

---

## HUMANITARIAN IMPLEMENTATION PLAN (HIP)

### Emergency Toolbox

AMOUNT: EUR 14 000 000

#### 0. MAJOR CHANGES SINCE PREVIOUS VERSION OF THE HIP

**(20/10/2015)** As funds under the Epidemics instrument have been completely allocated and for the purpose of keeping a sufficient level of funds available to respond quickly to new emerging humanitarian needs worldwide, including ongoing outbreaks of measles in Ethiopia and cholera in Iraq, an additional EUR 1000 000 have been added under the Epidemics instrument. An additional EUR 500 000 have been added under the Small-Scale Response instrument to cover possible responses until the end of the year.

**(29/09/2015)** The balance left under the small-scale response component has been entirely allocated. In order to continue responding to the on-going monsoon and hurricanes' seasons in Asia and the Caribbean region, as well as to unforeseen small scale natural or man-made disasters worldwide for the months to come, an additional EUR 1 000 000 have been added under the Small-Scale Response instrument.

**(08/07/2015)** As funds under the Epidemics instrument have been completely allocated and for the purpose of keeping a sufficient level of funds available to respond quickly to new emerging humanitarian needs worldwide, an additional EUR 2 000 000 have been added under the Epidemics instrument and EUR 500 000 under the Small-Scale Response instrument.

#### 1. CONTEXT

The Emergency Toolbox consists of three instruments:

- 1) Epidemics
- 2) Small-Scale Response
- 3) Support to the International Federation of the Red Cross and Red Crescent Societies (IFRC) Disaster Relief Emergency Fund (DREF)

#### **Epidemics**

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

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

ECHO<sup>1</sup> has been requested to support response operations to fight against epidemic diseases such as Cholera, Meningitis, Dengue Fever, Yellow Fever, Measles, Leptospirosis, Ebola, and Malaria but also other emerging or new pathogens representing a serious risk for all the affected population.

### **Small-Scale Response**

Small-scale disaster events affect a relatively limited number of people but have a serious negative impact on the lives and livelihoods of these populations. Small-scale disasters often occur in remote or isolated areas, rarely trigger a declaration of emergency and usually do not figure prominently in the news despite the serious humanitarian needs they create locally.

In the context of larger disasters, even in countries with relatively developed disaster management capacities, national response to disaster events may leave gaps of uncovered needs, related to social inequality, isolation, under-reporting of events and/or inadequate capacity at local level, where only a limited humanitarian intervention is needed.

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

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

Climate change increases disaster risks, changing the magnitude and frequency of extreme events, thus eroding further coping and response mechanisms, as well as exceeding disaster management and planning patterns.

The Small-Scale Response instrument allows ECHO to provide a rapid response to events where a limited response is appropriate. This can be related to a disaster affecting a relatively limited number of people, restricted to a limited geographical area, or, in the context of larger disasters, a response to cover unmet needs. All types of disasters – natural and man-made – are included.

### **DREF (Disaster Relief Emergency Fund)**

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

---

<sup>1</sup> European Commission's Directorate – General for Humanitarian aid and Civil protection - ECHO

## 2. HUMANITARIAN NEEDS

### Epidemics

1) Affected people/ potential beneficiaries:

Beneficiaries are local populations in areas affected by an epidemic outbreak or at high risk of epidemic outbreak. The number of potential beneficiaries is estimated at between 3.5 and 4 million individuals<sup>2</sup>.

2) Description of the most acute humanitarian needs:

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

### Small-Scale Response

1) Affected people/ potential beneficiaries:

The target population of this decision is vulnerable people affected by disasters where there are unmet humanitarian needs and a small-scale response is adequate. The number of potential beneficiaries is estimated at between 800 000 and 1.5 million individuals.

2) Description of the most acute humanitarian needs:

Humanitarian needs are likely to be in sectors including food assistance, health<sup>3</sup>, water, sanitation, shelter, non-food items, nutrition, emergency livelihoods support, emergency rehabilitation of basic infrastructures, disaster preparedness, protection, support to emergency communication and logistics and co-ordination.

At least one of the two following criteria for intervention must be fulfilled:

- Extent of affectation: the number of affected people is less than 100 000
- Unmet needs (gaps left by ongoing assistance), where an intervention limited to a maximum amount of EUR 250 000 is sufficient to cover unmet needs.

### DREF

1) Affected people/ potential beneficiaries:

The beneficiaries are be vulnerable people in third countries throughout the world who are affected by disasters, such as floods, landslides, cyclones, tsunamis, drought, fires, cold waves, earthquakes, volcanic eruptions, epidemics, food insecurity, population movements and civil unrest. The number of potential beneficiaries is estimated at between 1 and 2 million individuals.

2) Description of the most acute humanitarian needs:

---

<sup>2</sup> The number of beneficiaries for Small Scale Response, Epidemics and DREF depends on the type of intervention. Estimates are based on average number of beneficiaries in previous years.

<sup>3</sup> Preparedness for and response to epidemic outbreaks are covered by the Epidemics component of this HIP.

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

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

### 3. HUMANITARIAN RESPONSE

#### Epidemics

To reduce morbidity and mortality rates related to outbreaks, early and effective actions are required. Preparedness and response capacity are intimately linked, as effective response is only possible with a good degree of preparedness.

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

The preparedness component requires pre-positioning and/or provision of effective emergency items material such as medical supplies, water and sanitation products to respond in a timely fashion.

The **rapid response component** includes 1) Rapid field assessment during initial phases of outbreaks; 2) Provision of free curative primary and secondary health care (case management); 3) Temporary support to existing health centres and facilities through provision of drugs, vaccines, medical/laboratory equipment and water and sanitation products; 4) Organisation, implementation and supervision of mass vaccination campaigns; 5) Environmental health actions designated to control epidemics; 6) Data analysis during the outbreak and impact of action required; 7) Accompanying training of staff; 8) transport and logistics.

## Small-Scale Response

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

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

Activities may include:

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

## DREF

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

Effective coordination is essential. ECHO supports the **Inter-Agency Standing Committee's Transformative Agenda (ITA)** and encourages partners to demonstrate their engagement in implementing its objectives, to take part in coordination mechanisms (e.g. Humanitarian Country Team/Clusters) and to allocate resources to foster the ITA roll-out.

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