

TECHNICAL ANNEX GREAT LAKES REGION

FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2017/01000 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 which may be included in the related Humanitarian Implementation Plan (HIP).

1. CONTACTS

Contact persons at HQ

Great Lakes region	Thorsten Muench – thorsten.muench@ec.europa.eu
DRC	Christophe Samray – christophe.samray@ec.europa.eu
Burundi crisis (including Burundi, Rwanda, Tanzania)	Susana Perez Diaz - susana.perez-diaz@ec.europa.eu

In the field

Great Lakes region	Thomas Dehermann-Roy - thomas.dehermann-roy@echofield.eu <i>based in Kinshasa</i>
DRC (North Kivu, Ituri, haut-Uele)	Norik Soubrier - norik.soubrier@echofield.eu <i>based in Goma</i>
DRC (South Kivu)	Giuseppe Scollo - giuseppe.scollo@echofield.eu <i>based in Bukavu</i>
DRC (Grand Kasai, Tanganyika)	José Benavente - jose.benavente@echofield.eu <i>based in Kinshasa</i>
Burundi crisis (Burundi, Rwanda, Tanzania)	Giuseppe Scollo - giuseppe.scollo@echofield.eu <i>based in Bukavu</i>

2. FINANCIAL INFO

Indicative Allocation: EUR 57 000 000

Breakdown as per Worldwide decision:

Specific Objective 1 - Man-made crises ¹ :	HA-FA: EUR 57 000 000
Total:	HA-FA: EUR 57 000 000

¹ As possibly aggravated by natural disasters.

3. PROPOSAL ASSESSMENT

3.1. Administrative info

Assessment round 1

- a) Indicative amount: up to EUR 32 000 000.
- b) Description of the humanitarian aid interventions relating to this assessment round: all the interventions identified in section 3.4 of the HIP.
- c) Costs will be eligible from 01/01/2017. Actions will start from 01/01/2017.
- 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 Form.
- g) Indicative date for receipt of the above requested information: 16/01/2017.

Assessment round 2

- a) Indicative amount: up to EUR 5 000 000.
- b) Description of the humanitarian aid interventions relating to this assessment round: This assessment round corresponds to the needs described in section 0.
- c) Costs will be eligible from 01/01/2017.
- d) The expected initial duration for the Action is up to 12 months but in case of amendment of ongoing actions could go up to 18 months.
- e) Potential partners: All ECHO Partners with priority given to those having already a presence in the Grand Kasai and/or having at least performed needs' assessments.
- f) Information to be provided: Modification requests or full Single Form.
- g) Indicative date for receipt of the above requested information: 17/07/2017 – Noon (12:00).

Assessment round 3

- a) Indicative amount: up to EUR 20 000 000, split as follows:
 - up to EUR 18 000 000 for the emergency response in the DRC,
 - up to EUR 2 000 000 in support to the Burundi regional crisis.
- b) Description of the humanitarian aid interventions relating to this assessment round: This assessment round corresponds to the needs described in section 0.
- c) Costs will be eligible from 01/01/2017.
- d) The maximal duration for the Action is up to 24 months.
- e) Potential partners

- For the DRC: ICRC, WFP, NRC, ACTED and OCHA.

These ECHO Partners have been preselected in view of the necessity to scale-up rapidly the response in the framework of the L3 activation and the identified urgent needs. They have been identified due to their specific mandates and/or capacities to scale-up rapidly in areas where they are already present. Thus, the above-mentioned

pre-selected partners ICRC, WFP, NRC, ACTED and OCHA are to respond to needs in the DRC with a specific focus on protection, food security, early recovery of returnees in the Kasai, as well as coordination and advocacy efforts to support the emergency response.

Protection and gender-based violence measures must be included as strong mainstreaming components.

- For the Burundi regional crisis: WFP.

In view of the significant cuts in the food rations for refugees in the camps, in particular in Tanzania where refugees are the most numerous, WFP is the pre-selected partner, bearing in mind its mandate and capacity.

- f) Information to be provided: Modification requests of current agreements.
- g) Indicative date for receipt of the above requested information: by 21/12/2017 – 12:00h Brussels-time.

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
- Other elements that may be taken into account in the appraisal, based on context, relevance and feasibility, e.g.: coordination, security, monitoring and control management, access arrangements, lessons learned, exit strategy, comparative advantage, added value, sustainability.

3.2.2. Operational guidelines:

This section outlines the general and specific operational guidelines which need to be taken into account by ECHO partners in the design of humanitarian operations supported by ECHO. Complementary information can be retrieved on these guidelines in the links provided below. Partners are invited to duly reflect the guidance provided in these documents in the preparation of their proposals to ECHO.

3.2.2.1. General Guidelines

The humanitarian principles of humanity, neutrality, impartiality and independence, in line with the European Consensus on Humanitarian Aid, and strict adherence to a "**do no harm**" approach remain paramount.

Do no harm: Partners should ensure that the context analysis takes into account threats in addition to vulnerabilities and capacities of affected populations. The analysis should bring out both external threats to the target population as well as the coping strategies adopted to counteract the vulnerabilities. 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. Depending on the type of threat faced by the population in question, reducing it can be anything from possible/straightforward to impossible/dangerous. In the latter case, one will resort to focusing on vulnerabilities and capacities, but the fact that the analysis has acknowledged the threat will contribute to ensuring that the response subsequently selected does not exacerbate the population's exposure to the risk.

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 (including the staff of implementing partners) 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 staff.

Accountability: partners remain accountable for their operations, in particular:

- The identification of the beneficiaries and of their needs using, for example, baseline surveys, 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.

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. However, in line with World Humanitarian Summit commitments, ECHO will endeavour to increase cash-based interventions in the interests of cost efficiency and effectiveness gains. The questions 'why not cash' and 'if not now, then when' should be asked before modalities are selected. 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. Multiple contextual factors must be taken into account, including technical feasibility criteria, security of beneficiaries, agency staff and communities, beneficiary preference, needs and risks of specific vulnerable groups (such as Pregnant and Lactating Women, elderly, child headed households etc.), mainstreaming of protection (safety and equality in access), gender (different needs and vulnerabilities of women, men, boys and girls) concerns and cost-effectiveness. Therefore for any type of transfer modality proposed, the partner should provide the minimum information as recommended in the ['Thematic Policy Document n° 3 - Cash and Vouchers: Increasing efficiency and effectiveness across all sectors'](#) and demonstrate that the

modality proposed will be the most efficient and effective to reach the objective of the action proposed. Partners are encouraged to consider multipurpose cash transfers (MPCT) where assessments and response analysis demonstrates that multiple basic needs can be met through single cash transfers. In such approaches, the value of transfer would normally be based upon a Minimum Expenditure Basket (MEB), while taking account the contribution made by households, and available resources.

For in-kind transfer local purchase are encouraged when possible.

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

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

Strengthening coordination: Partners should provide specific information on their active engagement in cluster/sector and inter-cluster/sector coordination: participation in coordination mechanisms at different levels, not only in terms of meetings but also in terms of joint field assessments and engagement in technical groups and joint planning activities. The partners should actively engage with the relevant local authorities and, when feasible and appropriate, stipulate co-ordination in Memoranda of Understanding. When appropriate, partners should endeavour to exchange views on issues of common interest with actors present in the field (e.g. EU, UN, AU missions, etc.). In certain circumstances, coordination and deconfliction with military actors might be 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.

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

Disaster Risk Reduction (DRR): As part of the commitment of ECHO to mainstream disaster risk reduction in its humanitarian operations, the needs assessment presented in the Single Form should reflect, whenever relevant, the exposure to natural hazards and the related vulnerability of 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 as well as the partner's institutional commitment to and operational capability in managing risk (technical competence in the relevant sectors of intervention. The DRR approach and related measures are relevant in all humanitarian sectors (WASH, nutrition, food assistance and livelihoods, health, protection, etc.), and should be systematically considered in hazard-prone contexts. Risk-informed programming across sectors should protect operations and beneficiaries from hazard occurrence, and include contingency arrangements for additional or expanded activities that might be required. Information from early warning systems should be incorporated into programme decision making and design, even where the humanitarian operation is not the result of a specific hazard.

All ECHO beneficiaries and activities should be appropriately protected from hazards and shocks – according to their likelihood of occurrence, intensity and possible impact. ECHO uses two complementary methods for DRR: 1) **Integrated DRR** is where ECHO humanitarian interventions are risk informed 2) **Targeted DRR** refers to specific DRR risk reduction actions – that cannot be "integrated" into ECHO response projects (see above) but that will strengthen a system to avoid future humanitarian needs by reducing risk to vulnerable populations.

For targeted DRR interventions, the information in the Single Form should clearly show that:

- all risks have been clearly identified, including their possible interactions;
- the intervention strengthens and promotes the role of the state and non-state actors in disaster reduction and climate change adaptation from national to local levels;
- the measures planned are effective in strengthening the capacity of communities and local authorities to plan and implement local level disaster risk reduction activities in a sustainable way, and have the potential to be replicated in other similar contexts;
- the intervention contributes to improving the mechanisms to coordinate disaster risk reduction programmes and stakeholders at national to local levels.
- demonstrate that the action is designed including the existing good practice in this field;
- the partner has an appropriate monitoring, evaluation and learning mechanism to ensure evidence of the impact of the action and good practice are gathered, and effectively disseminated.

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

Education in Emergencies: ECHO will support education activities that enable children's safe access to quality education² in ongoing conflicts, complex emergencies and early recovery phases. Furthermore, it may support longer-term educational activities in protracted crises and in refugee/IDP camps. Innovative solutions will be supported. Actions targeting transition to formal education systems in preparation for a development intervention may also be supported.

It is essential that education activities are carried out in close connection with protection programs. It is vital to ensure that children can access education where they feel safe and protected. Therefore, education in emergencies activities under this HIP could also include enabling activities like psychosocial support; mine risk education and provision of life-skills, such as vital health, nutrition and hygiene information, HIV prevention, sexual- and reproductive health information and DRR training and awareness.

Education activities could entail enabling access to education for children currently out of school, but also strengthening the quality aspects of education in emergencies, including the recruitment and capacity building of teachers. To reduce the vulnerability of children affected by conflict, actions in the field of education in emergencies and especially conflict situations, should reflect protection, relevant legal frameworks (International Humanitarian Law, International Human Rights Law and Refugee Law), education in mediation and conflict resolution, child protection (with special attention to vulnerable groups such as unaccompanied minors and former child soldiers), community-based educational activities and the promotion of peaceful reconciliation. Hence, education projects could include components of child protection and peace education (i.e. mediation, conflict resolution, etc.).

² The Commission adhere to the UN Convention on the Rights of the Child that defines a 'child' as a person below the age of 18.

In order to ensure holistic response, linking education to other life-saving humanitarian sectors, such as WASH and health could also be considered.

Activities must be tailored to take into account the different needs of children based on their age, gender and other specific circumstances.

Coordination is essential and all education in emergencies projects need to coordinate and support the priorities set by relevant humanitarian and if appropriate development governance mechanisms (e.g. Global Education Cluster, Refugee Working Groups, communities of practices, Local Education Groups), as well as national structures (e.g. Ministry of Education).

All actions funded on education in emergencies should in their design adhere to the [INEE Minimum Standards for Education: Preparedness, Response, Recovery](#), as well as the [IASC Minimum Standards for Child Protection](#).

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

Gender-Age Mainstreaming: Ensuring gender-age mainstreaming is of paramount importance to ECHO, since it is an issue of quality programming. Gender and age matter in humanitarian aid because women, girls, boys, men and elderly women and men are affected by crises in different ways. Emergencies also tend to change gender dynamics.

The needs and capacities of different gender and age groups among targeted populations must be adequately assessed and - consequently - assistance must be adapted to ensure equal access and that specific needs are addressed. Context-specific gender-sensitive needs assessments and gender analysis must be conducted to avoid vulnerability-related assumptions (e.g. women should not be considered the most vulnerable groups by default) and to ensure a more effective targeting. On the basis of the identified needs, practical examples of assistance adapted to the needs of different gender and age groups must also be provided in the Single Form. Actions targeting one specific gender and/or age group - particularly when one group is clearly more vulnerable than others — may in some instances be deemed necessary (e.g. unaccompanied minors or adolescents): such actions should respond to a clear need that has been identified through a gender and age analysis and cannot be adequately addressed through mainstreaming. While assistance may specifically target one group, the participation of other groups may prove crucial for reaching the expected impact.

All project proposals/reports must demonstrate integration of gender and age in a coherent manner throughout the Single Form, including in the needs assessment and risk analysis, the logical framework, description of activities and the gender-age marker section. 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

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

http://ec.europa.eu/echo/what/humanitarian-aid/gender-sensitive-aid_en

Integrated approaches: Whenever possible, integrated approaches with multi- or cross-sectoral programming of responses in specific geographical areas are encouraged to maximize impact, ECHO/COD/BUD/2017/91000

synergies and cost-effectiveness. In contexts where it has been determined (see also response analysis below) that cash transfers are an appropriate modality, and that cash can meet multiple basic needs, partners are encouraged to transfer single payments using a common delivery platform. Multi-purpose cash transfers (MPCT) should be coordinated alongside other sector-specific responses within a basic needs approach, but fragmenting MPCT into sector clusters for coordination is not encouraged. MPCTs also offer the opportunity to conduct joined up assessments across sectors (including market analysis), common registration, targeting, and monitoring and evaluation frameworks. As far as possible, support functions should be separated out from actual transfers in order to reduce the potential for conflicts of interest. Partners are requested to provide information on how their actions are integrated with other actors present in the same area.

The application of an **integrated protection programming approach** is highly encouraged. In this particular attention should be paid to addressing protection threats and vulnerabilities emanating from issues such as freedom of movement restrictions and the use of dangerous/negative coping mechanisms. ECHO is willing to support innovative approaches for integrated protection programming with the aim of building a body of best practice. Partners may propose an amount up to EUR 30 000 within a grant that aims to answer key outstanding questions and issues on 1) development of indicators to measure impact of integrated protection programming with other sectors; 2) Approaches for monitoring and evaluating integrated protection programmes; 3) Training and human resources needs for integrated protection programming; and 4) Implementation of integrated protection programming in areas of difficult access. For more information please consult the Guidance for Integrated Food Assistance and Protection Programming in the ECHO Humanitarian Protection Thematic Policy Document.

Protection: Programme design should be based on a clear analysis of threats, vulnerabilities and capacities of the affected population and the response must aim to prevent, reduce/mitigate and respond to the risks and consequences of violence, coercion, deliberate deprivation and abuse for persons, groups and communities in the context of humanitarian crises. Integration of protection concerns is important in all contexts, but should, in particular, be reflected in any actions 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.

Mainstreaming of basic protection principles in all programmes is of paramount importance to ECHO. It refers to the imperative for each and every humanitarian actor to prevent, mitigate and respond to protection threats that are caused or perpetuated by humanitarian action/inaction by ensuring the respect of fundamental protection principles in humanitarian programmes – no matter what sector or objective. While mainstreaming protection is closely linked to the 'do no harm' principle, it widens it to prioritising safety and dignity and avoiding causing harm, ensuring meaningful access, ensuring accountability, participation and empowerment. All proposals must demonstrate integration of these principles, but also in its substantive sections, i.e. the logical framework, result and activity descriptions, etc.

While humanitarian assistance often focuses on community-level interventions, it is important to remember that, in order to fully address many protection issues, 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. The use of integrated protection programming approaches is also strongly encouraged.

http://ec.europa.eu/echo/sites/echo-site/files/staff_working_document_humanitarian_protection_052016.pdf

Resilience: ECHO's objective is to respond to the acute humanitarian needs of the most vulnerable and exposed people while taking opportunities to increase their **resilience** – to reduce on-going and future humanitarian needs and to assist a durable recovery. Where feasible, cost effective, and without compromising humanitarian principles, ECHO support will contribute to longer term strategies to build the capacities of the most vulnerable and address underlying reasons for their vulnerability – to all shocks and stresses.

All ECHO partners are expected to identify opportunities to reduce future risks to vulnerable people and to strengthen, self-reliance through 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 (see template). This requires partners to strengthen their engagement with government services (at all levels), development actors and with different sectors. In that regard, ECHO partners should indicate how they will increase ownership and capacity of local actors whenever possible: community mobilisation, CSOs, technical dialogue, coordination and gradual transfer of responsibilities to countries' administration or relevant line ministries.

Good coordination and strategic complementarity between humanitarian and development activities (LRRD approach) are essential to the resilience approach, particularly in relation to i) increasing interest of development partners and governments on nutrition issues; ii) seeking for more sustainable solutions for refugees (access to education, innovative approach toward strengthening self-resilience, etc.) and IDPs; iii) integrating disaster risk reduction into humanitarian interventions.

Where applicable, partners should reflect on applying resilience thinking and programming to (protracted) **forced displacement** situations – so as to harness resilience and strengthen self-reliance of affected populations – refugees, IDPs and their host communities. Working towards the gradual socio-economic inclusion of forcibly displaced populations – focusing on access to employment opportunities and access to services – in protracted crises is a priority for DEVCO³ near ECHO and the EEAS⁴, working in a comprehensive manner, each under their mandate – and should be supported by ECHO-funded partners, in line with humanitarian principles.

Linking **social protection** and humanitarian action can bridge the development-humanitarian divide. Investment in social protection mechanisms is an opportunity tackling the challenges faced by humanitarian crises and contributes to a reduction in the chronic humanitarian caseload, especially in the context of extreme fragility. Access to predictable, adequate and regular aid can, in the short-term protect poor households from the impacts of shocks and help to build capacity over time. Moreover, emergency safety nets can be incorporated as a cornerstone of self-reliance strategy for empowering the forcibly displaced and giving them support to address vulnerabilities.

http://ec.europa.eu/echo/files/policies/refugees-idp/Communication_Forced_Displacement_Development_2016.pdf

³ Directorate-General for International Cooperation and Development

⁴ European External Action Service

http://ec.europa.eu/echo/files/policies/refugees-idp/Staff_working_document_Forced_Displacement_Development_2016.pdf

Community-based approach: In all sectors, interventions should adopt, wherever possible, a community-based approach in terms of defining viable options to effectively help increasing resilience and meeting basic needs among the most vulnerable. Community inclusion should be considered at all stages – design and implementation. Community ownership of the process is more effective and is encouraged. This includes the identification of critical needs as prioritised by the communities, and the transfer of appropriate knowledge and resources.

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

ECHO Visibility: Partners will be expected to ensure full compliance with **visibility** requirements and to acknowledge the funding role of and partnership with the EU/ECHO, as set out in the applicable contractual arrangements, namely the following:

- The communication and visibility articles of the General Conditions annexed to the Framework Partnership Agreements (FPAs) concluded with non-governmental organizations or international organizations or in the General Conditions for Delegation Agreements concluded in the framework of the Financial and Administrative Framework Agreement (FAFA) with the UN.
- Specific visibility requirements agreed-upon in the Single Form, forming an integral part of individual agreements:
 - Section 9.1.A, Standard visibility in the field, including prominent display of the EU humanitarian aid visual identity on EU funded relief items and equipment; derogations are only possible where visibility activities may harm the implementation of the Action or the safety of the staff of the partner, staff of the Implementing partners, the safety of beneficiaries or the local community and provided that they have been explicitly agreed-upon in the individual agreements.
 - Section 9.1.B, Standard visibility recognizing the EU funding through activities such as media outreach, social media engagement and provision of photos stories and blogs; every partner is expected to choose at least 4 out of 7 requirements. If no requirements are selected, a project-specific derogation based on security concerns is needed.
 - Section 9.2., Above standard visibility; applicable if requested and if agreed with ECHO based on a dedicated communication plan prior to signature.

For standard visibility activities, partners may, in principle, allocate a budget of up to 0.5% of the direct eligible costs of the action with a ceiling of EUR 8 000. However, for individual agreements equal or above EUR 5 million no absolute ceiling applies. Hence, in such cases, the standard visibility budget may go up to 0.5%, even when this amount exceeds EUR 8 000. In the latter case, partners must provide an overview of planned visibility activities and a budget breakdown.

Further explanation of visibility requirements and reporting as well as best practices and examples can be consulted on the dedicated ECHO visibility site: <http://www.echo-visibility.eu/>.

Other Useful links to guidelines and policies:

Food Assistance

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

Nutrition

http://ec.europa.eu/echo/files/media/publications/tpd04_nutrition_addressing_undernutrition_in_emergencies_en.pdf

Infant and Young Children Feeding in Emergencies (IYCF)

http://ec.europa.eu/echo/files/media/publications/2014/toolkit_nutrition_en.pdf

Health

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

Remote Management

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

Water sanitation and hygiene

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

3.2.2.2. Specific guidelines for the DRC and the Great Lakes Region

a. Refugees in the Great Lakes Region.

This HIP covers protection and assistance for refugees. Several groups of refugees can be covered by the HIP, in particular: Central African and South Sudanese refugees in the DRC; Congolese refugees in Burundi, Rwanda and Tanzania; and Burundian refugees in the DRC, Rwanda and Tanzania. Other groups of refugees in the geographical area specified in the HIP may also be covered.

ECHO-funded operations are aimed primarily at **the newest caseload of refugees (maximum of 5 years)**. Nevertheless, if specific needs arise in particular circumstances, measures to assist long-term refugees may also be considered.

ECHO's objectives are:

- to ensure the *protection of refugees*: special attention will be paid to registration (regular checks will need to be carried out to minimise inclusion and exclusion errors), preventing and tackling sexual gender-based violence, and child protection.
- to reduce *vulnerability and preserve dignity*: multisectoral assistance will be provided in the fields of health, water-hygiene-sanitation, food assistance, nutrition, shelter and non-food items to meet basic needs in the camps and ensure sound preparation for the potential influx of new refugees and epidemics. While recognising the specific nature of refugee needs, ECHO will strive to ensure consistency between the level of assistance provided to refugees and that provided to internally displaced persons. Moreover, given the difficulty of meeting these needs in the long

term, assistance should be provided in the most efficient manner possible in order to gradually bring down the costs of basic services in the camps after the initial investment. Broadly speaking, site maintenance will be prioritised only: (a) for measures that have an immediate impact in terms of saving lives; or (b) where the added value in terms of effectiveness or financial investment can be clearly demonstrated.

- To strengthen the *resilience and self-reliance of refugees*: As soon as circumstances permit, the assistance should help refugees become self-sufficient and take their future into their own hands in order to find lasting solutions and become increasingly less reliant on aid. The economic potential of the refugees vis-à-vis the host country and the indigenous peoples should be strengthened, particularly through the introduction of cash-based assistance. Unconditional multi-purpose cash transfers (MPCT) are recommended and should be given preference wherever possible (although transfers in kind or vouchers may be more appropriate in the early stages of an emergency). Given the objective of promoting multisectoral assistance, ECHO supports the provision of different types of assistance based on household needs (better targeting and impact analysis, which can be defined on the basis of economic analyses of households). Links between biometric registration and verification and transfer are encouraged. Attention will be paid to developing livelihoods based on sound household economy analyses and impact assessments which demonstrate real potential for empowering refugees. Efforts to promote links with development instruments and to facilitate a longer term strategy are strongly encouraged.

- To facilitate the *return and re-integration of refugees*: assisted voluntary return to the country of origin, planned and implemented in safety and dignity, may be supported by multisectoral measures ranging from the phase of grouping together refugees and escorting them from the host country back to their country of origin up to the returnee reintegration phase. Immediate reintegration will focus on broader measures embracing host communities which also have humanitarian needs.

b. Protection

Protection measures that may be supported by ECHO include activities to prevent, reduce and address the risks and consequences of violence, coercion, wilful deprivation and abuse of individuals, groups and communities in the context of humanitarian crises. The analysis should enable a clear distinction to be made between protection issues of a temporary nature and those which are structural, but should also assess how these issues interact with or are exacerbated by the conflict. **The entry point for ECHO funding will continue to be situations of a short-term nature.**

ECHO's priority in terms of protection objectives remains **identification of victims and their access to high-quality care.** .

It is requested that qualified staff be made available for all protective measures.

The background analysis will have to take into account measures being implemented by other stakeholders working in the region, be it in a humanitarian, stability and security, human rights or development capacity.

The work should be carried out in such a way as to avoid hampering the efforts of the first-level authorities and/or their willingness to play their role in full. All opportunities to establish a more

effective dialogue with the authorities and other guarantors of rights must be developed in a constructive manner.

To that end, the exit strategy for the protection programmes must be thought through at the project design phase. ECHO encourages the establishment of links with other sources of funding, including, but not limited to, European Commission initiatives such as the European Instrument for Democracy and Human Rights and the instrument for non-state actors and local authorities.

Projects which have protection as their key objective

The specific aim of these projects is to reduce suffering, threats to and/or the vulnerability of the people concerned. Each proposal must demonstrate the partner's ability to identify the most common and most destructive risks and those which pose a threat to the greatest number of people, while also identifying the most vulnerable individuals.

Awareness raising and training in international and national law for state structures, security forces and armed personnel may be financed if these initiatives are carried out by experienced and authorised stakeholders; communication activities aimed at developing a better understanding of humanitarian action and its principles may also be financed.

Community referrals, community protection plans or community early warning systems may be eligible for ECHO funding, provided, of course, that they do not compromise ECHO's mandate and humanitarian principles. Any action with a community-based protection component must ensure the provision of a response service (provided directly by the community structure when the necessary capacity is in place or, failing that, via internal referrals to the partner or external referrals to other service providers). The impact of such initiatives must be monitored and measured throughout the action. Measures incorporating the monitoring of protection activities must also include a response component (either direct or by referral) and a clear mechanism for the analysis and forwarding of the information to the coordination structures, such as the Protection Cluster.

Dealing with victims of violence

Initiatives to help the victims of violence must, at the very least, cover medical, psycho-social/psychological and mental health aspects. Regarding these aspects, the proposal must make clear reference to the 'intervention pyramid' set out in the IASC Guidelines on Mental Health and Psychosocial Support (MHPPS). Furthermore, a referral system, including referrals for legal redress, must be established, and information on the services available provided to victims, to ensure the provision of multisectoral assistance, without discrimination and with due regard to confidentiality. Counter-referral systems will also be needed to ensure the quality of the action. Priority must be given to victims' safety by establishing appropriate measures to provide immediate solutions in cases where the victim's life is at risk.

ECHO recognises the particular vulnerabilities of children in situations of armed conflict and displacement. It may consider funding prevention and response measures to tackle violence against children, particularly the six grave violations established by the Security Council. Priority will be given to family reunification measures and multisectoral assistance for children involved with armed groups. For each intervention it should be demonstrated that there is availability of

technical expertise and capacity to identify and provide targeted, professional responses to the specific needs of boys and girls of different age groups.

Measures to tackle individual cases must ensure that there are trained/experienced staff (minimum requirement: social work qualification) as well as the human resources for the provision of services.

An 'integrated approach' to protection

ECHO also recognises that the most appropriate responses are not only those that would be classed as protection measures *per se*:

- If the actions planned are intended to address protection issues through other sectors, these sectors must be discussed and analysed in the evaluations;
- If the protection measure is reinforced by a measure in the field of water, hygiene and sanitation/means of subsistence/health, the results (and indicators) will need to reflect both the technical sector and protection;
- Even if the project concerns a protection issue, the technical intervention must be relevant and of high quality and the partner must be able to demonstrate that the activities have a substantial impact on protection issues.

ECHO encourages partners to carry out a specific analysis of the effect of their presence in a particular place on the protection of the civilian population and to ensure that their presence is of maximum benefit to the community without compromising the safety of humanitarian aid workers.

c. Food security and livelihoods

The principal objective of humanitarian food assistance is to save and preserve lives, protect livelihoods, and help make communities more resilient.

This shall be achieved through the following specific objectives:

1. improving the availability of and access to means of subsistence (food and non-food) in sufficient quantity and quality to avoid consequences which would pose a threat to life;
2. providing rapid, essential and multisectoral assistance to population movements;
3. protecting livelihoods at risk as a result of recent, ongoing, or imminent crises; minimising damage to livelihoods and establishing conditions to help households regain their autonomy.

ECHO's priorities in the DRC will focus on **emergency measures, the main purpose of which is to reduce threats to life** (objectives 1 and 2).

Needs assessment

All proposals must include an analysis of the situation as regards food, nutrition, livelihoods and the markets.

ECHO encourages exchanges between humanitarian organisations and the pooling of all information collected and analysed (Food Security Cluster, IPC classification and reports from the WFP and the Ministry of Agriculture ('Food Security Monitoring System')).

Decisions on geographical priorities and target beneficiaries must be taken on the basis of household vulnerability and protection needs.

Food insecurity is to be determined in accordance with the Food Consumption Score (FCS) using the thresholds set by the Food Security Cluster and the Survival Strategy Index (SSI) in complete form (the SSI reduced form is to be used only for rapid response mechanisms).

The FCS and the SSI should also be key indicators of the specific objective. Their use must take into account the representative nature of the sample and the reference level. Food assistance should be targeted and temporary, but provided for a sufficient period of time to allow households to regain self-sufficiency in food.

It is particularly important to take account of the seasonal calendar.

Transfer arrangements— unconditional multi-purpose cash transfer

When protection and security factors permit, ECHO strongly encourages the use of unconditional multi-purpose cash transfers. (Multipurpose Cash Transfer - MPCT).

The market analysis must take into account not only the current capacity of the market to provide goods and services, but also its potential capacity to respond positively to cash injections and to adapt to absorb the increase in demand.

In principle, the MEB value, or the complete food intake equivalent is warranted only in cases of recent displacement, inaccessibility and total dependence on humanitarian assistance.

Transfer arrangements – in kind and in coupons

The partners must always demonstrate that an analysis of the situation has been carried out and that the transfer arrangements have been selected using a decision tree.

Where transfers are made in kind and/or coupons, food prices at fairs must be negotiated taking into account the fact that sellers have a captive market generating exceptional turnover. Retail prices at fairs/markets should be potentially lower than those usually charged at the markets frequented by the beneficiaries.

If a non-monetary transfer is selected, the partners are required to answer the question 'why not cash?' and to carry out a comparative analysis of the costs (and impact) of the means chosen compared to the expected outcome if cash had been transferred.

Cash-for-work activities (Cash For Work)

Cash-for-work activities will be eligible if they have a clear objective which is attainable during the lifetime of the measure in terms of improving the resilience and protection of the local people. The partners must also demonstrate their capacity to ensure proper technical implementation of

the infrastructure measures. Responsibility for maintenance lies with the authorities or the communities.

Opportunities and working conditions should be suitable for both men and women, activities must not compete with productive activities, and all necessary measures must be taken to ensure the safety of workers and of the surrounding communities.

The amount transferred and conditions must be explained in the proposal and based on clear intervention objectives. Vulnerable households which cannot participate in the work should receive unconditional assistance.

Support for economic recovery

Under Objective 3, ECHO could consider supporting opportunities for economic recovery (agricultural, livestock or non-agricultural) when these help boost the resilience of populations and are sustainable. The partners will provide an economic and contextual analysis demonstrating the socio-economic feasibility and sustainability.

In addition, the partners will focus on activities with an achievable and measurable economic return during the lifetime of the action financed. Otherwise, if more time is needed to implement the economic initiative, the partners must ensure that monitoring arrangements are in place until the end of the project. The activity will be an integral part of a clearly defined LRRD strategy.

The economic recovery activities will focus on the recent returnees who have more opportunities than displaced persons to get involved in economic activities and/or for whom support is needed in order to guarantee the impact of the food assistance already provided.

Cross-cutting issues

Given the close link between means of subsistence and the protection of individuals, an analysis of this link must be carried out in parallel to the analysis of vulnerability and means of subsistence, to ensure that protection is an integral part of the actions. The project activities (distribution, etc.) must not have negative repercussions ('do no harm' principle) and should be designed in such a way as to have an overall beneficial impact on the protection of individuals. To that end, all actions which include distribution activities must include a detailed outline of the complaints mechanism and a component on complaint follow-up in the project logical framework. The establishment of systems for dealing with cases of fraud, violence, abuse, forced sharing of aid and coercion are essential as they contribute to the protection of beneficiaries. These systems need to ensure the anonymity of informants and victims and systematic handling of cases. They are separate from the systems of assistance services that handle complaints in the event of operational problems with the aid.

In areas where protection and security are a major concern, the partners should include a qualitative protection indicator in the logical framework and ensure technical support for protection so that the response can be analysed and adapted accordingly if the protection indicator flags up a deterioration.

Innovative transfer technologies aimed at reducing the risk of fraud also contribute to the protection of beneficiaries.

The average cost of delivering humanitarian aid to the DRC is amongst the highest of all. The situation in terms of logistics, security and markets is not ideal, but the humanitarian system must continue its efforts to improve its effectiveness and efficiency.

The food assistance proposals will also be evaluated on the basis of their cost-effectiveness. They must clearly indicate the value of the resources (in kind, vouchers or cash) received by the beneficiaries, net of any operating, organisational and transfer costs.

The delivery method is selected on the basis of feasibility, protection and security; partners are encouraged, however, to seek out the most efficient delivery methods and organisational structures possible.

d. Health

The main objective of ECHO support in the field of health is to reduce excessive mortality and morbidity among the populations affected by health crises or conflicts.

Medical humanitarian assistance should have the following characteristics:

Short-term programming: when the crisis response extends beyond 12 months other financing arrangements/mechanisms must be sought.

Clear points of entry: the decision to intervene in a crisis will be described in each financing request and action will be taken based on the data on mortality and morbidity (broken down by gender and age), size (composition) of the population concerned and the specific vulnerable groups, the geographical scope of the crisis, the current level of access to care, health and nutritional indicators, local capacity and willingness to act, and support provided by other actors.

Exit criteria and strategies defined from the start of the intervention

Direct involvement of humanitarian organisations in the provision of care is mandatory. Healthcare remains the top priority; the role of the partner may not be reduced to administrative and financial follow-up. This is essential both for the quality of care and project monitoring, and for reasons of proximity (better understanding of the context) and evidence in the case of conflicts/acts of violence.

The quality of care and services must meet international criteria (Sphere or other). For quality assurance the medicines used in the programmes, must be purchased following the procedures set out in Annex III of the FPA and be stored in the country in accordance with international standards.

Each project proposal must specify the delivery methods and times for the medicines, the forecasts for orders, including the solution that will be put in place to ensure that medicines are available during the first few months of implementation.

Accessibility to services must be guaranteed for the most vulnerable individuals. This will mean dispensing with cost recovery systems. In exceptional cases where the partner wants to retain/(re-)introduce a system of cost recovery, a detailed description of the financial system, accountability measures and measures to ensure access to care for the most vulnerable must be described.

Care/services provided

Priority must be given to measures most apt to reduce as quickly as possible excess mortality and morbidity of populations affected by health crises or conflicts.

This may lead to the establishment of a surgical care facility for victims of armed conflict, mobile clinics to treat the most common diseases and measures to improve vaccination cover for children. Further guidance regarding the selection of priority interventions can also be found in the ECHO Health Guide.

Health interventions will systematically include appropriate care for the victims of sexual violence. It is essential that medical care is provided to these victims (men, women and children) within 72 hours. Initiatives involving this type of intervention must detail the capacity for providing post-rape kits for the duration of the action. Efforts to raise awareness are crucial to ensure that information on the availability and confidentiality of services is widely disseminated.

Medical and psychosocial support must be provided by qualified staff and in accordance with internationally recognised protocols.

Partners must ensure the quality of care in respect of the services provided and the referral facilities. The referral system from one level of healthcare (health centre) to another (hospital) must also be set out in the proposal. The referral system must be properly supported, structured and monitored to ensure that patients receive the appropriate treatment.

Support for the warning system and response to epidemics must be taken into account in each action. The functioning of these systems must be documented in each proposal. The partner must also indicate its capacity to intervene in the event of an epidemic.

The inclusion of care for chronic diseases (except tuberculosis, for which care provision must be included in each project) must follow the same principles as those set out in the ECHO directives on HIV.

Particular attention is to be given to infectious diseases, particularly malaria. The availability of diagnostics, treatment and preventive measures for malaria must be described in the proposal.

Compliance with universal precautions, hygiene and infection control measures in health facilities and via health workers must be addressed in each intervention.

Other considerations

LRRD: projects may focus on a systemic approach to reinforcing the health system where a development stakeholder (donor) is identified.

During the planning phase of the intervention, the partners must identify the gaps in the health system justifying the need for humanitarian intervention. Accordingly, a detailed description of the various resources and actors involved in the health system must be included in each project proposal.

The draft response to the epidemic should include, where possible, the existing capacity of the national systems.

As far as possible, humanitarian stakeholders will ensure that medicines and other inputs financed by the Global Fund (to which the European Union provides a significant contribution) are used in their actions.

e. Water, Sanitation and Hygiene (WASH)

The types of Water, Sanitation and Hygiene intervention include 1) rapid response to population movements, 2) the response to cholera outbreaks, and 3) support to IDP camps.

1. Rapid response to population movements

The principle of this type of intervention is to find short-term alternative solutions in order to avoid designing an intervention which requires too much investment at the outset.

WASH stakeholders must ensure that the services they offer are of good quality and that they meet the needs identified (monitoring the domestic water supply, state of latrines, messages understood, etc.).

Community involvement should be encouraged wherever possible.

The intervention should be carefully monitored to allow measures to be adapted in the light of changing needs. The involvement of relay stakeholders should be encouraged and facilitated.

The cholera response can be taken into account in endemic areas, where justified.

1.1. Drinking water supply

Measures may include the installation of emergency water treatment plants. The need for new sustainable infrastructure in situations of population movement must be demonstrated, inter alia, by a resources/needs analysis. Rehabilitation/construction of infrastructure is recommended only if it can be demonstrated that this would meet a significant proportion of the needs generated by population displacement.

The hygiene of water transported from the point of collection to the point of use (transport bucket and hermetic storage) must be properly managed. People must be taught how to use products distributed for treating water at home and the use of these products must be monitored during and after the intervention. Preference should be given to pre-existing products on the local or regional market with the same dosage.

1.2. Sanitation

Grants and technical assistance for the construction of family latrines may be considered on a case-by-case basis, depending on the justification provided and where the approach is not in competition with ongoing initiatives in the intervention area.

Where such measures are not feasible, the construction of communal latrines should take precedence over family latrines.

1.3. Awareness raising

The messages must target the health risks identified. Communication efforts must be dynamic and creative.

Awareness-raising/information panels must be set up systematically at all available strategic points (water points, latrines, medical centres, schools, markets, bus stations, etc.). The messages must be tailored to the context.

2. Response to cholera epidemics

The general strategy has three components:

- i. Emergency response to cholera outbreaks;
- ii. Facilitate the arrival of development actors; and
- iii. Boost the resilience of the communities to cholera peaks.
 - i. Emergency response to cholera outbreaks

Typical emergency activities include bucket chlorination for water from unprotected water points and support to cholera treatment centres and units and ORPs (Oral Rehydration Points). Interventions should prioritise access to drinking water throughout the epidemic and, where possible, the mapping and identification of the sources of contamination and swift action requiring minimum logistics to sanitise the contamination sites.

Responsiveness, coordination and compliance with the protocols of the response teams (implementation, follow-up, etc.) are essential to the overall success of the response to the epidemic. The analysis of the epidemic by the response teams (coverage, reactivity, means of intervention) should serve to maximise the effectiveness of the measures implemented.

The partner must establish a mechanism for verifying and monitoring the quality of the response. The integration of local institutional resources into the response team set up by the partner should be encouraged and put into effect right at the start of the intervention.

Awareness raising during the epidemic is geared towards information on the disease (symptoms, preventive measures, referring patients to the nearest appropriate health structures (UTC/PRO)). Door-to-door visits and mass awareness-raising activities bringing together large groups of people are to be discouraged.

Involving local associations in the emergency response is possible only if they are given sufficient guidance and support to implement the measures for which they are responsible. In general, the quality of a cholera intervention is based on responsiveness and compliance with standard protocols.

- ii. Facilitate the arrival of development actors

Partners are strongly encouraged to facilitate the provision by development stakeholders of a variety of responses of a more structural nature (e.g. infrastructure):

- Understanding the mechanisms of contamination and dynamics of transmission of the epidemic in order to better target the interventions.

- Water and sanitation infrastructure needs in the affected areas must be identified. The management methods for this infrastructure should be taken into account.

iii. Boost the resilience of the communities facing cholera peaks

Response measures to boost resilience to peaks in the epidemic could include one-off repair measures to restore pre-existing services (interventions which would require little in the way of resources and equipment). New infrastructure and/or small-scale rehabilitation works could potentially be envisaged in high-risk areas, if it is demonstrated that the work will make a positive and substantial contribution to fighting cholera.

Any intervention package to promote public involvement in health education adapted to the local culture should help encourage the adoption of appropriate hygiene standards, such as washing hands with soap and preparing and storing foodstuffs safely.

A detailed description of the exit strategies should be provided in the proposals.

3. Support to IDP camps

It is recommended that the partners responsible for the camps ensure that the camp operators have appropriate management capacity.

The range of responses should be comprehensive and tailored to the wide variety of types of camps (responses can vary from the distribution of consumables or equipment to the establishment of more sustainable infrastructure, requiring more advanced technical skills).

In the field of awareness-raising and measures to tackle cholera it is recommended that contingency plans be implemented, including pre-positioning of equipment, in coordination with the Health and WASH cluster.

Where networks have been established, it is necessary to ensure the quality of the service (quantity of water available, quality, including turbidity, free residual chlorine and pH), competence of staff (measuring free residual chlorine or chlorination, anticipating needs), maintenance (reducing network losses), supervision (quantity pumped, stored and distributed by installing water meters) and sustainability.

Sanitation arrangements must ensure the cleanliness, maintenance plan and stability of the structures and must constitute a barrier to disease transmission routes (e.g. choice of materials used to tile the latrine).

Emergency preparedness

Consideration may be given to the establishment of a contingency stock in strategic areas for rapid deployment in the event of an emergency.

f. Nutrition

Evaluation of needs and project design

The intervention criteria for nutrition are established on the basis of exceedance of emergency thresholds for global acute malnutrition (15 % or, where there are aggravating factors, 10 %). It is also possible to launch operations to tackle acute malnutrition if there is a high probability that these levels will be exceeded in the short term.

All the nutrition needs analyses must be supported by surveys, studies and other convincing evidence. Malnutrition rates must be estimated using SMART surveys, based on the weight/height ratio (ref WHO 2006). In emergency situations, other, quicker, methods (e.g. MUAC) may be used, provided that the methodology is statistically robust, validated by ECHO, and clearly detailed in the Protocol and investigation report.

The analysis of the causes of malnutrition is encouraged to help develop multisector and preventive projects. Interventions in the field of nutrition must help to reduce the morbidity and mortality caused by severe malnutrition.

Implementation

Nutrition programmes implemented by ECHO partners must achieve coverage and performance levels which meet SPHERE standards. ECHO supports actions to tackle acute malnutrition in accordance with the Protocol of Integrated Management of Acute Malnutrition in force in the country. Any other nutritional intervention, in the absence of national guidelines, must follow the recommendations of the international agencies. In the event of inconsistency, or where there are no recommendations, the partner must consult ECHO before taking any decisions.

ECHO will focus on a multisectoral and integrated intervention strategy in the public health system. The partners should adopt strategies to increase the capacity of healthcare workers and community relays to ensure the continuity of interventions when the project ends.

The treatment of acute malnutrition and any related medical complications should be provided to the beneficiaries free of charge. This should include the costs of transport and possible transfer of specific medicines for hospital or out-patient care. The costs of persons accompanying patients must also be covered. A structured referral system should be organised in order to provide beneficiaries with access to hospital care where necessary.

In the case of measures to tackle food crises, the health area will continue to be the operational unit in charge of implementation.

Specific measures to support nutrition

It is recommended that, whenever possible, nutrition should be an integral component of measures undertaken in other sectors and vice versa to ensure a holistic and multisectoral approach for preventing under-nutrition and reducing risk exposure.

Non-exhaustive examples where nutrition is integrated into other sectors include measures to:

- improve food aid (targeted or blanket) taking into account supplementary feeding of young children;
- ensure the provision of free health care for people most at risk of malnutrition;
- systematically include ‘WASH in Nut’ actions in the care measures. The partners must ensure that minimum WASH services are available in health facilities for long-term treatment. This includes storage and access to safe drinking water and access to hygienic lavatories that are kept clean and to hand-washing facilities, general cleanliness, in particular as regards waste management, and hygiene awareness-raising activities;
- use Seasonal Malaria Chemoprevention (SMC) in settings where malaria is a key contributor to malnutrition;
- develop contingency plans for emergencies in the event of recurrent food crises.

Infant and Young Child Feeding (IYCF)

It is strongly recommended that IYCF practices be assessed and promoted in all nutrition programmes. The specific nutritional needs of infants, young children and women should be taken into account at all stages of the project cycle and in all sectors.

Monitoring and evaluation

Monitoring is essential to ensure the effectiveness and impact of the interventions. Evaluations are recommended, in particular when innovative approaches are used. Assessments of coverage, using recognised methods, should be carried out regularly to assess the factors which could reduce or increase coverage.

g. Non-food items – shelter

The supply of non-food items constitutes the material emergency response intended to bring about an immediate improvement in the living conditions of displaced persons and returnees.

ECHO supports the search for alternative solutions to the provision of standardised kits, i.e. a tailored response to specific needs. Preference will be given to the vouchers/coupons approach or to fairs, depending on the context and circumstances as indicated in the food security section. The constitution of contingency stocks is an option.

The participatory approach is essential to ensure that account is taken of existing social and cultural practices for closer dovetailing with local solutions. Non-food goods available at fairs/markets should be limited to items that the needs assessments have identified as essential to the populations concerned.

Post-distribution monitoring is required to measure the impact of the action on the vulnerability identified and the adequacy of the response to the pre-identified needs.

When implementing the cash and coupons approach, the prices of essential non-food items at fairs/markets should be negotiated taking account of the fact that merchants have a captive market which generates orders and exceptional turnover. Retail prices in force at fairs/markets should be lower than those usually charged at markets frequented by the beneficiaries.

ECHO may give consideration, in the wake of conflicts, natural disasters or accidents, to individual shelter assistance to ensure the repair/construction of dwellings when there are return

movements, or to enable displaced families to be rehoused in dwellings or sites made available by the host communities.

Ownership rights to the land and property in question must be established before shelter initiatives are implemented. Prior permission must be obtained to use the buildings or sites for the purpose of communal shelter.

The intervention should aim to alleviate the negative impact on the host community and on the environment through the choice of materials and building techniques used. The management of the natural resources available locally must make provision for the needs of the displaced persons moving in, while also taking into account the reduction of risks and possible (especially negative) long-term impacts on the community.

The standards of assistance must comply with the standards of the area in question and take into account factors such as the use of local materials, compliance with the amount of space traditionally available per household, the community contribution, exposure to natural ha

h. Emergency education

A tentative indicative amount of EUR 1,500,000 for Education in Emergencies may be implemented in the current HIP. This amount may be reviewed in the context of the 2017 allocation of funds, based on the quality of proposals received.

In the context of the Great Lakes, and taking into account budgetary constraints, the following objectives will be prioritised:

- Access to primary education for refugee children in the Great Lakes Region, with priority given to the newly arrived Burundian refugees in Tanzania. This includes support for the construction of emergency classrooms if these are a minimum requirement for starting school and/or to ensure the availability of appropriate staff/educational materials.
- Access to emergency primary education for displaced children in the DRC, in conflict affected areas. These activities will follow an integrated education-protection approach and will take into account child protection, in areas where there is a strong presence of IDPs/returnees and where abduction and/or forced recruitment by armed forces have been reported. The education system in the DRC has inherent weaknesses and chronic support requirements. It is not in ECHO's remit to respond to these chronic needs. ECHO will focus on continuity and access to education and the protection of children exposed to risks as a result of population movements, via a rapid and flexible emergency response. ECHO encourages support for positive community adaptation strategies, such as relocated schools, when specific circumstances permit.

All measures taken must comply with the quality standards established by the education cluster (inclusive access to education for all girls and boys, protection and physical and psycho-social wellbeing for all, quality and relevance of education).

The length of the action will take into account the school calendar in order to provide an optimal response to children's needs for education and protection.