

TECHNICAL ANNEX

GREATER HORN OF AFRICA¹

FINANCIAL, ADMINISTRATIVE, AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2026/01000 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 This HIP covers seven countries in the Greater Horn of Africa (GHoA): Djibouti, Ethiopia, Kenya, Somalia, South Sudan, Sudan, and Uganda.

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1. Contacts

Operational Unit in charge: DG ECHO²/D2

Contact persons at headquarters:

Head of Sector Horn of Africa	Dana Nicolau	dana.nicolau@ec.europa.eu
Djibouti	Dana Nicolau (Desk Officer)	dana.nicolau@ec.europa.eu
Ethiopia	Vanessa Bajada (Desk Officer) Andrea Barsony (Desk Officer)	vanessa.bajada@ec.europa.eu andrea.barsony@ec.europa.eu
Kenya	Victoria Abi Saab (Desk Officer)	victoria.abi-saab@ec.europa.eu
Somalia	Claudia Mattei (Desk Officer) Victoria Abi Saab (Desk Officer)	claudia.mattei@ec.europa.eu victoria.abi-saab@ec.europa.eu
Head of Sector Upper Nile Basin	Dina Sinigallia	dina.sinigallia@ec.europa.eu
South Sudan	Simona Seliškar (Desk Officer) Tristan Simonart (Desk Officer)	simona.seliskar@ec.europa.eu tristan.simonart@ec.europa.eu
Sudan	Louise Barbazanges (Desk Officer) Alexandre Porteret (Desk Officer) Dana Le Roy (Desk Officer) Elena Dikomitis (Desk Officer)	louise.barbazanges@ec.europa.eu alexandre.porteret@ec.europa.eu dana.le-roy@ec.europa.eu elena.dikomitis@ec.europa.eu
Uganda	Bruno Franchetti (Desk Officer)	bruno.franchetti@ec.europa.eu

Contact persons in the field:

Djibouti	Clement Cazaubon (Technical Assistant)	clement.cazaubon@echofield.eu
Ethiopia	Olivier Beucher (Head of Office) Sandrine Abdeldjelil (Technical Assistant) Maria Bernardez (Technical Assistant)	olivier.beucher@echofield.eu sandrine.abdeldjelil@echofield.eu maria.bernardez@echofield.eu
Kenya	Clement Cazaubon (Technical Assistant)	clement.cazaubon@echofield.eu
Somalia	Javier Rio Navarro (Head of Office) Antoine Esclatine (Technical Assistant) Bruno Rotival (Technical Assistant)	javier.rio-navarro@echofield.eu antoine.esclatine@echofield.eu bruno.rotival@echofield.eu
South Sudan	Cheick Ba (Head of Office) Jean-Marc Jouineau (Technical Assistant) Silvia Moriana (Technical Assistant)	Cheick.ba@echofield.eu jean-marc.jouineau@echofield.eu silvia.moriana@echofield.eu
Sudan ³	Elke Leidel (Head of Office) Laura Hastings (Technical Assistant) Thibault Larose (Technical Assistant) Hossein Madad (Technical Assistant)	elke.leidel@echofield.eu laura.hastings@echofield.eu thibault.larose@echofield.eu hossein.madad@echofield.eu
Uganda	Liam Kelly (Head of Office) Morten Petersen (Technical Assistant)	Liam.kelly@echofield.eu morten.petersen@echofield.eu

² Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)

³ In addition to these contact persons, DG ECHO also has a Sudan focal point in Adré: Laurent De Ruyt laurent.de-ruyt@echofield.eu

2. 2026 HIP funding

Indicative Allocation⁴: **EUR 283 000 000** of which an indicative amount of **EUR 31 800 000** for Education in Emergencies.

Programmatic Partnerships

Programmatic Partnerships have been launched since 2020 with a limited number of partners. An amount of **EUR 8 000 000** will be dedicated to ongoing Programmatic Partnerships in 2026. New Programmatic Partnerships may be funded under this HIP.

Indicative breakdown per Action as per Worldwide Decision (in euros)⁵

Country(ies)	Humanitarian Aid (including EiE)	Disaster Preparedness	Total
Djibouti		1 300 000	1 300 000
Ethiopia	36 500 000	2 500 000	39 000 000
Kenya	13 500 000		13 500 000
Somalia	63 000 000		63 000 000
South Sudan	41 500 000		41 500 000
Sudan	100 000 000		100 000 000
Uganda	19 000 000	1 700 000	20 700 000
Regional		4 000 000	4 000 000
Total	273 500 000	9 500 000	283 000 000

⁴ 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, or to allocate part of the funding to interventions with a regional or multi-country approach.

⁵ For flexibility and fast responsiveness purposes, this breakdown can be adjusted within certain limits based on newly arising needs.

3. Funding allocation rounds

Proposals (single forms) for this HIP can be submitted at any time during the year after its publication.

In the process of drafting their proposals, partners are requested to consult the *Budget categories and cost eligibility rules* that are fixed in the Grant Agreement (Data Sheet, point 3, art 6 and Annex 2) and in the Annotated Grant Agreement (AGA). Information is available on [DG ECHO website](#).

Allocation round 1

- a) Indicative amount: up to **EUR 251 500 000**.
- b) Description of the humanitarian aid interventions relating to this assessment round: All activities under section 6 of the HIP.
- c) Actions may start from/costs may be eligible from 01/01/2026⁶
- d) The initial duration for the Action may be up to 24 months or more⁷ provided that the added value of a multi-annual duration is demonstrated by the partner⁸. Education in Emergencies and disaster preparedness actions should have an initial duration of at least 24 months unless there is a needs- or context-based justification for a shorter duration.

Follow-up actions, which continue/extend ongoing operations financed under a previous Humanitarian Implementation Plan, can be submitted as modification requests to extend the overall duration to a maximum of 48 months. The same approach may also be used to the extent appropriate in furtherance of any multi-annual strategies provided for by the HIP.

- e) Potential partners⁹: All DG ECHO Partners
- f) Information to be provided: Single Form (new requests or modifications of ongoing actions).¹⁰
- g) Indicative date for receipt of the above requested information:
 - Djibouti: by **16/12/2025**¹¹
 - Ethiopia: by **26/01/2026**¹²
 - Kenya: by **16/12/2025**¹³
 - Somalia: by **23/01/2026**¹⁴

⁶ 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. In case of amendments to existing agreements, the eligible date will however be the eligible date set in the initial agreement.

⁷ Maximum duration of an action is 48 months.

⁸ See the factsheet on EU Humanitarian Aid Multi-Year Funding available on the DG ECHO Website ([DG Echo WebSite \(dgecho-partners-helpdesk.eu\)](#).)

⁹ Lists of DG ECHO Partners are available here: [Humanitarian partners - European Commission](#).

For programmatic partnerships, see eligible DG ECHO Partners in the Guidance to DG ECHO Partners Programmatic Partnerships 2024 available here: <https://www.dgecho-partners-helpdesk.eu/reference-documents-ngo>.

¹⁰ Single Forms will be submitted to DG ECHO using APPEL.

¹¹ 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.

¹² 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.

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- South Sudan: by **28/01/2026**¹⁵
- Sudan: by **15/01/2026**¹⁶
- Uganda: by **8/01/2026**¹⁷
- Multi-country and regional actions: by **9/01/2026**¹⁸

Allocation round 2

- a) Indicative amount:
- Kenya: up to **2 500 000 EUR** .
 - Somalia: up to **25 000 000 EUR** .
 - Uganda: up to **4 000 000 EUR** .
- b) Description of the humanitarian aid interventions relating to this assessment round: All activities under section 6 of the HIP, with the exception of Disaster Preparedness.
- c) Actions may start from/costs may be eligible from 01/01/2026¹⁹
- d) The initial duration for the Action may be up to 24 months or more²⁰ provided that the added value of a multi-annual duration is demonstrated by the partner²¹. Education in Emergencies and disaster preparedness actions should have an initial duration of at least 24 months unless there is a needs- or context-based justification for a shorter duration.
- Follow-up actions, which continue/extend ongoing operations financed under a previous Humanitarian Implementation Plan, can be submitted as modification requests to extend the overall duration to a maximum of 48 months. The same approach may also be used to the extent appropriate in furtherance of any multi-annual strategies provided for by the HIP.
- e) Potential partners²²: partners that have submitted proposals under allocation round 1 – no additional proposals will be received
- f) Information to be provided: Single Form (new requests or modifications of ongoing actions).²³
- g) Indicative date for receipt of the above requested information: n/a

¹⁵ 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.

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¹⁹ 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. In case of amendments to existing agreements, the eligible date will however be the eligible date set in the initial agreement.

²⁰ Maximum duration of an action is 48 months.

²¹ See the factsheet on EU Humanitarian Aid Multi-Year Funding available on the DG ECHO Website ([DG Echo WebSite \(dgecho-partners-helpdesk.eu.\)](https://www.dgecho-partners-helpdesk.eu/))

²² Lists of DG ECHO Partners are available here: [Humanitarian partners - European Commission](https://www.dgecho-partners-helpdesk.eu/).

For programmatic partnerships, see eligible DG ECHO Partners in the Guidance to DG ECHO Partners Programmatic Partnerships 2024 available here: <https://www.dgecho-partners-helpdesk.eu/reference-documents-ngo>.

²³ Single Forms will be submitted to DG ECHO using APPEL.

4. Proposals' assessment criteria

4.1. Eligibility criteria to apply for funding

- Only DG ECHO partners are eligible to submit a project for funding²⁴;
- 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 solvency ratios as appearing from their latest available annual statutory accounts certified by an approved external auditor).
- All awards made using EU Funds must respect the Conditionality Measures²⁵ issued under any Council Implementing Decision adopted in accordance with Article 6 of EU Regulation 2020/2092 on a general regime of conditionality for the protection of the Union budget²⁶ (“Conditionality Decision”).
- The Commission hereby notifies applicants under this HIP/TA of the following Conditionality Decision (valid at the date of publication of this HIP/TA):

Council Implementing Decision (EU) 2022/2506 of 15 December 2022 on measures for the protection of the Union budget against breaches of the principles of the rule of law in Hungary²⁷.

This Conditionality Decision, in particular its Article 2.2, prohibits legal commitments under direct and indirect management with any public interest trust established by Hungarian Act IX of 2021²⁸, including those entities listed in Annex I to Hungarian Act IX of 2021²⁹ and other affiliated entities maintained by them (“Concerned Entities”). The Commission will further notify when the above-mentioned Conditionality Measures are lifted.

4.2. Assessment criteria for all projects

1) Relevance of the intervention and the coverage

- How relevant is the proposed intervention; is it compliant with the objectives of the HIP?
- Has a joint needs assessment been used for the proposed intervention? Have other recent and comprehensive needs assessments been used?
- Has the proposed intervention been coordinated with other humanitarian actors and local and national actors?

2) Capacity and expertise (including in support to the localisation approach)

²⁴ Lists of DG ECHO Partners are available here: [Humanitarian partners - European Commission](#).

For programmatic partnerships, see eligible DG ECHO Partners in the Guidance to DG ECHO Partners Programmatic Partnerships 2024 available here: <https://www.dgecho-partners-helpdesk.eu/reference-documents-ngo>.

²⁵ Conditionality Measures against a Concerned Entity, may, for example, include, amongst others, the requirement to suspend payments or the implementation of the legal commitment to/with the Concerned Entity; and/or terminate the legal commitment with the Concerned Entity; and/or prohibit entering into new legal commitments with the Concerned Entity. Conditionality Decisions and Measures issued under Council Implementing Decisions may impact the implementation of grants, contributions and procurement contracts awarded, as the Commission is required to ensure the application of these Conditionality Decisions and Measures in the implementation of the EU budget via both direct and indirect management. implementation of grants, contributions and procurement contracts awarded, as the Commission is required to ensure the application of these Conditionality Decisions and Measures in the implementation of the EU budget via both direct and indirect management.

²⁶ Regulation (EU, Euratom) 2020/2092 of the European Parliament and of the Council of 16 December 2020 on a general regime of conditionality for the protection of the Union budget OJ L 433I, 22.12.2020, p. 1–10

²⁷ OJ L 325, 20.12.2022, p. 94–109

²⁸ Act IX of 2021 on public interest trust foundations with a public service mission (entry into force 01/01/2023).

²⁹ Available (in Hungarian) at: <https://njt.hu/jogszabaly/2021-9-00-00>

- Does the partner, with its implementing partners, have sufficient expertise (country / region and / or technical)? How does the partner contribute to developing/strengthening local capacity?

3) Methodology and feasibility

- Quality of the proposed response strategy, including intervention logic / logframe, output & outcome indicators, monitoring, and challenges.
- Feasibility, including security, logistics and access constraints (including remote management).

4) Coordination and relevant post-intervention elements

- Quality of the proposed localisation approach, and measures taken to minimise the transfer of risks. Coordination and relevant post-intervention elements
- Extent to which the proposed intervention is building on ongoing local response and 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 contributes to resilience and sustainability, including the sustainability of locally driven responses.

5) Transparency/ Cost-effectiveness and efficiency³⁰

- *Transparency:*
 - o Extent to which the breakdown of costs is sufficiently documented/explained, including completeness and accuracy of sections 2 and 13.2 in the single form.
 - o Extent to which section 10.6 of the single form with the percentage of funding managed by local actors and the share of overheads costs transferred to them has been filled. If not entirely filled, has a timing for missing information been provided?
 - o For all projects including cash transfers (as a modality or as a sector):
 - Did the partner fill the “in cash” line in the table in section 2.4.5 of the single form, including the amount in EUR and number of targeted beneficiaries?
 - o For the Multi-Purpose Cash Transfer (MPCT) sector
 - Is the Total Costs to Transfer Ratio (TCTR) filled in in section 2.4.7 of the single form?
 - Is the methodology used to calculate the TCTR explained, ideally in section 2.5 of the single form?
- *Cost-effectiveness/efficiency:*
 - o Does the proposed intervention display an appropriate relationship between the resources to employed, the activities to be undertaken and the objectives to be achieved?
 - o For the MPCT sector, is the TCTR in line with the [DG ECHO cash policy](#)? If not, is the justification (ideally in section 2.5) acceptable / consistent with the context?
- For Programmatic Partnerships, have partners demonstrated a clear added value (e.g. efficiency gains; longer term outcomes, scaling up of innovative approaches; contribution to a specific policy; etc.)? Assessment will be based on the dedicated guidance to partners³¹.

³⁰ Please also refer to ‘Note to partners + Annex I Final Report Liquidation’ Ares(2025)4223717 available on [DG ECHO's partners website](#) (THE SINGLE FORM 2021 section).

³¹ For programmatic partnerships, see eligible DG ECHO Partners in the Guidance to DG ECHO Partners Programmatic Partnerships 2024 available here: <https://www.dgecho-partners-helpdesk.eu/reference-documents-ngo>.

- 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)³²

6) Compliance with other criteria as defined in the HIP

- When applicable, the analysis of the identified risks (e.g. security, access, aid diversion, SEAH, etc.) associated with the proposed response is provided and mitigating measures are realistic and relevant for the context.

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.

4.3. Other Guidance/ key consideration

- Partners are requested to consult the [Thematic Policies Annex](#) for guidance on proposal requirements. This includes, within the proposed action, expectations regarding the use of common systems and coordinated programming, data sharing between organisations, logistics and supply chains, the mainstreaming of disaster preparedness, the reduction of the environmental footprint of the proposed actions, the necessary safety and security measures and the choice of modality.

- Actions embedded in multi-annual Programmatic Partnerships

Funding under this HIP may be used to finance actions implemented in the framework of multi-annual strategies (Programmatic Partnerships), as and when provided for in the HIP. Programmatic Partnerships can be at country, multi-country or regional level. If multi-country/regional, the proposals should specify the breakdown between the different country allocations.

- Regional and multi-country actions (non-Programmatic Partnerships)

Regional/multi-country actions can be supported under this HIP (and where relevant in conjunction with other HIPs), where they are proven more suitable/effective than country-based interventions to respond to identified needs, taking into account the operating context, the strategy and the priorities set out in the HIP (or respective HIPs), the HIP technical annex and [Thematic Policies Annex](#) as well as the applicant organisation's capacities. Proposals should specify the breakdown between the different country allocations.

- Multi-year funding actions

HIPs may be used for multi-year funding actions, which should have a duration of minimum 24 months and where the full budget is committed upfront. Specific policy areas for multi-year funding may be mentioned in the respective HIP. Multi-year funding actions aim at generating additional efficiency gains and improve design and delivery of humanitarian assistance. Any proposals submitted should demonstrate these gains, which should be monitored during the implementation of the action and must be reported in the final report of the action.

5. DG ECHO Specific operational guidelines:

This section outlines context-specific requirements partners need to consider in the design of their proposals submitted in response to the related HIP.

³² Single form guidelines: <https://www.dgecho-partners-helpdesk.eu/ngo/action-proposal/fill-in-the-single-form>

DG ECHO partners should ensure that their projects align with the policies outlined in the [Thematic Policy Annex](#).

5.1. General Considerations

The following strategic considerations will guide DG ECHO's response to situations of concern:

1) Reinforcing a common strategic framework across the region

DG ECHO promotes a unified regional response approach by aligning country-level responses with a shared vision and clearly defined strategic priorities. The response should continue investing in principled humanitarian assistance by strengthening partner capacity in humanitarian access negotiation, International Humanitarian Law (IHL)/International Human Rights Law (IHRL) compliance, and advocacy. Regional platforms such as NGO Forums and the Inter-Agency Working Groups should be leveraged for knowledge sharing, joint positioning, and policy dialogue.

2) Advancing the operationalisation of integrated programming and quality response

Integrated programming is encouraged. Designing an integrated programme requires enhanced coordination and coherence across sectors and partners, including joint assessments, joint analysis, joint protection-centred and needs-based vulnerability-based targeting, joint response/delivery mechanisms, leading to greater transparency, accountability, effectiveness and efficiency of humanitarian assistance.

Integrated actions should endeavour to use digitalised minimum common datasets (i.e. assessment/registration forms), establish and follow cross-sectoral referral pathways for complementary assistance and include inter-operability through data sharing agreements from the outset (for complementary programming and de-duplication purposes). DG ECHO will prefer proposals that, in addition to their programmatic goals, also work to support/ facilitate the safe sharing of data between organisations.

Integrated programming must be intentionally designed, using clear sectoral entry points (e.g., WASH in schools, health-nutrition linkages, protection in education) and transparent budgeting frameworks that avoid overburdening enabling sectors and ensure responsible resource allocation.

DG ECHO will continue to promote **area-based coordination** models as the most effective platform for delivering integrated responses tailored to localised realities.

To strengthen programmatic coherence and long-term resilience, interventions must also consider **sustainability** from the outset. This includes planning for service continuity, local capacity building, reduced operational running costs, and minimising aid dependency through context-appropriate exit and transition strategies, including in terms of engagement of the private sector for resource mobilisation and support to the recovery efforts. A growing emphasis on quality assurance and cost-effectiveness further requires the use of measurable indicators, strong monitoring frameworks, and evidence-informed decision-making.

3) Promoting coordination and accountability

With humanitarian space increasingly constrained by conflict, insecurity, limited access, politicisation of aid and reduced funding, DG ECHO will consider responses that reinforce **adapted coordination** (as promoted under the Reset discussions), accountability systems, uphold humanitarian principles and quality response standards.

DG ECHO expects to see a common system and/or coordinated programming approaches to reduce fragmentation and avoid duplication and parallel ways of working. This includes better operational coordination, coordinated approaches to vulnerability-based targeting, coordinated and streamlined approaches to data collection, including the use of minimum common data sets, interoperability of data and data management systems across the response to facilitate deduplication and referrals, a common payment mechanism, interoperable cash systems, referral networks, a common feedback mechanism and

a common results framework. Promoting these common platforms improves both efficiency and transparency, particularly in multi-actor, dynamic and fragile settings where overlapping humanitarian needs, shrinking access, and funding constraints demand a more unified, efficient, and impactful humanitarian response. Flexibility through rolling vulnerability assessments and adaptable response plans is also key to navigating fast-evolving crises. Multi-agency platforms aligned vulnerability criteria, and interoperable cash and service delivery mechanisms should become standard practice.

4) Investing in capacity and thought leadership

Investments in technical learning, peer exchange, and operational research and development (e.g. anticipatory action, epidemic response models like CATI, and environmentally sound humanitarian practices) are essential to improving the quality and relevance of responses. DG ECHO will support a more proactive and strategic approach to humanitarian programming, especially in contexts where national systems are not sufficiently prepared for climate change related disasters and where environmental risks are increasing. In fragile and high-risk contexts—like those affected by prolonged conflict or recurring shocks—regional learning, combined with decentralised decision-making and cross-country coordination, can unlock more agile and responsive programming that keeps pace with evolving needs.

5) Pooling of logistics means (assets and services)

Logistics and procurement: Strengthening logistics requires a clear understanding of the context and access constraints in each country to provide the most appropriate support for efficient and cost-effective distribution of humanitarian assistance. DG ECHO encourages further cooperation among implementing partners on strategic humanitarian supply chain and logistics initiatives at country level, from within or outside the country (i.e. import of humanitarian aid), by sharing information, pooling resources and strengthening joint approaches such as common services, shared services or joint procurement (e.g. HULO), which are key to achieving efficiency and effectiveness gains. Greening, digitalisation or localisation are also important stakes related to supply chain and logistics.

Humanitarian aviation such as UNHAS, EUHAF (ex-ECHO Flight), EUHAB (Air bridge): Humanitarian aviation services may see some changes due to the current funding downturn. This may require a strengthened focus on land rather than air access while assuring adequate safety and security measures for staff. Should humanitarian air services reduce, financial resources will need to be retained to explore alternative transport options for passengers and cargo. EUHAF, the DG ECHO funded mechanism for increasing air services, currently deploys 1 aircraft in Somalia but it is unknown at this stage what UNHAS will be able to do in terms of destination and capacity in 2026, implementing partners should plan for alternative means.

6) Localisation

Localisation: Specific attention should be paid to the systemic and equitable approach to localisation, as outlined in the DG ECHO guidance note on Promoting Equitable Partnerships with Local Responders.

7) Duty of Care and Humanitarian Risk Management

All partners are expected to include and/or re-enforce safety and security measures within the proposed actions to ensure the safety and security as well as appropriate duty of care of staff (including of implementing partners), in compliance with IHL and humanitarian principles.

The safety and security of humanitarian workers should be mainstreamed across sectors, projects and programmes and accounted for when designing and implementing any action.

Given the risk of aid diversion and fraud, transparency, mitigation measures and swift action-taking are essential. Building on lessons learnt from the food-aid diversion uncovered in Ethiopia and the post-distribution aid diversion in Somalia in 2023, the humanitarian community must continue strengthening its oversight and accountability system via independent needs assessments, prioritisation of the most in

need, vulnerability-based targeting, monitoring and common complaints and feedback mechanisms. Tracing of aid (to avoid diversion and ensure efficient last-mile delivery) through digitalised approaches and inter-operable databases, is also important. Solid risk mitigation measures, risk management plans and the early identification of both risks and response strategies are expected.

8) Protection from sexual exploitation, abuse and harassment (PSEAH)

All interventions must adhere to a strict zero tolerance policy in regard to sexual exploitation, abuse and harassment, and must demonstrate measures to address the sexual exploitation, abuse and harassment (SEAH) risks, including context-appropriate preventive measures and the reinforcement of confidential, safe and dignified avenues for age- and gender-appropriate assistance for victims/survivors.

9) Exceptional operational modalities

In remote and hard-to-reach areas, life-saving operations may be conducted via **remote management**, following DG ECHO guidelines³³. Some areas may also qualify under **Exceptional Extreme Operational Conditions** (EEOCs) for alternative arrangements (different to record-keeping)³⁴.

5.2. Policy and operational considerations

1) Protection, gender, age and disability

The **Centrality of Protection** agenda remains paramount in the GHoA region. The mainstreaming of protection, gender, age and inclusion of people living with disabilities based on a comprehensive risk analysis will be a prerequisite for selection. Protection mainstreaming cannot substitute the provision of specialised protection services, which are critical to address direct protection risks to individuals and communities. Stand-alone and integrated protection interventions will be supported based on comprehensive, updated, evidence-based and context-specific Protection Risk Analysis. Quality, timely and comprehensive response to victims of violence, coercion, deliberate deprivation, and abuse stands as a priority, addressing the most urgent and critical protection risks. Given the intersection of protection needs with other critical sectors (including health, nutrition, food security, WASH, education), the integration of protection in sectoral responses is strongly encouraged, with emphasis on sectoral entry points and effective referral pathways.

Child protection interventions, including strengthening effective response systems to support children affected by armed conflict, should be systematically integrated in Education in Emergencies programming.

Integrating **gender-based violence** (GBV) prevention and response as well as **mental health and psychosocial support** (MHPSS) (across the four levels of the MHPSS intervention pyramid in line with the *IASC Guidelines on MHPSS in Emergency Settings*) into Health and Nutrition interventions is also encouraged.

2) Health and nutrition

Severe funding cuts have disrupted health and nutrition programs placing critical services—such as treatment for common diseases and severe acute malnutrition (SAM)—at risk of collapse. Interruptions in the supply of essential medicines, including RUTF and biomedical items, threaten millions of children with heightened mortality. To maintain impact under these constraints, partners must ensure the continuous availability of medical supplies necessary to implementing health and nutrition interventions effectively. Health activities with the greatest potential to save lives must be prioritised. Equitable access to healthcare must be guaranteed, including free essential care and the provision of quality primary, emergency, and secondary health services as well as continuity of care.

³³ http://dgecho-partners-helpdesk.eu/actions_implementation/remote_management/start

³⁴ DG ECHO's Guidance note to partners on humanitarian aid actions implemented under exceptional extreme operational conditions: <https://www.dgecho-partners-helpdesk.eu/download/referencedocumentfile/325>

As **epidemics** like cholera and Mpox recur, coordinated multi-sectoral responses—linking health, WASH, nutrition, and protection—must be scaled and embedded within national systems. These responses should be supported by joint vulnerability assessments, inclusion of intersectoral indicators in the Single Form, and alignment with existing early warning systems and outbreak surveillance protocols.

Nutrition responses must adopt an integrated, multi-sectoral approach, embedding nutrition into the health system while establishing linkages and referral mechanisms across sectors to deliver more coherent and effective support. Proposed interventions should prioritise high-impact, life-saving measures, particularly SAM treatment.

The **digitalisation** of medical and nutritional data, supply and stock management is encouraged to improve monitoring, strengthen efficiency, and reinforce accountability. Digital tools, all supported by coordinated data systems are needed to preserve referral pathways and program coherence.

3) Humanitarian Food and Livelihood Assistance (HFLA)

DG ECHO considers **cash** as the default modality for food assistance responses. Innovative use and scale-up of mobile money and digital platforms to deliver cash and/or e-vouchers demonstrating higher cost-efficiency and effectiveness compared to other modalities particularly in areas with limited humanitarian access will be considered.

In line with HFLA and Cash Thematic policies, DG ECHO will favour actions designing food assistance through multisectoral integrated approach, prioritising areas with the most acute food insecurity such as IPC4+, famine and risk of famine hotspots. To operationalise the integrated approach, DG ECHO expects HFLA programmes to be ‘digital by default’ and demonstrate how the action will improve interoperability between humanitarian actors to facilitate complementarities and referrals across sectors and agencies guided by responsible data sharing agreements.

4) Environment

Programmes should anticipate and mitigate negative environmental impacts, address underlying environmental drivers of vulnerability, and contribute to more sustainable service delivery models. This is particularly important in displacement-affected areas and protracted crises, where humanitarian operations often place significant pressure on natural resources.

Humanitarian interventions—particularly for shelter, WASH, and food assistance—should minimise environmental degradation by promoting resource-efficient practices, reducing deforestation and waste, and safeguarding water sources. In rapid response and crisis modifier settings, assessments should include environmental risk screening to avoid harmful impacts from temporary infrastructure or logistics. Health/WASH interventions must account for environmental vectors of disease, such as poor waste management. In constrained humanitarian spaces, operational efficiency must go hand in hand with sustainability—through greener logistics, low-impact procurement, and digital systems that support environmentally responsible programming across all sectors.

5) Disaster preparedness

Disaster preparedness (DP) mainstreaming is essential in humanitarian action. A risk analysis should support activities that decrease identified risks and increase local capacities to be prepared to withstand new disasters. Urban preparedness should be encouraged to face the impact of flash floods and other hazards and decrease the risks for the most vulnerable communities in collaboration with civil society and city councils where relevant. At the same time, local first responders’ capacities should be reinforced.

Systemic anticipatory actions (AA) frameworks should be enhanced at regional and national levels, through the implementation of AA national roadmaps with pre-agreed triggers and identified activations of responses. Communities at risk of forced displacement should be better prepared to decrease the impact of foreseeable displacement. Integration of carbon footprint decreasing measures will be looked at.

Refugee-settings could be targeted with specific disaster preparedness plans of actions and activities to reduce carbon footprint (waste management, energy system).

6) Education in Emergencies (EiE)

EiE interventions should be promoted as part of an initial first line response. Safe learning spaces are places where other sectors can reach large numbers of children quickly and efficiently, with other lifesaving interventions – emergency medical treatment; vaccination; SAM/MAM treatment; registration for food/cash, shelter distributions, etc. EiE interventions should act as a convenor of people, a conveyer of life-saving messages and a platform for lifesaving, multisectoral referrals. EiE can be both an entry point for the promotion of multisectoral, integrated programming as well as a referral pathway. EiE actors are encouraged to work in synergy with Rapid Response Mechanisms actors, providing a first-line EiE response.

Considering the fragile context and the fact that in many areas schools are not functional and families are in constant displacement, DG ECHO will consider actions that provide a consequential package of basic literacy and numeracy, psychosocial support (PSS) and social emotional learning (SEL) with clearly defined learning outcomes. DG ECHO partners are encouraged to support the inclusion of all accelerated and alternative education programmes which respond to the needs and profiles of children, and to ensure PSS support as part of a necessary foundation for learning. When cash is used in education in emergencies interventions, as per audit recommendations, there should be an exit strategy built into the response. Linkages and synergies with other partners and donors are crucial, not only for education programmes and their long-term continuity but also for the creation of linkages with other sectoral responses.

7) Emergency/Rapid Response Mechanisms (ERM/RRM) and flexibility measures

ERM/RRMs are stand-alone actions pooling capacities of different partners for improved and more coordinated preparedness and early response, guided by early warning and contingency plans. ERMs/RRMs are designed to provide initial lifesaving multipurpose assistance when other response mechanisms are not yet in place. ERMs/RRMs are mostly used for rapid onset crises. For slow onset crises, objective indicators with thresholds for engagement / disengagement should be defined in coordination with other stakeholders including the State Authorities.

Whenever relevant, partners should introduce **flexibility** to mobilise resources from on-going actions and swiftly respond to and/or act in advance of any new emerging shocks occurring and/or forecasted in the location of their operations (a crisis within a crisis). In addition to the flexibility embedded in all DG ECHO funded actions (that can in some cases be subject to an adaption of the action through an amendment), it can take the form of a “**crisis modifier**” i.e. a specific pre-agreed result in the action, which can be triggered to provide initial lifesaving multipurpose response in the aftermath of a rapid onset crisis, as well as to act in advance of an imminent shock. The three 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; iii) to provide assistance in advance of an imminent shock to prevent or reduce its acute humanitarian impact, according to a pre-agreed plan with defined triggers and actions.

The application of flexibility measures should be based on a multi-risk analysis and the development of worst and most likely scenarios. Partners should develop a detailed plan considering prepositioning of stocks, surge staff, triggers, and sectors of intervention.

ERM/RRM and flexibility measures/crisis modifiers are complementary and do not exclude each other; flexibility measures enable stakeholders to act in advance and to bridge the time gap between the shock and the time needed to mobilize ad-hoc resources through the ERM/RRM or additional funding. Timeliness of response is a key element for effectiveness of both flexibility measures and ERM/RRM. Partners should adopt indicators to measure the time required to deliver the first assistance (e.g., lifesaving response for xxx persons, and/or need assessment within xxx days from the displacement/disaster/alert/exceeded triggers).

5.3. Regional and country-specific priorities

1) REGIONAL

Some shocks and humanitarian crises have a regional dimension. DG ECHO supports regional or multi-country initiatives on IHL, humanitarian access and security, anticipatory action, nutrition and food assistance. DG ECHO will explore supporting additional topics with a regional or multi-country approach to enhance regional coherence, encourage the exchange of good practices across countries, and add strategic value to interventions. Potential focus areas include but are not limited to forced displacement and protection, epidemics (e.g. cholera), adapted coordination (including collaboration with regional bodies and initiatives), humanitarian diplomacy and advocacy, capacity strengthening on access negotiation, mixed migration, development of harmonised tools for assessment and monitoring, interoperability and data sharing, and intersection of climate change and conflict.

Disaster preparedness and Anticipatory Action (AA) frameworks could be supported through existing regional and national technical working groups to consolidate experiences and ensure cross-fertilisation. Integration of AA triggers frameworks with rapid response mechanisms will be supported. Linkages between urban preparedness and social protection schemes with vulnerability targeting will be pursued.

2) DJIBOUTI

1st situation of concern: Insufficient disaster preparedness for natural hazards and conflicts

DG ECHO will address the multiple risks faced by local population and people on the move. Floods in urban areas and drought in rural areas, scarcity of access to water and sanitation in rural areas shall be addressed by local authorities and national organisations from Red Cross/Red Crescent movement.

Preparedness to emergency situations and protection will be enhanced through strengthening local response capacities, coordination, information management, and pre-positioning. Maritime safety may be looked upon with local authorities. Implementation of the IGAD Anticipatory Action roadmap will be supported.

3) ETHIOPIA

DG ECHO's strategic objective in Ethiopia is the provision of **life-saving and protection assistance to the most vulnerable people**, highly impacted by man-made crises and/or natural hazards in areas where needs are the most acute. DG ECHO encourages efforts by partners to serve **hard-to-reach areas** (which can be remote areas, underserved areas, or areas with access constraints), where operational and safety requirements can still be met.

Particular attention will also be given to most **recently displaced** populations (IDPs and refugees) and populations in newly accessible areas with acute needs. DG ECHO will consider support to both in-camp IDPs and refugees and those in host communities. Protracted caseloads, where a longer-term solution is more appropriate, will not be prioritised. DG ECHO will only consider funding humanitarian actions supporting the **return** or relocation of populations if the processes are principled (movement should be informed, voluntary, safe, dignified, and sustainable) and ensure a “do-no-harm” impact.

Efforts to support upscaling of **cash responses** – both multipurpose and sectoral cash - should be promoted, accompanied by strengthened referral systems, advocacy and active contribution to coordination.

DG ECHO will only consider **people-centred, coordinated actions** that have an **integrated, multi-sectoral approach**. Furthermore, DG ECHO will prioritise proposals working with an **Area-Based Approach (ABA)**. Partners are expected to develop responses with – as a basis - **joint assessments** that identify **complementarities between actors in the same area**, regardless of their funding source, and

that could lead to the implementation of joint response plans and other tools (such as, referrals, etc). Proposals should clearly explain how the ABA approach is embedded in the response design.

Quality programming (including, compliance with the principles, robust needs analyses, risk assessment and management, targeting, and accountability to affected populations) should be ensured. **Context-specific risk analysis is a precondition to inform appropriate responses and the modality chosen.**

Enablers: To reinforce the effectiveness of humanitarian operations overall, and in taking into account Reset discussions, DG ECHO will fund actions related to: a) joint advocacy on humanitarian issues and IHL; b) information management to support humanitarian action and decision-making, c) coordination; and d) core supply pipelines (health, nutrition, water treatment, shelter) including local procurement, when relevant, and support efforts to digitalisation.

In 2026, DG ECHO will prioritise the following humanitarian situations of concern:

1st Situation of concern: Sudden and slow-onset shocks (conflict or natural hazards) leading to critical humanitarian needs in both displaced and non-displaced populations

DG ECHO prioritises 2 pillars under this first situation of concern:

Pillar 1: Rapid Emergency Response activated in sudden and new crises for critical situations with an imminent threat to life and a high risk of mortality without immediate action. It includes responses, disaster preparedness, and anticipatory actions to shocks, such as outbreaks, natural hazards (floods, droughts, landslides, earthquakes, etc.), sudden conflict, recent refugee influxes, peaks of malnutrition and food insecurity. In these emergencies, rapid needs assessments are preferred. DG ECHO encourages partners to use its dedicated tools for such situations, including the RRM and crisis modifiers. Responses should be triggered within 72 hours and focus exclusively on high-priority, life-saving interventions aimed at preventing mortality applying blanket or limited targeting under the no-regret principle.

Pillar 2: Emergency Response in prioritised locations that focuses on recent and slow-onset crises. Responses under this pillar address severe situations with life-threatening needs and specific situations presenting the risk to fall into critical/mortality levels, if action is not taken. Such responses will be implemented in the prioritised locations below. DG ECHO will consider in exceptional cases, other emerging high-need areas, if they are strongly justified.

- **Conflict-affected areas:** North Gondar, Wag Himra, and North Wollo in Amhara; West and Kellem Wellegas in Oromia; and the Metekel and Kamashi zones in Benishangul-Gumuz.
- **Post-conflict areas:** North-West and Western Tigray, contested areas such as Mai-Tsebri, and newly accessible zones along the border with Eritrea.
- **Recent refugee situations:** Areas affected by the Sudan crisis, including West Gondar in Amhara and Assosa in Benishangul-Gumuz, and the South Sudan crisis affecting Nuer zone in Gambella.

2nd Situation of concern: Spread of epidemics leading to excess mortality and morbidity

DG ECHO is seeking actions to enhance **epidemic preparedness and response** efforts. This includes improving surveillance and alert systems, integrating outbreak control into WASH and Health responses, and ensuring timely, coordinated actions. The responses should aim to support and complement government-led efforts, when necessary, based on specific and adequate triggers, with particular attention to underserved and hard-to-reach regions. All initiatives should regularly review the quality of care and strengthen community-level prevention and treatment capacities. Additionally, partners are encouraged to align with the digitalisation strategy related to health and nutrition supply chain.

3rd Situation of concern: Insufficient Disaster Preparedness for multi-hazard risks and conflicts

DG ECHO is seeking DP proposals addressing critical identified disaster Risk Management gaps through **a holistic multi-hazard approach**, enhancing **anticipatory action and disaster preparedness** and ensuring **emergency response capacities**. This is to be based on reliable and verifiable early warning information.

DG ECHO prioritises: (a) the strengthening of decentralised local first-line response capacity to multiple hazards, including climate-related hazards, conflicts, and epidemics, and (b) collaboration and synergies to contribute to the harmonisation and implementation of multi-hazard DRM and AA frameworks, the establishment of standard operating procedures for rapid response, and the pre-positioning of essential emergency equipment.

It is expected that operational linkages will be implemented between Rapid Emergency Responses under Pillar 1 above and Disaster Preparedness interventions. Actions are also to build upon the achievements and lessons learnt of previous and ongoing DG ECHO-funded actions in the country.

Partners should consider disaster preparedness initiatives as complementary to the Roadmap for Multi-Hazard Impact-Based Early Warning and Early Action (MH-IB-EWEA) strategy. Preparedness measures should include, among other activities, the harmonisation of protocols, the repositioning of essential inputs and their strategic positioning in key locations.

4) KENYA

DG ECHO's priority actions in Kenya will focus on protection, EiE, WASH, food assistance, health, and nutrition through integrated and context-specific interventions in refugee camps and specified Arid and Semi-Arid Lands (ASAL) areas.

All actions shall be informed by robust risk analysis and comprehensive needs assessments, ensuring that interventions are context-specific, evidence-based, and responsive to evolving realities on the ground. At the same time, all funded actions shall promote localisation, accountability, and complementarity with development actors to maximise impact and bridge humanitarian and longer-term support.

Actions should aim to reinforce overall effectiveness through joint advocacy on key humanitarian issues, ensuring that humanitarian priorities remain central in policy and funding decisions. Stronger coordination among partners should be fostered to avoid duplication, maximise complementarities, and ensure that limited resources are used in the most efficient and impactful way possible.

For 2026, DG ECHO will prioritise the following humanitarian situations of concern:

1st Situation of Concern: Sudden shock (conflict and/or natural hazard) leading to critical humanitarian needs in displaced and non-displaced populations

DG ECHO prioritises 2 pillars under this situation of concern:

Pillar 1: Refugee operations

DG ECHO will continue to prioritise support to refugee operations in Dadaab, Kakuma, Kalobeyi, and urban centres, with a strong focus on ensuring timely and appropriate access to essential basic services and protection for the most vulnerable individuals with critical or unmet needs. Given the persistent regional instability and the increasing influx of new arrivals and asylum seekers, priority will be placed on these groups, particularly those in reception centres, camps, and settlements, as well as urban settings. Food assistance interventions scaling-up the use of unrestricted mobile money should be pursued, demonstrating the cost-effectiveness and efficiency of the delivery mechanism.

Protection response will prioritise the most vulnerable and at-risk individuals, including undocumented and newly arrived asylum seekers, focusing on the most acute protection needs, with attention to comprehensive individual protection response, effective referral pathways to facilitate referral of beneficiaries across agencies, protection information management, and evidence-based advocacy on refugee rights and protection risks. Health and nutrition will be addressed through integrated responses, epidemic preparedness, and inclusion in national programs.

For education in emergencies, DG ECHO will prioritise support to learners in reception centres, teacher and incentive worker salaries, provision of essential teaching and learning materials, inclusive education, and psychosocial support. Partners must clearly demonstrate coordination and joint assessment of needs

in their proposals, alongside a clear mapping of available funding and gaps, to ensure complementarity of efforts and maximise collective impact.

While proposed actions should prioritise urgent protection and lifesaving needs, they should also foresee mechanisms (crisis modifiers) that can adapt to evolving displacement dynamics, scale up in times of sudden influx, and reduce risks of exclusion.

In alignment with the Government of Kenya’s commitment to transition from camp-based to settlement approaches, and building resilience, humanitarian support should be carefully articulated to complement and reinforce longer-term interventions using a NEXUS approach with a clear strategy for humanitarian aid phase-out.

DG ECHO will support actors working through local partners and refugee-led organisations, or those demonstrating a consistent and measurable commitment to strengthening their capacity. Clear benchmarks for capacity transfer and exit strategies should be presented to ensure sustainability and localisation of the response.

Pilot initiatives that promote innovative models to improve the efficiency, effectiveness, and accountability of operations may also be supported, provided they include mechanisms to capture and disseminate impact.

Pillar 2: Arid and Semi-Arid Lands affected by new shocks

DG ECHO will support integrated emergency responses to the most vulnerable communities in **ASAL** affected by new shocks (flooding and/or drought). Interventions will target exclusively areas experiencing severe food insecurity and high levels of malnutrition, where partners can present robust, evidence-based analysis demonstrating the critical food and nutrition vulnerability of affected populations. Priority will be given to food security, nutrition/ health responses aimed at preventing and reducing excess mortality and morbidity. For food assistance, cash transfers will be the preferred modality wherever markets are functional, and conditions allow.

2nd Situation of concern: Spread of epidemics leading to excess mortality and morbidity

DG ECHO will support epidemic preparedness and response either through ad hoc interventions or as part of broader responses under the 1st situation of concern. This will include ensuring surveillance, timely detection, rapid response capacity, and the integration of outbreak control measures within health and WASH programming.

5) SOMALIA

All actions are to **demonstrate compliance with** Somalia Humanitarian Country Team commitments, most notably on **system-wide aid diversion mitigation, Centrality of Protection strategy, principled nature of humanitarian action** – pursuing “stay and deliver” efforts in underserved, hard-to-reach locations – and **Reset agenda/IAHE** commitments.

In 2026, DG ECHO will prioritise the following humanitarian situations of concern:

1st Situation of concern: Sudden and slow onset shocks (conflict and/or natural hazards) leading to critical humanitarian needs in both displaced and non-displaced populations

DG ECHO prioritises **integrated emergency life-saving actions**, demonstrating commitment and capacity to provide people-centred relief and protection to most affected populations during the shock’s acute phase. Adapted interventions to mitigate shock specific anticipated impact would also be eligible. Actions tailored to enabling assistance and protection in locations affected by active conflict will be considered. Responses must gather household level multi-sectoral information and registration through digitalised single registration form (SRF) and set the foundation (e.g. access, networking, community engagement) for follow-up assistance and protection. Provision of information to affected populations, identification, and referral of those in need of specialised assistance and/or protection services shall be

mainstreamed. Type and duration of assistance should be shock-specific, and mindful of potential displacement patterns and intentions. Attention should be given to inclusion and exclusion factors. **Conflict sensitive programming** is particularly relevant, with emphasis on due acknowledgement of political economies of targeted locations and dynamics between affected populations and host communities.

Priority actions include:

- **Emergency assistance** at first point of access **to most affected populations – including newly displaced by specific shock**. Identification of multi-sectoral needs through SRF, response providers and follow up referral systems. Integrated emergency response must be conceived through an **area-based approach**, with **deliberate engagement of affected communities at all stages of programming**. Protection data collection to be conducted where specialised protection services are available.
- **EiE** actions may include temporary learning spaces and need to integrate the provision of child protection and PSS services. EiE actions should focus on maximising the provision of life-skills during enrolment, while aiming at integrating the most shock-affected out-of-school children (including newly displaced) into the formal system.
- **Nutritional and vaccination status screening and community-based treatment/referral** to facilities and follow-up. Primary and secondary health care facilities supported (area-based approach) shall cater for additional inpatient and outpatient caseload and link up with community-based services.
- **Emergency MPCA** within integrated response framework, targeting the most vulnerable households based on independent household level assessments, and enabling transitions towards sustained assistance (safety nets, food assistance, etc.).
- **Emergency WASH** to be provided with involvement of affected communities and be impactful. Any up-grading emergency solutions is to follow a public health targeted approach, ensure coordination with water sector development plans and comply with Somalia’s “WASH improvement roadmap.”

2nd Situation of concern: Famine, acute food insecurity, and malnutrition

Actions must demonstrate an **integrated, area-based approach**, covering support for community-based prioritisation of potential WASH, health, nutrition, and food security needs. Only locations where acute malnutrition/food insecurity indicators **surpass emergency thresholds will be prioritised** – with a view to enhance delivery in underserved, hard to reach locations. Integrated actions must demonstrate **use of digitalised SRF**, establish and follow **referral pathways** for complementary assistance, include **inter-operability through data sharing** from the outset (for complementary programming and de-duplication purposes), and facilitate effective access of most affected populations to rationalised basic services through an **area/catchment-based approach**. Actions to be resourced by quality assured, accountable countrywide pipelines of essential commodities (health, nutrition), and conduct regular quality of care reviews – including Infection Prevention and Control.

Protection to be integrated with Health and Nutrition and Camp Coordination and Camp Management (CCCM) as required entry points – others to be considered. Assistance and protection at most affected **IDP catchment areas and priority districts – including hard-to-reach:**

- **Digitalisation of data collection and analysis** to inform local drivers of acute malnutrition and food insecurity. Against directly assessed household level barriers to cover basic needs (vulnerability-based targeting), **MPCA** and sector specific interventions are to be considered - enabling their transition towards sustained assistance (safety nets, food assistance, etc.). CCCM to provide mapping and monitoring of availability and accessibility of catchment/area-level essential services, identifying gaps and mobilizing remedial actions at area level.
- **Emergency lifesaving health and nutrition** interventions to include service mapping and rationalisation of efforts by catchment area. Support community-based services, primary, secondary

health facilities (connected by effective referral pathways), **providing lifesaving health and nutrition services following an area-based approach**. Public health informed WASH interventions must comply with Somalia’s “WASH improvement roadmap.” Acute malnutrition responses are to follow updated global guidelines, including simplified protocols, and define quality improvement plans based on analysed bottlenecks. Child protection included in treatment of acute food insecurity and malnutrition.

- In hard-to-reach locations, interventions must be built on **community acceptance**, informed by **localised access strategies and risk assessments** (including for targeted population) and demonstrate programme criticality. Adapted programming could include MPCA to cover basic needs, emergency health **and** nutrition services at community level and small-scale water source repairs to enable services at emergency response standards, among others.

3rd Situation of concern: Spread of epidemics leading to excess mortality and morbidity

Epidemic outbreak response actions will be considered where excess mortality/morbidity **surpass outbreak specific emergency thresholds** – specific focus on underserved, hard to reach locations. **People centred, integrated** actions must ensure relevance against outbreak specific transmission/mortality pathways – focusing on highest impact interventions along these chains. All proposed interventions are to demonstrate outbreak specific technical and supply capabilities, contribute to mandatory stock tracking/reporting/surveillance through **digitalised systems**. Interventions are to establish and follow **referral pathways** for complementary, multi-sectorial assistance from the outset, through an **area-based approach**. All actions must conduct regular quality of care reviews and reinforce **community level preventative and treatment capacities** - effectively linked to referral facilities and sustainable, self-reliant, public health informed WASH interventions.

6) SOUTH SUDAN

DG ECHO will prioritise **principled, integrated lifesaving interventions** through the provision of emergency services and protection assistance in response to shocks (man-made or natural hazards), targeting the most vulnerable population in the most severely affected areas. **Conflict sensitive programming** will be key. The main objective will be to limit excess preventable mortality, reduce morbidity, and prevent and alleviate suffering during humanitarian crises.

DG ECHO will prioritise **area-based approaches**, where joint needs assessments drive people-centred, integrated programming and effective referral pathways. Expanding outreach requires strong collaboration through coordination, MoUs, or—where relevant—consortia, provided these strengthen integration and efficiency. **Equitable partnerships** with local actors and support for existing systems are essential.

Proposals will be favoured if they include **innovative approaches** to: (1) harmonising common delivery platforms, digitalisation across the programme cycle, and interoperable data systems; (2) joint contingency planning and rapid multi-sectoral assessments; and/or (3) shared support services.

The use of **multipurpose cash** is to be privileged where market, security and technical conditions are met.

DG ECHO will continue to support **rapid response** to shocks through ERM/RRMs and/or crisis modifiers. Such responses must include multi-sector life-saving interventions and encourage the involvement of local first responders. ERM/RRM actions should be time-bound, rapid, based on appropriate equipment and build complementarities between frontline actors. Crisis Modifiers should be foreseen in any action, informed by a risk analysis/contingency plan.

Enablers: Common activities will be supported to enable a rapid and efficient humanitarian support, including the scale-up of core pipelines (food/cash, shelter/NFI, WASH/NFI, health and nutrition supplies), logistics, safety and security, coordination, context analysis, data collection, assessment, monitoring, and conflict sensitivity. Advocacy efforts towards protection of civilians, respect of IHL and accountability will also be supported.

For 2026, DG ECHO will prioritise the following humanitarian situations of concern:

1st Situation of concern: Sudden and slow onset shock (conflict or natural hazard) leading to critical humanitarian needs in both displaced and non-displaced populations

DG ECHO will focus primarily on **emergency lifesaving** interventions in case of new shocks (conflict between armed groups leading to casualties, displacement of population and/ or populations deprived of basic life-saving services, including displacements from Sudan) targeting the most vulnerable in the most severely affected areas.

Hard-to-reach areas in Greater Upper Nile and new conflict hotspots will be prioritised.

Response to natural hazards (e.g. floods) will only be considered in exceptional cases, mainly in areas also hit by severe food insecurity and/or outbreaks, after needs assessments and data collection comparing to the usual floods cycle.

An **integrated approach** will be favoured, maximising first points of contact, where one unique people-centred needs-assessment is done and service provision offered directly and/ or via referrals. Innovative approaches are encouraged in the design of proposals, with flexible and agile service delivery strategies (including **community-led modalities**) to adapt to increasing access constrains.

Health service support will be prioritised where existing systems have collapsed. Primary healthcare will remain the main entry point, delivering essential health and nutrition services—including care for survivors of SGBV—with clear referral pathways to specialised services. Hospitals must be equipped to provide critical and emergency care, serving as a vital lifeline during crises. The preferred strategy is to reinforce existing health facilities and expand community-based health care through the Boma Health Initiative. Mobile outreach teams will be used only exceptionally, in hard-to-reach areas.

The **protection of conflict-affected populations and children’s access to education** remain critical DG ECHO priorities. Protection response must target communities newly exposed to protection risks guided by context-specific Protection Risk Analyses and provide individualised comprehensive support as well as safe, confidential referral pathways to basic and specialised services. For education in emergencies, priority will be given to safe spaces that combine child protection and strong psychosocial support, with effective referral to lifesaving services. Actions should include a strong social-emotional learning (SEL) component to build essential life skills and equipping teachers with the skills and materials needed to deliver foundational literacy and numeracy.

2nd Situation of concern: Famine, acute food insecurity, and malnutrition

The objective is to reduce excess mortality and morbidity by addressing severe food insecurity and acute malnutrition in priority locations (IPC 4/5 and most vulnerable households). DG ECHO will support integrated **Famine Risk Prevention response** favouring food, health, and nutrition interventions delivered through primary health facilities and community platforms. Stand-alone nutrition activities not linked to health services or structures will not be funded. Preference will be given to multipurpose cash transfers, backed by joint market monitoring and analysis aligned with CWG and FS cluster recommendations. Integration of Child Protection and GBV prevention and response within health and nutrition interventions is strongly encouraged.

3rd Situation of concern: Spread of epidemics leading to excess mortality and morbidity

DG ECHO will keep a strong focus on surveillance, disease early warning systems and rapid response to epidemics, underpinned by a strong community engagement. WASH interventions should be carried out as part of an integrated multisectoral outbreak emergency response, targeting disease outbreak hotspots and responding to wash needs at health facilities to mitigate epidemics. Emergency health and WASH interventions to respond to outbreaks should be short-term.

7) SUDAN

DG ECHO will prioritise lifesaving interventions that address critical needs through the delivery of multi-sectoral emergency assistance, providing basic services and protection for populations affected by conflict and displacement, acute food insecurity (with priority given to famine and acute malnutrition), and epidemic outbreaks.

Integrated programming will remain a central focus, promoting coherent and complementary responses across sectors. Partners are not expected to propose a response in all sectors but strategic connections to other actors operating in the same area (providing complementary services) needs to be shown. Area-based/catchment-based approaches will be prioritised to strengthen information-sharing, data management, joint needs assessments, integrated programming, and referral pathways. Partners must ensure cooperation with the humanitarian coordination architecture, including area-based coordination mechanisms where these exist.

Targeting must focus on the most urgent humanitarian and protection needs, with clear prioritisation of the most affected and vulnerable groups.

Responses should be informed by context-specific protection risk and gender analyses and reflect a conflict-sensitive, people-centred approach. All responses must be supported by robust data and information systems. Special attention should also be given to inclusion and exclusion risks, as well as to conflict-sensitive programming, especially in targeted locations and in managing dynamics between population groups. All actions must demonstrate robust mitigation measures, as well as the partner's proven presence and capacity in the intervention area to effectively respond. Crisis modifiers should be considered in all actions, informed by risk analysis and contingency planning, and may be deployed country wide. Cross-border operations will be supported where conflict-related restrictions impede crossline delivery.

Strengthening local response and community-led initiatives and mechanisms, including through country-specific pooled funds, is also encouraged.

Enablers

To maximise the effectiveness of its interventions, DG ECHO will invest in strengthening the enabling environment for humanitarian action, with a particular focus on: i. Advocacy and access, including humanitarian diplomacy on access and the protection of civilians; ii. Improved coordination and collaboration, information-sharing, and data management systems. iii. Digitalisation of data collection and analysis, with interoperability and data-sharing from the outset to enable complementary programming and de-duplication, as well as digitalisation of response systems (e.g. cash delivery, monitoring and evaluation); iv. Safety and security measures for local and international humanitarian partners; v. Strengthening common services such as logistics, air transport, communication, shared facilities, common pipelines, and supply chains, aligned with the situations of concern highlighted below. The digitalisation of supply chains to improve management, track last-mile delivery, and enhance accountability is encouraged.

In 2026, DG ECHO will prioritise the response to the following humanitarian situations of concern:

1st Situation of concern: Shocks leading to critical humanitarian needs (displaced and non-displaced populations)

DG ECHO will prioritise two pillars under this situation of concern:

*Pillar 1: **Emergency lifesaving** response in conflict-affected areas*

DG ECHO will prioritise integrated lifesaving actions across sectors (Protection, Health, Nutrition, WASH, Food Security, Emergency Shelter/Non Food Items, and EiE) to provide immediate relief and protection to the most vulnerable populations.

The focus will be on active conflict and access-constrained areas, including hard-to-reach and besieged settings, as well as recent displacement sites with acute needs. More permanent gathering sites will only be considered on an exceptional basis.

DG ECHO will continue to support emergency responses to shocks through ERM and/or crisis modifiers. ERM actions should be rapid, time-bound, based on appropriate equipment, and designed to build complementarities between frontline and second-line responders.

Responses to natural hazards will only be supported exceptionally.

Pillar 2: Immediate support to lifesaving basic needs in areas of return

DG ECHO will address the basic needs of the most vulnerable populations in areas of return. DG ECHO will solely focus on areas of return that have been affected by conflict and marked by high concentrations of critical needs. Only areas where humanitarian indicators surpass emergency thresholds will be prioritised, with partners required to justify their area selection.

- Interventions should prioritise first points of contact, especially in health, nutrition and protection, and must be guided by a single, people-centred needs assessment.
- Interventions should ensure immediate access to basic services for the most vulnerable groups through tailored responses such as multipurpose cash assistance and functional referral pathways for highly vulnerable individuals.
- Humanitarian mine action, such as quick response teams and mine risk education, can be considered to facilitate humanitarian access and mitigate risks for civilians.
- Only small-scale, emergency-standard infrastructure repairs will be considered, primarily in urban centres, with priority given to WASH.
- Partners must adopt a Nexus approach, fostering linkages to sustainable programming of development, and stabilisation efforts. Phase-out strategies for basic service support must be time-bound and clearly articulated.

In both pillars:

- **Education in Emergencies** should serve as an entry point for child protection and psychosocial support (PSS) for both learners and teachers. EiE interventions should emphasise PSS, social and emotional learning, and basic literacy and numeracy, targeting out-of-school children and high concentrations of IDPs, while partners are expected to support transition pathways to formal education and referral to other sector interventions.
- **Protection** interventions must be integrated across all sectors, adapted to evolving conflict dynamics, and based on context-specific protection risk analyses. Partners must deliver comprehensive responses to identified risks, ensuring timely and effective case management, safe referral pathways, and strengthened capacity of local first responders for SGBV and child protection.
- **Cash** responses, preferably in the form of multipurpose cash, must be grounded in evidence, including market assessments, technical feasibility, access considerations, and protection concerns. Targeting must be guided by independent household-level assessments. It should enable, to the extent possible, transitioning toward sustained assistance such as safety nets or food assistance.
- Support to **Mutual Aid Groups**, such as Emergency Response Rooms, can be considered where relevant, particularly in access-constrained areas. This support will be provided within a framework of operational integrity to safeguard the groups' decision-making agency and voluntary nature. Group Cash Transfers, as a multisectoral and unrestricted modality, will be preferred.

2nd Situation of concern: Famine, acute food insecurity, and malnutrition

DG ECHO will support an **integrated Famine Response**, combining food, health and nutrition interventions to prevent and reduce excess mortality and morbidity, focusing only on areas facing severe food insecurity and high malnutrition levels, above WHO emergency thresholds.

- Nutrition activities will only be implemented in areas where GAM/SAM levels exceed WHO thresholds, with priorities aligned with the Nutrition Cluster.
- Partners must provide clear evidence (IPC, SMART surveys, needs assessments, etc.) to justify targeting.
- Responses should build on strategic coordination to enable cross-sectoral and interagency actions through referral pathways.
- Integrated health and nutrition interventions should be delivered through static sites, complemented where necessary by mobile responses and community outreach.
- Clear referral pathways to secondary-level care must be in place.
- Cash remains the preferred modality for food assistance.
- Support to mutual aid groups may be considered where justified.

3rd Situation of concern: Spread of epidemics leading to excess mortality and morbidity

DG ECHO will prioritise swift, integrated health and WASH epidemic responses to reduce mortality and morbidity, supported by robust surveillance, early warning systems, and rapid response mechanisms. Particular emphasis will be placed on community engagement and the integration of health and WASH surveillance systems, including at community level, to ensure early detection, strengthen preparedness, and enable the rapid mobilisation of responders.

Both health and WASH emergency interventions in response to outbreaks are expected to be short term in nature.

8) UGANDA

DG ECHO will prioritise integrated life-saving interventions that address the most pressing needs of people affected by displacement, conflict, climatic shocks, natural disasters, and epidemic outbreaks. As the refugee situation is both acute and protracted, priority will be given to meeting the basic needs of the most vulnerable and at-risk communities, based on vulnerability rather than status alone. This may include new arrivals with specific vulnerabilities and acute humanitarian needs.

Actions must be prioritised, demonstrate their efficiency and effectiveness, and outline efforts to maximise complementarities towards providing an integrated response. The use of common assessments, targeting, response packages, logistics, and pipelines is encouraged.

In 2026, DG ECHO will prioritise the following humanitarian situations of concern:

1st Situation of concern: Sudden and slow onset shocks (due to conflict or natural hazards) leading to critical humanitarian needs in both displaced and non-displaced populations

The influx of refugees and asylum seekers due to regional conflicts and instability continues to overwhelm the current capacity of the government to provide lifesaving support. Similarly, both slow and sudden onset shocks such as drought, flooding, and extreme weather events also regularly result in humanitarian needs for both displaced and non-displaced populations, requiring international assistance.

Needs are both multifaceted –i.e. they cannot be addressed by single sectoral interventions alone – and differentiated by vulnerabilities and exposure to risks –i.e. not all people of a given status or nationality require the same assistance. Actions must therefore be highly prioritised to target the most vulnerable and

seek to address threats to life, whether they are refugees, asylum seekers, host communities, or others, and only in instances where existing national and local systems cannot respond.

The registration and documentation of asylum seekers and refugees is an essential step to secure international protection. DG ECHO also considers that **education** can provide lifesaving protection for children and will prioritise actions targeting out of school children. **Protection**, Child Protection, and Education in Emergencies actions should demonstrate their integration with other lifesaving assistance.

Interventions should utilize an **Area Based Approach** through well targeted, integrated programming consisting of multi-layered assistance supported by clear and effective referral pathways where needed, with efforts made to 'refer out' of humanitarian programmes when appropriate.

2nd Situation of concern: Spread of epidemics leading to excess mortality and morbidity

Uganda and neighbouring countries are prone to frequent epidemic outbreaks with risks of regional and global spread. Timely and impact-oriented preparedness and actions which enhance early detection and rapid response will be prioritised. Interventions must complement existing government-led efforts and health systems, identifying and seeking to address specific gaps. Interventions must be timebound and contain clear exit strategies, ideally by transferring capacities to local and national systems.

Early warning, surveillance, rapid outbreak investigation, emergency health response, and integrating the One Health approach, consistent with the National Action Plan for Health Security will be considered.

3rd Situation of concern: Insufficient Disaster Preparedness for natural hazards or conflicts

Uganda and the region are similarly prone to natural hazards with climate change and environmental degradation acting as accelerators of the frequency and intensity of associated shocks. National and regional systems (e.g. IGAD, ICPAC) are well-established, though the increasing frequency and severity of these multiple hazards means that these existing systems cannot always cope.

DG ECHO will continue to strengthen multi-hazard disaster preparedness in high-risk areas to address the multiplicity of shocks, whilst having clear handover and exit strategies to reinforce national and local preparedness. Actions must employ a multi-hazard analysis and approach, focus on effective early warning systems, and may include anticipatory actions based on contextualized triggers and agreed-upon national anticipatory action protocols. The provision of timely responses, whether anticipatory or early, should be prioritised and focused on life-saving assistance.

Crosscutting considerations:

- **Transition:** Actions must actively promote the transition to government-led systems, adherence to national standards and include transition indicators, where appropriate and realistic, across all thematic areas. Wherever reasonably possible, actions should include a mapping of non-humanitarian interventions and services within a targeted geography and any foreseen referral-out opportunities to operationalise Nexus approaches at an individual, household, or community level.
- **Reporting:** reporting of DG ECHO funding against the Uganda Comprehensive Refugee Response Plan, ProGres V4 Activity Info and OPM systems is mandatory. Interoperability of data systems, including feedback and referral systems is key, with opportunities for synergies and cost-efficiencies sought wherever feasible. Systems providing common, harmonised services are encouraged.