

## TECHNICAL ANNEX

### SUDAN AND SOUTH SUDAN FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2016/01000 and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

The activities proposed hereafter are subject to any terms and conditions which may be included in the related Humanitarian Implementation Plan (HIP).

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## 2. FINANCIAL INFO

Indicative Allocation: EUR 176 500 000

*Breakdown as per Worldwide Decision:*

Specific Objective 1 - Man-made crises: HA-FA: EUR 176 500 000

Indicative allocation to Sudan EUR 34 000 000

Indicative allocation to South Sudan EUR 142 500 000

## 3. PROPOSAL ASSESSMENT

### 3.1. Administrative info

#### Assessment round 1

- a) Indicative amount: up to EUR 173 000 000 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 of the HIP.
- c) Costs will be eligible from 01/01/2016<sup>1</sup> Actions will start from 01/01/2016
- d) The expected initial duration for the Action is up to 12 months
- e) Potential partners: All ECHO Partners
- f) Information to be provided: Single Form<sup>2</sup>
- g) Indicative date for receipt of the above requested information: by 4 January 2016.

#### Assessment round 2

- a) Indicative amount: up to EUR 3 500 000 (Sudan EUR 1 000 000, South Sudan EUR 2 500 000).
- b) Description of the humanitarian aid interventions relating to this assessment round: All interventions as described in section 0 of the HIP.
- c) Costs will be eligible from 01/01/2016<sup>3</sup> Actions will start from 01/01/2016

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<sup>1</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>2</sup> Single Forms will be submitted to ECHO using APPEL

- d) The expected initial duration for the Action is up to 12 months
- e) Potential partners: Preselected partners: UNICEF-US, PLAN INTERNATIONAL-SPAIN, FINNCHURCHAID-FI.

### 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 ongoing action may be conducted to determine the feasibility and quality of the Action proposed

#### 3.2.2. *General principles and horizontal guidelines*

This section outlines the principles and general guidelines which need to be taken into account by ECHO partners in the design of humanitarian operations supported by ECHO. Complementary information can be retrieved on these principles and guidelines in the links which are indicated in each of the subsections below. Partners are invited to duly reflect the guidance provided in these documents in the preparation of their project proposals to 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**" (see below) 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 ongoing actions as a result of serious threats to the safety of staff.

**Accountability:** partners remain accountable for their operations, in particular:

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<sup>3</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.

- 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.

**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. ECHO does not advocate for the preferential use of either cash, voucher-based or in-kind humanitarian assistance. Partners should provide sufficient information on the reasons about why a transfer modality is proposed and another one is excluded. For in-kind transfers local purchase is encouraged when possible. While single-sector cash transfers are to be promoted where appropriate, cash is increasingly being used to address multiple humanitarian/ basic needs. Partners are referred to *Common Principles for Multi-Purpose Cash –Based Assistance to Respond to Humanitarian Needs*<sup>4</sup> for more details of ECHO's position.

**Protection**<sup>5</sup>: Mainstreaming of basic protection principles in humanitarian programmes is of 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.

**Gender**<sup>6</sup>: ECHO uses a Gender-Age Marker to assess how strongly project proposals integrate gender and age considerations. For more information about the marker and how it is applied please consult the Gender-Age Marker Toolkit<sup>7</sup>.

**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.

**Disaster Risk Reduction (DRR)**<sup>8</sup>: As part of the commitment of ECHO to mainstream disaster risk reduction in its humanitarian operations, the needs assessment presented in

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<sup>4</sup> [http://ec.europa.eu/echo/files/policies/sectoral/concept\\_paper\\_common\\_top\\_line\\_principles\\_en.pdf](http://ec.europa.eu/echo/files/policies/sectoral/concept_paper_common_top_line_principles_en.pdf)

<sup>5</sup> ECHO webpage on protection: <http://ec.europa.eu/echo/en/what/humanitarian-aid/protection>

<sup>6</sup> ECHO webpage on gender sensitive aid: [http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid\\_en](http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid_en)

<sup>7</sup> Gender marker toolkit available at: [http://ec.europa.eu/echo/files/policies/sectoral/gender\\_age\\_marker\\_toolkit.pdf](http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf)

<sup>8</sup> ECHO Thematic Policy Document n° 5, Disaster Risk Reduction Increasing resilience

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 and operational capability in managing risk (technical competence in the relevant sectors of intervention).

All ECHO beneficiaries and activities should be appropriately protected from hazards and shocks – according to their likelihood of occurrence, intensity and possible impact. ECHO uses two complementary methods for DRR: 1) Integrated DRR is where ECHO humanitarian interventions are risk informed 2) Targeted DRR refers to specific actions that cannot be "integrated" into ECHO response projects (see above) but that will strengthen a system to avoid future humanitarian needs by reducing risk to vulnerable populations.

**Resilience<sup>9</sup>:** ECHO's objective is to respond to the acute humanitarian needs while taking opportunities to increase the beneficiaries' resilience – to reduce on-going and future humanitarian needs and to assist a durable recovery. Where feasible, cost effective, and without compromising humanitarian principles, ECHO support will contribute to longer term strategies to address the underlying causes of vulnerabilities – to all shocks and stresses.

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 providers of essential services, humanitarian and development stakeholders.

Good coordination and strategic complementarity between humanitarian and development stakeholders (LRRD approach) are essential to the resilience approach, particularly in relation to i) increasing interest of humanitarian and development partners on protracted and recurrent crisis; ii) seeking for more durable solutions for forcefully displaced people such as access to basic services and innovative approach toward strengthening self-reliance; 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. Community inclusion should be considered at all stages – design and implementation. Community ownership of the process is more effective and is encouraged. This includes the identification of critical needs as prioritised by the communities, and the transfer of appropriate knowledge and resources to them.

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by reducing disaster risk in humanitarian action, September 2013, available at: [http://ec.europa.eu/echo/files/policies/prevention\\_preparedness/DRR\\_thematic\\_policy\\_doc.pdf](http://ec.europa.eu/echo/files/policies/prevention_preparedness/DRR_thematic_policy_doc.pdf)

<sup>9</sup> The EU resilience communication and Action Plan, available at: [http://ec.europa.eu/echo/files/policies/resilience/com\\_2012\\_586\\_resilience\\_en.pdf](http://ec.europa.eu/echo/files/policies/resilience/com_2012_586_resilience_en.pdf); [http://ec.europa.eu/echo/files/policies/resilience/com\\_2013\\_227\\_ap\\_crisis\\_prone\\_countries\\_en.pdf](http://ec.europa.eu/echo/files/policies/resilience/com_2013_227_ap_crisis_prone_countries_en.pdf)

**Coordination:** Partners should provide specific information on their relationship with cluster/sector and inter-cluster/sector coordination: this may include 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. 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<sup>10</sup>. 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.

**Remote Management:** ECHO defines remote management as an operational approach used to provide relief in situations where humanitarian access to disaster-affected populations is limited.

In Sudan and South Sudan ECHO will only fund actions whose activities can be supervised on a regular basis by the partner staff with appropriate qualification, and when ECHO staff can conduct regular monitoring visits.

Partners applying for funding in *Sudan* are asked to present in the Single Form a series of quantifiable access indicators, which will need to be reported on systematically in later stages (in the Interim and Final reporting stage). In the Single Form under point 4.5 (Assumptions and risks) following points are to be included:

- Number of missions of field-based, Khartoum-based and HQ-based staff to project sites (planned, requested, implemented, accepted or refused due to lack of travel permits, and/or security conditions and/or other reasons);
- Total number of planned missions aborted, with explanation of the reasons.

**Visibility<sup>11</sup>:** Partners will be expected to ensure full compliance with visibility requirements and to acknowledge the funding role of and partnership with the EU/ECHO, as set out in the applicable contractual arrangements<sup>12</sup>. In addition, specific visibility requirements agreed-upon in the Single Form, form an integral part of individual agreements:

- Section 9.1.A, Standard visibility in the field, including prominent display of the EU humanitarian aid visual identity on EU funded relief items and equipment; derogations are only possible where visibility activities may harm the

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<sup>10</sup> <http://ec.europa.eu/echo/en/what/humanitarian-aid/civil-military-relations>

<sup>11</sup> Further explanation of visibility requirements and reporting as well as best practices and examples can be consulted on the dedicated ECHO visibility site: <http://www.echo-visibility.eu/>

<sup>12</sup> See the communication and visibility articles of the General Conditions annexed to the Framework Partnership Agreements (FPAs) concluded with non-governmental organizations or international organizations or in the General Conditions for Delegation Agreements concluded in the framework of the Financial and Administrative Framework Agreement (FAFA) with the UN.

implementation of the Action or the safety of the staff of the partner, staff of the Implementing partners, the safety of beneficiaries or the local community and provided that they have been explicitly agreed-upon in the individual agreements.

- Section 9.1.B, Standard visibility recognizing the EU funding through activities such as media outreach, social media engagement and provision of photos stories and blogs; every partner is expected to choose at least 4 out of 7 requirements. If no requirements are selected, a project-specific derogation based on security concerns is needed.
- Section 9.2., Above standard visibility; applicable if requested and if agreed with ECHO based on a dedicated communication plan prior to signature.

### 3.2.3. *Specific sector guidelines*

Partners are invited to take into account the following specific sector guidelines in the design of humanitarian operations supported by ECHO. Complementary information can be retrieved on these guidelines in the links which are indicated in each of the subsections below. Partners are invited to reflect the guidance provided in these documents in the preparation of their project proposals to ECHO.

#### **Humanitarian food assistance (HFA)<sup>13</sup>:**

Humanitarian Food Assistance is expected to remain among the major sectors of intervention. 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.

In *South Sudan*, ECHO's Food Assistance will prioritise support for life-saving interventions. Priority will be given to reach the most at risk people with general food distribution, in particular in those areas affected by severe food insecurity, assessed at IPC phases 4 and 5. Special attention should be put on areas where prevalence of acute malnutrition is also high.

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, including market assessments. Cash is increasingly being used to address multiple humanitarian/ basic needs, to this end, partners are encouraged to refer to the *Common Principles for Multi-Purpose Cash-Based Assistance to Respond to Humanitarian Needs*<sup>14</sup> for more details of ECHO's position. In the current *South Sudan* context, ECHO will only consider cash-based transfers (including vouchers) in exceptional circumstances on the basis of documented gains in cost-efficiency and cost-effectiveness.

Any conditionality for the disbursement of the transfers should be duly justified according to the vulnerabilities of the targeted group. Market assessment and Household

<sup>13</sup> ECHO webpage on food assistance: <http://ec.europa.eu/echo/en/what/humanitarian-aid/food-assistance>

<sup>14</sup> [http://ec.europa.eu/echo/files/policies/sectoral/concept\\_paper\\_common\\_top\\_line\\_principles\\_en.pdf](http://ec.europa.eu/echo/files/policies/sectoral/concept_paper_common_top_line_principles_en.pdf)

Economic Analysis (HEA) are recommended as part of the response analysis (partners encouraged to adopt the decision tree and the checklist in the Cash and Vouchers Guidelines<sup>15</sup>).

All actors proposing Humanitarian Food Assistance actions should demonstrate clear links to nutrition outcomes; show how they have considered malnutrition issues in the design of assessments, problems analysis, programming and monitoring.

HFA, protection and gender: in the spirit of ‘do no harm’ partners should ensure that a good analysis is carried out concerning the impact of a proposed action on the protection of vulnerable groups within the target population. For this purpose partners are encouraged to refer to the "Guidance for Integrated Food Assistance and Protection Programming"<sup>16</sup>. ECHO is willing to support innovative approaches for integrated protection programming with the aim of building a body of best practices. In *Sudan*, partners may propose an amount up to EUR 30,000 *within an existing* grant for research aiming to answer key outstanding questions and issues, including those listed in this guidance.

Short-term emergency interventions intended to sustain *livelihoods* may be considered where there is clear evidence of community demand, and where a strong case is made that the proposed intervention will be effective. In these cases a pre-condition for requesting ECHO’s funding is a sound analysis and a clear strategy to bridge humanitarian and developmental programming. Any intervention of this type will require a thorough risk assessment.

### **Nutrition<sup>17</sup>:**

Priority will be given to nutrition programmes addressing acute malnutrition and/or life-threatening medical conditions in communities and among groups where these threats are greatest.

#### *Needs assessment*

- Nutrition programming can be implemented where nutrition needs are clearly identified, particularly where the prevalence of acute under-nutrition is above international emergency thresholds.
- Nutrition needs should be informed by quality and representative surveys and surveillance systems. Nutrition causal analysis is encouraged to help identify the main determinants of undernutrition and guide the development of multisector projects.

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<sup>15</sup> ECHO Thematic Policy n. 3, Cash and Vouchers: Increasing efficiency and effectiveness across all sectors. Page 4-5-6.

<sup>16</sup> [http://ec.europa.eu/echo/files/funding/decisions/2015/Integrated\\_FA\\_Protection\\_Programming\\_en.pdf](http://ec.europa.eu/echo/files/funding/decisions/2015/Integrated_FA_Protection_Programming_en.pdf)

<sup>17</sup> ECHO Thematic Policy Document n° 4: Addressing Undernutrition in Emergencies, September 2013, available at:  
[http://ec.europa.eu/echo/files/media/publications/tpd04\\_nutrition\\_addressing\\_undernutrition\\_in\\_emergencies\\_en.pdf](http://ec.europa.eu/echo/files/media/publications/tpd04_nutrition_addressing_undernutrition_in_emergencies_en.pdf)



- Although weight-for-height (WHO 2006) is still the internationally agreed indicator to estimate the prevalence of undernutrition, MUAC-based assessments can be used to trigger nutrition operations and for setting entry and exit criteria from selective feeding programmes in specific circumstances after consultation with ECHO. In *South Sudan*, considering the difficulties of the context, this approach is encouraged.

### *Implementation*

- The nutrition programs implemented by ECHO's partners will strive to reach good coverage and treatment performance, as defined by the SPHERE standards.
- Nutrition interventions will be implemented following international protocols normally endorsed by the Health Ministries. However, in the current situation in South Sudan, partners could divert from the national protocol. ECHO should be consulted on the protocol to be used prior to the approval of the proposal.
- The integration of nutrition programming into the existing health services is encouraged, as nutrition screening and therapeutic treatment should eventually be provided as a routine health service along with other preventive and curative activities. With this objective in mind, the partner is also encouraged to develop a relevant support and capacity building strategy.
- The decision to intervene in substitution or in integration with the health system should be informed by the comparative advantages between the immediate impact of the program on the beneficiaries and affected communities, and the consideration of sustainability of nutrition programming in the long run.
- Treatment of acute malnutrition and its complications should be provided free of any charge for the beneficiaries. This should include the costs for non-systematic drugs used in the treatment of complications.
- Project costs will be systematically checked to ensure cost-effectiveness (for example the cost of a CMAM program per SAM children treated).
- Targeted Supplementary Feeding programmes (TSFP) for children under five years old and pregnant and lactating women will be supported only if the partners demonstrate sufficient capacity to monitor.
- Blanket supplementary feeding programmes (BSFP) will be considered when the objective, target age, duration, type of food comply with the international recommendations (see UNICEF, WFP, UNHCR guidelines) and where there is unambiguous evidence it is effective. Sound monitoring will be required during the implementation to ensure the effectiveness of the action. In camp settings BSFP is not recommended.

### *Nutrition sensitive and nutrition specific actions*

- Whenever possible, the integration of nutrition actions into others sectors is promoted to ensure a holistic and multi-sector approach to prevent undernutrition and reduce vulnerabilities.
- Actions relevant to other sectors should also be considered for integration into nutrition projects whenever possible and justified by the needs,

- The partner should clearly develop, since the design phase, the exit strategy criteria and involve as much as possible the national institutions and development actors to ensure the durability of the funded actions.
- Promotion of integrated programming designed around multi and cross-sectoral analysis will be considered.
- It is strongly recommended to assess and promote *Infant and Young Child Feeding* (IYCF) practices in all nutrition programs.
- The specific nutrition needs of infants, young children and women should be considered at all stages of the project cycle, across all sectors, and beyond Behavior Change Communication and 'soft' program components.
- Adequate and safe feeding of infants and young children should be provided through the most appropriate approach, including for non-breastfed children.

### *M & E*

- Nutrition and KAP surveys, SQUEAC, causality analysis and monitoring and evaluation tools should be routinely used.

### **WASH<sup>18</sup>:**

For *South Sudan*: Partners are encouraged to focus priority on areas with high density of displaced population and / or high level or risks of water-borne diseases.

Multi sectorial synergies are strongly encouraged, notably between health, nutrition, protection, food security and WASH sectors. In particular in case of epidemic outbreak related to diarrhoeal or water borne disease WASH actors should co-ordinate with the health sector and make full use of available epidemiological data. Partners should as far as possible avoid paying communities to perform basis daily community responsibilities.

### *Water supply*

- Emergency water supply systems normally should not be operated for more than 6 months. Water supply systems implemented after this initial emergency period should take into account the need for maintenance friendly (considering local capacity) and cost efficient technologies available, to contribute as far as possible to sustainability of the system and investment impact. Water networks using solar energy are encouraged when relevant and if partners have the adequate technical implementation capacity.
- In case of dealing with water access in dry lands, appropriate geophysical surveys should be performed prior to drilling. Water quality should be tested (bacteriological, physical and chemical) prior to opening access to a new facility. The water table and replenishment time of boreholes have to be monitored regularly. Data collected during the geophysical survey and drilling operations must be centralized and made available to any drilling actors.

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<sup>18</sup> ECHO Thematic Policy Document n° 2, Meeting the challenge of rapidly increasing humanitarian needs in WASH, May 2014, available at:  
[http://ec.europa.eu/echo/files/policies/sectoral/WASH\\_policy\\_doc\\_en.pdf](http://ec.europa.eu/echo/files/policies/sectoral/WASH_policy_doc_en.pdf)

- In areas where they are not known, water purifiers such as PUR bags for household water treatment should only be distributed to the community after proper training, with rigorous monitoring to ensure appropriate use. No chlorination should be performed without coagulant for raw water turbidity above 5 NTU (*footnote*) (8-10 NTU could be accepted for a short period of time). FRC (*footnote*) monitoring at householder level must be effective.

### *Hygiene promotion*

- Awareness-raising or hygiene promotion should be based on accurate contextual socio-cultural, environmental and economic analysis. The adaptation to the context of the tools, the method and strategy of hygiene promotion should be explained. Innovative communication tools and strategy, plus dynamic approach are encouraged.

### *Sanitation*

- Sanitation projects should where appropriate be based on the community-led approach. Subsidies based on motivation and vulnerability could be considered according to the context.
- The design of household latrines should as much as possible promote the use of local materials and facilitate replication by the users when the pit is filled.
- In the case of desludging trucks, access to the facilities should be ensured in the rainy season - the location of the latrine should take into account accessibility. Desludging should be the last resort as it is not sustainable.
- The place of excreta disposal should ensure waste incineration and burying (with no risk of groundwater contamination) to reduce volume, stabilize the waste, and avoid access of vermin.

Particular efforts need to be made to ensure minimum quantity and quality of clean water and sanitation facilities and services in overcrowded camp settings. Maintenance of existing facilities in areas with high density of displaced population and / or high level or risks of water-borne diseases will continue to be supported but partners must refer to possible exit strategies. As all the conditions for another cholera outbreak will most probably still exist in 2016, ECHO may consider supporting interventions addressing cholera preparedness. Rapid interventions with a maximum duration of 6 months will be considered in areas of new displacement.

For *Sudan* partners will have to uphold the following recommendations when designing WASH projects:

### *In emergency settings*

- ECHO only prioritizes the distribution of water purification inputs at household level, if complemented by substantial training in their use, distribution of relevant non-food items (NFI), hygiene promotion and monitoring of water quality.

- Emergency water distributions should not last more than 3 to maximum 6 months.

#### *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 and to a consistent feasibility study. Systematic groundwater table monitoring is encouraged. Partners should propose actions to mitigate water depletion risk and overuse.
- 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 step down tests report must be available.
- Community-based activities for maintenance of water systems (training of pump mechanics, provision of tools and spare parts) should be included. Sanitation project should as much as possible be based on community-led approach, whilst partners may provide subsidies, for example for the purchase of materials (e.g. slabs).
- Construction of household latrines may be considered for support where there is strong community preference for them (outcome of a participatory approach for example), or in areas otherwise considered at high public health risk. ECHO will look for sanitation interventions that include drainage, open defecation disinfection, solid waste management (with community mobilization), etc.

#### *Hygiene promotion*

- The methods of awareness or hygiene promotion should be based on accurate contextual socio-cultural, environmental and economic analyses. The activity should be carried out in a co-ordinated and coherent manner with other cluster partners.

#### **Health<sup>19</sup>:**

- Those interventions most likely to save lives will be prioritized. These may include primary and secondary health care, war surgery and basic and comprehensive Emergency Obstetric and Neonatal Care. Actions should address basic health needs of the most vulnerable population (which might include IDP, refugees and population in conflict zones) as indicated through an up-to-date and comprehensive needs assessment based on independent access.
- Weekly reporting of Integrated Disease Surveillance Response (IDSR) and monthly Routine report (DHIS) is encouraged for all European Union-funded health actors and can be used as source of verification. All health projects should

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<sup>19</sup> ECHO webpage on health: <http://ec.europa.eu/echo/en/what/humanitarian-aid/health>

include activities that actively contribute to the preparedness, surveillance and response to potential outbreaks (for example cholera, measles, hepatitis E, ebola, kala azar).

- Medical support to victims of SGBV, integrated within reproductive health services, should be provided in all primary health care (PHC) projects supported by ECHO. The provision of psychosocial support may also be considered where techniques validated for the specific context are employed.
- At population level, targeted interventions should address the largest number of beneficiaries (coverage effect) with flexible approaches to improve intervention (e.g. vaccination) coverage.
- At primary healthcare level, a trade-off between high access (coverage) and quality of services is to be looked for. Where possible in the current context, existing elements of the healthcare system should be taken into account in the design of the operation.
- Hospitals supported need to guarantee a minimal level of quality. Organizations should have a proven record of successful implementation of similar activities. Priority should be given to paediatrics (including nutrition), emergency surgery (especially for war-wounded) and comprehensive emergency obstetric care (EmOC) services.

In *South Sudan*, medical interventions in camp settings will be carefully reviewed in view of the needs, population and number of actors providing health services in a given area. Medical interventions aiming at reinforcing outreach in rural/remote areas will be encouraged.

For *Sudan*, partners will have to uphold the following recommendations when designing projects in the area of health:

- In *Darfur*, partners will be asked to consider carefully before providing incentives to the Ministry of Health (MoH) staff. European Union-funded health projects should not substitute Government of Sudan (GoS)/MoH in their financial and institutional responsibilities for providing health care to the population.
- Substitution projects will only be accepted in areas where there is no access to GoS/MoH facilities, or with increased needs due to population movements.
- 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.

### **Shelter and non-food items:**

Projects to provide emergency shelter and NFI to destitute communities will be considered by ECHO. Such projects may include the following target groups: conflict displaced, refugees, relocated or returned populations or communities who suffered significant destruction of houses.

Unless security/protection reasons prevent beneficiaries from building their own shelter, partners should avoid paying daily workers for the construction of shelters. That is a reasonable contribution which should be expected from the beneficiaries.

### **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 violence, coercion, deprivation and abuse in the context of humanitarian crises, resulting both from man-made or natural disasters.<sup>20</sup> ECHO encourages community-based protection interventions. These aim at identifying self-protection mechanisms and strengthening community cohesion and conflict mitigation to reduce tensions between internal displaced/refugees and host communities or between communities in conflict.

*Child Protection*<sup>21</sup>: ECHO will look at funding as priority activities addressing separation of children and families, psycho-social needs of children affected by conflict/displacement, monitoring of grave violations of the rights of the child, prevention of recruitment and demobilization, reunification and first stage of reintegration of children affected by armed forces and armed groups. Actions focusing on the provision of individual case management services to vulnerable children should foresee the use of sound Information Management Systems. Tracing activities will only be supported through partners with specialized experience thereof, 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 GBV.

All child protection related activities should be tailored to the specific development stage, needs and capacities of children of different age-groups.

For South Sudan, ECHO will prioritise the following components:

- Population movement tracking and profiling (including vulnerability profiling), screening, registration and verification exercises for refugees and IDPs and protection monitoring.
- Prevention of GBV, and assistance to victims of violence including sexual and gender based violence. Ensuring timely access to medical assistance in accordance with internationally recognized protocols, as well as mental health/psycho-social support services is essential.

*Demining and mine risk education*: humanitarian demining projects taking into account basic principles of independence & impartiality might be considered for support only when the risk of ongoing conflict and military operations are reduced.

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<sup>20</sup> [http://ec.europa.eu/echo/files/policies/sectoral/humanitarian\\_protection\\_funding\\_guidelines\\_en.pdf](http://ec.europa.eu/echo/files/policies/sectoral/humanitarian_protection_funding_guidelines_en.pdf)

<sup>21</sup> Commission Staff Working Documents, Children in Emergency and Crisis Situations, 5.2.2008 SEC(2008) 135, available at: [http://ec.europa.eu/echo/files/policies/sectoral/children\\_2008\\_Emergency\\_Crisis\\_Situations\\_en.pdf](http://ec.europa.eu/echo/files/policies/sectoral/children_2008_Emergency_Crisis_Situations_en.pdf)

**Coordination:**

Coordination will be supported by ECHO, both through UN agencies and NGO partners. ECHO values the coordination role of the Humanitarian Co-ordinator, and the co-ordination structure set up under him, through his UNOCHA team. These help the flow of information and strategic prioritization of interventions. In addition, ECHO sees value in NGOs being strongly represented in the co-ordination mechanisms and advocates for their inclusion in the main co-ordination fora. ECHO will also continue to support relief agencies that prefer to maintain distance from the UN co-ordination structures provided that such relations as maintained with the rest of the relief community are constructive.