in Dadaab and Kakuma will continue to be prioritised. Humanitarian services in Kalobeyei settlement may be considered only for the emergency response phase and with a clear exit strategy at the onset. This has 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 in the

camps. Partners are requested to build on existing opportunities for expansion of unrestricted cash modalities, ensuring effective coordination.

Protection: as registration services have been suspended in Dadaab since 2014 and there is still the likelihood of accelerated arrivals from South Sudan, emphasis should be placed on safeguarding asylum. The situation should be closely monitored in view of a potential response, including support to new settlement options. On the specific issue of undocumented arrivals in Dadaab camp, access to basic services has not been systematised. Proposals should reach and include these individuals unless otherwise prescribed by the authorities. Protection interventions focusing on assistance to victims of violence should prioritise early identification of cases and the provision of life-saving assistance for incidents that happened in the Country of Origin and in Kenya. Where broader sectoral interventions are required, DG ECHO encourages integrated responses that are clearly designed to provide an identified protection outcome. Physical protection of extremely vulnerable cases will also be considered for funding, when a clear exit strategy (e.g. safe reintegration into the community or relocation) has been foreseen. Actions including advocacy for the respect of Refugee Law provisions by Kenyan authorities can be considered for funding.

Durable solutions for refugees in protracted situations will be emphasised. Alternative and/or innovative approaches contributing to building the self-reliance of the displaced population can be supported.

Education in Emergencies: priority will be given to proposals that: 1) target out-of-school girls, with a specific focus on adolescent girls, and put in place measures to increase their retention in school; 2) support the transition from primary to secondary education; 3) increase schools absorption capacity; 4) provide courses on language acquisition and curriculum orientation for new arrivals; 5) include awareness on disaster preparedness and response; 6) encourage stronger parents/community participation. EiE interventions must consider the increasing population of undocumented children and make effort to include them in learning. The ongoing return process should be taken into account with specific measures taken to minimise disruption of learning and child protection risks, such as family separation.

Under the **Disaster Preparedness Budget Line (DPBL)**, DG ECHO invites partners with proven experience in leading disaster preparedness processes and with emergency response capacity to submit separate multi-year proposals (up to a maximum of 24 months) to:

- Strengthen the communication flow and Early Warning system between national and county based institutions and communities in areas prone to drought, floods, disease outbreaks and conflict and to improve preparedness and capacity for early response.
- Strengthen the capacity of counties to “translate” warnings and other information into alerts to the population;
- Strengthen and operationalise the disaster contingency plans at county and community level;
- Strengthen the capacity of the first responders to rapid-on-set disasters.

Actions funded under the DPBL shall target the high-risk ranked counties (using the sub-national INFORM) with a particular focus on areas exposed to natural rapid-onset hazards. While localised activities might be deemed necessary to strengthen communities’ preparedness, the focus of the action should be on the reinforcement of the Early Warning-Early Action nexus, in close collaboration with national and local institutions. While contributing to the resilience building of livelihoods, the focus should be on reducing the risk of losing lives in case of disaster. Preparedness activities to enhance the capacity of

institutions and humanitarian actors to deliver early, coordinated and effective response might be considered with particular consideration to strengthen systems for the use of cash in rapid-onset crises like building interoperability of records and registers and harmonized transfer values.

Partners applying to the DPBL shall:

- Demonstrate capacity to influence, advocate and work with national and local institutions (KMD²¹, NDMA²², Ministry of Devolution and Planning, River Basin Management Authorities, National Disaster Operation Centre, Counties).
- Have the capacity to deliver a principled early response to rapid on-set crisis country wide.
- Partners applying to the DPBL shall include in their project a separate result (**Crisis Modifier - CM**) to deliver first line assistance (Health, Nutrition, Food, Water and Shelter) in the aftermath of a crisis. The CM should have a country-wide geographic scope, and be supported by a proportionate budget and contingency plan to allow multiple activations in the course of the action's lifespan. Interventions of the CM must be in line with county contingency plans and responses. Partners shall demonstrate their ability to act rapidly and have unhindered access and logistic capacity to reach affected locations country-wide.

d) Somalia

DG ECHO's strategy for Somalia will focus mainly on:

1. **Life-saving programmes** for populations recently displaced by acute crises (conflict and natural disasters) or exposed to epidemics and based on commonly defined and agreed vulnerability criteria (through Clusters, when available). Actions should be based on independent and contextualised (i.e. area of intervention) needs assessments, built upon lessons learnt from previous/ongoing programs (when relevant), and take into account realistic access considerations and fully respect humanitarian principles. Innovative ways of accessing difficult to reach populations will be considered.
2. **Strengthening early response capacity**: in order to effectively respond to new, rapid on-set, manmade or natural disasters or disease outbreaks ("a crisis within a crisis") partners should include a Crisis Modifier in their project. It should specify the potential locations of intervention where the partner has demonstrated response capacities (e.g. presence, access) and outline the triggers, potential activities and the tentative number of people to be targeted. Partners will be expected to activate their response plan based on a recent rapid needs assessment indicating the type of disaster, its magnitude, and number of affected persons. It should focus on addressing immediate life-threatening needs/risks, related but not limited to food, water, health, emergency shelter, and protection. Indicators should provide elements to assess the timeframe required (in few days) to deliver the first assistance and the scope of assistance delivered within that timeframe (please see suggested indicators under section Strengthening early response capacity p 6). Community-based preparedness planning will not be funded.
3. **Cash preparedness and shock responsive safety net**. Under the Disaster Preparedness Line (DPBL), DG ECHO invites partners with proven experience in leading substantial Cash Transfer Programming (CTP) in Somalia to submit multi-year proposals (up to a

²¹ Kenya Meteorological Department

²² National Drought management Authority

maximum of 24 months) to support the transition from the emergency cash transfer response to a shock responsive and predictable safety net. Partners will have to work in the framework of a multi-donor initiative. To this end, a Donor Working Group (DWG) has been established; the objective of the action will be to contribute to the DWG's Technical Assistance Facility (TAF) with humanitarian expertise, including capacities to i) carry out research and learning exercises (studies & surveys); ii) develop and design Standard Operating Procedures (SOPs) (as part of the overall Programme Implementation Manual (PIM) of the safety nets) and iii) pilot various designs of safety nets benefiting 650 households for 18 months with the aim to test and learn from the shock-responsiveness component). Main areas of work will be: i) permanent and interoperable beneficiaries' registries; ii) harmonized transfer values considering regional differences and seasonality; iii) common targeting criteria; iv) coverage; v) distribution mechanisms; vi) feedback/ grievance system; vii) early warning systems and shock responsive mechanisms

4. **Linkages with medium and longer term programmes.** Due to the protracted and overlapping nature of crises in Somalia, partners must clearly explain their intervention strategy based on the type of identified needs (acute or protracted) and the level of coverage by the proposed action. An explanation of linkages with other actors and between their humanitarian aid with resilience programmes and longer-term actions is essential.
5. **Protection mainstreaming.** To give effect to the 'Centrality of Protection' (CoP) in Somalia, operational results for all partners need to be clearly associated with defined protection accountabilities, guided by the Humanitarian Country Team (HCT) CoP Strategy. Specifically in relation to 'Ways of Working' priority 3 (Strengthened Protection Mainstreaming (SPM), Accountability to Affected Populations (AAP), and Prevention of Sexual Exploitation and Abuse (PSEA) across all sectors), partners are strongly encouraged to use the pilot Protection Mainstreaming indicator developed by DG ECHO.

Geographic prioritisation will be based on the ability to access the most vulnerable populations affected by conflict, natural disasters and disease outbreaks. Areas with high level of displacement, IPC3+ and high prevalence of acute malnutrition will be the first focus. Prioritisation will also take into consideration the sub-national INFORM risk index and other hazard-specific maps and information, as well as the result of direct local level assessments carried out by DG ECHO and its partners.

Targeting. Priority will be given to actions targeting recently displaced populations and/or areas of severe food insecurity classified in IPC 3+ phases. A specific focus will be given to IPC 4 hotspots. The longer term protracted IDP or other vulnerable populations might also be considered based on the needs and funding availability. Support to local integration and return of displaced populations will be considered on a case by case basis, and only when returns meet the principles of voluntariness, safety, dignity and to areas of free choice

Integrated multi-sector programmes. DG ECHO will encourage integrated multi-sector actions (either within one agency or well-coordinated actions across partners). Education in Emergencies (EiE), food security and nutrition, health and WASH programmes should go hand in hand where appropriate and feasible. Consortia between partners for specific parts of the response are welcome.

Highlighted sectors and response modalities:

- **Protection:** priority will be given to interventions aimed at monitoring protection violations and/or addressing critical protection concerns, including through the dissemination of lifesaving information (e.g. access to services), on the basis of a thorough analysis of the risks faced by women, men, girls and boys; prevention measures will be considered for funding only if their design allows concrete results (or progress) within the timeframe of the action and shows clear linkages with heightened protection risks caused by the crisis; actions directly contributing to the operationalisation of priority 2 and 3 of the HCT CoP strategy will be prioritised for funding;
- **Multi-Purpose Cash Transfer (MPCT):** multi-purpose and unconditional cash transfer will be the preferred modalities for addressing the basic needs of the most vulnerable population. Consortia between partners and/or programmes following DG ECHO/DFID's harmonized approach to Multi-Purpose Cash Assistance (MPCA) will be encouraged. MPCA should be aligned with the larger recovery/resilience building programmes when relevant and designed to contribute to the establishment of a shock responsive and predictable safety net system supported by development actors.
- **Education in Emergencies (EiE):** will focus on reaching displaced out-of-school boys and girls with relevant education opportunities. EiE actions should prioritize quality aspects - along with access - which contribute to retention and improved learning outcomes. Supply hubs may be supported, if they ensure preparedness and early response for EiE. Proposed actions should include activities that tackle protection and gender concerns as well as advocate for and implement appropriate measures for the protection of schools from attacks.
- **Health & Nutrition:** in view of the deficient health services and infrastructure in Somalia and the need for life-saving support, health programmes may be considered in areas hosting a large number of IDPs and in specific domains through free health services targeting reduction of avoidable mortality and morbidity (e.g. emergency surgery, mother and child health care, prevention and response to epidemic outbreaks/EWARS, medical care for SGBV victims). Partners are recommended to follow a common/coordinated approach in line/support to the national health programs, with a joint strategy and logical framework. Addressing the high levels of acute malnutrition (prevention and treatment) through an integrated health and nutrition response remains a priority. Nutrition interventions ensuring access to safe water, health systems and hygiene practices to address the underlying causes of under-nutrition will also be prioritised.
- **WASH:** actions aiming at improving access to safe water supply will be considered, particularly in areas with increased exposure to AWD²³/cholera, high malnutrition rates and displacement. Regardless of the modality of delivery, water quality must be ensured. The community management aspect of water provision systems should be included. For interventions aimed at responding to sudden on-set crisis, quick impact actions on safe water access will be prioritised.

In Somalia, partners must pay particular attention to the provisions of the '*DG ECHO Instruction Note for DG ECHO staff on Remote Management*' in terms of its requirements

²³ Acute Water Diarrhoea

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 service provision.

e) Uganda

a) **Assessment round 1 – Process completed in December 2018**

While both protracted and new caseloads co-exist in Uganda, responses to **new influxes** will be prioritised. In addition, given the dire situation in South Sudan and the Democratic Republic of Congo (DRC), refugees and asylum seekers from those countries represent the largest caseloads in Uganda, giving them priority for humanitarian assistance. However, DG ECHO will continue to monitor other refugee caseloads and may consider an intervention in case of unforeseen crises.

While programme design should be evidence-based, actions could include innovations to further build evidence (piloting) and improve the effectiveness of the response, notably using the **multi-purpose cash** modality where feasible, to improve the comprehensiveness, quality, timeliness and cost efficiency of the response. All cash based interventions should be harmonised at the CASH Working Group with specific attention to Minimum Expenditure Basket (MEB) calculations, coverage, transfer amounts and delivery mechanisms. Finally, humanitarian interventions should contribute to create a conducive environment for sustainable livelihood, such as increasing cash injection, and support a transparent targeting to feed initiatives to set up a nascent social protection scheme.

In 2019, DG ECHO will concentrate on specific geographical areas to optimise the impact of EU joint interventions following the criteria below:

- Areas receiving new arrivals;
- Settlements where DG ECHO's previous investment in setting up services, particularly Education and WASH, requires additional **short-term support** for effective transition from humanitarian support to development programme;
- Settlements where high vulnerability has been identified and cash-based response modality is deemed the most effective and cost-efficient.

DG ECHO's targeting will be based on **solid identification of vulnerabilities to specific risks**. The newly established biometric system is the most effective system to ensure that assistance is delivered to the most vulnerable and those entitled to. Partners should ensure accountable and transparent targeting mechanisms in place to maximise the impact of the project and mitigate mismanagement risks. Partners should ensure fluid communication on fraud/PSEA²⁴ related matters with DG ECHO.

All DG ECHO-funded projects should contribute to the Comprehensive Refugee Response Framework.

Support will be articulated around two pillars:

²⁴ Protection against sexual exploitation and abuse

1. Life-saving assistance:

- Targeted Protection interventions will be prioritised, integrating the reinforcement of case management and referral systems adopting a tailored people-centred approach, requiring in-depth gender and age analysis. Priority will be given to Actions including: registration and documentation, legal protection, child protection and assistance to victims of violence. The assistance to victims of violence will focus on the early identification of cases and related provision of assistance no matter where these incidents have happened. Gender based violence response programming will adopt a survivor-centred approach²⁵. Provision of life-saving information (e.g. availability and access to services) will also be considered for funding and will be prioritised if based on sound and contextual dissemination strategies to maximize impact; Preventive protection interventions will aim to reach tangible outcomes to be delivered within the timeframe of the action. Behaviour change strategies will only be supported as part of a multi-year development programme. Last but not least, **protection mainstreaming is compulsory** in all interventions:
- Multi sector emergency response to the needs of new arrivals will be supported. Priority will be given to actions that target the same **beneficiaries with a range of services**, in which circumstance, NGO consortia are encouraged if they demonstrate added value.
- The following have been identified as focal sectors for EU Nexus programming and therefore will be prioritised. Sector based consortia are welcomed if they demonstrate not only harmonisation of approaches but also advocacy capacities to support sector refugee response plans.
 - **Protection:** See above bullet point on protection.
 - **Food assistance:** Cash scale up for food assistance will be supported.
 - **WASH:** Water trucking will only be supported for a limited period of time when opening new settlements, covering clearly identified gaps and in complementarity with other initiatives, while sustainable and cost-efficient options are being reinforced. Cash-based initiatives will be privileged.
 - **Health:** Efforts will be focused on epidemic response, complementing the preparedness component spelt out in Pillar 3, below.
 - **Education in Emergencies (EiE):** Building on 2018 HIP investments in education in emergencies and based on the Education Response Plan developed by the Ministry of Education and Sports, the EiE response will prioritize reinforcing and expanding the current Accelerated Learning Programme (ALP). Tailored training opportunities should be provided to the ALP teachers, also taking into consideration the different needs and backgrounds of the students they are teaching; additional contextualised education activities should be embedded to support the integration and retention of refugees in the ALP programme and help them overcome language barriers. Transition from ALP to formal education will also be supported.

²⁵ Survivor-Centred approach aims to create a supportive environment in which each survivor's rights are respected and in which people are treated with dignity and respect.

2. Disaster Preparedness:

- Applicants should have the institutional capacity to work and contribute to the empowerment of the refugee hosting Districts and the URCS in their role of first responder.
- DG ECHO will aim to enhance national, district and local DRR capacities, including decentralised Governmental institutions and the Uganda Red Cross (URCS) in coordination with the Office of the Prime Minister (OPM) and the National Emergency Coordination and Operations Centre (NECOC).
- Geographic focus is in refugee hosting districts. DG ECHO invites partners to submit multi-year proposals (max. 24 months) with a focus on the following two components:
 1. **Strengthening epidemics surveillance.** Uganda and neighbouring countries are regularly affected by epidemic outbreaks such as cholera, Meningitis, Viral Haemorrhagic Fever (including Ebola Virus Disease, Marburg and yellow fever) and measles. The massive flows and presence of refugees heightens the risk of transmission and puts district health services under pressure. In the framework of CRRF, actions should strengthen national and community-based epidemics surveillance and referral systems, involving refugees and host communities, and ensuring ownership and capacity building of district-level authorities. Activities to be considered include: i) awareness campaigns; ii) training of district health personnel; iii) contingency medical services and supplies; iv) vaccinations; v) strengthened surveillance at reception centers; vi) development and systematic application of response protocols.
 2. **Reinforcing the linkages between Early Warning and Early Action** for all type of emergencies with a special focus on epidemics and new influxes. This covers linkages between national coordination institutions (OPM and NECOC) and first responders (Districts and URCS), including contingency plans and preparedness measures such as prepositioning of emergency stocks as well as simulation exercises. Supported interventions must include a crisis modifier in a separated result, in order to ensure the provision of a first immediate and effective response in case of sudden emergencies affecting targeted areas (refugees and/or host communities), to be implemented by the above-mentioned local first responders. The budget allocated to the crisis modifier must be proportional according to the emergency scenarios and scope of the first response defined in last versions of Districts' contingency plans. Triggers for crisis modifier activation must be clearly defined and included in Contingency Plans. Performance of local first responders' teams in case of simulation exercises and/or real emergency situations must be systematically evaluated in order to identify gaps and feed capacity building priorities.

b) Assessment round 3 - CLOSED

This assessment round aims at allocating the non-committed funding under the assessment round 1 under the Uganda envelope. DG ECHO strategy in Uganda remains unchanged and this new assessment round focuses on the following aspects not sufficiently addressed in the proposals received in November 2018 during assessment round n°1.

- **Education in Emergencies (EiE):**

Building on 2018 HIP investments in education in emergencies and based on the Education Response Plan developed by the Ministry of Education and Sports, the EiE response will continue targeting out-of-school and dropped out boys and girls, especially adolescents, in refugee settlements and host communities located in Western and South-Western regions.

EiE interventions will focus on providing safe and inclusive access to quality formal and non-formal primary and secondary education and address main barriers to education, enabling children to access education and/or re-enter into the formal education system. All interventions should show integrated programming, addressing **demand - supply side** gaps, based on sound analysis and considerations.

Partners should tailor their proposed actions to the different needs of children and adolescents, based on their age, gender, and abilities and prioritize **quality** aspects contributing to retention and improved learning outcomes.

Proposed EiE actions should be needs based, holistic, conflict-sensitive, and innovative; include the provision of psychosocial support for children and enhance teachers (and other education personnel) referral capacities, when not already addressed by existing on-going projects. The proposed response modalities have to be robustly justified. Partners are also encouraged to undertake context – specific analysis on the barriers to access education and identify and implement adapted solutions to address them, including opportunities for Cash Based Programming in the education sector.

DG ECHO expects proposals to demonstrate sound **coordination, complementarity and synergy** with other initiatives (i.e. education, psychosocial support, protection, livelihoods, basic needs/multi-purpose cash, etc.) across humanitarian and development nexus.

- **Disaster Preparedness budget line (DPBL):**

Applicants should have capacity to work and contribute to the empowerment of the refugee hosting Districts and the local institutions in their role of first responder.

DG ECHO will aim to enhance national, district and local DRR capacities, including decentralized Governmental institutions and the Uganda Red Cross (URCS) as well as other relevant Ugandan Civil Society Organizations with experience in Disaster and/or Refugee Influx Preparedness and Response, in coordination with the Office of the Prime Minister (OPM) and the National Emergency Coordination and Operations Centre (NECOC).

Geographic focus is in refugee hosting districts. While the first round of assessment targeted the South West regions, the second round will target the **refugee hosting districts in Northern Uganda receiving new arrivals**.

The focus of this second round will be on:

- **Reinforcing the linkages between Early Warning and Early Action** for all type of emergencies. While Actions shall be informed by multi-risk analysis, partners will have to demonstrate the institutional capacity specific to at least one of the type of emergency addressed (epidemics, natural disasters and new refugee influxes).

The DPBL Actions shall enhance linkages between national coordination institutions (OPM and NECOC) as well as concerned line ministries with first responders (Districts, URCS and other Ugandan Civil Society Organizations). It includes the implementation of preparedness measures

at District level such as the update / elaboration of District contingency plans, the prepositioning of emergency stocks and the realisation of simulation exercises.

Supported interventions must include a crisis modifier in a separated result, in order to ensure the provision of a first immediate and effective response in case of sudden emergencies affecting targeted areas (refugees and/or host communities), to be implemented by the above-mentioned local first responders. The budget allocated to the crisis modifier must be proportional according to the emergency scenarios and scope of the first response defined in last versions of Districts' contingency plans. Triggers for crisis modifier activation must be clearly defined and included in Contingency Plans. Performance of local first responders' teams in case of simulation exercises and/or real emergency situations must be systematically evaluated in order to identify gaps and feed capacity building priorities.