

## TECHNICAL ANNEX

### EMERGENCY TOOLBOX

#### FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2021/01000 and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

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

#### 1. CONTACTS

Operational Unit in charge                      DG ECHO<sup>1</sup> A/1  
Contact persons at HQ                            **Desk Officer for the Emergency Toolbox**  
Svetlana Slavcheva  
[svetlana.slavcheva@ec.europa.eu](mailto:svetlana.slavcheva@ec.europa.eu)

#### 2. FINANCIAL INFO

Indicative Allocation<sup>2</sup>: EUR 145 000 000

In line with DG ECHO's commitment to the Grand Bargain, pilot Programmatic Partnerships are envisaged with a limited number of partners. Part of this HIP may therefore be awarded to the selected pilot Programmatic partnerships.

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

##### Action (b) Initial emergency response/small-scale/epidemics

• Epidemics Tool	EUR 125 800 000
• Small-scale Tool	EUR 7 200 000
• Acute Large Emergency Response Tool	EUR 5 000 000
• DREF	EUR 7 000 000
<b>Total:</b>	<b>EUR 145 000 000</b>

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<sup>1</sup> Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)

<sup>2</sup> 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.

### 3. PROPOSAL ASSESSMENT

#### 3.1. Administrative info

For the Epidemics Tool, Small-scale Tool and ALERT, subsequent allocation rounds may take place as and when needs arise. The Commission reserves the right not to grant all the funds available.

#### **Epidemics Tool**

##### **Allocation round 1 (as of 19/11/2021)<sup>3</sup>**

- a) Indicative amount: up to EUR 15 800 000.
- b) Description of the humanitarian aid interventions relating to this allocation round: all interventions as described in the HIP.
- c) Costs will be eligible from 01/01/2021<sup>4</sup>. Actions may start from 01/01/2021.
- d) The expected initial duration for the Action may be up to 12 months.
- e) Potential partners: All DG ECHO Partners.
- f) Information to be provided: Single Form.<sup>5</sup>
- g) Proposals may be submitted throughout the year in response to specific epidemic outbreaks.

##### **Allocation round 2**

#### ***A. Support to the rollout of COVID-19 national vaccination campaigns in Africa in collaboration with the Africa Centres for Disease Control and Prevention (AfCDC) and reinforcement of national health systems' resilience to epidemics***

- a) Indicative amount: estimated at EUR 25 000 000.
- b) Description of the humanitarian aid interventions relating to this allocation round: all interventions supporting the rollout of COVID-19 vaccination campaigns (except the purchase of vaccine doses), with a focus on capacity building of national/subnational healthcare authorities and healthcare workers and strengthening of national healthcare systems, in cooperation with the AfCDC; critical logistical gaps; and continental/regional information and coordination platform to ensure the monitoring of the vaccination campaigns (nb: it can entail support to planning and prioritisation of vaccination, logistical and managerial support, monitoring and evaluation at country as well as regional level to steer the best application and use of vaccines and demand creation, including social science research and mechanisms, in line with the operational guidelines).
- c) Targeted countries: all African countries, in particular those with humanitarian crisis or benefitting from support of COVAX, including the

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<sup>3</sup> EUR 1 000 000 moved from Alert to Epidemics.

<sup>4</sup> The eligibility date of the action is not linked to the date of receipt of the single form. It is either the eligibility date set in the single form or the eligibility date of the HIP, whatever occurs latest.

<sup>5</sup> Single Forms will be submitted to DG ECHO using APPEL.

Humanitarian Buffer. Partners should propose a list of countries in consultation with AfCDC and to be agreed by DG ECHO.

- d) Costs will be eligible from 01/03/2021<sup>6</sup>. Actions may start from 01/03/2021.
- e) The expected initial duration for the Action may be up to 18 months.
- f) Potential partners: The preselected partners are United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) given their mandate, leading role on the COVAX Facility, and recognised capacity and expertise for vaccination rollout.
- g) Partners are encouraged to opt for above-standard visibility<sup>7</sup>.
- h) Information to be provided: Single Form.<sup>8</sup>
- i) Indicative date for receipt of the above requested information: by 15/04/2021 (15 calendar days after publication).

***B. Targeted humanitarian operations to prepare, facilitate and conduct in-country vaccination campaigns***

- a) Indicative amount:
  - For multi-country operations: estimated at EUR 25 000 000;
  - For country-specific operations: estimated at EUR 50 000 000 (breakdown per country is indicated in the table below).
- b) Description of the humanitarian aid interventions relating to this allocation round: all interventions as described in section 0 of the HIP and the specific operational guidelines under section 3.2.2 of the HIP TA. All interventions should be aligned with the risk communication and recommendations including on data reporting set up within the Section A of this 2<sup>nd</sup> round of allocation.
- c) Costs will be eligible from 01/03/2021<sup>9</sup>. Actions may start from 01/03/2021.
- d) The expected initial duration for the Action may be up to 18 months.
- e) Potential partners:
  - For multi-country operations: The preselected partners are the International Committee of the Red Cross (ICRC) and the International Federation of Red Cross and Red Crescent Societies (IFRC). These are leading actors in health and community care, with a strong field presence for last-mile delivery, including in hard-to-reach areas, and towards vulnerable displaced and other populations in risk of being excluded from national vaccination campaigns.

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<sup>6</sup> The eligibility date of the action is not linked to the date of receipt of the single form. It is either the eligibility date set in the single form or the eligibility date of the HIP, whatever occurs latest.

<sup>7</sup> A communication campaign around this support package will be designed and all partners are expected to contribute to it.

<sup>8</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>9</sup> The eligibility date of the action is not linked to the date of receipt of the single form. It is either the eligibility date set in the single form or the eligibility date of the HIP, whatever occurs latest.

- For country-specific operations: specialised humanitarian non-governmental organisations, expected to operate within the framework of the national deployment and vaccination strategies in the countries they are operating in, with proven presence and ongoing health-related interventions in target countries (see table below), as well as UN specialised humanitarian agencies with specific mandates to assist displaced populations, such as IOM and UNHCR, or with a strong logistic capacity, like UNHAS.
- f) Partners are encouraged to opt for above-standard visibility<sup>10</sup>.
- g) Information to be provided: Single Form<sup>11</sup> or modification request of an already submitted proposal (under appraisal or already pre-selected) in the form of a dedicated result.
- h) Deadline for submitting proposals: 15/04/2021 (15 calendar days after publication)<sup>12</sup>
- i) Allocation per country<sup>13</sup>:

Country /region /crisis	Amount in million EUROS	Pre-identified Partners
Burundian refugee crisis	0.5	UNHCR
Democratic Republic of Congo	2.5	Medair, Malteser, STC
Ethiopia	1.8	Goal, MDM, Islamic Relief, IRC, ACF, STC, DCA
Kenya	2	IRC, UNHCR
Somalia	2.8	ACF, IRC, IOM
South Sudan	2.8	STC, Goal, ACF, IOM, NRC, UNHAS
Sudan	2.8	UNHAS, STC, DRC, IRC
Uganda	1.8	UNHCR
Southern Africa and Indian Ocean region	8	STC, ACF, COOPI, CUAMM, CARE, IOM, UNHCR
West and Central Africa	10	UNHCR, IOM, ALIMA, CONCERN WW, Intersos, IRC, MDM, PUI
Algeria	1	UNICEF, MEDICOS DEL MUNDO, UNHCR
Egypt	1	UNICEF
Libya	3	PUI, TDH IT

<sup>10</sup> A communication campaign around this support package will be designed and all partners are expected to contribute to it.

<sup>11</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>12</sup> 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.

<sup>13</sup> A reserve of EUR 10 million will be established and allocated at a later stage depending on the evolution of the vaccination roll-out.

### **Allocation round 3**

- a) Indicative amount: up to EUR 10 000 000.
- b) Description of the humanitarian aid interventions relating to this allocation round: support to the delivery of COVID-19 vaccines under the COVAX Humanitarian Buffer.
- c) Costs will be eligible from 01/08/2021<sup>14</sup>. Actions may start from 01/08/2021.
- d) The expected initial duration for the Action may be up to 18 months.
- e) Potential partner: The preselected partner is the United Nations Children’s Emergency Fund (UNICEF) given its mandate, leading role in COVAX and the Inter-Agency Standing Committee agreement to use UNICEF’s ACT-A Humanitarian Action for Children (HAC) appeal as the centralised mechanism for financing operational/delivery costs associated with allocations from the COVAX Humanitarian Buffer.
- f) Information to be provided: Single Form.<sup>15</sup>
- g) Deadline for submitting proposals: 31/07/2021 (15 calendar days after publication).

### **Small-scale Tool**

#### **Allocation round 1 (as of 19/11/2021)**

- a) Indicative amount: up to EUR 7 200 000. Up to EUR 500 000 per allocation.
- b) Description of the humanitarian aid interventions relating to this allocation round: all interventions considering needs and respecting criteria described in the HIP.
- c) Costs will be eligible from 01/01/2021<sup>16</sup>. Actions may start from 01/01/2021.
- d) The expected initial duration for the Action may be up to 12 months.
- e) Potential partners: All DG ECHO Partners.
- f) Information to be provided: Single Form.<sup>17</sup>
- g) Proposals may be submitted throughout the year in response to specific events.

### **Acute and Large Emergency Response Tool - ALERT**

#### **Allocation round 1 (as of 19/11/2021)<sup>18</sup>**

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<sup>14</sup> The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single Form or the eligibility date of the HIP, whatever occurs latest.

<sup>15</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>16</sup> The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single Form or the eligibility date of the HIP, whatever occurs latest.

<sup>17</sup> Single Forms will be submitted to DG ECHO using APPEL.

- a) Indicative amount: up to EUR 5 000 000.
- b) Description of the humanitarian aid interventions relating to this allocation round: all interventions considering needs and respecting criteria described in the HIP.
- c) Costs will be eligible from the triggering event 2021<sup>19</sup>. Actions may start from 01/01/2021.
- d) The expected initial duration for the Action is up to 6 months.
- e) Potential partners: All DG ECHO Partners. Partners must have the capacity to respond immediately in the affected area. Partners must have the capacity in terms of structure, personnel and financial means, to respond effectively and immediately to the emergency on the scale required.
- f) Information to be provided: Single Form.<sup>20</sup>
- g) Proposals may be submitted throughout the year in response to specific events.

### **Support to the IFRC Disaster Relief Emergency Fund (DREF)**

#### **Allocation round 1 (as of 19/11/2021)**

- a) Indicative amount: up to EUR 7 000 000.<sup>21</sup>
- b) Description of the humanitarian aid interventions relating to this allocation round: all interventions as described in the HIP.
- c) Costs will be eligible from 01/01/2021<sup>22</sup>. Actions may start from 01/01/2021.
- d) The expected initial duration of the Action is up to 18 months.
- e) Potential partners: Preselected partner is The International Federation of Red Cross and Crescent Societies (IFRC).
- f) Information to be provided: Single Form.<sup>23 24</sup>

Subsequent rounds may take place as and when needs arise.

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<sup>18</sup> EUR 3 000 000 moved from Alert to Epidemics, Small scale too, DREF.

<sup>19</sup> The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single Form or the eligibility date of the HIP, whatever occurs latest.

<sup>20</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>21</sup> DG ECHO funding to the DREF can be used to replenish the allocations made to individual DREF operations in full or in part, with a maximum amount of EUR 200 000 per operation. Up to 20% of the overall contribution may be used to support the IFRC's Forecast-based Action via the DREF.

<sup>22</sup> The eligibility date of the action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single Form or the eligibility date of the HIP, whatever occurs latest.

<sup>23</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>24</sup> Financial statement of the action is not required neither at request nor at amendment stage of the contract. IFRC will report on each allocation at reporting stage (interim and final report).

### **3.2. Operational requirements:**

#### **3.2.1. Assessment criteria:**

- 1) Relevance
  - How relevant is the proposed intervention and its compliance with the objectives of the HIP?
  - Has the joint needs assessment been used for the proposed intervention (if existing)?
  - Has the proposed intervention been coordinated with other relevant humanitarian actors?
- 2) Capacity and expertise
  - Does the partner, with its implementing partners, have sufficient expertise (country / region and / or technical)?
  - How good is the partner's local capacity / ability to develop local capacity?
- 3) Methodology and feasibility
  - Quality of the proposed response strategy, including intervention logic / logframe, output & outcome indicators, risks and challenges.
  - Feasibility, including security and access constraints.
  - Quality of the monitoring arrangements.
- 4) Coordination and relevant post-intervention elements
  - Extent to which the proposed intervention is to be implemented in coordination with other humanitarian actors and actions (including, where relevant, the use of single interoperable registries of beneficiaries).
  - Extent to which the proposed intervention contribute to resilience and sustainability.
- 5) Cost-effectiveness/efficiency/transparency
  - Does the proposed intervention display an appropriate relationship between the resources to employed, the activities to be undertaken and the objectives to be achieved?
  - Is the breakdown of costs sufficiently documented/explained?<sup>25</sup>

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<sup>25</sup> In accordance with the relevant section of the Single Form guidelines (section10)

### ***3.2.2. Specific operational guidelines and operational assessment criteria to allocation round 2 of the Epidemics Tool***

This section outlines the specific operational guidelines that need to be taken into account by DG ECHO partners in the design of humanitarian operations supported by DG ECHO for the allocation round 2 of the Epidemics Tool in support of COVID-19 vaccination in Africa. It also lists and explains the assessment criteria – based on those outlined in section 3.2.1. – that will be applied by DG ECHO when assessing proposals submitted in response to allocation round 2 of the Epidemics Tool (and only valid for this allocation round).

DG ECHO's Health Policy guidelines should be consulted in parallel.

#### **Generality:**

The overall objective of the ECHO funding is to contribute to saving lives due to COVID-19 and reduce its transmission in the African continent.

The specific objective is to assist the roll-out of vaccination in most affected countries with a humanitarian context.

The design of the actions should be aligned (and complementary) with those of the national deployment and vaccination programmes and along WHO recommendations, public health principles and country specific epidemiological trends and analysis.

Supporting documents, including reports and data sources have to be attached or mentioned to the submission.

Partners are encouraged to mainstream protection principles compliant with the overall public health approach. Given the mistrust and disinformation campaigns around COVID-19 and vaccines, risk analysis and risk mitigating measures, including the safety of the staff, should be detailed in the proposal. Acts of violence against healthcare workers and facilities need to be reported to the dedicated WHO reporting system and to DG ECHO.

It is paramount for DG ECHO partners to ensure high quality of programmes, with adequate implementing capacities (financial and human resources). All activities must be properly monitored and supported by strong accountability mechanisms, assure the most effective and efficient use of vaccines as well as to minimise the risk of fraud and aid diversion. In addition, partners must have structures and systems in place that reflect their ethical standards and tackle any potential abuse of power and misconduct, including sexual abuse. DG ECHO applies a zero tolerance policy to sexual abuse and exploitation and requires its partners to do the same.

#### **Package of activities:**

DG ECHO partners will ensure a holistic approach aiming to enhance access to healthcare services and ensure better acceptance of the COVID-19 response and vaccination. In particular, the following activities can be considered:

- Undertake and build up capacities for communication, community engagement and social mobilisation, as well as capacities (at national/regional level) in social sciences complementary to the public health approach. The aim is to ensure that communities are aware of the campaign, build trust towards the vaccination and understand its importance;
- Accompany vaccination campaigns with:
  - o identification of priority groups to be vaccinated
  - o improvement of access of priority groups to vaccination (NB: this includes a monitoring aspect as well as possible advocacy)
  - o improvement of the overall effectiveness and efficiency of the campaign
  - o monitoring and prevention of eventual collateral damage due to the campaign
- In some cases, humanitarian actors might implement vaccination activities, as a last resource, for example in conflict areas with limited government presence or detention centres (if on behalf of authorities, an official approval is requested). Funding for these activities will depend on proven capacities of the partner. In those instances, the whole set of activities needed for a successful implementation could be considered as eligible for possible funding.
- Report any adverse events following immunization (AEFI) and develop information to respond to any safety concern among the population;

### **Quality and capacity:**

- Public health/disease control capacities with presence in designated countries and prior experience in supporting/conducting routine campaigns, targeted or mass vaccination campaigns ;
- Demonstrated planning, resources and logistical capacity to assist in the last mile delivery of vaccines (i.e. transportation for the vaccination teams and vaccines, including in areas hard to reach, waste management, cold chain management);
- Operational management capacities (planning, administration, logistics, HR).

The use of digital technology is encouraged. All supported health services should be reported on through national information system such as DHIS2<sup>26</sup> to ensure quality and adequate monitoring of the vaccination campaign.

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<sup>26</sup> District Health Information System.

All partners are expected to operate within the framework of the national deployment and vaccination plans of the countries they are operating in.

### **Visibility and Communication:**

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

Partners are encouraged to opt for above-standard visibility and to contribute to the general communication campaign that will be designed on the EU's support to the roll-out of vaccination against the COVID-19 in Africa.

### **Humanitarian – Development Nexus:**

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

In this context, DG ECHO's partners are expected to engage with the national health systems at different levels, as a way of strengthening existing systems in crisis settings and beyond. Strengthening of local/regional capacity (including health systems; surge capacity) is considered as a way forward to increase response capacities. Partners should be looking into ways to complement actions funded through global health initiatives and development actors (EU, World Bank, and others) and prevent parallel (substitution) actions to the extent possible, but rather assist, when arising, in overcoming (temporary) bottlenecks.

Financial flows to healthcare workers/facilities need to be in line with nations/development actors' recommendations and guiding principles.

Partners are expected to share good practice examples of humanitarian interventions for advocacy and dialogue at national level, to trigger further long-term investments by development actors, aiming at global SDG<sup>27</sup> commitments.

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<sup>27</sup> Sustainable Development Goal.