

TECHNICAL ANNEX

UKRAINE, WESTERN BALKANS AND EASTERN NEIGHBOURHOOD

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 Allocation²: EUR 46 900 000 of which an indicative amount of EUR 3 000 000 for Education in Emergencies.

¹ Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)

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

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

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

Countries	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
Ukraine	27 600 000		1 300 000		28 900 000
Bosnia and Herzegovina	5 000 000				5 000 000
Eastern Neighbourhood	13 000 000				13 000 000

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).

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.

a) 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

UKRAINE Allocation round 1

- a) Indicative amount: up to EUR 25 400 000
- b) Description of the humanitarian aid interventions relating to this assessment round: all interventions as described in section 3.4 of the HIP.
- c) Costs will be eligible from 01/01/2021³ - Actions will start from 01/01/2021
- d) The initial duration for the Action may be up to 24 months, including for Actions on Education in Emergencies⁴, 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

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 Education in Emergencies, projects should, to the extent possible, cover at least one full academic year.

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: by 15/02/2021⁷

UKRAINE – Allocation round 2

- a) Indicative amount: up to EUR 3 500 000
- b) Description of the humanitarian aid interventions relating to this assessment round: The support will increase activities in the health sector to respond to Covid-19 in the GCA and NGCA; focus on primary and designated secondary health care facilities; mental health and psycho-social support for health professionals, support to case management of Covid-19 cases; hygiene kits for health and social institutions in the NGCA and GCA; provision of medical and non-medical equipment as well as protective equipment at the crossing points. It will also cover the basic needs of the most vulnerable people affected by the Covid-19 pandemic and to continue support Ukrainian refugees in the Russian Federation.
- c) Costs will be eligible from 01/01/2021⁸
- d) The initial duration for the Action may be up to 24 months.
- e) Potential partners⁹: Priority will be given to DG ECHO partners currently implementing projects under HIP 2021 near the Line of Contact and in the NGCA.
- f) Information to be provided: Single Form¹⁰
- g) Indicative date for receipt of the above requested information: by 02/08/2021¹¹

WESTERN BALKANS - Allocation round 1

- a) Indicative amount: up to EUR 2 500 000

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 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.

⁸ 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.

⁹ Unless otherwise specified potential NGO partners refer to certified partner organisations.

¹⁰ Single Forms will be submitted to DG ECHO using APPEL.

¹¹ 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.

- b) Description of the humanitarian aid interventions relating to this assessment round: the interventions should be focused on Bosnia and Herzegovina and should address specifically the protection, primary and secondary healthcare and outreach assistance.
- c) Costs will be eligible from 01/01/2021¹² - Actions will start from 01/01/2021
- 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 partners¹³: Due to the emergency nature of the intervention, priority will be given to DG ECHO partners in Bosnia and Herzegovina to cover urgent gaps in the provision of health and protection
- f) Information to be provided: Single Form¹⁴
- g) Indicative date for receipt of the above requested information: 01/02/2021¹⁵

WESTERN BALKANS - Allocation round 2

- h) Indicative amount: up to EUR 2 500 000
- i) Description of the humanitarian aid interventions relating to this assessment round: The interventions should be focused on Bosnia and Herzegovina and should address specifically the protection (including child protection), primary and secondary healthcare and outreach assistance.
- j) Costs will be eligible from 01/01/2021¹⁶ - Actions will start from 01/01/2021
- k) The initial duration for the Action may be up to 24 months.
- l) Potential partners¹⁷: due to the emergency nature of the intervention and in order to ensure continuity of assistance, priority will be given to DG ECHO partners in

¹² 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.

¹³ Unless otherwise specified potential NGO partners refer to certified partner organisations.

¹⁴ Single Forms will be submitted to DG ECHO using APPEL.

¹⁵ 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.

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Bosnia and Herzegovina currently implementing projects under HIP 2021, who are able to provide an immediate response in the field of respectively health, protection and outreach assistance and have demonstrated operational capacities, being already deployed in Bosnia and Herzegovina and responding to the current situation with strong capacities to scale-up.

- m) Information to be provided: Single Form¹⁸
- n) Indicative date for receipt of the above requested information: 22/07/2021¹⁹

EASTERN NEIGHBOURHOOD - Allocation round 1

- a) Indicative amount: up to EUR 3 000 000
- b) Description of the humanitarian aid interventions relating to this assessment round: provision of humanitarian assistance to the most vulnerable conflict-affected population in Armenia and Azerbaijan including Nagorno Karabakh, displaced, returnees and host communities. The support should cover the following sectors: basic needs (by providing whenever possible multipurpose cash assistance), health assistance, psychosocial support and protection assistance (see section 3.2.2.3).
- c) Costs will be eligible from 01/01/2021²⁰ - Actions will start from 01/01/2021.
- 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 partners²¹: all DG ECHO partners.
- f) Information to be provided: Single Form²².
- g) Indicative date for receipt of the above requested information: 04/03/2021²³.

¹⁷ Unless otherwise specified potential NGO partners refer to certified partner organisations.

¹⁸ Single Forms will be submitted to DG ECHO using APPEL.

¹⁹ 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.

²⁰ 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.

²¹ Unless otherwise specified potential NGO partners refer to certified partner organisations.

²² Single Forms will be submitted to DG ECHO using APPEL.

EASTERN NEIGHBOURHOOD - Allocation round 2

- a) Indicative amount: up to EUR 10 000 000
- b) Description of the interventions relating to this assessment round: provision of humanitarian and/or early recovery assistance to the most vulnerable conflict-affected population in Armenia and Azerbaijan including Nagorno-Karabakh, which covers those recently displaced, returnees and host communities. The support should cover the following sectors: basic needs (by providing whenever possible multipurpose cash assistance), health assistance, psychosocial support, protection assistance, including humanitarian demining and livelihoods (see section 3.2.2.3).
- c) Costs will be eligible from 01/04/2021²⁴ - Actions will start from 01/04/2021.
- 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.
- e) Potential partners²⁵: all DG ECHO partners.
- f) Information to be provided: Single Form²⁶.
- g) Indicative date for receipt of the above requested information: 15/6/2021²⁷.

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)?

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²⁵ Unless otherwise specified potential NGO partners refer to certified partner organisations.

²⁶ Single Forms will be submitted to DG ECHO using APPEL.

²⁷ 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.

- Has the proposed intervention been coordinated with other relevant humanitarian actors?
- 2) Capacity and expertise
 - Does the partner, with its implementing partners, have sufficient expertise (country / region and / or technical)?
 - How good is the partner's local capacity / ability to develop local capacity?
- 3) Methodology and feasibility
 - Quality of the proposed response strategy, including intervention logic / logframe, output & outcome indicators, risks and challenges.
 - Feasibility, including security and access constraints.
 - Quality of the monitoring arrangements.
- 4) Coordination and relevant post-intervention elements
 - Extent to which the proposed intervention is to be implemented in coordination with other humanitarian actors and actions (including, where relevant, the use of single interoperable registries of beneficiaries).
 - Extent to which the proposed intervention contribute to resilience and sustainability.
- 5) Cost-effectiveness/efficiency/transparency
 - Does the proposed intervention display an appropriate relationship between the resources to employed, the activities to be undertaken and the objectives to be achieved?
 - Is the breakdown of costs sufficiently documented/explained?²⁸

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

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

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.

²⁸ In accordance with the relevant section of the Single Form guidelines (section10)

As part of the **NEXUS approach**, the partners in **Ukraine** are expected to incorporate in the project proposals potential exit strategy, which can be even partial or limited to certain sectors, at least in the Government Controlled Area (GCA). In line with the exit strategy, pilot projects aimed at enhancing the restoration of adequate government services may be considered, particularly in the Protection, Health and WASH sectors, in the GCA only.

Bosnia and Herzegovina: Given the protracted crisis, the evolution of the context and the continuous efforts (and relevant challenges) to develop transitional/NEXUS paths, humanitarian aid is still essential to support a certain types of interventions and specific sectors. DG ECHO's priorities in 2021 continue to focus on the provision of timely, adequate and appropriate humanitarian assistance to persons of concern living in and out of temporary centres, based on vulnerability assessment.

In 2021, DG ECHO will support the thematic priorities as described below.

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 (HIPPA) should be consulted in parallel.

3.2.2.1 UKRAINE

A. Health/ Mental Health and Psycho-Social Support (MHPSS)

DG ECHO will continue the provision of emergency and primary health services to the most vulnerable population located in areas affected by the ongoing hostilities, in the Government Controlled Area (GCA) as well as and in the Non-Government Controlled Area (NGCA). DG ECHO will also address the gaps in secondary/tertiary health care, mainly war surgery. Special emphasis will be given to expanding access to health services for most vulnerable people who are not receiving curative or preventive healthcare. DG ECHO will focus on areas where local health systems are dysfunctional. It will strengthen primary healthcare (fixed and mobile medical units) through supplying medical equipment, medicines and capacity building as well as by reinforcing the patient referral system. Interventions referring to case and community management in Health and MHPSS will be encouraged. Cash transfer/vouchers interventions to facilitate access to health services for population residing on near the contact line, where local health systems are dysfunctional (e.g. in form of contribution to transportation costs for referrals) may be considered, as well as the provision of first aid at the crossing points between GCA and NGCA.

DG ECHO will support humanitarian interventions that will significantly increase availability and access of women and girls to sexual and reproductive health (SRH) services in the NGCA and along the line of contact. Alongside medical care and mental

health services for gender-based violence (GBV) survivors, wherever feasible, psychosocial support (PSS) is also encouraged as part of a multi-sectoral integrated approach. With regard to the most vulnerable groups, children in emergencies are known to be more prone to abuses and violence, therefore PSS activities allowing to identify, prevent and mitigate those risks are eligible.

DG ECHO applies a strict needs-and-evidence based approach in support to provision of healthcare, including MHPSS. All proposed activities must be justified based on in-depth and up to date needs assessment, highlighting gaps and unaddressed humanitarian healthcare needs, and mapping the pre-existing local capacities and resources on MHPSS. All DG ECHO supported healthcare engagements must be in line with and guided by the DG ECHO health policy.

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

Addressing MHPSS needs (both in terms of service provision and capacity building) is a priority for DG ECHO, as the most requested forms of assistance from conflict-affected people. DG ECHO will support projects, which integrate MHPSS components, and encourages partner to mainstream MHPSS activities in their actions in eastern Ukraine. Proposed activities must adhere to the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings; partners must document the quality of proposed activities and their technical capacities.

MHPSS services must be provided through qualified and/or trained staff. Capacity building for local professionals (from the education and health sectors) to identify and address children's and other vulnerable groups heightened stress/trauma levels could also be considered for funding. Assistance provided through DG ECHO will be closely coordinated with the EU Instrument for Consolidating Stability and Peace (IcSP) instrument, prioritizing activities taking place in the NGCA, when feasible.

Procurement of any medicines and medical materials with DG ECHO funds and/or for use in DG ECHO supported healthcare projects must follow the DG ECHO procurement regulations strictly. Such procurement should either be with a DG ECHO identified Humanitarian Procurement Centre (HPC), as per the list published by DG ECHO, or the DG ECHO partner must provide documented assurance that medicines and/or medical materials procured at an alternative source meet the necessary international quality standards. For more information, please consult DG ECHO guidelines on principles and procedures applicable to procurement contracts at http://dgecho-partnershelpdesk.eu/media/annexiii_en_131112.pdf

B. Shelter & NFIs (Winterization)

DG ECHO will strive to enhance housing conditions of the conflict-affected population. In the GCA, shelter rehabilitations and repairs were phased out in 2019, shifting the focus to protection through a caseload management approach. In the NGCA, shelter rehabilitations and repairs should be scaled up, with further integration of Housing, Land and Property rights, protection and referral mechanisms, feasible. However, stockpiling of emergency

items prepositioned to assist local authorities in the response to conflict-related incidents involving civilians and residential premises may be considered.

DG ECHO will support rehabilitation and repairs works of conflict-damaged accommodation in light to medium categories only (i.e. no major repairs/full reconstruction to be supported), based on the vulnerability of persons, the extent of the damage of the housing, and in light of protection and socio-economic aspects. In-kind and self-help approaches, if relevant and justified, should always include technical supervision and oversight. For all shelter activities, partners must comply with DG ECHO Shelter guidelines and Shelter Cluster recommendations, and the COVID-19 related regulations, based on the country's response framework

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

Materials containing asbestos must be avoided and climate proofing materials privileged. This is particularly relevant for the replacement of windows using glass materials in individual houses and multi-story buildings in locations along the contact line, which are repeatedly targeted by shelling and sniper activity. Rehabilitation and repair of civilian infrastructures, such as school and health facilities, will also be supported.

For winterization, if neither cash nor vouchers can be implemented as a modality, DG ECHO will support the provision of non-food items such as wood stoves, firewood, coal, heaters, warm blankets, winter clothes etc. to vulnerable households in the NGCA and in the contact line areas. Winterization needs and capacities to respond to surge needs remain of particular concern given the geographical isolation of some hard-to-reach settlements and the overall economic vulnerabilities of communities living close to the contact line on both sides. Particular attention should be done to strengthen the coordination efforts and to integrate the designed operations with the environmental considerations in DG ECHO's humanitarian aid operations

C. Basic Needs

DG ECHO will support basic needs assistance through the most effective and efficient modality according to the context and based on a thorough analysis in order to select the most suitable delivery modality. DG ECHO encourages partners to consider the scale-up of multipurpose cash transfers first. Within an integrated and multi-sectoral approach, cash should rather complement, and be complemented, by other interventions, in order to maximise the results of the action. Partners must provide an accurate and comprehensive situation analysis, including preliminary market analysis and multi-sector needs assessment, of the most appropriate and feasible type of transfer to meet identified needs. DG ECHO will give priority to the most vulnerable along the line of contact.

Food Assistance packages must be in line with the Food Security Cluster's recommendations, while the value of the multi-purpose cash transfers should be based upon a Minimum Expenditure Basket (MEB) and its periodic revisions, as agreed at the Cash Working group. Partners should be mindful of the 'do no harm approach' and assess the

potential impact of cash activities on the protection of vulnerable groups (please refer to the *EU Guidance for Integrated Food Assistance and Protection Programming*²⁹).

DG ECHO will consider, on an ad hoc basis, providing livelihood support through cash transfers or in-kind support to income generating activities or small-scale farming to the most vulnerable population affected by the conflict along the line of contact and in the NGCA. Based on the supposed capacity of generating actual monetary income, this could ensure an early recovery approach at household level, helping beneficiaries to move from humanitarian assistance towards more sustainable livelihoods.

D. Education in Emergencies

DG ECHO will support actions aiming at ensuring access to safe, quality and accredited primary and secondary education, provision of life-saving and life-sustaining skills and protection for pupils. Conflict-related school repairs (including provision of safe shelter), school equipment, education materials, capacity building, non-formal and life skills education, as well as advocacy and technical support will also be supported whenever relevant.

Assistance should be aligned to Conflict Sensitive Education principles and provide an integrated education and child protection response. Priority will be given to actions aiming at protecting education from attacks and operationalizing commitments from the Safe Schools Declaration at national, district and school levels, including engagement with non-state armed groups. This includes the provision of PSS for students and teachers, and actions to prevent school closures or alternative ways of education. Where children's education is disrupted by violence, actions should support return to formal education within three months, through appropriate rapid response mechanisms and other means. PSS, as part of Education, and combined with Child Protection may also be considered across the prioritised geographical areas envisioned by DG ECHO.

E. Protection

DG ECHO will support initiatives designed to address protection risks and violations in an integrated manner notably to address increasingly compounded vulnerabilities. Targeted protection actions will be considered, for the following possible areas of support being (but not necessarily limited to): mine risk education; registration and access to documentation and freedom of movement; protection information management systems; support to restoring family links or family tracing and reunification (FTR), as well as comprehensive assistance to victims of all kind of violence; legal aid; Information, Counselling and Legal Assistance (ICLA), including on housing, land and property rights. As the trend of gender-based violence (GBV) is particularly worrisome, this implies need for improved PSS, shelters, legal counselling and assistance to GBV survivors, including empowering of the Community-Based PSS structures and mechanisms. A comprehensive multi-disciplinary

²⁹ https://ec.europa.eu/echo/files/funding/decisions/2015/Integrated_FA_Protection_Programming_en.pdf

case and community management approach should be applied to address compounded protection vulnerabilities. This requires strong inter-organisational referrals, coordination and collaboration amongst actors present on the ground.

All programme activities must ensure centrality of protection and apply protection sensitive targeting. Proposals must include a context-specific analysis of risks (threats, hazards, vulnerabilities and capacities) faced by contextually relevant gender, age, and disability groups and the response analysis should clearly demonstrate how the risks (threats, hazards, vulnerabilities and capacities) faced by contextually relevant gender, age, and disability groups informs the response strategy. Protection, gender, age and disability inclusion mainstreaming must be reflected across all results and activities and the logical framework must include an indicator at outcome level measuring protection mainstreaming. Considering the composition of the affected population, the proposed actions should pay particular attention to elderly and persons with disabilities and chronic illnesses.

DG ECHO defines individual protection assistance (IPA) as assistance aimed at reducing specific protection risks or reducing an individual's/HHs vulnerability to a specific threat, which can be addressed with protection assistance. It has a specific, intentional and articulated protection outcome for the individual or household in question. It can be achieved through accompaniment, legal assistance and case management. Cash might be a modality used within any of these modes of assistance, but it can never replace e.g. in-person support. In other words cash must have been identified as an appropriate modality to address specific protection threats and be considered alongside or in combination with other modalities (for example, protection services or in-kind assistance), and the use of cash is designed within the program and budget with the purpose of achieving protection outcomes. The following illustrates what is acceptable to cover under IPA and what is not.

Acceptable under IPA	Not acceptable under IPA
<ul style="list-style-type: none"> ▪ Assistive devices (note further details below on which requires professional specifications and which can be handled by trained volunteers/project staff of e.g. HAI) ▪ Cost for transport to access necessary medical exams/services or legal services (note above, transport support for medical services can also be integrated into health programmes) ▪ Fees related to medical certificates to facilitate access to e.g. disability status or assistive devices from the 	<ul style="list-style-type: none"> ▪ Medicines ▪ Shelter repair (to be referred to shelter actors) ▪ Low income (to be referred to MPCT) ▪ Clothes, NFIs, etc. (to be referred to MPCT) ▪ Coal (to be referred to MPCT or winterization)

<p>government system.</p> <ul style="list-style-type: none">▪ Fees for documents and legal representation <p><i>Note that all of the above may require actual physical accompaniment and that this needs to be built into programming.</i></p>	
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F. WASH

In conflict-affected areas along the contact line, DG ECHO will consider to support projects aiming at ensuring adequate and sustained access (in terms of quality and quantity) to safe water, sanitation and hygiene (WASH). Priorities in WASH will be the rehabilitation of conflict damaged civil water and sanitation infrastructures and emergency support to water utilities; hygiene kits distribution; solid waste management. Basic rehabilitation of water supply and sanitation infrastructure damaged by the conflict will be prioritised. This includes projects that aim at providing proper operation and maintenance (O & M) of existing infrastructure (Water Safety Plans), supply of equipment (i.e. generators, water and sludge pumps), water treatment chemicals and capacity building of water service providers. Support to temporary alternative water systems (such as water trucking) could also be envisaged as last resort and when deemed necessary and for limited / designated period. Water quality treatment, testing and monitoring will continue to constitute a key component of the WASH response. It is also extremely important to continue to pay a particular attention to the issue of water contamination and ecological risks affecting Eastern Ukraine.

G. Disaster Preparedness (DP)

Under the DG ECHO's Disaster Preparedness Budget Line, DG ECHO will promote actions that aim at strengthening an effective and integrated disaster management of industrial and/or environmental risks, as well as epidemics or any other natural hazards. The main threats and risks identified will be duly analysed and the need to strengthen preparedness well justified. An exit strategy, including expected outputs and outcomes to be secured in time, should be developed by partners in order to ensure the sustainability and continuation of the action after the support of DG ECHO.

More specifically, DG ECHO intends to pursue the support to front line actors in preparing for and responding to disasters at the contact line in the GCA side. In particular, DG ECHO strongly encourage actions including support to early warning and surveillance systems, responders' capacities to deal with emergencies, contingency risk and response planning,.

H. Response Modality

In the context of the conflict in eastern Ukraine, cash may be considered as one of the most effective means to reach out/help a maximum of people, considering that most

commodities are still available on the local markets and that this approach would stimulate the local market. The cash approach is also generally considered the most dignified modality of assistance for the beneficiaries. This does not apply in the NGCA, where neither cash transfers nor vouchers are permitted at a larger scale. All proposals should incorporate a well-articulated response analysis that builds on the needs assessment, and clearly informs the choice of response(s) and modalities. The choice of resource transfer modalities (cash, vouchers, in-kind or technical support/activities) must be based on a sound analysis and targeting and monitoring mechanisms follow the Cash Working Group (CWG) recommendations. For any Multi-Purpose Cash Transfer (MPCT) intervention, the cash transfer value must be in line with the CWG recommendations. Protection and gender analysis should be integral to the design and implementation of MPCT. Cash approach may not be appropriate in circumstances when beneficiaries have limited mobility/disabilities but can be reached through Financial Service Providers (FSPs) which offer home delivery modalities, or those beneficiaries for whom cash is not preferable can be referred to vouchers or targeted in-kind programmes.

Cash transfers

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

3.2.2.2 BOSNIA AND HERZEGOVINA

A. Health

Due to the hardship of the traveling and living conditions, needs for first aid and primary health care have been constantly increasing. Persons of Concern (PoC) are suffering from various injuries and communicable diseases that require an immediate access to health care. A comprehensive approach to healthcare delivery is needed, in collaboration with the health authorities, at cantonal and municipal levels, in all areas where PoC are congregated. Existing gaps in service delivery will have to be covered with support of various donors. Outside Temporary Reception Centres (TRCs), there is a need for provision of a First Aid services with a robust referral system established in order to ensure access to health services to those in need. There is a significant need for MHPSS among the PoC but very little service available through the national system, hence MHPSS activities should be considered as part of a comprehensive approach to healthcare delivery. Accordingly, DG ECHO will consider funding specific health interventions as follows:

Out of TRCs/ERCs areas

- First Aid assistance (i.e. wound dressing, bandaging, light immobilization, first aid PSS support, etc.) to PoC and provision of referral services as needed

In TRCs/ERCs settings:

- Timely and appropriate access to quality primary and secondary health care;
- Effective and efficient referral system, ensuring that PoC in need are identified in a timely manner, and referred to higher levels of treatment and care as needed.
- Provision of access to quality, coordinated and context relevant MHPSS services;

B. Shelter & NFIs

ECHO might consider funding specific emergency interventions amongst the following:

Out of TRCs/ERCs areas

- Timely winterization activities based on a sound targeting methodology, focusing on the most vulnerable individuals and/or groups
- Provision of the energy saving food items and NFIs;
- Provision of alternative / protective shelter for extremely vulnerable individuals such as Unaccompanied and Separated Children (UASCs), GBV survivors, persons experiencing specific safety risks in the reception centres belonging to minority groups, Lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) persons, etc. The design of shelter facilities should be integrated with other sectors and adapted to the Covid-19 response.

C. Protection

Protection should be addressed systematically in all proposals to DG ECHO, preferably as part of an integrated programming approach. DG ECHO would consider activities such as:

- Provision of specialized protection services for vulnerable individuals or groups at risk due to specific discrimination or risk factors with particular focus on child protection (CP), GBV and Human Rights/Refugee Law violations.
- Continuation and further strengthening of referral mechanisms in order to ensure that the affected population facing protection risks and violations can access appropriate services in cases where a DG ECHO partner is not positioned to provide direct services due to various reasons.
- Continuation and strengthening of protection information dissemination and protection information management and monitoring.
- Advocacy on protection issues.

The proposed target groups for the intervention should include people located in TRCs/ERCs, as well as those stranded outside the reception centres. DG ECHO will consider funding specific protection interventions amongst the following:

In TRCs/ERCs settings:

- Provision of protection services to the most vulnerable groups, including case management, when needed;
- Establishment/strengthening of robust screening and referral system to identify and track all types of protection cases, and follow up of referred cases ensuring access to services;

- Follow up of GBV cases integrated with sexual and reproductive health (SRH) services, where feasible;
- Specialized protection services for specific at-risk groups (UASCs in particular), with focus on particular groups or individuals at risks, provided by partners with demonstrated capacities and in line with international guidelines.

Protection monitoring and referral systems should be the preferred mechanisms to ensure that those falling through the cracks are identified and accompanied to access relevant services.

3.2.2.3 NAGORNO KARABAKH CONFLICT

A. Basic Needs/Multipurpose cash assistance

Since the majority of the displaced persons remain present in the urban centres of Armenia and Azerbaijan, with accessible and functional markets (with the notable exception of Nagorno-Karabakh), cash-based assistance would be the best modality of support, provided such assistance is implemented in line with DG ECHO guidelines and policies. Multi-purpose cash assistance is primarily meant to cover food, shelter (small repairs of damaged property), WASH, basic needs and Non-Food Items (including winterization items, if needed). In case multipurpose cash or possibly vouchers as the second best option would not be possible to implement in timely manner, the assistance needed has to be provided in-kind.

Within Nagorno-Karabakh, other modalities than cash assistance may be foreseen to support the most vulnerable conflict-affected population.

B. Health

Essential health services need to be ensured at the time when the health system has been disrupted by war, compounded by the COVID-19 pandemic. Assistance will cover primary and secondary health care facilities with essential rehabilitation/repair of health structures, provision of small medical equipment, supplies, medications, human resources surge capacity and ensuring uninterrupted access to water. Mental health support should also be considered, since the stress factor is believed to be very substantial among the population, which has lived under duress for decades. A Covid-19 response could be considered inside Nagorno-Karabakh.

C. Protection

The hostilities and displacement have caused high levels of anxiety, psychological trauma and post-traumatic stress disorder among the population – especially in locations that have suffered from shelling. Many conflict-affected people are living through a state of profound shock, which goes beyond the displacement itself. A large number of displaced and other affected people (women, children, elderly) may require targeted protection, including child protection and psycho-social support (PSS) assistance, in both Armenia and Azerbaijan, including in Nagorno-Karabakh. Support to displaced persons on legal rights: housing, property, land issues; social payment, documentation, status regulation will be considered.

Activities related to humanitarian mine action should be implemented in line with the humanitarian principles and can include humanitarian demining in populated areas

affected by the conflict, mine risk education and awareness campaigns, and mine action capacity building support. It will be key to support the affected communities, while keeping them safe through informed and targeted risk education activities, with a specific focus on youth. Reducing the threat and impact of landmines and Explosive Remnants of War (ERW), including cluster munition, will create an enabling environment for socio-economic recovery and development and peace and security for people living in and around Nagorno-Karabakh.

D. Livelihoods

Humanitarian food assistance can also be used to protect and strengthen the livelihoods of a crisis-affected population, to prevent or reverse negative coping mechanisms such as the sale of productive assets, or the accumulation of debts. Agriculture has been severely disrupted (75% of arable land and 50% of livestock was lost); market prices have increased and hampered the living conditions of the conflict-affected population. Assistance might cover activities supporting local business and support to re-establish and strengthen agricultural production and the reinforcement or protection of agricultural and non-agricultural livelihoods (e.g. providing veterinary services for vulnerable livestock herds, or improving agricultural crop storage. Vocational trainings and skill adaptation measures to match local market demands as well as support for restoring livelihoods, accompanied by small-scale cash or in-kind support to local entrepreneurs and support for micro-economic initiatives, etc.) will be covered as well. Cash for work schemes aiming at rubble clearance or small repairs of damaged infrastructure might be considered too.

E. Education in Emergencies (EiE)

EiE responses may include non-formal education (NFE) and formal education to prevent and reduce disruptions in education for crisis-affected school-aged children, and to support authorities to resume education services during or after a crisis. Assistance might cover cash subsidies to vulnerable families, support to education in areas affected by the conflict, repairs of schools and assessment of future needs, school material provision and dedicated support related to Covid-19 pandemic and necessary compliance with restrictive measures (PPE, testing, etc.).

3.2.2.4 *Visibility and Communication*

Standard visibility³⁰ 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 visibility³¹. 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-

³⁰ <https://www.dgecho-partners-helpdesk.eu/visibility>

³¹ <https://www.dgecho-partners-helpdesk.eu/visibility/main-requirements/above-standard-visibility>

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 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.

3.2.2.4 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 the region. 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 Partnership³².

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.

3.2.2.5 Covid-19 response

Engagement in direct COVID-19 activities cannot be justified at the expense of down-scaling or stopping life-saving activities in all sectors. In the light of ongoing COVID-19 pandemic, the above-mentioned activities can be adapted and the implementation modalities adjusted to the context. In a COVID-19 context, the 'do no harm' principle must be applied, ensuring that all humanitarian projects and activities do not contribute to the spread of COVID-19. Implementers of humanitarian projects will need to assess and demonstrate that their activities are "COVID-19 sensitive", i.e. that appropriate considerations and potential adaptations have been made to assure a minimum risk of COVID-19 transmission in relation to project implementation.

A. Health related COVID-19 response

Critical assessment of the ongoing interventions

³² <https://www.icvanetwork.org/resources/principles-partnership>

A number of non-health measures to fight COVID-19 interfere with ongoing DG ECHO interventions. Some may already be in place and some may be implemented in the near future, such as:

- Border closures, preventing staff or goods from reaching the target area and affected populations;
- Banning of mass gatherings and restrictions of movement;
- Closure of schools and other safe spaces/shelters, preventing any activities in those facilities and possibly exposing the most vulnerable to violence, exploitation and abuse;
- Home quarantine for citizens or declaration of emergency/alert, preventing access to basic services and livelihoods and income activities.

The impact and risks related to these measures needs to be assessed by DG ECHO partners. Some of these impacts may be mitigated by different operational approaches, while some may lead to postponing or suspending certain activities.

Reinforcing health and other basic services interventions

Health partners, yet not exclusively, should contribute to ensure that access to health and other basic services is ensured in a safe way. In this framework, partners should

- Ensure respect of appropriate Duty-of-Care measures by its own as well as implementing partners' staff. Particularly, partners should define appropriate evacuation procedures, considering potential vulnerable individuals among the team, while ensuring as much as possible a minimum presence to maintain life-saving and MHPSS activities.
- Provide COVID-19 information to beneficiaries of ongoing projects in multiple formats and appropriate languages.
- Support 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 can include:

- Set up triage capacity for COVID-19 screening: patient distancing in the lines, temperature screenings, provision of Personal Protection Equipment (PPE) etc.
- Reinforcement of hygiene within health facilities (cleaning protocols, sanitizers, PPE, waste disposal, etc.).
- Separation of beds in health facilities.
- Transportation of samples for COVID-19 testing.
- Support to access to healthcare, especially access to secondary healthcare for COVID-19 patients in need of hospitalization.
- Alternative ways of providing healthcare, e.g. home visits, treatment and care.

Certain health partners may be able to contribute more specifically to COVID-19 response:

- Setting up testing capacities for COVID-19.
- Establishing of treatment units/centers.
- Lending qualified staff for response activities.
- Assigning Intensive Care Unit ICU beds for COVID-19 patients.
- Mandatory hygiene prevention training for all staff COVID-19.

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. Partners must ensure respect of social distancing and other preventive measures for all activities, especially for education, food distribution, MHPSS group sessions, health and hygiene promotion, etc. National directives and protocols naturally need to be respected, and international guidelines applied – WHO, IASC, UNICEF, etc.

Possible activities include (non-exhaustive list):

- Support to Early Warning, Alert and Response Systems (EWARS), with a special notion of not disrupting systems already in place for other diseases with epidemic potential, e.g. . Ebola, yellow fever, cholera, measles, etc.
- Support to secondary healthcare, especially hospitals: depending on the evolution of the outbreak in country, there is a significant risk that the capacities of the healthcare system, and especially of hospitals, will be exhausted. Support to the healthcare system, especially hospitals, may accordingly be considered, at the request of the national authorities. Type of support may include basic health training, PPE, medicines, medical materials, medical equipment, and eventually healthcare staff – to be duly justified and consulted with the Regional Health Expert on a case by case basis.
- Support to vulnerable population groups under quarantine or at further risks because of governments' mitigation measures (water, food, NFI, MHPSS, distance learning, collective shelter including Quarantine Coordination and Management, etc.).
- Support screenings/triage points in critical facilities.

Measures such as home quarantine could have significant impact among the most vulnerable population groups, from refugees, to children, to elderly or People with Reduced Mobility. Partners/parents/communities should 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, e.g. cash distributions to vulnerable groups, whenever possible as pre-emptive before quarantines, and use of inclusive technologies for remote awareness, teaching, capacity building, etc.

B. Shelter/NFI/winterization related COVID-19 response

Partners must ensure adherence to Construction Site Safety Protocols for Covid-19 (adapted to the country context) to provide operational instructions to mitigate the risks associated with the spread of COVID-19 during any rehabilitation works, both in residential properties, and during infrastructural engineering works. They should coordinate with and support the Health Cluster (and other critical clusters such as WASH and CCCM) in the provision of adequate and timely shelter support to displaced families, individuals and populations at higher risk of COVID-19, including for isolation where required by health authorities.

Possible activities include (non-exhaustive list):

- Mapping exercise to identify the areas most at risk and advocate for support i.e. areas where people are living in particularly overcrowded conditions, with higher densities, with less space for expansion, more in contact with population at risk, with less access to health facilities or with higher proportion of vulnerable population ;
- Promotion of social distancing measures, and preventing the creation of new high density camps (refugees, IDPs) and especially collective centres;
- mitigation measures to reduce overcrowding, i.e. upgrade of collective sites in which households are sharing the same shelter to achieve minimum shelter standards;
- support to people living in individual accommodation below minimum shelter standards particularly by increasing the covered living space in cases of overcrowding and distances;
- provide additional facilities in locations where several households are sharing latrines, cooking facilities or communal spaces, in order to reduce densities and risk of spreading diseases;
- review strategic plans to assess specific risks and vulnerabilities, response capacity of shelter actors, shelter NFI stocks in-country and in pipeline and markets to determine preparedness for elevated displacement (including isolation measures and screening/testing requirements), and synergies with national level preparedness and response plans.

C. Basic needs related COVID-19 response

In order to integrate Covid 19 response into actions and activities addressing basic needs, DG ECHO recommends partners to:

- Revise/adapt distribution modalities and Standard Operational Practices (SOPs) to reduce the risk of COVID-19 transmission, notably enhancing the use of unconditional e-cash modalities (see 3. Cash assistance). This can imply changes in distribution frequencies, use of remote delivery and monitoring mechanisms, etc., provided that the quality of the responses is ensured. Any changes (e.g. on distribution frequencies) should not jeopardise the food security outcomes;
- Revise contingency plans to respond to the new context, including an adapted risk analysis, reviewed capacities for supply, prepositioning, storage and dispatch for all aid modalities, and provisions for more regular market monitoring across borders all along

the food assistance cycle. Consider also scenarios to respond to new needs, vulnerabilities and caseloads;

- Simplify the targeting process to reduce physical contact, e.g. by skipping biometric steps;
- Increase linkages with social safety nets and other social protection mechanisms,;
- Ensure coordination with the multi-sectoral cluster system, to enhance the existing coordination mechanisms.

D. Education related COVID-19 response

Integrating COVID-19 response into Education proposals may include but not be limited to:

- Support to inclusive safe school re-opening and/or alternative education (e.g. distance learning, blended learning, catch-up/remedial education), complete with needs assessment, teacher training and support, consideration of assessment and certification, parental engagement;
- Integrated disease prevention and control in education activities, including reinforced WASH actions, and addressing of mental health/psycho-social support needs;
- Support to the Ministry of Education and the Cluster in coordination of the response, including planning for recovery and resilience.

In all cases, activities are to be coordinated and aligned with the sector/Cluster response.

E. Protection related COVID-19 response

Analysis of the effects of COVID-19 must take into consideration protection, gender, age and disability inclusion considerations. Therefore, partners should:

- Ensure compliance with to protection, gender, age and inclusion mainstreaming principles. Pay particular attention to safety and dignity of and meaningful access to services and assistance for those groups whose vulnerabilities have exacerbated due to the crisis, and ensure sufficient capacities to address the needs of elderly and persons with disabilities.
- Ensure consistent monitoring and analysis of protection risks, and adapt responses accordingly to counteract increase in abuse of power, limited and/or discriminatory access to health services, and increasing xenophobia affecting ethnic minorities. Violence against medical missions and their staff and in some cases humanitarian workers is a specific concern and must be part of ongoing monitoring and advocacy.

Responses to violence (protection) are life-saving and essential humanitarian services and should therefore be included in the COVID-19 response:

- *Case management of violence cases is life-saving and requires interventions by qualified case workers.* Thus case workers must be regarded as essential staff, and must be provided with the necessary PPE and movement authorisations to perform their work.
- *GBV risks incl. sexual exploitation and abuse can increase as side effects of the pandemic.* Safe alternatives for disclosure/identification and provision of case

management (medical, MHPSS, legal and safety) must continue or be strengthened as needed/feasible.

- *Child protection needs* can be exacerbated by secondary effects of the pandemic. The basic needs approach could mitigate those risks and case management must support serious cases.
- *Mental health and psycho-social problems are on the rise* and MHPSS response must be prioritised to mitigate longer term consequences.

Several other protection risks have increased/emerged as a result of COVID-19 and need to be addressed

- *Protection risks associated with the closure of crossing points (specifically for eastern Ukraine)*. In most countries, national authorities have adopted increasingly stringent measures incl. movement restrictions to protect public health. This has a direct consequence for people to cross the contact line, and measures must be foreseen to assist persons who are stranded or placed in quarantine/detention.
- *Massive increase in resorting to negative and dangerous coping mechanisms* (e.g. breaking movement restrictions in search of income) due to the socio-economic impact of the crisis. Mitigation hereof should be factored into all programming, including development programs such as social protection (Nexus).

F. WASH related COVID-19 response

All WASH activities aim at reducing virus transmission. WASH on-going programs should be maintained and adapted to the COVID 19 context, with additional activities to be implemented to respond to specific needs such as in Health Care Facilities (HCF).

- Support dialogue on strengthening principled and effective humanitarian action during the COVID-19 response, with a focus on reinforcing local and national action wherever possible
- Design and implement new WASH systems in a coordinated multisectoral approach; explore possibilities for linkages with long-term programmes (NEXUS)
- WASH programming is fully coordinated with the Ministry of Health (MoH)/WHO/other health actors as part of the national COVID-19 coordination mechanism set-up, enabling ECHO partners to prioritize and integrate WASH interventions;
- Contribute to Risk mitigation measures at institutional & community level for Covid 19 response (i.e IPC WASH in Health Care Facilities (HCF), IPC WASH in schools, WASH in confined spaces, Activities should include Risk Communication, Community Engagement, hygiene promotion.
- In coordination with the Health Sector/Cluster, capacities are increased to assure the continuity of WASH services (focusing on increased water supply) and improve Infection, Prevention and Control (IPC) measures in health care facilities to reduce nosocomial transmission and contamination from health facilities to communities, as well as respond to the water and sanitation service demand resulting from an increased number of patients;
- Increased distributions of hygiene items

- Hygiene promotion activities, including awareness on COVID-19, targeting households, collective vulnerable sites and public spaces are well aligned with agreed strategies, and are specific to the disease known transmission route(s) and aim to reduce the exposure to the disease at home, at work and in communities;
- Essential WASH measures in quarantine areas are defined, coordinated and implemented;
- WASH services and products (WASH kits and supplies) are made available for confined households or areas of high incidence with vulnerable groups, exposed collective sites and public spaces;
- Key essential IPC-WASH supplies requirements are identified at (sub) national level and made available for immediate use;
- Coordination with the logistic cluster WASH supply chains are reinforced, including options for market-based supply analysed and utilized – if appropriate.

G. Cash transfers related COVID-19 response

The modality of cash transfers plays a critical role in the context of the COVID-19: it has both the potential to mitigate the effects of livelihoods and income activities being put on hold and to reduce the risks of pandemic spread. Providing cash into local economies has a multiplier effect – the additional liquidity can support the resilience of critical market systems hit by the economic shock of COVID-19. In line with WHO guidelines, and in order to minimize proliferation of standalone strategies across agencies, multi-purpose cash can potentially contribute to strengthening coordination among clusters. Whenever possible, cash transfers should be scaled-up for preparedness and response activities. DG ECHO recommends in particular to:

- Enhance digital solutions to transfer cash (such as Mobile Money and Mobile Banking) to reduce risks of people gathering to receive basic assistance and risks of physical cash as vectors;
- Consider anticipatory and preparedness measures before the pandemic spreads in-country by transferring cash to vulnerable population groups including refugees, children, elderly and people with reduced mobility.

I. Disaster preparedness (DP) related COVID-19 response

In view of the current situation of COVID-19 in the country and the increased health related threats in the targeted region, it is strongly recommended to incorporate specific health-related action in DP action, e.g. the concepts of mass casualty management and safe hospitals. The effectiveness of DP actions put in place is essential and would have to be soundly demonstrated. The inclusion of local actors at all relevant levels and synergies with development donors is essential. *Contingency planning and preparedness* (emergency stocks) will be considered appropriate in small-scale, in order to enable partners to react rapidly to new potential displacements in 2021.

STRENGTHENING EARLY RESPONSE CAPACITY

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.

(1) Flexibility embedded into the actions

Whenever relevant, partners should introduce flexibility to mobilize resources from ongoing 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; the two main scenarios are: 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 repositioning 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).]

GREENING POLICY

DG ECHO aims at a full ambition on the greening of humanitarian assistance. Climate neutrality, climate resilience, circular economy, zero pollution and biodiversity protection are key pillars of the European Green Deal. Integrating environmental considerations in DG ECHO's humanitarian aid operations and those of its partners can contribute to addressing all of those key pillars. DG ECHO encourages the partners to, if possible, incorporate three elements of greening into their actions.

The increasing gravity of environmental challenges coupled with the dependency of affected populations on natural resources also call for a collective responsibility for humanitarian actors to reduce their programmes' environmental and carbon footprint. In terms of reducing the environmental footprint of humanitarian aid, when possible, partners should be taking measures such as choosing materials with a lower carbon footprint, using clean energy solutions, avoiding deforestation, implementing a robust waste management system, greening the organisation's logistics or supply chain, or working more closely with local actors to decrease intercontinental transport. By pre-positioning of stocks, and

increasing efficiency of operations, partners not only contribute to disaster preparedness but also can significantly reduce their carbon emissions, thereby contributing to the environmental priority.