Operational Recommendations for funding proposals in Sudan 2012
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RATIONALE

The analysis of the different realities in Sudan (Darfur, Abyei, South Kordofan, and Blue Nile, as well as North-South returns) suggests that significant humanitarian needs will remain in 2012. Although continuous engagement will be required in 2012, the European Commission humanitarian funding support will mainly depend on three elements 1) needs, 2) access and 3) the capacity to implement humanitarian activities in a principled way. The latter elements remain important constraints in Sudan.

ECHO strategy for Sudan in 2012, explained in the Humanitarian Implementation Plan (HIP), will remain comprehensive but flexible, with a clear engagement in advocacy; in support of common services; in emergency response and preparedness; in the provision of food assistance and basic services as a means to improve protection and humanitarian indicators particularly malnutrition; and to the extent possible, in the identification of transition strategies.

The present document has been prepared in order to complement the overall framework of DG ECHO strategy and to guide discussions with partners seeking DG ECHO funding support. It identifies operational recommendations in health, nutrition, water & sanitation, and food assistance, to help increase the impact and coherence of the proposed interventions1.

The inclusion of the operational recommendations in a proposal to DG ECHO does not imply a warranty for funding. Every proposal needs to be appraised on a case by case basis, against the prevailing context and in accordance with the Framework Partnership Agreement (FPA and FAFA)2. In case of proposals submitted by the partners who received DG ECHO funding in the framework of HIP 2011, the performance of a partner, demonstrated capacity as well as the outcome of the monitoring conducted by DG ECHO, will also be taken into account.

The recommendations complement DG ECHO policies and guidelines on:


The operational recommendations and the sector policies apply in respect to the rules set out in the Framework Partnership Agreement (FPA/ FAFA) as well as associated guidelines (factsheet, guidelines and the visibility toolkit) [http://ec.europa.eu/echo/about/actors/fpa_fr.htm](http://ec.europa.eu/echo/about/actors/fpa_fr.htm)

For all questions regarding the Framework Partnership Agreement (FPA/ FAFA); including attendance to trainings; please do not hesitate to contact the Partner Helpdesk at [http://www.dgecho-partners-helpdesk.eu](http://www.dgecho-partners-helpdesk.eu)

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1 The Recommendations focus on the sectors relevant to most partners and are therefore not comprehensive.
2 Helpdesk for partners: [http://www.dgecho-partners-helpdesk.eu](http://www.dgecho-partners-helpdesk.eu)
1. **OVERALL PRINCIPLES**

A set of overall principles guide DG ECHO support to vulnerable populations should they be displaced, refugees, returnees, local communities, nomads or others:

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

- **The safe and secure provision of aid**: the ability to safely deliver assistance to all areas must be preserved, something particularly challenging in Darfur, Blue Nile and South Kordofan. Partners are requested to include in their project proposals details on; how safety and security of beneficiaries, staff and assets is being considered; identification and analysis of threats; and plans to mitigate and limit exposure to risks. DG ECHO or its partners can request the suspension of ongoing actions as a result of serious threats to the safety of staff\(^3\).

- **Accountability**: Despite operational constraints leading to a reduced presence in the field (like in Darfur, Blue Nile and South Kordofan), partners remain accountable for their operations, in particular:
  - The identification of beneficiaries and their needs using i.e. baselines surveys, KAP-surveys, Lot Quality Assurance Sampling (LQAS) or beneficiary profiling;
  - Management and monitoring of operations, and having adequate systems in place to facilitate this;
  - Reporting on activities and outcomes, and having the associated capacities to collect and analyse information;
  - Identification and analysis of logistic and access constraints and risks, and the steps taken to address them.

- **Improved quality of humanitarian response**: All proposals should include a well articulated response analysis, built on the needs assessment, that clearly informs response choices and modalities. When a proposal refers to an action supported by DG ECHO in previous years, unless the context has changed dramatically, the proposal should be substantiated by results and when possible impact analysis of previous interventions.

- **Gender**: All proposals should include a gender perspective both in their needs assessment, in their response analysis and operational framework. The collection and analysis of sex and age disaggregated data and the definition of gender-sensitive indicators are key elements in ensuring that humanitarian actions effectively address the differentiated needs of women, girls, boys and men. The gender approach of the project should be summarized in part 5.3 of the single form.

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\(^3\) Details available at: [http://ec.europa.eu/echo/files/about/actors/fpa/fact_sheets_final_en.pdf](http://ec.europa.eu/echo/files/about/actors/fpa/fact_sheets_final_en.pdf)
⇒ **Strengthening coordination:** Partners should provide specific information on their active engagement in cluster/sector and inter-cluster/sector coordination: participation in coordination mechanisms at different levels, not only in terms of meetings but also in terms of joint field assessments and engagement in technical groups and joint planning activities. When appropriate, partners should endeavour to exchange views on issues of common interest with actors present in the field (e.g. EU, UN, AU missions, etc.). In certain circumstances, coordination and deconfliction with military actors might be necessary. This should be done in a way that does not endanger humanitarian actors or the humanitarian space, and without prejudice to the mandate and responsibilities of the actor concerned. This is especially important in case of missions whose mandates include protection of civilians or facilitating humanitarian assistance i.e. through provision of security. Therefore, regular contacts with the African Union – United Nations Hybrid Operation in Darfur (UNAMID) and the United Nations Interim Security Force for Abyei (UNISFA) might prove important.

⇒ **Integrated approaches:** Whenever possible, integrated approaches with multi- or cross-sectoral programming of responses are encouraged to maximize impact, synergies and cost-effectiveness. Partners are requested to provide information on how their actions are integrated with other actors present in the same area.

⇒ **Emergency preparedness and response (EP&R):** Partners are expected to actively contribute to EP&R in their areas of operation, and to participate in coordination at all levels. Support to EP&R can be formulated as a specific result in proposals or be mainstreamed. Attention will be given to actions aiming at detecting, assessing, preventing, reducing, and/or mitigating emergencies, with specific reference to conflicts, natural disasters (exogenous shocks), disease outbreaks and acute child malnutrition.

⇒ **Exit strategy/sustainability:** Partners should address issues of sustainability, including, where appropriate, how they will increase ownership of local actors though: community mobilization, gradual transfer of responsibilities to communities, local NGOs or line ministries, prioritising building managerial and technical capacities while upholding humanitarian principles. Where relevant, actions should have a strong link with Recovery and Development instruments in place in Sudan.

⇒ "**Remote control**" operations (due to lack of access i.e. insecurity or administrative obstacles) will only be accepted as a temporary measure and never as a continued "modus operandi". Proposals should include detailed information on how projects are to be managed to maximise quality and accountability.

2. **BY REGIONS OF INTERVENTION**

The focus will be on core humanitarian operations that provide life saving and life preserving services to people in urgent need, and on responding to new crises as they emerge. Known high risk areas need to be regularly monitored, to inform the most effective response as well as maintaining an appropriate level of preparedness.

Partners in high risk areas are expected to pay due attention to emergency preparedness activities: preparedness of the humanitarian community to different scenarios, and its capacity
to quickly adapt strategies, will be paramount to deliver appropriate assistance in 2012. In that sense, pipelines for relief items (Food and Non Food) will remain essential for emergency response.

DG ECHO will welcome partners that seek to increase the scope of collaboration with line ministries and community based organisations where there is good reason to believe that this will improve the humanitarian response. An increased collaboration with national NGOs is also welcomed provided the organisations are not imposed and the partner NGO adheres to the humanitarian principles.

Proposals for Disaster Risk Reduction (DRR) actions will also be welcome especially in areas known to be at particular risk of harm from droughts and floods, and where these risks are known to have particularly severe humanitarian consequences e.g. where former IDPs, refugees, returnees, rural isolated communities are affected.

A. DARFUR

In Darfur more specifically, partners are expected to increase and focus their efforts on those in most urgent need of help. Where possible they should avoid replacing the authorities. We are looking for improved targeting, reinforced monitoring and quality analysis, and constructive and co-ordinated involvement of other actors. In the rural areas, DG ECHO will continue supporting actions depending on the scale, depth and urgency of needs and where access is likely to permit an effective response.

Support to definitive and seasonal return and to resettlement will be considered, provided that it promotes safe and voluntary return, benefitting the most vulnerable groups. Moreover, strengthening the livelihoods of those who do not wish to return, having become more urbanised, can also be considered where careful analysis would indicate this is appropriate.

More generally, DG ECHO will consider support to initiatives aiming at securing durable solutions for the most vulnerable. These initiatives are likely to entail full coordination with the necessary government line ministries.

Among those populations in most critical need, an integrated approach with the provision of health and nutrition services, water and sanitation, and food security will be encouraged. When conditions permit, the ground will be laid for a mid-term objective of reducing acute malnutrition through a multi-sector programming modality.

B. EASTERN SUDAN

Health and nutrition activities will be supported only if justified on the basis of acute needs and high mortality rates. Interventions that are successful in obtaining DG ECHO funds are likely to be contained within a national government led framework. Health and nutrition projects will normally be within applicable national health and nutrition guidelines (eg CMAM national plan) and should seek to place health and nutritional care in national and state health systems and budgets. Extreme circumstances may however justify more direct approaches.
WASH and Food Security projects will be considered especially where these are linked to EP&R and/or DRR approaches, and where they contain measures that strengthen local capacities and where causal analysis suggests that there is a strong link to high rates of acute malnutrition. Some initiatives could also be assessed within the perspective of linking relief, rehabilitation and development (LRRD). In particularly, DG ECHO will consider potential links with other EU funded initiatives.

Any other action justified on the basis of life saving and essential life preserving services will be assessed on the urgency of the situation being addressed and on the strength of the response proposals.

DG ECHO will consider other initiatives aiming to provide assistance and protection to any new caseload of refugees and IDPs arriving in Eastern Sudan.

C. ABYEI, SOUTH KORDOFAN, and BLUE NILE

Abyei:

With populations having fled the area, with the displaced scattered in neighbouring states (mainly in South Sudan) DG ECHO strongly emphasizes proper needs assessment.

DG ECHO's main focus in 2012 will be to support the population where they are. The return of the population to Abyei should be safe, voluntary and sustainable. If those conditions are met, reintegration activities can be supported in all priority sectors (health, nutrition, WASH, food security, livelihood support).

Greater coordination of humanitarian action will be supported. EP&R will be encouraged through support to the major pipelines.

South Kordofan and Blue Nile:

Access is likely to remain a limiting factor for humanitarian operations. DG ECHO will continue supporting agencies able to provide emergency response (emergency health care and nutrition, food, NFI, WASH) to address life-threatening needs in a principled manner. DG ECHO give strong emphasis to independent needs assessments, conducted directly by experienced and qualified NGO staff; if assessments have been conducted by local partners or authorities, there is a need to demonstrate how the partner's technical staff have cross-checked and validated the findings. Findings need to be based on evidence. Key functions such as the identification of beneficiaries and operational control must remain with the partner.

Should there be greater access, ECHO will be able to engage in more strategic support.

Sudanese refugees in Ethiopia

DG ECHO will support basic services to registered Sudanese refugees in camps managed by UNHCR in Ethiopia. Assistance provided as emergency response to non-registered refugees in host communities will be considered in case of acute needs (high malnutrition rates, epidemics, lack of access to health care, lack of access to drinking water).
In the case of Sudanese refugees from South Kordofan and Blue Nile crossing into South Sudan, the operational recommendations for South Sudan (EP&R) will apply.

D. SOUTH SUDANESE RETURNING FROM SUDAN TO SOUTH SUDAN

DG ECHO will support basic service provision to South Sudanese on their way to South Sudan in transit centres or other settlements where there is a demonstrated need. Support will not be given to the transport of returnees as the responsibility lies solely with the Governments of the Republics of Sudan and South Sudan. The exception will be for emergency transport for extremely vulnerable cases.

3. SPECIFIC SECTORAL GUIDANCE

A. WATER, SANITATION, HYGIENE (WASH)

DG ECHO supports comprehensive and complementary water, sanitation and hygiene activities in order to contribute to a positive impact on public health and livelihoods4.

In emergency settings

1) The focus should be on short term emergency water supply, sanitation, and hygiene promotion activities in order to minimize the risks of increased morbidity and mortality due to water-borne diseases. In principle, a large quantity of reasonably safe water is preferred to small quantities of high quality water.

2) DG ECHO only prioritises the distribution of water purification inputs at household level, if complemented by training in their use, distribution of relevant non-food items (NFIs), hygiene promotion and monitoring of water quality.

Basic life-saving services

1) 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 (i.e. new arrivals) and environmental impacts. Universal water coverage is not a DG ECHO objective.

2) Systematic monitoring of groundwater levels is encouraged and partners should propose actions to mitigate the risk of water depletion and overuse. In areas of serious groundwater depletion, it must be completed by an operational contingency plan that establishes the water use priorities based on the water depletion evolution. This contingency plan should include alternative water resource setting costs.

3) Whenever water is used for other purposes than WASH related needs (livestock breeding, brick moulding), related needs and impact on the drinking water production should be monitored and addressed.

4) Appropriate pumping tests (step-down tests) should be carried out for any installation of submersible pumping systems in order to define the safe sustainable yield and to select the appropriate pump. The monitoring of water quality, both at water source and at household level should be included in the provision of safe water supply. Proposals should include provision for repeating these tests at different times during the year.

5) Community-based activities for maintenance of water systems (training of pump mechanics, provision of tools and spare parts) should be included. It will be essential for agencies to be able to demonstrate that the most vulnerable members of beneficiary communities will be able to access any DG ECHO supported water supply. Sale of water (Cost recovery systems intended to support operational costs of water supply systems) that cannot demonstrate this will not be supported.

6) Construction of household latrines may be considered for support where there is strong community preference for them, in areas of high population density; where there is high risk of cholera; or areas otherwise considered at high public health risk. DG ECHO will look for sanitation interventions that include activities intended to reduce public health hazards such as water drainage, disinfection of open defecation fields, solid waste management (with community mobilization) etc. A public health approach to sanitation should be prioritized, this is particularly effective for sanitation in institutional settings (schools, clinics, etc) and sanitation around water points.

7) DG ECHO will look favourably on hygiene promotion carried out in a co-ordinated way with other cluster partners. All hygiene promotion activities should include specific cholera / acute watery diarrhoea awareness such as identification of cases; making and using oral rehydration salts (ORS), training on household water treatment methods, etc. Hygiene promotion materials should be consistent and agreed at WASH cluster level.

**In Darfur IDP camps**

1) Where possible partners should be looking for evidence that the authorities are able to take on water supply duties in the camps, and where possible assist them to do so. Partners should however retain a focus on emergency preparedness for epidemic outbreaks (providing back up to the WES in case of emergency and continued monitoring of the humanitarian situation).

2) Latrines: a single latrine design and construction with the direct involvement of communities (women in particular) is recommended to avoid problems of acceptance and use. The construction of latrines should not impact the environment (i.e. not to use wooden beams in arid areas, and bricks during dry season).

**In Darfur rural areas**
Priority should be given to maintaining water yards/water points where the Drinking Water Corporation (DWC) is absent and/or where staff and supplies for operation and maintenance are interrupted due to conflict related restrictions.

B. HEALTH

DG ECHO will support emergency health projects where basic health services and supplies are provided free of charge. Successful applicants for DG ECHO funding should demonstrate how charges are covered for patients referred from their project to hospital for emergency services.

Improved access to quality life-saving health interventions and quality services for the most vulnerable remains a high priority. Components of Primary Health Care (PHC), where the impact on reducing avoidable mortality is high, will continue to be supported.

1) In all health projects the quality of drugs should be ensured in accordance with DG ECHO FPA procedures.

2) A strong management component is equally important to ensure an appropriate quality of services and level of performance, with correct health data collection. Medical supportive supervision of peripheral facilities is key in this respect and will contribute to building the basis for a future “hand over”.

3) Partners should strengthen in-service training for health workers, setting minimum monitoring standards that guarantee quality assurance within stipulated performance thresholds. This should include regular joint analysis, between the staff of the PHC and referral services, of referrals and facility based mortality should be encouraged.

4) Partners are encouraged to use rapid diagnostic tests (RDT) for confirmation of suspected cases of malaria to minimise the overuse of ACTs. In areas of high malaria transmission distribution of LLINS is encouraged in collaboration with the national malaria control program.

5) Mainstreaming of HIV/AIDS control in line with the DG ECHO guidelines will be expected in all health projects.

6) Medical and psychosocial support to victims of SGBV integrated within reproductive health services should be provided in all PHC projects supported by DG ECHO. Priority should be given to ensure full access to all components of preventive medical care (ECP, PEP kit, TT and Hep B Vaccination) for the victims within 72 hours.

7) Referral to adequate secondary services, such as emergency obstetrics, should remain a priority for all health partners and therefore be properly structured and monitored.

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6 In accordance with internationally accepted guidelines: i.a. WHO/UN, MSF, Sphere, etc. Interventions should prioritize quality over quantity

7 Section 6 of DG ECHO guidelines on HIV/AIDS, October 2008

8 Hepatitis B vaccine could be effective if provided within the 2-3 months following the attack
8) Support to secondary health care services will only be provided to partners demonstrating the necessary competence and capacity. In these cases early consideration of an exit strategy must be prioritized.

9) PHC services/interventions should be linked to major national health programs (EPI, HIV/Aids, TB, Malaria, safe motherhood, CMAM…), where these are active and effective, and should exploit opportunities to facilitate access to these programs.

**In Darfur**

1) In Darfur, partners will be asked to think carefully before providing incentives to MoH staff. DG ECHO funded health projects should not replace GOS/MOH in their financial and institutional responsibilities towards providing health care to their population.

2) Substitution projects will only be accepted in areas where there is no access to GOS/MOH facilities.

3) Mobile clinics are not encouraged and a strong case will need to be made if they are to be supported. Exceptions to this would be where the mobile clinic is set up to address an epidemic, to provide immediate attention to the wounded, or where a displaced or refugee population is newly arrived at a location.

4) Health projects are expected to contribute to the preparedness; surveillance and response (EWARS) to disease outbreaks; and to participate in the development and implementation of detailed inter-sectoral plans.

5) Due to the prevalence of Female Genital Mutilation (FGM) in some communities, partners should be observant of not engaging in activities that could send confusing messages towards promoting/condoning the practice.\(^9\)

**C. NUTRITION**

1) Access to nutritional support provided with DG ECHO funding support will remain free of charge as will any associated basic health services provided in the course of treatment.

2) Focus will be given to the provision of quality nutritional services in accordance with internationally accepted guidelines, promoting integrated approaches designed around holistic multi-sectoral causal analysis.

3) Partners will normally be expected to adhere to standards (CMAM, survey guidelines, essential nutrition actions etc) developed by the MOH/UNICEF (as cluster lead), so as to ensure coherent implementation of various response strategies.

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\(^9\) I.e. medicalization of the practice, certification of training of TBAs or midwives involved in the practice.
4) Nutrition operations should contribute to the reduction and stabilization of morbidity and mortality by employing effective curative and preventative measures addressing acute malnutrition during emergencies.

5) The target groups should be nutritionally vulnerable children below the age of five, and pregnant and lactating mothers. Interventions targeting management of acute malnutrition for other vulnerable groups (elderly, adolescents, adults etc) will be considered under extreme humanitarian conditions that warrant population-wide selective feeding interventions.

6) Active promotion of appropriate feeding practices (breastfeeding) is encouraged in all nutrition operations.

7) Partners should adopt context specific outreach and referral strategies that optimise coverage, especially in preparation for and during the hunger gap.

8) Partners should strengthen in-service training for nutrition workers, setting minimum standards that guarantee quality assurance within stipulated performance thresholds, including appropriate data collection on trainings.

9) DG ECHO will promote and support initiatives with a solid M&E framework covering all programme aspects especially casual analysis and analysis of the coverage of existing nutritional programmes.

10) Support to regular nutrition surveillance/rapid nutrition assessments that provide comparable information on seasonal and annual trends will continue to be prioritized. The systematic adoption of the SMART\textsuperscript{10} methodology for enhancing quality of nutritional surveys will be encouraged. Strong coordination with other nutrition actors is strongly recommended. DG ECHO will require increased efforts for an improved surveillance and will request a better integration between nutritional surveillance and food security monitoring.

11) As a part of normal reporting, partners will be expected to share nutrition related information.

12) Partners should also contribute to an emergency preparedness and response plan for nutritional crises, normally prepared with nutrition cluster agencies. This might include the establishment of a reliable supply system of medical and nutritional products; and the provision of relevant human resources for scale-up of response.

**Management of severe acute malnutrition**

1) Partners should comply with national Community-based Management of Acute Malnutrition (CMAM) guidelines for the treatment of acute malnutrition where this is in line with international best practice. CMAM approach should be integrated into existing

\textsuperscript{10} Standardized Monitoring of Relief and Transitions
health care structures and services, with in-service training of health workers and regular supervision.

2) CMAM projects will continue to be supported, as well as efforts towards eventual integration into government health systems and budgets.

3) Promotion of integrated programming designed around multi- and cross-sectoral analysis will be prioritised where conditions permit. Piloting an approach that provides health, nutrition services, water and sanitation and food security with the ultimate aim of reducing acute malnutrition through holistic programming will be encouraged.

4) Assessment of beneficiary household profile is encouraged to understand the key determinants of malnutrition including socioeconomic information, access to health care, food aid and safe-water, child care practices, sources of food, income, and coping strategies.

**Treatment of moderate acute malnutrition**

1) Treatment of moderate acutely malnourished children should be systematically prioritised in the response package.

2) When relevant, in-depth analysis of factors associated to poor performance in nutritional projects should be undertaken. The adoption of innovative strategies for management of moderate acute malnutrition will require proper documentation so as to enhance learning and future strategy development.

3) Where routine Supplementary Feeding Programmes (SFP) cannot be scaled up, support will be considered to Blanket Supplementary Feeding Programmes (BSFP) on a case by case basis; as a preventive measure to mitigate seasonal spikes of malnutrition; and as an emergency response strategy during periods of elevated nutritional stress. The provision of full GFD, strong justification of targeted age group and solid monitoring and evaluation frameworks are a prerequisite to any such support.

4) Partners proposing to use Ready-to-Use Foods (RUFs) beyond the treatment of severe acute malnutrition (i.e. for treatment or management of moderate acute malnutrition) will be required to demonstrate the efficacy and safety of the product. Related operational research could be supported. In a context of a wider variety of products being available (ready-to-use supplementary food, fortified blended food, etc), DG ECHO stresses the emphasis given to the safety and efficacy of nutrition products. Nutrition products will have to comply with internationally agreed standards for food safety. Moreover, nutrition interventions will have to be closely monitored to build the evidence base. DG ECHO supports standardized and comparable monitoring. When relevant, DG ECHO encourages partners to use the Minimum Reporting Package (MRP).

5) Partners will be asked to monitor these initiatives carefully, involving where appropriate the Ministry of Health. DG ECHO will favour actions where the partner is able to
demonstrate efforts have been made to establish good coordination with WFP and UNICEF.

D. FOOD ASSISTANCE & SHORT TERM FOOD SECURITY/LIVELIHOOD (FA/FSL)

Food assistance & short term food security/livelihood operations should be in line with the DG ECHO framework for Humanitarian Food Assistance\(^{11}\), with the following key objectives:

1) To safeguard the **availability** of, **access** to, and **consumption** of adequate, safe and nutritious food for populations affected by **ongoing**, **firmly forecasted**, or **recent** humanitarian crises, so as to avoid excessive mortality, acute malnutrition, or other life-threatening effects and consequences;

2) To **protect livelihoods** threatened by recent, ongoing, or imminent crises, minimize damage to food production and marketing systems, and establish conditions to promote the rehabilitation and **restoration of self reliance**;

3) To **strengthen the capacities** of the international humanitarian aid system, to enhance efficiency and effectiveness in the delivery of food assistance

DG ECHO will focus on life-saving and asset protecting activities in areas that are affected by exogenous shocks and those directly affected by conflict. All proposals should incorporate a response analysis that builds on the needs assessment, and clearly informs the choice of response(s) and modalities.

Furthermore, partners should carefully consider environmental and protection aspects of project proposals including; the integration of environmental components; analysis of the potential negative environmental impacts of projects; and analysis of protection risks associated with any livelihood or coping activities that are supported.

DG ECHO will encourage efforts for an improved analysis on the impact and adequacy of the current food security and food assistance initiatives. In this sense, DG ECHO is willing to consider support for studies that seek to improve the food security monitoring and/or to gain understanding of the evolution of livelihoods, particularly in Darfur.

**Emergency food assistance**

1) In-kind food assistance remains an essential component of humanitarian response in emergencies. DG ECHO will consider support where there is a clear, compelling and urgent need, and where in-kind food distributions are the best way to address the need. DG ECHO will normally seek assurance that any partner proposing an in-kind food assistance response, has considered alternatives such as cash or vouchers, and has justified the modality based on a sound response analysis.

\(^{11}\) DG ECHO Communication on Humanitarian Food Assistance: http://ec.europa.eu/echo/policies/food_assistance_en.htm
2) Consideration of interventions including cash-based transfers (including vouchers) is encouraged, where these are based on sound situation analysis including a market study and risk assessment. Attention should be given to conditions and criteria for both conditional and unconditional cash transfers.

3) Supply of seeds and tools will be considered, although careful attention will be paid to items proposed for distribution as well as distribution modalities.

4) Emergency animal health will be supported only in response to significant disease outbreaks, and where livestock are proven to be a vital asset for the most vulnerable people.

**Food assistance for displaced and other food insecure populations**

1) DG ECHO will consider support to distribution of in-kind food assistance or cash/vouchers to displaced people in camps as well as for resident populations where there is evidence of need. This might include temporary support during the hunger season. In each case emphasis will be placed on improved targeting and quality monitoring to mitigate the risks of errors. DG ECHO will also expect steady downward pressure on these distributions, with careful monitoring for adverse effects and a readiness to adapt if these are found. Other safety nets may also be considered.

2) DG ECHO will expect regular verification or re-registration exercises to minimise inclusion- and exclusion-errors.

3) DG ECHO supports innovative approaches meant to increase cost-efficiency (specifically to prevent loss-of-value of food aid commodities that are sold) and to improve effectiveness. This might include efforts to identify opportunities to replace or compliment in-kind contributions through vouchers (for seeds, milling costs, veterinary costs, etc.) and/or cash. Revised programming to take up these opportunities should, however, be based on a thorough situation analysis including a market study and risk assessment.

**Short term food security and livelihood (FSL) support for displaced and other food insecure groups**

1) DG ECHO may consider short-term FSL interventions especially where these arise from and are responsive to community priorities and preferences, and where they are likely to result in tangible benefits to the most vulnerable groups.

2) Distribution of agricultural and livelihood inputs and services to strengthen coping capacities and increase livelihood opportunities may be considered for support. These interventions should be based on defined and documented needs and based on impact evaluations of existing activities where available. Only the most essential support to livelihoods will be considered. Many such interventions are likely to be judged to belong in the development domain.

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Food assistance and livelihood support for returns and resettlements

1) Time-limited distribution of food-assistance (food/cash) packages for IDPs or refugees who decide to return home may be supported by DG ECHO for the temporary period necessary for the re-establishment of sustainable livelihoods.

2) Seasonal returnees who are registered food aid beneficiaries in their place of displacement (i.e. camps) will, as a general rule, not be provided with additional food assistance in their places of temporary seasonal return unless they are de-registered.

3) Food-security support to principled seasonal and/or definitive returns may be provided in the form of distribution of seeds, tools and other livelihood inputs, based on a sound analysis of need and period of required support (for example, up to the first harvest).

4) For those who clearly prefer to remain definitively settled in urban/ peri-urban locations, limited and time-bound livelihood support may be provided leading to a de-registration of IDP status.

4. COMMUNICATION AND VISIBILITY

Providing visibility for the European Commission is not an option, it is a contractual obligation in the context of humanitarian projects financed by the European taxpayer.

The basic visibility rule is that partners must add the visual identity of the European Commission Humanitarian Aid, wherever their own logo is being displayed, in the field or elsewhere.

Basic visibility also entails highlighting or at least, acknowledging, the European Commission as the donor in media interviews, press releases, or any other opportunity where the partner communicates about an EU funded project.

The Commission recognises that factors such as lack of security or local political sensitivities may curtail public communication activities in some crisis zones. In exceptional cases, it may be necessary to avoid visibility in the field. In such cases, a strategic approach to communication should be agreed with DG ECHO

Partners can allocate 0.5% of the direct eligible costs of an action, with a maximum of € 8,000, to visibility, information and communication.

Exceptionally, larger communication actions could be funded, such as when partners have communication experience and expertise, and are keen to exploit the benefits of joint

14 The new ECHO visibility guidelines: http://ec.europa.eu/echo/about/actors/visibility_en.htm
For further information, the Regional Information Officer at ECHO Office in Nairobi (Kenya) can be contacted (tel +254 20 280 2439)
actions and visibility; and when partners wish to propose an impact-oriented communication activity that would need a larger budget.

Communication activities are optional, however, DG ECHO encourages partners to go beyond basic visibility and engage in communication activities especially those targeting European audiences. For pro-active information and communication linked to projects, appropriate activities may be identified, wherever possible.

Partners should include in the final report evidence of their visibility and communication activities.