

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

EMERGENCY TOOLBOX

AMOUNT: EUR 18 000 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of the financing decision ECHO/WWD/BUD/2018/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annex is to serve as a communication tool for DG ECHO's partners and to assist them in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

First modification as of 11/06/2018

It is necessary to reinforce the Epidemics Tool now as all funds allocated to it for 2018 have been entirely depleted. As the Epidemics Tool is intended for unforeseen outbreaks, it could be needed at any time. Having no funds available limits DG ECHO's ability to respond to emerging disease outbreaks.

The initial allocation of EUR 1.8 million in 2018 for the Epidemics Tool has been fully committed and contracted to respond to the Lassa Fever in Nigeria and to the Ebola Virus Disease in the Democratic Republic of Congo.

Therefore, with 6 months before the end of the year, it is proposed to transfer EUR 1 million from ALERT to the Epidemics Tool.

1. CONTEXT

The Emergency Toolbox contains four instruments to allow for a fast response to disasters:

- 1) Epidemics Tool
 - 2) Small-scale Tool
 - 3) Acute Large Emergency Response Tool (ALERT)
 - 4) Support to the International Federation of the Red Cross and Red Crescent Societies' (IFRC) Disaster Relief Emergency Fund (DREF)
- The Emergency Toolbox HIP funds are intended for needs that were not foreseen when the Worldwide decision was adopted.

Epidemics Tool

Epidemics pose great risks to the health, lives and livelihoods of people in developing countries. Communicable diseases that have appeared or reappeared in recent years have demonstrated their great epidemic potential and their capacity to significantly exceed coping capacities of the national resources and boundaries, causing major emergencies at national or even regional levels.

This is due to a number of reasons, including the high number of endemic and epidemic-prone diseases. The existence of concurrent and complex emergencies resulting from natural disasters, climate change and/or conflict, increases the vulnerability to infectious diseases and reduces the ability of countries to respond to public health risks, especially if local health systems are poorly resourced. The vaccination coverage in developing countries is generally low and the risk of transmission of infections is thus enhanced. Poverty, the lack of basic sanitation facilities, low hygienic standards and malnutrition in post-emergency or structurally weak countries increase the vulnerability to communicable diseases.

Disasters such as earthquakes, floods, tsunamis, hurricanes and also violent conflicts increase the already existing vulnerability to epidemics.

In the past, DG ECHO has been requested to support response operations to fight against epidemic diseases such as Cholera, Meningitis, Dengue Fever, Yellow Fever, Measles, Leptospirosis, Ebola, and Malaria; however other emerging pathogens, e.g. Marburg also represent a serious risk.

Small-scale Tool

The Small-scale Tool allows DG ECHO to provide a rapid response to disasters – natural and man-made – where a limited response is appropriate. Small-scale disaster events affect a relatively limited number of people but can have a serious negative impact on the lives and livelihoods of these populations. They often occur in remote or isolated areas, rarely trigger a declaration of emergency and usually do not figure prominently in the news despite the serious humanitarian needs they create locally.

These events do not only cause considerable suffering, death and damage, but also the loss of household assets and livelihoods. An accumulation of shocks, even if each of them is relatively small, can push vulnerable populations into a vicious cycle of destitution and further vulnerability, from which they struggle to recover.

Those most affected by disasters are vulnerable populations suffering from exclusion or extreme poverty. This holds equally true for countries which seem to be relatively well off from a macro-economic perspective but where inequality is significant and vulnerability is concentrated in given geographical areas (i.e. rural, remote, urban) or social groups (i.e. indigenous or ethnic groups). Thus, while a disaster response capacity may exist at the national level, pockets of unmet emergency needs may well remain.

Acute Large Emergency Response Tool (ALERT)

The ALERT allows DG ECHO to provide rapid first-line funding for the immediate response to sudden-onset large scale natural and technological disasters. It will facilitate the immediate response of humanitarian actors that are on the ground or that can be

deployed rapidly. Large scale disasters are considered as those potentially affecting more than 100 000 people¹. Sudden onset disasters can have an enormous impact on the lives and livelihoods of vulnerable populations. In many countries, the effects of a disaster when combined with high levels of vulnerability and insufficient local capacities (to prepare, mitigate or prevent) may have a devastating impact and create the need for life saving assistance, e.g. hurricane Matthew in October 2016 (2.1 million affected²), and the earthquake in Ecuador in April 2016 (389 000 affected³). The rapidity with which these needs are addressed within the first few days is usually critical. The purpose of the Acute Large Emergency Response Tool (ALERT) is to provide a first initial response to be able to cover the immediate needs of the most vulnerable in the hours and days after a large scale emergency or a new humanitarian crisis.

This tool will allow regional / country HIPS funding, in the context of large disasters, to be used for their initial purpose of a structured and planned response – where it otherwise might have been re-oriented from the original strategy to ensure a rapid response. Examples could be earthquakes, tsunamis, hurricanes, floods or rarer events with potentially devastating impacts such as space weather.

Disaster Relief Emergency Fund (DREF)

Since 2009, DG ECHO has responded to small-scale disasters with humanitarian consequences via an earmarked contribution to the Disaster Relief Emergency Fund (DREF) of the International Federation of Red Cross and Red Crescent Societies (IFRC). DG ECHO's contribution to the DREF is motivated by the need to ensure a quick reaction capacity with minimal administrative burden for the parties concerned.

2. HUMANITARIAN NEEDS

Epidemics Tool

1) People in need of humanitarian assistance:

Beneficiaries are local populations in areas affected by an epidemic outbreak or at high risk of an epidemic outbreak.

2) Description of the most acute humanitarian needs:

¹ Disasters with number of people affected $\geq 100\ 000$ represent the upper 25% (approximately, by number) of all disaster entries for all continents excluding Europe in the EM DAT disaster database, which has data for number of affected people from 1900-2017,. Source: EM-DAT: The Emergency Events Database - Université catholique de Louvain (UCL) - CRED, D. Guha-Sapir - www.emdat.be, Brussels, Belgium

EM DAT also shows that a significant number of disasters with the number of people affected $\geq 100\ 000$ have more than 60 mortalities, one of the two criteria (the other being 600+ house destroyed) used by UNISDR (United Nations Office for Disaster Risk Reduction) to distinguish between high/low disaster loss scenarios (losses via intensive vs. extensive risk). Intensive risk is defined as the risk of high-severity, mid- to low-frequency disasters, mainly associated with major hazards. Extensive risks are defined as the risk of low-severity, high-frequency hazardous events and disasters, mainly but not exclusively associated with highly localized hazards.

² EM DAT database, disaster reference 2016-0355

³ EM DAT database, disaster reference 2016-0117

Most developing countries still need external support to respond in a timely manner and/or to prevent recurrent epidemics. Often, preparedness activities are not a priority and/or national contingency plans are insufficiently funded. As such, these recurrent health emergencies need considerable and sustained efforts in terms of coordination, including information management, technical support and resource mobilization.

Small-scale Tool

1) People in need of humanitarian assistance:

The target population of this decision is vulnerable people affected by disasters where there are unmet humanitarian needs and a small-scale response is adequate.

2) Description of the most acute humanitarian needs:

Humanitarian needs are likely to be in sectors including food assistance, health⁴, water, sanitation, shelter, non-food items, nutrition, emergency livelihoods support, emergency rehabilitation of basic infrastructures, disaster preparedness, protection, support to emergency communication, and logistics and co-ordination.

The Small-Scale Tool can be used for situations where the number of potentially affected people is less than 100 000 individuals, for an amount up to EUR 300 000.

Acute Large Emergency Response Tool (ALERT)

1) People in need of humanitarian assistance:

The target population of this decision is vulnerable people affected by disasters where there are unmet humanitarian needs and who are severely affected by fast-onset large scale disasters.

2) Description of the most acute humanitarian needs:

Humanitarian needs are likely to be in sectors including food assistance, health⁵, water, sanitation, shelter, non-food items, nutrition, emergency livelihoods support, emergency rehabilitation of basic infrastructure, support to emergency communication, and logistics and co-ordination.

The ALERT is intended for large scale disasters. It can be used for sudden-onset disasters where there is a need for a fast response and the number of potentially affected people is greater than 100 000 individuals. Exceptionally, the ALERT can be used to respond to disasters where the number of people potentially affected is less than 100 000 if over 50% of the population of a country is affected by the disaster.

In addition to the assessment criteria in the HIP TA, the following criteria for intervention must be fulfilled:

⁴ Preparedness for and response to epidemic outbreaks are covered by the Epidemics component of this HIP.

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- Immediate action: Partners must have the capacity to respond immediately in the affected area.
- Partners must have the capacity in terms of structure, personnel and financial means, to respond effectively and immediately to the emergency on the scale required.
- National capacities are overwhelmed or not adapted to give an adequate response.

Disaster Relief Emergency Fund (DREF)

1) People in need of humanitarian assistance:

The beneficiaries are vulnerable people in third countries throughout the world who are affected by disasters, such as floods, landslides, cyclones, tsunamis, drought, fires, cold waves, earthquakes, volcanic eruptions, epidemics, food insecurity, population movements and civil unrest.

2) Description of the most acute humanitarian needs:

Relief will be provided, as well as preparedness for imminent disasters, in the context of small-scale emergencies for which an appeal is unlikely to be launched.

Humanitarian needs are likely to be in sectors including health, water, sanitation, shelter, non-food relief items, food assistance, psycho-social support, protection, assistance to displaced people and information provision. Support may be provided for mobilisation, training and equipment of the Red Cross/Red Crescent volunteers, mobilisation and deployment of response teams, search and rescue, evacuation, and needs assessment. Disaster preparedness needs are likely to include early warning procedures, evacuation of those at risk, preparation of shelters, pre-disaster assessment of response capacity, implementation of a contingency plan, communications and pre-positioning of relief supplies, logistics, and human resource assets. Travel, operational, communication, monitoring and evaluation costs incurred by the Red Cross/Red Crescent National Society or Federation in relation to the relief operations may also be covered.

3. HUMANITARIAN RESPONSE

Epidemics Tool

To reduce morbidity and mortality rates related to outbreaks, early and effective actions are required. Though the Epidemics Tool is focused on rapid response to epidemics, preparedness and response capacity are intimately linked, as effective response is only possible with a good degree of preparedness. Preparedness actions under the Epidemics Tool should be targeted at specific, imminent, localized threats.

The **rapid response component** includes 1) Rapid field assessment during initial phases of outbreaks; 2) Provision of free curative primary and secondary health care (case management); 3) Temporary support to existing health centres and facilities through provision of drugs, vaccines, medical/laboratory equipment and water and sanitation products; 4) Organisation, implementation and supervision of mass vaccination

campaigns; 5) Environmental health actions designated to control epidemics; 6) Data analysis during the outbreak and impact of action required; 7) Accompanying training of staff; 8) Transport and logistics.

The **preparedness component** includes: 1) Reinforcement of the capacities for rapid field assessment during initial phases of the outbreak and analyses of epidemiological patterns; 2) Improvement of the emergency response capacity through the development of disease-specific criteria and technical guidelines; 3) Mobilization of technical expertise for multidisciplinary assessments; 4) Contribution to the constitution and replenishment of emergency stocks of vaccines, drugs, medical and/or water and sanitation supplies; 5) Development of contingency plans and set up of coordination mechanisms, including the development of an early response capacity in high risk areas; 6) Set up of surveillance systems and identification of areas on which to focus environmental actions; 7) Reinforcement of the treatment capacity; 8) Awareness raising, including information, education, communication (IEC) campaigns; 9) Provision of materials for vector control; 10) Pre-positioning and provision of effective emergency items, critical medical and hygiene items; 11) Training for local staff to enhance assessment / surveillance capacity and response.

Small-scale Tool

The Small-scale Tool will facilitate appropriate support to populations affected by disasters in terms of emergency response and preparedness where local response is insufficient, for which a small scale intervention is adequate. It will allow a rapid response to those disasters where the number of affected people is low or the unmet needs are not significant enough to prepare a specific HIP. Particular attention will be given to mainstreaming disaster risk reduction and disaster preparedness into the response to the extent possible, to reduce vulnerability to future events and increase their coping capacity.

Actions will aim to strengthen the capacities of local communities and authorities to respond, thus increasing their resilience. Activities may include:

- Water and sanitation
- Food assistance and nutrition
- Emergency livelihood support
- Health
- Non-food items
- Emergency rehabilitation of schools and other vital infrastructures
- Shelter
- Disaster preparedness
- Protection
- Support to emergency communications.
- Logistics and coordination.

Acute Large Emergency Response Tool (ALERT)

The Acute Large Emergency Response tool will facilitate appropriate support to populations affected by large-scale disasters. In particular, emergency responses where the regional, national or sub-national response is broadly insufficient in cases where there are dire humanitarian needs. The guiding principle of ALERT is to ensure decisions are made quickly enough to maximise the impact of assistance in the short timescales immediately before or after a large scale disaster.

In the lead-up to, or the aftermath of a large disaster, the potential variables involved may make it difficult to have an accurate idea of the areas where needs are greatest. It is recognised that flexible funding facilitates swifter responses to urgent needs. Therefore, in order to ensure a timely response when certain specific details are not yet available, a preliminary understanding from partners of the scale and effects of a large-scale disaster should be a sufficient. This would need to be on a best effort basis, sketching out what needs could be expected given the scenario. For example in the first hours following a city being struck by an earthquake, information from the ground may not be available, but a certain amount of shelter needs could be expected based on primary information e.g. via social media. As much as possible, any needs assessment (however preliminary) should be done jointly, or in coordination with other relevant partners.

The expected areas of intervention would be:

- Water and sanitation
- Food assistance and nutrition
- Emergency livelihood support

- Health
- Non-food items
- Emergency rehabilitation of schools and other vital infrastructures
- Shelter
- Support to emergency communications.
- Logistics and coordination.

DG ECHO's contribution to the IFRC Disaster Relief Emergency Fund (DREF)

DG ECHO will contribute to the DREF in response to small-scale emergencies, both sudden and slow-onsets, including preparedness for imminent disasters, providing timely relief to vulnerable people in third countries eligible for humanitarian aid financed by the general budget of the European Union. Eligible costs are those related to DREF operations, as long as these respond to small-scale emergencies for which an appeal is unlikely to be launched. DG ECHO funding to the DREF can be used to replenish the allocations made to individual DREF operations in full or in part, with a maximum amount of EUR 200 000 per operation. The disaster preparedness/response capacity-building at local and national levels, which results from DG ECHO's support of the DREF, adds a long-term sustainable aspect to this short-term response.

4. GENERAL CONSIDERATIONS FOR ALL INTERVENTIONS

Effective coordination is essential. DG ECHO supports **the Inter-Agency Standing Committee's Transformative Agenda (ITA)** and expects its partners to demonstrate their engagement in implementing its objectives and to actively take part in coordination mechanisms (e.g. Humanitarian Country Team, clusters and technical working groups).

All humanitarian interventions funded by DG ECHO must take into consideration, together with other protection concerns, any risk of gender-based violence and develop and implement appropriate strategies to prevent such risks. Moreover, in line with its life-saving mandate, DG ECHO encourages the establishment of quality, comprehensive and safe GBV response services since the onset of emergencies, in line with DG ECHO's 2013 Gender policy⁶.

Finally, partners will be expected to ensure full compliance with **visibility** requirements and to acknowledge the funding role of the EU/DG ECHO, as set out in the applicable contractual arrangements.

⁶ DG ECHO, Gender Age Marker Toolkit, 2013: http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf; DG ECHO, Gender sensitive aid, 2017: http://ec.europa.eu/echo/files/policies/sectoral/gender_age_marker_toolkit.pdf