

**TECHNICAL ANNEX****SUDAN and SOUTH SUDAN****FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION**

The provisions of the financing decision ECHO/WWD/BUD/2014/01000 and the General Conditions of the 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 112 715 000

*Breakdown as per Worldwide decision:*

Man-made crises: HA-FA<sup>1</sup>: EUR 112 715 000

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<sup>1</sup> Humanitarian aid and food assistance

### 3. PROPOSAL ASSESSMENT

#### 3.1. Administrative info

##### **Assessment round 1**

- a) Indicative amount: up to EUR 80 000 000. Subject to the availability of payment appropriations, the amount awarded may be lower than the overall indicative amount, or be spread over time.
- b) Description of the humanitarian aid interventions relating to this assessment round: All interventions as described in section 3.4.1 of the HIP.
- c) Costs will be eligible from 01/01/2014<sup>2</sup>. Actions will start from 01/01/2014.
- d) The expected initial duration for the Action is up to 12 months.
- e) Potential partners: All ECHO<sup>3</sup> Partners.
- f) Information to be provided: Single Form 2014<sup>4</sup>.
- g) Indicative date for receipt of the above requested information: by Wednesday, 20 November 2013<sup>5</sup>.

##### **Assessment round 2**

- a) Indicative amount: up to EUR 20 000 000. An additional amount of EUR 5 000 000 was mobilised on 22/10/2014, and an amount of EUR 7 715 000 is mobilized with the third modification. These amounts are used to help responding to the funding requests received mid-October under Assessment round 2 for a total amount of EUR 63 276 581. As a result there will be no new assessment round for this additional funding.
- b) Description of the humanitarian aid interventions relating to this assessment round: All interventions as described in section 3.4.b) of the HIP.
- c) Costs will be eligible from 01/01/2014<sup>2</sup>. Actions will start from 01/01/2014.
- d) The expected initial duration for the Action is up to 12 months.
- e) Potential partners: All ECHO Partners. A prerequisite for partners is to have a presence in the areas with the most acute needs and with activities focusing on life-saving activities.
- f) Information to be provided: Single Form 2014<sup>4</sup> or modification request for ongoing actions
- g) Indicative date for receipt of the above requested information: by Monday 13 October 2014<sup>6</sup>.

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<sup>2</sup> 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.

<sup>3</sup> Directorate General for Humanitarian Aid and Civil Protection (ECHO).

<sup>4</sup> Single Forms 2014 will be submitted to ECHO using APPEL (e-SingleForm)

<sup>5</sup> 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.

### **3.2. Operational requirements:**

#### *3.2.1. Assessment criteria:*

The assessment of proposals will look at:

- The compliance with the proposed strategy (HIP) and the operational requirements described in this section;
- Commonly used principles such as: quality of the needs assessment and of the logical framework, relevance of the intervention and coverage, feasibility, applicant's implementation capacity and knowledge of the country/region.
- In case of actions already being implemented on the ground, where 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

#### *3.2.2. Operational guidelines:*

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

The inclusion of the operational recommendations in a proposal to ECHO does not imply a warranty for funding. Every proposal will be appraised on a case by case basis, in view of the prevailing context and the Framework Partnership Agreement (FPA)<sup>7</sup>.

##### 3.2.2.1 General Guidelines

In the design of your operation, please take account of ECHO policies and guidelines where appropriate (see below for key documents and principles).

- 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 conflict: [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 coordination:  
[http://ec.europa.eu/echo/policies/sectoral/civil\\_military\\_en.htm](http://ec.europa.eu/echo/policies/sectoral/civil_military_en.htm)
- Water and sanitation:  
[http://ec.europa.eu/echo/files/policies/sectoral/WASH\\_SWD.pdf](http://ec.europa.eu/echo/files/policies/sectoral/WASH_SWD.pdf)

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<sup>6</sup> 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.

<sup>7</sup> Helpdesk for partners is available at: <http://www.dgecho-partners-helpdesk.eu>

- Visibility toolkit:  
[http://ec.europa.eu/echo/partners/humanitarian\\_aid/visibility\\_en.htm](http://ec.europa.eu/echo/partners/humanitarian_aid/visibility_en.htm) and visual identity: [http://ec.europa.eu/echo/media/identity\\_en.htm](http://ec.europa.eu/echo/media/identity_en.htm)
- The EU resilience communication and Action Plan:  
[http://ec.europa.eu/echo/policies/resilience/resilience\\_en.htm](http://ec.europa.eu/echo/policies/resilience/resilience_en.htm)
- Nutrition: [http://ec.europa.eu/echo/policies/nutrition\\_en.htm](http://ec.europa.eu/echo/policies/nutrition_en.htm)
- Gender: [http://ec.europa.eu/echo/files/policies/sectoral/Gender\\_SWD\\_2013.pdf](http://ec.europa.eu/echo/files/policies/sectoral/Gender_SWD_2013.pdf)

A set of overall principles needs to guide every operation supported by ECHO.

**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.

**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, in particular:

- The identification of the beneficiaries and of their needs using, for example, baseline surveys, KAP-surveys, Lot Quality Assurance Sampling (LQAS) or beneficiary profiling;
- Management and monitoring of operations, and having adequate systems in place to facilitate this;
- Reporting on activities and outcomes, and 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:** ECHO does not fund actions using remote management, other than in exceptional circumstances, where access to a crisis zone is limited due to security concerns or bureaucratic obstacles. This mode of operations should therefore only be proposed as a last resort, and in the context of life-saving activities.

**Gender-Age Mainstreaming:** Ensuring gender-age mainstreaming is of paramount importance to ECHO, since it is an issue of quality programming. Gender and age matter in humanitarian aid because women, girls, boys, men and elderly women and men are affected by crises in different ways. Thus, the 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 and the humanitarian principles, in line with international conventions 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.

**Protection Mainstreaming:** 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.

**Do no harm:** Partners should ensure that the context analysis takes into account threats in addition to vulnerabilities and capacities of affected populations. The analysis should bring out both external threats to the target population as well as the coping strategies adopted to counteract the vulnerabilities. The risk equation model provides a useful tool to conduct this analysis. The model stipulates that *Risks equals Threats multiplied by Vulnerabilities divided by Capacities*, and the way to reduce risks is by reducing the threats and vulnerabilities and increasing the capacities. Depending on the type of threat faced by the population in question, reducing it can be anything from possible/straightforward to impossible/dangerous. In the latter case, one will resort to focusing on vulnerabilities and capacities, but the fact that the analysis has acknowledged the threat will contribute to ensuring that the response subsequently selected does not exacerbate the population's exposure to the risk.

**Disaster Risk Reduction (DRR):** 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.

**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 deconfliction with military actors might be necessary. This should be done in a way that does not endanger humanitarian actors or the humanitarian space, and without prejudice to the mandate and responsibilities of the actor concerned.

**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-resilience, etc.); iii) integrating disaster risk reduction into humanitarian interventions.

**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 prioritized by the communities, and the transfer of appropriate knowledge and resources.

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

#### 3.2.2.2 Specific Guidelines

### **SOUTH SUDAN and SUDAN STRATEGIC PRIORITIES**

#### **A) SOUTH SUDAN**

##### **A.1) Strategic priorities**

**Emergency response and preparedness (EP&R)** remains a priority, to be able to ensure rapid responses and provide relief and essential life-saving services to people affected by conflicts, natural disasters or epidemic outbreaks. ECHO will support actions that aim at preventing, detecting, assessing reducing and/or mitigating emergencies with are causing or likely to cause excess mortality. Multi-sectorial rapid short-term response (3-4 months) should be carried out in the absence of existing capacities or on-going responses to shocks with humanitarian consequences, with specific reference to conflicts, natural disasters (exogenous shocks), disease outbreaks, population displacement and acute child malnutrition.

Partner organisations are expected to actively contribute to EP&R in their areas of operation in coordination with clusters coordination and to participate in coordination at all levels, including the OCHA EP&R taskforce. Partners in high risk areas are expected to pay due attention to emergency preparedness activities. Pipelines for relief items remain essential for emergency response in South Sudan. Targeting exercises before distribution (needs verification analysis) and post-distribution monitoring are essential

and compulsory and a requirement as a source of verification to be provided to ECHO, in particular for each distribution to 500 and more households.

**Support to basic services** will be supported by ECHO in areas with high caseloads of IDPs and refugees, recurrence of conflict, and high level of acute malnutrition leading to excess mortality. Priority will be given to improving access to quality life-saving services for the most vulnerable in areas characterized 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 clearly respecting humanitarian principles and taking into account the needs of the most vulnerable. In the areas assessed most critical (and presented as such through a real baseline demonstrating excess mortality or other indicators of the severity of the situation), an integrated approach with the provision of health, nutrition services, water and sanitation, food security and protection will be encouraged. A coordinated or consortium approach of agencies with technical expertise across sectors would be welcomed.

**Coordination** will continue to be supported by ECHO in South Sudan at national and state level. ECHO values the coordination role of the clusters both in terms of information sharing and in terms of strategic prioritization of interventions. In order to achieve the latter, ECHO will positively evaluate proposals that encourage sectorial studies, compilation of baseline studies or monitoring exercises, conduction of sectorial and inter-sectorial multi-agency needs assessments. Partners should include the description of such involvement in coordination mechanisms at county, state and/or national levels, and mention if the Proposal was already discussed with the State Focal Points and/or Cluster Coordinators. Monthly reporting to the clusters is encouraged and can be used as sources of verification.

The provision of common services should be factored in cluster coordination proposals, either in terms of support to the procurement of core pipeline items and in terms of logistical support for the creation of rapid response humanitarian camps. Core pipeline support needs to be informed by baseline and end-line monitoring tools aiming at measuring the quantities, qualities and impact of products distributed, and the direct added value over other supply mechanisms. All partners benefiting from core pipeline supplies must report on their use to the core pipeline managers.

Funding of FAFA and FPA partners for cluster coordination at national and state level is subject to the appreciation of relevancy, urgency and previous years' performance. Cluster performance analysis and report would be expected for ECHO-supported clusters. In addition, ECHO believes in the importance of a strong representation and coordination of NGOs in the overall humanitarian structure of South Sudan. ECHO therefore would consider supporting actions aiming at strengthening the humanitarian NGO community in the country.



## A.2) Sectorial recommendations

### PROTECTION

Protection activities that can be funded by ECHO are 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, resulting from both man-made and natural disasters"*. The term "structural" refers here to a long term process of building or strengthening institutions. This entails that **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.

In the South Sudan context the following types of protection interventions might be supported:

- Advocacy on respect for humanitarian principles, safe access and protection; as well as enhancing capacities for protection mainstreaming and protection programming integrated with other sectors.
- Population movement tracking and profiling (including vulnerability profiling) for internal displacement.
- Screening, registration and verification exercises for refugees.
- Monitoring of protection situation in refugee camps and in conflict-affected environments;
- Assistance to victims (adults and children) of violence, including SGBV.
- Child protection, particularly activities addressing: separation of children and families; psycho-social needs of children affected by conflict/displacement; prevention of recruitment and reintegration of children affected by armed forces and armed groups.
- Advocacy for durable solutions for IDPs and refugees in protracted situations; support to actual durable solutions processes, in particular: information provision, restoration of lost personal documentation and information on reclaiming housing, land and property; and monitoring of durable solutions' conditions.
- ECHO values the safe and dignified return of people as a matter of early recovery and development, primarily under the responsibility of the Government of the Republic of South Sudan (GRSS) with the necessary identification of areas where to relocate returnees to and the provision of basic services. Partners will be able to apply for this specific caseload under the same triggering circumstances as for other caseloads. ECHO will support the return processes to ensure that dignity and basic services are guaranteed to persons in transit.
- Community-based protection: Processes to identify self-protection mechanisms from own perception and needs; community cohesion to reduce tensions between

displaced/refugees and host communities or between communities in conflict; and armed violence reduction.

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

For the some of the above types of activities please note that the following best practices should be observed:

- 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. In providing the latter, partners' proposals should specify the educational level of the service providers they engage. In addition, service providers of psycho-social support should preferably – as a minimum – have the educational level of social workers. The referral pathway from one level of treatment to the next must be foreseen in the proposal. Support to legal aid can be considered when contextually feasible. Participation in coordination structures and reporting mechanisms is essential, especially as not all partners might be able to ensure provision of the full range of victim assistance services. This also entails that a referral system must be foreseen and the referral pathway must be outlined in the proposal.
- Efforts to reunite children separated from their families due to the displacement might be supported through partners with specialized expertise herein. Partners must document that they have the necessary capacity to link up with similar relevant agencies in neighbouring countries to ensure that cross-border tracing is also conducted if necessary.
- Any support to durable solutions can only happen when these are voluntary, safe, dignified and well-informed.
- ECHO may support relevant protection monitoring systems for based on the following standards:
  - Appropriate data-protection mechanisms are in place to safeguard confidentiality and protect those registered from potential protection risks, including violence, discrimination or stigma;
  - The system goes beyond incident reporting and provides regular comprehensive trends analysis useful for programming of protection, assistance and advocacy;
  - A case management system is in place for assisting victims of violence when such incidences are reported;
  - Risks are considered and mitigated to the widest possible extent for the concerned population as well as for those (staff) who monitor. In addition, risks are considered and mitigated to the widest possible extent for monitoring which in itself could result in reduced humanitarian space and access.

*In addition please note that:*

In multi-sector rapid response partners should ensure that the context analysis takes into account threats in addition to vulnerabilities and capacities. The analysis should bring out both external threats to the target population as well as the coping strategies adopted to counteract the vulnerabilities – with particular attention paid to the use of dangerous coping mechanisms in situations of food insecurity. The risk equation model provides a useful tool to conduct this analysis. The model stipulates that *Risks equals Threats multiplied by Vulnerabilities divided by Capacities*, and the way to reduce risks is by reducing the threats and vulnerabilities and increasing the capacities. Depending on the type of threat faced by the population in question reducing it can be anything from possible/straightforward to impossible/dangerous. In the latter case one will resort to focusing on vulnerabilities and capacities, but the fact that the analysis has acknowledged the threat will contribute to ensuring that the response subsequently selected does not exacerbate the population's exposure to the risk. While humanitarian assistance often focuses on community-level interventions it is important to remember that to fully address many protection issues it is necessary to consider if any advocacy (structural level) interventions are relevant and feasible to stop the violations by perpetrators and/or to convince the duty-bearers to fulfil their responsibilities.

ECHO recognizes that costs for human resources may constitute a substantial part of a protection programme as staff rather than equipment often constitute the most important part of protection programmes and that this staff needs to be highly qualified. For certain types of protection activities the use of SMART indicators might not be the most appropriate. In these cases qualitative or, as a last resort, process indicators can be acceptable to ECHO.

#### WATER AND SANITATION, HYGIENE

ECHO cannot address the tremendous structural needs of the WASH sector in South Sudan. It supports comprehensive and complementary water, sanitation and hygiene activities, contributing to public health and livelihoods. Stand-alone WASH activities will be supported only if evidence shows that they have a 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.

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 (NFI), hygiene promotion and monitoring of water quality (at household level).

**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 ECHO objective. 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.

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.

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.

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 ECHO supported water supply. Sale of water – cost recovery systems intended to support operational costs of water supply systems- that cannot demonstrate this condition will not be supported.

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.

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 and/or where there is high risk of cholera and/or areas otherwise considered at high public health risk. 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 (notably all health posts) and sanitation around water points. CLTS and open-defecation free villages are not an ECHO objective.

ECHO will look favourably at 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 focus on hand washing, water storage and handling and latrine use. Interventions must provide access to water containers and soap. Specific messages should be included in areas prone to the Guinea worm.

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 planning should be considered in line with 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.

## 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 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 recognized) 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). Protocols and procedures of national disease control/ preventive programs are to be respected. 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.

The quality of drugs must be assured throughout the procurement and distribution cycle and be in accordance with 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. All partners distributing ACTS must 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 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 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.

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. 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.

Weekly reporting of Integrated Disease Surveillance Response (IDSR) and monthly Routine report (DHIS) is compulsory for all ECHO-funded health actors and can be used as source of verification. All health projects are expected to actively contribute to the preparedness, surveillance and response to potential outbreaks.

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.

## NUTRITION

### **Nutrition strategy for South Sudan would prioritise:**

1. Providing emergency and/or continued support for care and maintenance in terms of nutrition services (or linked programmes) to refugees, IDPs and returnees as per identified needs and gaps;
2. Enhancing emergency response through life-saving nutrition interventions, linked to risk assessment of vulnerability of the affected populations, particularly those in conflict areas, flooding or epidemics;
3. Programmable funding to areas with high acute under-nutrition and low donor interest; and support integrated and multi-sectorial approach to build resilience and medium-term focus on reducing under-nutrition respectfully, where conditions permit.

### **Best practices:**

1. Support efforts to enhance causal and response analysis for nutrition actions and thereby improve evidence-based nutrition programming;
2. Conduct periodic nutrition assessments (using SMART methodology) to monitor long-term nutritional crisis as well as providing comparative multi-annual analysis to show progress on the preventive measures where there is a medium-term programme objective of reducing acute under-nutrition. It is a good practice encouraged by ECHO to share the terms of reference of the nutrition assessment beforehand with the cluster at State and national level in order to allow a good coverage of geographical areas covered by surveys and ensure standardized and comparable nutrition information;
3. Focus should be on groups and/or areas with overall high levels of acute under-nutrition (above 15% GAM and 2% SAM, and the presence of aggravating factors including high mortality rates, heightened food insecurity and epidemic linked under-nutrition);

4. Prioritise treatment and protection of nutrition status of the most vulnerable groups in acute emergency or crisis settings (mainly under-fives and PLWs);
5. Partners are required to actively participate in the nutrition cluster activities at national and State levels in order to ensure effective coordination of nutrition activities both at sub-national and national levels. Partners are required to report programme activities to the nutrition cluster as often stipulated in the partnership agreements;
6. Establishment of RUTF and RUSF buffer stocks to complement the supplies provided by the cluster core pipelines (UNICEF and WFP);
7. It is Important for partners to implement nutrition programmes in line with national nutrition policies, guidelines and protocols. In the absence of national guidelines, the nutrition cluster should be consulted to guide in application of internationally recognised guidelines including those by WHO and UNICEF/UNHCR (as applicable);
8. Support improved programme coverage to ensure optimal programme outcomes and impact. Partners are requested to include programme coverage assessment in their programming, possibly using the SQUEAC methodology;
9. In programming, it is important to ensure that MAM and SAM strategies treatment of acute under-nutrition are properly aligned for sustained improved programme outcomes;
10. Support use of specialised nutrition products for management of MAM provided there is evidence demonstrating comparative advantage of using such products;
11. Support free health care for the most vulnerable groups to guarantee their access to life-saving nutrition services in case of an integrated delivery system that delivers both nutrition and health services;
12. Address both immediate and underlying causes of acute under-nutrition by encouraging integrated nutrition programmes when possible to ring-fence and sustain the outcomes of such programmes and to help building resilience of communities in protracted crises, including among refugees and IDPs in camps, to improve their response to future shocks;
13. Ensure IYCF (IYCF-E) is part of any nutrition intervention package addressing acute under-nutrition;
14. Support nutrition strategies to both treat and prevent micro-nutrients in high acute malnutrition populations if there is clear need to fund such actions;
15. Enhanced coordination with other donors and the government at early stage of programming to increase programme impact and align with LRRD opportunities where applicable.

## HUMANITARIAN FOOD ASSISTANCE

All actors proposing Humanitarian Food Assistance actions should as much as possible consider a nutrition lens in the design of assessments, problems analysis, programming and monitoring.

All projects should mainstream environmental and protection aspects including the integration of environmental components, an analysis of the potential negative environmental impacts of projects and an analysis of protection risks associated with any livelihood or coping activities that are supported.

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, ECHO will support studies/analysis aiming to improve the food security monitoring and/or to gain understanding on the evolution of the livelihoods.

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 the European Commission's Communication on Humanitarian Food Assistance.

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

In-kind food assistance or cash-based transfers (including vouchers) can be supported based on a sound situation analysis, including market study, household economic assessment (HEA) and risk assessment. Particular attention must be given to conditions and criteria for both conditional and unconditional cash transfers. 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 prioritized. 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.



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

## INSTITUTIONAL) COMMUNICATION AND VISIBILITY

Implementing partner organisations will be expected to ensure full compliance with visibility requirements and to acknowledge the funding role of the EU/ECHO, as set out in the FPA and the FAFA.

### **B) SUDAN**

#### **B.1) Strategic priorities**

The focus will be on core humanitarian operations that provide life-saving and life preserving services to people in urgent need and on responding to new crises as they emerge. Known high risk areas need to be regularly monitored, to inform the most effective response, as well as maintaining an appropriate level of preparedness. Partners in high risk areas are expected to pay due attention to emergency preparedness activities: preparedness of the humanitarian community to different scenarios and its capacity to quickly adapt strategies will be paramount to deliver appropriate assistance in 2014.

Emergency Preparedness and Response (**EP&R**) will remain at the core of ECHO's strategy: efforts in Darfur to maintain a response capacity despite prevailing constraints will be maintained. Early pre-positioning of humanitarian commodities is essential to allow a timely response to emergencies in terms of food, NFI/shelter, medical kits, seeds and tools, while closely monitoring targeting and rationalising distributions.

**Food assistance** is expected to remain one of the major sectors of interventions. In Darfur the aim will be to further improve the targeting and food distributions. Emphasis will be given to the targeting of beneficiaries on basis of their vulnerability, promotion of alternative approaches such as cash and vouchers, access to adequate nutritious food, improving the analysis of livelihoods and the integration of this analysis into operational decision-making. This should ensure that any reduction in food assistance is based on a clear understanding of people's vulnerabilities and coping capacities. There will be a focus on responding to new displacements, transitory food insecurity.

A focus on **protection** will remain to be particularly pertinent for all types of displaced populations (refugees, IDPs, returnees). All population movements accompanied by humanitarian actors must be voluntary, safe and sustainable. Furthermore protection streamlining will be considered as a particularly important trait of humanitarian interventions. This includes placing an emphasis on effective beneficiary targeting and in line with a needs-based approach.

Strengthening **coordination**: Partners should provide specific information on their active engagement in coordination: participation in coordination mechanisms at different levels, not only in terms of meetings but also in terms of joint field assessments, engagement in technical groups and joint planning activities with relevant stakeholders.

## B.2) Sectorial recommendations

### PROTECTION

#### *General principles*

Protection activities that can be funded by ECHO are 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, resulting from both man-made and natural disasters"*. The term "structural" refers here to a long-term process of building or strengthening institutions. This entails that **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.

In the Sudan context the following types of protection interventions might be supported:

- Population movement tracking and profiling;
- Assistance to victims (adults and children) of violence, including SGBV;
- Child protection, particularly activities addressing: separation of children and families; psycho-social needs of children affected by conflict/displacement; prevention of recruitment and reintegration of children affected by armed forces and armed groups;
- Advocacy for durable solutions for IDPs in protracted situations and support to actual durable solutions processes, in particular: information provision, restoration of lost personal documentation and land ownership;
- Support to North-South returns in the form of information provision, restoration of personal documentation and transport;
- Community-based protection: Processes to identify self-protection mechanisms from own perception and needs; and Cohesion with host communities;
- Humanitarian demining and mine risk education (MRE).

For the some of the above types of activities please note that the following best practices should be observed:

- 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. In providing the latter partners' proposals should specify the educational level of the service providers they engage, 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. Participation in coordination structures and

reporting mechanisms is essential, especially as not all partners might be able to ensure provision of the full range of victim assistance services. This also entails that a referral system must be foreseen and the referral pathway must be outlined in the proposal.

- Efforts to reunite children separated from their families due to the displacement might be supported through partners with specialized expertise herein. Partners must document that they have the necessary capacity to link up with similar relevant agencies in neighbouring countries to ensure that cross-border tracing is also conducted if necessary.
- Any support to durable solutions can only happen when these are voluntary, safe, dignified and well-informed.

*In addition please note:*

In a multi-sector rapid response partners should ensure that the context analysis takes into account threats in addition to vulnerabilities and capacities. The analysis should bring out both external threats to the target population as well as the coping strategies adopted to counteract the vulnerabilities – with particular attention paid to the use of dangerous coping mechanisms in situations of food insecurity. The risk equation model provides a useful tool to conduct this analysis. The model stipulates that *Risks equals Threats multiplied by Vulnerabilities divided by Capacities*, and the way to reduce risks is by reducing the threats and vulnerabilities and increasing the capacities. Depending on the type of threat faced by the population in question reducing it can be anything from possible/straightforward to impossible/dangerous. In the latter case one will resort to focusing on vulnerabilities and capacities, but the fact that the analysis has acknowledged the threat will contribute to ensuring that the response subsequently selected does not exacerbate the population's exposure to the risk. While humanitarian assistance often focuses on community-level interventions it is important to remember that to fully address many protection issues it is necessary to consider if any advocacy (structural level) interventions to A) Stop the violations by perpetrators and/or B) Convince the duty-bearers to fulfil their responsibilities are relevant and feasible.

ECHO recognizes that costs for human resources may constitute a substantial part of a protection programme as staff rather than equipment often constitutes the most important part of protection programmes and that staff needs to be highly qualified.

For certain types of protection activities the use of SMART indicators might not be the most appropriate. In these cases qualitative or, as a last resort, process indicators can be acceptable to ECHO.

### WATER AND SANITATION, HYGYENE

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

**In emergency settings**

- 1) The focus shall be on short-term emergency water supply, sanitation and hygiene promotion activities to minimize the risks of increased morbidity and mortality due to water-borne diseases. Generally, a large quantity of reasonably safe water is preferable to small quantities of high quality water;
- 2) ECHO only prioritises the distribution of water purification inputs at household level if complemented by training in their use, distribution of relevant NFIs, hygiene promotion and monitoring of water quality.

**Basic life-saving services**

- 1) Priority is given to the rehabilitation/repair of existing water points and sanitation facilities and the reinforcement of hygiene promotion. The creation of new water points should be subject to sound justification of its appropriateness (i.e. new arrivals) and environmental impacts. Universal water coverage cannot be an ECHO objective;
- 2) Systematic monitoring of groundwater levels is encouraged and partners should propose actions to mitigate the risk of water depletion and overuse. In areas of serious groundwater depletion, the action must be completed by an operational contingency plan that establishes water use priorities based on the water depletion evolution. This contingency plan should include alternative water resource setting costs;
- 3) Whenever water is used for other purposes than WASH related needs (livestock breeding, brick moulding), related needs and impact on the drinking water production should be monitored and addressed;
- 4) Appropriate pumping tests (step-down tests) should be carried out for any installation of submersible pumping systems in order to define the safe sustainable yield and to select the appropriate pump. The monitoring of water quality, both at water source and at household level should be included in the provision of safe water supply. Proposals should include provision for repeating these tests at different times during the year;
- 5) Community-based activities for maintenance of water systems (training of pump mechanics, provision of tools and spare parts) should be included. It will be essential for agencies to be able to demonstrate that the most vulnerable members of beneficiary communities will be able to access any ECHO supported water supply. Sale of water – cost recovery systems intended to support operational costs of water supply systems – that cannot demonstrate this condition will not be supported;
- 6) Construction of household latrines may be considered for support where there is strong community preference for them (as one outcome of a participatory approach for example) in areas of high population density and/or where there is high risk of cholera and/or areas otherwise considered at high public health risk. ECHO will look for sanitation interventions that include activities intended to reduce public health hazards such as water drainage, disinfection of open defecation fields, solid waste management (with community mobilization), etc. A public health approach to sanitation should be prioritized; this is particularly effective for sanitation in institutional settings (schools, clinics, etc.) and sanitation around water points;

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

8) Epidemic containment related contingency planning 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.

### **In Darfur IDP camps**

Where possible partners should be looking for evidence that authorities are able to take on water supply duties in the camps and where possible assist them to do so.

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

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

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

Partners should however retain a focus on emergency preparedness for epidemic outbreaks (providing back up to the WES in case of emergency and continued monitoring of the humanitarian situation).

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

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

### **In Darfur rural areas**

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

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

## 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 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 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 programmes.

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 programme.

Mainstreaming of HIV/AIDS control, in line with the 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 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 are expected to collaborate with them rather than creating parallel structures. Linkages with wash and nutrition activities and objectives should be created at this level.

### **In Darfur**

- 1) In Darfur, partners will be asked to consider carefully before providing incentives to the Ministry of Health (MoH) staff. ECHO funded health projects should not substitute Government of Sudan (GoS)/MoH in their financial and institutional responsibilities for providing health care to the population;
- 2) Substitution projects will only be accepted in areas where there is no access to GoS/MoH facilities;
- 3) Mobile clinics are not encouraged and a strong case would need to be made if they are proposed. Exceptions would be in situations where a mobile clinic is set up to address an epidemic, to provide immediate attention to the wounded, or where a displaced or refugee population has newly arrived at a location;
- 4) Health projects are expected to contribute to the preparedness, surveillance and response (EWARS) to disease outbreaks and to participate in the development and implementation of detailed inter-sectorial plans.
- 5) Due to the prevalence of Female Genital Mutilation (FGM) in some communities, partners should be attentive not to engage in activities that could send confusing messages towards promoting/condoning the practice.

## **NUTRITION**

### **General issues**

- 1) Access to nutritional support provided with ECHO funding will remain free of charge, as will any associated basic health service provided in the course of treatment;
- 2) Partners will normally be expected to adhere to standards (CMAM<sup>8</sup>, survey guidelines, essential nutrition actions, etc.) developed by the MoH/UNICEF, so as to ensure coherent implementation of various response strategies;
- 3) 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;
- 4) The target groups should be nutritionally vulnerable children below the age of five and pregnant and lactating women. Interventions targeting management of acute malnutrition

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<sup>8</sup> Community-based Management of Acute Malnutrition

for other vulnerable groups (elderly, adolescents, adults, etc.) will be considered case by case and on the basis of needs, mortality risk and resources available;

- 5) Active promotion of appropriate feeding practices (IYCF<sup>9</sup>) is encouraged in all nutrition operations;
- 6) Partners should adopt context specific outreach and referral strategies that optimise coverage, especially in preparation for and during the hunger gap;
- 7) Partners should strengthen formal training and in-service training and monitoring of nutrition staff;
- 8) SPHERE minimum standards for nutrition apply to all relevant programs. Partners are expected to present these data monthly;
- 9) A M&E framework should be provided by all partners in the proposal and rigorously applied in the implementation to ensure a constant quality delivery of services;
- 10) Support to regular nutrition surveillance/rapid nutrition assessments will also be considered. The systematic adoption of the SMART<sup>10</sup> methodology for enhancing quality of nutritional surveys is encouraged. ECHO will require increased efforts for an improved surveillance and will request a better integration between nutritional surveillance and food security monitoring;
- 11) Partners should also contribute to an emergency preparedness and response plan for nutritional crises, normally prepared with nutrition cluster agencies. This might include the establishment of a reliable supply system of medical and nutritional products, the mapping of areas at risk and the provision of relevant human resources for scaling-up the response.

### **Management of severe acute malnutrition**

- 1) Partners should comply with national guidelines for community-based management of acute malnutrition (CMAM) for the treatment of acute malnutrition in line with international best practice. ECHO is supporting the integration of CMAM into existing health care structures and services when appropriate/possible, with in-service training of health workers and regular supervision when appropriate;
- 2) Promotion of integrated programming designed around multi- and cross-sectorial analysis will be prioritised where conditions permit;
- 3) Due to the protracted nature of the poor nutritional status of the resident population and to ECHO comparative advantage, partners should take advantage of ECHO funding as to trigger for durable interventions based on local capacities and means. Mechanisms to ensure the continuation of the program beyond ECHO financing should be identified

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<sup>9</sup> Infant and young feeding practices

<sup>10</sup> Standardized monitoring of relief and transitions



since the programme designing, in particular with regard to therapeutic food and drug supplies, free access to nutrition treatment, staffing of nutrition services;

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

5) Unless specific issues occur, therapeutic food and non-food items will be preferentially provided through UNICEF supply system.

### **Management of moderate acute malnutrition**

1) Treatment of moderate acutely malnourished children should be systematically implemented in the response package;

2) When relevant, in-depth analysis of poor performance in nutritional projects should be undertaken;

3) The adoption of innovative strategies for management of moderate acute malnutrition (cash transfer, vouchers, etc.) need to be substantiated by evidence and will require proper documentation;

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

5) ECHO stresses the need for safe and effective nutrition products. At the moment, only corn-soya blend CSB+ and CSB++ and ready-to use supplementary food (RUSF) or equivalent can be used for treatment of moderate malnutrition and follow up of severe cases after discharge;

6) When possible, ECHO encourages partners to use the Minimum Reporting Package (MRP);

7) Partners will be asked to monitor these initiatives carefully, involving where appropriate the Ministry of Health;

8) ECHO will favour actions built around a partnership among NGOs, WFP, UNICEF and other UN agencies, if relevant.

## HUMANITARIAN FOOD ASSISTANCE

All HFA and Livelihood actions should be compliant with the European Commission's Communication on Humanitarian Food Assistance (see Policy Compliance - chapter A), the objectives of which are:

- a) to safeguard the availability of, access to, and consumption of adequate, safe and nutritious food for populations affected by on-going, firmly forecasted, or recent humanitarian crises, so as to avoid excessive mortality\*, acute malnutrition, or other life-threatening effects and consequences;
- b) to protect livelihoods threatened by recent, on-going, or imminent crises, minimise damage to food production and marketing systems, and establish conditions to promote the rehabilitation and restoration of self-reliance;
- c) to strengthen the capacities of the international humanitarian aid system, to enhance efficiency and effectiveness in the delivery of food assistance

### *Emergency Preparedness and Response*

- Humanitarian 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 response analysis that builds on the needs assessment and clearly informs on the choice of response(s) and modalities as well as the targeting criteria. In particular, the choice of resource transfer modalities (cash, vouchers, in-kind, etc.) is expected to be based on a sound analysis for both food assistance and livelihood support. See ECHO's Guidelines on emergency cash and vouchers - [http://ec.europa.eu/echo/policies/sectoral/cash\\_en.htm](http://ec.europa.eu/echo/policies/sectoral/cash_en.htm)
- Seeds and tools assistance (in-kind or through vouchers) will be considered in response to acute emergencies in which affected communities have lost access to productive assets. Supporting seed security through existing markets will be expected after the acute emergency phase is over.

### *Food Security and Livelihoods*

- Building sustainable livelihoods of the most vulnerable households is essential in resilience. 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. Improved access to food through upgrading income generation will be considered.
- Proposals to improve food security with clear links to nutrition outcomes will be supported.
- Agricultural inputs (seeds, etc.) and livestock interventions should aim at strengthening market function as well as having a positive impact on target

communities. For example, seed provision should strengthen seed security by working with private and/or state providers through the market.

- Partners are requested to mainstream DRR approaches into all activities. Food assistance will be considered in the event of shock(s) impacting on food security. In-kind and/or cash/vouchers can be considered based on a sound response analysis including a market assessment. Resource transfers should be taking into account as far as possible longer-term social protection programmes.

#### INSTITUTIONAL COMMUNICATION AND VISIBILITY

Implementing partner organisations will be expected to ensure full compliance with visibility requirements and to acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangements.

#### **C) ABYEI ADMINISTRATIVE AREA (AAA)**

Interventions in Abyei should conform to guidance and policies that are developed in above sections of South Sudan and Sudan. Partners working in Abyei should practise special caution in order that humanitarian interventions are perceived to be needs based and not perceived as favouring either of the communities living in various locations of AAA.