

TECHNICAL ANNEX

YEMEN CRISIS

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

Operational Unit in charge	DG ECHO ¹ /B4
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2. FINANCIAL INFO

Indicative Allocation: EUR 115 000 000 (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)
ECHO/YEM/BUD/2019/91000

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

Country	SO 1 - Man-made crises and natural disasters	SO 2 - Initial emergency response/small-scale/epidemics	SO 3 - DIPECHO	SO 4 – Transport / Complementary activities	TOTAL
Yemen	115 000 000				115 000 000

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 35 000 000.
- b) Costs will be eligible from 01/ 01/2019².
- c) The initial duration for the Action may be up to 24 months, including for Actions on Education in Emergencies and Disaster Preparedness.
- d) Potential partners³: All DG ECHO Partners. ICRC (in view of its comprehensive presence in all countries in the region combined with its multi-sectoral intervention capacity and presence in the field, notably with respect to protection, ICRC has been pre-selected to run a Grand Bargain related regional pilot project).
- e) Information to be provided: Single Form⁴
- f) Indicative date for receipt of the above requested information: by 10/12/2018⁵

² 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.

³ 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.

⁴ Single Forms will be submitted to DG ECHO using APPEL.

⁵ 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.

Allocation round 2

- a) Indicative amount: up to EUR 80 000 000.
- b) Costs will be eligible from 01/01/2019².
- c) The duration for the Action can be up to 24 months, including for Actions on Education in Emergencies and Disaster Preparedness.
- d) Potential partners³ - All DG ECHO Partners.

Priority will be given to partners with demonstrated presence and operational capacity in Yemen.

- e) Information to be provided: Single Form⁴.
- f) Indicative date for receipt of the above requested information: by 29/04/2019⁵

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?
 - 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?⁶

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

3.2.2. Specific 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 DG ECHO. It also lists and explains the assessment criteria – based on those outlined in section 3.2.1 - that will be applied by DG ECHO in the specific context of the HIP to which this Technical Annex relates when assessing proposals submitted in response to the related HIP.

DG ECHO intervention strategy will concentrate on addressing humanitarian needs centred around two entry points, **population directly affected by conflict** and **population affected by health, nutrition and food security crises**.

Integrated approaches with multisectoral programming are recommended wherever appropriate and feasible to maximize impact, synergies and cost-effectiveness towards defined lifesaving outcomes relevant to either of the strategic entry points.

3.2.2.1 Populations directly affected by active conflict

For conflict affected populations, DG ECHO will focus on emergency, life-saving, first line interventions providing emergency relief and protection to most vulnerable populations i) currently living in active conflict areas, ii) in the acute phase of forced displacement (within 3 months) and/or iii) settled in informal displacement sites where clear gaps have been independently identified.

Operational priorities:

- Increase direct lifesaving service provision in active conflict and hard to reach areas as well as informal settlements (site coordination and management plus assurance of lifesaving services).
- Increase principled, coordinated response during acute displacement phase.

⁶ In accordance with the relevant section of the Single Form guidelines (section10)

- Increase operational awareness and capacities on humanitarian access negotiations and protection of civilians.
- Increase preparedness in active conflict and areas likely to be affected (such as emergency medical services capacity and civilian/community self-protection measures).
- Increase follow through capacities with cases of arrest/detention identified during displacement/migration – considering support in improving basic conditions in places of detention and legal support.

- **Health and Nutrition**

With lifesaving healthcare and nutrition activities highlighted as priorities in Yemen, DG ECHO encourages and prioritises an integrated approach, in line with DG ECHO health policy and international operational guidelines and recommendations (e.g. WHO, UNICEF, MSF, ICRC, SPHERE).

In light of such an approach, and considering the very complex and difficult context in Yemen, it is not expected that all DG ECHO partners engaging in health and nutrition response have the capacity to singlehandedly apply an integrated approach. Thus, coordination with other actors establishing complementarity and enabling a comprehensive multisector approach in a given geographical operational area is encouraged.

Given the contextual constraints in Yemen, while multisector approaches are encouraged, duly justified, stand-alone healthcare and/or nutrition life-saving actions will also be considered. As much as possible, health and protection services should be co-located ensuring easier access and referrals. Co-location of services and mobile responses (for protection specialised services) should be built on community level interventions, such as those led by community health workers.

Possible activities supported by DG ECHO are (*non exhaustive*):

Lifesaving primary secondary and tertiary healthcare activities assisting population affected by conflict, people displaced and/or migrating as a consequence of conflict, Physiotherapy and Physical Rehabilitation (PPR) activities.

Mental Health and Psychosocial Support (MHPSS) activities. DG ECHO will apply a strict evidence-based approach with regards to MHPSS activities. Partners are required to document and provide quality evidence of proposed activities at proposal stage.

Lifesaving trauma interventions could be implemented either directly by a DG ECHO partner, an implementing partner, or through DG ECHO partner support to the national healthcare system or directly to a government healthcare facility. Proposal should provide detailed information on the technical and institutional capacities of the implementing partners or institutions involved. Given the poor state of the healthcare national system, provision of healthcare through support to the existing national healthcare system, e.g. support to specific hospital(s), will be considered on a case by case basis.

Activities addressing Sexual and Gender Based Violence (SGBV) and capacity to address associated needs are prioritized as well as Sexual and Reproductive Health (SRH) needs, generally high among refugee and IDPs.

Efforts to boost vaccination coverage among refugee/IDPs will be supported while adequate context specific justification will be required.

As a general rule, user fees should not be charged in DG ECHO funded humanitarian healthcare projects.

- **WASH/Shelter/CCCM**

ECHO interventions will address the needs of targeted populations in various types of situations and could include any of the following activities (*non exhaustive*):

- a) First line response for conflict affected population, disease outbreak/Rapid Response Mechanism (RRM) involvement

DG ECHO will support provision of basic emergency WASH and Shelter package and activation of RRM/RRT to provide an immediate response for disease outbreak based on the agreed upon Health / WASH response package. Actions reinforcing preparedness, community based early warning and detection system to support activation of RRM/RRT (Rapid Response Team) are highly recommended.

- b) Protracted IDPs in Spontaneous Settlements (SS) and Collective Centres (CC)

In situation of high prevalence of malnutrition, high number of IDP, high number of displacement or cholera hotspots, DG ECHO will support the delivery of integrated WASH, Shelter and CCCM package, with consideration for seasonal needs (i.e. winterisation / summerisation).

For SS, this includes site upgrades and improvements (graveling, leveling, lighting and drainage); water supply provision and water quality testing and monitoring; family latrine installation and/or rehabilitation or repairs and upkeep (desludging); handwashing at sanitation facilities; solid waste management; hygiene promotion; shelter, sealing off and/or weatherproofing kits and NFI distributions.

For CCs, depending on needs and existing conditions, this could include rehabilitations and upgrades of existing WASH and Shelter structures

In both site types, CCCM should focus on service provision mapping and referral mechanisms.

Cost efficiency and exit strategy will have to be clearly considered for Operation & Maintenance (O&M) of key WASH and Shelter activities.

- c) ‘Active’ conflict affected populations not in situation of displacement (including returnees)

Support to critical infrastructure to maintain life-saving support. This could include rehabilitations, repairs and potentially upgrades. Priority will be given to rehabilitation of water systems rather than construction of new infrastructure, aiming at optimizing impact. In relation with Shelter, DG ECHO will favor light rehabilitation (e.g. sealing off kits) rather than heavier construction or rehabilitation investments.

- **Protection**

DG ECHO will support actions related to protecting civilians, promoting and monitoring International Humanitarian Law (IHL), and conducting evidence-based humanitarian advocacy. Programme design should be based on a clear analysis of threats, vulnerabilities and capacities of the affected population. The response must aim to prevent, reduce/mitigate and respond to the risks and consequences of violence, coercion, deliberate deprivation and abuse for persons, groups and communities in the context of humanitarian crises.

Possible activities supported by DG ECHO are (*non exhaustive*):

1) People on the move:

Provision of basic protection services targeting displaced populations on the move is highly recommended throughout the displacement route and not just at final destination.

Basic services in transit locations could include:

- Information sharing to help guide individuals and families. Protection partners should consider co-locating with other partners, for example, providing protection services during distributions, etc. If possible, mine risk education information and materials should be provided as part of information sharing in transit sites.
- Referrals and accompaniment of vulnerable cases. Cases involving children will be prioritised –both referral and follow up.
- Basic psychological first aid activities.
- Activities preserving family unity, again with emphasis on children.
- Protection data collection should be conducted in cases where specialized services for protection are also available to ensure that data collection can also result in identification of cases.
- Stationary conflict affected populations (stable populations in areas of origin or hosting locations): protection services integrated with other services available in the locations such as health and other community based interventions.
- Support to self-protection strategies – can be integrated with work done on Safer Schools and Safer Hospitals but focusing on more community/individual level.
- Legal assistance and tenure arrangements for privately owned land.
- Information gathering through observations and basic interviews to gain more information on issues of detention, disappearances and other violations which could be unnoticed through questionnaires.
- Education in Emergencies (EiE) as prevention for child recruitment (especially in areas of confinement). Other stand-alone child protection activities could be considered depending on the context.
- Mine Risk Education is prioritised since clearance is not possible in many areas heavily contaminated.
- IDP centres providing a multi-sectorial platform that population can access easily and with a wide range of protection and non-protection services. Protection services at these centres should include legal documentation assistance, MHPSS activities (including the referral to MH) and accompaniment (which includes comprehensive accompaniment and follow up, not just self-referrals)

DG ECHO supports the integration of protection into health and nutrition services ensuring a do no harm approach, access and accountability. The integration of services should seek to provide a continuity of care across the sectors, including the referral of protection cases. In trying to ensure meaningful access to all potential services, health

partners are advised to include protection information sharing in their messaging and basic identification of specific cases, for example of SGBV cases.

Child protection considerations are particularly important in relation to treatment of children suffering from malnutrition and children treated during epidemic outbreaks. Health and nutrition partners should be aware of child protection concerns when programming and ensure children are cared for by parents/caregivers to the extent possible, prevent and mitigate family separation during or due to treatment and ensure holistic care for caregivers.

3.2.2.2 Populations affected by health, nutrition and food security crises

Operational priorities:

- Reinforce data collection and analysis (including from ongoing/previous response) about drivers of critical humanitarian need (acute malnutrition/epidemics).
- Support comprehensive programmes including early warning, contention (epidemics) and treatment (malnutrition/epidemics) – with due consideration of co-morbidities
- Sustain focus on supply functionality/reliance upon (pooled demand and re-stocking) of quality assured country-wide essential supply pipelines.
- Increase focus on defaulter tracing and support; mitigation of barriers for effective and equitable access to care.
- Ensure timely/accountable deployment of emergency response capacities in defined catchment areas.
- Ensure integration of basics of humanitarian protection, including child protection and SGBV.

- **Health and Nutrition**

Health

DG ECHO will respond to epidemic disease outbreaks based on solid epidemiological data to verify/describe the situation and justify intervention. DG ECHO engagement will focus on life saving activities, including case management and containment measures. Vaccination campaigns, as part of epidemic outbreak containment measures, will be considered on a case by case basis.

Response activities should be based on internationally recognized guidelines and adhere to the DG ECHO health policy.

An integrated approach is crucial in seeking outbreak containment and will be prioritised by DG ECHO, comprising healthcare, WASH activities, and potentially further actions according to assessed needs. Epidemic response activities should be coordinated with other epidemic response actions, both through interagency collaboration and participation in relevant clusters.

Procurement of medicines and medical materials must comply with DG ECHO procurement regulations (i.e. such procurement should either be processed through identified Humanitarian Procurement Centers (HPC), or partner must provide documented assurance to DG ECHO that medicines and/or medical materials procured at an alternative source meet the necessary international quality standards).

Nutrition

DG ECHO supported nutrition activities should be evidence based and target areas of intervention generally in alignment with priority areas agreed upon by the humanitarian nutrition cluster. Nutrition activities should be coordinated with other actors, comply with strategies outlined by nutrition cluster and adhere to DG ECHO nutrition policy.

Priority will be given to *acute* malnutrition in the most affected districts, evidenced by increased Severe Acute Malnutrition (SAM)/Moderate Acute Malnutrition (MAM) prevalence, default rates, associated mortality and humanitarian service provision gaps.

Intervention strategy should be based on the Community Management of Acute Malnutrition (CMAM) approach, with project quality indicators following the SPHERE standards.

DG ECHO regularly supports the central nutrition commodity pipeline(s) in Yemen (typically UN managed), and hence requests partners to factor this supply source in their interventions. However, should there be specific risks affecting the functionality and reliability of central pipelines, DG ECHO will consider supporting alternative and complementary commodity pipelines upon request.

Procurement of medicines and medical materials must comply with DG ECHO procurement regulations strictly. Such procurement should either be with processed through identified Humanitarian Procurement Centers (HPC), or partner must provide documented assurance to DG ECHO that medicines and/or medical materials procured at an alternative source meet the necessary international quality standards.

- **WASH in integrated programming**

Under the integrated programming approach, DG ECHO will support WASH activities in areas of high prevalence of malnutrition, cholera hotspots, and locations with low level of health and WASH services.

The provision of basic WASH package at health or treatment facilities and community level should focus on access to safe water, reducing open defecation and increasing (or maintaining good hygiene practices). The links between hygiene practices of primary caregivers and relapses in nutritional cases should be closely monitored. Hygiene promotion activities should be developed on the basis of a sound understanding of the motivators and barriers to good hygiene practices, particularly for the provision (or not) of hygiene kits, vouchers, etc.

- **Food Assistance / Food security**

DG ECHO will support the most adapted modality of providing assistance for each specific context, whether it be cash, vouchers or in-kind assistance. In line with World Humanitarian Summit commitments, DG ECHO will endeavour to increase cash-based interventions in the interests of cost efficiency and effectiveness gains when adequate. The questions ‘why not cash’ and ‘if not now, then when’ should be asked before modalities are selected. Partners should 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. Contextual factors must be taken into account, including technical feasibility criteria, security of beneficiaries,

agency staff and communities, beneficiary preference, needs and risks of specific vulnerable groups (such as Pregnant and Lactating Women, elderly, child headed households etc.), mainstreaming of protection (safety and equality in access), gender concerns (different needs and vulnerabilities of women, men, boys and girls) and cost-effectiveness. Multipurpose cash transfers (MPCT) should be considered where assessments and response analysis demonstrate that multiple basic needs can be met through single cash transfers. In such approaches, the value of transfer would normally be based upon a Minimum Expenditure Basket (MEB), and should include non-food expenditures to establish the ideal transfer value for beneficiaries reflecting the essential needs of the most vulnerable households.

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, taking into account the operational context, partners will be assessed on their ability to work through common targeting criteria, single or interoperable beneficiary registries, a single payment mechanism, a common feedback mechanism and a common results framework. 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 to the principles of coordination, harmonisation and multi-partner approach highlighted in DG ECHO's Guidance Note on cash. A good efficiency ratio is also expected for small-scale projects.

References:

['Thematic Policy Document n° 3 - Cash and Vouchers: Increasing efficiency and effectiveness across all sectors'](#)

<http://ec.europa.eu/echo/en/what/humanitarian-aid/cash-and-vouchers>

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

- **Education in Emergencies**

DG ECHO will consider responses that increase access to primary education for children affected by displacement and conflict in Yemen. Such actions should target newly displaced children and children in locations affected by active conflict. In areas of displacement, DG ECHO will prioritize actions integrating education into rapid response mechanisms or complement multi-sectoral responses. This may include the provision of temporary learning spaces and accelerated learning programmes to address gaps in education. In areas of active conflict, actions to protect education from attack, by operationalizing commitments from the Safe Schools Declaration will be prioritised. The latter includes the provision of psycho-social support for students and teachers, promoting the protection of education spaces from military use or targeting and actions to prevent school closures (or support students to continue their education in other ways). Adherence to the INEE Minimum Standards for Education in Emergencies, and particularly to the principles of Conflict Sensitive Education, is required. Education in Emergencies actions must respond to child protection needs and incorporate strong child safeguarding practices.

Life saving and life-sustaining skills relevant to children in the context should be included in any education response (DRR, WASH, mine risk education, etc.).

- **Strengthening coordination**

Partners should provide specific information on their active engagement in cluster/sector and inter-cluster/sector lead, co-lead and coordination: participation in coordination mechanisms at different levels, not only in terms of meetings but also in terms of joint field assessments and engagement in technical groups and joint planning activities. Appropriate INGOs' coordination structures will be supported. The partners should actively engage with the relevant local authorities and, when feasible and appropriate, stipulate co-ordination in Memoranda of Understanding. When appropriate, partners should endeavour to exchange views on issues of common interest with actors present in the field.

In certain circumstances, coordination and deconfliction and coordination with military actors might be necessary. These initiatives should be undertaken in a way that do not endanger humanitarian actors or the humanitarian space, and without prejudice to the mandate and responsibilities of the actor concerned.

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

- **Logistics**

DG ECHO will support initiatives enabling a solid and responsive logistics system, notably in terms of transportation, in order to address the challenging environment for humanitarian staff and goods. Prevailing insecurity and the closure of Sana'a airport have generated the need to provide safe access into Yemen for an increasing number of international staff located in country, both by sea and air. DG ECHO will support effective transport of humanitarian personnel by air and/or boat into Yemen.

- **Disaster Risk Reduction (DRR)**

Yemen is compounded with severe limitations of basic public health service provision in country. In order to address this situation, the rapid promotion of community based epidemics preparedness and risk reduction interventions is key. DG ECHO will consolidate and build on 2018 initial DRR actions enhancing community capacities through mainstreamed DRR initiatives.

The existing epidemics Early Warning System (EWS) programme needs horizontal and vertical expansion (e.g. increased number of communities involved in the EWS, consolidation of capacities, strengthening of linkages among stakeholders and inclusive strategy development). Communities' exposure levels, vulnerabilities and priority indications will be drawn from the ongoing initiatives such as eDEWS, RRM, ERTs, Disaster Preparedness (DP) assessments.

ECHO will look at the consolidation and increased efficiency and effectiveness of the country rapid response mechanism in establishing community based EWS in more governorates. Programmes will continue to accompany the buildup of the linkages and

coordination response mechanisms between districts, governorates and national competent authorities and community first responders and DP practitioners.

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

- **Resilience**

DG ECHO's objective is to respond to the acute humanitarian needs of the most vulnerable and exposed people while taking opportunities to increase their **resilience** – to reduce on-going and future humanitarian needs and to contribute towards a durable recovery. Where feasible, cost effective, and in line with humanitarian principles, DG ECHO support will contribute to longer term strategies to build the capacities of the most vulnerable and address underlying reasons for their vulnerability to all shocks and stresses.

All DG ECHO partners are expected to identify opportunities to reduce future risks to vulnerable people and to strengthen self-reliance. DG ECHO encourages its partners to develop their contextual risk and vulnerability analysis and to adapt their approach to the type of needs and opportunities identified. This requires partners to strengthen their engagement with government services at all levels, development actors and with different sectors. In that regard, DG ECHO partners should indicate how they will increase ownership and capacity of local actors whenever possible: community mobilisation, CSOs support, technical dialogue, coordination and gradual transfer of responsibilities to countries' administration or relevant line ministries.

Where applicable, partners should reflect on applying resilience thinking and programming to (protracted) **forced displacement** situations – so as to harness resilience and strengthen self-reliance of affected populations – refugees, IDPs and their host communities.

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

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

- **Involvement of a wider variety of actors**

Where it is in the interest of the action, and without prejudice to the applicable legal framework, DG ECHO supports involvement of a broad range of actors engaged in humanitarian response, including the local and/or international private sector.