

European Commission
DIRECTORATE GENERAL FOR HUMANITARIAN AID
AND CIVIL PROTECTION
(DG ECHO)

Operational Recommendations for funding proposals
in Sudan
2013

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RATIONALE

The analysis of the different realities in Sudan (Darfur, Abyei, South Kordofan and Blue Nile, Eastern States as well as North-South returns) suggests that significant humanitarian needs will remain in 2012.

Although continuous engagement will be required in 2013, 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 2013, as explained in the Humanitarian Implementation Plan (HIP), will remain comprehensive but flexible, with a clear engagement in: advocacy; support of common services; emergency response and preparedness; 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 interventions .

The inclusion of the operational recommendations in a proposal to DG ECHO does not imply a warranty for funding. Every proposal will be appraised on a case by case basis, against the prevailing context and in accordance with the Framework Partnership Agreement (FPA and FAFA) . For proposals submitted by partners who received DG ECHO funding in the framework of HIP 2012 and previous years, the performance of the partner, demonstrated capacity and the outcome of monitoring visits conducted by DG ECHO, will also be taken into account.

These recommendations complement DG ECHO policies and guidelines that can be found on:

- o Food Assistance: http://ec.europa.eu/echo/policies/food_assistance_en.htm
- o Cash and vouchers: http://ec.europa.eu/echo/policies/sectoral/cash_en.htm
- o Protection: http://ec.europa.eu/echo/policies/sectoral/protection_en.htm
- o Children in emergency and crisis situations:
http://ec.europa.eu/echo/policies/sectoral/children_en.htm
- o Emergency medical assistance:
http://ec.europa.eu/echo/policies/sectoral/health_en.htm
- o Civil –military relations:
http://ec.europa.eu/echo/policies/sectoral/civil_military_en.htm
- o Water, sanitation and hygiene:
http://ec.europa.eu/echo/policies/sectoral/watsan_en.htm

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_en.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>

1. OVERALL PRINCIPLES

A set of overall principles guide DG ECHO support to the most vulnerable populations whether displaced, refugees, returnees, local communities, nomads or others, affected by man-made or natural disasters:

- The **humanitarian principles** of humanity, neutrality, impartiality and independence, in line with the European Consensus on Humanitarian Aid, and strict adherence to a "**do no harm**" approach, remain paramount for DG ECHO.
- The **safe and secure provision of aid**: the ability to safely deliver assistance to beneficiaries must be preserved, something that can be particularly challenging in Darfur, Blue Nile, South Kordofan, and the Eastern States.

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 and/or beneficiaries.

□ **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, in full transparency, including when original plans could not be implemented, 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, which clearly informs on 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 mainstreaming:** All proposals should include a gender perspective both in their needs assessment, in their response analysis and operational framework in order to provide the adequate benefits to all gender groups according to their specific needs and capacities. 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. Proposals should also incorporate gender-related protection strategies. The gender approach of the project should be summarized in part 5.3 of the single form.

□ **Protection Mainstreaming:** Mainstreaming of basic protection principles in traditional assistance programmes is of paramount importance to DG ECHO. This approach is closely linked to the principle of 'do no harm', and also extends the commitment of safe and equal access to assistance as well as the need for special measures to ensure access for particularly vulnerable groups. All proposals must demonstrate integration of these principles, not only in section 5.3. of the Single Form, but also in its substantive sections, i.e. the logical framework, activity descriptions, etc. Below is a non-exhaustive list of examples:

- In WASH: Are locations of water points and latrines safe for all; do all have equal access?
- In Health: Will all intended beneficiaries have safe and equitable access to health facilities and services; will health services respond appropriately to the needs of victims of violence (sexual or other) and abuse?
- In Nutrition: Are project strategies diversified to take into account the needs according to different types of vulnerabilities; do all have equal access?

- In FA/FSL: Are project strategies diversified to take into account the needs according to different types of vulnerabilities; do projects enhance the resilience of various types of beneficiaries to avoid turning to dangerous coping mechanisms?

□ **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 de-confliction with military actors might be necessary. This should be done in a way that does not endanger humanitarian actors, principles or space, and without prejudice to the mandate and responsibilities of the actor concerned. This is especially important in case of missions whose mandate 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 comprehensive analyses and 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, integrating an EP&R perspective into the emergency response strategies whenever pertinent. 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) with a particular attention to disease outbreaks and acute child malnutrition. Partners should also explore community mobilization in order to ensure the largest coverage possible and enforce sustainability of the actions.

□ **Exit strategy/sustainability:** Partners should address issues of sustainability including, where appropriate, how they will increase ownership of local actors through: community mobilization, gradual transfer of responsibilities to communities, local NGOs or line ministries, building managerial and technical capacities while upholding humanitarian principles. Overall partners should seek to consolidate the achievements of humanitarian interventions in term of infrastructures and delivery of services. Where relevant, actions should have a strong link with Recovery and Development instruments in place in Sudan.

□ **"Remote control"** operations (due to temporary 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 2013. 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 that these 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 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, while effective institutional assistance is not available. In particular, community based early warning mechanisms are to be developed or enhanced to alleviate the impact of disasters.

A. DARFUR

Partners are expected to focus their efforts on those in most urgent need of help and, as much as possible, 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 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, benefiting the most vulnerable groups. Moreover, strengthening the livelihoods of those who do not wish to return, having become more urbanised, can also be considered when careful analysis would indicate that this is appropriate and that humanitarian assistance is an appropriate response.

More generally, while focusing primarily on prevailing humanitarian needs, 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.

For the 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

In April 2012 the HAC conducted an assessment in all 3 Eastern States, which entailed the closure of 8 projects carried out by 7 INGOs. Such a decision casts doubt over the possibility for INGOs to continue developing humanitarian activities in Eastern Sudan, where the overall situation remains fragile. Consequently, activities will be supported only if justified on the basis of acute needs and high mortality rates, confirmed by recent studies, and if the partner is able to demonstrate its ability to implement an action in a principled manner. 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 fit 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 may be considered especially where these are linked to EP&R and/or DRR approaches, 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 particular, DG ECHO may 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 proposal, including the possibility to operate in a principled way.

DG ECHO will consider other initiatives aiming at providing assistance and protection to any new caseload of refugees and IDPs arriving in Eastern Sudan, should such circumstances arise.

C. ABYEI, SOUTH KORDOFAN, and BLUE NILE

Abyei:

Even though most of the population is still displaced in areas south of the Bahr El Arab/Kiir river, under de facto control of the Government of South Sudan, returns have started in 2012, paving the way for a potentially more massive movement should the situation stabilize in the area. DG ECHO strongly emphasizes proper needs assessments and its main focus in 2013 will be to support life-saving activities for the population, where they are.

Returns should be safe, voluntary and sustainable. A sustainable political reconciliation process will be a prerequisite for any early recovery and transition activities. DG ECHO will request partners to demonstrate that the "do no harm" approach is respected, that humanitarian aid will not become a pull factor, and that all possible efforts will be undertaken to ensure that both communities (Dinka Agok and Misseriya) will benefit from the assistance, according to their needs. If the above conditions are met, reintegration activities may 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:

Conflicts broke out respectively in June and September 2011, in South Kordofan and Blue Nile states. Access is likely to remain a limiting factor for humanitarian operations. DG ECHO remains engaged to support agencies that are able to provide emergency response (emergency health care and nutrition, food, NFI, WASH) addressing life-threatening needs in a principled manner. DG ECHO awards strong emphasis to independent needs assessments, conducted directly by experienced and qualified international and national NGO or UN 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. Analysis need to be based on evidence. Key functions such as the identification of beneficiaries and operational control must remain with the partner.

D. RETURNS

DG ECHO will support the provision of basic services to returnees, in transit centres or other settlements where there is a demonstrated need, and within the scope of the four freedoms agreement. 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. Exceptions will only be considered for emergency transport of extremely vulnerable persons.

DG ECHO favours coordinated interventions that promote an integrated framework providing effective information and appropriate protection (in particular access to documentation), and which is supported by both countries.

3. SPECIFIC SECTORAL GUIDANCE

A. WATER, SANITATION, HYGIENE (WASH)

DG ECHO supports comprehensive and complementary water, sanitation and hygiene activities, contributing to public health and livelihoods¹.

In emergency settings

- 1) The focus shall be on short term emergency water supply, sanitation, and hygiene promotion activities, to minimize the risks of increased morbidity and mortality due to water-borne diseases. Generally, a large quantity of reasonably safe water is preferable 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, the action must be completed by an operational contingency plan that establishes 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.

¹ See DG ECHO guidelines <http://ec.europa.eu/echo/policies/evaluation/watsan2005.htm>

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 (as one outcome of a participatory approach for example), 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.

8) Epidemic containment related contingency plan should be considered in line with the existing orientations of the WASH & Health clusters of each states. Those plans should include harmonized interventions and tools at federal level (national Sector Group). They should include case referencing and epidemic tracking as part of their response.

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.

Similarly IDP communities have to be encouraged to take over responsibilities for the management of water supply systems, whenever possible.

The promotion of an enabling environment around the camps for the maintenance and repairs of their WASH services (including local resellers, spare suppliers and repairers) should be envisaged, wherever relevant.

The unit cost of the WASH service should be monitored within the project (running costs, repair and maintenance & renewal costs) in order to assess their affordability by the users.

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 on the environment (i.e. not to use wooden beams in arid areas, and bricks during dry season).

It is preferable for areas left by the IDPs to be decommissioned, in particular the latrine areas.

In Darfur rural areas

Priority will be given to maintaining water yards/water points where the Drinking Water Corporation (DWC) is absent and/or where staff and supply services for operation and maintenance are interrupted due to conflict related restrictions.

Support to returnees in areas where humanitarian access is not granted should be designed and implemented *from the departure point* (i.e. the IDPs camps, mainly). It could include WASH packages (including household water treatment) and related training to secure the returnees' access to WASH services during their reinstallation phase. As much as possible, those kits should include items (NFI, consumables) available in the local markets.

B. HEALTH

Healthcare interventions can be funded in situations of proved/anticipated (acute) excess morbidity/mortality, surpassing the capacity of existing interventions/actors to deal with it. Interventions should specifically target the most vulnerable populations.

Access to basic healthcare should be free of charge for beneficiaries of DG ECHO funded projects. When partners are paying service fees (e.g. for emergency referral care) on behalf of the beneficiaries, a proper motivation/documentation must be provided.

Quality and safety of healthcare interventions are to be guaranteed. As such, medical care (treatment/care protocols) must be in line with national (and internationally recognised) standards/guidelines. Implementing partners must establish management procedures (e.g. through the implementation of health information and supervision systems, preferably aligned with existing national systems).

The quality of drugs must be assured throughout the procurement and distribution cycle and be in accordance with DG ECHO FPA procedures. National essential drug lists are to be respected unless there is a clear indication not to do so. Rational drug use and pharmacy functioning (key indicators) must be assured.

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

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 of referrals, between the staff of the PHC and referral services, and of facility-based mortality.

Protocols and procedures of national disease control/ preventive programs are to be respected unless there is a clear indication/documentation of deviation from internationally recognised standards and/or a malfunction of those programs.

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.

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

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 emergency psychological and preventive medical care (ECP, PEP kit, TT and Hep B Vaccination) for the victims, within 72 hours.

Prevention of maternal and neonatal mortality should remain high on the agenda. Basic and comprehensive emergency maternal and neonatal care are to be addressed.

Financing of secondary health care services will only be considered for partners with proven capacity to provide such services.

Where community based health systems exist and have the potential to contribute to the reduction of excess morbidity and mortality, implementing partners will collaborate with them rather than creating parallel structures. Linkages with wash and nutrition activities and objectives should be created at this level.

In Darfur

1) In Darfur, partners will be asked to consider carefully before providing incentives to MoH staff. DG ECHO funded health projects should not substitute GOS/MOH in their financial and institutional responsibilities for providing health care to the 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 proposed. 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 attentive not engage in activities that could send confusing messages towards promoting/condoning the practice²

C. NUTRITION

1) Access to nutritional support provided with DG ECHO funding 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.

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.

² I.e. medicalization of the practice, certification of training of TBAs or midwives involved in the practice.

- 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. Partners are expected to clearly present their plans in this respect.
- 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 SMART³ 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, the mapping of areas at risk and the provision of relevant human resources for scaling-up the 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, in line with international best practice. CMAM approach should be integrated into existing 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.

³ Standardized Monitoring of Relief and Transitions

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, proof of efficacy 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. For proposals including the provision of full GFD, strong justification of targeted age group and solid monitoring and evaluation frameworks are prerequisites.
- 4) Partners proposing to use Ready-to-Use Foods (RUFs) beyond the treatment of severe acute malnutrition (i.e. for treatment or prevention 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 where a wider variety of products are becoming 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 must 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 that efforts have been made to establish good coordination with WFP, UNICEF and other UN agencies.

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

Food assistance and short term food security/livelihood operations should be in line with DG ECHO's framework for Humanitarian Food Assistance⁴, 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

⁴ DG ECHO Communication on Humanitarian Food Assistance:
http://ec.europa.eu/echo/policies/food_assistance_en.htm

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.

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 assessment⁵. 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 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 by the beneficiaries) and to improve effectiveness. This might include efforts to identify opportunities to replace or complement in-kind contributions through vouchers (for seeds, milling costs, veterinary costs, etc.) and/or cash⁶. Revised programming to take up these opportunities should, however, be based on a thorough situation analysis including a market study and risk assessment.

⁵ DG ECHO guidelines on Cash and Vouchers: http://ec.europa.eu/echo/policies/sectoral/cash_en.htm

⁶ ECHO evaluation on cash and vouchers: http://ec.europa.eu/echo/policies/evaluation/thematic_en.htm#cash.

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.

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.

E. PROTECTION

Specific activities reducing the risk, mitigating the impact of, or addressing particular protection needs can be supported, provided that they are designed in the context of a humanitarian emergency rather than to address a structural problem linked to cultural practices or systemic problems. These could include activities addressing:

- GBV
- Child recruitment
- Separation of children and families
- Information management e.g. IDP profiling, population movements
- Protection issues linked to return
- Humanitarian demining and mine risk awareness (MRA)

4. COMMUNICATION AND VISIBILITY⁷

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

⁷ 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)

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 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.