



European Commission
DIRECTORATE GENERAL FOR HUMANITARIAN AID
AND CIVIL PROTECTION
(DG ECHO)

Operational Guidance for Funding Proposals in Ethiopia in 2013

This Operational Guidance is prepared in relation to the Humanitarian Implementation Plan for the Horn of Africa 2013 and specifically for Ethiopia.

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1. INTRODUCTION

The Humanitarian Implementation Plan (HIP) for the Horn of Africa, to be resourced from the Financing Decision ECHO/WWD/BUD/2012/01000, provides a general framework for DG ECHO operations in Ethiopia in 2013.

Complementary to the HIP, this Operational Guidance provides partners with further information on the nature of humanitarian operations DG ECHO considers for funding, enables partners to develop proposals that are within DG ECHO focus and guide relevant discussions thereof.

Recommendations, specific for operations in Ethiopia, have been formulated in this document and are complementing general DG ECHO policies and guidelines on visibility, food assistance, cash and vouchers, water and sanitation, children in conflict, gender, protection, medical care in emergencies and civil coordination.

DG ECHO response continues to be based on “saving lives and protect livelihoods” and it also caters for increasing resilience so as to reduce vulnerabilities and better protect populations from recurrent drought shocks in the future. In order to realise this goal, the HIP remains flexible and adapts to the changing needs should the situation require it.

Compliance to the operational recommendations alone does not warranty funding. Each proposal will be appraised on a case-by-case basis against the prevailing context and in consideration of the Framework Partnership Agreement (FPA) or Financial and Administrative Framework Agreement (FAFA) as relevant.
http://ec.europa.eu/echo/partners/humanitarian_aid/fpa_en.htm

The guidance complements DG ECHO fact sheets, policies and sectorial guidelines including:

- Food Assistance: http://ec.europa.eu/echo/files/policies/sectoral/Food_Assistance_Comm.pdf
- Nutrition: <http://capacity4dev.ec.europa.eu/hunger-foodsecurity-nutrition/document/addressing-undernutrition-external-assistance>
- Cash and vouchers: http://ec.europa.eu/echo/policies/sectoral/cash_en.htm
- Protection: http://ec.europa.eu/echo/policies/sectoral/protection_en.htm
- Children in Conflict: http://ec.europa.eu/echo/policies/sectoral/children_en.htm
- Emergency medical assistance: http://ec.europa.eu/echo/policies/sectoral/health_en.htm
- Civil –military coordination: http://ec.europa.eu/echo/policies/sectoral/civil_military_en.htm
- Water and sanitation: http://ec.europa.eu/echo/files/policies/sectoral/WASH_SWD.pdf
- Visibility guidelines toolkit: http://ec.europa.eu/echo/partners/humanitarian_aid/visibility_en.htm
- Visual identity: http://ec.europa.eu/echo/media/identity_en.htm

These also complement existing sector related and international standards such as SPHERE, LEGS, WHO (MAM), UNICEF as well as guidance from national and global clusters.

If you have any questions with regard to the FPA or FAFA, or if you wish to follow any FPA

or FAFA related training, we encourage you to visit the Partners Helpdesk website at <http://www.dgecho-partners-helpdesk.eu> .

2. PRIORITY NEEDS

In a country such as Ethiopia, with an emerging economy still heavily relying on external financial assistance, with regular natural hazards such as droughts and floods, with the presence of a large refugee population, with regular internal displacements of population and with large food insecurity affecting millions of people, the constant and repeated efforts of the Government of Ethiopia to address these many challenges need to be supported to face the magnitude of the needs. The presence of humanitarian actors, therefore, remains a necessity to respond to:

- **Recurrent emergencies (natural hazards or manmade related)**

Ethiopia is a natural hazards prone country. According to the Global Assessment Report 2009 (¹) between 9.5 and 10 million people in the country are regularly exposed to droughts, floods, landslide, epidemics and earthquakes. Drought represents the main natural threat which affects a large number of individuals each time it strikes (12.6 million in 2003, 6.4 million in 2008 and 4.5 million in 2011). These regular shocks have all sorts of negative consequences such as forced internal displacements of population, destruction of assets, of livelihoods, erosion of coping mechanisms, extreme poverty, extreme food insecurity, etc. The capacity of humanitarian organisations to respond to rapid onset emergencies is sometimes limited to areas where they are already present while in fact priority needs may be elsewhere.

Internal population displacements are not only related to natural hazards but can be linked to internal conflicts or clashes between different ethnic groups. The exact number of IDP is unknown. The most commonly used figures range from 3 to 4 hundred thousand individuals but varies over time. The level of understanding by the humanitarian community of IDP's related humanitarian needs is limited as well as its capacity to assist them.

- **Refugee caseload**

The number of refugees has increased by 150% over the past two years. Ethiopia is now host to a population of 367,832² refugees composed of Somali (211,698), Sudanese (91,282³), Eritrean (60,793) and over 4,000 people from other countries such as Kenya (in Moyale area), Djibouti, DRC, Yemen, Burundi and Rwanda. Most refugees live in 17 camps located in 5 different regions (Tigray (3), Afar (2), Somali (8), Gambella (1) and Benishangul Gumuz (3)). If current influx trends continue Ethiopia could host 420,000 refugees by mid-2013.

The protracted refugee situation constitutes another set of challenges humanitarian actors are confronted to. After 10, 15 and in some cases 20 years in Ethiopia some refugees are still relying on short term humanitarian assistance to cover their basic needs. This constitute an area where State and non state actors, as well as humanitarian and development actors could work more closely together to build self reliance and seek longer term solutions.

- **Food insecurity**

¹ <http://www.preventionweb.net/english/countries/africa/eth/>

² As per statistical data provided by UNHCR (Refugee Task Force) 2nd November 2012

³ This figure includes 20,000 unregistered refugees settled along the South Sudan – Ethiopia border.

Food insecurity affects a large number of woredas (377 woredas ranking from priority 1 to 3 in September/October 2012) and therefore millions of people each year. According to the HRD (Humanitarian Requirements Document), at the beginning of 2012, 3.2 million individuals were still in need of food assistance. This figure was revised in the second half of 2012 to nearly 3.8 million after the belg assessment. All these individuals are considered in need of (and receiving) relief food assistance while another 7 million chronically food insecure individuals benefit from the social safety net (PSNP) programme. In total there are almost 11 million food insecure people in Ethiopia, exposed to and vulnerable to shocks and therefore depending on support to survive.

This is a key sector, among others, where both humanitarian and development actors are currently strengthening their cooperation to better bridge their respective interventions in order to build resilience at community and household level with the objective of reducing dependency on short term humanitarian interventions.

3. OVERALL PRINCIPLES

A set of overall principles will guide DG ECHO support when addressing the needs of refugees and local communities in Ethiopia:

- The **humanitarian principles** of neutrality, impartiality and independence, in line with the European Consensus of Humanitarian Aid, remain paramount for DG ECHO.
- **Do-no-harm:** in order to minimise unintended and/or detrimental implications of inappropriately designed or poorly implemented actions, partners should as a minimum requirement respect the 'do-no-harm' principle.
- **Mainstreaming of basic protection principles** in traditional assistance programmes is of high importance to DG ECHO. This approach is closely linked to the principle of 'do no harm', and also extends the commitment of safe and equal access to assistance as well as the need for special measures to ensure access for particularly vulnerable groups. All proposals MUST demonstrate integration of these principles, not only in section 5.3. of the Single Form, but also in its substantive sections, i.e. the logical framework, activity descriptions, etc.
- **Response Analysis:** All proposals should incorporate a well-articulated response analysis that builds on the needs assessment, and clearly informs the choice of response strategy and transfer modalities. *NB: 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.*
- **Improved quality of humanitarian response:** when a proposal refers to an action supported by DG ECHO in previous years, the proposal should be substantiated by results and impact analysis of previous interventions and relevant lessons learnt.
- **Strengthening sector / coordination mechanisms:** Partners should provide specific information on their active engagement in sector and inter-sector coordination: participation in coordination mechanisms at different levels, especially at woreda level, not only in terms of meetings but also in terms of joint field assessments and engagement in technical groups.
- **Multi-sector/Integrated approaches:** Whenever possible (and relevant), /multi-sector/integrated approaches with multi- or cross-sectorial programming of responses are

encouraged to maximise impact, synergies and cost-effectiveness. Partners are requested to provide information on how their actions are multi-sector/integrated with other actors present in the same area (or how they aim to integrate with others). *To be noted that proposals to ECHO do not have to be multi sectorial, but the coverage of complementary sectors should be sought for through complementarities with other donors or other partners active in the area.*

- Partners are encouraged to **mainstream Disaster Risk Reduction**. It is essential that every action is properly informed by a thorough analysis of the needs and understanding of the priority risks faced by the targeted beneficiaries, including an identification of the groups most likely to be severely affected, the reason why and their relative coping capacity. This risk informed programming, across sectors, should (i) include options for a range of activities at different stages of the drought cycle; (ii) consider contingency amounts for additional or expanded activities that may be required during the drought; (iii) ensure that project staff have the skills and training required to implement both resilience building and emergency activities as circumstances dictate; and (iv) ensure that information from specialised external or internal early warning systems is incorporated into programme decision-making, even where the programme's focus is not working directly on response to hazards
- Actions should aim at supporting existing or emerging initiatives, align with medium and long term programmes, target the most vulnerable population and **strengthen resilience** mechanisms whenever the identified basic conditions are met. In this context it will be important to promote a strong **LRRD** process with other donors (EU and other), promote the combination of nutrition specific and sensitive programming as well as a disaster risk reduction approach integrated into development programs. Measures to increase ownership of local actors should also be examined (e.g. through community mobilisation, gradual transfer of responsibilities to woreda administrations or relevant line ministries). In the refugee programme, more sustainable solutions for refugees should be sought and will be encouraged.

4. OPERATIONAL RECOMMENDATIONS FOR INTERVENTIONS IN 2013

Following the recommendations from an external evaluation⁴ of DG ECHO's activities in Ethiopia over the last 5 years, which included extensive consultations with partners, and an internal review of the ECHO programme, a strategy has been developed based on three pillars:

- **Emergency Preparedness and Response (EP&R);**
- **Support to Refugees;**
- **Contributing to build resilience to drought**

4.1. Emergency Preparedness and Response

- ECHO will respond to the following triggers: internal displacement; infectious disease outbreaks; acute food and nutrition emergency; rapid onset natural disaster
- ECHO will try to react rapidly through more efficient funding mechanisms via NGO Consortia, International organisations and UN-Agencies;
- ECHO as well as the partner needs to involve (if relevant) other development actors for an enhanced rapid response with longer-term impact. This would also help in mobilisation of resources and linking relief with rehabilitation;

⁴ http://ec.europa.eu/echo/evaluation/countries_en.htm

- DG ECHO will focus on life-saving and asset protecting activities in the areas affected by exogenous shocks and those directly affected by conflict.

Health and Nutrition	Interventions should only include internationally and nationally recognised and proven effective curative and preventative measures
	Support to specialised organisations will be considered in relation to epidemic outbreaks. Such considerations must include an analysis of the scale of the outbreak vis-à-vis the capacity of the national authorities and its partners. Potential support to activities relating to outbreak investigation, outbreak control, and case management should be prioritised.
	Access to Primary Health Care during emergencies can be severely disrupted. Evidence of high levels of mortality and morbidity (or a high probability thereof) will justify the eventual need for support. Priority should be to the most vulnerable sections of the population.
	Procurement and handling of drugs will be according to the FPA guidelines ⁵ . Quality insurance of drugs and medical supplies remains an essential element.
Food Security & Livelihood support	All food assistance interventions must be compliant with the EU's Communication on Humanitarian Food Assistance: http://ec.europa.eu/echo/files/policies/sectoral/Food_Assistance_Comm.pdf
	Food assistance interventions will be supported to save lives and to protect productive assets as a response to new displacements or to severe, transitory food insecurity due to natural and/ or man-made disasters. Food assistance transfers may be in-kind, or as cash/ vouchers. Partners will provide a robust response analysis, including a market assessment, to justify which modality is chosen.
	Emergency animal health can be supported in response to significant disease outbreaks, and where livestock are proven to be a vital asset for the most vulnerable people. Regular vaccination/ treatment campaigns for endemic diseases will not normally be favoured.
	Seeds and tools distributions (in-kind or through vouchers) will be considered in response to acute emergencies in which affected communities have lost the means of production (such as through displacement). Supporting seed security through existing markets will be expected after the acute emergency phase is over.
WASH	Support to preparedness and response through short term emergency water supply, sanitation, and hygiene promotion activities in order to minimise the risks of increased morbidity and mortality due to lack of water and/or water-related diseases ⁶ .
	Water trucking should only be considered as a last resort life saving intervention requiring a clear and concrete exit strategy such as the parallel rehabilitation of existing water sources
	WASH activities have a complementary value in order to control/prevent the spread of epidemics like Acute Watery Diarrhoea. Therefore, WASH activities might be linked to AWD response operations if deemed necessary. Items such as IEC materials, chlorine, sprayers, etc. can be pre-

⁵ Annex IV of the European Union's framework partnership agreements with Humanitarian Organisations and with International Organisations¹

⁶ In principle, a large quantity of reasonably safe water is preferred to small quantities of high quality water.

	positioned in that perspective. A contingency plan related to the WASH response to AWD related epidemics should be designed.
Contingency planning and stock prepositioning	Contingency planning will be strongly encouraged and will form the basis of the crisis modifier in the resilience-building programme. In this context, stock prepositioning of NFIs or other essential relief materials and equipment will be considered for funding where relevant (factsheet B.4)

4.2. Support to Refugees

ECHO will continue to be engaged in supporting refugees through:

- Contribute to filling gaps in basic services provision: Protection issues, shelter, water, etc.
- Better preparedness for evolving situations
- New camps, where needed
- Supporting UNHCR in its coordinating and facilitating role as core mandate holder
- In some cases, when ECHO has a clear exit strategy and there is a link to development donors, support to protracted refugee situations may be considered: education/vocational training, livelihoods, durable solutions for shelter and water, inclusion of host communities.

Currently ECHO is supporting Somali, Sudanese, South Sudanese and Eritrean caseloads and will continue doing so during 2013.

Stabilisation of the mortality and morbidity under the emergency thresholds for the refugee population remains the main priority.

Food Security & Livelihood support	Distribution of in-kind food assistance (GFD) will continue to be an essential life-saving response to refugees. However, cash or vouchers will be encouraged when and where appropriate, particularly for complementary food needs such as fresh food, on the basis of a well-articulated response analysis including a market assessment. Vouchers for milling may also be considered in order to avoid erosion of the value of transfers, based on a sound analysis.
	For all food assistance interventions, emphasis will be placed on improved targeting and quality monitoring which will mitigate the risks of the reduction of the rations. Regular verification exercises are required to minimise exclusion and inclusion errors.
	Only short-term food security and livelihood support (such as distribution of livelihood inputs and services) may be supported, principally to strengthen essential coping capacities and opportunities. This should be done on the basis of defined and documented needs.
Health & Nutrition	Supported health and nutrition interventions will be following UNHCR technical expertise/recommendations and requirements.
	Nutrition should target prevention and treatment of Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) for children under 5 years olds and Pregnant and Lactating Women (PLW)
	Provision of quality Primary Health Care services (curative and preventive) remains the basic pillar but referral services to Secondary

	Health Care facilities may be included in the proposals (in particular for emergency surgery and emergency obstetric care).
	Medical and psychosocial support to victims of sexual and gender based violence (SGBV) integrated within reproductive health services should be provided in all PHC projects supported by ECHO. Priority should be given to ensure access of the victims within the first 72 hours to the full implementation of all the preventive components of the medical care (ECP, PEP kit, TT and HepB Vaccination).
	Procurement and handling of drugs will be according to the FPA guidelines. Quality insurance of drugs and medical supplies remains an essential element.
WASH	WASH related services in camps should be properly monitored (in terms of available resources, the service produced and its effective use by the refugees). It includes water quantity and quality, access and use of latrine, operation & maintenance of the WASH related facilities, knowledge and practises of hygiene related behaviours, access and use of the hygiene related NFIs, solid waste collection and treatment and environmental sanitation such as drainage and vector control. The WASH services dedicated to the host communities should be monitored with the same attention as for the refugees.
	Durable solutions for water provision and sanitation will be encouraged. Resilience of WASH related services should be properly addressed. Services should be protected from potential hazards emanating from the environment (floods) or from equipment breakdown.
Shelter	Durable solutions for shelter (semi-permanent) will be encouraged.
Protection	Specific protection activities reducing the risk, mitigating the impact of, or addressing particular protection needs can be supported. These include the following types of activities:
	Assistance to victims of protection violations including sexual and gender based violence. In providing victim assistance ensuring access to needed medical and psycho-social assistance is essential. Likewise efforts must be strengthened to ensure victims' access to the formal judicial system.
	Information management such as registration and protection of newly arrived refugees, and monitoring of protection violations in the camps.
	Child protection, particularly activities addressing separation of children and families; and activities addressing psycho-social needs of children.
	Community-based protection interventions – activities aiming to increase the self-protection capacities of the refugees and particularly to improve the relations between refugee and host communities.
	“Hard-ware” interventions that will contribute to reducing the risk of particularly women and children becoming victims of violence, such as improved lighting, fuel-efficient stoves, etc.

4.3. Building Resilience

4.3.1. Strategic considerations

“Resilience is the ability of an individual, a household, a community, a country or a region to withstand, adapt and to quickly recover from stresses and shocks”⁷

In Ethiopia, the main concern is to build the resilience of the most vulnerable people and communities to the impacts of drought. Key outcomes or characteristics of resilient communities include food, nutrition and environmental security. Reducing the prevalence of under-nutrition and diminishing its seasonal variation should be the overall goal of all multi-sector/integrated actions.

Building resilience can only be done through a **multi-sectorial** approach aiming at reducing risks (mainstreaming DRR) and improving rapid coping and adaptation at all levels. It implies a long-term approach to alleviate underlying causes (development), building capacity to better manage future uncertainty and change, while retaining early response capacity among the highly vulnerable populations. The centre of building resilience lies in aligning humanitarian and development processes. DG ECHO can only support the more humanitarian elements of resilience building; and it is important that partners also attract longer-term funding to ensure that gains continue to be made over time. This can also be done by identifying possible linkages between humanitarian with existing or planned, long-term interventions, not necessarily implemented by the same partner or financed by EC funds (see text box on the SHARE programme as an example of linkage between the ECHO and the EC funded SHARE programme). In this regard, the resilience building pillar encourages consortia, though not in strict legal sense. In order to enhance the effectiveness of the strategy, programming on the basis of a **multi-year vision (minimum three years)** is encouraged. Therefore, contracting with a maximum duration of 18 months will be pursued by default, in order to work on a longer term approach for resilience building activities.

In addition, provided that resources are limited, ECHO will follow a **geographical focus** approach whereby clusters of woredas are identified based on:

- Areas where ECHO has been repeatedly reacting in emergency response: where droughts and nutrition related emergencies were recurrently emerging and ECHO has been launching programmes for treatment of acute conditions for multiple times;
 - Selection based on historic needs and ECHO’s partners presence in the past
 - Homogeneity of livelihood features
 - Cross check with other major internationally backed programmes (avoid overlap)
- (Please find in Annex. 1 the priority geographical areas for ECHO⁸)

In each geographical area, partners are required to collaborate so as to cover all sectors relevant to under-nutrition and maintain close coordination with the overall aim of reducing under-nutrition through an multi-sector/integrated, community based approach. For that to happen and to enhance the impact, partners working in a certain geographic area are expected to build a **common strategic framework** (aiming at a common log-frame on outcome level with a vision of three years) so that the cumulative effect of their effort contributes towards a pre-set, joint, middle term objective.

⁷ See EU Communication on Resilience:

http://ec.europa.eu/europeaid/what/food-security/documents/20121003-comm_en.pdf

⁸ The final decision on these areas is not yet finalized and changes may take place.

Furthermore:

- A close **support to and full cooperation with GoE** existing programmes in the different clusters of woredas is an absolute condition.
- Increased interaction and coordination among humanitarian partners working in the cluster but also towards development partners and donors is crucial to identify the gaps/synergies for a more coherent and multi-sector/integrated resilience building. Regular cluster working group meetings should be held on the level of the clusters and donor meetings and task forces should be organised to coordinate strategies and implementation in the field.
- In areas and in times where the approach mainly focuses on resilience building, partners are requested to mainstream DRR activities but also to maintain emergency response capacity to tackle any emergencies that may arise (crisis modifier).
- Co-funding is a requirement and will be part of the selection criteria.

The SHARE programme - an example of resilience building through joint humanitarian and development actions.

The European Commission has recently been working towards harnessing its activities that are implemented by two of its services, ECHO and DEVCO ⁽⁹⁾. The initiative is referred to as Supporting the Horn of Africa Resilience (SHARE). The objective of the SHARE initiative is to enhance resilience through a multi-sector/integrated recovery support with strong links between humanitarian and long-term development interventions (LRRD). Therefore, maximum efforts will be employed for ensuring the coordination between the SHARE initiative and the ECHO resilience programming in the identified clusters of woredas. Therefore, ECHO and DEVCO (through the Delegation) will work towards harmonizing the identification of cluster woredas so that reinforcement of results will be realisable.

The SHARE initiative will entail the following components:

- Support to the Risk Financing Mechanism (RFM) of the PSNP** to address the transitory needs as well as to provide extended support to chronic caseload in PNSP woredas in case of shocks
- Integrated Nutrition Services** focusing on mother and child malnutrition in pastoral and agro-pastoral areas.
- Integrated Recovery Support** for most vulnerable drought affected people in the Afar, Eastern Tigray and Amhara regional states, and refugee hosting communities neighbouring Dolo Ado refugee camp in Liben zone of the Somali regional state.
- Pastoral Animal Health Service Delivery** with a focus on small ruminant diseases (SRD).
- Sustainable Environmental Protection and Watershed Management of Bale Eco Region**, Oromia Region, an important upper catchment area for the south eastern low lands/pastoral areas.
- Strengthening Institutionalized Coordination Structures and Harmonization Mechanisms** linking federal and regional level administrations and fostering stakeholder dialogue and experience sharing.

SHARE is designed as a medium term response to the 2011 Horn of Africa drought which will be complemented by long term interventions from the upcoming 11th EDF.

⁹ DG Development and Cooperation: http://ec.europa.eu/europeaid/index_en.htm

4.3.2. Operational considerations

4.3.2.1. Programme Design Process

Annex 2 provides a schematic diagramme of the steps that cluster working groups should take in designing three-year strategies in geographically focussed areas.

In brief this includes:

- Situation analysis: including livelihood profiling, nutrition causal analysis, wealth and household profiling, 3W⁽¹⁰⁾ analysis and gap analysis.
- Risk analysis: exposure to shocks, vulnerabilities, coping and adaptive capacities, contingency planning requirements.
- Joint Strategy Development: should identify the key causes of vulnerability and under-nutrition and the opportunities for building resilience as a foundation for a coherent strategy;
- Joint planning: which partner will do what where, taking into account other projects activities in the area (need to be mapped) and government policies, activities and plans.
- Joint strategic framework (minimal) or Log-frame (desired) including agreed indicators and joint M&E framework and proposals for joint applied research. Should include a 3 year perspective and more detailed annual results framework.

Within each geographic area, the important sectors of health, water and sanitation, nutrition, food security and livelihoods would be **expected to be covered in a proportional way** that is justified by the joint situation and risk analyses.

4.3.2.2. Specific Sector related Guidance:

Treatment of under-nutrition (Nutrition-specific interventions)	<p>Until recently, the treatment of under-nutrition remained a stand-alone (vertical) activity largely implemented through external support (NGO's) to the GOE action. As the need for integration of the treatment (and prevention) of under-nutrition into the health system has been fully recognised, support should be adopting a system strengthening approach (e.g. support towards a single integrated supply system of nutritional products, supervision and monitoring system).</p> <p>Actions should be in line with national nutritional strategies and policies (especially the HEP) and avoid substitution. Actions will be based on assessment of capacity gaps in the national health system as well as unmet emergency nutritional needs.</p> <p>While specific external support for nutrition activities (e.g. training) might be needed for some more time, actors will need to balance their specific support as to avoid distorting the functioning of the health system and create potential negative side effects (e.g. reduction of vaccination coverage rates because of too much efforts going towards active case-finding of a single case of under-nutrition).</p> <p>Areas identified for capacity building: logistics; emergency scale up; quality of services; supervision</p> <p>Advocacy for (health) systems support by development partners</p>
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¹⁰ Who is doing what where?

	<p>guided by documented evidence</p> <p>Support for scaling-up/down of nutritional interventions should be guided by data. Activities to improve the availability/quality of such data are encouraged (e.g. nutrition survey /assessments). This might imply additional external support or increased outreach sites meant to address increased admissions and vice-versa.</p> <p>Given that there is a system (supported by ECHO) in the country whereby Ready to Use Therapeutic Foods (RUTF) and essential medicines for nutritional treatment is provided by UNICEF through the Regional Health Bureaus, proper coordination should be maintained and partners are expected to access such inputs from the sources indicated above. Nevertheless, partners can procure these products if a justified reason is presented to ECHO. These could include having buffer stocks in place just in case UNICEF/MoH supplies are insufficient, but this should be judiciously applied to avoid double funding.</p> <p>The adoption of innovative strategies for management of moderate acute malnutrition will require proper documentation so as to enhance learning and future strategy development. Partners proposing to use new Ready-to-Use Foods (RUFs) will be required to document effectiveness and be ready to share real time monitoring.</p> <p>While the health system has achieved important results over the past few years, maternal and new-born health indicators remain well below target. Partners should take this gap into account when programming health system strengthening activities (e.g. look into how nutrition support activities can also have a beneficial effect on the delivery of emergency obstetrics care)</p> <p>In all health projects the quality of drugs should be ensured in accordance with ECHO FPA procedures.</p> <p>Access to health through DG ECHO supported projects should remain free of charge ⁽¹¹⁾ except where FMOH/GOE policy indicates it otherwise.</p>
Health and Nutrition (prevention of under-nutrition and nutrition sensitive activities)	<p>Actions to improve the coverage of high impact nutritional interventions are encouraged with specific focus on IYCN, micronutrient supplementation, hygiene and treatment of acute watery diarrhoea. (see also under WASH)</p> <p>Outbreaks of communicable diseases can contribute to an aggravation of under-nutrition either directly or indirectly (by overwhelming the health system). Support in the management of the outbreak should be tailored to the needs (capacity at FMoH level; morbidity/mortality)</p> <p>A basic level of access to Primary Health Care (curative and preventive) is important for prevention of under-nutrition (e.g. vaccination). Temporary support activities can be justified in case of a clear and documented lack of access (as a direct cause of under-nutrition).</p>
Food security and Livelihood	<p>Building robust and sustainable livelihoods of the most vulnerable households is an essential theme in drought resilience. An understanding of vulnerability across wealth groups must be clearly</p>

¹¹ In accordance with internationally accepted guidelines such as WHO/UN, MSF, Sphere, etc.

support (FSL)	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.
	Proposals to improve food security with clear links to nutrition outcomes will be supported. Environmental protection should be integrated into FSL actions to promote environmental security for the future.
	Agricultural inputs (seeds etc.) and livestock interventions should aim to strengthen market function as well as to have a positive impact on target communities. For example, seed provision should strengthen seed security by working with private/ and or state providers through the market.
	Partners are requested to mainstream DRR approaches into all activities. Food assistance will be considered in the event of shock(s) impacting on food security. In-kind and/or cash/vouchers can be considered based on a sound response analysis including a market assessment. Resource transfers should be taking into account as far as possible longer-term social protection programmes such as the PSNP.
	All FSL actions should be compliant with the EU's Communication on Humanitarian Food Assistance.
Water and Sanitation and Hygiene	Projects with a medium/long-term goal - to improve the water availability in times of drought - will be considered as part of a food/nutritional security intervention (i.e. cash for work for desilting pans)
	Rehabilitation/repair of existing water points and sanitation facilities
	Monitoring of water quality (bacteriological, chemical and physical, using statistical relevant sample size, proper frequency of analysis and proper sample collection) and quantities (yield tests and water level monitoring).
	Inclusion of community management of water and sanitation resources: Community mobilisation for water sources, latrine construction and solid waste management along with increased ownership of interventions; community level management for minor repairs. Cost recovery systems to support water supply systems must ensure that vulnerable groups are not subject to exclusion.
	Existing techniques, knowledge and practices among the targeted communities as a starting point. New techniques (solar pumping, household water treatment products) can be envisaged only if their sustainability have been proven in the area of intervention (simplified operation and maintenance, durable & renewable equipment, existing supply chain for spares, financial affordability of the equipment and consumables, national policy support).
	A public health approach to sanitation should be prioritised: this is particularly effective for sanitation in institutional settings (health centres, schools) and sanitation around water points.
	Hygiene promotion: KAP surveys should be systematically included.
Advocacy	Once the under-lying causes of under-nutrition are better analysed and understood, crucial advocacy opportunities should be identified

	<p>both to:</p> <ul style="list-style-type: none"> • ensure that the response effort is balanced across sectors and focuses on the right activities; as well as • influence the programming of longer term recovery/development resources to prioritise specific underlying causes. <p>To coordinate and streamline the applied research, cluster working groups will discuss which topic would be most appropriate to tackle in the cluster of woredas they are working in and discuss with ECHO the possible inclusion of part of this applied research in one of the projects in the cluster.</p> <p>Strengthening attention to nutrition outcomes across sectors requires that partners work in an coordinated manner and jointly commit to making the necessary investments to strengthen accountability to outcomes.</p>
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5. COMMUNICATION AND VISIBILITY¹²

Providing visibility for the European Commission it is a contractual obligation in the context of humanitarian projects financed by the European Union.

Communication activities are optional. For pro-active information and communication linked to projects, appropriate activities may be proposed, wherever possible. Partners are encouraged to produce case stories and/or videos in order to show evolution on the ground, in particular on resilience building projects.

Exceptionally, larger communication actions could be funded, such as when the partner has communication experience and expertise, and is keen to exploit the benefits of joint actions and visibility; when the partner wishes to propose an impact-oriented communication activity that would need a larger budget; or when the partner contacts DG ECHO Information when designing such activity.

Partners should include, with the final report for liquidation, supporting documents such as photos of stickers on vehicles and signboards, photos of “branded” visibility items (T-shirts, caps etc.) and copies of video productions, press releases, photo slideshows, press cuttings, etc.

For further information, the Regional Information Officer at ECHO Office in Nairobi (Kenya) can be contacted (tel +254 20 297 2000); or write to Malini Morzaria (malini.morzaria@echofield.eu) and Martin Karimi (martin.karimi@echofield.eu).

¹² The new ECHO visibility guidelines: http://ec.europa.eu/echo/about/actors/visibility_en.htm

ANNEX 1

Tentative List of Geographic Clusters of Woredas for the Resilience Strategy

14th December 2012

Cluster	Region	Zone	Woreda	Population (Source: CSA 2010)	Cluster Update
Cluster 1	Amhara	Wag Himra	Sekota	119.289	Final
	Amhara	Wag Himra	Ziquala	47.114	
<i>Sub total</i>			2	166.403	
Cluster 2	Afar	Zone 1	Chifra	99.928	Final
	Afar	Zone 1	Adar	32.913	
	Afar	Zone 4	Ewa	50.972	
	Afar	Zone 5	Tilalek	41.224	
	Afar	Zone 5	Dewe	46.054	
<i>Sub total</i>			5	271.091	
Cluster 3	Somali	Siti	Miesso	36.473	Final
	Somali	Siti	Afdem	36.473	
	Somali	Siti	Errer	87.094	
	Somali	Siti	Ayisha	65.150	
<i>Sub total</i>			4	225.190	
Cluster 4	Somali	Shebelle	Gode/Berano	123.388	Final
	Somali	Shebelle	Adadle	93.318	
	Somali	Shebelle	Kelafo	86.902	
	Somali	Shebelle	Mustahil	55.305	
	Somali	Shebelle	Ferfer	43.730	
	Somali	Korahe	Kebridehar	152.821	
	Somali	Korahe	Shilabo	78.624	
	Somali	Korahe	Shekosh	54.794	
<i>Sub total</i>			8	688.882	
Cluster 5	Somali	Liben	Hudet	48.415	Final
	Somali	Liben	Filtu	73.388	
	Somali	Liben	Dheka Suftu	73.388	
	Somali	Liben	Moyale	142.321	
	Somali	Liben	Mubarek	142.321	
	Somali	Liben	Dolo Ado	125.328	
<i>Sub total</i>			6	605.160	

Cluster 6	Oromia	Bale	Dawe Kechen	34.536	Final
	Oromia	Bale	Gura Damole	32.464	
	Oromia	Bale	Rayitu	37.294	
<i>Sub total</i>			3	104.294	
Cluster 7	Oromia	Borena	Dehas	34.862	Final
	Oromia	Borena	Dillo	41.235	
	Oromia	Borena	Moyale	34.842	
	Oromia	Borena	Miyo	56.833	
	Oromia	Borena	Dire	82.469	
	Oromia	Borena	Arero	56.005	
<i>Sub total</i>			6	306.246	
Cluster 8	SNNP	Wolayta	Kindo Kosha	117.367	Final
	SNNP	Wolayta	Damot Pulasa	117.825	
	SNNP	Wolayta	Boleso Sore	225.299	
	SNNP	Wolayta	Dugna Fango	107.858	
<i>Sub total</i>			4	568.349	
Cluster 9	Tigray				Under discussion
	Tigray				
Sub total			0	-	
Total			38	2.935.615	

Average population per Woreda: 77.253
Average population per Cluster: 366.951,88

ANNEX 2 - Diagramme for Cluster Programme Design Process

- This diagram is meant as a guideline for the cluster working groups to jointly analyse and programme, plan and implement your interventions in the cluster.
- The cluster working groups will include all partners working directly or indirectly for the cluster (being funded by ECHO is not the main condition).
- ECHO will accept for financing projects with duration of 18 months but a strategic vision over 36 months is encouraged (so in fact two phases of 18 months). The process below is meant to support the cluster working groups in creating that 36 months vision.
- The joint cluster plan should adopt a multi-sectoral integrated approach with better nutrition security as entry point but with relevant aspects from other sectors included such as from the health, wash and livelihoods sector.
- The cluster working group should evaluate whether or not it is desirable to assign a lead agency as facilitator for the cluster coordination and joint action? (for which period, which TOR?). ECHO would recommend this.
- See also the separate document on how to apply this when filling in the single form

