TECHNICAL ANNEX

HORN OF AFRICA[1]

FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2015/01000 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 93 000 000

Man-made crises: HA-FA: EUR 80 050 000
Natural disasters: HA-FA: EUR 12 950 000

Country/Thematic	Total in EUR
Djibouti	1 500 000
Ethiopia	26 500 000
Kenya	18 900 000

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[1] Horn of Africa for this HIP and technical annex covers: Djibouti, Eritrea, Ethiopia, Kenya, Somalia and Uganda.

Somalia	36 100 000
Uganda	10 000 000

3. Proposal Assessment

3.1 Administrative info

Assessment round 4

a) Indicative amount: up to EUR 1 000 000
b) This assessment round corresponds to the need described in section 0 of the revised Humanitarian Implementation Plan and in line with sections b, c and e of the Technical Annex.
c) Costs will be eligible from 01/01/2015
d) The expected initial duration for the Action is up to 12 months
e) Potential partner: International Rescue Committee as IRC is the grant holder for the Emergency Response Mechanism (ERM) put in place in Ethiopia, which is best placed to respond quickly to the basic unmet needs of the affected population.
f) Information to be provided: modification request of on-going operation.
g) Indicative date for receipt of the above requested information: by 31 /10 /2015

Assessment round 3

a) Indicative amount: up to EUR 3 000 000
b) This assessment round corresponds to the need described in section 0 of the revised Humanitarian Implementation Plan and in line with sections b, c and e of the Technical Annex.
c) Costs will be eligible from 01/01/2015[2].
d) The expected initial duration for the Action is up to 12 months.
e) Potential partners: ECHO's humanitarian partners relevant to provide the requested assistance.
f) Information to be provided: Single Form[3] new proposals or modification requests for on-going operations.
g) Indicative date for receipt of the above requested information: **by 03/08/2015**[4]

Assessment round 2

a) Indicative amount: up to EUR 12 000 000 (additional EUR 4 500 000 for Ethiopia, EUR 2 500 000 for Kenya and EUR 5 000 000 for Uganda)

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[2] 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.

[3] Single Forms will be submitted to ECHO using APPEL (e-Single Form)

4 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.

b) This assessment round corresponds to the need described in section 0 of the revised Humanitarian Implementation Plan and in line with sections b, c and e of the Technical Annex.

c) Costs will be eligible from 01/01/2015[5].

d) The expected initial duration for the Action is up to 12 months.

e) Potential partners: mandated agencies and NGOs relevant to provide the requested assistance.

f) Information to be provided: Single Form[6] new proposals or modification requests for on-going operations.

g) Indicative date for receipt of the above requested information: **by 15/06/2015**[7]

Assessment round 1 – Fully allocated

a) Indicative amount: up to EUR 77 000 000 (Subject to the availability of payment appropriations. The amount awarded may be lower than the overall indicative amount, or spread over time). More information will be available upon adoption of the general budget of the European Union for the year 2015.

b) This assessment round corresponds to the need described in section 3.4 and 3.2.2(operational guidelines) for **Djibouti, Somalia and Kenya**.

c) Costs will be eligible from 01/01/2015[8].

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 ECHO Partners.

f) Information to be provided: Single Form[9].

g) Indicative date for receipt of the above requested information: **by 15/01/2015**[10]

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;

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[5] 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.

[6] Single Forms will be submitted to ECHO using APPEL (e-Single Form)

7 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.

[8] 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.

[9] Single Forms will be submitted to ECHO using APPEL (e-Single Form)

10 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.

- 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 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 ECHO strategy and to guide discussions with partners seeking ECHO funding with the aim to increase the impact and coherence of the proposed actions.

The adherence to these recommendations in a proposal to 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.

For all questions related to the Framework Partnership Agreement (FPA) please contact the **Helpdesk** for partners at http://www.dgecho-partners-helpdesk.eu.

3.2.2.1 General principles and modalities

   a. ECHO policies and guidelines

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.pdf

-   Children in Conflict: http://ec.europa.eu/echo/policies/sectoral/children_en.pdf

-   Civil –military coordination:
    http://ec.europa.eu/echo/policies/sectoral/civil_military_en.pdf

-   European Consensus on Humanitarian Aid: http://europa.eu/lesislation summaries/humanitarian aid/rl3008 en.pdf

-   DRR:
    http://ec.europa.eu/echo/files/policies/prevention_preparedness/DRR_thematic_policy_doc.pdf

-   Food Assistance: http://ec.europa.eu/echo/policies/food_assistance_en.pdf

-   Gender: http://ec.europa.eu/echo/files/policies/sectoral/Gender_SWD_2013.pdf

-   Health:
    http://ec.europa.eu/echo/files/policies/sectoral/health2014_general_health_guidelines_en.pdf

-   HIV Guidelines:
    http://ec.europa.eu/echo/files/policies/sectoral/health_HIV_guidelines_ECHO.pdf

-   Nutrition :
    http://ec.europa.eu/echo/files/policies/sectoral/nutrition_thematic_policy_document_en.pdf

-   Protection:
    http://ec.europa.eu/echo/files/policies/sectoral/humanitarian_protection_funding_guidelines_en.pdf

-   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.pdf

-   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 and Communication guidelines: http://www.echo-visibility.eu/
    http://www.echo-visibility.eu/wp-content/uploads/2014/02/2014_visibility_manual_en.pdf

-   Water and sanitation:
    http://ec.europa.eu/echo/files/policies/sectoral/WASH_SWD.pdf

b. Overall principles

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 ECHO.

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.

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 those 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.

c. Modalities

Strengthened 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. Adequate reporting to the UN cluster systems should be ensured.

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, 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-sectorial 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 and work on developing synergies among them.

At proposal stage, partners are encouraged to consider presenting proposals covering their overall humanitarian portfolio in a given country or region, and/or submitting coordinated proposals or a joint proposal on behalf of a consortium. This is particularly encouraged in the framework of the resilience building agenda which implies a multi-sectorial approach where partners would benefit from an advanced coordination which would imply notably a common logical framework.

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, reducing the level of dependency generated by the aid 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.

Approaches to protracted situations: Bearing in mind that in the Horn of Africa displacement situations have a tendency of becoming protracted, early engagement of development donors and the inclusion of host communities into refugee programming is key. The search for more self-reliance/durable solutions and coordination with development stakeholders should be part of the agenda from the very beginning of the crisis. Therefore, partners need to develop sound and implementable strategies for Linking Relief, Rehabilitation and Development (LRRD) and seek for longer term commitment of development donors to find durable solutions for protracted refugees and IDPs.

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.

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 and notably monitored, to ensure sound needs assessment and targeting, as well as to maximise quality and accountability.

In the same vein, and considering the particularly challenging operational conditions in some countries or areas, partners are reminded that they should inform the Commission of any irregularities, incidents or events, in particular regarding **aid misappropriation** and theft, likely to hamper or delay the implementation of the action. The standard format for reporting made available by the Commission upon request should be used to that effect.

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 ECHO's field and HQ team.

3.2.2.2 General sector recommendations

Protection: Protection activities which ECHO may support financially are: "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 both from man-made or natural disasters.[11]

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, but also in its substantive sections, i.e. the logical framework, result and activity descriptions, etc.

Integration of protection concerns should, in particular, be reflected in any actions implemented in a displacement- hosting context (be it refugees or IDPs), in situations of conflict or in contexts where social exclusion is a known factor, where considerations on inter-communal relationships are of utmost importance for the protection of the affected 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.

The following protection interventions will be prioritised:

- *Prevention of SGBV and assistance to victims* of violence including sexual and gender based violence. Information and awareness raising campaigns are an crucial component in the prevention and assistance of SGBV in order to increase acceptance of SGBV programs and to reduce the stigmatisation of victims. In providing victim assistance ensuring access to needed medical assistance in accordance with internationally recognized protocols, as well as mental health/psycho-social support are 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 and monitoring system should be ensured through participation in coordination and reporting mechanisms.

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[11] http://ec.europa.eu/echo/files/policies/sectoral/humanitarian_protection_funding_guidelines_en.pdf

- *Screening, registration and verification, protection monitoring:* Registration for refugees and asylum seekers as well as separated and un accompanied minors will be prioritised, actions might include birth registration for refugees; population movement tracking and profiling for IDPs; protection and return and reintegration monitoring for refugees, IDPs and returnees. Emphasis will be placed on correct targeting and quality monitoring, including through biometrics.

- *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. Special attention will be paid to prevention and protection of children from different forms of SGBV. Special activities to strengthen the protection of children affected by armed conflict including monitoring of grave violations of children's rights might be considered.

- *Support to voluntary return in safety and in dignity and assistance for durable solutions:* support to well-informed decision making by information campaigns on return conditions 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.

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. The Gender-Age Marker is a tool that uses four criteria to assess how strongly ECHO funded humanitarian actions integrates gender and age consideration. For more information about the marker and how it is applied please consult the Gender-Age Marker Toolkit.

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. Any conditionality should be duly justified according to the vulnerabilities of the targeted group. 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.
- When needs assessments and evidence are indicating a high risk of mortality due to under nutrition and programmes are not already in place to provide essential food assistance, nutrition and health services, a short term BSFP could be envisaged. BSFP would have to be implemented in a timely manner, in well-defined geographical areas, for specific age groups and ensuring a high and regular coverage, to prevent a dramatic deterioration of the nutrition situation. Supporting BSFP would not be envisaged in areas where needs are already addressed through a comprehensive assistance package. Complementary feeding should then be integrated into food assistance and be provided based on needs and vulnerabilities.

Nutrition:
- Nutrition needs should be identified through quality and representative surveys and surveillance systems, corresponding to national and international guidelines.
- Interventions will be guided according to the nutrition needs identified, particularly the prevalence of acute under-nutrition according to international thresholds, but also guided by the analysis of the risks, vulnerabilities and the resilience approach.
- Nutrition interventions will follow a CMAM approach, all components of the CMAM approach, including the community participation.
- The nutrition interventions will support, whenever possible, the integration of nutrition interventions into others sectors including health, WASH and food assistance to ensure a holistic and an integrated approach to reduce vulnerabilities.
- Interventions will support the continuity of care from SAM to MAM.
- A Nutrition Causal analysis should guide the integrated approach and the resilience approach to ensure nutrition outcomes and further contribute to resilience building of the most vulnerable individuals and households.
- The specific nutrition needs of infants, young children and women should be considered by all interventions across sectors, incl. the integration of IYCF considerations.
- Complementary feeding should be provided when needs are identified through the most appropriate approach.

- Active participation of the partners into coordination mechanisms is critical to facilitate sharing of nutrition programmes data and efforts to link humanitarian and development interventions.
- Effectiveness of the interventions should be appropriately monitored and evaluated to remodel intervention strategies and approaches 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.

- 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 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. Continuations of previously funded projects should highlight the advances made and changing needs over the past period(s).
- Capacity gaps at the level of the local health system should be identified, substitution avoided and capacity building promoted. 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, health services should be equally accessible to surrounding host-communities.

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.

- 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 (identify and bring new competence

to an existing social or public organization rather than creating a new one, to ease the understanding and ownership).

-   Water trucking should only be considered for the shortest time as a last resort lifesaving intervention requiring a clear and concrete exit strategy (developed the earliest possible) 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 and tested. Whenever relevant, nutrition interventions should be integrated to ensure a holistic   and an integrated approach to reduce vulnerabilities.

-   All partners involved in cholera response should collect the most accurate epidemiological data week by week and day by day during outbreak. The level of dehydration of sick people when they arrived at the health structure, number of death and the most accurate available data in terms of provenance of the cases and water source used should be collected to assess impact of action.

-   Hygiene promotion strategies have to be dynamic, adapted or tailored to the context. IEC materials must be tested with a representative sample of the population and adapted to the context in accordance with lesson learnt by the test. Furthermore, the mode of communication in time of epidemic outbreak emergency should be based more on a direct mode of information (focusing on warning people, and basic advice or rules to identify the disease, direct sick people to the most appropriate health structure and the main rules of protection). The use of heavy and long participatory methods, aiming at unrealistic behaviour changes, should be avoided.

-   In dry lands area where water availability is scare, it is recommended to analyse the dynamics for the use of water including those related to water as an economic assets (e.g., pastoralism). In case of exploitation of the ground water, investigation of the water table dynamic and of the variation of level according the different pumping rate and time has to be consistent to avoid over exploitation of the aquifer and waste of the resources by inappropriate water resources management. Refer also to REGLAP good practice available at: http://www.disasterriskreduction.net/east-centralafrica/documents/detail/en/c/1516/

-   Shelter design should be adapted to situation and protection needs, i.e. temporary, transitional, semi-permanent.

-   Shelter and latrine designs must be based on a protection analysis and must duly reflect and address protection concerns, in terms of location, lighting, lockable doors, etc. All latrines must constitute a barrier to the route of contamination. Strict adherence and compliance with approved technical designs must be ensured.

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*

In the Horn of Africa context, ECHO also encourages partners to adopt approaches that:

− Integrate Emergency Preparedness & Response (EP&R) in their interventions;
− Adopt a multi-sectorial approach, in particular in building the resilience of the vulnerable communities.

Emergency Preparedness &Response (EP&R)

Partners are expected to actively contribute to EP&R in their areas of operation, and to participate in coordination at all levels integrating an EP&R perspective into the emergency response strategies whenever pertinent. Support to EP&R can be formulated as a specific result in proposals or be mainstreamed. Attention will be given to actions aiming at detecting, assessing, preventing, reducing, and/or mitigating crises with specific reference to natural disasters (exogenous shocks), disease outbreaks and peaks of acute child malnutrition. Partners should also explore community mobilisation in order to ensure the largest coverage possible and ensure sustainability of the actions. For specific EP&R implementation modalities please refer to the country-specific principles.

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 more sustainable solutions for refugees (access to education, innovative approach toward strengthening self-reliance, etc.); iii) integrating disaster risk reduction into humanitarian interventions.

In the Horn of Africa ECHO will advocate for the establishment and/or expansion of predictable safety nets and for the development of a surge capacity ("crisis modifiers") to be deployed when crisis strikes to ensure the continuous provision of basic services. The

linkages between safety nets and humanitarian activities should be illustrated in each relevant resilience building proposal. Building on years of experience in supporting DRR, ECHO will also encourage actions that support learning, documenting and disseminating the experience acquired for the integration of risk management into resilience programming. Linkages, consolidation and complementarities with other existing and planned regional and national Resilience/ DRR initiatives are crucial such as the IGAD IDDRSI[12] Process, IGAD/ UN Resilience Analysis Unit, etc.).

3.2.2.3 Country specific priorities

DRR at regional level
Bearing in mind that there will be no dedicated budget for DRR at regional level, ECHO will mainly focus on funded actions at country level. It is critical for ECHO to keep a strong emphasis on Disaster Risk Management and Emergency preparedness and Response in its programming and demonstrate how it can contribute to building the resilience of communities to cope with emergencies. This implies risk informed programming, integrated programmatic approaches and partnerships, as well as innovative and evidence informed programming.

a. DJIBOUTI programming priorities

Djibouti is affected by climate change, drought and structural problems as well as protracted displacement. Due to the complex interaction of structural and acute factors, interventions should incorporate sound exit strategies in view of seeking durable solutions involving development stakeholders as well.

In 2015 ECHO funding in Djibouti will mainly focus on refugees. However, should the humanitarian situation deteriorate, ECHO could consider possible funding to address unmet needs.

For the refugees programming ECHO will consider the following:

- In general, care and maintenance will only be prioritised as: a) critical stop-gap life-saving measures; b) if deemed necessary to avoid losing gains made in previous years or c) if added value in terms of efficiency and/or effectiveness can be demonstrated.
- 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 on and off-camp refugees, also linked to recent deterioration in security and possible arrests and restrictions of movement;
- Monitoring mixed migration flows and the humanitarian protection and assistance needs of the people herein;

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[12] IGAD Drought Disaster Resilience and Sustainability Initiative

- Health: In refugee settings, ECHO may support provision of a package of primary and live-saving secondary health care services.
- Food assistance and nutrition:
  o The decision for funding nutrition will be guided by sound data from surveys and surveillance system that exceed the emergency thresholds;
  o 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;
  o Food in-kind will be eligible for funding as exception only;

- Close coordination with development donors in view of exit strategies

b. ETHIOPIA programming priorities

While the regional strategy (HIP 2015) 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 (ERM) supported by ECHO is managed by a consortium of NGOs[13] that implements the response to emergencies, as they occur, through any of the NGOs part of the consortium which is the most well-placed to intervene in a given affected area. 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 complementarity to the ERM, more IDP focussed interventions also look at issues such as internal displacement mapping, awareness raising & advocacy, causal analysis of information on displacement possibly leading to prevention of displacement or conflict.

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[13]This consortium is currently led by International Rescue Committee

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

Assistance to refugees remains a strong priority in ECHO's strategy in Ethiopia. New influx of refugees will be responded to appropriately including support to the establishment of new settlement options including camps, where needed.
Priority will be given to life-saving interventions.

In general, care and maintenance services will not be a priority except when responding to acute emergency needs such as the ones of South Sudanese refugees.
ECHO will only 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, if deemed absolutely necessary not to lose on the gains achieved in the past.

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.

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. ECHO may consider the setting up of biometrics and continuous validation systems as a general pre-condition for support to any activity as to avoid diversion of aid.
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. Child protection, particularly protection of separated and unaccompanied minors, prevention of secondary movements, screening, registration and verification exercises, as well as family tracing will be supported. Assistance to victims of

violence should be prioritised including prevention and response to sexual and gender based violence.

4. With regards to cash-based interventions, ECHO will prioritise the expansion of cash schemes to new camps where appropriate and in line with its humanitarian food assistance policy.

5. Blanket feeding in the refugee camps will no longer be supported unless an under-nutrition causal study has been implemented, continuous verification is in place and its strict necessity and added value is proven. 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. 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. Expansion of cash-transfers will be supported in this regard. ECHO will continue to advocate for a more intensive involvement of development partners in this endeavour.

In case a partner is intervening in more than one camp, a single agreement should be signed per partner. Proposals should be structured so that the intervention per camp is reflected as one result in the log-frame.

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 contiguum 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[14]. Interaction with existing Government flagship programmes and other donors' interventions are key to maximise the impact. Under the HIP 2014, four clusters are currently being supported well into 2015 and should therefore not submit any new proposals (Wolayta cluster in SNNPR region, Siti cluster in Somali region, Wag Himra cluster in Amhara and a cluster in western Afar). Under the HIP 2015, in line with part 4.3 of the HIP, proposals for Liben cluster in Somali region, Borana and Bale clusters in Oromia region will be assessed[15].

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

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[14] An 8th cluster in South Omo is also part of the programme but is only financed via the SHARE programme and not via ECHO funds.
[15] Should some clusters experience gaps in funding ECHO should be contacted.

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 can 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. In view of avoiding a duplication of efforts, this should be organised in close consultation with other clusters.

All interventions, including the ones not covered by the clusters, should be designed in close consultation with the partners working under the SHARE programme and the division of labour between development and humanitarian activities should be clearly spelled out. Both should be complementary, mutually reinforcing and promoting synergies.

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.

c. 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 will only in exceptional circumstances continue to support care and maintenance. Emphasis will always be put on protection and safeguarding asylum while searching at alternative self-reliance measures to be developed. New influx of refugees cannot be excluded and should be closely monitored in view of a potential response, including support to new settlement options. 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 scale disasters should be embedded as emergency envelop in any resilience oriented projects in disaster prone areas.

Refugees

- Life-saving emergency assistance will be prioritised, especially for new arrivals.
- In general, care and maintenance will only be prioritised as: a) critical stop-gap life-saving measures; b) if deemed necessary to avoid losing gains made in previous years or c) if added value in terms of efficiency and/or effectiveness can be demonstrated. Dadaab and Kakuma will continue to be prioritised.
- Support to 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 approached to refugee assistance.
- ECHO will continue to advocate for 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.
- Strong protection monitoring is a must and regular activities should lead to concrete actions for improving the protection situation.
- Response to SGBV is essential. 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 domestic violence and intra-family/intra-communal violence over and above sensitization campaigns.

- Child Protection, namely Unaccompanied and Separated children is a particular concern among the South Sudanese refugees and innovative strategies to address the problem is needed.

- 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. Alternative approaches including market-based interventions are preferable to BSFP. BSFP will only be supported if properly documented and targeting of specific groups, such as new arrivals with high GAM rates.
- 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 and/or transitional 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

d. 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, on the ability to access populations in need and in respect of humanitarian principles.

Crisis-affected populations in South-Central Somalia and other areas in IPC 3 and higher will continue to be prioritised due to their critical humanitarian needs. 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 their 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.

Due to the protracted and overlapping nature of crises in Somalia, partners will need to clearly explain their intervention strategy based on identified needs (acute or protracted), and the level of coverage of these needs by the proposed action. An explanation of linkages with other actors and between their humanitarian aid and longer-term actions will be essential. Partners will have to justify their action, and especially the way in which they target those most in need, with reference to their own recent needs assessments, in addition to publicly available data such as FSNAU or FEWSNET reports.

Partners must pay particular attention to the provisions of the '*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. For ECHO to consider any request for remote management, all 7 criteria mentioned in the staff guidance note will need to be in the Single Form or in annex.

Since 2014, ECHO is requesting from its partners a **quarterly update of the monitoring** missions conducted in the country. Consequently, this constitutes an additional clause in the agreement. See also point on **aid misappropriation** page 6.

Finally, 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 on 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 in order to avoid misperceptions.

Emergency Preparedness and Response (EP & R)

Partners should be prepared to respond quickly and flexibly to new emergency needs, in a well-coordinated and multi-sector approach.

EP & R is therefore a priority for ECHO and must be integrated in all actions. Proposals must consider risks of disasters relevant for the location(s) and type of intervention, and integrate flexibility ("crisis modifier") and emergency response actions to be activated rapidly in case of a new or deteriorating situation. Partners should include additional or expanded activities that may be required to respond to new crises, including a planned financial allocation, and ensure that project staff has the skills required to implement a response. Indicators on timely response should be included together with triggers or thresholds for response.

Displacement

- ECHO is expecting its partners to react as soon as possible to acute needs related to new displacement.
- Protracted displacement 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 involvement of development partners and local authorities should be demonstrated.
- Support to IDP relocation, or IDP/refugee returns and reintegration must be delivered in a coordinated manner, strictly voluntary, informed and in safety and dignity. Humanitarian aid must not be used to direct population movement. Relocation of IDPs to new sites must be based on managing risk, better service provision, protection/security and linkages to urban planning. Due attention should be given to livelihoods opportunities and land rights.
- 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.

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.
- The voluntary and forced returns and reintegration of Somali nationals, particularly from Kenya, should be monitored.
- Protection of children, particularly from the effects of armed conflict, as well as prevention and response to SGBV is considered as crucial.
- 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, water and sanitation, must be included in the problem and response analysis to effectively address direct and underlying causes of malnutrition.
- Proposals should clearly indicate the other actors involved in delivering the basic nutrition services package (BSNP), the referral mechanisms and must be aligned to the nutrition cluster recommendations with demonstrated integration of BSNP. Partners experiencing problems with referral (especially to/from Stabilisation Centre, between OTP and TSFP, or with immunisation and health programmes) **must** put in

place immediate measures to address these as well as engaging in **advocacy** to solve these issues.

- Nutrition causal analysis assessments can be supported where a partner has expertise, resources and access to populations with persistently high malnutrition rates.
- All partners **must** report to the nutrition cluster the programme data (admissions, performance indicators, etc.) as well as any relevant surveys and screenings.
- Emergency interventions, such as wet feeding or blanket supplementary feeding, will only be considered in exceptional circumstances provided a clear exit strategy is included.
- 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, vaccines …).

Specifically regarding Food assistance and Livelihoods

- Populations in acute food insecurity (IPC 3 and 4) will be prioritised, as well as areas with high risk of drought or new displacement.
- The choice of modality (in-kind versus cash or voucher) must be explained and any conditionality duly justified with regards to the acuteness of the crisis, timing and situation. In the case of conditional cash transfers, a provision for unconditional transfers or light conditionality must be included for the most vulnerable. Market monitoring should be carried out and a change in modality must be considered in case of market fluctuations. Cash utilisation monitoring or post-distribution monitoring in the case of commodity transfer must be included and analysed in reporting.
- As part of a livelihoods approach, actions must aim to ensure that beneficiaries can meet their essential non-food needs, such as water and shelter. Gap analysis and indicators must therefore relate to the livelihoods threshold, meeting the minimum expenditure basket, and achieving acceptable food consumption scores.
- Support to livelihoods strengthening or income generation must be based on proven strategies. Life-saving support will be prioritised.
- Emergency animal health treatment activities should be justified with reference to existing surveillance/early warning information and documented gaps.

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 maternal and child health (MCH), including Basic Emergency obstetric Care (BEoC) and extended programme on immunisation (EPI).
- Integration of health and nutrition services.
- Coherent linkage with protection: in particular, 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 (measles, 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; also coherence in the delivery of services in IDP camps (actor mapping).
- Priority should be to ensure the quantity and quality of water for domestic use; proposals should clarify the different sources and uses of water, for instance through infrastructure mapping in the case of IDP camps with multiple actors. Water quality testing must be ensured at household level in the case of drinking water. Water treatment at household level should privilege tried and tested solutions such as ceramic filters. Aquatab or PUR to be distributed as emergency response, not as routine activity. PUR should not be distributed prior to demonstration if not largely known in the area and Aquatab should not be used to chlorinate turbid water over 5 NTU, with a tolerance to 8-12 NTU in temporally emergency.
- Once water access is secured, focus on hygiene and proper sanitation including hand-washing facilities in densely populated areas (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, including link to medical responders.
- 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).
- Latrine design must be provided to address protection issues in camps. Latrines should lock from the inside, and adequate lighting needs to be considered as well as segregated marks for men and women used.
- 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 in advanced to ensure appropriate communication and soft hand over or phase out of the activity.
- Shelter design must be adapted to situation (new/protracted) and protection needs and security of access to land, i.e. temporary, transitional, semi-permanent. In the case of temporary shelter, shelter kits to be prioritised. In the case of transitional shelter, improved buuls or CGI to be justified with regards to context. Where feasible shelter response should seek to include appropriate settlement planning/re-organisation to facilitate space for sanitation, drainage, and general improved living conditions. Due attention must be given to livelihoods options when supporting IDP relocation.
- 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. The type of water purifier product to be supported should be very limited (one for clear water and one for turbid water). In any way whether there is different brand or type, the chlorine dosing should be the same among the product to avoid confusion among the users in case of different type of product implying different way to use it.

e. UGANDA programming priorities

ECHO's support for Uganda will focus on life saving activities and protection of the refugee population.

In case of other emergencies, e.g. epidemics, small scale disasters, ECHO will use other ECHO funding tools such as Epidemics, DREF and Small Scale HIP, in order to support at first national capacity to react to crises and potentially international humanitarian organisations offering a specific expertise relevant to the crisis.

For the refugees programming ECHO will consider the following:

- Life-saving care and maintenance to refugees with a strong preparedness component for continuous influx and epidemics;
- Focus on Shelter and wash, Health and Nutrition, Food and especially Protection. Livelihood support could be considered as aligned with the Government self-reliance strategy;
- Activities aiming at protection of specific groups will be favoured due to the demographic composition of the refugees, mainly women and children;
- Further understanding of the nutrition situation in the South Sudanese refugee population is encouraged to better inform response;
- Extend the pilot on food assistance modalities to all refugees: cash based on sound market analysis;
- Further involvement of development actors in areas hosting refugees.