

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

The provisions of the financing decision ECHO/WWD/BUD/2015/01000 and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

1. CONTACTS

Operational Unit in charge	ECHO ¹ /B/2
Contact persons at HQ	Isabelle Seroin – Head of Sector isabelle.seroin@ec.europa.eu Marius Dogeanu – South Sudan marius_dogeanu@ec.europa.eu Ludovico Gammarelli – Sudan ludovico.gammarelli@ec.europa.eu Thorsten Münch – South Sudan thorsten.muench@ec.europa.eu Daniel Weiss – South Sudan daniel.weiss@ec.europa.eu
Contact persons in the field	
JUBA	Simon Mansfield – Head of Office simon.mansfield@echofield.eu Laetitia Beuscher – Technical Assistant laetitia.beuscher@echofield.eu Inma Vazquez - Technical Assistant inma.vazquez@echofield.eu
KHARTOUM	Jeroen Uytterschaut – Head of Office jeroen.uytterschaut@echofield.eu Jean-Marc Jouineau – Technical Assistant jean-marc.jouineau@echofield.eu Cédric Perus – Technical Assistant cedric.perus@echofield.eu

¹ Directorate General for Humanitarian Aid and Civil Protection (ECHO)

2. FINANCIAL INFO

Indicative Allocation:	EUR 82 000 000
Man-made crises:	HA-FA ² : EUR 82 000 000
Total:	HA-FA: EUR 82 000 000

3. PROPOSAL ASSESSMENT

3.1. Administrative info

Assessment round 1

- a) Indicative amount: up to EUR 82 000 000. Subject to the availability of payment appropriations, the amount awarded may be lower than the overall indicative amount or be spread over time. More information will be available upon adoption of the general budget of the European Union for the year 2015.
- b) Description of the humanitarian aid interventions relating to this assessment round: All interventions as described in section 3.4 of the HIP.
- c) Costs will be eligible from 01/01/2015.³ Actions will start from 01/01/2015.
- d) The expected initial duration for the Action is up to 12 months.
- e) Potential partners: All ECHO Partners.
- f) Information to be provided: Single Form⁴
- g) Indicative date for receipt of the above requested information: by 05/01/2015.⁵

² Humanitarian aid and food assistance (HA-FA)

³ 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.

⁴ Single Forms will be submitted to ECHO using APPEL

⁵ The Commission reserves the right to consider Single Forms transmitted after this date, especially in case certain needs/ priorities are not covered by the received Single Forms.

3.2. Operational requirements:

3.2.1. Assessment criteria:

The assessment of proposals will look at:

- The compliance with the proposed strategy (HIP) and the operational requirements described in this section;
- Commonly used principles such as: quality of the needs assessment and of the logical framework, relevance of the intervention and coverage, feasibility, applicant's implementation capacity and knowledge of the country/region;
- In case of actions already being implemented on the ground, where ECHO is requested to fund a continuation, a visit of the ongoing action may be conducted to determine the feasibility and quality of the Action proposed.

3.2.2. Operational guidelines:

3.2.2.1. General Guidelines

In the design of your operation, ECHO policies and guidelines need to be taken into account:

The EU resilience communication and Action Plan

<http://ec.europa.eu/echo/en/what/humanitarian-aid/resilience>

Humanitarian Food Assistance

<http://ec.europa.eu/echo/en/what/humanitarian-aid/food-assistance>

Nutrition

http://ec.europa.eu/echo/files/news/201303_SWDUndernutritioninemergencies.pdf

Cash and vouchers

<http://ec.europa.eu/echo/en/what/humanitarian-aid/cash-and-vouchers>

Protection

<http://ec.europa.eu/echo/en/what/humanitarian-aid/protection>

Children in Conflict

http://ec.europa.eu/echo/files/policies/sectoral/children_2008_Emergency_Crisis_Situations_en.pdf

Emergency medical assistance

<http://ec.europa.eu/echo/en/what/humanitarian-aid/health>

Civil–military coordination

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

Water sanitation and hygiene

http://ec.europa.eu/echo/files/policies/sectoral/WASH_SWD.pdf

Gender

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

Disaster Risk Reduction

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

Health guidelines

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

ECHO Visibility website – visibility and communication manual

<http://www.echo-visibility.eu/>

http://www.echo-visibility.eu/wpcontent/uploads/2014/02/2014_visibility_manual_en.pdf

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

Humanitarian principles - Every operation supported by ECHO will be able to demonstrate how it applies humanitarian principles of humanity, neutrality, impartiality and independence, in line with the European Consensus on Humanitarian Aid.

The safe and secure provision of aid - The ability to safely deliver assistance to all areas must be preserved. ECHO requests its partners to include in the project proposal details on how safety and security of staff and assets is being considered as well as an analysis of threats and plans to mitigate and limit exposure to risks. ECHO or its partners can request the suspension of ongoing actions as a result of serious threats to the safety of project staff.

Accountability - Partners are fully accountable for all aspects of their operations, including:

- The identification of the beneficiaries and of their needs using, for example, baseline surveys, Knowledge, Attitudes, and Practice (KAP) surveys, Lot Quality Assurance Sampling (LQAS) or beneficiary profiling;
- Management and monitoring of operations, and having adequate systems in place to facilitate this;
- Reporting on activities and outcomes, and the associated capacities to collect and analyse information;
- Identification and analysis of logistic and access constraints and risks, and the steps taken to address them.

Remote management - ECHO does not fund actions using remote management, other than in exceptional circumstances, where access to a crisis zone is limited due to insecurity concerns or other obstacles. This mode of operations should therefore only be proposed as a last resort, and in the context of life-saving activities, for a limited timeframe.

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

In line with above, access being permanently eroded in Sudan, ECHO will carefully monitor access conditions of humanitarian actors in function of respect of basic humanitarian principles related to conflict situations (independence, impartiality, neutrality), do not harm vis a vis national staff members (delegation of security risks) and basic accountability conditions.

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

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

Gender-Age issues - Partners will demonstrate how they have considered specific needs related to gender and age. Gender and age matter in humanitarian aid because women, girls, boys, men and elderly women and men are affected by crises in different ways. The Gender-Age Marker is a tool that uses four criteria to assess how strongly ECHO-funded humanitarian actions integrates gender and age

consideration. For more information about the marker and how it is applied please consult the Gender-Age Marker Toolkit.⁶

Protection: The partner will demonstrate how it has mainstreamed core protection principles and protection minimum standards in its action plan. This will entail the consideration of special measures to ensure safe and equal access to assistance, accountability as well as participation and empowerment of beneficiaries with special attention to vulnerable groups where actions are implemented in a displacement- hosting context (be it refugees or IDPs), in situations of conflict or in contexts where social exclusion is a known factor, where considerations on inter-communal relationships are of utmost importance for the protection of the affected population.

It is also necessary to consider the relevance and feasibility of advocacy (structural level) interventions aimed at (a) stopping the violations by perpetrators and/or (b) convincing the duty-bearers to fulfil their responsibilities.

Risk analysis: Partners should ensure that the context analysis takes into account threats to the target population as well as the strategies used to reduce these threats. The risk equation model provides a useful tool to conduct this analysis. The model stipulates that *Risks equals Threats multiplied by Vulnerabilities divided by Capacities*, and the way to reduce risks is by reducing the threats and vulnerabilities and increasing the capacities. The action should be informed by and will be assessed on the basis and relevance of this analysis.

Disaster Risk Reduction (DRR): The needs assessment presented in the Single Form should reflect, whenever relevant, the exposure to natural hazards and the related threats to the targeted population and their livelihoods and assets. This analysis should also assess the likely impact of the humanitarian intervention on both immediate and future risks. The DRR approach and related measures can be relevant in all humanitarian sectors (WASH, nutrition, food assistance and livelihoods, health, protection, etc.), and should be systematically considered. Risk-informed programming across sectors can help protect operations and beneficiaries from hazard occurrence. Information from early warning systems can be incorporated into programme decision making and design, even where the humanitarian operation is not the result of a specific hazard.

Strengthening coordination: Partners will provide information on how they will play a constructive role in coordination mechanisms at different levels. Where coordination and de-confliction with military actors is necessary, this should be done in a way that does not endanger humanitarian actors or the humanitarian space, and without prejudice to the mandate and responsibilities of the actor concerned.

Integrated approaches: Whenever possible, integrated approaches with multi- or cross-sectoral programming of responses in specific geographical areas are encouraged to maximize impact, synergies and cost-effectiveness. Partners are requested to provide information on how their actions are integrated with other actors present in the same area.

⁶ http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf

Resilience: ECHO's objective is to respond to the acute humanitarian needs of the most vulnerable and exposed people, while increasing their resilience in line with EU resilience policy. Where feasible, cost effective, and without compromising humanitarian principles, ECHO support will contribute to longer term strategies to reduce vulnerability to shocks and stresses. Partners may identify opportunities to reduce future risks to vulnerable people and to strengthen livelihoods and capacities. ECHO encourages its partners to develop their contextual risk and vulnerability analysis and to adapt their approach to the type of needs and opportunities identified.

Good coordination and strategic complementarity between humanitarian and development activities will be pursued where doing so does not undermine the fundamental humanitarian purposes of ECHO. This might include i) increasing interest of development partners and governments on health and nutrition issues; ii) seeking for more sustainable solutions for refugees (access to basic services, innovative approach toward strengthening self-resilience); iii) integrating disaster risk reduction into humanitarian and development interventions.

Community-based approach: Interventions should adopt, wherever possible and appropriate, a community-based approach in terms of defining viable options to effectively meeting basic needs among the most vulnerable. This may include consulting the community on the identification of needs, and the transfer of appropriate knowledge and resources. However it will remain essential for the partner to be ready to identify where local community structures represent systems of control and abuse that are more of a threat than an opportunity for partners seeking to provide humanitarian services.

Response Analysis to Support Modality Selection for all Resource Transfers is mandatory. ECHO will support the most effective and efficient modality of providing assistance, whether it be cash, vouchers or in-kind assistance. Partners should provide sufficient information on the reasons about why a transfer modality is proposed and another one is excluded. The choice of the transfer modality must demonstrate that the response analysis took into account the market situation in the affected area, technical feasibility, security of beneficiaries, agency staff and communities, beneficiary preference, needs and risks of specific vulnerable groups, mainstreaming of protection (safety and equality in access), gender concerns and cost-effectiveness. Therefore for any type of transfer modality proposed, the partner should explain why they believe that the modality proposed will be the most efficient and effective to achieve maximum humanitarian benefit. For in-kind transfer local purchase are encouraged when possible.

Visibility: Partners will be expected to ensure full compliance with visibility requirements and to acknowledge the funding role of the ECHO, as set out in the applicable contractual arrangements. In exceptional cases, there is a possibility to obtain derogation from the visibility requirement, for instance, due to insecurity or local political sensitivities in crisis zones. Instead, a strategic approach to communication should be agreed with ECHO. Partners are encouraged to engage in mutually beneficial public communication activities particularly targeting European taxpayers.

3.2.2.2. Specific guidelines

SOUTH SUDAN and SUDAN STRATEGIC PRIORITIES

A) SOUTH SUDAN

A.1) Strategic priorities

Emergency food assistance as well as treatment and prevention of acute malnutrition are expected to remain strategic priorities in South Sudan. There will be a focus on responding to new displacements and transitory food insecurity.

Multi-sector Rapid Response Initiatives and Emergency Preparedness (EP&R) (EP&R) remains a priority, to be able to ensure rapid responses and provide relief and essential life-saving services to people affected by conflicts, natural disasters or epidemic outbreaks. ECHO will support actions that aim at preventing, detecting, assessing, reducing and/or mitigating emergencies that are causing or likely to cause excess mortality such as conflicts, natural disasters (exogenous shocks), disease outbreaks, population displacement and acute child malnutrition. In these situations ECHO will consider supporting EP&R standby partners for multiple short term responses (3-4 month for each response on average).

Partner organisations are expected to actively contribute to EP&R in their areas of operation and to participate constructively in coordination of responses, often including the cluster system and the OCHA EP&R taskforce. Partners in high risk areas are expected to pay due attention to emergency preparedness activities. Pipelines for relief items remain essential for emergency response in South Sudan and may be considered for support. Targeting exercises before distribution (needs verification analysis) and post-distribution monitoring is essential and compulsory and a requirement as a source of verification to be provided to ECHO.

Support to basic services will be supported by ECHO in areas with high caseloads of IDPs and refugees, recurrence of conflict, and high level of acute malnutrition. The provision of basic services in favour of populations in PoC camps will be maintained as far as protection remains the main driver for the population to remain in these camps. Support to basic social services could also be considered in the areas assessed as most critical (and presented as such through baseline surveys demonstrating excess mortality or other indicators of the severity of the situation); an integrated approach with the provision of health, nutrition services, water and sanitation, food security and protection will be encouraged. A coordinated or consortium approach of agencies with technical expertise across sectors may also be considered for support.

Protection will remain to be particularly pertinent for all types of displaced populations (refugees, IDPs, returnees). All population movements accompanied by humanitarian actors must be voluntary, safe and sustainable.

Building Resilience and Linking Relief, Rehabilitation and Development (LRRD): Actions targeting resilience should, where possible, be linked with instruments and financial mechanisms of development donors. LRRD processes may be supported depending on the specifics of the context and the urgency of competing needs elsewhere. Integrated approaches with multi- or cross-sectorial programming of responses in specific geographical areas are encouraged as this can increase impact, and cost-effectiveness.

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

A.2) Sectorial recommendations – Support to interventions containing the following elements may be considered:

PROTECTION

- Displacement related protection activities: Camp coordination in the protection of civilian areas⁷, population movement tracking and profiling (including vulnerability profiling), screening, registration and verification exercises for refugees and IDPs and protection monitoring.
- Community-based protection: Processes to identify self-protection mechanisms and strengthen community cohesion and conflict mitigation to reduce tensions between internal displaced/refugees and host communities or between communities in conflict.

Child Protection

- Prioritized are activities related to child protection in emergencies, such as registration of unaccompanied minors (UAM) and separated children (SC), family tracing and reunification (FTR), referral and support to UAM/SC; psycho-social needs of children affected by conflict/displacement; monitoring of grave violations of the rights of the child, prevention of recruitment and reintegration of children affected by armed forces and armed groups.
- Strengthening of child protection by means of programs on peace-building and education in emergencies might be considered.

⁷ Partner will have to encode all CCCM requests under the NFI/shelter sector in the Single Form

SGBV

- Assistance to victims of sexual and gender base violence is supported. In providing victim assistance a comprehensive approach is encouraged covering both prevention and response.

Demining and mine risk education

- Project based humanitarian demining projects taking into account basic principles of independence & impartiality might be supported only when conflict and military operations are over.

NUTRITION

- Enhancing emergency response through life-saving nutrition interventions, linked to risk assessment of vulnerability of the affected populations, particularly in key conflict affected areas.
- Providing emergency and/or continued support for care and maintenance in terms of nutrition services (or linked programmes) to refugees and IDPs as per identified needs and gaps.
- Target groups will be children below the age of five and pregnant and lactating women. Interventions targeting other vulnerable groups (elderly, adolescents, adults) will be considered on the basis of needs mortality risks and available resources.
- The Community-based Management of Acute Malnutrition (CMAM) approach, included the expanded protocol, is recommended and should include MAM. Partners will be expected to demonstrate how they are strengthening training and ensuring adequate supervision and follow up.
- Blanket supplementary feeding programmes (BSFP) where it is in line with the applicable international standards and recommendations will also be considered.

Best practices:

- Establishment of ready-to-use therapeutic food (RUTF) and read-to-use supplementary food (RUSF) buffer stocks to complement the supplies provided by the cluster core pipelines (UNICEF and WFP).
- Collaboration with the Nutrition Cluster, while retaining the capacity to operate independently if this is necessary.
- Promotion of infant and young children feeding (IYCF) and IYCF in emergencies (IYCF-E) is part of any nutrition intervention package addressing acute under-nutrition, in addition to clearly targeted health and nutrition messages.

DISASTER RISK REDUCTION

South Sudan faces a number of natural hazard risks, including flooding. Climate variability is likely to negatively impact agriculture, while projected increases in rainfall intensity may increase the risk of floods and the spread of waterborne diseases. ECHO encourages its partners to pay sufficient attention in all humanitarian actions to the seasonal flooding of the Nile River tributaries (July – September). This entails adequate contingency arrangements proportionate to the flood risk.

WASH

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

Multi sectorial synergies are strongly encouraged, notably between health, nutrition, protection, food security and WASH sectors. This is particularly applicable when responding to epidemic outbreak of a water borne or diarrheal disease. In this context WASH actors should co-ordinate with the health sector relief agencies and make full use of available epidemiological data. Partners should as far as possible avoid paying communities to perform basic community responsibilities.

Water supply:

- Emergency water supply system normally should not be operated for more than 6 months. The water supply system implemented after this initial emergency period should take into account the need for maintenance friendly (considering local capacity) and cost efficient technologies available, to contribute as far as possible to sustainability of the system and efficiency of the investment impact.
- In case of dealing with water access in dry land, appropriate geophysical survey should be performed prior to drilling. And, water quality should be tested (bacteriological, physical and chemical) prior to open access of the facility.
- In an area where it is not known, water purifier such as PUR bags for household water treatment should only be distributed to the community after proper training. No chlorination should be performed without coagulant for raw water turbidity above 5 NTU (8-10 NTU could be accepted for a short period of time).

Hygiene promotion:

- The method of awareness or hygiene promotion to be based on accurate contextual socio-cultural, environmental and economic analysis. The adaptation to the context of the tools, the method and strategy of hygiene promotion should be explained. Innovative communication tools and strategy, plus dynamic approach (vs. frozen/repetitive approach) are encouraged.

Sanitation:

- The sanitation project should where appropriate be based on community lead approach. Subsidies based on people motivation and vulnerability could be fostered according the feasibility within the context.
- In case of desludging using truck, access to the facilities should be ensured as well in rainy season. Thus, the location of the latrine facilities should initially, take into account accessibility.
- The place of disposal for the excreta should at least ensure waste incineration and burying (with no risk of groundwater contamination) to reduce volume, stabilize it, and avoid vermin' access.

HEALTH

- Those interventions most likely to save lives will be prioritized. These may include primary and secondary health care, war surgery and basic and comprehensive Emergency Obstetric and Neonatal Care. Actions should address basic health needs of the most vulnerable population (mainly IDP, refugees and population in conflict zones) as indicated through an up-to-date and comprehensive needs assessment based on independent access.
- Weekly reporting of Integrated Disease Surveillance Response (IDSR) and monthly Routine report (DHIS) is encouraged for all European Union-funded health actors and can be used as source of verification. All health projects should include activities that actively contribute to the preparedness, surveillance and response to potential outbreaks (for example cholera, measles, hepatitis E, ebola, kala azar).
- Medical support to victims of SGBV, integrated within reproductive health services, should be provided in all primary health care (PHC) projects supported by ECHO. The provision of psychosocial support is also encouraged.

Specific guidance for life-saving interventions:

- At population level, targeted interventions should address the largest number of beneficiaries (coverage effect) with flexible approaches to improve intervention (e.g. vaccination) coverage.
- At primary healthcare level, a trade-off between high access (coverage) and quality of services is to be looked for. Where possible in the current context, existing elements of the healthcare system should be taken into account in the design of the operation.
- Hospitals supported need to guarantee a minimal level of quality. Organizations should have a proven record of successful implementation of similar activities. Priority should be given to paediatrics (including nutrition), emergency surgery (especially for war-wounded) and comprehensive emergency obstetric care (EmOC) services.

HUMANITARIAN FOOD ASSISTANCE

- ECHO will focus on life-saving and asset protecting activities in areas that are affected by exogenous shocks and those directly affected by conflict, in accordance with the European Commission's Communication on Humanitarian Food Assistance.
- In-kind food assistance or cash-based transfers (including vouchers) can be supported based on a sound situation analysis, including nutrition surveys, market study, household economic assessment (HEA) and risk assessment. Particular attention must be given to conditions and criteria for both conditional and unconditional cash transfers. ECHO support for in-kind food assistance will be considered primarily for life-saving actions responding to new displacements or to severe, transitory food insecurity due to natural disasters. It is recommended that partners use the decision tree chart of the "*ECHO funding guidelines – The use of Cash and Vouchers in humanitarian crises, March 2013*" to justify the transfer modalities selected. Responses may include relief food assistance as well as therapeutic and supplementary feeding.
- All actors proposing Humanitarian Food Assistance actions will show how they have considered malnutrition issues in the design of assessments, problems analysis, programming and monitoring.
- Emergency animal health will be supported only in response to significant disease outbreaks and where livestock are proven to be a vital asset for the most vulnerable people, and where direct humanitarian responses are not required or not possible.
- Short-term livelihood interventions may be considered where there is clear evidence of community demand. The food security and livelihoods (FSL) component needs to complement other emergency activities in a holistic approach that includes concrete plans to link the short-term transition actions to longer term strategies and funding.

SHELTER AND NON-FOOD ITEMS

- Provision of emergency shelter and NFI to displaced population, returnees when appropriate and local communities who suffered significant destruction of their houses.
- For populations who have already been assisted in a specific location, ECHO may support additional distribution of NFI and Shelter material if situation justifies, such as relocation in the same place or arrival of new IDPs.
- Unless security/protection reasons prevent beneficiaries from building their own shelter, partners should avoid paying daily workers for the full construction of shelters. A clear explanation should justify such a strategy and be decided on a case by case basis.

B) SUDAN

B.1) Strategic priorities

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

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

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

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

Strengthening coordination: Partners should engage actively in coordination mechanisms at different levels, engagement in technical groups, joint field assessments and joint planning activities with relevant stakeholders.

B.2) Sectorial recommendations

PROTECTION

- Displacement related protection activities targeting both IDPs and refugees: population movement tracking and profiling, registration and verification of IDPs and refugees with special focus on individual registration and identification of vulnerable, protection monitoring including return and reintegration monitoring, legal protection, including status determination and advocacy for status recognition.

- Advocacy for durable solutions for IDPs in protracted situations and support to actual durable solutions processes (return, reintegration and resettlement).
- Strengthening of coordination and information sharing mechanisms, particularly the Protection Cluster system, and advocacy on respect for humanitarian principles, safe access and the respect of IHL.
- Community-based protection: Processes to identify self-protection mechanisms and strengthen community cohesion and conflict mitigation to reduce tensions between internal displaced/refugees and host communities or between communities in conflict.

Child protection

- Prioritized are registration and family tracing and reunification (FTR), referral and support to unaccompanied minors (UAM) / separated children (SC); psycho-social needs of children affected by conflict/displacement; prevention of recruitment and reintegration of children affected by armed forces and armed groups.

SGBV

- Assistance to victims of sexual and gender based violence, including conflict related violence is supported covering both prevention and response. Special priority will be given to access to medical assistance and mental health/psycho-social support in accordance with international guidelines. Community sensitisation and advocacy campaigns might be supported.

Demining and mine risk education

- Project based humanitarian demining projects taking into account basic principles of independence and impartiality might be supported only when conflict and military operations are over.

NUTRITION

- The target groups should be children below the age of five, and pregnant and lactating women. Interventions targeting other vulnerable groups (elderly, adolescents, adults etc.) will be considered case by case, on the basis of needs, mortality risk and resources available.
- Community-based management of acute malnutrition (CMAM) approach should include MAM treatment, community work and infant and young child feeding practices (IYCF) promotion along with SAM treatment. The latter should be integrated as much as possible into the healthcare system. Partners should strengthen formal training and in-service training and supervision of health and nutrition staff.
- Partners should be active member of the nutrition cluster for coordination, information sharing, preparedness and response plans.

- Promotion of integrated programming designed around multi and cross-sectoral analysis will be prioritised where conditions permit. ECHO will favour actions built around partnership among NGOs, WFP, UNICEF and other relevant organisations.
- The adoption of innovative strategies for management of moderate acute malnutrition (cash transfer, vouchers, etc.) will be considered based on existing evidence and context specific analysis.
- Blanket supplementary feeding programmes (BSFP) will be considered only when the objective, target age, duration, type of food comply with the international recommendations (see UNICEF, WFP, UNHCR guidelines). BSFP implementation in protracted nutritional crisis is not recommended unless targeted supplementary feeding program (TSFP) cannot be established. Sound monitoring will be required during the implementation to ensure the effectiveness of the action.

DISASTER RISK REDUCTION

- ECHO will pay particular attention to actions demonstrating a thorough analysis of both natural and man-made risks. Even when natural hazard are not the entry points, partners are expected to consider appropriate measures to protect their operations and beneficiaries from drought or floods, and to include contingency arrangements for additional or expanded activities that might be required. Information from early warning systems should be systematically incorporated into programme decision making.
- Effective actions to manage crisis need to reflect conflict-disaster complexities and respond to them in a holistic and integrative manner. The concept of 'resilience' can be used to leverage better links between humanitarian and development action and encourage joint working. It will be necessary to continue finding ways to balance the desire to maintain humanitarian space against the need to work collaboratively with governments to build their capacity to reduce and manage risks.

WASH

For the general principles - see South Sudan technical recommendation.

In emergency settings:

- ECHO only prioritizes the distribution of water purification inputs at household level, if complemented by substantial training in their use, distribution of relevant non-food items (NFI), hygiene promotion and monitoring of water quality.
- Water supply system emergency set up should not last more than 3 to maximum 6 months.

Basic life-saving services:

- Priority is given to the rehabilitation/repair of existing water points and sanitation facilities and the reinforcement of hygiene promotion. The creation of new water points should be subject to sound justification of its appropriateness (i.e. new arrivals) and environmental impacts and to a consistent feasibility study. Systematic groundwater table monitoring is encouraged. Partners should propose actions to mitigate water depletion risk and overuse.
- Appropriate pumping tests (step-down tests) should be carried out for any installation of submersible pumping systems in order to define the safe sustainable yield and to select the appropriate pump. The step down tests report must be available.
- Community-based activities for maintenance of water systems (training of pump mechanics, provision of tools and spare parts) should be included. Sanitation project should as much as possible be based on community lead and subsidies approach.
- Construction of household latrines may be considered for support where there is strong community preference for them (outcome of a participatory approach for example), or areas otherwise considered at high public health risk. ECHO will look for sanitation interventions that include drainage, open defecation disinfection, solid waste management (with community mobilization), etc.
- The methods of awareness or hygiene promotion deserve to be based on accurate contextual socio-cultural, environmental and economic analyses. The activity should be carried out in a co-ordinated way and coherent manner with other cluster partners.

HEALTH

Those interventions with the highest probability to save lives are prioritized. This should also include war surgery and basic and comprehensive Emergency Obstetric and Neonatal Care.

- Actions should address basic health needs of the most vulnerable population (mainly IDP, refugees and population in conflict zones) as indicated through an up-to-date and comprehensive needs assessment. Access must be granted for independent assessments.
- Weekly reporting of Integrated Disease Surveillance Response (IDSR) and monthly Routine report (DHIS) is compulsory for all European Union-funded health actors and can be used as source of verification. All health projects are expected to actively contribute to the preparedness, surveillance and response to potential outbreaks. (cholera, measles, hepatitis E, yellow fever, kala azar).

- Medical and psychosocial support to victims of SGBV, integrated within reproductive health services, should be provided in all PHC projects supported by ECHO. Priority should be given to ensure full access to all components of emergency psychological and preventive medical care (ECP, PEP kit, TT and Hep B vaccination) for the victims within 72 hours.

Specific guidance for life-saving interventions:

- At population level, targeted interventions have to address the largest number of beneficiaries (coverage effect) with flexible approaches to improve intervention (e.g. vaccination) coverage.
- At primary healthcare level, a trade-off between high access (coverage) and quality of services is to be looked for. If possible in the current context, existing elements of the healthcare system should be taken into account in the design of the operation.
- Hospitals supported need to guarantee a minimal level of quality. Organisations should have a proven record of successful implementation of similar activities. Priority should be given to paediatrics (including nutrition), emergency surgery (especially for war-wounded) and comprehensive EmOC services.

In Darfur:

- In Darfur, partners will be asked to consider carefully before providing incentives to the Ministry of Health (MoH) staff. European Union-funded health projects should not substitute Government of Sudan (GoS)/MoH in their financial and institutional responsibilities for providing health care to the population.
- Substitution projects will only be accepted in areas where there is no access to GoS/MoH facilities, or with increased needs due to population movements.
- Mobile clinics are not encouraged and a strong case would need to be made if they are proposed. Exceptions would be in situations where a mobile clinic is set up to address an epidemic, to provide immediate attention to the wounded, or where a displaced or refugee population has newly arrived at a location.
- Due to the prevalence of Female Genital Mutilation (FGM) in some communities, partners should be attentive not to engage in activities that could send confusing messages towards promoting/condoning the practice.

HUMANITARIAN FOOD ASSISTANCE

- Food Assistance interventions will be supported to save lives and to protect productive assets as a response to severe, transitory food insecurity due to natural and/ or man-made disasters.

- All proposals should incorporate a well-articulated response analysis that builds on the needs assessment and clearly informs on the choice of response(s) and modalities as well as the targeting criteria. In particular, the choice of resource transfer modalities (cash, vouchers, in-kind, etc.) is expected to be based on a sound analysis for both food assistance and livelihood support.
- All actors proposing Food Assistance actions should as much as possible consider a nutrition lens in the design of assessments, problems analysis, programming and monitoring.
- Building sustainable livelihoods of the most vulnerable households is essential in resilience. An understanding of vulnerability across wealth groups must be clearly articulated together with livelihood profiles and a clear identification of target groups. Livelihood support efforts should be based on a clear response analysis. Improved access to food through upgrading income generation will be considered.

C) ABYEI ADMINISTRATIVE AREA (AAA)

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