



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

**Operational Recommendations**  
**for Funding Proposals in South Sudan**  
**in 2013**

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## RATIONALE

The analysis of the humanitarian situation in South Sudan suggests that a significant humanitarian engagement will continue to be required in 2013 to reinforce the preparedness and emergency response capacity; hence DG ECHO will remain strongly engaged in the country. At the same time the humanitarian community will have to contribute towards a progressive and adequate transition to development and to integrate appropriate transition considerations within its operations.

DG ECHO's strategy for South Sudan in 2013, outlined in the Humanitarian Implementation Plan (HIP), will maintain a clear focus on emergency preparedness and response. DG ECHO will prioritise support to operations in areas that are prone to conflict, natural disasters or epidemic outbreaks, or where heavy refugee, returnee or IDP caseloads can be found. DG ECHO will maintain its support to common services, to facilitate the provision of humanitarian assistance, pursue its advocacy work on issues of fundamental concern to the humanitarian community and engage in identifying transition strategies.

The present document complements the strategy outlined in the HIP 2013 for Sudan and South Sudan and guides discussions with partners seeking DG ECHO funding. It provides operational recommendations for several sectors of humanitarian interventions<sup>1</sup>.

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:

- Food Assistance: [http://ec.europa.eu/echo/policies/food\\_assistance\\_en.htm](http://ec.europa.eu/echo/policies/food_assistance_en.htm)
- Cash and vouchers: [http://ec.europa.eu/echo/policies/sectoral/cash\\_en.htm](http://ec.europa.eu/echo/policies/sectoral/cash_en.htm)
- Protection: [http://ec.europa.eu/echo/policies/sectoral/protection\\_en.htm](http://ec.europa.eu/echo/policies/sectoral/protection_en.htm)
- Children in emergency and crisis situations:  
[http://ec.europa.eu/echo/policies/sectoral/children\\_en.htm](http://ec.europa.eu/echo/policies/sectoral/children_en.htm)
- Emergency medical assistance:  
[http://ec.europa.eu/echo/policies/sectoral/health\\_en.htm](http://ec.europa.eu/echo/policies/sectoral/health_en.htm)
- Civil –military relations:  
[http://ec.europa.eu/echo/policies/sectoral/civil\\_military\\_en.htm](http://ec.europa.eu/echo/policies/sectoral/civil_military_en.htm)
- Water, sanitation and hygiene:  
[http://ec.europa.eu/echo/policies/sectoral/watsan\\_en.htm](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

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<sup>1</sup> The Recommendations focus on the sectors relevant to many partners and are therefore not intended to cover all sectors.

(factsheet, guidelines and the visibility toolkit)  
[http://ec.europa.eu/echo/about/actors/fpa\\_en.htm](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 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. 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**: 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 these.

☐ **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. The partners should actively engage with relevant local authorities and stipulate co-ordination in Memoranda of Understanding. When appropriate, partners should endeavour to exchange views on issues of common interest with actors present in the field (e.g. EU, UN, AU missions, etc.). In certain circumstances, coordination and de-confliction 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 UNMISS and the United Nations Interim Security Force for Abyei (UNISFA) might prove important. Concerning assistance to refugees, partners will have to provide specific information on active coordination, policies and approaches with UNHCR. DG ECHO will continue to liaise actively with UNCHR to guarantee that its funded actions are in line with the overall strategy of UNCHR.

□ **Integrated approaches:** Whenever possible, integrated approaches with multi- or cross-sectoral programming of responses in specific geographical areas are encouraged to

maximize impact, synergies and cost-effectiveness. 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, 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 South 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. SECTORAL RECOMMENDATIONS**

### ***OPERATIONAL PRIORITIES FOR ALL SECTORS***

DG ECHO's strategy in South Sudan comprises the following strategic priorities:

**Emergency response and preparedness (EP&R)** is the main priority, to be able to provide relief and essential life-saving services to people affected by conflicts, natural disasters or epidemic outbreaks. DG ECHO will prioritise actions that aim at preventing, detecting, reducing the impact of, and/or providing rapid response to shocks with humanitarian consequences.

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. Particular 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, population displacement and acute child malnutrition.

Pipelines for relief items remain essential for emergency response in South Sudan. Targeting and Post Distribution Monitoring (PDM) are essential and compulsory.

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.

Priority will be given to improving access to quality life-saving services for the most vulnerable in areas characterised by high IDP and refugee caseloads, recurrence of conflicts, or natural disasters. Actions should aim at supporting existing or emerging government initiatives and be in line with government plans and guidelines, while respecting humanitarian principles and taking into account the needs of the most vulnerable.

In the areas considered most critical<sup>2</sup>, an integrated approach with the provision of health, nutrition services, water and sanitation, food security and protection will be encouraged. A consortium approach of agencies with technical expertise across sectors would be welcomed.

**Linking Relief and Rehabilitation to Development (LRRD)** should be factored in, whenever possible. Partners should emphasise their role and aptitude in terms of capacity building and how they will increase ownership of local actors through: community mobilisation, gradual transfer of responsibilities to communities, local NGOs or line ministries, prioritising managerial and technical capacities while upholding humanitarian principles. Where relevant, actions should have a strong link with Recovery and Development instruments in place.

## ***PROTECTION***

DG ECHO can fund protection activities understood as **"non-structural activities aimed at reducing the risk for and mitigating the impact on individuals, or groups, of human-generated violence, coercion, deprivation and abuse in the context of humanitarian crises"**.

Within this definition DG ECHO will fund both direct protection actions as well as other actions within other sectors explicitly attempting to address protection issues. Some actions could be a mixture of the two approaches.

For both types of actions addressing protection a **comprehensive context analysis using "protection lenses"** is absolutely essential. The analysis must show knowledge and understanding of the protection situation and problems in the targeted area. The analysis must be able to **distinguish between protection issues deriving directly from the conflict/crisis and structural protection issues**, as well as showing when structural issues are exacerbated by the conflict/crisis or themselves generate a conflict/crisis. Based on its mandate DG ECHO's entry point for funding can only be conflict/crisis protection issues (or structural ones exacerbated by the conflict) and not purely structural issues.

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<sup>2</sup> Please refer to the risk map in the annex.

The main geographical priorities with respect to protection interventions are currently the five northern border states and Jonglei, however given the rapid contextual changes often seen, there are as such no geographical limitations.

Protection interventions that seek to **build the communities' own capacities and strategies to reduce the risks** they face are a priority. Likewise, protection interventions must avoid exonerating duty-bearers from their responsibilities and opportunities to establish an efficient dialogue with local authorities (and other duty-bearers) must be sought.

**Direct protection actions** are defined as those that seek to respond to violations suffered by the population in question – or to the risk that they may suffer such violations. These include a wide range of possible activities<sup>3</sup>, whose relevance can only be determined following a context specific protection analysis. A few issues need to be observed for certain types of activities in South Sudan:

- Interventions addressing **victims of violence including SGBV**<sup>4</sup> must include medical and psycho-social assistance to victims, as well as access to legal assistance for judicial recourse when relevant and feasible. DG ECHO does not expect one partner to necessarily be able to provide ALL the range of services, but will expect that proper referral mechanisms are put in place.
- Interventions strengthening **Information Management** with respect to protection (studies, profiling, monitoring, etc.) can be considered, provided that they demonstrate relevance to and are linked with the Protection Cluster (or its sub-clusters).
- **Support to the returns process** should be based on free and informed decision-making and can include facilitation of this process. Support for returns must include consideration on key sustainability issues such as land allocation/property restitution and documentation/ID papers, as well as inter-/intra-communal cohesion.

DG ECHO recognizes that staff costs may constitute an important part of protection interventions as a) these programmes often imply persons rather than equipment; and b) requires highly specialised staff.

DG ECHO accepts that for certain types of protection interventions or activities SMART indicators may not be the most useful. In such cases process and/or qualitative indicators might be acceptable.

Reference:

DG ECHO's funding Guideline on humanitarian protection

[http://ec.europa.eu/echo/files/policies/sectoral/Prot\\_Funding\\_Guidelines.pdf](http://ec.europa.eu/echo/files/policies/sectoral/Prot_Funding_Guidelines.pdf)

**WATER, SANITATION, HYGIENE (WASH)**

DG ECHO cannot address the tremendous structural needs of the WASH sector in South Sudan. DG ECHO supports comprehensive and complementary water, sanitation and

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<sup>3</sup> Please refer to Annex 1 of DG ECHO Protection Funding Guidelines for examples.

<sup>4</sup> Please also refer to the IASC Guidelines on Gender-Based Violence Interventions in Humanitarian Settings - [http://humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf\\_gender-gbv](http://humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-tf_gender-gbv)

hygiene activities, contributing to public health and livelihoods. Stand-alone WASH activities will be supported only if evidence shows that they have life saving dimension.

**In emergency settings:**

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.

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:**

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.

Projects should include benchmarks leading to a feasible exit strategy that include spare parts supply and community management of water resources. In this regard, the good technical quality of any proposed construction will be the foundation towards development and a precondition for sustainability.

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.

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.

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.

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.

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.

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. Priority messages should be hand washing, water storage and handling, and latrine use and interventions must provide access to water containers and soap.. Specific messages in Guinea Worm prone areas should also be included.

KAP surveys should be included as a standard tool to provide evidence of positive behaviour change in hygiene practices, as well as to analyse individual water use; transport and storage practices; hand-washing; and latrine usage.

Epidemic containment related contingency plan should be considered in line with the existing orientations of the WASH & Health clusters of each state. 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.

Reference:

DG ECHO WATSAN guidelines

<http://ec.europa.eu/echo/policies/evaluation/watsan2005.htm>

## ***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. In line with the LRRD principles, partners intervening in the health sector will pay duly attention to reinforce (as a minimum, prevent negative interference) national health sector strategies as much as possible.

Integrated Disease Surveillance Response (IDSR) must be pursued/reinforced by all actors in the health sector. All health projects are expected to actively contribute to the preparedness, surveillance and response to potential outbreaks.

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, exploiting all opportunities to facilitate access to these programs.

Regarding refugee camps, health projects should ensure a synergy between decentralisation of health care, referrals to secondary facilities, permanent surveillance (epidemic and mortality) and strong public health promotion.

#### References:

DG ECHO HIV Guidelines

[http://ec.europa.eu/echo/files/policies/sectoral/health\\_HIV\\_guidelines\\_ECHO.pdf](http://ec.europa.eu/echo/files/policies/sectoral/health_HIV_guidelines_ECHO.pdf)

DG ECHO Policy on User Fees

[http://ec.europa.eu/echo/files/policies/sectoral/health\\_2009\\_note\\_on\\_user\\_fees.pdf](http://ec.europa.eu/echo/files/policies/sectoral/health_2009_note_on_user_fees.pdf)

### ***NUTRITION***

As a general rule, access to nutritional support through DG ECHO supported projects should remain free of charge and should be reinforced by access to free health services.

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.

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 very acute humanitarian conditions that warrant urgent measures to reduce excess malnutrition, morbidity and mortality.

DG ECHO will promote and support initiatives aiming to analyse the causes of malnutrition and to measure the coverage of the existing nutritional programmes.

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.

Regular nutrition surveillance/rapid nutrition assessments that provide comparable information on seasonal/annual trends will continue to be prioritized.

Partners should adhere to standards (CMAM implementation and reporting guidelines, survey guidelines,) developed by the MOH/UNICEF (as cluster lead), so as to ensure coherence in the implementation of various response strategies.

### **Management of Severe Acute Malnutrition**

Partners should comply with national Community-based Management of Severe Acute Malnutrition (CMAM) guidelines. CMAM approach should be integrated into existing health care structures and services.

Partners should strengthen in-service training for nutrition workers, setting minimum standards that guarantee quality assurance within stipulated performance thresholds.

Partners should adopt context specific outreach and referral strategies that optimise access to service provision and coverage, especially in preparation for and during the hunger gap.

When establishing emergency nutrition interventions, one must consider the relationship between the prevalence of malnutrition and other factors such as CMR and U5MR, morbidity rates, season/harvest, options for coping mechanisms, etc. Trends in nutritional status/nutrition survey results (when data exists) are also critical in the decision-making process.

Nutritional education, with particular emphasis on Infant and Young Child Feeding Practices (IYCF) as part of a comprehensive nutrition approach, should target entire communities. The nutrition education package should emphasise context specific topics on prevention and management of malnutrition.

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.

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.

### **Management of Moderate Acute Malnutrition**

Partners should comply with national Community-based Management of Acute Malnutrition (CMAM) guidelines. CMAM approach should be integrated into existing health care structures and services.

Management of moderate acute malnutrition (MAM) remains a critical gap mainly due to poor program performance (high defaulter rates, low recovery rates, significantly low coverage rates). Treatment of moderately malnourished children should be systematically prioritised in the response package.

The decision to implement a MAM component in a CMAM programme should be based on a sound situation analysis of seasonality, GAM and admission rates of MAM/ SAM cases in any existing programmes, determining the coverage, rates, morbidity, population density and movement, and food security situation of the affected population (see the Decision Tool for MAM).

In-depth analysis of factors leading to poor performance of nutrition 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.

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 commitment towards stringent program monitoring and documentation of results including lessons learnt.

Support may be considered for blanket supplementary feeding, as a preventive measure to mitigate spikes of malnutrition or as an emergency strategy during periods of elevated nutritional stress. However, as a precondition, partners will have to demonstrate the added value of this approach on the basis of recent studies that are relevant to South Sudan.

#### ***FOOD ASSISTANCE & SHORT TERM FOOD SECURITY/LIVELIHOOD (FA/FSL)***

All actors proposing FSL actions should as much as possible consider a nutrition dimension in the design of assessments, problems analysis, programming and monitoring.

In 2010 DG ECHO launched a new policy communication providing a framework for Humanitarian Food Assistance, with the following key objectives:

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

All projects should mainstream environmental and protection aspects 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 will support studies/analysis aiming to improve the food security monitoring and/or to gain understanding on the evolution of the livelihoods.

**In particular in South Sudan:**

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, in accordance with recently adopted DG ECHO Communication on Humanitarian Food Assistance.

All proposals should incorporate a response analysis that builds on the needs assessment section, and clearly informs the choice of response(s) and modalities.

Cash-based transfers (including vouchers) can be supported, when this appears to be the best option based on a sound situation analysis, including a mandatory market study and risk assessment. Particular attention must be given to conditions and criteria for both conditional and unconditional cash transfers.

DG ECHO support for in-kind food assistance should be considered the response of last resort, and limited to life-saving actions responding to new displacements or to severe, transitory food insecurity due to natural disasters. It is recommended that partners use the decision tree in the Guidelines in Cash and Vouchers to justify the use of in-kind food distributions. Responses may include relief food assistance as well as therapeutic and supplementary feeding.

Seed and tool distributions may be considered in response to emergencies. However, building seed security should be an overriding consideration, and vouchers/seed fairs will be favoured over in-kind distributions, unless otherwise justified. Support will be increasingly restricted, using more refined targeting criteria based on location and beneficiaries. When relevant, distribution of short-maturing varieties of seed should be prioritised. Partners should demonstrate that they have carried out a proper analyses relating to land property and land allocation.

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.

Short-term FSL interventions should adopt a community-based approach in terms of defining viable options to effectively help increase resilience among the most vulnerable. This includes the identification of critical needs as prioritized by the communities, and the transfer of appropriate knowledge and resources.

Interventions should mainstream a DRR component as much as possible.

All food assistance and livelihood proposals should include a well articulated exit strategy and concrete plans to seek longer term funding, when appropriate.

## References:

DG ECHO Communication on Humanitarian Food Assistance  
[http://ec.europa.eu/echo/policies/food\\_assistance\\_en.htm](http://ec.europa.eu/echo/policies/food_assistance_en.htm)

DG ECHO guidelines on Cash and Vouchers  
[http://ec.europa.eu/echo/policies/sectoral/cash\\_en.htm](http://ec.europa.eu/echo/policies/sectoral/cash_en.htm)

## **DEMINING**

***DG ECHO support to demining activities will be limited to opening access to humanitarian actors, to implement activities considered priority according to the above criteria. Organisations applying for funding in this sector should have a flexible approach, supporting humanitarian actors whenever and wherever needed.***

DG ECHO will consider supporting demining activities and mine risk awareness (MRA) only in areas recently affected by conflict and where military activities have ceased and a sustainable conflict resolution is in place.

Keeping in mind the high costs of demining activities, partners should demonstrate that they have carried out comprehensive analyses on how to minimise and mitigate risks of re-mining.

## **3. 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 the partner 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 the partner has communication experience and expertise, and is keen to exploit the benefits of joint

actions and visibility; when the partner wishes to propose an impact-oriented communication activity that would need a larger budget.

Communication activities are optional, however DG ECHO encourages its 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.

Reference:

The new DG ECHO visibility guidelines

[http://ec.europa.eu/echo/about/actors/visibility\\_en.htm](http://ec.europa.eu/echo/about/actors/visibility_en.htm)

# South Sudan Risk Map 2012

