

## TECHNICAL ANNEX

### IRAQ

#### FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2021/01000 and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

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

#### 1. CONTACTS

Operational Unit in charge	DG ECHO <sup>1</sup> / C4
Contact persons at HQ	Team Leader: Marco CAPURRO ( <a href="mailto:Marco.Capurro@ec.europa.eu">Marco.Capurro@ec.europa.eu</a> )  Desk Officer: Jacopo LOMBARDI ( <a href="mailto:Jacopo.Lombardi@ec.europa.eu">Jacopo.Lombardi@ec.europa.eu</a> )
in the field	Christophe RELTIEN ( <a href="mailto:Christophe.Reltien@echofield.eu">Christophe.Reltien@echofield.eu</a> )  Lisa MONAGHAN ( <a href="mailto:Lisa.Monaghan@echofield.eu">Lisa.Monaghan@echofield.eu</a> )  Yorgos KAPRANIS (Head of Regional Office) ( <a href="mailto:Yorgos.Kapranis@echofield.eu">Yorgos.Kapranis@echofield.eu</a> )

#### 2. FINANCIAL INFO

Indicative Allocation<sup>2</sup>: EUR 28 500 000 of which an indicative amount of EUR 3 000 000 for Education in Emergencies.

In line with DG ECHO's commitment to the Grand Bargain, pilot Programmatic Partnerships have been launched in 2020 with a limited number of partners (in direct management). An indicative amount of EUR 1 200 000 is earmarked for the second year of implementation of the programmatic partnership in Iraq. What is more, new pilot programmatic partnerships could be envisaged with partners in indirect

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<sup>1</sup> Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO)

<sup>2</sup> The Commission reserves the right not to award all or part of the funds made or to be made available under the HIP to which this Annex relates.

management. Part of this HIP may therefore be awarded to these new pilot programmatic partnerships.

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

Country	Action (a) Man-made crises and natural disasters	Action (b) Initial emergency response/small-scale/epidemics	Action (c) Disaster Preparedness	Actions (d) to (f) Transport/Complementary activities	TOTAL
IRAQ	28 500 000				28 500 000

### 3. PROPOSAL ASSESSMENT

#### a) Co-financing:

Under the EU Financial Regulation, grants must involve co-financing; as a result, the resources necessary to carry out the action must not be provided entirely by the grant. An action may only be financed in full by the grant where this is essential for it to be carried out. In such a case, justification must be provided in the Single Form (section 10.4).

#### b) Financial support to third parties (implementing partners)

Pursuant to Art. 204 FR, for the implementation of actions under this HIP, partners may provide financial support to third parties, e.g. implementing partners. This financial support can only exceed EUR 60 000 if the objectives of the action would otherwise be impossible or excessively difficult to achieve. Such situations can occur in cases where only a limited number of non-profit non-governmental organisations have the capacity, skills or expertise to contribute to the implementation of the action or are established in the country of operation or in the region(s) where the action takes place.

Ensuring broad geographical/worldwide coverage while minimising costs and avoiding duplications concerning in particular presence in country, prompted many humanitarian organisations to network, e.g. through families or confederations. In such a context, the situations referred to above would imply that the partner would rely on other members of the network. In such cases, justification must be provided in the Single Form.

#### c) Alternative arrangements

In case of country or crisis-specific issues or unforeseeable circumstances which arise during the implementation of the action, the Commission (DG ECHO) may issue specific ad-hoc instructions which partners must follow. Partners may also

introduce via the Single Form duly justified requests for alternative arrangements to be agreed by the Commission (DG ECHO) in accordance with Annex 5 to the Grant Agreement.

d) Field office costs

Costs for use of the field office during the action are eligible and may be declared as unit cost according to usual cost accounting practices, if they fulfil the general eligibility conditions for such unit costs and the amount per unit is calculated:

- i. using the actual costs for the field office recorded in the beneficiary's accounts, attributed at the rate of office use and excluding any cost which are ineligible or already included in other budget categories; the actual costs may be adjusted on the basis of budgeted or estimated elements, if they are relevant for calculating the costs, reasonable and correspond to objective and verifiable information

and

- ii. according to usual cost accounting practices which are applied in a consistent manner, based on objective criteria, regardless of the source of funding.

### **3.1. Administrative info**

#### **Allocation round 1**

- a) Indicative amount: up to EUR 25 000 000.
- b) Description of the humanitarian aid interventions relating to this assessment round *if it does not cover all the funding*.
- c) Costs will be eligible from 01/01/2021<sup>3</sup>.
- d) The initial duration for the Action may be up to 24 months, including for Actions on Education in Emergencies, Disaster Preparedness, and as well as for pilot Programmatic Partnerships. In view of the transition towards the 2021-2027 Multi annual Financial Framework, the new Single Form and the Model Grant Agreement, it will not be possible to present follow-up actions, which continue/extend ongoing operations, as modification requests for the first allocation round of the 2021 HIP. Proposals will need to be submitted as new proposals on the basis of the new Single Form. The above provision does not apply to pilot Programmatic Partnerships which have started in 2020 and for which a modification request remains the norm.
- e) Potential partners<sup>4</sup>: All DG ECHO Partners and the following preselected partner: ACTED, as the Action is part of a pilot Programmatic Partnership.

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

- f) Information to be provided: Single Form<sup>5</sup>.
- g) Indicative date for receipt of the above requested information: by 01/03/2021<sup>6</sup>.

### **Allocation round 2**

- a) Indicative amount: up to EUR 3 500 000.
- b) Costs will be eligible from 01/01/2021<sup>7</sup>.
- c) The initial duration for the Action may be up to 24 months. Follow-up actions, which continue/extend ongoing operations, can be submitted as modification requests for ongoing actions with a time extension of up to 24 months and a total duration of the modified action of up to 48 months.
- d) Potential partners: All DG ECHO Partners and notably the following preselected ones: WHO (health), UNFPA (health), given their specific mandates, proven access and delivery capacity country-wide.
- e) Information to be provided: Single Form<sup>8</sup>.
- f) Indicative date for receipt of the above requested information: 31/08/2021.

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

#### *3.2.1. Assessment criteria:*

- 1) Relevance
  - How relevant is the proposed intervention and its compliance with the objectives of the HIP?
  - Has the joint needs assessment been used for the proposed intervention (if existing)?
  - Has the proposed intervention been coordinated with other relevant humanitarian actors?
- 2) Capacity and expertise
  - Does the partner, with its implementing partners, have sufficient expertise (country/region and/or technical)?
  - How good is the partner's local capacity/ability to develop local capacity?

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<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.

<sup>7</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. In case of amendments to existing agreements, the eligible date will however be the eligible date set in the initial agreement.

<sup>8</sup> Single Forms will be submitted to DG ECHO using APPEL.

## 3) Methodology and feasibility

- Quality of the proposed response strategy, including intervention logic/logframe, output & outcome indicators, risks and challenges.
- Feasibility, including security and access constraints.
- Quality of the monitoring arrangements.

## 4) Coordination and relevant post-intervention elements

- Extent to which the proposed intervention is to be implemented in coordination with other humanitarian actors and actions (including, where relevant, the use of single interoperable registries of beneficiaries).
- Extent to which the proposed intervention contributes to resilience and sustainability.

## 5) Cost-effectiveness/efficiency/transparency

- Does the proposed intervention display an appropriate relationship between the resources to be employed, the activities to be undertaken and the objectives to be achieved?
- Is the breakdown of costs sufficiently documented/explained?<sup>9</sup>

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

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

### 3.2.2. *Specific operational guidelines and operational assessment criteria:*

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

The HIP Policy Annex should be consulted in parallel.

In 2021, DG ECHO intervention strategy will focus on the most urgent unmet humanitarian needs, focusing on the following priorities: (i) displaced persons living in under-served camp settings (ii) displaced populations living in informal settlements

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<sup>9</sup> In accordance with the relevant section of the Single Form guidelines (section10)

unable to/prevented from returning to their areas of origin (hereafter ‘informal settlement’) and returnees living in critical shelter conditions, and (iii) persons deprived of their liberty. As part of an informal settlement response strategy, priority will be given to informal settlements that have no or limited access to basic services, particularly informal settlements that host people affected by camp closure.

For programming in out of camps areas, priority will be given to partners that can work in consortia and/or with a common response plan (e.g. inter-organisation/inter-cluster) to support common minimum response coverage, intervention standards and reporting. DG ECHO will support multi-sector mobile programming to cover basic needs in these particular areas.

Given the collective discussions on humanitarian transition, DG ECHO will support projects that are time-bound with a clear exit strategy and/or transition to mid-long-term assistance and Governmental support.

Where assistance is given to support the COVID-19 response, all DG ECHO partners will be expected to ensure COVID-19 mitigation measures are integrated into their action as part of a do-no harm approach. In terms of the COVID-19 health response, actions that can function at a national scale will be prioritised. The response to the COVID-19 crisis must be inclusive, reaching all most vulnerable populations, including IDPs in and out of camps and refugees. Partners must ensure gender sensitivity and effectiveness of COVID-19 prevention and response strategies.

All COVID-19 response activities must follow internationally recognized guidelines, such as those outlined by WHO: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>.

DG ECHO encourages all partners – irrespective of their specific sector – to include protection mainstreaming considerations into their project proposals. DG ECHO suggests the use at key objective indicator (KOI) level of a protection mainstreaming indicator that can help partners include mainstreaming considerations into all sectors. Note that protection mainstreaming considerations are complementary to all Age and Gender considerations (including the Gender and Age Marker considerations and analysis).

Mainstreaming of basic protection principles in all programs is of paramount importance to DG ECHO. For more information, including example of integrated protection programming, please consult the DG ECHO Humanitarian Protection Thematic Policy Document.

All protection partners are expected to conduct a protection risk assessment at the proposal stage. If the partner cannot do a risk assessment at proposal stage, this should be done as soon as possible. Risk assessments change with contextual changes and, as such, it is also expected that partners do follow up of new or changing risks in their areas of operation.

Advocacy on behalf of particular groups or situations, for example female-headed households or IS affiliated populations is encouraged for partners that work directly with these groups and can provide robust advocacy initiatives and plans.

Given the ongoing uncertainty on COVID-19 and its impact, the HIP 2021 will remain a flexible instrument to address operational needs and issues that arise. In relation to actions that specifically address COVID-19, they are expected to be carried out in close planning with the relevant health authorities. For other interventions, technical consultations will continue between DG ECHO and the partner to assess any relevant adaptations of actions based on health cluster and WHO scenario planning and relevant sector mechanisms (e.g. Education planning and response to COVID-19).

### **3.2.2.1 Protection-related activities**

All DG ECHO-funded interventions shall be built upon sound protection and vulnerability analysis, including analysis of situations of displacement. DG ECHO will consider of relevance the application of an integrated protection programming. Protection programming can be preventive, addressing potential risks and negative coping mechanisms, and/or responsive/remedial, providing services to survivors.

For persons living in camps, informal settlements and in critical shelter conditions, attention should be given to addressing issues such as lack of civil documentation, freedom of movement, the perceived profile of camp residents and the use of negative coping mechanisms. Where protection is in an out of camp setting, people should receive holistic protection services or linked to other referral pathways as part of a multi-sector intervention.

DG ECHO will also prioritize protection programming for people deprived of their liberty as a result of the conflict. Protection interventions in detention settings, re-establishment of family links, and integrated protection-education activities for juvenile detainees and children accompanying parents.

For GBV specific programming, actions need to ensure solid and timely case management and demonstrate a proper referral pathway, including accompaniment where necessary, is in place to healthcare providers and other services. For child protection specific programming, priority will be given to support to case management; integration of child protection services in education programs; and provision of protection to children in detention settings.

DG ECHO will consider the following:

- Prevention and response for protection risks of particular vulnerable groups, including women and children. Partners must have a demonstrated capacity to provide response activities to risks (not just prevention activities). Awareness raising only activities will not be considered.
- Programming that targets specific excluded groups e.g. youth, persons or families with perceived affiliation. Partners should have a demonstrated track record in working with the excluded groups, both for access but also acceptance of programming.
- Activities that address lack of access to civil documentation, including counselling and support to obtaining documents.
- Activities that address protection issues in detention centres and prisons, particularly for juveniles and children detained with parents. Support to persons

deprived of liberty will only be supported for partners with a) access to centres (b) demonstrated institutional capacities in providing support to this caseload (c) adequate staff welfare policies to ensure staff wellbeing.

- Prevention and response – integrated into a multisector intervention, especially considering negative coping mechanisms (including survival sex). Integrated Programming in relation to negative coping mechanisms must have a protection outcome at its core. These activities will only be supported if the protection outcome is clearly articulated at the proposal stage.
- Provision of specific services to survivors, including access to safety, case management, legal aid/counselling.
- Mental health and Psycho-Social Support (MHPSS) and referral to healthcare providers, where possible; and following the Iraq CP/EiE cluster developed guidelines if provision of MHPSS to children is envisioned. All MHPSS activities need to be reflected in the proposals with an MHPSS indicator looking at improvements in well-being (and not just reflected in terms of persons trained or that attended activities).
- When applicable, promotion of International Humanitarian Law (IHL) and International Human Rights Law (IHRL) including activities such as protection monitoring to gain information on the protection context particularly for specifically vulnerable groups. Protection monitoring should always be linked to referral mechanisms for cases encountered (for both protection and other sectors). Partners need to also strongly consider potential advocacy avenues of issues raised in protection monitoring. Though public advocacy cannot always be conducted, partners need to consider how protection monitoring can feed into advocacy at lower levels and private levels. Any advocacy activities (public or private) should be envisioned within an advocacy plan (to be attached to the proposal or as a first activity once the project is started) and should include preventative or mitigating actions for potential backlash of advocacy.

Relevant COVID-19 related actions such as securing access to prevention and treatment measures for women and girls, alternative care arrangements when required and other targeted programming will be considered based on relevant context at time of assessment.

### **3.2.2.2 Multi sector: Integrated CCCM, Shelter/NFI and WASH**

Multi-sector programming will be considered for priority interventions in (i) under-served IDP camp context, and (ii) informal settlements and critical shelter conditions areas. The strategy for in-camp response is mindful of the potential for camp closure/camp consolidation. Partners will be required to provide analysis on the contingency scenario around closures/consolidation.

#### **(i) Under-served camps**

- Priority will be given to the least-served camps hosting protracted IDPs unable to or prevented from returning soon.
- DG ECHO will provide support to integrated interventions in CCCM, WASH and Shelter/NFI sectors, aiming to reach applicable SPHERE standards.

- CCCM programming should be integrated and support coordinated programming and multi-sector response. Camp Management actors should try to ensure a balanced and principled approach in responding to the needs of affected population while working in remote management
- WASH interventions in camps, including water supply, operation and maintenance of WASH facilities and distribution of hygiene and cleaning supplies. The activities should include WASH guidance for COVID-19 preparedness and response. Efficient remote monitoring mechanisms to be established.
- Shelter/NFI programmes will be considered in line with multi-sector CCCM approaches

(ii) Informal settlements, critical shelter conditions areas

- Priority will be given to prioritised areas that have limited/no access to services, particularly those that host people affected by recent camp closure and are in situation of secondary displacement/unable to make a successful return.
- Priority will be given to partners who can operate in a consortium/joint operational framework to ensure broad coverage and provision of services.
- Partners will be required to support multi-sector interventions, including EiE and protection where possible (see below for further information on EiE).
- Preference will be given to mobile services.
- Partners will be required to provide a clear rationale of the target group/response location

All WASH and CCCM programming should have integrated COVID-19 response capacity. Programming in informal settlements should be in line with the relevant cluster priority response locations. The need to maintain and provide quarantine and isolation facilities in camps will be assessed alongside relevant cluster guidance.

### **3.2.2.3 Health Interventions**

Health interventions will be considered for priority areas: (i) under-served IDP camps, and (ii) informal settlements and critical shelter conditions areas. Health interventions should align with Ministry of Health's strategies. Noting the limited support for MHPSS and health response to those affected by SGBV, DG ECHO will support this in in camp and out of camp response for affected persons. All health interventions should be in line with DG ECHO health policies, with attention to DG ECHO MHPSS guidelines, Disability and Inclusion guidelines and SGBV in health response.

- For in camp settings: priority will be given to the continuation of existing health assistance in camps (including primary health, maternal health and integrated CMR and MHPSS).

- For informal settlements and critical shelter conditions areas: priority will be given to mobile health capacity including assistance that strengthen referral systems and access to health services.

With exception for COVID-19 response, DG ECHO will no longer support PHCs and other fixed medical points in out of camp settings in 2021, given the commitment to transition facilities to the Government of Iraq. Any support to a COVID-19 response will be assessed based on the response capacity of the relevant health authorities, with support provided through partners able to work at a national level. The need to maintain and provide quarantine and isolation facilities in camps will be assessed alongside relevant cluster guidance.

As Iraq faces recurrent COVID-19 upsurges, promotion of vaccination, facilitation and support to the COVID-19 vaccination response should be inclusive and guided by do no harm principles. While the support should be seen as fair and equitable, it should target those most at risk of being excluded from the vaccination process, notably women, IDPs, refugees and people living in locations with limited access to health services.

### **3.2.2.5 Education in Emergencies**

DG ECHO will support education in emergencies assistance for children in (i) underserved camp settings (ii) informal settlements and (iii) places of detention. EiE interventions should target out of-school boys and girls, over-age children, through formal and non-formal education opportunities.

- DG ECHO will prioritise provision of formal education in camps notably with expansion of capacity of formal education facilities and enrolment of out-of-school children into the formal education system.
- EiE partners should ensure appropriate COVID-19 adaptation measures to facilitate safe access to education and educational spaces.
- Non formal education will be supported in areas with little or no possibility for formal education. Non-formal education activities should be to the utmost extent aligned with the formal system, providing children with opportunities to enter (or re-enter) the system. Criteria for the beneficiaries' selection as well as the modality and timeframe of re-integration in the formal system in full coordination with the Cluster/Sector Working Group should be detailed along with the description of the type of curricula used.
- Child safe-guarding mechanisms must be established to ensure that children are not at risk when attending school, and that child protection related issues are timely and effectively responded to by professional actors (either directly or through referrals).
- DG ECHO will support education actions aimed at adolescents and children with perceived affiliation, who remain at risk of long-term exclusion

### **3.2.2.6 Multi-purpose cash assistance**

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 based on common targeting criteria, single or interoperable beneficiary registries, a single payment mechanism, a common feedback mechanism and a common results framework. In line with the cash guidance note, DG ECHO will expect partners to strive for segregation of duties and full transparency on the costs of implementation. Furthermore, partners should ensure that the efficiency ratio is maintained throughout the action, unless otherwise approved by DG ECHO. For the delivery of smaller-scale cash transfers, DG ECHO will assess proposals paying particular attention the Guidance note's principles of coordination, harmonisation and multi-partner approach.

Where most relevant, cash transfers will be the preferred response modality. While the HIP 2021 does not envisage stand-alone cash programming to target basic needs, cash will be the prioritized tool to provide food assistance (in camp) or as part of a multi-sector intervention in informal settlements and critical shelter conditions areas. In all cases, concrete information should be provided: operational feasibility, purpose of the transfer, value and frequency of MPCA that will be provided to each beneficiary/household and the criteria for determining the amount must be clearly explained and justified and fully in lines with clusters recommendations.

## **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 mobilize ad-hoc resources through the ERM/RRM or additional funding. Timeliness of response is a key element for effectiveness of both flexibility measures and ERM/RRM. Partners should adopt indicators to measure the timeframe required to deliver the first assistance (e.g. lifesaving response for xxx persons, and/or need assessment within xxx days from the displacement/disaster/alert/exceeded triggers).