

TECHNICAL ANNEX

TURKEY

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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2. FINANCIAL INFO

Indicative Allocation²³: EUR 300 000 000 of which an indicative amount of EUR 9 000 000 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
Turkey	EUR 300 000 000				EUR 300 000 000

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).

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

³ This additional funding is conditional to the approval of the Draft Amending Budget proposal number 5, adopted by the Commission on 9 July 2021 and the transfer from the Operational Reserve.

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 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 50 000 000.

- 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 01/01/2021⁴
- 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 partners⁵: All DG ECHO Partners
- f) Information to be provided: Single Form⁶
- g) Indicative date for receipt of the above requested information: from 01 April 2021 onwards.

To the extent justified by a) a sound transition strategy and b) the need to ensure service continuity, DG ECHO may allocate funding ahead of the indicative deadline to its current Partner in the physical rehabilitation sector Relief International.

Allocation round 2

- a) Indicative amount: up to EUR 250 000 000.
- b) The full additional amount will be used to ensure the continuation of the Emergency Social Safety Net (ESSN) activities.
- c) Costs will be eligible from 01/01/2021⁷
- d) Duration of the ESSN project : With the funding made available under the HIPs 2021 and 2022, the ESSN should be continued until the beginning of 2023. Considering that the allocation for the ESSN under the HIPs 2021 and 2022 will be the final one under the humanitarian aid budget, a proposal could be made in the form of a modification request for the current ESSN agreement.
- e) Potential partners⁸: International Federation of the Red Cross (IFRC)
- f) Information to be provided: Single Form⁹

⁴ 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.

⁵ Unless otherwise specified potential NGO partners refer to certified partner organisations.

⁶ Single Forms will be submitted to DG ECHO using APPEL.

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

- g) Indicative date for receipt of the above requested information: 5 January 2022.

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 if any, have sufficient expertise (country / region and / or technical) in the sector(s) proposed?
 - How good is the partner's local capacity / ability to develop local capacity?
- 3) Methodology and feasibility
 - Quality of the proposed response strategy, including intervention logic / logframe, output & outcome indicators, risks and challenges.
 - Feasibility, including security and access constraints.
 - Quality of the monitoring arrangements.
- 4) Coordination and relevant post-intervention elements
 - Extent to which the proposed intervention is to be implemented in coordination with other humanitarian actors and actions (including, where relevant, the use of single interoperable registries of beneficiaries).
 - Extent to which the proposed intervention contribute to resilience and sustainability.
- 5) Cost-effectiveness/efficiency/transparency
 - Does the proposed intervention display an appropriate relationship between the resources to be employed, the activities to be undertaken and the objectives to be achieved?
 - Is the breakdown of costs sufficiently documented/explained?¹⁰

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 (Technical Assistant) 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

⁹ Single Forms will be submitted to DG ECHO using APPEL.

¹⁰ In accordance with the relevant section of the Single Form guidelines (section10)

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.

The following considerations must be taken into consideration by all actions:

- ***One-refugee approach.*** DG ECHO follows a “one-refugee approach”, focusing on the needs of all vulnerable refugees regardless of their nationality, status or location.
- ***Cash assistance.*** The use of cash assistance as a modality should be prioritised whenever relevant. When it cannot be used, this should be duly justified.
- ***Integrated approach.*** Integrated programming should be prioritised as outlined in DG ECHO’s technical policies.
- ***Partnerships.*** DG ECHO encourages actions implemented in partnership with national organisations, including local NGOs and civil society organisations, or government institutions. Partners should demonstrate strategic partnerships built on the principles of equity, transparency and mutual benefit.
- ***Coordination with Turkish authorities.*** Partners will be expected to coordinate their operations with relevant departments and line ministries of the Government of Turkey.
- ***Risk Analyses.*** All responses/actions must be based on a sound risk analyses of the most vulnerable refugees.
- ***Cost efficiency & effectiveness.*** Emphasis must be placed on cost efficiency and effectiveness, including reasonable overhead costs. Interventions should be informed by proper geo-thematic service mapping efforts which demonstrate how duplication of services and coverage will be avoided, while ensuring the largest possible reach to those most in need.
- ***Gender and age, protection, people with disabilities***¹¹. Mainstreaming of protection, gender, age and disability inclusion, based on a comprehensive risk analysis, will be a pre-condition for selection. Partners should ensure the inclusion of people with disabilities in proposed actions. For more information see the Thematic Policies Annex.
- ***GBV***¹² ***and PSEA.*** DG ECHO urges the establishment of quality, comprehensive and safe sexual and gender-based violence (SGBV) response services. All humanitarian interventions funded by DG ECHO must take into consideration any risk of SGBV, and should develop and implement appropriate strategies to actively prevent such risks.

¹¹ https://ec.europa.eu/echo/sites/echo-site/files/dg_op_guidance_inclusion_gb_liens_hr.pdf

¹² http://ec.europa.eu/echo/files/policies/sectoral/gender_thematic_policy_document_en.pdf

Interventions should further ensure protection from sexual exploitation and abuse (PSEA) and child safeguarding. Prevention and response aspects have to be tailored to the intervention, as well as institutional policy and procedures.

- **Host communities.** DG ECHO-funded activities target refugee communities, and will not broaden its scope to host communities. Partners are expected to adopt a do-no-harm approach, and to mainstream social cohesion principles in ongoing programming. Assistance to host communities could be exceptionally considered, if based on a strong rational and context analysis, and in any case not as a main component of the action.
- **Returns.** DG ECHO will continue to monitor conditions for returns, that must be based on the principles of voluntariness, safety, dignity and sustainability, with refugees making informed decisions and having free choice of final destinations.
- **Visibility and Communication.** Partners are expected to ensure full compliance with visibility and public communication requirements and acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangement. For more information, see section 3.2.2.7 on visibility and communication.
- **Reporting.** Monthly and/or quarterly reporting are required, in addition to harmonised results and indicators in certain sectors of activity of the Single Form.
- **Climate/environment sustainable actions.** DG ECHO will pay particular attention to environmentally sustainable humanitarian responses.

Where assistance is foreseen to be delivered in the form of cash transfers, partners will have to pay particular attention to the principles laid down in DG ECHO's cash guidance note¹³, which will form the basis for the assessment and selection of partners, in particular in the case of large-scale transfers. Partners are expected to demonstrate a satisfactory efficiency ratio and, to the extent possible and taking into account the operational context, they 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 expects partners to strive to establish 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 to the Guidance note's principles of coordination, harmonisation and multi-partner approach.

Basic needs

DG ECHO will continue addressing basic needs of refugees in Turkey through the main channel of the Emergency Social Safety Net (ESSN). The ESSN uses a single cash platform to deliver monthly, unrestricted, multi-purpose cash transfers to support basic needs. DG ECHO plans on ensuring the continuity of ESSN activities until beginning of 2023, when the ESSN funding will transition to development funding. The Commission is mobilising additional resources to be channelled through the HIPs 2021 and 2022 to

¹³ https://ec.europa.eu/echo/sites/echo-site/files/guidance_note_cash_23_11_2017.pdf

continue the ESSN until early 2023¹⁴. DG ECHO will retain the ability and flexibility to adapt the ESSN depending on context-specific circumstances and the evolution of the situation over time, in complementarity with the development assistance managed by DG NEAR, in line with the Facility transition strategy.

While the ESSN continues to be the main channel for basic needs assistance in Turkey, DG ECHO might consider smaller scale basic needs interventions to supplement the income of families with specific vulnerabilities or with very temporary problems. As per the Cash and Vouchers policy of DG ECHO, the choice of transfer modality should be well-justified. Action proposals with such an approach should demonstrate their complementarity to the ESSN, and include detailed description on how duplication with the ESSN is avoided, targeting methodology is applied, and coordination with relevant actors is ensured.

3.2.2.1. *Education in Emergencies (EiE)*

In addition to the general principles reflected in the Thematic Policies Annex, the following applies to the Turkey context. DG ECHO will focus in particular on Out of School Children (OoSC) with an integrated child protection response to address non-financial barriers to OoSC's access to education. This may involve outreach, identification, direct support to facilitate enrolment to an appropriate pathway or any other appropriate support. In this regard, innovative/pilot actions towards the OoSC, with a potential to be replicated and to benefit the broader sector, are eligible.

Any intervention should be based on a sound needs and response analysis, clearly linking education needs and expected outcomes. Proposals should demonstrate an integrated approach with other sectors and tailored support to bring vulnerable groups/sub-groups into education, as well as appropriate efforts, whenever possible, towards their successful and sustainable inclusion. Should protection activities be proposed in relation to an education outcome, the relation between education and protection must be clearly explained, starting from an analysis of the child protection needs and a sound intervention logic, including efforts towards sustained educational participation. In this case, partners should demonstrate capacity in both protection and education sectors.

Any intervention should also demonstrate coordination and complementarity with other EU funded initiatives, in particular PICTES¹⁵.

Regarding the Conditional Cash Transfer for Education (CCTE), funding for the continuation of CCTE activities is provided under the HIP 2020, thus the HIP 2021 will in principle not provide additional funding. As part of the strategy of transition from humanitarian to development assistance and the longer term transition strategy with the Turkish authorities, the Conditional Cash Transfer for Education (CCTE) will transition to development assistance at the end of the school year 2021/2022 by mid-2022.

¹⁴ The allocation of the full amount under the present HIP modification is still subject to the approval of the above mentioned Draft Amending Budget No 5 by the EU Budgetary Authority, COM(2021) 460 final, 9 July 2021.

¹⁵ <https://pictes.meb.gov.tr/izleme>

3.2.2.2. *Protection*

DG ECHO will continue to strengthen the protection of refugees by preventing, mitigating and responding to protection risks and threats, reducing vulnerabilities and augmenting capacities. Protection programming shall articulate clear protection risks and outcomes for the beneficiaries of the project or, in anticipation of inter-sectoral needs alongside those of protection, integrated protection programming shall be envisaged as outlined in DG ECHO's 2016 Humanitarian Protection policy¹⁶.

Protection actions shall aim at facilitating access to registration and civil documentation to ensure people have legal protection and access to all the possible services. Additionally, to improve access to service provision activities that enhance the knowledge of procedures, rights, entitlements and available protection services among persons of concern are encouraged. These activities could be coupled with parallel ones enabling service providers to be kept up to date on applicable legislation and specific referral pathways to enhance service delivery.

Where Government services do not exist or are over-stretched, specialised protection services including community-based programming are encouraged. Protection actors must possess a comprehensive overview of governmental and non-governmental services in their areas of operation (service mapping) and should always attempt to ensure access to government services for their beneficiaries, when and where available, in view of future sustainability.

DG ECHO partners are encouraged to focus on specific groups/communities at risk (e.g. LGBTIQ, sex workers, seasonal workers, disabled), for targeted protection and humanitarian programming, in close collaboration with all service providers to ensure complementarity, avoid duplication and maximise impact.

Key components

Outreach

Outreach serves as the entry point for further protection services and is here defined as a means to increase the knowledge of procedures, rights, entitlements and available protection services among persons of concern and service-providers on applicable legislation, rights and obligations, as well as existing referral pathways. In Turkey, outreach could be provided in static locations or by mobile outreach teams.

- i. **Static centers:** DG ECHO may fund protection activities such as information dissemination, counselling (individual and group) and modalities of individual protection assistance within centres or other static locations as a catchment point for protection services.
- ii. **Mobile approach:** mobile outreach teams are relevant both in rural areas (where the population density may not justify the establishment of a static point), but also at the neighbourhood level in larger cities, where people of concern (PoC) may live in

¹⁶ https://ec.europa.eu/echo/sites/echo-site/files/policy_guidelines_humanitarian_protection_en.pdf

isolation or far from static points with no transportation means. Outreach teams should be capable of providing information about basic legal issues (e.g. registration), access to services, and provide referrals to specialised services (internally or externally).

As such, both mobile and static outreach services should always attempt to refer/ensure safe access to government services for their clients where possible. Accompaniment with dedicated teams is sometimes needed to ensure actual meaningful access.

Individual Protection Assistance (IPA)

DG ECHO will support different modalities of individual protection assistance, provided they are based on an adequate and targeted protection risk analysis. Individual protection assistance must always have a protection outcome intending to reduce, minimise or prevent an individual's protection risks. The situation of persons requiring individual assistance needs to be assessed prior to determining the modality of assistance. In some cases, several modalities may be required – for example, an individual may require legal aid support as well as accompaniment to access the nearest Provincial Directorate of Migration Management (PDMM). This example is considered as one IPA case with two interventions (legal aid support and accompaniment).

All individual protection assistance should be considered sensitive, and it is paramount to respect guiding principles such as – but not limited to – confidentiality, informed consent, informed case closure and active engagement of beneficiaries. Moreover, regular feedback to beneficiaries is highly important to reduce stress, strengthen the case worker/client relationship and instill confidence in the organisation.

Skills, competencies and sensitivity of staff are vital to implement any type of individual protection assistance in a safe and professional manner. Assessment of skills and competencies of staff should take place as part of the recruitment processes and should represent the basis for capacity building activities. Additionally, due to the potential complexity of individual protection assistance modalities, partners should be able to demonstrate an adequate level of technical supervision, as well as adherence to Codes of Conduct and a partner policy on self-care for staff.

Protection Monitoring

Protection monitoring looks at identifying trends and protection threats and risks in a given location, comparing it to nationwide and potentially global occurrences. Protection monitoring is used to develop a better understanding of the situation and it is a basis for designing an evolving protection response, which incorporates preventative measures to the specific risks and threats faced by different population groups in a specific context. Protection monitoring must also produce a trends analysis that can inform programming and advocacy efforts. Protection monitoring activities will only be supported if they incorporate strong elements of referral of cases encountered during monitoring.

Protection Advocacy

Protection advocacy should focus on access and enforcement of rights and obligations of persons benefitting from international, subsidiary and temporary protection and asylum seekers and other persons of concern in Turkey, as well as significant context changes and persons/groups at risk. Advocacy activities must always be evidence-based and should include a clear and well-defined advocacy plan including potential ways to mitigate risks that are raised by advocacy. When appropriate, partners should endeavour to exchange views on issues of common interest with actors present in the field (e.g. authorities, EU, UN, donors, etc.). Advocacy initiatives should also present ways in which the advocacy will be disseminated both privately and publicly, and what the expected outcome of the activities will be.

Mental Health and Psychosocial Support (MHPSS)

Mental Health and Psychosocial Support (MHPSS) is considered a priority in humanitarian interventions, as reflected in the DG ECHO Health and Protection Policies. As a precondition before any MHPSS intervention, partners should make sure that a proper referral pathway is in place between the different levels. MHPSS partners are encouraged to ensure case management coordination. Accordingly, focused non-specialised support – for example, in the form of individual or group counselling – may be provided, for example, at community centres and schools by trained staff supervised by a qualified psychosocial expert.

In their proposals, partners must specify the nature of the planned MHPSS activities, as part of a protection action, the target group(s) and the expected outcome(s). Standalone recreational activities are not considered PSS activities. Any PSS activity must measure improvement of well-being.

MHPSS should follow the IASC Guidelines 2007 and the DG ECHO health consolidated guidelines¹⁷, as well as the above-mentioned DG ECHO Protection guidelines.

3.2.2.3. Health

DG ECHO will only support primary healthcare activities in the case of clearly demonstrated urgent needs and gaps. Otherwise, no activities will be supported in this sector. DG ECHO will only provide bridge funding, if necessary, to support current actions that provide primary healthcare and specialised services in the areas of Mental Health (MH) and Post-operative Care / Physical Rehabilitation, until DG NEAR replaces DG ECHO by increasing its support in these sub sectors. Partners must demonstrate that they had made plans and included activities for sustainability, as well as an exit strategy.

In case MH actions are still supported, they should be aligned with the Ministry of Health (MoH) policy. MH activities must be needs and evidence-based, and guided by the IASC Guidelines on Mental Health Support in Emergency Settings. Provision of medical mental health assistance should always be carried out by a psychiatrist, psychotherapist or a clinical psychologist, and ideally contribute to expanding the mental health GAP strategy.

¹⁷ https://ec.europa.eu/echo/files/policies/sectoral/health_thematic_policy_document_en.pdf

Health interventions may also temporarily cover specialized treatment and care as part of Physiotherapy and Physical Rehabilitation (PPR) services for war-wounded or injured, until development actors take over assistance in this area. If justified by the corresponding transition strategy, and for the purpose of ensuring the absence of gaps in service continuity, DG ECHO may allocate funding ahead of the indicative deadline to its current Partner in the physical rehabilitation sector Relief International. Physical Therapy and Rehabilitation (PTR) activities should generally be guided by technical guidelines formulated by specialized and acknowledged organisations, e.g. ICRC, Handicap International (Humanity and Inclusion). The DG ECHO partner must document, also for their implementing partners, an appropriate institutional capacity (including HR and prior field experience) to manage a PPR or MH project, or project component. In all cases, interventions should be aligned with DG ECHO's transition strategy in the health sector.

As services targeting GBV and Sexual and Reproductive Health (SRH) will be integrated into Extended Migrant Health Centers (supported by DG NEAR), DG ECHO will no longer support actions in this field, unless there is a new emergency.

All actions should be based on a quantitative needs analysis. During the implementation of the action, health data, disaggregated according to sex and age group, should be collected and analysed on a monthly basis. Actions should also measure the quality of health care services provided.

All DG ECHO supported healthcare activities must be in accordance with, and be guided by, the DG ECHO health policy¹⁸.

In the case of continuations of previously funded Actions, projects should highlight the advances made and changing needs over the past period(s).

Partners must always respect do-no-harm principles, especially related to medical waste management; safety (quality) of medicines, avoiding duplication of existing health systems and protection of human resources, premises and means (medicine stocks).

The DG ECHO partner and any potential implementing partner should indicate, in the proposal, their procurement plans with regards to medicines and medical materials. All DG ECHO partners are encouraged to procure medicines and medical materials through DG ECHO identified Humanitarian Procurement Centres (HPCs), or, if this is not envisaged, to highlight the alternative procurement source in the proposal. All DG ECHO partners are reminded of the DG ECHO regulations and policies regarding the procurement of medicines and medical materials¹⁹.

It is recommended to identify capacity gaps at the level of the local health system, avoid substitution and promote capacity building, in a coordinated manner. Trainings need to be as much as possible in line with existing curricula and HR management frameworks.

¹⁸ https://ec.europa.eu/echo/what/humanitarian-aid/health_en

¹⁹ <https://www.dgecho-partners-helpdesk.eu/ngo/actions-implementation/procurement-in-humanitarian-aid/humanitarian-procurement-centres>

3.2.2.4. *Rapid Response to emergencies*

Rapid response to emergencies should aim at preventing the further deterioration of the situation of the most vulnerable refugees. The response should identify the most affected categories of refugees, and among those, give priority to the most vulnerable groups. The response needs to be coordinated with the Government of Turkey, other EU instruments, as well as with other key donors, actors, Inter-Agency and Inter-Sector Coordination structures at National and sub-national levels.

As described above for the chapter “basic needs”, in line with DG ECHO’s policy, the use of cash transfer is to be considered as a first modality of response to emergencies. The use of one-off cash assistance to cover basic needs emerging from unforeseen emergency events, such as the COVID-19 pandemic among the refugee population, will be considered. Proposals are expected to describe in detail how they avoid duplication with the ESSN and any other cash-based assistance projects, the targeting methodology and the coordination mechanisms with relevant actors. Partners should ensure pathways for further support of the beneficiaries, if need be, namely through referrals to existing actions.

A solid Accountability to Affected Population (AAP) strategy is expected, including transparency and widespread availability of information including eligibility criteria and entitlements. Appeals mechanisms must also be continuously ensured.

The amount transferred per household must be duly justified. The transfer modality (whether mobile money, mobile banking, credit card, cash in hand) may be adjusted to the context. The use of digital solutions is the preferred option.

The preferential use of cash transfer as a first response modality does not preclude the delivery of medical supplies, such as gloves, masks, disinfectants, and hygiene products, where critical gaps are identified and responses aligned with standards given by local authorities.

3.2.2.5. *Coordination, Reporting, Monitoring and Evaluation*

DG ECHO maintains its reporting system which consolidates data on planned and actual progress of Actions funded by DG ECHO in Turkey. The reports produced by this information system will provide for: improved and efficient follow-up of Actions by DG ECHO; up-to-date reporting to the European Parliament, EU Member States and Turkish authorities; and, information useful for the humanitarian community for operational coordination purposes.

For this reason, quarterly reporting will be required from DG ECHO partners. This frequency could change during the course of the action due to, for example, the need to report more frequently on rapid responses to new humanitarian emergencies. To achieve this, harmonised results and indicators will be required in certain sectors of activity of the Single Form. Appropriate reporting templates and relevant guidance on the reporting content and the specific reporting schedule will be shared by DG ECHO to all partners funded under this HIP.

DG ECHO partners are also expected to have solid monitoring and evaluation systems for their actions in place. Concrete operational measures to monitor and ensure equal treatment and non-discrimination of beneficiaries with special emphasis on vulnerable groups/communities at risk (e.g. LGBTI, sex workers, seasonal workers) are necessary.

In addition, DG ECHO will also conduct independent Monitoring, Evaluation, Accountability and Learning (MEAL) for a broader and more holistic assessment of the effects and impact of the humanitarian strategy. It will be expected that DG ECHO partners funded under this HIP extend their cooperation in this regard.

3.2.2.6. *Partnerships*

Local civil society organisations (CSOs) and national non-governmental organisations (NNGOs) have had and continue to play an indispensable role in responding to the humanitarian needs in Turkey. The majority of DG ECHO funds has and will be translated into services and assistance provided primarily by local actors. As such, DG ECHO will continue to require its partners to establish strategic partnerships with local CSOs and NNGOs.

Since meaningful partnerships are built over time, continuation or expansion of successful existing partnerships with national organisations will be privileged. Partnerships should strive to be in line with the Principles of Partnership²⁰.

In accordance with the Financial and Administrative Framework Agreement and pursuant to the EU Financial Regulation, indirect costs shall not exceed 7% of direct eligible cost of the Action.

3.2.2.7. *Visibility and Communication*

Standard visibility²¹ is a contractual obligation for all DG ECHO-funded projects. However, partners with strong and ambitious communications ideas, aiming at reaching principally EU audiences, and with a demonstrated media/communications capacity are highly encouraged to apply for above-standard visibility²². DG ECHO may provide additional funding should a partner wish to carry out such elaborate communication actions. Communication actions must always be designed to fit the target audiences, the key messages, the concrete project and the capacity of the partner. Relevant actions could include, for example, audio-visual productions, journalist-visits to project sites, poster-campaigns, exhibitions or other types of events with an important outreach to the European public and media.

A separate communications plan, costed, with an estimated audience reach and a timeline, must be submitted and approved by DG ECHO's Communication Unit (ECHO.A4) prior to the signing of the contract. The plan must be inserted as an annex in the Single Form (under point 9.2). Partners will normally maintain contact to the Communication Unit

²⁰ <https://www.icvanetwork.org/resources/principles-partnership>

²¹ <https://www.dgecho-partners-helpdesk.eu/visibility>

²² <https://www.dgecho-partners-helpdesk.eu/visibility/main-requirements/above-standard-visibility>

and/or the relevant Regional Information Officer in the course of the implementation of the plan.

Above-standard visibility/communication is additional to standard visibility. Therefore, in all projects standard visibility, including on-site display of the DG ECHO visual identity will still need to be implemented based on the specifications in the Single Form.

3.2.2.8. *Integrated programming*

Integrated Programming

The application of an integrated programming approach is highly encouraged. Partners shall envisage their targeted approaches as Integrated Protection Programming if the identified threats, vulnerabilities and capacities can be appropriately addressed not only by incorporating protection principles but also by promoting meaningful access, safety and dignity in humanitarian aid. Detailed information can be found in DG ECHO 2016 Humanitarian Protection policy²³.

Social Stability

Actions aiming to mitigate tensions resulting from the profound impact of the crisis on local communities, through a comprehensive set of interventions at local and national level, may be envisaged. Actions should tackle both the expression and causes of conflicts and community tensions, to manage them peacefully, in order to prevent collective violence or rights abuse. Potential activities could include establishing dialogue fora and committees at the community level to react and manage tensions, or supporting the capacity of municipalities and other local and national institutions to manage local pressures.

3.2.2.9. *COVID-19*

Reassessment of the ongoing interventions:

A number of non-health measures, adopted to mitigate the impact of COVID-19, can interfere with ongoing DG ECHO interventions. Some may already be in place and some may be implemented in the near future, for example:

- Border closures:
- Banning of mass gatherings and limitations to freedom of movement (ie lockdowns).
- School and other safe spaces'/shelters' closures, preventing activities in those facilities and exposing the most vulnerable to potential violence, exploitation and abuse.
- Home quarantine for citizens or declaration of emergency/alert, preventing access to basic services, and livelihoods and income activities.

²³ https://ec.europa.eu/echo/sites/echo-site/files/policy_guidelines_humanitarian_protection_en.pdf

Partners need to assess the actual, or likely, impact of these measures. Some of these impacts may be counteracted by adopting different operational approaches, while others may lead to cancelling, suspending or postponing certain activities, upon sound justifications.

Reinforcing health and other basic services interventions.

In this context, health partners, yet not exclusively, should actively contribute to ensure that access to health and other basic services is provided in a safe way. Possible measures may include (non-exhaustive list):

- Instigating Duty-of-Care measures for staff, including staff of implementing partners. Special attention should be paid to the formulation of appropriate evacuation procedures, considering potential vulnerable individuals among the staff, yet also recognizing staff needed to maintain life-saving and MHPSS activities.
- Providing COVID-19 information to beneficiaries of ongoing projects in multiple formats and appropriate languages.
- Supporting COVID-19 information campaigns at local, regional or national level at the request of national authorities.

Health facilities can quickly become transmissions hubs for COVID-19 if insufficient or inappropriate Infection, Prevention and Control (IPC) measures are put in place. Partners with appropriate capacity are expected to reassess implemented health services – possible measures may include (non-exhaustive list):

- Setting up triage capacity for COVID-19 screening: patient distancing in the lines, temperature screenings, PPEs for emergencies, etc.
- Reinforcement of hygiene within health facilities: cleaning protocols, sanitizers, Personal Protective Equipment (PPE), waste disposal, etc.
- Ensuring the supply of safe drinking water in all the health facilities.
- Transportation of samples for COVID-19 testing.
- Support to provision of access to healthcare, especially access to secondary healthcare for COVID-19 patients in need of hospitalization.
- Exploring alternative ways of providing healthcare, e.g. home visits, treatment and care.

Actions to respond to COVID-19

Partners may be able to contribute to some of the necessary interventions under the Country Preparedness and Response plans with their available resources. Based on the Do-No-Harm principle, it is essential that humanitarian projects and activities do not contribute to the spread of COVID-19. Particularly, preventive measures (such as social distancing, wearing masks, washing hands, etc) need to be adopted when implementing activities, particularly related to education, food distribution, MHPSS group sessions, health and hygiene promotion, etc. National directives and protocols need to be respected, and international guidelines applied – WHO, IASC, UNICEF, etc.

Ongoing non-COVID-19 related life-saving activities must continue to the extent possible. Engagement in direct COVID-19 activities cannot justify the down-scaling or stopping life-saving activities, in all sectors.

Measures such as home quarantine could have significant impact on the most vulnerable population groups, such as children, elderly and people with reduced mobility or disability. Partners/parents/communities need to be aware that children, although not reportedly affected by the severe forms of COVID-19, can be infected and transmit the virus to the elderly and family members with pre-existing health conditions, who are at most at risk. Partners could identify possible activities that could mitigate the impact of these circumstances such as:

- Cash distributions to vulnerable groups, whenever possible as pre-emptive before quarantines.
- Using inclusive technologies for remote awareness, teaching, capacity building, etc.

STRENGTHENING EARLY RESPONSE CAPACITY

(1) Emergency/Rapid Response Mechanisms (ERM/RRM) as standalone actions

Emergency/Rapid Response Mechanisms (ERMs/RRMs) are stand-alone actions pooling capacities of different partners for improved and more coordinated preparedness and early response, guided by early warning and contingency plans. ERMs/RRMs are designed to provide initial lifesaving multipurpose assistance when other response mechanisms are not yet in place. ERMs/RRMs are mostly used for rapid-on-set crisis. For slow-on-set, objective indicators with thresholds for engagement / disengagement should be defined in coordination with other stakeholders including the State Authorities.

(2) Flexibility embedded into the actions

Whenever relevant, partners should introduce flexibility to mobilize resources from on-going actions and swiftly respond to any new emerging shocks occurring in the area of their operations (a crisis within a crisis). Flexibility measures can be triggered to provide initial lifesaving multipurpose response in the aftermath of a rapid onset crisis with the two main scenarios being: i) to fill the time gap while waiting for additional resources; ii) to respond to small scale humanitarian needs which would otherwise remain unattended.

The application of flexibility measures should be based on a multi-risk analysis and the development of worst and most likely scenarios. Partners should develop a detailed plan considering prepositioning of stocks, surge staff, triggers and sectors of intervention.

ERM/RRM and flexibility measures are complementary and do not exclude each-other; flexibility measures enable to bridge the time gap between the shock and the time needed to mobilize ad-hoc resources through the ERM/RRM or additional funding. Timeliness of response is a key element for effectiveness of both flexibility measures and ERM/RRM. Partners should adopt indicators to measure the timeframe required to deliver the first assistance (e.g. lifesaving response for xxx persons, and/or need assessment within xxx days from the displacement/disaster/alert/exceeded triggers).