

TECHNICAL ANNEX

SUDAN and SOUTH SUDAN

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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2. FINANCIAL INFO

Indicative Allocation: EUR 104 500 000 (of which an indicative amount of EUR 3 500 000 to be allocated for Education in Emergencies)

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

Country	Action (a)		TOTAL
	Man-made crises and natural disasters	Education in Emergencies	
Sudan	53 000 000	2 000 000	55 000 000
South Sudan	48 000 000	1 500 000	49 500 000
Total:	101 000 000	3 500 000	104 500 000

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 54 500 000
- 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 **Sudan and South Sudan**.

- c) Costs will be eligible from 01/01/2019²
- d) The initial duration for the Action may be up to 24 months, including for Education in Emergencies actions
- e) Potential partners³: All DG ECHO Partners
- f) Information to be provided: Single form⁴
In the case of a continuation of a 2018 action: modification request.
- g) Indicative date for receipt of the above requested information⁵: 18 December 2018

Allocation round 2

- a) Indicative amount: up to EUR 25 000 000
(EUR 20 000 000 for South Sudan, EUR 5 000 000 for Sudan)
- b) Description of the humanitarian aid interventions related to this assessment round: food assistance, protection, Ebola Virus Disease preparedness and response, including in targeted, newly accessible areas
- c) Costs will be eligible from 01/01/2019
- d) The expected duration of the Action is up to 12 months, but could go up to 18 months in case of modification request
- e) Potential partners³:

Pre-identified partners for South Sudan:

- Internationally mandated agencies in emergency food assistance and nutrition response: WFP, UNICEF
- Internationally mandated organisations for protection (ICRC) and DG ECHO-funded partner already present in the country and well-positioned to provide protection assistance, combined with security/safety expertise: DRC.
- DG ECHO-funded partner already present in the country and well-positioned to deliver non-food items, especially in newly accessible areas: IOM.
- Logistical services and in-country coordination to support the implementation of humanitarian assistance: UNHAS, OCHA.

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

³ 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.

⁴ Single Forms will be submitted to ECHO using APPEL (e-Single Form)

⁵ 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, as unacceptable

- Internationally mandated agencies in emergency health assistance response: WHO.

And

- Partners with established technical, institutional and operational capacity in the response to hemorrhagic fevers, and in particular with capacity in: reinforcing the surveillance and response capacity of the healthcare system; carrying out infectious disease control initiatives that contribute to the established rapid response mechanism; carrying out rumor-tracking initiatives that address the negative perceptions around preparedness against the Ebola Virus Disease; providing logistics support to EVD preparedness and response activities; carrying out life-saving emergency health interventions only in accessible high-risk areas. The allocated budget for this component amounts to EUR 1.5 million. Given the amount of funds available, and in order to provide a more efficient response, consortia among partners are strongly encouraged.

Pre-identified partners for Sudan:

- Internationally mandated agencies for protection: ICRC, UNHCR
 - Internationally mandated agencies for food assistance in emergencies: WFP
- 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:
- For South Sudan: 1st April 2019
 - For Sudan: 1st April 2019

Allocation round 3

- a) Indicative amount: up to EUR 25 000 000 (EUR 25 000 000 for Sudan)
- b) Description of the humanitarian aid interventions related to this assessment round: food assistance, health and nutrition, cholera preparedness and response and protection including in targeted, newly accessible areas.
- c) Costs will be eligible from 01/10/2019 for new actions
- d) The expected duration of the Action is up to 15 months for new actions
- e) Potential partners³:

Pre-identified partners:

- Internationally mandated agency for food assistance in emergencies: WFP
- Internationally mandated agency for protection and active in the preparedness and response to cholera: ICRC

- Logistical services to support the implementation of humanitarian assistance: UNHAS.

And

- International agency for nutrition response and currently ECHO-funded partners in Sudan implementing integrated health and nutrition projects with established technical, institutional and operational capacity, in particular in States/regions most in needs.
- The indicative amount for this component could amount up to EUR 10 million.

And

- Partners in Sudan with established technical, institutional and operational capacity, currently implementing WASH projects in areas where prevention towards water-related diseases is the most acute (in particular in relation to the current cholera outbreak)
- The indicative amount for this component could amount up to EUR 2 million.

- f) Information to be provided: Single form or modification request for an on-going DG-ECHO funded operation.
- g) Indicative date for receipt of the above requested information: 3 November 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 to employed, the activities to be undertaken and the objectives to be achieved?
 - Is the breakdown of costs sufficiently displayed/explained?⁶

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 a DG ECHO field expert (TA) to determine the feasibility and quality of the follow-up action proposed.

3.2.2. 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.

⁶ In accordance with the relevant section of the Single Form guidelines (section 10)

General guidelines on 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. ERMs/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 repositioning 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 mobilise 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 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 the direct and objective evaluation of the needs by the partner. The information used for the assessment must be relevant to the proposed area of operations. Data and lessons learnt from previous/current actions should be included.
- DG ECHO has introduced **Standard Indicators** for outcomes and results. The use of a specific Key Results Indicators (KRI) is mandatory for all actions covering the relevant sub-sector. Partners are strongly encouraged to use Key Objective Indicators (KOI) whenever possible and in conjunction with "Custom" indicators.

Sector Specific Priorities and Modalities for Sudan and South Sudan

In Sudan and South Sudan the most appropriate modalities for response should be identified for each sector. Mixed modalities could be considered when appropriate. When using Cash Based Transfers, the purpose of the transfer, the value that will be covered for each beneficiary and the criteria for determining the exact amount must be clearly explained and justified. Partners should include analysis of different delivery mechanism options and ensure coordination and harmonization with other actors for the design and implementation of the selected modality. Due to the context of high inflation, partners should plan for changes in the design (modality, transfer values, delivery mechanisms can be affected), based on a justified analysis. Innovative approaches (e.g. using new technology) than can enhance access to populations in need are encouraged. Use of multi-purpose cash transfer is encouraged particularly in situations of protracted displacement. Any cash-based proposal should demonstrate that it is the most appropriate modality, designed in complementarity with other actors' interventions and based on a sound risk analysis.

Protection

In **Sudan** and **South Sudan**, considering the existing conflict dynamics and inter-communal tensions, coupled with recurrent natural shocks/disasters, actions directly tackling threats, vulnerabilities and capacities of affected populations, with the aim to reduce their exposure to protection risks will be prioritised. Moreover, taking into account the strong correlation between protection risks and access to resources, integrated actions⁷ are strongly encouraged.

In **Sudan**, the contribution to Durable Solutions for displaced populations can be considered when in line with the principles of safety, dignity, voluntariness and linked with development initiatives. 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.

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 encourages partners to include a specific indicator at objective level aimed at measuring the four protection mainstreaming principles: *% of beneficiaries (disaggregated by sex, age and diversity) reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.*

⁷ 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).

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

1. Timely provision of life-saving quality protection assistance, through either static or mobile response; the specific assistance to be provided must be based on a sound identification of the main protection risks faced by different gender and age groups (i.e. protection analysis) within the community, rather than on a pre-defined set of vulnerabilities; more specifically for actions including mobile protection programming, the level of response (e.g. whether to provide individual assistance, capacity to follow up on cases etc.) should be informed by the different scenarios found on the ground (e.g. presence and capacities of local actors, availability and quality of services, continuity of care etc.) with the aim of upholding ethical principles and avoid causing harm; multi-sectorial interventions with a protection component, whether implemented by a multiple or single agency, will be prioritised;
2. Material assistance will be considered for funding when the intended protection outcomes are clearly conceptualised at the proposal stage; the development of sound Standard Operating Procedures (SOPs) including up-to-date referral mechanisms will also be considered for funding.
3. Protection monitoring interventions will be also prioritised, but must be coupled with a response component (either direct response or through external referral, based on sound and up-to-date referral mechanisms).
4. 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.
5. Awareness raising/information dissemination efforts should focus on access to services and on messages that are considered essential to stimulate help-seeking behaviour among the community (e.g. messages on consequences of GBV). Messages aimed at preventing and reducing protection risks (e.g. family separation, mine risk education) could be foreseen but should be closely linked to the risks identified through sound and contextualised risks analysis and must be designed to maximise their effectiveness. Actions aimed at promoting respect for and compliance with International Humanitarian Law and other relevant legal frameworks (e.g. Refugee Law, Kampala Convention⁸) could be considered.
6. In refugee settings, access to registration and documentation, including birth registration, will be prioritised.

Food Assistance

In **Sudan** and **South Sudan**, 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. 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.). Targeting and verification mechanisms should be in place. In **South Sudan**, specifically in the IPC 4+ areas, and/or when access is not possible due to

⁸ Sudan is not a signatory of the Kampala Convention; South Sudan signed the Convention but has not yet ratified it.

conflict and household level targeting cannot be implemented, area-based prioritisation will apply and Global Food Distribution (GFD) could be considered.

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

1. Actions for protracted displaced people 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.
2. The specific needs of groups most vulnerable to undernutrition should be addressed; in particular, the provision of complementary foods for children aged 6 to 24 months should be considered and provided through the most appropriate modality, according to the context.
3. Unconditional food assistance is preferred. Any conditionality should be duly justified and adapted according to the vulnerabilities of the targeted group (adapted for example to women with young children or general considerations of the agricultural season).
4. Implementing partners providing food products should ensure adequate measures to prevent product leakages by strengthening basic logistics controls at all levels of the supply chain, conducting market surveillance and creating awareness within the targeted community.
5. Emergency livelihoods interventions intended to protect livelihoods can be considered where acute needs are already covered, and when the action clearly contributes to improving the food security situation or the nutrition status of the most vulnerable and at risk populations. Livelihood interventions should be supported by a well-informed livelihood assessment and risk analysis.
6. Partners must participate in and reinforce existing food security information systems, particularly in areas with higher levels of food insecurity.
7. 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, but not as stand-alone projects.

Nutrition

In **Sudan** and **South Sudan** nutrition programming will be considered where needs are demonstrated (i.e. prevalence of acute under-nutrition higher than the critical threshold) and with priority given to contexts with a significant risk of deterioration (arrival of newly displaced populations, high levels of food insecurity (IPC 3 - 5)). Acknowledging the magnitude of needs, further elements such as conflict-affected zones, absence or insufficient local response capacities and significant caseload will be considered for project selection.

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

1. Integrated responses (i.e. WASH/Health/FSL/Education/protection) that maximize impact on the target communities are also strongly encouraged.
2. Nutrition needs should be informed by surveys or surveillance systems done with internationally approved methodologies and approved by the nutrition cluster. The use of

prevalence of undernutrition using MUAC⁹ is acceptable in absence of other available indicators when sample representativeness is demonstrated.

3. Priority is given to the treatment of life threatening Severe Acute Undernutrition. Support to MAM¹⁰ treatment might be considered but always in complementarity with the SAM¹¹ treatment and when adequate performance (i.e. analysis of previous years' outcomes and partner's capacity) can be demonstrated.
4. Although nutrition interventions are expected to be implemented following the CMAM¹² protocol and national guidelines, DG ECHO does support the use of the alternative approaches such as extended or simplified protocol / continuum of care when relevant (e.g. limited access to beneficiaries, limited availability of nutrition specialised products and non-functional health facilities). Partners willing to apply this approach should share their proposed protocol with DG ECHO for validation.
5. The treatment of cases presenting with severe medical complications should be provided in all nutrition programs. Partners in charge of the support of stabilisation centres must ensure the quality of medical care, the good coverage of the facilities and their acceptability by the communities. This includes, but is not limited to: the reinforcement or provision of medical capacity (i.e. skilled human resources), strengthening of a referral system, provision of drugs for non-systematic treatments, and diagnostic tests and food allowances for caretakers.
6. When feasible, nutrition programming must be integrated into the existing health services. The level of substitution / integration within the health system should be informed by an analysis of the existing capacity. With an objective of sustainability in mind, the partner is encouraged to develop a relevant support and capacity building strategy at both the technical and management level (management of supplies, reporting and day-to-day running of the facility). Following the capacity diagnosis, different levels of support could therefore be provided to the different pillars of the health systems to address the gaps identified for the implementation of the nutrition programs.
7. IYCF (Infant and Young Child Feeding) practices promotion must be included in all nutrition programs and the strategy should be detailed in the single form.
8. Community-level activities including nutrition screening, program sensitisation, follow-up of defaulters and non-respondents must be part of all nutrition programs as well. Harmonisation and clarification of the role, responsibilities of and support to Community Health Workers (in South Sudan known as 'Household Health Promoters and Community Nutrition Volunteers') is encouraged at the sectoral level to inform program activities.
9. Coverage assessments are encouraged in programs to objectively measure 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 the population or program level. Coverage surveys should comply with globally approved methodologies (e.g. CSAS¹³, SQUEAC¹⁴).

⁹ Mid-Upper Arm Circumference

¹⁰ Moderate Acute Malnutrition

¹¹ Severe Acute Malnutrition

¹² Community Management of Acute Malnutrition

¹³ Community-Supported Agriculture

¹⁴ Semi-Quantitative Evaluation of Access and Coverage

10. The source of supply of nutrition specialized foods used in nutrition programs should be mentioned in the proposal (i.e. UN pipeline, direct procurement with DG ECHO funds). If buffer stocks are procured with DG ECHO funds, an indicator for stock-out at facility level must be included in the log frame.
11. 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.

Health

In Sudan and South Sudan, priority will be given to interventions addressing critical levels of key morbidities and avoidable mortality targeting vulnerable populations in particular in case of new and/or unmet needs arising from compounding factors, such as critical levels of under nutrition, conflict-related displacement/refugee influx, natural disasters, epidemic outbreaks, etc. Acknowledging the magnitude of needs, further elements such as the presence of development-funded health interventions, absence or insufficient local response capacities and significant caseload will be considered for project selection.

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

1. Partners should ensure access to free and equitable access to quality primary and secondary health care. The health services offered by partners should include a package of basic health services, undernutrition treatment, war surgery (when / where relevant), basic and comprehensive emergency obstetrics and neonatal care.
2. High impact public health mass interventions (i.e. measles vaccination + Vit A+ deworming + LLINS¹⁵ + nutrition screening and referral for treatment) 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, support to caretakers and lab tests fee coverage. Partners will be requested to report on referrals.
4. Support to evidence-based community health activities is mandatory in all health interventions including health promotion activities, active defaulter tracing as well as surveillance and nutrition screening activities.
5. Capacity building and training components will have to focus on main health priorities and address critical capacity gaps. It should 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 as well as diagnostic and emergency response capacity. Weekly reporting of Integrated Disease Surveillance Response (IDSR) and Routine

¹⁵ Long-lasting insecticidal nets

monthly report (DHIS) is encouraged for all DG ECHO-funded health actors and can be used as a source of verification.

7. Timely (<72 hrs) and comprehensive medical support to victims of SGBV, have to 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. Information on access barriers should be included in the proposal providing the background on the delivery of services with specific attention to SGBV, referral pathways, etc.
9. Facilities supported need to guarantee a minimal level of quality and basic implementation of universal precautions, to prevent transmission of communicable diseases. Partners should have a proven record of successful implementation of similar activities.
10. All PHC projects supported by DG ECHO should demonstrate collaboration/contribution to the main national health programmes (EPI, TB, malaria, kala azar, HIV control).
11. Financial incentives for Ministry of Health seconded staff are discouraged in DG ECHO-funded projects, unless fully justified and coordinated at a sectoral level.
12. 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 comprehensive packages including nutrition.
13. Services and human resources deployment should take into consideration the MoH strategic plans (and funding from development donors/partners) for the six pillars,¹⁶ strengthening of the health system and in terms of access, coverage and sustainability, avoiding as much as possible substitution of MoH structural engagement.
14. Drug procurement, storage and distribution should be properly anticipated so as to ensure adherence to DG ECHO quality assurance standards as outlined in DG ECHO FPA.
15. Partners will be requested to incorporate an indicator on stock outs (i.e. tracer drugs, PEP kits, etc.) ensuring the availability of essential drugs throughout the timeframe of the Action.

Shelter/Settlement solutions and Non-Food Items

In both Sudan and South Sudan projects to provide emergency shelter and NFI will mainly be considered by DG ECHO in new emergencies.

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

1. 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.

¹⁶ 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

2. Environmental impact and risk of conflict over 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 the settlement/camp site. Water source capacity should also be taken into account.
4. 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 should be taken into account.
5. When/where appropriate, cash-based intervention supported by adequate specific market assessment should be fostered.
6. DG ECHO may support the use of common pipelines, whilst 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.

WASH

In both Sudan and South Sudan actions responding to acute needs linked to conflicts (including new population displacements), outbreak prevention and response, and fight against malnutrition will be prioritised.

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

1. Whenever possible, WASH services for displaced populations should be connected to /integrated with those of host communities fostering equity in the provision of services.
2. 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.
3. WASH interventions should be based on sound technical rationale, including clear comparative 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.
4. All WASH interventions should have a clear natural hazard analysis. Mitigation measures to reduce impact of natural disasters should be systematically included.
5. 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. For the rehabilitation of existing equipment, the provision of the following information will be mandatory: situation analysis, management of the equipment, who built it, the last time it was rehabilitated, how long it was in use, type of breakdown, level of functionality and operating modalities.
6. The entry point for the WASH in Nut approach should be the household level rather than the community, unless specific relevant justification is provided.

Water supply

7. Emergency water supply systems should not be operated indefinitely. In protracted situations, Operation and 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 the use of cash-based approaches, where appropriate. The Realistic Management Model adapted to the specific context based on experience and lessons learnt, should be fostered.
8. Quick impact action on existing water equipment should be prioritised.
9. Appropriate sectoral practices must be applied including geophysical surveys, appropriate pumping tests, water quality tests 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.
10. 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

11. Hygiene and sanitation strategies should be based on accurate contextual socio-cultural, environmental and economic analysis, 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 a better and verifiable result/impact are prioritised.
12. The use of heavy and long participatory methods, aiming at behaviour changes, should be avoided unless supported by specific relevant contextual justification and be part of a long-term strategy.

Sanitation

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 safe replication by the users when the pit is filled up. Reuse of materials through the latrine cycle should be ensured as much as possible.
16. In the case of desludging trucks, access should be ensured in the rainy season. Desludging should be the last resort.

Strengthening Early Response Capacity

In addition to the protracted and large-scale crises, Sudan and South Sudan are characterised by recurrent man-made and medium to small sized natural rapid on-set disasters resulting in

displacements. It is for that reason that a strengthened capacity of early response is necessary, and partners are encouraged to consider one of the two following models:

- Emergency / Rapid Response Mechanisms (E/RRM) as stand-alone actions.
- Crisis Modifiers (CM) as a separate result and allocated budget.

Both the E/RRM and CM are designed to provide initial life-saving multi-purpose assistance when other response mechanisms are not yet in place through enhanced flexibility and a rapid response. To be effective, both mechanisms should be based on strong preparedness encompassing an analysis of risks, the development of scenarios, SOPs, and contingency planning including the pre-identification of intervention triggers. The main difference is that the CM is embedded as a result into a static humanitarian action and is typically designed to be used one time. In both models, partners should demonstrate their capacity to preposition stocks and deploy adequate and qualified staff to respond without delay. The triggers of intervention should be integrated within the prioritisation system being used in-country as well as be in line with the HIP. Stockpiling is a key element for early response and needs to be framed and justified by a comprehensive preparedness and response strategy.

a- Emergency Rapid Response Mechanisms (E/RRM) as stand-alone actions

Emergency Rapid Response Mechanisms (ERRMs) 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.

Timeliness of response is a key added value of E/RRMs. Partners are expected to shorten the timeframe between the alert and the assistance. The emergency response teams and prepositioned stock are fundamental components but are generally poorly integrated into a comprehensive preparedness and response strategy. Partners should give more space and attention to preparedness and anticipation which remain the key elements for an early response.

The following indicators should be used:

- ✓ *“Number of people covered by early action / contingency plans” (KRI);*
- ✓ *“% of needs assessments completed within X days after the alert”;*
- ✓ *“% of responses that begin within X days from the alert”*
- ✓ *“Number of targeted persons who receive an appropriate response within X days from the alert”.*

In **South Sudan**, the timeframe between the crisis (new shock) and the alert is determinant for an early response, but is often out of the control of partners. Partners should thus contribute to strengthening the country's Early Warning System (EWS) to reduce the time between the crisis and the alert.

An additional indicator might be also considered:

- ✓ *“% of interventions where delivery of assistance begins within days from the crisis”;*

At the proposal and reporting stage, partners should provide clear information on the net value transferred to the beneficiaries (in-kind, voucher and cash). Contributions from other sources (co-funding, country pipelines, own stocks) should also be quantified.

Synergies and harmonisation: ECHO encourages partners of E/RRMs to pool resources for a more coherent and harmonised approach. This can include, among others, multisector-multi-agency assessment teams, shared technical expertise, a common preparedness and response plan with harmonized triggers, rule of engagement and scenarios. E/RRMs should contribute to the responsiveness and effectiveness of the Humanitarian System.

In **South Sudan**, complementarity in terms of geographic coverage and sector of intervention between rapid response mechanisms (WFP-UNICEF-FAO IRRM, ACF-RRF, IOM-RRF) is paramount. ECHO encourages E/RRM partners to systematically include nutrition in their assessment, using MUAC screenings (results should be reported to the nutrition cluster) or to organise multi-agency assessments including nutrition.

ECHO will prioritise E/RRMs with organisational set-ups allowing a needs-based multi-sector response rather than programming the response based on fixed pre-defined sectors.

b- Crisis modifiers (CM) embedded into the actions

In the framework of ECHO interventions in the Region, the term “Crisis Modifier (CM)” refers to a separate result and allocated budget to enhance responsiveness and flexibility of partners. Whenever relevant, partners should introduce a crisis modifier 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).

The CM 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.

The CM result should be under the “*DRR/Contingency planning and preparedness for response*” sub-sector. Indicators should assess the timeframe required to deliver the first assistance.

- ✓ “*Number of people covered by early action/ contingency plans*” (KRI);
- ✓ “*Number of days between the crisis and the beginning of the CM response*” (Target: a few days).

In **Sudan**, the CM might be considered by partners to improve their capacity to respond to a new crisis (ex. displacement or a flood) and capitalise on their presence in the area and authorization to operate.

In **South Sudan**, the CM might be considered by partners implementing “static” operations to enhance their flexibility and responsiveness to new shocks.

Education in Emergencies (EiE)

In **Sudan**, Education in Emergency will focus on primary education of children through providing safe access to quality formal and non-formal education services and by responding to children’s protection needs in schools, including psychosocial, as well as supporting their resilience amidst a crisis. Actions will target out-of-school boys and girls as well as those at risk of dropping out. Support to school feeding programs as part of a comprehensive package

for EiE can be considered under certain circumstances when needs are clearly justified and the risk of drop out or protection concerns are too significant.

In **South Sudan**, priority will be given to children affected by new shocks and conflict-affected through rapid and static interventions, as well as over-age out-of-school and dropout adolescents through accelerated education programmes (AEP). Proposed actions should be flexible and include emergency response options based on the likely different types of scenarios found on the ground including teaching capacity, infrastructure and possibilities for handover/exit. Interventions should be implemented in locations that have a high influx of IDPs and are less or not covered by humanitarian interventions.

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

1. In both countries, priority will be given to actions that are innovative, multi-sectorial, conflict sensitive¹⁷, promote social cohesion and have strong community participation. Proposed actions should be needs-based and tackle context-specific barriers to education. Furthermore, they should ensure that students are well-equipped with life-saving and life-sustaining skills, which will be tailored based on the risks and concerns identified. Likewise, teachers (unqualified, underqualified and volunteers) and other education personnel should be supported with relevant and tailored capacity building opportunities and interventions that will also contribute to increased motivation and decreased turnover. Strong synergy with child protection – based on the specific protection risks – is required.
2. Proposals should aim at increasing both enrolment and learning outcomes, and be aligned with the school academic year to avoid any further disruptions (and cover at least one full academic year). Retention and transition of children in the next school year and cycle should be measured;
3. 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.
4. Non-formal education activities should be to the utmost extent aligned with the formal system, providing children with opportunities to enter (or re-enter) the system. Criteria for the beneficiaries' selection as well as the modality and timeframe of re-integration in the formal system should be detailed along with the description of the type of curricula used.
5. Child safe-guarding mechanisms must be established to ensure that children are not at risk when attending school, and that child protection related issues are timely and effectively responded to by professional actors. Consideration can be given to tailored education opportunities for demobilised children. Moreover, proposed actions should promote protection of the schools from attacks and support the implementation of the *Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict*¹⁸.
6. Proposed activities can include the provision of ad hoc support for enrolment of most vulnerable groups (cash-based modality envisaged).

7. EiE actions integrated into multi-sectoral rapid response mechanisms with established exit strategies will also be considered for funding. In Sudan, the response for out of camps situation should give attention to proper social cohesion and integration.
8. Proposals should demonstrate sound coordination with other education initiatives and development actors.