

TECHNICAL ANNEX**HORN OF AFRICA****FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION**

The provisions of the financing decision ECHO/WWD/BUD/2014/01000 and the general conditions of the Partnership Agreement with the European Commission shall take precedence over the provisions in this document.

1. Contacts

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2. Financial info

Indicative Allocation: EUR 101 000 000

Man-made crises: HA-FA: EUR 81 550 000

Natural disasters: HA-FA: EUR 19 450 000

Country/Thematic	Total in Million EUR
Djibouti	1 000 000
Ethiopia (including refugees)	31 000 000
Kenya (including refugees and DRR regional)	20 000 000
Somalia	49 000 000

3. Proposal Assessment

3.1 Administrative info

Assessment round 4

- a) Indicative amount to be allocated in this round of proposals: up to EUR 2 000 000.
- b) This assessment round corresponds to the needs described in sections 0; 3.4 and 4.3.2.2 (operational guidelines) for **Kenya**.
- c) Costs will be eligible from 01/01/14¹. Actions may start from 01/01/2014.
- d) The maximum expected duration for the Action is up to 12 months.
- e) Potential partners: WFP.
- f) Information to be provided: Single Form² new proposal or modification requests for on-going operations.
- g) Indicative date for receipt of the above requested information: **by 20/12/2014**³

Assessment round 3

- a) Indicative amount to be allocated in this round of proposals: up to EUR 5 000 000.
- b) This assessment round corresponds to the needs described in sections 0; 3.4 and 4.3.2.2 (operational guidelines) for **Ethiopia**.
- c) Costs will be eligible from 01/01/14⁴. Actions may start from 01/01/2014.
- d) The maximum expected duration for the Action is up to 12 months.
- e) Potential partners: mandated agencies and NGOs relevant to provide the assistance as described in section 0 of the modified HIP.
- f) Information to be provided: Single Form⁵ new proposal or modification requests for on-going operations.
- g) Indicative date for receipt of the above requested information: **by 20/10/2014**⁶

Assessment round 2

- a) Indicative amount to be allocated in this round of proposals: up to EUR 10 000 000. (Subject to the availability of payment appropriations. The

¹ The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, whatever occurs latest.

² Single Forms will be submitted to DG ECHO using APPEL (e-Single Form)

³ The Commission reserves the right to consider Single Forms transmitted after this date, especially in case certain needs/priorities are not covered by the received Single Forms.

⁴ The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, whatever occurs latest.

⁵ Single Forms will be submitted to DG ECHO using APPEL (e-Single Form)

⁶ The Commission reserves the right to consider Single Forms transmitted after this date, especially in case certain needs/priorities are not covered by the received Single Forms.

amount awarded may be lower than the overall indicative amount, or spread over time)

- b) This assessment round corresponds to the needs described in sections 3.4 and 4.3.2.2 (operational guidelines) for **Somalia**.
- c) Costs will be eligible from 01/01/14⁷. Actions may start from 01/01/2014.
- d) The maximum expected duration for the Action is up to 12 months.
- e) Potential partners: All DG ECHO Partners. With regards the Somalia context and the current situation, priority will be given to partners already engaged in the country and having access to the affected regions.
- f) Information to be provided: Single Form⁸ new proposal or modification requests for on-going operations.
- g) Indicative date for receipt of the above requested information: **by 12/09/2014**⁹

Assessment round 1

- a) Indicative amount: up to EUR 84 000 000
- b) This assessment round corresponds to the need described in section 3.4 and 4.3.2.2 (operational guidelines) for **Djibouti, Ethiopia, Kenya and Somalia**. As for resilience building in Ethiopia, the following clusters are eligible under the present HIP: Wolayita, Amhara, Afar and Siti clusters.
- c) Costs will be eligible from 01/01/14¹⁰.
- d) The expected initial duration for the Action is up to 12 months and up to 18 months for specific resilience/DRR oriented projects.
- e) Potential partners: All DG ECHO Partners.
- f) Information to be provided: Single Form¹¹.
- g) Indicative date for receipt of the above requested information: **by 02/12/2013**¹²

3.2- Operational requirements:

3.2.1- Assessment criteria:

The assessment of proposals will look at:

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- The compliance with the proposed strategy (HIP) **and** the operational requirements described in this section;
- Commonly used principles such as: quality of the up-to-date needs assessment and of the logical framework with baselines and SMART indicators, relevance of the intervention and coverage, feasibility, applicants' and implementing partners' implementation and field monitoring capacity, knowledge of the country/region, security management and quality of contingency plans and co-funding level. On the latter, please take note that co-funding is the rule and 100% an exception that will need to be duly justified.
- In case of actions being already implemented in previous years of which DG ECHO is requested to fund a continuation, a visit of the on-going action may be conducted to determine the feasibility and quality of the action proposed. The quality of the final report and the outcomes of the previous activities will also be taken into consideration to determine the relevance of funding a continuation.

3.2.2- Operational guidelines:

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 with the aim to increase the impact and coherence of the proposed actions.

The adherence to these recommendations in a proposal to DG ECHO does not imply a guarantee of funding. Every proposal will be appraised on a case by case basis, in view of prevailing context, needs identified and response analysis as well as compliance with SPHERE or other relevant situation-specific standards to ensure quality of actions.

3.2.2.1 General and regional guidelines including sectoral recommendations

In the design of your operation, ECHO policies and guidelines need to be taken in to account:

- Cash and vouchers: http://ec.europa.eu/echo/policies/sectoral/cash_en.htm
- Children in Conflict: http://ec.europa.eu/echo/policies/sectoral/children_en.htm
- Civil –military coordination:
http://ec.europa.eu/echo/policies/sectoral/civil_military_en.htm
- European Consensus on Humanitarian Aid: http://europa.eu/legislation_summaries/humanitarian_aid/rl3008_en.htm
- Food Assistance: http://ec.europa.eu/echo/policies/food_assistance_en.htm
- Gender: http://ec.europa.eu/echo/files/policies/sectoral/Gender_SWD_2013.pdf
- HIV Guidelines:
http://ec.europa.eu/echo/files/policies/sectoral/health_HIV_guidelines_ECHO.pdf
- Nutrition : http://ec.europa.eu/echo/policies/nutrition_en.htm
- Protection: http://ec.europa.eu/echo/policies/sectoral/protection_en.htm

- Instruction note for ECHO staff on Remote Management:
http://ec.europa.eu/echo/files/partners/humanitarian_aid/Remote_Management_instructions.pdf
- The EU resilience communication:
http://ec.europa.eu/echo/policies/resilience/resilience_en.htm
- DG ECHO position paper on **User Fees for Primary Health Care Services**:
http://ec.europa.eu/echo/files/policies/sectoral/health_2009_note_on_user_fees.pdf
- Visibility guidelines toolkit:
http://ec.europa.eu/echo/partners/humanitarian_aid/visibility_en.htm and visual identity: http://ec.europa.eu/echo/media/identity_en.htm
- Water and sanitation:
http://ec.europa.eu/echo/files/policies/sectoral/WASH_SWD.pdf

A **Helpdesk** for partners is available at <http://www.dgecho-partners-helpdesk.eu>.

A set of **overall principles** needs to guide every operation supported by ECHO. They have also been mentioned in the HIP.

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 must be evident in every operation supported by DG ECHO.

The safe and secure provision of aid: the ability to safely deliver assistance to all areas must be preserved. ECHO requests its partners to include in the project proposal details on how safety and security of staff (including the staff of implementing partners) and assets is being considered as well as an analysis of threats and plans to mitigate and limit exposure to risks. ECHO or its partners can request the suspension of on-going actions as a result of serious threats to the safety of staff.

Accountability: partners remain accountable for their operations and the ones of their implementing partners, in particular:

- The identification of the beneficiaries and of their needs through independent needs assessments using, for example, baseline surveys, KAP-surveys, Lot Quality Assurance Sampling (LQAS) or beneficiary profiling;
- Management and robust monitoring of operations, and having adequate systems in place to facilitate this;
- Reporting on activities and outcomes, and 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.

Remote management arrangements: ECHO does not fund actions using remote management, other than in exceptional circumstances, where access to a crisis zone is temporarily limited due to security concerns or bureaucratic obstacles. It will only be accepted as a temporary measure and never as a continued "modus operandi" for the

entire action. This mode of operations should therefore only be proposed as a last resort, and in the context of life-saving activities Proposals should include detailed information on how projects are to be remotely managed to ensure sound needs assessment and targeting and maximise quality and accountability (cf. Instruction note for ECHO staff).

Gender-Age mainstreaming: Ensuring gender-age mainstreaming is essential for quality programming because women, girls, boys, men and elderly women and men are affected by crises in different ways. Assistance needs to be adapted to their specific needs - otherwise it risks being off-target, failing its objectives or even doing harm to beneficiaries. It is also a matter of compliance with the EU humanitarian mandate, the humanitarian principles and internal laws and commitments. All project proposals/reports must demonstrate integration of gender and age in a coherent manner throughout the Single Form, including in the needs assessment and risk analysis, the logical framework, description of activities and the gender-age marker section.

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 the relevant local authorities and, when feasible and appropriate, 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.

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.

Resilience

ECHO's objective is to respond to the acute humanitarian needs of the most vulnerable and exposed people while increasing their **resilience** in line with EU resilience policy. Where feasible, cost effective, and without compromising humanitarian principles, ECHO support will contribute to longer term strategies to build the capacities of the most vulnerable and address underlying reasons for their vulnerability – to all shocks and stresses.

All ECHO partners are expected to identify opportunities to reduce future risks to vulnerable people and to strengthen livelihoods and capacities. ECHO encourages its partners to develop their contextual risk and vulnerability analysis and to adapt their approach to the type of needs and opportunities identified. This requires partners to strengthen their engagement with government services, development actors and with different sectors. In that regard, ECHO partners should indicate how they will increase ownership and capacity of local actors whenever possible: community mobilisation, CSOs, technical dialogue, coordination and gradual transfer of responsibilities to countries' administration or relevant line ministries.

Good coordination and strategic complementarity between humanitarian and development activities (**LRRD** approach) are essential to the resilience approach, particularly in relation to i) increasing interest of development partners and governments on nutrition issues; ii) seeking for more sustainable solutions for refugees (access to education, innovative approach toward strengthening self-reliance, etc.); iii) integrating disaster risk reduction into humanitarian interventions.

DG ECHO will specifically consider supporting actions related to building an evidence-based advocacy and awareness strategy around disaster risk management and resilience building in the Horn of Africa.

At regional level, the resilience agenda allows ECHO to revisit its approach in addressing acute needs in protracted crisis situation. A key to moving away from a classical “start-stop” humanitarian response is to embed actions aiming at addressing acute humanitarian needs within a long term development agenda. DG ECHO will advocate for the establishment and/or expansion of predictable safety nets and for the development of a surge capacity to be deployed when crisis strikes to insure the continuous provision of basic services. The linkages between safety nets and humanitarian activities should be illustrated in each relevant resilience building proposal. Actions that support learning, documenting and disseminating the experience acquired for the integration of risk management into resilience programming will be encouraged.

Technical support to national and regional relevant bodies and institutions for the strengthening of disaster risk management/ resilience related policy and the integration of lessons learnt and good practices into their strategies will also be considered.

Linkages, consolidation and complementarities with other existing and planned regional and national Resilience/ DRR initiatives are crucial (IGAD IDDRSI Process, IGAD/ UN RAU, etc.).

Resources available under regional programming should not be considered an alternative funding source for actions that are eligible for other medium- to long-term funding instruments of the European Commission or other multi- or bi-lateral sources. Proposals that seek merely to address structural issues, for example, of food insecurity or inadequate delivery of basic services will not be prioritised.

Community-based approach: In all sectors, interventions should adopt, wherever possible, a community-based approach in terms of defining viable options to effectively help increasing resilience and meeting basic needs among the most vulnerable. This includes the identification of critical needs as prioritised by the communities, and the transfer of appropriate knowledge and resources.

Response Analysis to Support Modality Selection for all Resource Transfers is mandatory. DG ECHO will support the most effective and efficient modality of providing assistance, whether it be cash, vouchers or in-kind assistance.

Visibility: Providing branding for the European Commission is a contractual obligation for projects financed by the European taxpayer. In exceptional cases, it may be necessary to request derogation and to avoid visibility in the field due to lack of security or local political sensitivities in crisis zones. Instead, a strategic approach to communication should be agreed with DG ECHO's field and HQ team.

Regional Sectoral recommendations

Disaster Risk Reduction: As part of the commitment of ECHO to mainstream disaster risk reduction in its humanitarian operations, the needs assessment presented in the Single Form should reflect, whenever relevant, the exposure to natural hazards and the related vulnerability of the targeted population and their livelihoods and assets. This analysis should also assess the likely impact of the humanitarian intervention on both immediate and future risks as well as the partner's institutional commitment to and operational capability in managing risk (technical competence in the relevant sectors of intervention). The DRR approach and related measures are relevant in all humanitarian sectors (WASH, nutrition, food assistance and livelihoods, health, protection, etc.), and should be systematically considered in hazard-prone contexts. Risk-informed programming across sectors should protect operations and beneficiaries from hazard occurrence, and include contingency arrangements for additional or expanded activities that might be required. Information from early warning systems should be incorporated into programme decision making and design, even where the humanitarian operation is not the result of a specific hazard.

For targeted DRR interventions, the information in the Single Form should clearly show that:

- all risks have been clearly identified, including their possible interactions;
- the intervention strengthens and promotes the role of the state and non-state actors in disaster reduction and climate change adaptation from national to local levels;
- the measures planned are effective in strengthening the capacity of communities and local authorities to plan and implement local level disaster risk reduction activities in a sustainable way, and have the potential to be replicated in other similar contexts;
- the intervention contributes to improving the mechanisms to coordinate disaster risk reduction programmes and stakeholders at national to local levels.
- demonstrate that the action is designed including the existing good practice in this field;
- the partner has an appropriate monitoring, evaluation and learning mechanism to ensure evidence of the impact of the action and good practice are gathered, and effectively disseminated.

DRR is not equal to resilience, but it is an essential component of it as it enables people to respond and react effectively and quickly when disasters strike. DRR is indeed about how people prepare, mitigate and prevent risks and how they react and respond to a disaster situation. This concerns all levels of government, communities, non-profits and civil society organisations as well as the private sector.

In this logic, particular attention will be paid to mainstreaming of DRR wherever possible. Specifically, actions considered under the Resilience pillar, should pay attention to:

- *Strengthening institutional capacities* for disaster risk management, including adaptation to climate change, at communities and government levels
- *Supporting structural* (e.g., hazard/disaster mitigation works, rehabilitation activities, protection works etc.) *and non-structural* (e.g., building codes and

policies/procedures for risk analysis of infrastructure projects) measures to reduce or avoid the possible impacts of natural hazards;

- *Supporting development/installation of appropriate early warning systems at regional, national and in particular at community level*
- *Developing Local Skills and Capacities in Disaster Risk Reduction*

Emergency Preparedness and response: Partners are expected to actively contribute to Emergency Preparedness and Response (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 crises with specific reference to natural disasters (exogenous shocks), disease outbreaks and peaks of acute child malnutrition. Partners should also explore community mobilization in order to ensure the largest coverage possible and ensure sustainability of the actions.

Protection: Mainstreaming of basic protection principles in traditional assistance programmes is of paramount importance to 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. Protection mainstreaming should, in particular, be reflected in any actions implemented in a displacement hosting context (be it refugees or IDPs), where considerations on the relationship with host communities are of utmost importance for the protection of the displaced population.

While humanitarian assistance often focuses on community-level interventions, it is important to remember that, in order to fully address many protection issues, it is also necessary to consider the relevance and feasibility of advocacy (structural level) interventions aimed at (a) stopping the violations by perpetrators and/or (b) convincing the duty-bearers to fulfil their responsibilities.

Specific protection 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 the humanitarian emergency rather than to address a structural problem linked to cultural practices or systemic problems. These may include (unless specified, activities apply equally to refugees, IDPs and other persons in need of protection):

- *Assistance to victims* of protection violations including sexual and gender based violence. In providing victim assistance ensuring access to needed medical assistance in accordance with internationally recognized protocols, as well as mental health/psycho-social support is essential. Proposals should specify the educational level of the service providers engaged, and service providers of psycho-social support should preferably as a minimum have the educational level of social workers – and the referral pathway from one level of treatment to the next must be foreseen within the proposal. Support to legal aid can be considered when contextually feasible. In providing victim assistance (incl. for SGBV), a proper referral pathway must be ensured through participation in coordination and reporting mechanisms.

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- *Screening, registration and verification* including birth registration for refugees; population movement tracking and profiling for IDPs; protection monitoring systems for both refugees and IDPs and in- and out of camp situations.
 - *Child protection*, particularly activities addressing separation of children and families; unaccompanied children and activities addressing psycho-social needs of children (similar expertise requirements as describe above). Tracing activities might only be supported through partners with specialized experience herein, and partners must document that they have the necessary capacity to link up with similar relevant agencies across the region to ensure that cross-border tracing is conducted if necessary.
 - *Support to voluntary, safe, dignified and well-informed durable solutions*. Possible activities include information campaigns and area of origin profiles; restoration of personal documentation; information provision on housing, land and property claims; transport; monitoring of durable solutions conditions, as well as advocacy to ensure that the principles are respected. Involvement of development actors in durable solutions initiatives is encouraged.
 - *Community-based protection interventions* – activities aiming to increase the self-protection mechanisms of communities affected by conflict/displacement, and promote cohesion with host communities. Please refer to country guidance for further specifics.

Nutrition: Funding will be guided by sound data from surveys and surveillance systems when emergency thresholds set out by international standards are being exceeded. Rapid screenings with MUAC might also be used to inform decision, provided a solid methodology is employed and reported.

- CMAM program should include the whole package of interventions as per national protocols or international guidelines including community participation and sensitization.
- Medical care for severely malnourished, especially those needing hospitalisation, needs to be holistic and of proper quality (including proper history taking, examination and complementary exams). CMAM services, whenever possible, must be delivered through public healthcare facilities and human resources.
- Other nutrition interventions like IYCF, nutrition education, micronutrient supplementation, nutrition surveillance, etc. should preferably be coupled to the treatment of acute malnutrition programs. IYCF actions should always be integrated into the CMAM programs aiming at preventing under nutrition from inappropriate feeding practices.
- Continued efforts to gain a better understanding of direct and underlying determinants of under nutrition (causal analysis) as well as the effectiveness of on-going response interventions is needed to guide the approach and remodel intervention strategies as needed.

Health: Support to humanitarian health assistance is based on the identification of a crisis which has exerted, or which will imminently exert a negative impact on the health of a population and which is of a scale and severity that exceeds the capacity or willingness of local authorities to respond in a timely and effective manner.

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- Access to a package of basic health services needs to be ensured in any crisis situation. Their usage by the most vulnerable populations needs to be monitored. Free access to healthcare remains a key principle for DG ECHO.
 - Those health activities that have the highest potential to save the most lives (during the period of assistance) should be prioritized. Community based health approaches are encouraged.
 - Actions should be based on a quantitative needs analysis (to be repeated at regular intervals). Data should be disaggregated according to sex and age. Capacity gaps at the level of the local health system should be identified and substitution avoided. Continuations of previously funded projects should highlight the advances made and changing needs over the past period(s).
 - Humanitarian actions should avoid drawing on existing human resources from the local health system. Trainings need to be as much as possible in line with existing curricula and HR management frameworks.
 - The functionality of existing early warning, surveillance and response systems should be assessed systematically and, in case of need, actions to reinforce proposed.
 - Functional coordination mechanisms with existing health authorities and programs, especially, but not exclusively, those (co-) funded by the EU and member countries (e.g. EDF programs; Global Fund; GAVI) needs to be established and opportunities for LRRD fully explored.
 - Do no harm principles should be respected especially related to medical waste management; safety (quality) of drugs; unnecessary duplication of existing health systems and protection of human resources, premises and means (ambulances; drugs;...).
 - Advocacy towards the integration of nutritional activities in the healthcare package will be supported.
 - In refugee settings, access to provided health services should be equally accessible to surrounding host-communities.

Food assistance: Interventions will be supported to save lives and to protect productive assets as a response to severe, transitory food insecurity due to natural and/or man-made disasters.

- All proposals should incorporate a well-articulated situation and response analysis that builds on the needs assessment, and informs the choice of response(s) as well as the targeting criteria. The choice and value of transfer modalities (cash, vouchers, in-kind) must be based on a sound analysis, and consider essential non-food needs such as water. Market assessment and Household Economic Analysis (HEA) are recommended as part of the response analysis.
- Emergency livestock activities can be supported where livestock are proven to be a vital asset for the most vulnerable people. Priority must be given to households with "minimal" livestock holdings and to those who have left the pastoralist livelihood due to asset depletion during the recent droughts and to link these interventions to longer term development. The feasibility and appropriateness of the interventions will have to be carefully considered and documented using the minimum standards developed by the Livestock Emergency Guidelines and Standards (LEGS) <http://www.livestock-emergency.net> and considering existing early warning systems and documented gaps.

- ECHO will continue advocating for further linkages between food assistance interventions and nutrition outcomes and programmes. Partners applying for ECHO funding should highlight linkages with other sectors either within their proposed actions or with other actions.

Water Sanitation and Hygiene (WASH) and Shelter: Support to preparedness and response through short term emergency water supply, sanitation, and hygiene promotion activities in order to minimize the risks of increased morbidity and mortality due to lack of water and/or water-related diseases with adequate stocks of pre-positioned supplies (natural or man-made disaster). In principle, a large quantity of reasonably safe water is preferred to small quantities of high quality water.

- WASH & Shelter indicators should be SPHERE standards compliant and measured at household level on a relevant frequency using a representative sample size of the population monitored;
- Ensure that WASH outputs address the specific needs related to other sectors (gender, protection and Shelter)
- Focus on rehabilitation and repair of existing WASH systems/facilities before constructing new ones; and re-establish institutional, social, and organisational structures to manage these WASH services.
- Water trucking should only be considered as a last resort lifesaving intervention requiring a clear and concrete exit strategy such as the parallel rehabilitation of existing water sources
- WASH activities have a complementary value in order to control/prevent the spread of epidemics like Acute Watery Diarrhoea. Therefore, WASH activities might be linked to AWD response operations if deemed necessary. Items such as IEC materials, chlorine, sprayers, etc. can be pre-positioned in that perspective. A contingency plan related to the WASH response to AWD related epidemics should be designed.
- In dry lands area where water availability is scarce, it is recommended to analyse the dynamics for the use of water including those related to water as an economic assets (e.g., pastoralism). Refer also REGLAP good practice available at: <http://www.disasterriskreduction.net/east-central-frica/documents/detail/en/c/1516/>
- Shelter design adapted to situation and protection needs, i.e. temporary, transitional, semi-permanent.

4.3.2.2. Regional DRR and Country Specific Programming Priorities

a) Regional DRR programming priorities

DG ECHO had funded a separate Drought Risk Reduction initiative between 2006 and 2012 in the Horn of Africa which has contributed to support numerous country programme as well as regional interventions. The initiative is now finished and bearing in mind the importance of the resilience agenda for the Horn, to which DRR is a very significant contribution, it has been decided to fully integrate this strategy/vision into the 2014 HIP.

Therefore, **DRR country initiatives** will have to be presented at the level of each concerned country in line with the overall resilience strategy

At regional level, DG ECHO will encourage the consolidation and dissemination of experience gained under the previous drought risk reduction funding decisions' especially in evidence based advocacy for provision of appropriate disaster risk management; developing capacities for stronger governance; development of climate proofed infrastructures; provision of basic services for vulnerable and at risk individuals, households and communities; addressing the conflict risk; etc.

Follow-up of projects from the previous decisions will, therefore only, be considered if the proposal includes a **justified consolidation** and an **exit strategy** with a clear timeline.

b) DJIBOUTI programming priorities

ECHO funding in Djibouti will focus on displacement, nutrition and food security. Djibouti is affected by climate change, drought and deep structural problems. Due to the complex interaction of structural and acute factors, interventions should incorporate emergency preparedness and response, resilience-building and sound exit strategies in view of seeking durable solutions involving development stakeholders as well.

Even though DG ECHO is very well aware of the overall mixed migration flow transiting through Djibouti and the related protection concerns, this issue will not be considered as a priority in 2014 due to unavailability of appropriate level of funding.

Refugees

- Emergency capacity (care and maintenance and protection) for protracted and any new influx;
- Strengthened search for durable solutions, including local integration, voluntary return and resettlement, as well as innovative interim solutions such as work visas;
- Action in line with regional approaches to promote increased refugee self-management and self-reliance;
- Specific protection-needs of vulnerable off-camp urban refugees;
- Monitoring mixed migration flows and the humanitarian protection and assistance needs of the people herein.

Resilience

- Focus on the most vulnerable food and nutrition insecure population;
- Focus on Nutrition – Integration of diagnosis and treatment of SAM in the local health facilities;
- Multi-sector approach;
- Mainstream of DRR as part of Resilience;
- Focus on all kind of disasters and not on droughts only;
- Focus on links between communities and local authorities.

Sectoral recommendations specific to Djibouti**Health**

- In refugee settings, DG ECHO may support provision of a package of primary and live-saving secondary health care services.

Food Assistance and Nutrition

- The decision for funding nutrition will be guided by sound data from surveys and surveillance system that exceed the emergency thresholds;
- Food assistance will continue to be an essential life-saving response. Aid modalities should be based on a sound response analysis, priority should be given to cash and/or vouchers, if conditions are in place;
- Food in-kind will be eligible for funding as exception only;
- Assistance to vulnerable populations will be achieved through a multi-sector approach comprising nutrition, food security and livelihoods;
- Action has robust sustainability focus, incorporating DRR, resilience to recurrent shocks and LRRD;
- Close coordination with development donors in view of exit strategies.

c) ETHIOPIA programming priorities

While the regional strategy (HIP 2014) for the Horn of Africa is structured around the two pillars of emergency response and resilience, the specific interventions in Ethiopia can for reasons of clarity be organised into three different priorities: Emergency Preparedness and Response, Refugees and Resilience. In a context of shrinking financial resources, ECHO will prioritise interventions according to relevance, efficiency and effectiveness.

Emergency Preparedness and Response

Faced with a multitude of different types of hazards such as populations affected by rapid onset natural disasters or man-made disasters such as e.g. localised conflicts, nutritional crises, and human and animal epidemic outbreaks, as well as at times difficult access, ECHO has established a particular approach to deal with rapid response emergencies in Ethiopia. The approach is aiming at minimising the time between the occurrence of the crisis and the rapid response and is established in close cooperation with other rapid response funds in Ethiopia (HRF managed by OCHA and the OFDA funded WASH and nutrition rapid response capacity).

The Emergency Response Mechanism supported by ECHO is managed by a NGO consortium¹³ and the response is conducted via an NGO/ organisation part of the ERM NGO network in an affected zone. The specificity of the ERM lies in greater donor coordination, in an improvement of information management and rapid assessment including dissemination, in reinforced logistical capacity, including pre-positioning of stocks as well as in the set-up of an NGO network able to provide emergency assistance in order to use and optimise as much as possible locally available resources and capacity. Based on the needs identified and in line with ECHO policies, the ERM can support any type of intervention be it in health, nutrition, wash, NFI, shelter, or protection through technical, logistical or financial support.

In addition to the ERM and working closely with the ERM, is an IDP focussed project (currently managed by IOM), which in addition to rapid response action specifically for IDPs also looks at issues such as internal displacement mapping, awareness raising & advocacy, causal analysis of information on displacement possibly leading to prevention of displacement or conflict.

Under the Emergency Preparedness and Response priority, projects linked to humanitarian coordination and relief type operations as well as protection could be funded.

ECHO intends continuing to support emergency response in Ethiopia through:

- Coordination, assessment capacity and pro-active information sharing on the context of the crisis and the needs of affected populations as well as the joint programming of the response
- Immediate response to most urgent needs
- Pre-positioning capacity for NFI, including warehousing and transport capacity;
- Vaccination campaigns to response to significant epidemic outbreaks (animal or human), covering critical vaccines stock reconstitution, minimum active surveillance, and short term training.

Refugees

The refugee file remains a strong priority in ECHO's strategy in Ethiopia. ECHO will continue to support short term care and maintenance including the provision of basic services to already established camps in Dolo Ado, Gambella, Benishangul Gumuz, Tigray and Afar regions. In order to build on the assistance already provided over the last few years, a special emphasis will be put on the handover of the already established infrastructure in order to ensure sustainability. New influx of refugees will be responded to appropriately including support to the establishment of new camps, where needed.

¹³ This consortium is currently led by International Rescue Committee
ECHO/-HF/BUD/2014/91000

The country specificities and priorities are the following:

1. In the camps, priority should be given to improve the registration of refugees, and the verification processes. Continuous validation exercise at food distribution time with biometrics will be supported to ensure that enough assistance is efficiently provided;
2. Strong protection monitoring mechanisms should be put in place as there is a crucial need to monitor the movements and protection needs of refugees.
3. Protection of unaccompanied minors and secondary movements, screening, registration and verification exercises, assistance to victims of violence (children and adults) should be prioritised. Support should include sexual and gender based violence mitigation, and promotion of increased interaction and cooperation with host communities.
4. With regards to Cash-based schemes interventions, ECHO has funded cash operations in Aw-Barre and Sheder camps in Somali region, in Bambasi (Benishangul Gumuz) and Asayta (Afar) and soon will start in Tigray. ECHO would support the expansion of cash schemes to other camps where possible and in line with its food assistance policy.
5. Blanket feeding in the refugee camps will no longer be supported unless an under-nutrition causal study has been implemented and proving its strict necessity and added value. BSFP should be replaced by other type of projects going towards cash/vouchers for at least part of the GFD ration, and looking at fresh food vouchers to improve dietary and micronutrient intake.
6. Strong monitoring and evaluation mechanism for nutrition interventions and maintenance of CMAM activities (where needed) are also considered essential and should be supported.
7. A single grant agreement or convention agreement should be signed per partner in the case a partner is intervening in more than one camp. Proposals should be structured so that the intervention per camp is reflected as one result in the log-frame.

With regards to protracted refugee situations, ECHO is willing to support a shift towards the promotion of self-reliance measures and durable solutions to the extent possible. ECHO will continue to advocate for a more intensive involvement of development partners in this endeavour.

Resilience

The main feature of the resilience building response in Ethiopia is the geographically focused approach in selected clusters of woredas in the most chronically food insecure parts of the country. Seven clusters have been identified in five regions (Afar, Amhara, SNNPR, two in Oromia and two in Somali region) where a multi-sector response within the humanitarian/development contiguity is favoured, particularly focusing on improved access to basic services such as nutrition, health, WASH, on food security and livelihood support, on mainstreaming of disaster risk reduction and preparedness to shocks. Interaction with existing Government flagship programmes (see further) and other Donors interventions are key to maximise the impact. Under the HIP 2013, three clusters are currently being supported up to the end of 2014: Liben cluster in Somali region, Bale cluster and Borana cluster in Oromia region. Under the HIP 2014, in line with part 4.3 of

the HIP, proposals for Wolayita cluster in SNNPR, Afar cluster, Siti cluster in Somali region and Wag Himra cluster in Amhara will be assessed.

Core requirements:

1. Any new proposals should fit into the overall three year vision/logical framework of the already established cluster working groups.
2. Multi-annual planning and proposals to be aligned wherever relevant with EU Delegation SHARE funding and with the broader PSNP and HABP (safety net systems and household asset building programmes for chronically vulnerable groups);
3. Integration of the different sectors and robust action-oriented coordination among involved actors (IPs, local communities and authorities, national flagship programmes where relevant and UN agencies (FAO, UNICEF, WFP) and other donors);
4. Inclusion of crisis modifier (shift to emergency mode when needed);
5. Partners could include in their proposal an external evaluation and/or a study in order to measure impact of medium-term investment and lessons learnt/ best practices from resilience building, so as to contribute to strategy and policy development.

Specifically regarding livelihoods:

- An understanding of vulnerability across wealth groups must be clearly articulated together with livelihood profiles and a clear identification of target groups. Livelihood support efforts should be based on a clear response analysis.
- Proposals to improve food security with clear links to nutrition outcomes will be favoured.
- Environmental protection should be integrated into food security and livelihoods (FSL) actions to promote environmental security for the future.
- Agricultural inputs and livestock interventions should aim to strengthen market function as well as to have a positive impact on target communities.

An integrated approach means the inclusion of health/nutrition, WASH programmes and disaster management:

- Support should be provided through the HEP (Health Extension Program). Interventions need to be closely aligned to national strategies, policies and decentralised action plans and budgets.
- Support will mainly target primary health services related to under-nutrition (focus on maternal, new-born and child care; promotional, preventive and/or curative) and needs to take a health system strengthening approach.
- Upgrading access to clean water in a sustainable way and with a strong community involvement will be essential to consolidate gains in nutritional and food security.

d) KENYA programming priorities

Like other countries in the Horn of Africa, ECHO's support for Kenya will revolve around assistance to displaced populations and, resilience building to enhance capacities of vulnerable populations to respond to future shocks while responding to their humanitarian needs. For protracted refugee situations, ECHO would continue to support, care and maintenance with emphasis on protection and safeguarding asylum while searching at alternative self-reliance measures to be developed. New influx of refugees cannot be excluded and must be responded to appropriately. In case of other emergencies, ECHO intends to continue supporting Kenya's emergency preparedness and response to ensure enhanced national capacity to react to crises.

Emergency Preparedness and Response

EP&R is ECHO's core mandate and an essential element of disaster risk reduction. Therefore, ECHO will consider supporting an emergency intervention wherever in Kenya:

- Focus on enhancing national and local capacity to respond to disasters whether natural or man-made through preparedness, i.e. enhanced assessment capacity, reinforced coordination especially at local level, prepositioning and response.
- WASH activities should be considered in support to preparedness and response, e.g. water market survey, emergency response mechanisms.
- Health activities can be supported in response to displacement or epidemics and should include a psychological component if needed. Link with wash and nutrition activities is a must.
- Protection activities with strong linkage to peace building networks could be considered.
- Funding to response to small disasters should be embedded as emergency envelop in any resilience oriented projects in disaster prone areas.

Refugees

- Life-saving care and maintenance to refugees, including possible new influxes. Dadaab will continue to be prioritised while Kakuma needs to be closely monitored.
- Support the implementation of the Operations Continuity Plan, whereby refugee self-management and involvement of Government line departments are optimised.
- Enhancement of durable solutions for refugees in protracted situations adapting alternative and/or innovative approaches to refugee assistance.
- Further involvement of development actors in camps (Education, Nutrition).
- Focus on Health, Nutrition, Food, Wash, Shelter and especially Protection. Livelihood support may be considered within camps, if based on proper Household Economy Analysis (HEA) and sound business plans.
- Based on indications that the highest number of perpetrators of rape and other physical assaults are found within the family (or in the immediate neighbourhood), partners seeking funding to address violence must demonstrate sound strategies to address intra-family/intra-communal violence over and above sensitization campaigns.
- Activities aiming to increase the self-protection mechanisms of refugee communities with a particular focus on making camps as safe as possible especially for women and

children. In designing strategies for these types of interventions, care must be made to ensure that these remain protection mechanisms and do not become informal security structures.

- Support to initiatives to enhanced engagement with the traditional justice system where this offers the appropriate protection, while at the same time advocating with the leaders of the traditional system on which cases need to be brought to the formal system.
- Introduce/pilot food assistance modalities for part of the food ration based on cash and/or vouchers based market analysis. Cash or vouchers are particular important for complementary food needs such as fresh food.
- Emphasis will be placed on correct targeting and quality monitoring, including biometrics, and increasingly on introducing differentiated refugee assistance based on assessed needs (Household Economy Analysis (HEA)). Regular verification exercises are required to minimize exclusion and inclusion errors.
- Ensure adequate shelter design, respecting protection concerns. Local construction will be favoured.
- Adequate Operation & Maintenance (O&M) is crucial to avoid the deterioration of the existing WASH & Shelter services.

Resilience / DRR

ECHO intends to continue supporting efforts aimed at aligning humanitarian and development assistance to enhance capacities of vulnerable populations and /or regions to effectively respond to repeated cycles of acute crises including:

- Focus on the Arid Lands and on ALL disasters to support interventions targeting the most vulnerable groups
- Continuous support to the on-going integration of diagnosis and treatment of acute malnutrition in the national health system with a focus on county level, aligning nutrition actions with the existing country's Food and Nutrition Security Policy, National Nutrition Action Plan and relevant national protocols and guidelines
- Focus on scalability of systems, i.e. enhancing nutrition response, that address peaks
- Strengthen disaster management and nutrition (including nutrition sensitivity) within the county integrated development plans
- Support NDMA EWS to trigger early action and improve the communication of early warning information to communities
- Improve the quality of decentralized contingency and response plans (in particular regarding basic services at community level) and strengthen the link between community contingency and action plans and district/county disaster management plans
- **Fostering Institutional linkages and advocacy** (adapting existing ASAL and DRR related policies into simple understandable formats for use by the community; follow up on animal health and the needed institutional recognition of CAHWS, strengthen the information sharing process on existing good practices, etc.)
- **Capitalizing of lessons learnt to build an evidence-based advocacy, awareness strategy.** This includes research and publications and identification of gaps to undertake operational research as relevant

e) SOMALIA programming priorities

ECHO funding in Somalia will continue to focus on **life-saving** programmes for populations affected by crises, based on independent needs assessments and in respect of humanitarian principles.

Partners must pay particular attention to the provisions of the '*DG ECHO Instruction Note for ECHO staff on Remote Management*' in terms of its requirements of independent assessment, staff qualifications and experience, monitoring capacity, respect of humanitarian principles, security management and the life-saving imperative.

Partners who implement, or plan to implement, stabilization or other 'hearts and minds' programmes may be excluded from ECHO funding due to the contradiction between those objectives and the humanitarian principles. A clear explanation of what stabilization activities are implemented where and how safeguards are put in place to ensure respect for these principles and separation of mandates is a prerequisite.

Emergency Preparedness and Response (EP & R)

EP & R is the first and foremost priority for ECHO and must be included in all actions. Actions should especially consider contingency amounts for additional or expanded activities that may be required to respond to new crises; ensure that project staff has the skills and training required to implement new response activities as circumstances dictate; and that information from early warning systems is incorporated into programme decision-making. Specific triggers should be identified as part of the partner's strategy.

Due to the protracted and overlapping nature of crises in Somalia, partners will need to clearly explain their intervention strategy based on identified needs, linkages with other actors and between their humanitarian aid and longer-term actions, including possible exit strategies. Partners will have to justify their action, and especially targeting, with reference to their own recent needs assessments, in addition to publicly available data such as FSNAU reports.

South-Central Somalia, with its critical humanitarian needs, will continue to be prioritised. Life-saving will be the main objective, but recovery and resilience building activities may be funded provided access and monitoring are feasible. Partners must maintain efforts to increase acceptance by communities and parties to conflict through good conduct, demonstrated neutrality and quality service provision. Targeting those most in need is essential, and actions aiming to better understand vulnerability through profiling of beneficiaries will be encouraged.

Displacement

- All IDP situations need to be addressed with a view to durable solutions, through needs-based targeting, and taking into account host populations. Especially for Puntland and Somaliland, strengthened search for local integration, and exit strategies involving development partners and local authorities should be demonstrated.
- The ability to work with other actors to address protection issues, and to influence and engage with development actors will be considered favourably. Studies, profiling and other initiatives that aim to improve the understanding of the needs of IDPs and to search for solutions to protracted IDP situations can be supported.

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- Emergency response for new IDPs as well as care and maintenance for protracted situations, where land rights will need to be established for any infrastructure.
 - Aid must not be used to direct population movement – aid follows people in need.
 - Support to IDP relocation or new IDP sites must be delivered in a coordinated manner managing risk, with IDP participation, strictly voluntary, in safety and dignity, with protection planning, better service provision and linkages to urban planning.
 - Support to returns and reintegration – whether IDP and/or refugee returns – in a strictly voluntary manner in safety and dignity, without undue incentives for return. Adequate security, risk management and protection are prerequisites. Land tenure must be clarified.
 - Harmonisation between IDP and refugee returns; same modalities, same assistance – but different dynamics.

Specifically regarding Protection

- The issue of IDP relocation and evictions must be followed closely and adjustments to intervention strategies made accordingly after consultation with ECHO.
- Community-based protection interventions must have a particular focus on making IDP settlements as safe as possible especially for women and children, and protecting the rights of the displaced through advocacy and measures to address “gatekeeping”.

Specifically regarding Nutrition

- Programmes with nutrition as an entry point must consider the multi-sectoral nature of malnutrition. A consideration of access to health, hygiene and feeding practices, in addition to food security and sanitation, must be included in the problem analysis and corresponding response to effectively address direct and underlying causes of malnutrition.
- Nutrition causal analysis assessments can be supported where a partner has expertise, resources and necessary access to population with protracted critical malnutrition rates.
- All partners **must** report to the nutrition cluster the programme data (admissions, performance indicators, etc.) as well as any other relevant surveys and screenings.
- Surveillance, reporting and analysis of data through the cluster are expected of all partners.
- Emergency interventions, such as wet feeding or blanket supplementary feeding, may be considered in exceptional circumstances provided a clear exit strategy is include.
- The source of specialized nutrition supplies should be specified in the application. Buffer stocks of essential supplies may be considered, provided partners have addressed issues with pipelines (RUSF/RUTF, drugs ...).

Specifically regarding Food assistance/livelihoods

- Areas of high risk of drought or displacement, and where partners are able to access and properly target populations in acute food insecurity (IPC 3 and 4) will be prioritised. Outcome indicators should to the extent possible be included.
- Contingency planning for emergency preparedness and response, based on identified triggers, must be included in all proposals.

- Emergency animal health treatment activities can be considered and should be justified with reference to existing surveillance/early warning systems and documented gaps.
- Partners applying for ECHO funding should highlight linkages with other sectors either within their proposed actions or with other actions. Non-food needs should be considered as part of a livelihoods approach.
- Proposals for resilience building actions should align to longer term development processes.

Specifically regarding Health

- Interventions should be justified with reference to existing primary and secondary health service coverage in urban and rural areas, taking into consideration longer-term development actors, private health care providers and local authorities as well as risks related to epidemics, displacement and conflict.
- Surgical capacity for weapon-related injuries should be maintained.
- Particular attention to MCH, including Basic Emergency obstetric Care (BEoC) and EPI.
- Coherent linkage with protection, especially SGBV (72 hours indicator for treatment of victims of rape, and referral systems must be included in all health proposals);
- Surveillance and Emergency Preparedness should be integrated and ensured with adequate stocks of pre-positioned supplies. This includes continued efforts for management of epidemic outbreaks (polio, cholera/AWD, etc).

Specifically regarding WASH and Shelter

- Ensure coherent linkage between shelter and WASH, i.e. water, hygiene, and gender and protection as well as for the support of nutritional and medical outcomes;
- If the quantity and quality of domestic water is secured, focus on hygiene and proper sanitation including hand-washing facilities in densely populated situations (IDP camps), while in sparsely populated situations with high epidemic potential hygiene components would take priority. Link with other partners and the cluster for epidemic surveillance, preparedness and response.
- Focus on functionality of existing water points – instead of new constructions and adequately consider operation and maintenance. Solar powered water points should be clearly justified with regards to technical aspects (yield) and demonstrated success of the approach in the same area (theft or destruction of panels).
- Alternative cash-based modality (cash or vouchers) should always be examined before resorting to temporary water supply, such as water trucking or seasonal fuel subsidy. Water stress and/or targeting should be demonstrated to justify temporary water supply, and exit strategies must be developed.
- Shelter design must be adapted to situation and protection needs and access to land, i.e. temporary, transitional, semi-permanent. Where feasible shelter response should seek to include appropriate settlement planning/re-organisation to facilitate space for sanitation, drainage, and general improved living conditions.
- Emergency preparedness ensured with adequate stocks of pre-positioned supplies. Attention must be given to pre-positioning through cash-based (cash or vouchers) approaches for items of appropriate quality readily available in local markets (such as soap for example). For items such as water treatment materials, consideration should be given to supporting or developing local markets.