

TECHNICAL ANNEX

GREAT LAKES

FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2018/01000 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

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ECHO/COD/BUD/2018/91000

2. FINANCIAL INFO

Indicative Allocation: EUR 33 000 000 (of which an indicative amount of EUR 2 000 000 for Education in Emergencies)

Breakdown as per Worldwide Decision:

Specific Objective 1 - Man-made crises²: HA-FA: EUR 33 000 000

Total: HA-FA: EUR 33 000 000

3. PROPOSAL ASSESSMENT

3.1. Administrative info

Allocation round 1

- a) Indicative amount: up to EUR 33 000 000
- 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 01/01/2018³. Actions will start from 01/01/2018.
- d) The initial duration for the Action may be up to 24 months, including for Actions on Education in Emergencies.
- 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 15/01/2018⁶

3.2. Operational requirements:

3.2.1. Assessment criteria:

Each action will be assessed against a set of criteria according to the specific context of intervention. These criteria include:

- Relevance to DG ECHO strategy and operational requirements;
- Quality of the needs assessment⁷

² As possibly aggravated by natural disasters.

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

⁴ For British applicants (non-governmental organisations): Please be aware that you must comply with the requirement of establishment in an EU Member State for the entire duration of the grants awarded under this HIP. If the United Kingdom withdraws from the EU during the grant period without concluding an agreement with the EU ensuring in particular that British applicants continue to be eligible, you will cease to receive EU funding or be required to leave the project on the basis of Article 15 of the grant agreement.

⁵ Single Forms will be submitted to 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 Partners are expected to contribute and use coordinated needs assessments on crisis and sector level in line with Grand Bargain commitments

- Quality of the response strategy, including the relevance of the intervention and coverage;
- the logical framework, including robust and relevant output and outcome indicators;
- Feasibility;
- Implementation capacity and technical expertise; and
- Knowledge of the country/region.

Depending on the characteristics of the crisis, other elements are likely to be taken into account when assessing the proposals, such as:

- Security;
- Coordination;
- Access arrangements;
- Monitoring system;
- Sustainability, resilience, Linking Relief Rehabilitation and Development;
- Cost efficiency; or comparative advantage of the action or the partners.

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.

3.2.2. *Operational guidelines:*

This section outlines the general and specific operational guidelines which need to be taken into account by DG ECHO partners in the design of humanitarian operations supported by DG 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 DG 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.

Civil military coordination:

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

The safe and secure provision of aid: The ability to safely deliver assistance to all areas must be preserved. DG 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. DG ECHO or its partners can request the suspension of ongoing actions as a result of serious threats to the safety of staff.

Accountability: As the quality and robustness of any humanitarian aid operation lie first and foremost with the organisation that proposes it and will be responsible for its implementation in the field, attention is drawn to the fact that DG ECHO partners' accountability in this respect relate, *inter alia*, to the following aspects of Actions' design and implementation:

- The identification of the beneficiaries and of their needs through robust, comprehensive methods conducted in a coordinated manner with humanitarian partners on sector and crisis level⁸;
- Management and monitoring of operations, as properly facilitated by adequate systems in place;
- Monitoring and reporting on activities, outputs and outcomes, through robust indicators 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.

Local disaster response organisations have had and continue to play an indispensable role in responding to the humanitarian needs. DG ECHO funds have and will be translated into services and assistance provided by local actors in the majority of cases. As such, DG ECHO will continue to ask for strategic partnerships of FPA/FAFA partners with local actors in line with the Grand Bargain commitments.

Grand Bargain commitments: DG ECHO and most of its main partners have signed up to the Grand Bargain, a set of commitments in line with current good practice and ongoing policy discussions seeking to bring about substantial changes in terms of aid efficiency. While many of the commitments require further ground work on a global level, progress can be made in 2018 already on a certain number of commitments. In addition to the commitments covered by specific section in this annex (cash, humanitarian-development nexus, localisation and accountability to affected populations), partners are expected to explore and propose concrete ways of implementing commitments such as multi-annual planning and reduced duplication and management costs (such as making use of technology and innovation to be more cost effective or providing clear, comparable cost structures)..

Innovation and the private sector: Humanitarian emergencies are reaching unprecedented levels. Strengthening the capacity of humanitarian actors to respond to natural disasters and man-made crises in an effective and efficient manner is a priority. Innovation can play an important role in this respect. Harnessing the technological innovation, technical skills and expertise of the private sector and academia is determinant. Where it is in the interest of the action, and without prejudice to the applicable legal framework, DG ECHO encourages an increased involvement of a wide range of actors, including the local and international private sector, and the adoption of innovative solutions and approaches to optimising the efficiency and effectiveness of the humanitarian response.

Cash-based assistance: DG 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 WHS commitments, DG ECHO will endeavour to increase cash-based interventions in the interests of cost efficiency and effectiveness gains. Partners should provide sufficient information on the reasons why a transfer modality is proposed and another one is excluded through a robust response analysis (see section below) 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.

⁸ See footnote related to the quality of needs assessment and the Grand bargain-related section below.

DG ECHO's Cash Guidance note covering the delivery of large-scale cash transfers applies when the delivery of cash at scale is envisaged. The Guidance note, as updated, will apply to 2018 HIPs.

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 coordinated 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>

Preparedness for Response and Early Action: As part of the commitment of DG ECHO to mainstream disaster preparedness in EU-funded humanitarian operations, the needs assessment presented in the Single Form should reflect, whenever relevant, the exposure to the range of hazards affecting people at the village/ community level (natural hazards and conflict related threats), the related vulnerability of the targeted population and their ability to cope. 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 Disaster Preparedness (DP) 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 and threats 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.

For targeted DP 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 regional, national and local capacities for better preparedness and response at local level;
- the partner has an appropriate monitoring, evaluation and learning mechanism to ensure that evidence of the impact of the action and good practices are gathered and effectively disseminated;
- the action is justified by an explanation of the losses and suffering that will be avoided or reduced (and why this conclusion is valid);
- due consideration has been given to the integration of contingencies and preparedness arrangements (shock responsiveness) into planning to provide locally owned basic service delivery and social protection for vulnerable

populations (e.g. for social, safety net programmes), notably in situations of protracted or recurrent crises;

- the use of EU Aid Volunteers in the DP intervention is envisaged or not and for what kind of tasks;
- in more fragile context, the development of national and local competencies for early action and locally owned Rapid/Emergency Response Mechanisms (ERMs) implemented by local actors should be considered. Actions to build local preparedness capabilities will include opportunities to apply and benefit from the resources and expertise held by the Union Civil Protection Mechanism (UCPM).

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

Education in Emergencies (EiE): DG ECHO will support education actions in emergencies including sudden onset emergencies, ongoing conflicts, natural disasters and situations of displacement (IDP/Refugee). The objective of these EiE actions will be to prevent, reduce, mitigate and respond to emergency-related barriers to children's⁹ education while ensuring inclusive and quality education¹⁰. EiE actions will respond to the multiple barriers (academic, financial, social, institutional, physical/infrastructural) that children face in accessing their education due to their experiences of the humanitarian situation. As such, EiE actions must be tailored to the different needs of children based on their age, gender and other specific circumstances including the specific impact of the emergency they face (e.g. unaccompanied minors, former child soldiers, and disabled children). DG ECHO EiE actions work towards three outcomes:

- **Outcome 1:** Children affected by humanitarian crises access to and learn in safe, quality and accredited primary and secondary education
- **Outcome 2:** Children affected by humanitarian crises learn life-saving and life-sustaining skills, are protected and have increased personal resilience
- **Outcome 3:** Education services are strengthened through preparedness, response and recovery interventions in line with the *INEE Minimum Standards for Education: Preparedness, Response, Recovery*¹¹

DG ECHO's support to EiE will focus on non-formal and formal education in the context of primary and secondary levels of education. Non-formal education supports should, where possible, enable children to enter (or re-enter) the formal system. Early childhood development will be considered in specific circumstances where it is already embedded in formal education in a national system or where specific skill or protection needs are identified to enter primary school. Technical and vocational education and training (TVET) programmes are considered to fall outside of the scope of work for DG ECHO's EiE response.

⁹ The Commission adheres to the UN Convention on the Rights of the Child that defines a 'child' as a person below the age of 18.

¹⁰ The definition of quality education: Quality education is affordable, accessible, gender-sensitive and responds to diversity. It includes (1) a safe and inclusive learner-friendly environment; (2) competent and well-trained teachers who are knowledgeable in the subject matter and pedagogy; (3) an appropriate context-specific curriculum that is comprehensible and culturally, linguistically and socially relevant for the learners; (4) adequate and relevant materials for teaching and learning; (5) participatory methods of instruction and learning processes that respect the dignity of the learner; (6) appropriate class sizes and teacher-student ratios; and (7) an emphasis on recreation, play, sport and creative activities in addition to areas such as literacy, numeracy, and life skills. INEE. (2010). *Minimum Standards for Education: Preparedness, Response, Recovery*.

¹¹ Inter-Agency Network on Education in Emergencies (INEE) (2010): *Minimum Standards for Education: Preparedness, Response, Recovery*.

Protection must be considered as both a core component and key outcome of EiE response. The provision of safe learning environments, psycho-social support and direct referral to child protection services will provide a protective environment for children impacted by emergency. The learning itself – in both formal and non-formal education actions – must provide relevant life-saving and life-sustaining skills and messages, including vital health, nutrition and hygiene information, HIV prevention, sexual- and reproductive health information and DRR training and awareness. In order to ensure safe and protective education, all actions supported by DG ECHO are expected to be designed and implemented according to the principles of conflict sensitive education (CSE). EiE actions should reflect relevant legal frameworks for protection (International Humanitarian Law, International Human Rights Law and Refugee Law).

In order to ensure holistic response to the needs of children, it is encouraged that beyond child protection EiE actions are also linked with other life-saving humanitarian sectors, such as WASH, health and nutrition, whenever relevant and feasible.

EiE actions should be recognized as not distinct from long-term learning goals and as such also aim at strengthening the quality aspects of education, in particular the availability of and support to teachers through the recruitment and capacity development of facilitators and teachers.

Whenever relevant and supportive of safe, inclusive and quality education, DG ECHO will support innovative EiE solutions.

EiE actions should be conceived with a medium to long-term vision. This implies first and foremost that programmes be designed and implemented in a way that allows for the fullest and most rapid recovery of safe, inclusive and quality education services. At the same time, programmes must be aligned with development and/or government actors to ensure continuity of learning for affected children through proper transition planning. Therefore, in order to ensure continuity and alignment with both, the wider humanitarian and development context, EiE actions must be informed by any existing education sector framework as well as the inter-sectoral humanitarian response. Furthermore, in order to ensure coordination, harmonization and effective prioritization within the EiE response, partners implementing EiE actions supported by DG ECHO will be expected to participate in, and contribute to, national and/or sub-national sector coordination activities throughout the Humanitarian Programme Cycle. EiE actions should contribute to the strategic objectives of the education cluster/working group strategy (if one exists) and to any wider strategic sector objectives based on the humanitarian-development nexus.

All EiE actions funded by DG ECHO should adhere in their design and implementation 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: Women, girls, boys, men of all ages are affected by crises in different ways and emergencies tend to change gender dynamics. Ensuring gender-age mainstreaming is therefore crucial to DG ECHO and an issue of quality programming. To this end, the needs and capacities of different gender and age groups among targeted populations must be adequately assessed and assistance must be adapted to ensure that equal access is granted and specific needs are addressed.

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. 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 children 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.

Notwithstanding the paragraph on protection on the next page, which should be read in conjunction, all humanitarian interventions funded by DG ECHO must take into consideration, together with other protection concerns, any risk of gender-based violence and develop and implement appropriate strategies to prevent such risks. Moreover, in line with its life-saving mandate, DG ECHO encourages the establishment of quality, comprehensive and safe GBV response services from the onset of emergencies. Further details are available in DG ECHO 2013 Gender policy.

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

The Gender-Age Marker is a tool that uses four criteria to assess how strongly DG ECHO funded humanitarian actions integrates gender and age consideration. More information about the marker and how it is applied are available in 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, 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, and in line with DG ECHO's Guidance on the delivery of large-scale cash transfers, support functions should be separated out from actual transfers in order to enhance efficiency, transparency and accountability. Partners are requested to provide information on how their actions are integrated with other actors present in the same area.

Multi-year planning and funding: In crises where it is appropriate to engage in multi-year interventions (i.e. 24 months and longer), actions should be grounded in a longer-term strategy including possible risks and contingencies that may occur over the

timeframe as well as exit scenarios and Linking Relief, Rehabilitation and Development. Project design should also be done in a more flexible manner, taking into account the longer duration and the possible changes in context that may occur during implementation.

Protection: All programme design and targeting should be based on a clear analysis of threats, vulnerabilities and capacities of the affected population and it is recommended to use the risk equation model as a tool to conduct this analysis.¹² The analysis should bring out external and internal threats to the target population as well as the coping strategies adopted to counteract the vulnerabilities arising from the threats. Protection responses 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. Consideration 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, and where considerations on inter-communal relationships are of utmost importance for the protection of the affected population.

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. For more information please consult the Guidance for Integrated Food Assistance and Protection Programming in the DG ECHO Humanitarian Protection Thematic Policy Document.¹³

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.

Mainstreaming of basic protection principles in all programmes is of paramount importance to ECHO – 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, and ensuring meaningful access, accountability, participation and empowerment. All proposals must demonstrate integration of these principles in its substantive sections, i.e. the response strategy, the logic of the intervention, and the indicators.

To follow the principles of protection mainstreaming, targeting of humanitarian assistance should be done in a manner that takes into account the protection concerns of individuals and groups based on: A) the risk of exposure to harm, exploitation, harassment, deprivation and abuse, in relation to identified threats; B) the inability to meet basic needs; C) limited access to basic services and livelihood/income

¹² 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.

¹³ See Annex 4 on p. 49 and forward of http://ec.europa.eu/echo/sites/echo-site/files/staff_working_document_humanitarian_protection_052016.pdf.

opportunities; D) the ability of the person/population to cope with the consequences of this harm; and E) due consideration for individuals with specific needs. Particular attention must be paid to ensure that issues of social exclusion and discrimination are not overlooked, and that the specific needs of groups most often affected by this – people with disabilities, LGBTIs, and very marginalized social groups – are appropriately addressed in programme design and targeting. In line the Charter on Inclusion of Persons with Disabilities in Humanitarian Action, specific attention will be paid to the measures ensuring inclusiveness of people with disabilities in proposed actions.

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

Resilience: DG 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, DG 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 DG ECHO partners are expected to identify opportunities to reduce future risks to vulnerable people and to strengthen self-reliance through livelihoods and capacities. DG 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, DG 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.

Preparedness for response and early action should be the main element of DG ECHO's contribution to resilience and to humanitarian-development nexus/Linking Relief, Rehabilitation and Development (LRRD) programming.

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 dignity and 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 ECHO, DEVCO, NEAR and the EEAS. This joined-up approach of different EU instruments, each under their mandate should be supported by DG ECHO-funded partners, in line with humanitarian principles. Where feasible, DG ECHO partners should consider the use of EU Aid Volunteers if the security conditions in the country allow.

Linking **social protection** and humanitarian action can bridge the development-humanitarian divide : scaling up social protection systems in response to shock and crisis has been identified as one of the core measures to enhance resilience and empower people, and most importantly to be able to react quickly and efficiently to disasters.

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. The increasing profile on multi-purpose cash-based emergency response provides further momentum towards safety nets as a component of a wider social protection approach. 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.

Without compromising humanitarian principles, DG ECHO partners are expected to consider if it is appropriate to deliver humanitarian assistance through national social safety nets or if it is possible to use the humanitarian response as a window of opportunity to trigger investments in the development of "nascent" safety nets. The longer-term aim in such a scenario is to progressively move chronic humanitarian caseloads into social protection systems.

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

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

Resilience mainstreaming – The Resilience Marker

Actions addressing the immediate needs of affected populations, however, can also present opportunities for strengthening resilience. DG ECHO's approach to resilience, and the intent of its Resilience Marker, is to ensure that these opportunities are used to the greatest extent possible without compromising humanitarian principles. Four steps are key to take these good practice opportunities in humanitarian programmes:

- Conduct an analysis of hazards, threats, vulnerabilities and their causes;
- Be risk-informed (i.e. ensure that activities do not aggravate risks or vulnerabilities, do no harm and are prepared for likely hazards and threats);
- Contribute to building local capacities so that the most vulnerable can cope better with shocks; and
- Include a deliberate strategy to reduce future humanitarian needs.

The marker ensures a systematic consideration and inclusion of resilience considerations in project proposals, implementation and assessment. The marker is used for all DG ECHO projects apart from those that may be considered "Non-applicable" because of the urgency of context or the type of activity being conducted (e.g. capacity raising).

http://ec.europa.eu/echo/files/policies/resilience/resilience_marker_guidance_en.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>

Response Analysis to Support Modality Selection for all Resource Transfers is mandatory. DG ECHO will support the most effective and efficient modality of providing assistance, whether it be cash, vouchers or in-kind assistance. Partners should provide sufficient evidence to support the choice of one modality over another, taking into account all relevant contextual factors and including an analysis of the market situation in the affected area. 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 transfers local purchases are encouraged when possible.

DG 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 provisions of the General Conditions annexed to the Framework Partnership Agreements (FPAs) concluded with non-governmental organisations or international organisations 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 DG 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

EU Aid volunteers

http://ec.europa.eu/echo/what/humanitarian-aid/eu-aid-volunteers_en

https://eacea.ec.europa.eu/eu-aid-volunteers_en

Shelter and Settlements

http://ec.europa.eu/echo/sites/echo-site/files/ss_consolidated_guidelines_final_version-20-02ev.pdf

3.2.2.2. Specific guidelines

A. Sectorial specificities to the Great Lakes

a. Protection

For global DG ECHO policy reference on protection, please follow the links below:

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

Gender:

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

DG ECHO's priorities in terms of protection are to stop, prevent and alleviate the worst effects of human rights violations and patterns of abuse as well as to support people living with the effects of those human rights violations and restore their dignity. The entry point for DG ECHO funding protection interventions are situations of short-term nature although structural problems exacerbated by conflict could be also envisaged if well justified.

In order to minimise exclusion and inclusion errors, **targeting** must be based on protection-sensitive vulnerability criteria defined on the basis of a thorough risk analysis which should take into account:

- the risk of exposure to harm, exploitation, harassment, deprivation and abuse, in relation to identified threats;
- the inability to meet basic needs;
- limited access to basic services and livelihood/income opportunities;
- the ability of the person/population to cope with the consequences of this harm;
- due consideration for individuals with specific needs.

More specifically on protection:

The identification of victims (or persons at high risk) of violence, coercion, wilful deprivation and/or abuse will be prioritized for funding when meaningful access to high-quality services is ensured. Initiatives to help victims of violence must, at the very least, prioritize victims' physical safety by establishing appropriate measures to provide immediate solutions in cases where the victim's life is at risk. Medical, psycho-social/psychological and mental health related needs must also be covered. Regarding the latter, the proposal must make clear reference to the 'intervention pyramid' set out in the IASC Guidelines on Mental Health and Psychosocial Support (MHPPS) and ensure trained/experienced staff for the provision of services. Among Child protection interventions, those addressing one or more of the 6 grave violations established by the Security Council will be prioritized. For all actions targeting victims of violence, a referral system to ensure the provision of multi-sectorial assistance (including legal when appropriate) must be established. Counter-referral systems will also be needed to ensure the quality of the action. Referral pathways should be submitted at the time of the proposal when partner has some level of presence in the area; for new areas, the referral pathway should be submitted the latest 2 months after the starting date of the action.

Protection monitoring interventions will be eligible for funding when the information management mechanism is clearly defined in the proposal and when a response component is also included (either direct response or through external referral).

The restoration community-based protection mechanisms will be considered for funding; positive pre-existent community coping mechanisms must be privileged. Interventions using a community-based approach for protection response must be realistic in terms of the type of services provided by community structures. Partner will remain accountable for the quality of the service. Efforts to measure the impact of community-based approach in protection interventions are encouraged.

Preventive and preparedness protection interventions will also be considered for funding, with priority given to actions with tangible outcomes rather than focusing on behaviour change strategies. Initiatives promoting conflict prevention and resolution including but not only, dialogues and mediation could be foreseen.

Armed Violence Reduction interventions aiming to combating the risks associated with widespread proliferation of small arms and light weapons could be considered. Mine and Explosive Remnants of War (ERW) Risk Education interventions could be also explored.

For actions specifically targeting refugees and asylum seekers in the Great Lakes Region, funding will also be directed towards registration and documentation, including advocacy for the establishment of fair and transparent refugee status determination (RSD) procedures and for respect of Refugee Law provisions by authorities in the Country of Asylum (e.g. non-refoulement). Support to return will only be considered when the process is proven to be voluntary, informed and take place in safety and dignity. Return also needs to be coordinated and follow the same assistance strategies in the country/area of return in order not to create further disparity.

b. Health

The main objective of DG ECHO health operations in GL region is to reduce excessive mortality and morbidity among the populations affected by health crises or conflicts of any kind.

Health programs should have the following characteristics:

Clear points of entry: the decision to intervene in a crisis should be described in each financing request and action will be taken based on the humanitarian situation along with data on mortality and morbidity (broken down by gender and age), size (composition) of the population concerned and 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. During the planning phase of the intervention, partners must identify the gaps in the health services provision justifying the need for the humanitarian intervention. A detailed description of the various resources and actors involved in the health sector must be included in each project proposal.

Exit criteria and strategies defined from the start of the intervention

Direct involvement of humanitarian organizations in the provision of health care is mandatory. The role of the partner may not be reduced to administrative and financial follow-up or technical supervision. This is essential both for the quality of care and project monitoring, but also for reasons of proximity (better understanding of the context). This is particularly important in the case of conflict/violence situation.

Accessibility of health services must be guaranteed for all affected population. This will mean that cost recovery systems will not be implemented or supported. In some

situations partners may reimburse the health structure for the medical services provided, on the condition that quality of care and quality of drugs are available.

Quality of care and medical services must at least meet international standards (Sphere or other). Quality of services in referral structures should also be assessed and ensured by partner.

The medicines used in the programs must be purchased following the procedures defined in Annex III of the FPA and be stored in the country in accordance with international standards. Each project proposal must specify procurement plans and forecasts for medical and nutritional orders, including the measures that will be put in place to ensure that medicines are available during the first few months of implementation. Given the lack of reliable drugs and nutritional supply in health facilities, partners should make available all needed medication and nutritional products during the project implementation period.

Detection and treatment of acute severe malnutrition should be integrated into the existing health services and provided as a routine health activity along with other preventive and curative activities. With this objective in mind, the partner is also encouraged to develop a relevant support and capacity building strategy to meet quality standards on nutritional care.

In refugee settings, health services provided should be made equally accessible to surrounding host-communities

Care/services provided

Priority must be given to those health activities that have the highest potential to save the most lives. This may lead to the establishment of a surgical care facility for victims of armed conflict, operating mobile clinics to treat the most common diseases etc. Further guidance regarding the selection of priority interventions can also be found in the DG ECHO Health Guidelines.

Compliance with universal precautions, hygiene and infection control measures and proper waste management in health facilities must be ensured in each intervention. WASH in health structures is critical to ensure quality of care and by consequence they should be supported to have sufficient access to water and sanitation services.

A referral system must be established, supported, structured and monitored to ensure that patients receive adequate medical care. A description of the referral system that will be put in place should be included in the proposal.

Eventual support for the early warning system and response to epidemics must be taken into account in each action. The functioning of these systems must be assessed and if needed, actions to reinforce them proposed. The partner must also indicate its capacity to intervene in the event of an epidemic.

Health interventions will systematically include appropriate care for victims of sexual violence. It is essential that medical care is provided to GBV victims (men, women and children) within 72 hours. The provision of post-rape kits for the duration of the action should be ensured by partner. 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 recognized protocols.

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.

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 DG ECHO directives on HIV.

More specifically on health:

While access to quality health care is an issue in the whole region, the most acute needs appear to be in DRC where recurrent outbreaks of violence and epidemics are putting additional pressure on an already barely functional health system. Epidemics will receive particular attention in the rest of the GL region.

In DRC, DG ECHO will prioritize operations that ensure accessible primary and referral health services for case management for conflict affected population whether they are displaced, returnees or host population. Acknowledging the fact that health operations are confronted with a very challenging context in terms of coordination with local health authorities, stocks and human resources availability, DG ECHO will favor flexible operational approaches addressing the most acute health needs. Flexibility and reactivity does not equal to mobile clinics as the preferred option is to support the existing health structures to provide health care. Proposals should clearly describe the contingency measures and internal capacities that will ensure reactivity and rapid implementation. Partners are encouraged to join efforts in order to improve their operational capacities.

Response to epidemics:

Given the high occurrence of epidemics in the GL region, timely response to epidemics remains one of regional priorities. In terms of frequency of events, cholera, measles and malaria rank the highest.

The objective of the epidemics' response operations should be to decrease morbidity and mortality below the emergency levels and proposed activities should be evidence based.

In past years, DG ECHO has been funding Cholera prevention and risk reduction activities in cholera endemic regions in DRC while dedicating less attention to other epidemic prone diseases whether for prevention or response operations. In 2018 DG ECHO intends to focus on epidemics response with a particularly interest in developing an operational approach that would allow timely and adequate response. In this respect DG ECHO would welcome proposals that aim to respond to epidemics either within existing health operations or stand-alone epidemic operations that include contingency measures and innovative approaches along with an efficient use of financial resources.

The proposed response to the epidemic should include an analysis of the existing response capacities within the organization particularly in terms of human resources and stocks availability, but also the capacity of the national system and other respondents.

LRRD:

Functional coordination mechanisms with existing health authorities and programs, especially, but not exclusively, those (co-) funded by the EU and member countries (e.g. EDF programs; Global Fund; GAVI) need to be established and opportunities for LRRD fully explored.

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.

Projects may focus on a systemic approach to reinforcing the health system where a development stakeholder (donor) is identified and a hand over exercise is foreseen.

c. Nutrition

Evaluation of needs and project design

The intervention criteria for nutrition are established on the basis of exceeding the 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 DG ECHO, and clearly detailed in the protocol and investigation report.

Implementation

Nutrition programs implemented by DG ECHO partners must achieve coverage and performance levels which meet SPHERE standards. Response to the nutritional crises should aim to cover the entire health district.

DG ECHO supports actions to treat acute malnutrition in accordance with the National Protocol of Integrated Management of Acute Malnutrition. Any other nutritional intervention (e.g. micronutrients deficiencies), 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 DG ECHO before taking any decisions.

DG ECHO promotes integration of management of severe acute malnutrition and support to IYCF activities in the public health system. Particular attention should be given to supporting breastfeeding in maternity wards, detection of low birth weight and malnutrition problems among lactating mothers and taking subsequent action. 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 supply of medicines for hospital and also for out-patient care. Support to the caregivers will be provided at hospital level. A structured referral system must be established in order to provide beneficiaries with access to hospital care where necessary.

Systematically include a minimum 'WASH in Nut' package in health structures and if possible for direct beneficiaries of nutritional treatment. Partners must ensure that minimum WASH services should be available in health facilities where nutritional programs are functional including storage and access to safe drinking water, hand-washing facilities, sanitation structures that are kept clean, general cleanliness and proper waste management.

Activities undertaken in all sectors should aim at optimizing impact on the nutrition status of target communities to ensure a holistic and multi-sectoral approach for preventing under-nutrition and reducing risk of malnutrition crises.

In order to increase the resilience of populations affected by recurrent malnutrition crisis, DG ECHO could support advocacy strategies to systematically integrate management of acute malnutrition into basic health package along with promoting long term donors investment in the same areas. Support could be extended to innovative interventions aiming to reduce population vulnerability to nutritional crisis.

Infant and Young Child Feeding (IYCF)

It is strongly recommended that IYCF practices be assessed and promoted in all health and nutrition projects. 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 recognized methods, should be carried out regularly to assess the factors which could reduce or increase coverage

d. Humanitarian Food Assistance

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

Needs assessment

All proposals should include an analysis of the situation as regards to food, nutrition, livelihoods, markets and beneficiaries` protection.

DG ECHO encourages exchanges between humanitarian organizations and the pooling of all information collected and analysed (Food Security Cluster, IPC classification).

Decisions on geographical priorities should be taken on the basis of priority areas as per most recent food insecurity analysis (IPC). In DRC, displacement and shocks are also an entry point.

Individual and House Hold (HH) targeting should be determined in accordance with the Food Consumption Score (FCS) using the thresholds set by the Food Security Cluster and the Coping Strategy Index (CSI) in complete form (the CSI reduced form is to be used only for rapid response mechanisms). Socio economic elements, specific vulnerabilities, protection needs and nutritional status of children in the HH should also be considered during the targeting.

Food assistance should be temporary and provided for a sufficient period of time to allow HHs to regain self-sufficiency. In this regard, it is particularly important to take into account the agriculture calendar and or any existing longer term programs.

Unconditional multi-purpose cash transfer

Whenever possible, DG ECHO strongly encourages the use of unconditional Multi-Purpose Cash Transfers (MPCT).

The market analysis must take into account not only the current capacity of the market to provide goods and services, but also its capacity to expand and absorb the cash injection and increased demand.

The transfer value should be calculated as a contribution towards meeting needs as defined by the Minimum Expenditure Basket (MEB), taking into account the resources available to HHs. At the simplest, this would be the MEB minus the income (or expenditure as a proxy of income) of the HH. The transfer value should also take into account the coverage of the cash transfer programme and the balance between including more beneficiaries and providing a comprehensive transfer. Increasing coverage and reducing the transfer value also needs to be weighed against the impact of the programme.

Partners are strongly invited to harmonize the values, the number of transfers, the delivery system and registration system.

DG ECHO strongly encourages partners to work in a coordinated manner with private sector and development actors to develop electronic transfers aiming at reducing risk of frauds, time for delivery and monitoring and better accountability. Electronic / mobile platforms should set the basis for single registry and enhance protection and privacy of beneficiaries.

In kind and vouchers

Non-monetary modalities should be seen as the last resort and, if proposed, the partner should answer the question *‘why not cash? And if not now then when?’*.

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 (See DG ECHO guidelines).

A comparative analysis of the costs efficiency and cost effectiveness of the chosen modality versus a cash based transfer should be carried out.

The partner should also provide estimates of losses of monetization of in-kind assistance.

Support to economic recovery

In particular circumstances, DG ECHO may consider supporting economic recovery when there is a clear added value in helping the resilience of population. Partners should provide an analysis of capacities and opportunities of the beneficiaries and an economic and contextual analysis demonstrating the socio-economic feasibility and sustainability of proposed activities.

Cross-cutting issues

Protection: 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.

Accountability and grievance systems: The establishment of systems dealing with cases of fraud, violence, abuse, forced sharing of aid and coercion are essential as they contribute to the protection of beneficiaries. Systems need to ensure the anonymity of informants and victims and systematic handling of cases. They are separated from the customer services/help desks designed to assist beneficiaries the handle operational issues (lost ration cards, forgotten PINs). 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 any deterioration.

Synergies with longer term programs: The existence of programs focusing on resilience, rural development or poverty alleviation should always be taken into account from different perspectives: i) not hindering development processes (hand-off syndrome); ii) protecting development gains; iii) potential synergies with social safety net programs; iv) potential synergies with single registry platforms for pre-registering of beneficiaries and triggering for scale-up.

More specifically on food assistance

In the context of the Great Lake Region (GLR), actions supported by DG ECHO will contribute to food security through improved availability of and access to means of subsistence (food and non-food):

In Burundi, for populations most affected by the socio-economic crisis. Interventions should principally target population groups whose livelihood has been mostly affected by the socio-economic crisis; (HH with limited or no access to land, depending on seasonal transboundary casual labour, separated families, IDPs). Unconditional assistance should minimize damage to livelihoods and, in synergy with longer term programs, help HHs regain their autonomy. Whenever possible, transfer modalities helping the re-monetarization of the local economy should be preferred.

In DRC, for displaced populations affected by conflicts and other disasters. In the context of forced displacement, assistance should be delivered when most needed during the first months of the displacement and for a limited period of time.

As needs of displaced people are multiple, coordination with other sectors (NFIs, EiE, WASH and Shelter) are paramount for completeness of the assistance.

Transfer modalities allowing a single multi-sector transfer should be preferred.

DG ECHO's priorities in Burundi and DRC will focus on emergency measures, the main purpose of which is to reduce threats to life.

In addition to the above paragraph on support to economic recovery, the partners will focus on activities with an achievable and measurable economic return during the lifetime of the action. If more time is needed to implement the economic initiative, the partners must ensure that monitoring / follow-up arrangements are an integral part of a defined LRRD strategy and longer term program.

DG ECHO may consider supporting economic recovery:

- In DRC, when targeting recent returnees and host families in secure and stable areas with higher chances of success. Partner will take into account the access to land, the agriculture calendar and the protection of the assets from looting/loss.
- In Burundi, when in complementarity with humanitarian assistance and as contribution to existing resilience / poverty alleviation programs.

Regarding refugees and asylum seekers in GLR: The development of Cash Based Transfer for refugees in the GLR continues to be high in DG ECHO agenda and pilot experiences should be the base for further expansion of cash modality.

Monitoring of prices in refugees and host community markets should be part of regular PDM.

Innovative cash delivery mechanisms (mobile, electronic) ensuring potential for scalability, integration with local markets, cost efficiency, smooth delivery, safety and discreetness of beneficiaries should be preferred.

Customer service/help-desks to assist beneficiaries on technical issues (lost SIMs, forgotten PINs) should remain separate from the Interagency Feed Back & Complaint Systems which should be developed in all refugee setting and include food assistance related protection and accountability issues (kickbacks, harassment, forced sharing).

Understanding vulnerabilities and self-reliance of the households should be taken into account to modulate the assistance to households according to their needs, particularly when cuts on food entitlement are deemed necessary for budgetary/pipeline reasons and/or based on duration of the displacement.

Cost efficiency: The cost of delivering humanitarian aid in DRC is amongst the highest. 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 cost efficiency.

Proposals will also be evaluated on the basis of their cost-efficiency. They must clearly indicate the value of the resources (in kind, vouchers or cash) received by the beneficiaries, net of any operating, organizational and transfer costs.

The delivery method is selected on the basis of feasibility, protection and security; on the long term, partners are encouraged to seek out the most efficient delivery methods and adapt their organizational structures accordingly.

Innovative delivery technologies (mobile or electronic platforms also contribute in reducing costs of delivery.

e. Water, Sanitation and Hygiene (WASH)

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, hygiene promotion messages understood, etc.).

Community involvement should be encouraged wherever possible and the host communities should be benefiting from the projects. 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.

- Drinking water supply: Measures may include the installation of emergency water treatment plants, or rehabilitation of existing light infrastructure. The need for new sustainable infrastructure in situations of population movement must be demonstrated, inter alia, by a resources/needs analysis. Construction of new infrastructure will not be prioritized unless it can be demonstrated that this would meet a significant proportion of the needs generated by population displacement. Drilling new boreholes will not be considered as priority unless the partners have very good hydrogeological knowledge of the area, which can mitigate the risks of unsuccessful boreholes and can demonstrate that it is the most appropriate solution. 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.

- 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 (if any) in the intervention area. Where such measures are not feasible, the construction of communal latrines should take precedence over family latrines. The host communities should benefit from the projects whenever possible.
- 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 centers, schools, markets, bus stations, etc.). The messages must be tailored to the context.

Support to IDP camps

- Drinking water supply: 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). 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. Whenever possible and if adequate, the project should also benefit to the surrounding communities.
- Sanitation: 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). Access to sanitation facilities for persons with special need should be addressed.
- 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 centers, schools, markets, bus stations, etc.). The messages must be tailored to the context.
- 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. 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.

DG ECHO supports the search for alternative solutions to the provision of standardized kits, i.e. a tailored response to specific needs. 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.

DG 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, and exposure to natural hazard.

g. Education in Emergencies

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

Enhanced **access** to primary and secondary (conflict sensitive¹⁴) education opportunities for refugee children in the Great Lakes Region, with priority given to Burundian refugees and asylum seekers in Tanzania. Construction of emergency classrooms, provision of teaching and learning material, payment of incentive teachers and establishment of or support to already existing Accelerated Learning Programs and/or Multi-aged classes are among the responses to be prioritized.

The **quality** aspect of education is also of paramount importance: mechanism to promote effective teaching and learning, including trainings and professional development and support of teachers will be considered for funding. Due to the large presence of protection actors in the camps coupled with the high percentage of non-qualified teachers, capacity building opportunities should primarily focus on contributing to enhanced learning outcomes for children. The provision of life-saving skills and messages will be considered for funding only when part of a broader intervention and if

¹⁴ CSE51 is the process of: i. Understanding the context in which education takes place; ii. Analysing the two-way interaction between the context and education programmes and policies (development, planning, and delivery); and iii. Acting to minimize negative impacts and maximize positive impacts of education policies and programming on conflict, within an organization's given priorities

developed on the basis of a thorough needs assessment. For this specific component, coordination and active collaboration with agencies working in other sectors is highly encouraged.

Child safe-guarding mechanisms must be established to ensure both that children are not at risk when attending school and that child protection related issues are timely and effectively responded to by professional actors: codes of conduct for education staff, strategies to promote positive classroom management together with the development of up to date referral mechanisms for child protection cases will be considered as minimum requirements for funding.

Advocacy and coordination efforts to ensure accreditation and certification across borders will also be considered for funding.

In DRC, DG ECHO's priority in terms of education objective is to restore access to education to school-age children affected by conflict supporting "delocalized schools" when appropriated and/or promoting the integration of displaced children in hosting schools (including but not only through catch-up programs). Priority will be given to primary levels for new affected areas; support to secondary level will be also foreseen when responding to protracted displacement and where a clear need is evidenced. Accelerated Learning Programs are also prioritised when an established curriculum is offered, with pathways for children to transition to the formal school system when appropriate.

While ensuring academic outcomes, proposals should clearly show linkages with the Child Protection sector, among others, protecting and responding to the six grave violations and promoting safe learning environments for children.

B. Thematic and/or transversal specificities

a. Refugees: Protracted crisis versus new displacement

DG ECHO response to the refugees in the Great Lakes will focus on recent (less than 3 years) displacements. For protracted situation, DG ECHO strongly promote the HCR Comprehensive Refugee Response Framework (CRRF) approach in the light of the EU communication on forced displacement aiming at engaging with development actors on protracted refugee settings.

DG ECHO response on refugees will be multi-sectorial aiming at offering better protection to the refugees preserving their dignity and providing assistance to the most vulnerable.

b. Targeting versus Rapid Response Mechanism (RRM)

Several projects are assimilated to RRM. DG ECHO supports RRM project in the Great Lakes but do not intend to only work following this approach. Too many IDPs (newly displaced or for other for some months) and host communities leave deprived from all basic services and without any assistance. DG ECHO would like to bring the attention of its partners to the fact that waiting while waiting for new displacements in the RRM framework does not necessary means leaving thousands of people in need of assistance aside. In non-RRM type of project, minimum level of targeting of beneficiaries must to be done before the submission of proposition.

c. Humanitarian response and stabilisation

DG ECHO funded partners working in geographical areas in which stabilization funds are available or planned are requested to operate with a principled humanitarian approach and demonstrate how safeguards are put in place to ensure respect for these principles and separation of mandates. This is a prerequisite in order to avoid misperceptions and to prevent that humanitarian operations be put at stake.

d. Disaster Risk Reduction - Preparedness for Response and Early Action.

DRC is characterized by recurrent waves of medium-small size and limited in time displacement; their probability of occurrence is high but it is difficult to anticipate their location. Partners are encouraged considering two models for strengthened response capacity in this context, i) the Rapid Response Mechanisms (RRM); ii), the Crisis modifiers / Emergency Preparedness and Response (EP&R)

Rapid Response Mechanisms (RRM).

RRMs are stand-alone actions pooling capacities of different partners for improved and more coordinated early warning, preparedness and early response.

RRM should focus on responses limited in time / budget and geographic scope providing first lifesaving multipurpose assistance during and in the aftermath of a rapid on set crisis when other responses are not yet in place.

Timeliness of response is a key element guiding the choice of the most appropriate transfer modality (single multi-purpose delivery), triggers for engagement / disengagement and targeting methodology. Partners should adopt indicators to measure the time needed to deliver the assistance. (ex. *Lifesaving response for xxx persons, and/or need assessment within xxx days from the displacement/disaster/alert/exceeded triggers*).

DG ECHO encourages partners to introduce innovative approaches to address criticalities and build-up on potentialities of existing RRM for improved timeliness, cost efficiency and effectiveness.

Main areas of consideration are: *i)* simplified approval process; *ii)*, wider number of potential partners; *iii)* on the short term, flexible use of most adapted transfer modalities and on the long term, investment for the development of single registry and mobile/electronic single transfer multipurpose mechanisms; *iv)* global geographical coverage.

Cost efficiency is a top priority for DG ECHO. In the GLR, there is room for improving cost efficiency of all sectors of intervention, including RRM and partners should adapt their organizational structure and delivery modalities to maximize the budget available for direct assistance. As a reference, while considering logistic and security constraints specific to the region, DG ECHO developed guidelines with thresholds to improve efficiency of medium large CBT programs.

Crisis modifiers / Emergency Preparedness and Response (EP&R)

Whenever relevant and possible, a crisis modifier should be introduced to ensure that partners responding to a specific crisis in a specific area can swiftly respond to emerging shocks (a crisis in a crisis) and mobilize resources from on-going actions (crisis modifier).

The crisis modifier can be triggered to provide a first response in the aftermath small rapid onset crisis; *i*) to fill the time gap while waiting for ad-hoc additional financial resources; *ii*) to respond to small scale humanitarian needs which would otherwise remain unattended.

C. Country specific aspects at a glance:

For all countries, DG ECHO will keep a close eye on epidemics and stands ready in case of any significant outbreak. In addition to this HIP, DG ECHO makes available a financial envelop called the Epidemics Decision within the “Emergency Tool Box” that could be mobilized “ad hoc” to fund epidemics response operations. For more details, please refer to the § Response to epidemics in the health section.

For reference, in 2017, over 70% of the resources for the Great Lakes region went to the DRC only.

- **Angola**

Would the situation in Angola, which is directly linked to the Kasai crisis in the DRC, deteriorate, DG ECHO would focus on the refugee influx. At this stage, DG ECHO does not wish to prioritise any other type of activities outside this potential refugee window.

- **Burundi**

DG ECHO intervention in Burundi will focus mainly on protection activities. Food security and nutrition intervention may be considered in coherence with the technical recommendations mentioned in previous sections. Synergies with the EU Delegation will be paramount.

- **Democratic Republic of Congo**

DG ECHO in DRC will focus on the four following priorities:

- 1) Respond to the needs of the population affected by the conflict
- 2) Respond to the nutrition crisis in accordance to the technical recommendations mentioned in previous sections
- 3) DG ECHO stands ready to respond to any significant outbreak that would occur in the country. Capacity on HR and resource/stocks will have to be demonstrated.
- 4) DG ECHO would favour flexible and multi sectorial response within the frame of consortium and national coverage.

- **Republic of Congo**

Would the situation in CAR deteriorate with an additional large scale influx of refugees in RoC, DG ECHO could consider responding to this new emerging refugee situation. Would the access in the Pool region improve and the number of IDPs increases significantly, DG ECHO could consider intervening in this context.

- **Rwanda**

Unless new additional humanitarian triggers, DG ECHO interventions in Rwanda will only focus on the recent Burundian refugee influx.

- **Tanzania**

Unless new additional humanitarian triggers, DG ECHO interventions in Tanzania will only focus on the recent Burundian refugee influx.

- **Zambia**

In case of a further influx of Congolese refugee into Zambia, support to the refugee response could be provided in case the Zambian capacity is overstretched.