

## TECHNICAL ANNEX

### GREAT LAKES REGION<sup>1</sup>

#### FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2019/01000 and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

The activities proposed hereafter are subject to any terms and conditions which may be included in the related Humanitarian Implementation Plan (HIP).

#### 1. CONTACTS

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<sup>1</sup> The Great Lakes' region for this HIP covers: Angola, Burundi, Democratic Republic of Congo, Republic of Congo, Rwanda, Tanzania and Zambia.

<sup>2</sup> Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)

## 2. FINANCIAL INFO

Indicative Allocation: EUR 72 000 000 (of which an indicative amount of EUR 2 000 000 for Education in Emergencies)

Breakdown as per Worldwide Decision:

Action (a) – man-made crises and natural disasters:	HA-FA: EUR 72 000 000
Total:	HA-FA: EUR 72 000 000

## 3. PROPOSAL ASSESSMENT

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).

### 3.1. Administrative info

#### **Allocation round 1**

- a) Indicative amount: up to EUR 39 000 000.
- b) Costs will be eligible from 01/01/2019<sup>3</sup>. New Actions will start from 01/01/2019.
- c) The initial duration for the Action may be up to 24 months, including for Actions on Education in Emergencies.
- d) Potential partners<sup>4</sup>: All DG ECHO Partners
- e) Information to be provided: Single Form<sup>5</sup>  
In the case of a continuation of a 2018 action: modification request
- f) Indicative date for receipt of the above requested information: by 17/01/2019<sup>6</sup>.

#### **Allocation round 2**

- a) Indicative amount: up to EUR 5 000 000 (non-allocated funds from allocation round 1).

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<sup>3</sup> 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.

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

<sup>5</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>6</sup> 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) This allocation round corresponds to the needs arising from the 10<sup>th</sup> Ebola outbreak in DRC as described in the 2019 Humanitarian Implementation Plan for the Great Lakes and in line with the sectorial specificities as outlined in this Technical Annex.
- c) Costs will be eligible from 01/02/2019<sup>7</sup>. New Actions will start from 01/02/2019.
- d) The initial duration for the Action may be up to 12 months.
- e) Potential partners<sup>8</sup>: All DG ECHO Partners.
- f) Support will mainly focus on:
  - Ensuring access to health care, including support to community screening structures and medical Infection Prevention and Control measures (IPC);
  - Community engagement through protection mainstreaming;
  - Survivors and affected families support including social protection and nutritional support for young children;
  - Activities in support of Safe and Dignified Burials (SDB);
  - Logistics in support of the response;Actions using remote management will not be funded.
- g) Information to be provided: Single Form<sup>9</sup>  
In the case of a continuation of a 2018 action: modification request
- h) Indicative date for receipt of the above requested information: by 17/04/2019<sup>10</sup>.

### **Allocation round 3**

- a) Indicative amount: up to EUR 30 000 000.
- b) This allocation round corresponds to the needs described in section 0 (first modification) of the revised 2019 Humanitarian Implementation Plan and in line with the sectorial specificities as outlined in this Technical Annex.
- c) Costs will be eligible from 01/01/2019 for actions already on going and 01/06/2019<sup>11</sup> for new actions. New actions would start as of 01/07/2019.
- d) The expected initial duration for the action may be up to 12 months.
- e) Potential partners<sup>12</sup>:

Specific Ebola response: Partners already funded by DG ECHO within the Ebola response in the DRC in 2018 and 2019, given their mandate, expertise, presence and activities on the ground in the ongoing response to the Ebola virus disease

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<sup>7</sup> See footnote 3.

<sup>8</sup> See footnote 4.

<sup>9</sup> See footnote 5.

<sup>10</sup> See footnote 6.

<sup>11</sup> See footnote 3.

<sup>12</sup> See footnote 4.

outbreak. In addition, proposals from humanitarian partner organisations already working in the Ebola-affected areas, and being part of the coordination system, on community engagement, protection, and ensuring improved humanitarian access could also be considered for funding for these activities.

Overall humanitarian response in Ebola-affected provinces and provinces at “high risk” in the DRC<sup>13</sup>: All DG ECHO partners already present and running life-saving operations in one or more of these provinces in the humanitarian sector(s) for which they intend to submit a funding request and which have been identified in section ‘f.’ below.

f) Support will mainly focus on life-saving interventions, especially:

Ebola response:

- i. Ensuring access to health care, including support to community screening structures and medical infection prevention and control measures;
- ii. Community engagement, protection, and ensuring improved humanitarian access;
- iii. Support to EVD survivors and affected families, including social protection and nutritional support for young children;
- iv. Activities in support of safe and dignified burials;

Overall humanitarian response:

- i. Multi-sectorial rapid emergency response mechanisms that include food assistance, NFI/shelter, WASH and/or health and nutrition.
- ii. Multi-sectorial actions, including a “crisis modifier” result to be able to quickly address new and emerging shocks;
- iii. Health and nutritional assistance, including a “crisis modifier” result to be able to quickly address new and emerging shocks;
- iv. Food and livelihood support (the latter when targeting recent returnees and host families in secure and stable areas), including a “crisis modifier” result to be able to quickly address new and emerging shocks;
- v. Protection, in particular mainstreaming and integrated activities as well as specific actions aiming at improved humanitarian access and protection of civilians.

Mainstreaming strong components of protection should be considered in all actions. Actions using remote management will not be funded.

g) Information to be provided: Single Form<sup>14</sup> for new funding requests/proposals and modification requests for ongoing interventions.

h) Indicative date for receipt of the above requested information: by 24/07/2019<sup>15</sup>.

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<sup>13</sup> Provinces of North, Kivu, Ituri, South Kivu, Tshopo, Manemia, Tanganyika, Haut-Uélé, Bas-Uélé, Kasai Oriental, Haut Lomami, according to the Strategic (Ebola) Response Plan.

<sup>14</sup> See footnote 5.

<sup>15</sup> See footnote 6.

#### **Allocation round 4**

- a) Indicative amount: up to EUR 1 000 000.
- b) Costs will be eligible from 01/01/2019.
- c) Duration for the Action may be up to 12 months.
- d) Pre-identified partner given its international mandate for food assistance in emergency and presence in the targeted refugee camps: WFP-IT
- e) Information to be provided: Modification Request
- f) Indicative date for receipt of the above requested information: by 15/11/2019<sup>16</sup>.

#### **Allocation round 5**

- a) Indicative amount: up to EUR 2 000 000.
- b) Costs will be eligible from 01/12/2019<sup>17</sup>. Actions will start from 01/12/2019.
- c) The initial duration for the Action may be up to 12 months.
- d) Potential partners<sup>18</sup>: All DG ECHO partners already implementing food security-related operations in the areas most affected by the drought in Zambia.
- e) Information to be provided: Single Form<sup>19</sup>
- f) Indicative date for receipt of the above requested information: by 23/12/2019<sup>20</sup> 13:00 (Brussels time).

#### **Priority will be given to:**

- Humanitarian food assistance, with preference for cash modality when feasible;
- Targeting areas most affected by drought with high IPC levels (3 and more) and limited or no support from other actors. According to existing data, preference would be given to the Western Province, as well as the Southern Province. Any targeting must be accompanied by robust justification;
- Rapid Response targeting the immediate needs during the lean season;
- Independent targeting and verification by the applicant;
- Justification on rations to be covered (in-kind or cash);

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<sup>16</sup> 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.

<sup>17</sup> 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.

<sup>18</sup> For UK based applicants (non-governmental organisations): Please be aware that you must comply with the requirement of establishment in an EU Member State for the entire duration of the grants awarded under this HIP. If the United Kingdom withdraws from the EU during the grant period without concluding an agreement with the EU ensuring in particular that British applicants continue to be eligible, you will cease to receive EU funding or be required to leave the project on the basis of Article 15 of the grant agreement.

<sup>19</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>20</sup> 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.

- Coordination with other actors and the established response coordination mechanism.

### **3.2. Operational requirements:**

#### **3.2.1. Assessment criteria:**

##### 1) Relevance

- How relevant is the proposed intervention and its coverage for the objectives of the HIP?
- Do joint (prioritised) needs assessment and coordination mechanisms of the humanitarian actors exist, and if so, has the joint needs assessment been used for the proposed intervention and/or has the proposed intervention been coordinated with other relevant humanitarian actors?

##### 2) Capacity and expertise

- Does the partner, with its implementing partners, have sufficient country / region and / or technical expertise and presence?
- How good is the partner's local capacity? Is local capacity of partners being built up?

##### 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 actions (including where relevant use of single interoperable registries of beneficiaries).
- Extent to which the proposed intervention contribute to resilience, LRRD 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 displayed/explained?<sup>21</sup>

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

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<sup>21</sup> In accordance with the relevant section of the Single Form guidelines (section10)

### ***3.2.2. Operational guidelines and operational assessment criteria***

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

Preference will be given to proposals of a reasonable scope.

Where assistance is to be delivered in the form of cash transfers, particular attention will be paid to the principles laid down in DG ECHO's cash guidance note, which will form the basis for the assessment and selection of partners, in particular in the case of large scale transfers. Partners will be expected to demonstrate a satisfactory efficiency ratio and, to the extent possible and taking into account the operational context, partners will be assessed on their ability to work on the basis of 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. 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. A good efficiency ratio will also be expected for small-scale projects.

#### ***General guidelines on 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; 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 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 mobilise 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).

### 3.2.2.1. Specific guidelines

#### A. Sector specific priorities for the Great Lakes

##### a. Protection

Protection Mainstreaming remains of paramount importance for actions funded by DG ECHO as cross-cutting theme, which incorporate protection principles within traditional programme assistance (such as education in emergencies). Closely linked to the “do no harm” principle, regardless the sector of focus, it widens it to prioritising safety and dignity, meaningful access to services, participation of affected children/communities and accountability. A risk analysis should support the identification of protection threats, vulnerabilities and capacities of specific communities (if possible the risk equation model as a tool for this analysis<sup>22</sup>). The analysis should bring out external and internal threats, as well as the coping strategies adopted to counteract these threats. Actions to strengthen protection needs' assessments and planning will be supported, in addition to innovative interventions to address identified needs. These aspects should be systematically monitored throughout the implementation of the intervention. DG ECHO strongly encourages partners to include one specific indicator at objective level aimed at measuring the four protection mainstreaming principles:

- *% of beneficiaries (disaggregated by sex, age and diversity) reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.*
- *% of activities that incorporate principles of meaningful access, safety and dignity through a community participatory approach*

Documentation, status & protection of individuals' actions will be funded: civil documentation, restoration of lost civil documentation, refugee status determination, monitoring detention condition, family links, and family tracing & reunification.

Protection monitoring interventions will be eligible for funding when the information management mechanism is clearly defined in the proposal and when a response component is also included (either direct response or through external referral). In terms of outputs, protection monitoring produces quantitative and qualitative data and information related to the protection environment, protection trends over time, rights violations and protection risks – threats, vulnerabilities, and capacities – of the affected population. It should inform decision making, prioritisation, advocacy and programme design. Protection monitoring requires systematic data collection in a given geographic location or targeting a specific group, or community. In terms of outcomes, DG ECHO wants to ensure (1) an adequate data collection on protection violations and abuses – to inform programming and advocacy, and (2) that cases are identified and referred for assistance in a timely manner. Protection monitoring will be used for the following situations:

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<sup>22</sup> The model stipulates that Risks equals Threats multiplied by Vulnerabilities divided by Capacities, and the way to reduce risks is by reducing the threats and vulnerabilities and increasing the capacities



- New displacements;
- Large population movements (this will be contextually decided);
- When patterns of abuse or violations are on-going;
- Changing protective environment that requires constant trends analysis;
- Specific protection concerns that need to be highlighted for advocacy purposes (thematic reports based on ongoing monitoring activities).

Initiatives to prevent and respond to violence should prioritise (1) physical safety and security, (2) medical, Mental Health and Psychosocial Support (MHPPS) and legal assistance if appropriate, and (3) cash based-interventions for reintegration. More specifically:

- MHPSS interventions must refer to the ‘intervention pyramid’ set out in the IASC Guidelines of the Inter Agency Standing Committee (IASC) on MHPPS and ensure trained/experienced staff for the provision of services.
- Child protection interventions should, at least, address one or more of the six grave violations of children rights established by the Security Council in the Monitoring Reporting Mechanism (MRM) framework as well as case management (Best interest procedures for children: Best Interest Assessment and Determination, BIA/BID), family tracing and reunification, prevention, demobilisation and reintegration of children associated with armed forces and groups and child friendly spaces (CFS) interventions.
- Gender-based violence (GBV) interventions should also be systematically linked to holistic prevention and response with the other sectors with a particular focus on health. Standalone activities will not be considered. In line with its life-saving mandate, DG ECHO encourages the establishment of quality, comprehensive and safe GBV response services from the onset of an emergency.
- Cash-based interventions may be considered as an assistance modality in complementarity with other actions to achieve protection specific results. Economic assistance as direct compensation for protection violations experienced will not be funded.

Protection programming targeting victims of violence must first establish a referral/counter referral system to ensure the provision of multi-sectorial assistance (including legal, when appropriate). Partners already operating in the area of intervention should present (in an annex) the referral pathway which will be used during the intervention.

In a second instance, gender sensitive case management<sup>23</sup> should be established for services that can be provided in both emergency and development settings to address a range of issues, including protection, child protection, GBV, health and MHPSS concerns.

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<sup>23</sup> DG ECHO considers 'case management' as service provision which consists of a one-to-one relationship between the caseworker and the 'client'. Due to high sensitivity, it is paramount to respect guiding principles such as – but not limited to – **safety** of both 'clients' and staff, **confidentiality** (protecting information gathered about clients and ensuring it is accessible only with a client's explicit permission), **informed consent** (voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice; in case of children informed consent can be provided by the legal caregiver, on the basis of a best-interest assessment), **empowerment** (staff must work to engage 'clients' to play an active role in the CM process, yet being open about potential limitations hampering survivors' expectations

Case management services *must* always involve all of the following steps:

- 1) Identification and registration of the individual/case;
- 2) Assessment of the specific needs;
- 3) Development of an individual case plan, based on the findings from the assessment, with time bound and measurable objectives;
- 4) Implementation of the case plan;
- 5) Follow up and review;
- 6) Case closure.

Strengthening of capacities and self-protection strategies of conflict-affected communities could be considered for funding; Self-protection must be at the heart of protection strategies to ensure people remain actors of their own protection. As such, positive pre-existent community coping mechanisms must be privileged but interventions using a community-based approach must be realistic in terms of the type of services provided by community structures. Partners will remain accountable for the quality of the service. Efforts to measure the impact of the community-based approach in protection interventions are encouraged. DG ECHO will particularly consider:

- 1) community based protection processes and structures to identify and establish self-protection mechanism from own perception and needs via committees or communities as whole;
- 2) community hub for crisis-affected populations to access vital information, protection awareness, legal information and counselling, psychosocial activities;
- 3) community policing to ensure linkages between the security and the formal security providers in isolated environment in camps;
- 4) social cohesion and conflict mitigation to support dialogues, processes and projects that contribute to prevent and mitigate local and intercommunal conflict before they erupt into violence.

Durable solutions to facilitate voluntary, well-informed, safe and dignified return/repatriation, local integration and resettlement will be eligible.

Advocacy is an essential component of protection interventions, but must be a modality. It includes supporting mobilisation efforts which involve engaging with key stakeholders so that they can put some pressure on duty-bearers, as well as persuasion efforts which require a confidential engagement with duty bearers.

Coordination is finally also a key sector eligible for funding to support specific studies, cluster coordination, and training.

## **b. Health**

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

Health programmes should have the following characteristics:

Clear points of entry: the decision to intervene in a crisis should be described in each financing request and action will be taken based on the humanitarian situation along with data on mortality and morbidity (broken down by gender and age), size (composition) of the population concerned and specific vulnerable groups, the geographical scope of the

crisis, the current level of access to care, health and nutritional indicators, local capacity and willingness to act, and support provided by other actors. During the planning phase of the intervention, partners must identify the gaps in the health services provision justifying the need for the humanitarian intervention. A detailed description of the various resources and actors involved in the health sector must be included in each project proposal.

Exit criteria and strategies should be defined from the start of the intervention.

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

Accessibility of health services must be guaranteed for all affected population. This will mean that cost recovery systems will not be implemented or supported. In some situations partners may reimburse the health structure for the medical services provided, on the condition that quality of care and quality of drugs are available.

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

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

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

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

#### Care/services provided

Priority must be given to those health activities that have the highest potential to save the most lives. This may lead to the establishment of a surgical care facility for victims of armed conflict, operating mobile clinics to treat the most common diseases etc.

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

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

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

Health interventions will systematically include appropriate care for victims of sexual violence. It is essential that medical care is provided to GBV victims (men, women and children) within 72 hours. The provision of post-rape kits for the duration of the action should be ensured by partner. Efforts to raise awareness are crucial to ensure that information on the availability and confidentiality of services is widely disseminated. Medical and psychosocial support must be provided by qualified staff and in accordance with internationally recognised protocols.

Particular attention is to be given to infectious diseases, particularly malaria. The availability of diagnostics, treatment and preventive measures for malaria must be described in the proposal.

The inclusion of care for chronic diseases (except tuberculosis, for which care provision must be included in each project) must follow the same principles as those set out in the DG ECHO directives on HIV.

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

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

#### Response to epidemics:

Given the high occurrence of epidemics in the region, timely response to epidemics remains one of regional priorities. In terms of frequency of events, cholera, measles and malaria rank highest. However, special attention was required in 2018 on Ebola outbreaks in the DRC.

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

In past years, DG ECHO has been funding cholera prevention and risk reduction activities in cholera endemic regions in the DRC while dedicating less attention to other epidemic-prone diseases whether for prevention or response operations. In 2019, DG ECHO intends to focus on epidemics response with a particular interest in developing an operational approach that would allow timely and adequate response. In this respect, DG ECHO would welcome proposals that aim to respond to epidemics within existing health operations, including contingency measures.

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

For information, the emergency tool box of DG ECHO may also be drawn upon for epidemics.

#### Nexus:

Functional coordination mechanisms with existing health authorities and programmes, especially, but not exclusively, those (co-) funded by the EU and its Member States (e.g. programmes of the European Development Fund/EDF; Global Fund; Global Alliance for Vaccines and Immunisation/GAVI) need to be established and opportunities for the humanitarian-development nexus fully explored.

As far as possible, humanitarian stakeholders will ensure that medicines and other inputs financed by the Global Fund (to which the European Union provides a significant contribution) are used in their actions.

### **c. Nutrition**

#### Assessments of needs and project design

The intervention criteria for nutrition are established on the basis of exceeding the emergency thresholds for global acute malnutrition (15% or, where there are aggravating factors, 10%). It is also possible to launch operations to tackle and/or prevent acute malnutrition if there is a high probability that these levels will be exceeded in the short term.

All the nutrition needs analyses must be supported by surveys, studies and other technically sound evidence. Malnutrition rates must be estimated using SMART surveys, based on the weight/height ratio (ref. WHO 2006). In emergency situations, other, quicker methods (e.g. MUAC) may be used, provided that the methodology is statistically robust, validated by DG ECHO and clearly detailed in the protocol and investigation report.

#### Implementation

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

DG ECHO supports actions to treat acute malnutrition in accordance with the National Protocol of Integrated Management of Acute Malnutrition. Any other nutritional intervention (e.g. micronutrients deficiencies), in the absence of national guidelines, must follow the recommendations of the international agencies. In the event of inconsistency, or where there are no recommendations, the partner must consult DG ECHO before taking any decision.

DG ECHO promotes the integration of management of severe acute malnutrition and support to Infant and Young Child Feeding (IYCF) activities in the public health system. Particular attention should be given to supporting breastfeeding in maternity wards, detection of low birth weight and malnutrition problems among lactating mothers and taking subsequent action. Partners should adopt strategies to increase the capacity of healthcare workers and community relays to ensure the continuity of interventions when the project ends.

The treatment of acute malnutrition and any related medical complications must be provided to the beneficiaries free of charge. This should include the costs of transport and supply of medicines for hospital and also for out-patient care. Support to the caregivers will be provided at hospital level. A structured referral system must be established in order to provide beneficiaries with access to hospital care where necessary.

Partners must ensure that minimum WASH services should be available in health facilities where nutritional programmes are functional, including storage and access to safe drinking water, hand-washing facilities, sanitation structures that are kept clean, general cleanliness and proper waste management.

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

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

#### Infant and Young Child Feeding (IYCF)

It is strongly recommended that IYCF practices be assessed and promoted in all health and nutrition projects. The specific nutritional needs of infants, young children and women should be taken into account at all stages of the project cycle and in all sectors.

#### Monitoring and evaluation

Monitoring is essential to ensure the effectiveness and impact of the interventions. Evaluations are recommended, in particular when innovative approaches are used. Assessments of coverage, using recognised methods, should be carried out regularly to assess the factors which could reduce or increase coverage.

#### **d. Humanitarian Food Assistance**

In the context of the Great Lakes' region, actions supported by DG ECHO will contribute to food security through improved availability of and access to food and livelihoods opportunities, targeting the following groups:

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

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

Transfer modalities allowing a single multi-sector transfer should be preferred, whenever the conditions are met.

- In **Burundi**, returnees' hosting populations most affected by the socio-economic crisis. Interventions should principally target population groups whose livelihood has been mostly affected by the socio-economic crisis and returnees from internal and neighbouring countries displacement. Food assistance operations will have to be framed and part of a broader protection objective helping families to regain their self-reliance, access to land, damaged livelihoods, lost productive assets and properties. Proposed interventions will

need to take into account and be in synergy with longer-term programs. Whenever possible, transfer modalities helping the re-monetarisation of the local economy should be preferred.

- In the region, **refugees and asylum seekers** living in camps, and relying on food assistance (and often facing food ration cuts). Exploring the feasibility of cash-based transfers (CBT) for refugees continues to be high priority in DG ECHO's agenda with a view to achieve a comprehensive cash-based programming and innovative cash delivery mechanisms (mobile, electronic) ensuring potential for scalability, integration with local markets, cost efficiency, smooth delivery, safety and discreetness of beneficiaries.

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

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

#### Needs assessment

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

DG ECHO encourages exchanges between humanitarian organisations and the pooling of all information collected and analysed (food security cluster, IPC classification, global report on food crises, etc.).

Decisions on geographical priorities should be taken on the basis of priority areas as per most recent food insecurity analysis, using area-based approach. In the DRC, displacement and shocks are also elements to consider for prioritisation of food assistance.

Individual and household (HH) targeting should be determined in accordance with the food consumption score (FCS) using the thresholds set by the food security cluster and the coping strategy index (CSI) in complete form (the CSI in reduced form is only to be used for rapid response mechanisms). Socio-economic elements, specific vulnerabilities, protection needs and nutritional status of children in HHs should also be considered during the targeting.

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

#### Choice of modality:

The choice of modality of delivering food assistance must be carefully analysed and justified taking into consideration local market context, protection risks, gender issues and any other elements relevant to the context of the great Lakes region, to propose the most appropriate, effective and efficient solutions based on do-no-harm principle.

Whenever possible, DG ECHO strongly encourages partners to consider the use of unconditional multi-purpose cash transfers (MPCT). In this case, the market analysis must take into account not only the current capacity of the market to provide goods and

services, but also its capacity to expand and absorb the cash injection and increased demand.

The transfer value should be calculated as a percentage of the gap between the minimum expenditure basket (MEB) and HH's resources compromising between partial transfers values to wider coverage versus complete transfer values to smaller coverage.

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

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

In kind and vouchers: Non-monetary modalities should be seen as the last resort in duly justified circumstances and, if proposed, the partner should answer the question '*why not cash? And if not, when?*'

The partners must always demonstrate that a thorough analysis of the response options has been carried out and that the transfer arrangements have been selected using a decision tree or similar available methodologies (See also DG ECHO guidelines).

A comparative analysis of the cost efficiency and cost effectiveness of the chosen modality versus a cash-based transfer should be carried out, accompanied with a risk analysis ('do no harm').

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

Cost efficiency: The cost of delivering humanitarian aid in the DRC is amongst the highest worldwide. The situation in terms of logistics, security and markets is far from ideal, but the humanitarian system must continue its efforts to improve its effectiveness and cost efficiency.

Livelihoods protection and support to economic recovery

DG ECHO's priorities in Burundi, Rwanda, Tanzania and DRC will remain emergency response. However, DG ECHO may consider, on an ad hoc basis, supporting livelihoods protection activities for resilience building contributing to economic recovery:

- In the DRC, when targeting recent returnees and host families in secure and stable areas with high potential for success.
- In Burundi, in complementarity to existing resilience/poverty alleviation programmes and as a contribution for a broader protection approach to help returnees and marginalised families regain their economic autonomy and social re-integration, under the equity principle.

Partners will have to ensure the socio-economic feasibility and sustainability of proposed livelihood-related activities. For agricultural recovery activities, it encompasses secured access to land, alignment with agriculture calendar and the protection of productive assets from looting/loss or eventually natural/ climatic risks, as well as including a post-harvest monitoring (PHM) to measure the economic return of the support to the productive capacity. For this, a Specific Objective Indicator should be used: "*Number of HH who have restored agriculture production of (crop) (...kg/HH) compared to a normal year*"



### Cross-cutting issues for all Humanitarian Food Assistance

**Protection:** Given the close link between livelihoods and the protection of individuals, an analysis of this link must be carried out in parallel to the analysis of vulnerability and livelihoods options, to ensure that protection is an integral part of the actions. The project activities (distribution, etc.) must not have negative repercussions ('do no harm' principle) and should be designed in such a way that it avoids aid dependency and at the same time has an overall beneficial impact on the protection of individuals. To that end, all food assistance or livelihoods' actions, which include distribution activities must include a detailed outline of the complaints mechanism and a component on complaint follow-up in the project logical framework, to allow for adjustments of projects so that the quality of aid can meet the expectations of beneficiaries.

**Accountability and grievance systems:** The establishment of systems dealing with cases of fraud, violence, abuse, forced sharing of aid and coercion are essential as they contribute to the protection of beneficiaries. Systems need to ensure the anonymity of informants and victims and systematic handling of cases. They are separated from the customer services/help desks designed to assist beneficiaries the handle operational issues (lost ration cards, forgotten PINs). In areas where protection and security are a major concern, the partners should include a qualitative protection indicator in the logical framework and ensure technical support for protection so that the response can be analysed and adapted accordingly if the protection indicator flags up any deterioration.

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

#### **e. Non-food items – shelter**

The supply of non-food items as part of an emergency response intends to achieve an immediate improvement in the living conditions of displaced persons and returnees.

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

A participatory approach is essential to ensure that account is taken of existing social and cultural practices for closer dovetailing with local solutions. Non-food goods available at fairs/markets should be limited to items that the needs assessments have identified as essential to the populations concerned.

Post-distribution monitoring is mandatory to measure the impact of the action on the vulnerability identified and the adequacy of the response to the pre-identified needs.

When implementing the cash and coupons approach, the prices of essential non-food items at fairs/markets should be negotiated taking account of the fact that merchants have a captive market which generates orders and exceptional turnover. Retail prices in force at fairs/markets should be lower than those usually charged at markets frequented by the beneficiaries.

DG ECHO may give consideration, in the wake of conflicts, natural disasters or accidents, to individual shelter assistance to ensure the repair/construction of dwellings when there are return movements, or to enable displaced families to be rehoused in dwellings or sites made available by the host communities.

Ownership rights to the land and property in question must be established before shelter initiatives are implemented. Prior permission must be obtained to use the buildings or sites for the purpose of communal shelter.

The intervention should aim to alleviate the negative impact on the host community and on the environment through the choice of materials and building techniques used. The management of the natural resources available locally must make provision for the needs of the displaced persons moving in, while also taking into account the reduction of risks and possible (especially negative) long-term impacts on the community.

The standards of assistance must comply with the standards of the area in question and take into account factors such as the use of local materials, compliance with the amount of space traditionally available per household, the community contribution, and exposure to natural hazard.

DG ECHO acknowledges the shelter needs especially in the refugee camps in Tanzania. However, given the budgetary constraints, a response to these needs cannot be considered a priority.

#### **f. Water, Sanitation and Hygiene (WASH)**

##### Rapid response to population movements

The principle of this type of intervention is to find short-term alternative solutions in order to avoid designing a WASH intervention which requires too much investment at the outset. This applies to the DRC but would also be valid for other crisis situations.

WASH stakeholders must ensure that the services they offer are of good quality and that they meet the needs identified (monitoring the domestic water supply, state of latrines, hygiene promotion messages understood, etc.).

Community involvement should be encouraged wherever possible and the host communities should be benefiting from the projects. The intervention should be carefully monitored to allow measures to be adapted in the light of changing needs. The involvement of relay stakeholders should be encouraged and facilitated.

Stand-alone WASH intervention may not be favoured, except in refugee settings. WASH interventions should be considered as part of a rapid response mechanism or within the crisis modifier window.

#### **g. Education in Emergencies (EiE)**

Taking the available budget into account, DG ECHO-supported EiE actions in the Great Lakes' regions shall be to the benefit of the most vulnerable children, either those in refugee camps or those affected by conflict in the DRC.

In a refugee setting, the following objectives will be prioritised:

Enhanced **access** to primary and secondary (conflict sensitive<sup>24</sup>) education opportunities for refugee children, with priority given to Burundian refugees and asylum seekers in Tanzania. Provision of teaching and learning material, payment of incentives to teachers and establishment of or support to already existing accelerated learning programmes and/or multi-aged classes are among the responses to be prioritised.

The **quality** aspect of education is also of paramount importance: mechanism to promote effective teaching and learning, including trainings and professional development and support of teachers will be considered for funding. Due to the large presence of protection actors in the camps coupled with the high percentage of non-qualified teachers, capacity building opportunities should primarily focus on contributing to enhanced learning outcomes for children. The provision of life-saving skills and messages will be considered for funding only when part of a broader intervention and if developed on the basis of a thorough needs assessment. For this specific component, coordination and active collaboration with agencies working in other sectors is highly encouraged.

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

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

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

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

- Ensure that vulnerable children in need of specialised protection assistance are identified and safely referred, on the basis of clear and up-to-date referral pathways toward psychosocial and case management services for children exposed to gender based violence (sexual violence, sexual exploitation, early child marriage) and child protection (violence, abuse, neglect, exploitation) situations.
- Ensure that schools set up a mechanism to prevent and respond to sexual exploitation and abuse (SEA).

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<sup>24</sup> i. Understanding the context in which education takes place; ii. Analysing the two-way interaction between the context and education programmes and policies (development, planning, and delivery); and iii. Acting to minimise negative impacts and maximise positive impacts of education policies and programming on conflict, within an organisation's given priorities.

- Preventive activities to disseminate messages on protective measures related to protection risk (focus group discussion involving children and young people, etc.).
- Ensure schools in conflicted prone areas have a safety and security plan.

## **B. Thematic and/or transversal specificities**

### **a. Refugees: Protracted crises versus new displacement**

DG ECHO response to the refugees in the Great Lakes will focus on recent displacements. For protracted situations, DG ECHO strongly promotes UNHCR's Comprehensive Refugee Response Framework (CRRF) approach in line with the EU communication on forced displacement aiming at engaging with development actors on protracted refugee settings<sup>25</sup>.

DG ECHO response on refugees will be multi-sectorial (depending on the demonstrated capacity of the implementing partners) aiming at offering better protection to the refugees while preserving their dignity and providing assistance to the most vulnerable.

For self-reliance projects, a strong socio-economic analysis should be provided to demonstrate the impact on targeted families. In other terms, the analysis should highlight to what extent the self-reliance project covers the (monthly) needs of a family (percentage rate).

### **b. Humanitarian response and stabilisation**

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

### **c. Strengthening Early Response Capacity (RRM & CM)**

The DRC is characterised by recurrent waves of medium to small-sized displacement limited in time; the probability of occurrence is high but it is difficult to anticipate locations. Partners are encouraged considering two models for strengthened response capacity in this context:

1. Emergency / Rapid Response Mechanisms (RRM) as stand-alone actions.
2. Crisis Modifiers (CM) as separate result and allocated budget in an otherwise fixed (or static) action.

#### **Rapid Response Mechanisms (RRM)**

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.

RRMs are designed to provide initial lifesaving assistance when other response mechanisms are not yet in place. In the framework of a RRM action, the priority sectors

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<sup>25</sup> For more information: "Lives in dignity: from aid-dependence to self-reliance", available at: [http://ec.europa.eu/echo/files/policies/refugeesidp/Communication\\_Forced\\_Displacement\\_Development\\_2016.pdf](http://ec.europa.eu/echo/files/policies/refugeesidp/Communication_Forced_Displacement_Development_2016.pdf)

are in particular those of food assistance and non-food items/shelters. Timeliness of response is a key added value of RRM and partners are expected to strive to shorten the timeframe between the alert and the assistance. The following indicators should be used.

- ✓ “Number of people covered by early action/ contingency plans” (KRI);
- ✓ “Number of needs assessment completed within x days after the alert” (Target: to be adapted according to the country context and the modality used);
- ✓ “Number of days between the crisis and the beginning of the response” (Target: to be adapted according to the country context and the modality used);
- ✓ “% of the targeted population assisted within x weeks after the beginning of the response” (Target: to be adapted according to the country context and the modality used);

Cost efficiency of RRM is a top priority for DG ECHO and will be carefully assessed.

Partners will have to develop coordination/synergies mechanisms amongst RRM and pool resources for a more coherent and harmonised approach. Main areas of attention are:

- i. common targeting criteria;
- ii. harmonised values and composition of the assistance with clear focus on priority sectors and most pressing lifesaving needs;
- iii. regionalised approach ensuring accountability of response in a given geographic area and avoidance of overlapping between RRM;
- iv. permanent and interoperable beneficiaries` registries;
- v. flexible use of most adapted transfer modalities while privileging single cash payments whenever possible and relevant;
- vi. common financial/mobile service providers (framework agreements);
- vii. common feedback/ grievance system;
- viii. common results framework;
- ix. common early warning systems.

### **Crisis Modifier (CM)**

In the framework of DG ECHO interventions in the region, the term Crisis Modifier (CM) refers to a separate result and allocated budget to enhance responsiveness and flexibility of partners.

Whenever relevant and possible, partners should introduce a CM to mobilise 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).

The CM can be triggered to provide a first response in the aftermath of a small rapid onset crisis; the two main scenarios are:

- i. to fill the time gap while waiting for additional resources (such as RRM, DG ECHO Emergency Tool Box, HIP top-ups or other donors` support);
- ii. to respond to small scale humanitarian needs which would otherwise remain unattended.

The CM 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.

Indicators should assess the timeframe required to deliver the first assistance.

- ✓ “Number of people covered by early action/ contingency plans” (KRI);

✓ *“Number of days between the crisis and the beginning of the CM response”*

Several projects are assimilated to RRM. DG ECHO supports RRM projects in the Great Lakes' region but does not intend to only work using this approach. Too many IDPs and host communities live deprived from all basic services and without any assistance. Supporting these populations shall remain a priority for DG ECHO.

#### **d. Consortium**

In case partners would be willing to work in a consortium, DG ECHO would expect the following:

- Common strategy of intervention
- Converging operational priorities
- Maximisation of technical capacity
- Rationalisation of resources, assets and tools
- Enhanced coordination
- Enlarge coverage
- Stronger and joint advocacy
- Sharing of major expenditure (storage, transport...)

#### **C. Country-specific aspects at a glance:**

As mentioned in the 2019 HIP for the Great Lakes, while it covers seven countries, it focuses in particular on the humanitarian needs triggered by the crisis situations in the Democratic Republic of Congo (DRC) and Burundi with the latter resulting in large numbers of Burundian refugees in the region.

For most of the other countries, DG ECHO will be on a "surveillance mode".

- **Angola:**

Following the return to some level of normality in the Kasais and with the gradual return of refugees from Angola to the DRC, DG ECHO remains on a surveillance mode for the Angola context. At this point, it does not foresee any humanitarian intervention in Angola.

- **Burundi:**

DG ECHO intervention in Burundi will focus mainly on protection activities and protection monitoring (including border and returns monitoring) in coherence with the technical recommendations above presented.

- **Democratic Republic of Congo:**

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

- 1) Flexible rapid response mechanism(s) as a corner stone of its response in the country;
- 2) Response to the nutrition crisis in accordance to the above mentioned technical recommendations (no nutrition without health, no health without nutrition);

- 3) Response to the needs of conflict-affected populations with a particular attention to the protection of civilians.

In addition, DG ECHO stands ready to respond to any significant epidemiological outbreak that would occur in the country. Organisations requesting support would need to demonstrate adequate capacity in human resources as well as stocks/resources required for the response.

- **Republic of Congo:**

Unless new additional humanitarian triggers, DG ECHO remains on a surveillance mode, especially regarding the humanitarian situation in the Pool region and related displacement.

- **Rwanda:**

Unless new additional humanitarian triggers, DG ECHO remains on a surveillance mode, interventions in Rwanda will solely focus on recent refugee influx.

- **Tanzania:**

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

- **Zambia:**

DG ECHO remains on a surveillance mode. In case of a new influx of refugees into Zambia, support to the refugee response could be provided in case the Zambian capacity is overstretched.