

TECHNICAL ANNEX

YEMEN

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

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ECHO/YEM/BUD/2021/91000

2. FINANCIAL INFO

Indicative Allocation²: EUR 134 800 000 of which an indicative amount of EUR 13 000 000 for Education in Emergencies.

In line with DG ECHO's commitment to the Grand Bargain, pilot Programmatic Partnerships have been launched in 2020 with a limited number of partners in direct management. New pilot programmatic partnerships could be envisaged in 2021 with partners in indirect management. Part of this HIP may therefore be awarded to these new pilot programmatic partnerships.

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

Country	Action (a) Man-made crises and natural disasters	Action (b) Initial emergency response/small- scale/epidemics	Action (c) Disaster Preparedness	Actions (d) to (f) Transport / Complementary activities	TOTAL
YEMEN	133 300 000		1 500 000		134 800 000

3. PROPOSAL ASSESSMENT

a) Co-financing:

Under the EU Financial Regulation, grants must involve co-financing; as a result, the resources necessary to carry out the action must not be provided entirely by the grant. An action may only be financed in full by the grant where this is essential for it to be carried out. In such a case, justification must be provided in the Single Form (section 10.4).

b) Financial support to third parties (implementing partners)

Pursuant to Art. 204 FR, for the implementation of actions under this HIP, partners may provide financial support to third parties, e.g. implementing partners. This financial support can only exceed EUR 60 000 if the objectives of the action would otherwise be impossible or excessively difficult to achieve. Such situations can occur in cases where only a limited number of non-profit non-governmental organisations have the capacity, skills or expertise to contribute to the implementation of the action or are established in the country of operation or in the region(s) where the action takes place.

Ensuring broad geographical/worldwide coverage while minimising costs and avoiding duplications concerning in particular presence in country, prompted many humanitarian organisations to network, e.g. through families or confederations. In such a context, the situations referred to above would imply that the partner would

² 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

rely on other members of the network. In such cases, justification must be provided in the Single Form.

c) Alternative arrangements

In case of country or crisis-specific issues or unforeseeable circumstances which arise during the implementation of the action, the Commission (DG ECHO) may issue specific ad-hoc instructions which partners must follow. Partners may also introduce via the Single Form duly justified requests for alternative arrangements to be agreed by the Commission (DG ECHO) in accordance with Annex 5 to the Grant Agreement.

d) Field office costs

Costs for use of the field office during the action are eligible and may be declared as unit cost according to usual cost accounting practices, if they fulfil the general eligibility conditions for such unit costs and the amount per unit is calculated:

- i. using the actual costs for the field office recorded in the beneficiary's accounts, attributed at the rate of office use and excluding any cost which are ineligible or already included in other budget categories; the actual costs may be adjusted on the basis of budgeted or estimated elements, if they are relevant for calculating the costs, reasonable and correspond to objective and verifiable information

and

- ii. according to usual cost accounting practices which are applied in a consistent manner, based on objective criteria, regardless of the source of funding.

3.1. Administrative info

Allocation round 1

- a) Indicative amount: up to EUR 90 000 000.
- b) Description of the humanitarian aid interventions relating to this assessment round *if it does not cover all the funding*.
- c) Costs will be eligible from 01/01/2021³.
- d) The initial duration for the Action may be up to 24 months, including for Actions on Education in Emergencies, Disaster Preparedness, as well as for pilot Programmatic Partnerships. In view of the transition towards the 2021-2027 Multi annual Financial Framework, the new Single Form and the Model Grant Agreement, it will not be possible to present follow-up actions, which continue/extend ongoing operations, as modification requests for the first

³ The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, whatever occurs latest.

allocation round of the 2021 HIP. Proposals will need to be submitted as new proposals on the basis of the new Single Form. The above provision does not apply to pilot Programmatic Partnerships which have started in 2020 and for which a modification request remains the norm.

- e) Potential partners⁴: All DG ECHO Partners.
- f) Information to be provided: Single Form⁵.
- g) Indicative date for receipt of the above requested information: by 01/02/2021⁶.

Allocation round 2

- a) Indicative amount: up to EUR 44 000 000.
- b) Description of the humanitarian aid interventions relating to this assessment round *if it does not cover all the funding*.
- c) Costs will be eligible from 01/01/2021⁷.
- d) The initial duration for the Action may be up to 24 months, including for Actions on Education in Emergencies, Disaster Preparedness, as well as for pilot Programmatic Partnerships. In view of the transition towards the 2021-2027 Multi annual Financial Framework, the new Single Form and the Model Grant Agreement, it will not be possible to present follow-up actions, which continue/extend ongoing operations, as modification requests for the first allocation round of the 2021 HIP. Proposals will need to be submitted as new proposals on the basis of the new Single Form. The above provision does not apply to pilot Programmatic Partnerships which have started in 2020 and for which a modification request remains the norm.
- e) Potential partners: All DG ECHO Partners.

DG ECHO will consider for funding proposals from partners submitted for allocation round 1 in February 2021 which have been put on hold, including modification requests to proposals selected for funding in the previous round.
- f) Information to be provided: Single Form⁸.
- g) Indicative date for receipt of the above requested information: by 21/06/2021⁹.

⁴ Unless otherwise specified potential NGO partners refer to certified partner organisations.

⁵ Single Forms will be submitted to DG ECHO using APPEL.

⁶ 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.

⁷ 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.

⁸ Single Forms will be submitted to DG ECHO using APPEL.

⁹ 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.

Allocation round 3

- a) Indicative amount: up to EUR 800 000.
- b) Costs will be eligible from 01/01/2021¹⁰.
- c) The initial duration for the Action may be up to 24 months.
- d) Potential partners: The following preselected partner, WFP, for logistical support, more specifically humanitarian air services, with an indicative allocation of EUR 800 000;
- e) Information to be provided: Single Form¹¹.
- f) Indicative date for receipt of the above requested information: by 17/01/2022¹².

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).

¹⁰ 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.

¹¹ Single Forms will be submitted to DG ECHO using APPEL.

¹² The Commission reserves the right to consider Single Forms transmitted after this date, especially in case certain needs/priorities are not covered by the received Single Forms.

- 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?¹³

In case of actions ongoing in the field, where DG ECHO is requested to fund the continuation thereof, a field visit may be conducted by DG ECHO field expert (TA) to determine the feasibility and quality of the follow-up action proposed.

No award will be made to NGO partner organisations which have not complied with their obligations concerning the submission of audited financial statements (i.e. which would not have submitted those in due time to the Commission without a proper justification) or which would appear not to offer sufficient guarantee as to their financial capacity to implement the proposed actions (in light of their liquidity and independency ratios as appearing from their latest available annual statutory accounts certified by an approved external auditor).

3.2.2. *Specific operational guidelines and operational assessment criteria:*

This section outlines the specific operational guidelines that DG ECHO partners need to take into account in the design of humanitarian operations supported by DG ECHO. It also lists and explains the assessment criteria – based on those outlined in section 3.2.1 - that DG ECHO will apply in the specific context of the HIP to which this Technical Annex relates when assessing proposals submitted in response to the related HIP.

The HIP Policy Annex should be consulted in parallel.

Where assistance is to be delivered in the form of cash transfers, particular attention will be paid to the principles laid down in DG ECHO's cash guidance note, which will form the basis for the assessment and selection of partners, in particular in the case of large-scale transfers. Partners will be expected to demonstrate a satisfactory efficiency ratio and, to the extent possible and taking into account the operational context, partners will be assessed on their ability to work based on common targeting criteria, single or interoperable beneficiary registries, a single payment mechanism, a common feedback mechanism and a common results framework. In line with the cash guidance note, DG ECHO will expect partners to strive for segregation of duties and full transparency on the costs of implementation. Furthermore, partners should ensure that the efficiency ratio is maintained throughout the action, unless otherwise approved by DG ECHO. For the delivery of smaller-scale cash transfers, DG ECHO will assess proposals paying particular attention the Guidance note's principles of coordination, harmonisation and multi-partner approach.

COVID-19 sensitive programming is to be embedded in every supported operation, seeking programme continuity for the provision of adapted emergency support under due risk mitigation measures. Priority will be given to community-based interventions (risk

¹³ In accordance with the relevant section of the Single Form guidelines (section10)

communication and community-based prevention and care, including referral pathways and home care), adapted primary/secondary health programming and case management, safe education continuity. Specific interventions will be considered on ad hoc basis. It is essential for ongoing non-COVID-19 related life-saving activities to continue to the extent possible. Engagement in direct COVID-19 activities cannot be justified at the expense of down-scaling or stopping life-saving activities – this applies to all sectors.

Through its commitment to the Green Deal, DG ECHO encourages partners to demonstrate their capacity to reduce the environmental impact of the humanitarian aid operations, while increasing the environmental sustainability and chock responsiveness to climate threats through a thorough analysis of modalities to be chosen and adapt the assistance accordingly.

For 2021, DG ECHO operational guidelines for Yemen remain structured around two main priorities:

a) Populations directly affected by active conflict

b) Populations most affected by acute malnutrition/food insecurity and epidemic outbreaks

a) Populations directly affected by active conflict

For conflict affected populations, DG ECHO will focus on integrated emergency, life-saving, first line interventions providing emergency relief and protection to most vulnerable populations i) currently living in active conflict areas, ii) in the acute phase of forced displacement (within 3 months) and/or iii) settled in IDP (internally displaced people) sites where gaps have been independently identified.

i) Assistance to/protection of populations in active conflict areas

The provision of emergency lifesaving services funded by DG ECHO will be pursued through the combination of most relevant sectorial interventions (i.e. integrated programming), as informed by joint independent humanitarian needs assessments.

Humanitarian interventions should be guided by clear access strategies, maximizing proximity to beneficiaries as well as their impact during windows of opportunity, adapting the delivery modalities to the security situation and seeking to increase access. All interventions are to include localised risk and threat analysis to the civilian population as well as risks and threats affecting humanitarian programming. Similarly, interventions should aim to reinforce existing local positive coping mechanisms including enhanced contingency capabilities. Advocacy in favour of needs of population should remain a transversal activity of interventions.

Priority actions include:

- Emergency assistance and protection – basic common services from fixed facilities:

- Emergency health care and curative treatment are to be prioritised, including first aid, emergency pre-hospital and hospital services as well as identification and treatment of acute malnutrition, and referral of severe acute malnutrition with

medical complications. Priorities include the establishment of tailored referral pathways securing the chain of emergency/trauma care.

- Health education on continuity of care and prevention practices to be provided from supported health facilities, supporting follow up and continuity of care upon discharge for most vulnerable households.
- Sexual and Gender-based violence (SGBV), Child protection (CP) and Mental health and Psychosocial support (MHPSS) services to be integrated and included in adapted case management protocols.
- Continuity of epidemic programming and outbreak surveillance.
- Water, Sanitation and Hygiene (WASH) support to Health facilities, including rehabilitation of the WASH infrastructure when needed to ensure Infection Prevention and Control Measures.
- Small scale, Water & Sanitation infrastructure repairs to enable services at emergency response standards, linked to local/community structures for the operation and maintenance. Punctual provision of emergency water trucking can be considered if/as granted by the access/active conflict situation.
- On a case by case basis, active conflict allowing, community centers run or supported by humanitarian actors to provide information on humanitarian service provision in the area of operation, on legal assistance and tenure arrangements, or acting as registration points for newly displaced populations, and for the identification of specific vulnerable individuals or persons with special needs, will be considered. SGBV, CP and PSS to be considered under adapted case management protocols.

- Emergency assistance and protection at household level:

- Emergency distributions for civilians affected by active conflict are considered if security/access situation does not allow for sustained interventions. Distributions may include provision of cash-based assistance, or in-kind food (if markets are not functioning and based on a thorough decision-tree analysis), NFI (Non Food Items) or medicine for continuation of initiated treatment protocols. Such efforts are to build up on specific risk mitigation plans and incremental access strategies.
- Provision of Multi-purpose cash assistance (MPCA) as emergency cash transfer to cover basic needs and access to basic services within an integrated approach, while strengthening the continuity of services and referral systems.
- Provision of household level WASH NFI to ensure drinking water safety at point of consumption, complemented with public health messaging on main water borne/fecal oral risk reduction.
- Dissemination and support for self-protection strategies, which may include, among others, preparedness, risk education, identification of evacuation routes and measures to maintain family unity.
- Remotely managed distributions are to be considered as a measure of last resort and justified on triangulated information about critical humanitarian needs. Previous communication with DG ECHO for the implementation of this modality of intervention is required. As security/access allows, due transition towards routine assistance modalities is to be pursued.

- Protection of civilians and civilian infrastructure:

- Promotion of International Humanitarian Law (IHL) at various levels through direct engagement and evidence-based humanitarian advocacy.
- Protection monitoring through observations and basic interviews to gain information on violations of protection. Protection monitoring activities will only be supported if apart from information gathering an element of identification and referral of specific cases to service provision is ensured.
- Actions to protect education and/or health care from attack, by enacting Safer Hospitals activities or operationalising commitments from the Safe Schools Declaration. The latter includes the provision of psychosocial support for students and teachers, promoting the protection of education spaces from military use or targeting and actions to prevent school closures (or support students to continue their education in other relevant ways).

ii) Assistance to/protection in the acute phase of forced displacement

Main outcome sought in DG ECHO's response to newly displaced households is the timely delivery of comprehensive emergency assistance during the acute phase of displacement, (i.e. from initial move to up to three months, also considering multiple displacement). This response should generate the necessary information (e.g. population needs, required response, household registration) and set the foundations (e.g. access, networking, community mobilisation) for follow up assistance and protection. The active identification and referral of people in need of specialised assistance and/or protection services shall be mainstreamed in the design of the response.

Adequate attention should be given to inclusion and exclusion factors (e.g. triggers, beneficiary identification/verification, monitoring, etc.). Conflict sensitive programming is particularly relevant in these actions with emphasis in the dynamics between newly displaced populations, protractedly displaced populations and host communities. A specific risk and threat analysis by location should also be generated to inform programming assisting this category of beneficiaries.

Priority actions include:

- Emergency assistance and protection at first point of settlement:

- Delivery of emergency assistance is promoted at first point of access to newly displaced populations, usually at first point of settlement after displacement (even if multiple). Immediate emergency assistance is to be provided regardless of expected duration of displacement at first point of settlement. Education in Emergencies (EiE) actions may include temporary learning centres with integrated child protection services and/or integration of education into multi-sector rapid response mechanisms.
- Basic psychological first aid, identification of multi-sectorial needs, response providers and referral systems to be secured by all partners. In IDP sites, this is to be covered, by Camp Management and Camp Coordination (CCCM) actors. CCCM actors shall also activate the accountable transition towards sectorial needs-based assistance such as inclusion/redirection of Global Food Distribution (GFD),

eligibility for emergency MPCA or identification of protection needs. Protection data collection should be conducted where specialised protection services are also available to ensure that data collection results in adequate support to cases.

- Information sharing to guide individuals and families, including activities preserving family unity. Protection partners should consider co-locating with other partners complementing other activities (e.g. providing protection services during distributions, etc.). Mine risk education information and materials should be provided as part of information sharing in all transit sites, and complementing services provided by partners (as clearance is not possible and areas are likely to be contaminated).
 - Nutritional screening and referral to pre-identified treatment facilities and follow up of referrals.
 - Emergency MPCA within the Rapid Response Mechanism (RRM) to cover the most urgent needs during the first phase of displacement (up to three months), enabling transitions towards sustained and longer-term assistance (e.g. social safety nets, GFD, Shelter/NFI, WASH, etc.)
 - Emergency WASH/Shelter to be provided in IDP sites with adequate involvement of affected communities in the design and implementation of programmes. Due consideration should be provided to up-grading emergency solutions (e.g. from emergency shelter to transitional solutions) and comprehensive coverage of WASH needs within a public health approach (e.g. clean water, safe storage, basic latrines construction, hygiene promotion/messaging and NFI). Upon current or foreseeable sustained/quality of access constraints, partners are to develop/or enhance remote management or support protocols to ensure principled continuity of essential services.
- Delivery of assistance and protection services at common service or referral points:
- Reinforced response capacity at the level of common points of humanitarian assistance to enable coverage of additional emergency needs arising among communities hosting IDPs. EiE actions to facilitate enrolment to schools and other education services in host communities.
 - Common service points are to ensure provision of information on humanitarian services, access to civil documentation, basic psychological first aid, and management of referrals to specialised services.
 - Primary and secondary health care facilities supported shall plan for resources to cater additional inpatient and outpatient caseload and consider outreach services to be provided in displacement sites.

iii) Assistance to/protection of conflict affected displaced populations in IDP sites.

Actions designed in support of populations displaced in informal sites are to ensure the provision of basic services during displacement. Such interventions are to use area-based approaches and prioritise access to essential services, protection and provision of information. IDPs and hosts communities shall be consulted and participate in the decision-making processes, planning and implementation. Community participation and ownership shall be fostered across supported actions, possibly through various levels of

engagement (e.g. local authorities, site committees, household level). Cost efficiency and maintenance/sustainability of investment are factors to be addressed across interventions and beyond the lifespan of the action.

While assuring humanitarian assistance and protection, these actions are to include from their design measures to reduce IDPs' vulnerability and marginalisation. In particular, these interventions should factor, under complementary funding streams or coordinated response by other actors, ways in which IDPs are to be supported in securing access to livelihoods opportunities, adequate shelter solutions sensitive to land tenure issues and self-reliant access to basic services.

Priority actions include:

- Assistance and protection for populations in informal displacement sites:
 - CCCM actions (fixed or mobile) to provide basic site level coordination and community/humanitarian actors' mobilization. CCCM actors should liaise effectively with local representatives as well as sector specific agencies. Timely monitoring and reporting of emerging needs in informal sites to be provided to sector lead organisations per site (regular mapping of services and service providers and gaps). Integration of protection and Housing, land and property (HLP) services within deployed CCCM capacities is to be pursued, as well as co-location and joint delivery by CCCM actors of required sectorial services, within the organization area of expertise or in coordination with other service providers (e.g. infrastructure).
 - Critical needs to be routinely identified by humanitarian actors in informal sites, and duly referred to CCCM actors and existing services providers (inside the site or within host community). Established referrals are to be supported in addressing the IDP's additional demand and service provision followed up.
 - Compliance with basic service standards in supported IDP sites shall be secured by humanitarian actors, with due consideration for required up grading of community and household level infrastructure, comprehensive WASH services and NFI. Community participation and ownership shall be fostered across supported actions, possibly through various levels of engagement (e.g. local authorities, site committees, household level).

- Delivery of assistance and protection services at common service or referral points:
 - When justified in terms of accessibility to common service providers within host communities or insufficient capacities of the latter, IDP centres may be equipped to provide a multi-sectorial platform that population can access easily and with a range of protection and non-protection services. Protection services at these centres should include assistance on accessing legal documentation, MHPSS activities (including the referral to mental health) and accompaniment (which includes follow up, not mere referrals). Depending on access to static services, mobile activities should be considered for remote/non covered IDP sites.
 - In IDP sites, education actions should focus on integrating children back into the formal education system (which may include non-formal education options with a clear pathway to formal education), linking temporary education services to the formal system and supporting children's PSS and child protection needs. Support

tailored to improve/increase the absorption capacity of existing formal schools is to be considered in locations hosting displaced communities.

- Support to primary and secondary level health facilities providing health and nutrition services in locations hosting displaced population (following a catchment area or area-based approach for service provision). Support and reinforcement of referral pathways to/from supported facilities for lifesaving secondary and tertiary treatment and care, including nutrition activities. Integration of GBV services into health is crucial for enabling access to GBV assistance and has a demonstrated added value.

b) Populations most affected by acute malnutrition/food insecurity and epidemic outbreaks

DG ECHO supported actions are to follow an integrated approach aimed at reducing incidence and prevalence of acute malnutrition and severe food insecurity prioritising locations where acute malnutrition/food insecurity indicators surpass emergency thresholds. Humanitarian actors operating in these locations shall demonstrate direct and/or coordinated interventions in WASH, Health, Nutrition and Food Security – ensuring alignment with joint assessments, monitoring and intervention tools/strategies (e.g. Integrated Programming for the Famine Risk Reduction (IFRR), Joint Monitoring Framework (JMF)). The level of sectorial intervention is to be determined by independent direct assessments able to identify main drivers of acute malnutrition/severe food insecurity in the targeted location. Partners are expected to assess the effectiveness of the integrated approach of food assistance package in support of nutrition interventions, so as to justify its relevance in targeted locations.

DG ECHO's partners are requested to ensure a risk and threat mapping of targeted communities, to include protection mainstreaming in the design of interventions and to operate along conflict sensitive lines.

Interventions are to incorporate epidemic outbreak response capacities at facility and community level, in order to be timely triggered based on epidemiological data from the area of intervention. Vertical interventions against specific outbreaks could also be considered if duly justified by the epidemiological situation and partner capacity.

Priority actions include:

- Assistance and protection at health facility level:

- Reinforced data collection and analysis (including from ongoing or previous responses) to inform local drivers of acute malnutrition/food insecurity and concomitant epidemic outbreaks. The use of epidemiological data shall guide community-based programming (choice of locations and interventions). The latter is to account for assessed barriers to access health care in health facilities (facility bias).
- Focus on the functionality, reliance and quality of countrywide supply pipelines of essential commodities supporting nutrition, food security, health and epidemics operations. Regular assessment of quality of care provided (including compliance

with Infection Prevention and Control – IPC - measures and protocols), free of charge conditions and protection mainstreaming in supported facilities.

- Integration of protection into health and nutrition services along do no harm approach, seeking to provide continuity of care across sectors and the referral of protection cases. In aiming to ensure access to all potential services, health and nutrition partners are advised to include protection information in their analysis.
- Child protection considerations are particularly important in relation to prevention and treatment of malnutrition and children treated during epidemic outbreaks. Health and nutrition partners should be aware of child protection concerns in their respective areas of operation when programming and ensure children are cared for by parents/caregivers to the extent possible, prevent or mitigate family separation due to treatment and ensure holistic care for caregivers.
- Emergency response capacity against peaks of acute malnutrition/epidemics including service mapping and rationalisation of efforts in catchment area. Epidemic outbreak response should include epidemiological surveillance and analysis, early warning and rapid response activities including coordination, as well as disease specific interventions such as vaccination campaigns, hygiene promotion and WASH interventions when relevant. Acute malnutrition response to reinforce nutrition situation and programme performance analysis, case detection, referral and management in line with national Community-based Management of Acute Malnutrition (CMAM) protocols.

- Delivery of assistance and protection services at community level:

- Community level interventions are to be guided by independent assessments of risks and protective factors. Hygiene/health/nutrition promotion interventions to be considered in their messaging and design of resources for use at community level (e.g. community health workers, communication/awareness materials, etc.)
- Comprehensive WASH operations at community level, with strong community mobilisation component. Actions to demonstrate due consideration to water responsibility (extraction and use). Coordinated support to hygiene/nutrition/food security interventions at community level to be pursued potentially including from messaging to in kind/voucher/cash support.
- Development of early warning and response mechanisms at community level (e.g. community level screening, referral support networks, etc.).
- Expansion of complementary recovery programming linked to humanitarian assistance. Linkages with complementary funding sources and programming on restoration of basic subsistence and productive economic activity are encouraged through an adapted and coordinated recovery model, which may include direct transfers, income generation activity or provision of agricultural and livestock inputs.

- Delivery of assistance and protection services at household level:

- Tailored support to most-at-risk households (e.g. households with pregnant and lactating mothers, children under five years and acutely undernourished SAM/MAM cases), ensuring inclusion on programming aimed at providing access

cash and/or in-kind assistance linked to behaviour change and/or risk mitigation efforts. Enhanced inter-sectoral coordination (nutrition and food security clusters and/or cash working group) should be ensured to maximize coverage and attainment of the desired nutritional impact

- Targeted support to tackle severe levels of household food insecurity based on the main outcome indicators (FCS, CSI¹⁴) to be provided under most suitable intervention modalities through joint, impartial, evidence-based needs assessments and response analysis. Multi-purpose cash assistance is to be considered from the outset, while securing effective sectorial referral systems.

Protection specialised services targeting specific groups

DG ECHO will consider specialised responses targeting specific vulnerable groups, with a focus on children associated with armed conflict (CAAC), supporting interventions aimed both at prevention and response, complemented with well-defined advocacy. DG ECHO will only support partners with demonstrated access and experience in dealing with these particular activities.

Support to Extremely Vulnerable Migrants

DG ECHO will consider supporting partners that had demonstrated capacities and access to providing lifesaving humanitarian assistance to migrants transiting through Yemen. Notwithstanding, service provision for migrant populations should also be secured through their effective inclusion on regular actions by humanitarian partners, on needs basis. Actions targeting migrants should as much as possible be integrated and providing a holistic service package that can be delivered in a quick time span; this includes potential revised activities within protection and MHPSS. DG ECHO also emphasises the need for operational coordination. Additionally, actions aimed at ensuring regional coherence in terms of support to migrant (including with linkages to actions in the Horn of Africa region) could be considered.

Disaster Risk Reduction - Preparedness for Response and Early Action

In line with the main priorities identified in previous years, DG ECHO will continue to promote specific Disaster Preparedness actions aimed at strengthening an effective and integrated management of disasters related to epidemics and water-borne diseases. A greater focus will be put on effective early warning systems and contingency planning in order to reinforce preparedness for emergency at local level. The current strategy should consider a progressive transfer of Emergency Preparedness and Response capacities, so far implemented by international partners, to actors able to act as first responders. An exit strategy, including expected outputs and outcomes to be secured in time, should be developed by partners in order to ensure the sustainability and continuation of the action after the support of DG ECHO.

¹⁴ Food Consumption Index, Coping Strategies Index

All partners are expected to mainstream key elements of disaster risk reduction in their projects, with particular focus on strengthening early response capacities and fostering preparedness for emergency responses.

Nexus

As highlighted by the *EC Conclusions on Operationalizing the humanitarian-development nexus*¹⁵ and the *Communication on forced displacement and development*¹⁶, the need to coordinate humanitarian and development actions is paramount to address the root causes of vulnerability, fragility and conflict while simultaneously meeting humanitarian needs and strengthening resilience. This is particularly relevant in the face of protracted (displacement) crises and at the same time when supporting early recovery and stabilisation, building self-reliance and developing prevention measures. In doing so, focus should be on delivering collective outcomes, by working collaboratively and in complementarity across institutional boundaries based on comparative advantages of each community of actors while fully respecting humanitarian principles.

Entrenched economic and conflict related root causes of vulnerability, together with the direct and secondary impact of COVID-19 on the already very fragile socio-economic situation, further exacerbate systemic-wide vulnerabilities in Yemen. This will generate a lasting impact especially on the ability of those most vulnerable in country to access and afford food, water and essential services.

DG ECHO has identified the following priority areas for Nexus programming, based on specific need and potential added value. Protection, besides being considered as a sector, is to be mainstreamed across sectors.

- Link the humanitarian cash programming to existing humanitarian safety nets in view of transitioning towards social protection. Support the build-up of required complementarities and synergies with existing social safety nets/social protection programmes including interoperable registries, transfer values, targeting, and cash transfer mechanisms.
- Strengthen existing synergies with recovery and development actions for improved food security and access to income. Scale up of concomitant food security and nutrition support, while maximising income generation options and cash plus interventions and systematically deploying graduation models towards long-term assistance modalities.
- Safeguard critical support for the provision of essential public services by strengthening engagement with development actors for durable recovery. Link up emergency WASH support with long-term initiatives and efforts at localised level for sustainable, evidence-based system wide solutions.

The overarching objective of EU Nexus approach in Yemen is to promote coherent ways of working that are more effective and efficient in analysing the factors of fragility and

¹⁵ <https://www.consilium.europa.eu/media/24010/nexus-st09383en17.pdf>

¹⁶ https://ec.europa.eu/echo/files/policies/refugees-idp/Communication_Forced_Displacement_Development_2016.pdf

conflict, in addressing needs, risks and vulnerabilities while enhancing immediate humanitarian responses.