

TECHNICAL ANNEX

UPPER NILE BASIN¹

FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2021/01000 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 that may be included in the related Humanitarian Implementation Plan (HIP).

1. CONTACTS

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¹ Upper Nile Basin for this HIP and Technical Annex covers Sudan, South Sudan and Uganda

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2. FINANCIAL INFO

Indicative Allocation³: EUR 173 635 588,85 of which an indicative amount of EUR 14 000 000 for Education in Emergencies.

In line with DG ECHO's commitment to the Grand Bargain, pilot programmatic partnerships have been launched in 2020 with a limited number of partners (in direct management). An indicative amount of EUR 4 940 000 is earmarked for the second year of implementation of these programmatic partnerships in the Upper Nile Basin. What is more, new pilot programmatic partnerships could be envisaged with partners in indirect management. Part of this HIP may therefore be awarded to these new pilot programmatic partnerships.

Breakdown per Actions as per Worldwide Decision (in euros):

Country(ies)	Action (a) Man-made crises and natural disasters	Action (b) Initial emergency response/small-scale/epidemics	Action (c) Disaster Preparedness	Actions (d) to (f) Transport / Complementary activities	TOTAL
South Sudan	74 500 000		2 000 000		76 500 000
Sudan	62 135 588,85				62 135 588,85
Uganda	32 000 000		3 000 000		35 000 000

3. PROPOSAL ASSESSMENT

a) Co-financing:

Under the EU Financial Regulation, grants must involve co-financing; as a result, the resources necessary to carry out the action must not be provided entirely by the grant. An action may only be financed in full by the grant where this is essential for it to be carried out. In such a case, justification must be provided in the Single Form (section 10.4).

b) Financial support to third parties (implementing partners)

Pursuant to Art. 204 FR, for the implementation of actions under this HIP, partners may provide financial support to third parties, e.g. implementing partners. This financial support can only exceed EUR 60 000 if the objectives of the action would otherwise be impossible or excessively difficult to achieve. Such situations can occur in cases where only a limited number of non-profit non-governmental organisations have the capacity, skills or expertise to contribute to the implementation of the action or are established in the country of operation or in the region(s) where the action takes place.

³ The Commission reserves the right not to award all or part of the funds made or to be made available under the HIP to which this Annex relates

Ensuring broad geographical/worldwide coverage while minimising costs and avoiding duplications concerning in particular presence in country, prompted many humanitarian organisations to network, e.g. through families or confederations. In such a context, the situations referred to above would imply that the partner would rely on other members of the network. In such cases, justification must be provided in the Single Form.

c) Alternative arrangements

In case of country or crisis-specific issues or unforeseeable circumstances, which arise during the implementation of the action, the Commission (DG ECHO) may issue specific ad-hoc instructions which partners must follow. Partners may also introduce via the Single Form duly justified requests for alternative arrangements to be agreed by the Commission (DG ECHO) in accordance with Annex 5 to the Grant Agreement.

d) Field office costs

Costs for use of the field office during the action are eligible and may be declared as unit cost according to usual cost accounting practices, if they fulfil the general eligibility conditions for such unit costs and the amount per unit is calculated:

- i. using the actual costs for the field office recorded in the beneficiary's accounts, attributed at the rate of office use and excluding any cost which are ineligible or already included in other budget categories; the actual costs may be adjusted on the basis of budgeted or estimated elements, if they are relevant for calculating the costs, reasonable and correspond to objective and verifiable information
and
- ii. according to usual cost accounting practices which are applied in a consistent manner, based on objective criteria, regardless of the source of funding.

3.1. Administrative info

Allocation round 1

- a) Indicative amount: up to EUR 117 500 000.
- b) Costs will be eligible from 01/01/2021.
- c) The initial duration for the Action may be up to 24 months, in particular for Education in Emergencies and Disaster Preparedness, as well as for pilot Programmatic Partnerships but also for any other sectors when duly justified in view of improving the efficiency/effectiveness of the intervention (*see country-specific sections below*).
- d) In view of the transition towards the 2021-2027 Multi annual Financial Framework, the new Single Form and the Model Grant Agreement, it will not be possible to present follow-up actions, which continue/extend ongoing operations, as modification requests for the first allocation round of the 2021 HIP. Proposals will need to be submitted **as new proposals** on the basis of the new Single Form. The above provision does not apply to pilot Programmatic Partnerships which have started in 2020 and for which a modification request remains the norm.

- e) Potential partners⁴: All DG ECHO Partners
- f) Information to be provided: Single Form⁵
- g) Indicative date for receipt of the above requested information by :
 - South Sudan: 15/02/2021⁶
 - Sudan: 15/02/2021⁷
 - Uganda: 01/03/2021⁸

Allocation round 2

- a) Indicative amount: EUR 10 000 000
- b) Description of the humanitarian aid interventions related to this assessment round: same priorities as those identified in allocation round 1.
- c) Costs will be eligible from: 01/1/2021
- d) Eligible partners: partners that have submitted proposals under allocation round 1.
- e) Information to be provided: N/A.
- f) Deadline for submission of proposals: N/A.

Allocation round 3

- a) Indicative amount: EUR 33 000 000
- b) Description of the humanitarian aid interventions related to this assessment round:

The additional funding will support a scale-up of assistance in IPC4 and IPC5 areas, with priority to meet gaps in areas in famine-like and catastrophic conditions.

The following priorities should be addressed: i) strengthen the delivery of adequate and sufficient emergency food assistance at scale and/or provide support to the food pipeline in the country; ii) deliver nutrition services and commodities at scale and/or provide support to the nutrition pipeline in the country.

In addition, to maximise the outcomes of the food and nutrition assistance, consideration will be given to: i) delivery of multi-sectoral assistance via emergency/rapid response, which must be integrated with food and nutrition scale-up; complementary food assistance will be considered; ii) support to the WaSH and S-NFI pipeline in the country; iii) scale-up of humanitarian common services (priorities: air/transport, logistics and security services).

Particular focus should be placed on safety and access constraints. Protection and conflict sensitivity must be mainstreamed in all interventions. Protection mainstreaming should be adequately measured through an indicator (i.e. DG

⁴ Unless otherwise specified potential NGO partners refer to certified partner organisations.

⁵ Single Forms will be submitted to DG ECHO using APPEL.

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

⁷ *Idem*

⁸ *Idem*

ECHO Protection Mainstreaming KOI). Integration of protection into food security and nutrition should be considered with an emphasis on the safe identification and referral of cases to further protection services. Nutrition partners should also consider the provision of basic information that can enhance protection outcomes within nutrition programmes.

- c) Costs will be eligible from 01/03/2021 for new proposals.
- d) The expected duration of the Action is up to 12 months, but short-term Actions will be prioritised.
- e) Potential partners: all DG ECHO partners with proven operational capacity and established presence in the targeted areas, and proven expertise in the sectors. Partners should clearly illustrate complementarity and coordination with national pipelines.
- f) Information to be provided: Single form for a new proposal or modification request for an on-going DG-ECHO funded operation.
- g) Indicative date for receipt of the above requested information: 31/05/2021.

Allocation round 4

Part one: Sudan

- a) Indicative amount: EUR 10 135 588,85 for Sudan
- b) Description of the humanitarian aid interventions related to this assessment round: response to the food insecurity issues generated by the combined consequences of the economic crisis, conflict and civil unrest in Sudan.
- c) Costs will be eligible from 01/01/2021.
- d) The initial duration for the Action may be up to 24 months.
- e) Pre-identified partner: Internationally mandated agency in food assistance, food security and food distribution: WFP.
- f) Information to be provided: Modification request of an on-going DG-ECHO funded operation.
- g) Indicative date for receipt of the above requested information: 20/12/2021.

Part two: Uganda

- a) Indicative amount: EUR 3 000 000 for Uganda
- b) Description of the humanitarian aid interventions related to this assessment round: response to the food insecurity issues generated by the ration cuts for refugees in Uganda
- c) Costs will be eligible from 01/03/2021.
- d) The initial duration for the Action may be up to 24 months.
- e) Pre-identified partner: Internationally mandated agency in food assistance, food security and food distribution: WFP.

- f) Information to be provided: Modification request of an on-going DG-ECHO funded operation.
- g) Indicative date for receipt of the above requested information: 21/12/2021.

3.2. Operational requirements:

3.2.1. Assessment criteria:

- 1) Relevance
 - How relevant is the proposed intervention and its compliance with the objectives of the HIP?
 - Has the joint needs assessment been used for the proposed intervention (if existing)?
 - Has the proposed intervention been coordinated with other relevant humanitarian actors?
- 2) Capacity and expertise
 - Does the partner, with its implementing partners, have sufficient expertise (country / region and / or technical)?
 - How good is the partner's local capacity / ability to develop local capacity?
- 3) Methodology and feasibility
 - Quality of the proposed response strategy, including intervention logic / logframe, output & outcome indicators, risks and challenges.
 - Feasibility, including security and access constraints.
 - Quality of the monitoring arrangements.
- 4) Coordination and relevant post-intervention elements
 - Extent to which the proposed intervention is to be implemented in coordination with other humanitarian actors and actions (including, where relevant, the use of single interoperable registries of beneficiaries).
 - Extent to which the proposed intervention contribute to resilience and sustainability.
- 5) Cost-effectiveness/efficiency/transparency
 - Does the proposed intervention display an appropriate relationship between the resources to employed, the activities to be undertaken and the objectives to be achieved?
 - Is the breakdown of costs sufficiently documented/explained?⁹

In case of actions ongoing in the field, where DG ECHO is requested to fund the continuation thereof, a field visit may be conducted by DG ECHO field expert (TA) to determine the feasibility and quality of the follow-up action proposed.

⁹ In accordance with the relevant section of the Single Form guidelines (section10)

No award will be made to NGO partner organisations which have not complied with their obligations concerning the submission of audited financial statements (i.e. which would not have submitted those in due time to the Commission without a proper justification) or which would appear not to offer sufficient guarantee as to their financial capacity to implement the proposed actions (in light of their liquidity and independency ratios as appearing from their latest available annual statutory accounts certified by an approved external auditor).

3.2.2. *Specific operational guidelines and operational assessment criteria:*

This section outlines the specific operational guidelines that DG ECHO partners need to take into account in the design of humanitarian operations supported by DG ECHO. It also lists and explains the assessment criteria – based on those outlined in section 3.2.1 - that DG ECHO will apply in the specific context of the HIP to which this Technical Annex relates when assessing proposals submitted in response to the related HIP.

The **HIP Policy Annex** should be consulted in parallel.

Transfer modalities

Where assistance is to be delivered in the form of cash transfers, particular attention will be paid to the principles laid down in DG ECHO's cash guidance note, which will form the basis for the assessment and selection of partners, in particular in the case of large-scale transfers. Partners will be expected to demonstrate a satisfactory efficiency ratio and, to the extent possible and taking into account the operational context, partners will be assessed on their ability to work based on common targeting criteria, single or interoperable beneficiary registries, a single payment mechanism, a common feedback mechanism and a common results framework. In line with the cash guidance note, DG ECHO will expect partners to strive for segregation of duties and full transparency on the costs of implementation. Furthermore, partners should ensure that the efficiency ratio is maintained throughout the action, unless otherwise approved by DG ECHO. For the delivery of smaller-scale cash transfers, DG ECHO will assess proposals paying particular attention the Guidance note's principles of coordination, harmonisation and multi-partner approach.

In general, partners should undertake a comparative cost-effectiveness analysis of alternative modalities and technologies where relevant.

Strengthening early response capacity

In addition to protracted crises, the Upper Nile Basin is characterised by recurrent man-made and natural, rapid and slow onset crises. Besides the expected inherent adaptability of all humanitarian partners, DG ECHO will systematically address early response in all its activities as follows:

On the Humanitarian Aid Budget Line

(1) Emergency/Rapid Response Mechanisms (E/RRMs) as standalone actions

Emergency/Rapid Response Mechanisms (E/RRMs) are stand-alone actions pooling capacities of different partners for improved and more coordinated preparedness and early response, guided by firm forecasts, early warning and contingency plans. E/RRMs are designed to provide initial lifesaving multipurpose assistance when other response mechanisms are not yet in place. E/RRMs are mostly used for rapid-onset crises. For

slow-onset, objective indicators with thresholds for engagement / disengagement should be defined in coordination with other stakeholders including the State Authorities.

(2) Flexibility embedded into the actions

Whenever relevant, partners should introduce flexibility tools in their actions, such as a Crisis Modifier, to swiftly anticipate, prepare for and respond to any new emerging shocks occurring in the area of their operations (a crisis within a crisis). Flexibility measures can be triggered to provide initial lifesaving multipurpose response ahead of, during and in the aftermath of a rapid-onset crisis. The two main scenarios are: i) to fill the time gap while waiting for additional resources; ii) to respond to small-scale humanitarian needs, which would otherwise remain unattended.

E/RRMs and flexibility measures are complementary and do not exclude each other; flexibility measures enable to bridge the time gap between the shock and the time needed to mobilise ad-hoc resources through the E/RRMs or additional funding. Timeliness of response is a key element for effectiveness of both flexibility measures and E/RRMs.

The process is based on a multi-risk analysis, identifying geographic locations most exposed to (seasonal) hazards, high-impact and most likely scenarios, estimated number of people potentially affected by a given shock, expected needs, and type/sector. The process also includes the identification of triggers so that the decision to intervene or not is consistent.

In the Single-form, the flexibility mechanism should be presented as a specific Result, with "*Disaster Risk Reduction / Disaster Preparedness*" as the main sector and "*Contingency planning and preparedness for response*" as sub-sector. As good practice, the Result budget ranges from 5-10% of the total budget of the action; however, this budget does not need to be pre-allocated to the Result at proposal stage.

Partners must demonstrate their capacity to prepare, preposition stocks and deploy adequate staff to respond to a disaster within an acceptable timeframe. Sector/cluster response plans are of paramount importance for coherent and coordinated interventions

Partners are expected to minimise the timeframe between the alert, the assessment and the response. Justification to respond or not to following an early warning should systematically be explained. The following indicators to measure rapidity of response are encouraged.

- ✓ "*Number of people covered by early action/contingency plans*" (KRI);
- ✓ "*Number of days between the crisis and/or alert and the beginning of the response*" (Target: to be adapted according to the country context and the modality used);
- ✓ "*% of the targeted population provided appropriate assistance within x days/weeks after the beginning of the response*" (Target: to be adapted according to the country context and the modality used).

When activating the Crisis Modifier (CM), partners shall inform DG ECHO Country Office. If the funds of the CM are not used, the partner shall propose to DG ECHO how to reallocate the resources, in the interim report or not later than one month before the end of the action.

On the Disaster Preparedness Budget Line

In addition to E/RRMs and flexibility measures noted above, DG ECHO supports targeted Disaster Preparedness actions under the Disaster Preparedness Budget Line (DPBL). For the 2021 HIP, this will apply to South Sudan and Uganda.

Additional information can be found in the specific Country paragraphs.

All Disaster Preparedness actions should incorporate an overall protection approach in the foreseen response to disasters.

Humanitarian-Development-Peace Nexus

Wherever feasible, and without compromising humanitarian principles and immediate humanitarian service delivery, partners should apply a “Nexus lens” throughout the project cycle, and to all intervention sectors, with a view to strengthening resilience, promoting access to quality and sustainable services, and developing shock-responsive safety nets to crisis-affected populations.

In this context, DG ECHO's partners are expected to explore possibilities to engage with national systems at different levels, especially related to basic social services (health/nutrition, WASH, education), social protection and direct (cash) transfers to households, as a way of strengthening existing systems in crisis-settings and beyond. Partners are expected to share good practice examples of humanitarian interventions for advocacy/ dialogue at national level, to trigger further long-term investments by development actors, aiming at global Sustainable Development Goals commitments.

In the context of protracted forced displacement, actions aimed at promoting durable solutions (return, relocation and local integration) must ensure complementarity and integration with existing durable solutions programmes supported by development partners; such actions shall be funded by DG ECHO only when returns are proven to be voluntary, safe and secure, dignified, informed and sustainable, in full respect of humanitarian principles and international guiding principles.

For actions having Nexus as a central objective, partners are encouraged to provide an analysis of Nexus opportunities such as partnerships/synergies with other programmes and actors, as well as enhanced dialogue/advocacy opportunities and coordination mechanisms. In particular partners should: i) identify measurable reporting mechanisms to assess operationalization of the Nexus; ii) develop a strategy of intervention with budgets over three years, under which ECHO funding would typically initiate the first 12-24 months; iii) describe the human resources dedicated to the Nexus (coordination, advocacy, knowledge management, technical assistance; iv) involve the relevant European Delegation(s) in the selection of proposals and monitoring/evaluation of the Nexus aspects.

Climate change adaptation and environmental considerations

Adapting responses to future climate change as well as reducing environmental degradation are highly relevant in partners’ interventions. Such actions also contribute to the European Commission’s overall implementation of the European Green Deal¹⁰.

¹⁰ https://ec.europa.eu/info/strategy/priorities-2019-2024/european-green-deal_en
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All partners must take all necessary measures to reduce the environmental footprint of humanitarian aid, and ensure that their work does not contribute to the further deterioration of the environment, or the health and well-being of the people living in the target area. Partners should take measures such as choosing materials with a lower carbon footprint, using clean energy solutions, avoiding deforestation, implementing robust waste management systems, greening the organisation's logistics or supply chain, or working more closely with local actors to decrease intercontinental transport.

Visibility and Communication

Partners will be expected to ensure full compliance with visibility requirements and to acknowledge the funding role of DG ECHO, as set out in the applicable contractual arrangements. The DG ECHO Visibility Guidelines are available at: <https://www.dgecho-partners-helpdesk.eu/visibility>. The guidelines also explain the three main Visibility & Communication options available to partners when submitting project proposals, and the possible budgets.

3.2.2.1. Sector-Specific Priorities

Protection

1. Considering the existing conflict dynamics in the Upper Nile Basin region, coupled with recurrent natural shocks/disasters and exacerbated by the COVID-19 pandemic, all proposed interventions should be informed by a thorough gender-informed risk analysis aimed at 1) developing a conflict-sensitive response (i.e. when the main outcome of the intervention is not protection); 2) directly tackling threats, vulnerabilities and capacities of affected populations, hence reducing their exposure to protection risks (i.e. interventions with a protection outcome).
2. Moreover, taking into account the strong correlation between natural disasters, epidemics and conflict, integrated actions¹¹ are strongly encouraged.
3. The regional dimension of specific crisis (e.g. South Sudan refugee crisis) should be taken into account when designing protection responses, for example through monitoring cross-border movements – in a coordinated manner – and regularly assessing the intentions of displaced populations.
4. Mainstreaming basic protection principles is of paramount importance for each sector of intervention. This implies taking into account safety and dignity, avoiding causing harm and ensuring meaningful access, accountability, participation and empowerment of affected communities throughout the action. DG ECHO strongly encourages partners to include a specific indicator at objective-level aimed at measuring the four protection mainstreaming principles: % of beneficiaries (disaggregated by sex, age and disability) reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.

¹¹ Protection integration refers to sector work that aims to prevent and respond to violence or threat of violence; coercion and exploitation; deliberate deprivation, neglect or discrimination, and supporting people to enjoy their rights in safety and with dignity, through sector specific work (e.g. Food Security and Livelihoods).

5. Coordination and advocacy with other actors to ensure that the multi-faceted needs of the affected communities are met remain of paramount importance. The protection response must be tailored to the contextualised identification of the main protection risks faced by different gender and age groups within the community, rather than on a pre-defined set of vulnerabilities.
6. Actions aimed at preventing protection violations should be designed envisaging the strong involvement of the affected communities from the design phase and should aim at reaching concrete outcomes within the implementation timeframe.
7. Detailed priorities for the protection sector are included in the country-specific paragraphs below.

Humanitarian food assistance (HFA)

1. In the Upper Nile Basin region, DG ECHO will support food assistance interventions aimed at saving lives and protecting productive assets as a response to severe, transitory food insecurity situations due to natural and/or man-made disasters.
2. Food assistance will prioritise people affected by shocks (conflict and/or climate-related) and households in IPC 3+ areas and with severe food insecurity indicators (e.g. poor Food Consumption Scores (FCS), high Coping Strategy Index (CSI) etc.). Targeting and verification mechanisms should be in place based on these indicators.
3. Food assistance needs for newly displaced populations should be prioritised in the context of displacement. Immediate assistance should be provided at arrival, ensuring the provision of sufficient and quality food assistance.
4. Actions for protracted displaced people should be based on vulnerability criteria (profiling) and livelihood capacities to cover food needs.
5. Actions should be based on a thorough assessment of needs and gaps, and a risk analysis should inform the design of the response. Protection considerations should be included in the response and, when relevant, integrated approaches should be identified in order to respond to the linkages between protection and food insecurity.
6. The specific needs of groups most vulnerable to undernutrition should be addressed; in particular, the provision of complementary foods for children aged 6 to 24 months should be considered and provided through the most appropriate modality, according to the context.
7. Food assistance should be unconditional.
8. When using the MEB to respond to food needs, partners must justify the proportion of the MEB to be provided, based on sound methodology and in coordination with other actors, particularly the Cash Working Group and the Food Security Cluster.
9. Implementing partners providing food products should put in place adequate measures to ensure food quality and to prevent leakages by strengthening basic logistics controls at all levels of the supply chain, conducting market surveillance and creating awareness within the targeted community.
10. Emergency livelihood interventions can be considered where acute food needs are already covered, and when the action clearly contributes to improving the food security situation or the nutrition status of the most vulnerable and at-risk populations.

Livelihood interventions should be supported by a well-informed livelihood assessment and risk analysis.

11. Partners must participate in and reinforce existing food security information systems, particularly in areas with higher levels of food insecurity.
12. Food utilisation is a pillar of food security that should be an inherent part of any food assistance project. Components such as hygiene promotion, use of safe water, appropriate feeding practices, efficient and renewable energy sources and technology for adequate processing, cooking and conservation of food should be considered alongside food access and availability, but not as stand-alone projects.

Nutrition

1. The support of DG ECHO in nutrition prioritises the most life-threatening type of undernutrition (i.e. Severe Acute Malnutrition), but it could be extended in some cases to the continuum of care (SAM+MAM) for children and PLW¹². Standalone MAM¹³ services will not be considered for funding.
2. Nutrition needs should be informed through data collected through surveys or surveillance systems, and in view of the possible restrictions for primary data collection the use of MUAC¹⁴ to estimate prevalence of undernutrition is acceptable in the absence of other methodologies.
3. Nutrition interventions should consider risk and resources capacity diagnosis, with a strong focus on strengthening/adaptations allowing adequate provision of services, and should aim at optimising complementarity with existing capacities.
4. Nutrition interventions must be compliant with treatment protocols and adaptations to COVID-19 in effect in each country. However, the implementation of innovative approaches (i.e. simplified protocol, Community-based Management of Acute Malnutrition surge) is strongly encouraged when demonstrated as safe for beneficiaries and acceptable by national institutions, if these approaches are expected to provide advantages such as enabling access to treatment in remote or insecure areas, increasing cost-efficiency, or efficiently preventing undernutrition.
5. Treatment of acute malnutrition and its complications should be provided free of charge for the beneficiaries. This should include systematic and non-systematic medical treatment and lab tests, and transport and board for caretakers of cases referred to in-patient treatment.
6. Partners are encouraged to develop comprehensive community mobilization strategies, including building the capacity of caretakers and other community members to diagnose and refer cases of undernutrition to appropriate treatment structures.
7. All nutrition projects should include Infant and Young Child feeding (IYCF) promotion; the modalities and content of messages should be tailored to the challenges and opportunities of the context of operation.
8. Integrated responses (WASH/Health/FSL/Education) that maximize impact on the target communities, and actions that integrate Protection activities (e.g. identification and referral of SGBV survivors or children at risk) are also strongly encouraged.

¹² Pregnant and Lactating Women

¹³ Moderate Acute Malnutrition

¹⁴ Mid-Upper Arm Circumference

Health

In the region, priority will be given to interventions addressing critical levels of key morbidities and avoidable mortality and disability targeting vulnerable populations in particular in case of new and/or unmet needs arising from compounding factors, such as critical levels of undernutrition, conflict-related displacement/refugee influx, natural disasters, epidemic outbreaks, etc. Acknowledging the magnitude of needs, further elements such as the presence of development-funded health interventions, absence or insufficient local response capacities and significant caseload will be considered for project selection.

1. Partners should ensure free and equitable access to quality primary and secondary health care. The health services offered by partners should include a package of basic health services, undernutrition treatment, war surgery (when/where relevant), basic and comprehensive emergency obstetrics and neonatal care.
2. High-impact public health mass interventions (i.e. measles vaccination + Vit A+ deworming + LLINS15 + nutrition screening and referral for treatment) are encouraged for areas of high vulnerability and precarious access, as well as for identified transit points for IDPs/refugees.
3. Health interventions should include lifesaving referral support to beneficiaries, including transport and the cost of referral treatment, support to caretakers and lab tests fee coverage. Partners will be requested to follow-up/analyze and report on referrals.
4. Support to evidence-based community health activities is mandatory in all health interventions including health promotion activities, active defaulter tracing, as well as surveillance and nutrition screening activities.
5. Capacity building and training will have to focus on the main health priorities and address critical capacity gaps. It should include a strong technical presence with preference for on-the-job training and supportive supervision leading towards a demonstrable impact on increasing the quality of healthcare services.
6. All health projects should include activities that actively contribute to early warning, preparedness, surveillance, prevention and response (EWARS) to potential outbreaks. Emergency preparedness and response should include critical activities such as disease surveillance, preventive strategies as well as diagnostic and emergency response capacity. Weekly reporting of Integrated Disease Surveillance Response (IDSR) and Routine monthly report (DHIS) is encouraged for all DG ECHO-funded health actors and can be used as a source of verification. This is of particular relevance in the response to the COVID-19 pandemic.
7. Timely (<72 hours) and comprehensive medical support to victims of SGBV has to be provided in all primary health care (PHC) projects supported by DG ECHO. The provision of psychosocial support may also be considered where techniques validated for the specific context are employed.
8. Information on access barriers should be included in the proposal providing the background on the delivery of services with specific attention to SGBV, referral pathways, etc.

¹⁵ Long-lasting insecticidal nets

9. Supported facilities need to guarantee a minimal level of quality and basic implementation of universal precautions/IPC to prevent transmission of communicable diseases. Partners should have a proven record of successful implementation of similar activities.
10. All PHC projects supported by DG ECHO should demonstrate collaboration /contribution to the main national health programmes (EPI, TB, malaria, kala azar, HIV control and safe motherhood).
11. Financial incentives for Ministry of Health-seconded staff are discouraged in DG ECHO-funded projects, unless fully justified and coordinated at a sectoral level.
12. Temporary/provisional outreach PHC services may be supported, but mobile clinics should be implemented only where they support specific outbreak control activities, in extremely difficult-to-reach areas, as a temporary response to displacement, or in the delivery of mass public health intervention comprehensive packages including nutrition (i.e. child survival campaigns).
13. Services and human resources deployment should take into consideration the MoH strategic plans (and funding from development donors/partners) for the six pillars¹⁶, strengthening of the health system and in terms of access, coverage and sustainability, avoiding as much as possible substitution of MoH structural engagement.
14. Drug procurement, storage and distribution should be properly anticipated so as to ensure adherence to DG ECHO quality assurance standards as outlined in DG ECHO annex III of the FPA.
15. Partners will be requested to incorporate an indicator on stock outs (i.e. tracer drugs, PEP kits, Rapid diagnostic tests/ DRT for malaria, etc.) ensuring the availability of essential drugs throughout the timeframe of the Action.
16. Partners are expected to address, to the extent possible, the needs for the prevention and early diagnostic/treatment of cervical cancer (major cause of premature avoidable mortality among women).

Water Sanitation and Hygiene (WASH)

1. Guiding standards are WHO-based, including, but not limited to, WHO Guideline for Drinking Water Quality. All WASH-related actions should be included within a WASH-related Result. All WASH sub-sectors must be addressed, unless the related needs are already covered (either by local capacities or other humanitarian actors) or in case the lack of existing services does not represent a public health emergency or threat. In all cases, the coverage of different sub-sectors should be monitored by the partner.
2. Two different types of context, requiring different modalities, are envisaged within the sector:
 - a. Emergency response addressing newly affected and newly accessible populations (conflicts, natural disaster). The main priority is the timeliness of the response. The response should entail the provision of pre-designed kits

¹⁶ WHO Six Pillars for health system strengthening : Health financing, Human resources (workforce), Drugs and medical supplies/technology, Health Service delivery, Information/management system and research, Governance/leadership and coordination

and/or temporary services (water trucking, emergency water supply systems) designed to support households and local services. Structural interventions are not foreseen in this context, apart from rapid interventions (emergency repairs) that allow the re-establishment of local services (hand pump repairs, water point disinfection). Consumables should cover at least three months of the affected population's needs. Kit designs must be adapted to the size of the households and properly documented (technical specifications and unit costs). Host populations' needs are not prioritized but can be partially addressed using the same modalities, in order to gain acceptance. The capacity, timeliness and modality of the response (rapid response mechanism, contingency plans) must be documented. The efficiency and appropriateness of the provided kits must be documented with on-site surveys and observations (post-distribution surveys).

- b. Post-emergency response aims at strengthening support to affected populations (conflicts, natural disaster) unable to recover from the initial shock (camps, settlements and populations hosted in communities). The intervention strategy must encompass the whole process, beyond the specific DG ECHO support. It may include structural interventions (rehabilitation or, on a case-by-case basis, installation, of WASH infrastructure). Partners must demonstrate the technical capacity of their human resources to design and implement (and monitor) the most cost-effective and environmentally friendly response. The proposed intervention must include contingency planning based on the dynamic of the crisis and an iterative multi-annual strategy aimed at durability, affordability and integration of the service within the local capacities (Nexus approach). The public service needs of the host community should be included within the response in order to further facilitate service integration and acceptance of the affected populations within the hosting areas. The design of the WASH services should be adapted in accordance with the ability of the target population to maintain and renew such services in order to ensure self-reliance and sustainability. The preservation and exploitation of natural resources must be thoroughly documented.
3. The articulation between these two modalities must be documented within the WASH response strategy.
4. WASH support to other sectors (Health, Nutrition, Education in Emergency) must be aligned with these two modalities. Mainstreaming of Protection-related concerns should be envisaged under a Do No Harm perspective and as information and alert mechanisms.
5. Cholera-related WASH response must complement the health response for affected populations focussing on Risk Communication & Community Engagement (RCCE) and interventions aiming at preventing further contamination through disinfection of potential sources of contamination and strengthening access to safe water and hygiene to affected households and public places.
6. COVID-19 related WASH response must be aligned with the national response strategy. Related interventions should follow the same logic as for a cholera response (RCCE & access to safe water and hygiene)
7. Drought-related interventions should be based on an effective documentation of water table depletion due to lack of water recharge and should be articulated with local

- authorities and development partners; this must include local dynamics of different water uses and availability (quantity and quality).
8. All WASH sector support, including services accessed through a cash modality, must be monitored using WASH-related KRIs.
 9. All DG ECHO-supported WASH interventions must mainstream COVID-19 measures such as population awareness and Infection, Prevention and Control measures wherever necessary.
 10. **Water supply:** For new water points, geophysical surveys, pump testing, water quality analysis and systematic monitoring of groundwater and its replenishment must be documented, shared and centralised with relevant local/national authorities. Solar-powered pumping systems must ensure an appropriate balance between resources (irradiation), capacity (water extraction), needs (actual and foreseen) and supply chain (national-level) providers). Partners are fully responsible for ensuring water quality monitoring from source to household level.
 11. **Hygiene:** Hygiene awareness, access and practise should be systematically addressed in the needs assessment and response analysis. Once accessible, hygiene consumables should be sustained for the whole duration of the action; availability and use should be monitored throughout the project's duration.
 12. **Sanitation:** Latrines are to be provided only if their absence represents a public health emergency hazard. The design and monitoring of their use, must ensure the premises' hygiene, that pits are hermetic, and resistance to hazards, as well as address protection, gender and disability needs.
 13. Community-led Total Sanitation is not considered as a suitable methodology as it depends on triggering factors, which are unlikely to be reached within the duration of the action.

Shelter and Settlement (S&S)

1. All Shelter and Settlement-related activities should be included in an S&S-related Result. All S&S subsectors must be addressed unless the related needs are already covered (either by local capacities or another humanitarian actors) or in case the lack of existing services does not represent a public health emergency or threat. In all cases, the coverage of the different sub-sectors should be monitored by the partner.
2. Two different types of context are envisaged within the sector. Strategy, priorities, modalities and requirements follow the same logic, with the following specificities:
 - a. **Emergency response:** The lifespan of the items included in the kits must be sufficient to avoid the need for repeated interventions, avoid waste and allow their recycling once the emergency phase is over. Designs should not rely on onsite natural resources as their use may impact local availability and related livelihoods. When affected populations are living with host communities, support should cover as much as possible the needs of the entire household in order to facilitate and promote local acceptance. Designs must allow the possibility for the affected population to relocate their shelter in case of further movements.
 - b. **Post-emergency response** must envisage self-reliance of the affected populations, using local and transitional designs that promote the re-use of

materials and tools. Negative impact on local resources must be carefully avoided and monitored. Support to host communities can be envisaged, for the most vulnerable. Initiatives to preserve and renew shared local resources and provide livelihood opportunities should be envisaged wherever possible.

3. The articulation between these two modalities must be documented within the S&S response strategy. S&S support to other sectors (Health, Nutrition, Education in Emergency) must be aligned with these two modalities. Mainstreaming of Protection-related concerns should be envisaged under a Do No Harm perspective and as information and alert mechanisms.
4. All S&S sector support, including services accessed through a cash modality, must be monitored using S&S-related KRIs.
5. **Shelter:** Pre-positioning of stocks can be considered if properly justified based on the frequency, magnitude and location of the targeted shocks.
6. **Settlements:** Ownership rights to the land and property in question must be established before shelter initiatives are implemented. Prior permission must be obtained to use the buildings or sites for the purpose of communal shelter¹⁷.

Education in Emergency (EiE)¹⁸

1. EiE will focus on providing access to safe, quality and accredited primary and secondary education to boys and girls, particularly adolescents. EiE interventions should target out-of-school and drop-out boys and girls, over-age children, through formal and non-formal education¹⁹ opportunities, such as AEPs (Accelerated Education Programmes). Non-formal education activities should, to the extent possible, be aligned with the formal system, providing children with opportunities to enter (or re-enter) the system. Criteria for beneficiaries' selection as well as the modality and timeframe of re-integration in the formal system should be detailed along with the description of the type of curricula used.
2. The proposed actions should tackle context-specific barriers to education. Furthermore, they should ensure that students are well equipped with life-saving and life-sustaining skills, which will be tailored based on the risks and concerns identified. Likewise, teachers (unqualified, underqualified and volunteers) and other education personnel should be supported with relevant and tailored professional development opportunities and interventions that will also contribute to increased motivation and decreased turnover.
3. Proposals should aim at increasing both enrolment and learning outcomes, and be aligned with the academic year to avoid any further disruptions (and cover at least one full academic year). Retention and transition of children in the next school year and cycle should be measured, especially in the (post) COVID-19 and related schools closure context.

¹⁷ http://www.globalprotectioncluster.org/_assets/files/aors/protection_mainstreaming/Protection_Mainstreaming_Training_Package_SECTORGUIDANCE_November_2014.pdf

¹⁸ Please refer to DG ECHO Education in Emergencies Thematic Policy document: https://ec.europa.eu/echo/files/news/eie_in_humanitarian_assistance.pdf

¹⁹ When it comes to NFE programmes, partners are strongly encouraged to use the definitions, tools and guidance developed by the AEWG (Accelerated Education Working Group): <https://inee.org/collections/accelerated-education>

4. Providing psychosocial support to students and teachers, especially those recently affected by conflict and/or displacement, as well as equipping education staff with referral skills, will also be considered of critical importance.
5. Child safe-guarding mechanisms must be established to ensure that children are not at risk when attending school, and that child protection-related issues are timely and effectively responded to by professional actors (either directly or through referrals). In this regard, integrated EiE and Child Protection actions are strongly encouraged: school-based protection activities must be built upon a sound risk analysis and should address the most life-threatening protection risks. Moreover, proposed actions should promote protection of the schools from attacks and support the implementation of the Guidelines for Protecting Schools and Universities from Military Use during Armed Conflict.²⁰
6. The proposed activities can include the provision of ad-hoc support for enrolment of most vulnerable groups (cash transfer modality envisaged).
7. EiE actions integrated into multi-sectoral rapid response mechanisms with established exit strategies will also be considered for funding.
8. Proposals should demonstrate sound coordination with other education initiatives and development actors and be in line with existing government-led education response plans.

3.2.2.2 Country-specific Priorities and Modalities

a) Sudan

Under its 2021 strategy for Sudan, ECHO will build on the previous year's strategy, focusing on the following priorities:

1. Addressing critical humanitarian needs through the delivery of emergency lifesaving basic services and protection assistance to populations displaced or otherwise affected by conflict, natural disasters or climate shocks, or epidemics outbreaks.
2. Providing an appropriate response to health, nutrition and food security crises to prevent and/or reduce excess mortality and morbidity, while also reinforcing the humanitarian-development nexus.
3. Supporting coordination, logistics, safety and security, context analysis and conflict sensitivity.

DG ECHO will prioritise populations affected by conflict and natural disasters as well as their host communities. However, in the current context of national economic crisis, support to resident populations in IPC 3+ areas will also be considered.

DG ECHO will prioritise new crises where critical humanitarian needs have been identified. Sustainable approaches need to be integrated in such actions at an early stage.

²⁰ <http://www.protectingeducation.org/safeschoolsdeclaration>

Contribution to durable solutions (returns, relocation, local integration) for protracted displacement situations will be analysed on a case-by-case basis and will be funded only if proven to be safe, informed, dignified, voluntary and sustainable.

Housing, Land and Properties (HLP)-related assistance should be provided by agencies with proven capacities.

Strong participation in the relevant clusters, and among partners and funding streams to ensure complementarities, is paramount. In particular, the linkage of a proposed action with recovery, resilience or development programs in the spirit of the humanitarian-development-peace nexus must be provided at proposal stage, whenever relevant.

Partners in Sudan may submit project proposals of up to 24 months. The following sectors have been identified for potential longer projects: rapid response mechanism set-up/strengthening, health (including wash in health), nutrition (including wash in nutrition) and education in emergencies.

In addition to the strategic highlights outlined in the HIP, the following sector-specific priorities should be considered:

Protection

In light of the changing situation in Sudan and the lack of systematic and regular collection, verification and analysis of information aimed at identifying violations of rights and protection risks, DG ECHO could support independent protection monitoring activities, including on cross border movements, as well as providing direct protection assistance to people in need with a particular focus on victims of violence, including sexual and gender-based violence. Information resulting from protection monitoring should be used to inform timely and principled response, including through advocacy, in line with ethical standards.

Safety considerations for both humanitarian staff and communities must be ensured at all times. The heightened protection risks deriving from the deepening economic crisis and the actual health crisis should also inform the design of protection actions, with a specific focus on inter-communal tensions and gender-based violence.

Specifically, for Refugees and Asylum Seekers, actions focusing on adequate reception, registration and documentation of new arrivals, including the timely identification of vulnerabilities, will be prioritized.

Food Assistance

Assistance should be prioritised to areas and households with higher vulnerability to food insecurity, due to the combined impact of displacement, loss of livelihoods, economic crisis, and lack of access to basic services.

Actions should ensure adequate frequency of food assistance and adequate coverage of the ration to ensure impact. Risk analysis should be an integral part of the response design. Food assistance actions should be shock-adaptive and nutrition-sensitive. Food assistance modalities should take into account efficiency considerations as well as feasibility.

Flexible mechanisms should be considered, and inflation should be factored in. Specific attention should be paid to ensuring adequate coordination with the Family Support Program as well as linkages with resilience-building initiatives, as the 2020 food security crisis will surely have weakened the overall resilience and coping mechanisms of many households.

Improved Food Security information collection and analysis should be part of the responses. Partners should take into account seasonality when relevant for the response design.

Whenever relevant and feasible, unconditional cash transfers will be the preferred modality for addressing basic food needs, and rations or cash amounts should be in line with recommendations from coordination structures. Responses modalities should be flexible and factor in inflation

Nutrition

Reinforcing capacity for the implementation of the Community-based Management of Acute Malnutrition (CMAM) to reduce morbidity and mortality associated with undernutrition in the most affected areas will be prioritized and has now been strongly put forward as the government's preferred strategy during the COVID-19 pandemic. All nutrition activities should be integrated in the overall health sector response to allow to have a one-stop service at health centre level addressing the full package of health services.

The multiple and structural causes of malnutrition call for prioritising an integrated multi-sectoral approach and scaling-up engagement with development actors.

Increased coverage of treatment, quality of medical care, and follow up in the Stabilisation Centres are a priority for nutrition programming in Sudan. Hence, in addition to the provision of technical reinforcement of capacity and logistic support for the management of undernutrition, partners are encouraged to develop and share adapted strategies for the following components of the nutrition in health programmes: provision of safe water, adequate sanitation and IPC measures, uninterrupted access to quality drugs, functional referral systems to and from in-patient centres, and active community outreach and mobilization.

WASH

WASH Interventions will mainly focus on Emergency Response (see the *WASH* section above).

Shelter & Settlements (S&S):

S&S Interventions will mainly focus on Emergency Response (see the *Shelter and Settlements* section above).

Education in Emergencies

DG ECHO's will prioritise actions that focus on primary education of children through providing safe access to quality formal and non-formal education services and by

responding to children’s protection needs in schools, including psychosocial needs, as well as supporting their resilience amidst a crisis.

Actions will target out-of-school boys and girls, including adolescents, as well as those at risk of dropping out.

Considering the current COVID-19 outbreak, partners are required to be capable to adapt to the situation and to submit two plans. Plan A: if the situation resumes to “normality” and school can re-open. Plan B: if schools remain closed and/or have to close again during the school year for any reason.

Support to school feeding programs as part of a comprehensive package for EiE will only be considered under certain circumstances when needs are clearly justified and the risk of drop out or protection concerns are too significant.

Priority will be given to actions that are innovative, multi-sectorial, conflict-sensitive, promote social cohesion and have strong community participation.

Early Response

E/RRM

DG ECHO encourages partners to come up with flexible response modalities that will allow for timely response to new emergencies. E/RRMs Actions should allow for a needs-based multi-sectoral response rather than programming the response based on fixed pre-defined sectors.

E/RRMs should be designed to contribute to the responsiveness and effectiveness of the wider humanitarian system. E/RRM partners should continue their collaboration with existing coordination mechanisms while seeking to improve the speed of the emergency response to populations affected by a new shock. Partners should demonstrate their capacity to undertake protection analysis as part of the multi-sectoral assessment (either individually and/or through pooling of resources).

In addition, DG ECHO encourages E/RRM partners to pool resources for a more coherent, efficient and harmonised approach – e.g. joint multi-sectoral assessments, shared technical expertise, joint contingency and response plans with harmonized triggers, rules of engagement/scenarios, and common logistics (storage, transport/charters, etc).

Crisis Modifier

DG ECHO encourages its partners in Sudan to include a Crisis Modifier (CM) into their humanitarian response actions where relevant (see section on *Strengthening early response capacity* above).

b) South Sudan

In South Sudan, the EU humanitarian priorities will be:

1. Contributing to the reduction of excess mortality and morbidity in the country, addressing in particular acute malnutrition, severe food insecurity, mother and child health, and epidemics.

2. Providing humanitarian protection assistance to communities affected by violence in the country.
3. Addressing critical humanitarian needs through emergency lifesaving activities in particular in the case of new shocks (conflict-related displacement, epidemic outbreaks, and/or natural disasters / climate shocks).
4. Supporting the humanitarian community's activities in coordination, logistics, safety and security, context analysis, data collection, monitoring and conflict sensitivity.

Given the unpredictable evolution of the security situation in South Sudan, DG ECHO will support actions - in all sectors - to respond to new crises wherever critical humanitarian needs have been identified.

Responses should be based on established high levels of humanitarian need(s) and priority gaps, identified through localised assessment, multi-sector severity mapping (HRP), independent assessments and IPC analysis. Solid operational and security management capacity is required by all partners (static or mobile such as E/RRMs).

Evidence of strong participation with the relevant clusters, and among partners and funding streams to ensure complementarities is paramount. In particular, the linkage of the proposed action with recovery, resilience or development programs in the spirit of the humanitarian-development-peace nexus must be explained at proposal stage whenever relevant. In addition, partners must demonstrate, within their proposal, the application of the humanitarian principles and conflict-sensitive analysis.

Collective/pooled efforts and or consortia, which address specific contextual and response challenges and support improved synergies, efficiency, effectiveness and quality could be considered.

All actions, regardless of geographic location or target population, must be needs-based rather than status-based. The 2021 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) severity mapping should be supplemented by context-specific assessments for static actions, while E/RRMs and crisis modifiers need to provide assessments of likely threats and responses. This approach also applies to potential support for spontaneous movements (IDPs or refugees) to areas of origin, choice or habitual residence.

Partners in South Sudan may submit project proposals of up to 24 months, especially in the following sectors: Health (Surveillance), Coordination and/or Security.

In addition to the strategic highlights outlined in the HIP, the following sector-specific priorities should be considered:

Protection

DG ECHO will prioritise actions aimed at directly providing static and/or mobile protection assistance; for the latter, protection assistance should be provided as part of a multi-sectoral response (whether implemented by an individual or multiple agencies).

Actions focusing on population data systems (e.g. tracking new displacements or cross-border movements) must prove to be in line with Protection Information Management (PIM) Principles²¹, including promote the broadest collaboration and coordination of data

²¹ For more info:
ECHO/-AF/BUD/2021/91000

and information internally between humanitarian actors and externally, with and among other stakeholder

Whenever possible, protection monitoring should be coupled with a response component (either direct response or through external referral, based on sound and up-to-date referral mechanisms). Material assistance, including cash, will only be considered for funding when part of a broader protection response (e.g. case management) and only when the causal link between assistance and intended protection outcomes are clearly conceptualised at proposal stage. Standalone protection monitoring aimed at identifying violations of rights and protection risks for populations of concern could also be considered for funding, where relevant.

Activities aimed at raising awareness among communities must be based on a thorough local/area-based context analysis of evolving protection risks and must be harmonised (e.g. at cluster level). Priority will be given to critical information, such as access to services, but can also include Housing, Land and Property related information, when proven relevant.

Food Assistance and Livelihoods

Unconditional food assistance will prioritise households with most severe acute food security needs, e.g. IPC 4+ areas, and should also be considered under E/RRMs. The response design should ensure impact on food security outcomes, and therefore ration coverage and regularity need to be adequately designed. Coordination should be ensured in terms of food assistance support at national and local level (targeting, quantity, etc.). Whenever feasible, cash-based responses or mixed responses could be considered, with a solid feasibility, market and risk assessment.

Area-based prioritisation will apply and Blanket Food Distribution could be considered specifically in the IPC 4+ areas, when access is not possible due to conflict, and/or when household-level targeting cannot be implemented. Risk and protection analyses should be included as part of the design response, to inform places of distribution, modalities, regularity, delivery mechanisms, etc.

Targeting mechanisms for food assistance should be reinforced and contextualised, ensuring a verification mechanism. Monitoring of the processes and impact of the responses should be strengthened with presence in the field, more regularity and better use of the findings.

Short-term livelihoods actions could also be supported, providing links to other longer-term responses.

Nutrition

Nutrition programming will be prioritised where emergency needs are demonstrated and in contexts with significant risk of deterioration (i.e. arrival of newly displaced populations, high levels of food insecurity) and/ or where support to existing capacities is absent or insufficient.

As a no-regrets approach, and acknowledging that the Community-based Management of Acute Malnutrition (CMAM) standard protocol does not ensure satisfactory program coverage in contexts with a limited network of health structures and frequent population movements, the use of a simplified/combined protocol or other approach proven to increase efficiency and coverage is strongly encouraged.

Integration of health and nutrition services is paramount to the success of nutrition programming; in the absence of health services within a reasonable range, nutrition programs will only be supported if inclusive of a minimum health package for the target community.

WASH

WASH interventions will mainly be conducted as emergency response, following the activation of an E/RRM trigger or a crisis modifier, and should focus on emergency supply of water. Under an emergency response, hardware interventions should focus on repairing rather than rehabilitating or setting up new infrastructure. Hygiene-related messages should be shared during kit distributions and in case of epidemic outbreaks.

Actions complementing emergency response can be envisaged, provided they are included in an integrated approach guided by protection considerations.

In case of epidemic outbreaks or other public health risks, complementary sanitation interventions should be implemented.

Education in Emergencies

The EiE programme will be implemented through both static and mobile interventions and will focus on reaching newly displaced and out-of-school boys and girls with relevant primary formal or non-formal education, including accelerated and catch-up programmes.

Static EiE interventions should prioritise access, enrolment and retention which contribute to quality education and improved learning outcomes. Proposed EiE activities should include an analysis and response to the barriers faced by vulnerable children in accessing and succeeding in their education. Partners need to ensure appropriate methods and tools are used to assess, evaluate and validate learning outcomes.

Mobile EiE interventions should be implemented in areas affected by new shocks with high influx of displaced children and in areas where education has been interrupted. These interventions should aim at restoring access to education within 3 months after disruption of education services. The proposed actions should be flexible, based on the likely different types of scenario, and possibilities for handover/exit.

To enable EiE interventions to respond rapidly to changes in the context, a crisis modifier can be embedded in the Action.

Integrated EiE and child protection actions are strongly encouraged: school-based protection activities must be built upon a sound risk analysis and should address the most life-threatening protection risks.

Emergency Preparedness / Rapid Response Mechanism

In the fluid context of South Sudan, strengthening Emergency Preparedness is a clear priority through an Emergency/Rapid Response Mechanism (E/RRM) for joint/coordinated, timely and effective multi-sectorial lifesaving response.

Additionally, DG ECHO will fund standalone Disaster Preparedness Actions in 2021, which will focus on strengthening community-based Early Warning Systems, ultimately allowing a more timely response. Finally, strengthening early response capacity through the inclusion of flexibility tools such as crisis modifiers within static projects will also be prioritised.

E/RRMs

DG ECHO will prioritise E/RRMs with organisational set-ups allowing a needs-based multi-sectorial response rather than programming the response based on fixed pre-defined sectors.

Contributions from other sources (co-funding, country pipelines, own stocks) should be quantified. An indicator estimating the value of goods mobilized from core pipelines, as well as activities related to mobilisation of the core pipeline, is recommended.

Partners should demonstrate their capacity to undertake protection analysis as part of the multi-sectorial assessment (either individually and/or through pooling of resources). An indicator quantifying the % of E/RRM deployments that are informed by a protection analysis is recommended.

E/RRMs should be designed to contribute to the responsiveness and effectiveness of the wider humanitarian system. E/RRM partners should continue their collaboration with existing coordination mechanisms while seeking to improve the speed of the emergency response to populations affected by a new shock. Complementarity in terms of geographic coverage and sectors of intervention with other existing rapid response mechanisms (WFP-UNICEF-FAO IRRM, ACF-RRF, IOM-RRF) is of paramount importance.

In addition, DG ECHO encourages E/RRM partners to pool resources for a more coherent, efficient and harmonised approach – e.g. joint multi-sectorial assessments, shared technical expertise, joint contingency and response plans with harmonized triggers, rules of engagement/scenarios, and common logistics (storage, transport/charters, etc).

Crisis Modifier

DG ECHO encourages its partners in South Sudan to include a Crisis Modifier (CM) into their humanitarian response actions where relevant (see section on *Strengthening early response capacity* above).

Disaster Preparedness Actions

DG ECHO's strategy under the Disaster Preparedness Budget Line will focus on establishing a functional community-based multi-hazard Early Warning System (EWS) in hotspot areas that are highly exposed to natural and man-made disasters. Focus will also be put on surveillance and early warning against conflict, including by preventing and responding to an increase of protection risks (i.e. SGBV, family separation). The multi-

hazard EWS will also include triggers to protect and prepare communities against extreme climate- and weather-related events.

Additionally, the Disaster Preparedness capacities of first responders and local communities to prepare for and respond to disasters will be strengthened through localised risk analysis and strategies against recurrent natural hazards and conflict/violence-related risks.

c) Uganda

Considering DG ECHO's budget, mandate and comparative advantage in Uganda, its priorities in 2021 will be three-fold:

1. Providing life-saving assistance to the most vulnerable refugees and their host communities. Universal access to quality basic services delivery and the provision of household-level assistance to refugees and host communities will be supported on a multi-sectoral basis, addressing in particular protection, health (including epidemics preparedness), localised peaks of undernutrition, EiE (reinforcing the education system and addressing multiple access barriers), WASH (addressing new acute gaps while ensuring sustainability of past investments), and multi-purpose cash, including food assistance.
2. Strengthening local Disaster Preparedness to address the multiplicity of crises including epidemics, new refugee influxes and natural hazards by ensuring effective linkages between early warning and early action. DG ECHO will build on the results achieved in the past two years, continuing to support District Contingency Planning in highly vulnerable/exposed Districts, reinforcing local first responders' capacities, pooling Districts' tools and pre-positioned resources and supporting forecast-based financing interventions to improve rapidity and efficiency of emergency responses.
3. Continuing to the operationalisation of the humanitarian, development and peace nexus, as reflected in the EU Nexus Action Plan, and aligned to the Comprehensive Refugee Response Framework.

DG ECHO will support projects in the following geographical areas:

- Areas receiving new influxes of refugees and asylum seekers. In the past two years, the focus was mainly on the South West (DRC refugees). For the 2021 funding, this focus has been reviewed to take into account the current vulnerability of South Sudanese refugees in West Nile and the increasing risk of influx from South Sudan.
- Settlements where DG ECHO's previous investment in setting up services requires additional short-term support for effective transition to development programmes or the Authorities.
- Areas exposed to recurrent, multiple and high-risk hazards and epidemics. For epidemics, attention will be paid to districts at high risk of Ebola Virus Disease and COVID-19 contamination as per the prioritisation made by the National Task Force.

DG ECHO strategy in Uganda promotes a holistic people-centered approach, contributing to the roll-out of the Basic Needs Approach (BNA)²² in the country. This aims at the

²² UNHCR Basic Needs Approach in the Refugee Response:

<https://www.unhcr.org/protection/operations/590aefc77/basic-needs-approach-refugee-response.html>

provision of a comprehensive package of multi-sectoral assistance and services to each beneficiary. The provision of multi-sectoral services is encouraged through coordination among different actions (i.e. coherent targeting between actions), rather than within a single action. Sector-specific actions should contribute to improving the overall response in that sector and demonstrate linkages to other sector-specific responses. Clear robust referral pathways between the different supported actions is critical. Such referral pathways should be established at the initial stages of implementation.

Partners in Uganda may submit project proposals of up to 24 months, especially in the following sectors of WASH and information management.

Coordination

Partners must ensure compliance in reporting ECHO funding against the Refugee Response Plan (RRP). Partners are requested to enroll in and actively promote the usage of the inter-agency Feedback Referral and Resolution Mechanisms (FRRM) managed by UNHCR. Strategic coordination platforms / initiatives can be supported but only when robust policy influence capacities can be demonstrated and well-documented.

Protection

DG ECHO will prioritise actions that contribute to maintaining a safe and protective asylum space: ensuring reception conditions, addressing epidemics risks, notably COVID-19 and EVD, resuming registration and documentation capacities, ensuring legal protection to refugees and asylum seekers as well as assistance to victims of violence, including mental health and psychosocial support.

Protection assistance to victims of violence should focus on the timely identification of cases and related provision of quality assistance. The Individual Profile Exercise will be supported to improve not only early identification of needs but also more tailored targeting. Provision of information related to availability and access to services (rights) will only be considered if based on sound and contextual dissemination strategies to maximize impact.

Interventions aimed at preventing/mitigating protection risks will only be supported if 1) tangible outcomes can be achieved and measured within the timeframe of the action, and 2) multi-faceted vulnerabilities faced by refugees and asylum seekers are integrated in the analysis and response. This could include protection-related negative coping mechanisms deriving from food insecurity.

Behavioural change strategies will only be supported if linked to a multi-year development programme.

Food assistance and other basic needs through multipurpose cash

DG ECHO will continue supporting the coverage of the food needs of the refugees while recommending the establishment of a targeting mechanism based on the Vulnerability Essential Needs Assessment and the individual profile exercise (see above). In addition, responses should evolve towards the provision of the full Minimum Expenditure Basket (MEB) at least for the most vulnerable refugee households, through unconditional and unrestricted cash grants, to cover food and non-food basic needs in line with Cash Working Group recommendations.

Targeting should be based on a multi-dimensional analysis of economic vulnerability, access to services and protection-related factors in alignment with the decisions of the Assessment Technical Working Group (ATWG)²³.

Building a common cash delivery platform considering beneficiaries' preferences is a priority to improve cost efficiency and accountability in cash delivery. Scale-up of contactless assistance modalities will be preferred, such as mobile money and agency banking, building on the lessons learned of the COVID-19 sensitive programming.

Health

DG ECHO will continue to support the Primary Healthcare system and reinforce the epidemic response, complementing Disaster Preparedness interventions (epidemic surveillance/preparedness). Lessons learned from the COVID-19 response are expected to feed the proposed response, especially as regards increased mobilization of and reliance on community workers.

Support to service delivery should be compliant with the basic health services package as described in the Health sector integrated refugee response plan of the Ministry of Health²⁴ (including nutrition, Mental health and Psychosocial Support), and include a strong focus on epidemics preparedness.

WASH

DG ECHO will only support areas with critical gaps in coverage including new refugee sites. Related needs must be clearly identified and documented.

Support to newly affected areas must be coherent with the multi-hazard approach (please refer to related section below).

If local suppliers have the capacity to provide the required level of service, multipurpose cash transfer should be the privileged modality. The use of MPCT to cover WASH related needs must be monitored with WASH-specific indicators.

Wherever long terms interventions are ongoing in the areas of interventions, opportunities for synergies must be systematically sought and documented. Partners are encouraged to adopt innovative approaches for hygiene promotion based on context-adapted barriers analysis.

Shelter & Settlements (S&S)

S&S Interventions will only focus on Emergency Response in case of unforeseen newly affected population (see the *Shelter and Settlements* section above).

Support to newly affected areas must be coherent with the multi hazard approach (please refer to related section below).

²³ <https://ugandarefugees.org/en/working-group/201?sv=0&geo=220>

²⁴ <https://health.go.ug/sites/default/files/Final%20HSIRRP%2031%20Jan%202019%20MASTER.pdf>
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Education in Emergencies

Interventions will focus on providing safe and inclusive access to quality formal and non-formal primary and secondary education, for refugees and host communities' out-of-school children, notably those overaged and/or at risk of dropping out. The intervention will be tailored to the different needs of children and adolescents, based on their age, gender, and abilities. The interventions should address the main barriers to education and ensure quality aspects to improve retention and learning outcomes. The support will be aligned to the Education Response Plan for Refugees and Host Communities led by the Ministry of Education and Sports²⁵.

DG ECHO could support:

1. The expansion of the Accelerated Education Programs (AEP) 26 equivalent to primary education but also to the newly developed secondary education AEP.
2. The construction of additional primary and secondary schools/classrooms.
3. The roll-out of the double-shift model.
4. The recruitment and training of teachers, including the payment of teachers' salaries.
5. Programmes to enable girls' enrollment and retention by addressing Menstrual Health Management-related issues and other gender-related barriers.
6. Programmes addressing financial barriers to education through the provision of cash-for-education grants.
7. Programmes addressing language and other adaptation barriers through transitional learning (bridging programmes).
8. The transition from the non-formal education system to the formal, and from primary to secondary education.
9. Distance learning modalities in case of continued COVID-19 lockdown, while preparing schools to reopen, including the adoption of COVID-19 mitigation measures. Beyond ensuring education outcomes during the lockdown period, distance learning must be understood as a way to mitigate child protection risks like child labor, early marriage or early pregnancy.

Integration of child protection into DG ECHO-funded EiE programmes is strongly encouraged; to that end, ensuring teachers' follow-up capacities at household/community level is essential, to ensure education outcomes and to allow the identification and referral of child protection cases. Robust synergies with and/or integration of child protection – based on the specific protection risks – are strongly recommended. The provision of psychosocial support to students and teachers, especially those newly arrived and affected by conflict is of critical importance.

²⁵ https://planipolis.iiep.unesco.org/sites/planipolis/files/ressources/uganda_education-response-plan-for-refugees-and-host-communities-in-uganda.pdf

²⁶ When it comes to NFE programmes, partners are strongly encouraged to use the definitions, tools and guidance developed by the AEWG (Accelerated Education Working Group): <https://inee.org/collections/accelerated-education>

Crisis Modifier

DG ECHO-funded partners in Uganda could consider including a Crisis Modifier (CM) into their humanitarian response actions where relevant (see section on *Strengthening early response capacity* above).

Targeted Disaster Preparedness (DP)

DG ECHO aims to continue enhancing national, district and local DP capacities, including decentralised Governmental institutions and Civil Society local first responders, in coordination with the Office of the Prime Minister (OPM) and the National Emergency Coordination and Operations Centre (NECOC). In terms of geographical scope, districts exposed to multiple hazards, as well as reception or settlement of refugees, will be privileged.

Disaster preparedness interventions funded under the Disaster Preparedness Budget Line should build on lessons learned/experiences from previous interventions, adopting a two-fold strategy based on two pillars: 1. Adoption of a comprehensive multi-risk / multi-hazard approach, considering man-made and natural disasters, including sudden refugee influxes and epidemics. 2. Specific focus on epidemics preparedness.

Interventions funded under the first pillar will aim at enhancing local first emergency responders' capacities, while reinforcing the linkages between Early Warning and Early Action; interventions funded under the second pillar will focus on strengthening national epidemics surveillance systems, including for COVID-19 and Ebola Virus Disease preparedness. Integration between these two pillars is essential, hence interventions including both are strongly encouraged. DG ECHO aims to contribute to a functional and a coordinated multi hazard EWS that enables timely and appropriate actions.

DP funds are generally not eligible for response activities. However, when relevant, DP interventions could include a crisis modifier. This crisis modifier will aim to ensure the provision of an immediate and effective first response in case of sudden emergencies in the geographical area targeted by the DP Action.

The budget allocated to the crisis modifier must be proportional to the overall budget, based on a multi-risk emergency scenario and to the scope of the first response as defined in the District Contingency Plans. Triggers for crisis modifier activation must be clearly defined in the proposal and included in District Contingency Plans.

Performance of local first responders' teams in real emergency situations must be systematically monitored and evaluated in order to identify gaps and feed capacity building priorities. If the funds of the crisis modifier are not used, the partner shall propose to DG ECHO how to reallocate the resources, in the interim report or not later than one month before the end of the action.

a) Multi hazard approach

Building on the applicant's expertise, actions should ensure the adoption of a preparedness approach at District level, and take into account District Contingency Plans, advocating for the allocation of DP resources from Central to District levels.

Capacity-strengthening of local first responders should be at the center of all interventions, allowing operationalisation of the District Contingency Plans, timely needs assessments

and the activation of rapid and locally-driven anticipatory actions and/or emergency responses. This includes strengthening and scaling-up cash-based modalities when relevant, reinforcing linkages with current cash-based assistance provided in the refugee response, as well as Government-led social protection initiatives²⁷.

Equally, actions integrating and reinforcing local first responders' capacities in protection will be preferred to ensure that highly vulnerable victims are assisted from the initial onset of an emergency. To this end, both rights-holders and duty-bearers should be trained on general protection principles, and national and international legal frameworks, including International Humanitarian Law (IHL). Specific protection-related chapters should be included in District Contingency Plans while ensuring that protection is mainstreamed in all sectors.

In line with OPM's recommendations and current DG ECHO programming, the pre-positioning of contingency stocks and emergency response equipment should follow a regional hub approach to expand the operationalisation of District Contingency Plans. Actions must build robust local capacity on the use and maintenance of pre-positioned equipment; capacities must be tested within the timeframe of the actions through drills and simulation exercises.

Partners should continue to advocate / influence the legal framework for risk management, particularly regarding the allocation of dedicated budgets for Disaster Preparedness at District level. The replenishment of pre-positioned stocks currently used for the COVID-19 and floods responses can be supported, but integrating a progressive phase-out pending the advocacy results on Disaster Risk Financing.

Interventions including forecast-based actions in anticipation of an emergency and based on Early Warning alerts/triggers are strongly encouraged, building on existing programmes for slow and rapid onset crisis response in Uganda.

b) Focus on epidemics

DG ECHO's DP strategy will build on 2019 and 2020 support to epidemics preparedness and response targeting all type of epidemics and further strengthening the institutional capacities at district level. The applicants should demonstrate robust expertise in the sector.

Currently multi-hazard District Contingency Plans (DCP) are prepared by District Local Governments and their District Disaster Management Committees (DDMC's). However, epidemics specific plans are usually elaborated on the side by the District Task Force (DTF) led by the District Health Team. At District level, reinforcing the leadership of the DDMCs' will be essential to keep an overall coherence between epidemics and other disasters. Consequently, Actions must demonstrate robust support to districts to systematically integrate epidemics hazard in the Districts' contingency plans.

²⁷ The adoption of cash-based assistance modalities is increasing in Uganda while the environment is conducive for expansion. The progressive scale-up of unrestricted and unconditional cash in the refugee response has allowed generating evidences on its benefits, such as the multiplier effect on local economies. This coincides with the Government current analysis on new assistance modalities for their social protection programs. Finally the Covid-19 response plan is an opportunity to push further the agenda as it rightly integrates contactless assistance modalities for continuity of humanitarian assistance and services.

Districts Task Forces' capacities to carry out gap analysis, vulnerability assessments and mapping exercises of communities prone to disease outbreaks should be supported in order to allow them to better prepare, prevent, rapidly detect, investigate and respond to potential disease outbreaks. Scale-up of the current pilot to develop epidemics contingency plans at sub-county level can be supported if robust evidence of its success is provided.

Actions should also strongly contribute towards enhancing local community-based epidemics surveillance and referral by strengthening the capacity of local surveillance teams, i.e. Village Health Teams (VHT) and community health workers (CHW) through continued training and mentorships, including reporting and referral mechanisms at community and facility level, in accordance with MoH EWARS and WHO guidelines/standards.

District Rapid Response Teams should be strengthened through prepositioning of IPC supplies, supporting investigation teams, rehabilitation of waste management zones and IPC upgrades at Health Facilities, and strengthening coordination and information sharing. The replenishment of the pre-positioned stocks can also be supported under this pillar, integrating a progressive phase-out.