

HUMANITARIAN IMPLEMENTATION PLAN (HIP)

EMERGENCY TOOLBOX

AMOUNT : EUR 145 000 000

The present Humanitarian Implementation Plan (HIP) was prepared on the basis of financing decision ECHO/WWD/BUD/2021/01000 (Worldwide Decision) and the related General Guidelines for Operational Priorities on Humanitarian Aid (Operational Priorities). The purpose of the HIP and its annexes¹ is to serve as a communication tool for DG ECHO²'s partners and to assist in the preparation of their proposals. The provisions of the Worldwide Decision and the General Conditions of the Agreement with the European Commission shall take precedence over the provisions in this document.

0. CHANGES SINCE PREVIOUS VERSION OF THE HIP

Fourth modification as of 22 November 2021

The use of the Acute Large Emergency Response Tool (ALERT) has so far been relatively limited in 2021. ALERT has been activated only four times. Therefore, the amount allocated to this tool is reduced by EUR 5 000 000, based on the likely level of requests that can be anticipated until the end of the year.

This modification will bring the total amount of the HIP Emergency Toolbox to EUR 145 000 000.

Third modification as of 8 July 2021

The COVID-19 pandemic continues to spread with over 180 million confirmed cases and 4 million reported deaths, although vaccines are now available. At the same time, imbalances in the access to COVID-19 vaccines remain important for low and middle-income countries, where the pandemic has triggered an unprecedented global health, humanitarian and socio-economic crisis. The COVAX Facility (vaccine pillar of the Access to COVID-19 Tools Accelerator (ACT-A), launched in June 2020) is the pooled procurement mechanism negotiating with vaccine manufacturers to provide vaccines to participating countries including 92 AMC³ countries. The initial aim was to deliver at least two billion doses by the end of 2021 by ensuring fair global access to vaccines. Due to delays in the delivery of vaccines and their scarcity, COVAX now expects to deliver 1.5 billion doses by end 2021. With a view to vaccine solidarity, the EU supports the COVAX Facility, including with a “Team Europe” approach.

The COVAX Facility includes the recently established Humanitarian Buffer, with an independent allocation mechanism under the Inter-Agency Standing Committee

¹ Technical annex and thematic policies annex.

² Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO).

³ Advance Market Commitment

umbrella. The aim of the Buffer is to support access to COVID-19 vaccines by vulnerable populations who for valid reasons were not included in national vaccine deployment plans. Overall, it is planned to deliver 100 million doses. However, only limited funding for delivery costs is available for AMC countries (5% of the 150 million USD of exceptional funding approved by the COVAX Board for delivery). Hence, in-country delivery and operational costs will largely have to be covered via other sources. The UN Inter-Agency Standing Committee has agreed that UNICEF's ACT-A Humanitarian Action for Children⁴ (HAC) appeal will be used as the centralised mechanism for financing operational/delivery costs associated with allocations from the Humanitarian Buffer. The funding requirement of the appeal is USD 659 million, including USD 120 million for the delivery costs of doses supplied under the Humanitarian Buffer.

Therefore, additional humanitarian funding of EUR 10 million is deemed necessary to support UNICEF's ACT-A Humanitarian Action for Children (HAC) appeal to ensure delivery of vaccines under the COVAX Humanitarian Buffer.

This modification will bring the total amount of the HIP Emergency Toolbox to EUR 150 000 000.

Second modification as of 29 March 2021

According to the Africa Regional office of the World Health Organization, as of 20 March 2021, almost 3 million cases of COVID-19 have been confirmed in Africa and over 75 000 people have died due to the disease. Thanks to international efforts, several vaccines against COVID-19 have been developed and must be urgently deployed. Fighting the COVID-19 pandemic and ensuring fair and equitable access to vaccines worldwide and in particular for the most vulnerable is paramount. Many countries in Africa suffer from conflict and climate-induced disasters that lead to population displacement and food insecurity. In addition, many African countries have weak health systems that struggle to ensure access to basic and qualitative healthcare services. Often those more vulnerable, like children, elderly, refugees or displaced populations, have limited or no access to health services or to immunization campaigns. Misinformation and rumors around COVID-19 and vaccines to fight the disease are rampant throughout the world, creating mistrust and resistance towards response activities and to vaccination.

In line with the communications "*A united front to beat COVID-19*⁵" and "*A common path to safe and sustained re-opening*⁶", the European Union is leading international efforts to ensure the availability of vaccines and the swift implementation of vaccination campaigns. Therefore, additional humanitarian funding of EUR 100 million will support the rollout of vaccination campaigns in Africa, in countries with critical humanitarian needs and fragile health systems, and hard-to-reach populations/areas where the implementation of vaccination plans may be more challenging.

The funding will focus on two main complementary tracks:

⁴ <https://www.unicef.org/media/94126/file/2021-HAC-ACT-A.pdf>

⁵ Communication of 19 January 2021.

⁶ Communication of 17 March 2021.

- Support the rollout of the COVID-19 vaccination campaigns in collaboration with the Africa Centres for Disease Control and Prevention (AfCDC), inter alia by identifying and addressing critical logistical, information management, coordination and capacity gaps in national and subnational health systems, excluding the purchase of vaccines.
- Targeted humanitarian operations to prepare, facilitate and conduct in-country vaccination campaigns, with focus on specific humanitarian settings (last mile delivery), in conflict and hard-to-reach areas, for population groups at risk of exclusion from national campaigns (e.g. refugees or internally displaced populations) and vulnerable people with specific needs. The additional funding will support access to basic health services, community engagement, risk communication and awareness raising, the provision of equipment, ancillary material and complementary services to the most vulnerable populations, transport and logistics.

A nexus approach under “Team Europe” will be ensured, and while integrating and strengthening AfCDC health surveillance systems, it will contribute to strengthening the resilience of health systems to address future epidemic outbreaks or other concomitant health emergencies (such as measles, Ebola, malaria).

Only interventions addressing the needs and respecting the criteria described in the present HIP will be eligible for this additional funding.

This modification will bring the total amount of the HIP Emergency Toolbox to EUR 140 000 000.

First modification as of 3 March 2021

The initial budget allocated to the Acute Large Emergency Response Tool (ALERT) in 2021 is insufficient compared to the final budget in 2020 (EUR 9 million vs EUR 24.7 million), even though the humanitarian context in 2021 will remain challenging and crises may even surpass the intensity and complexity levels encountered in previous years. In 2020, ALERT was mobilised a record 16 times for a total amount of EUR 25.15 million. Therefore, the amount allocated to this tool is increased by EUR 20 million, from EUR 9 000 000 to EUR 29 000 000, to efficiently anticipate the likely level of requests throughout the year.

1. CONTEXT

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

- 1) Epidemics Tool
- 2) Small-scale Tool
- 3) Acute Large Emergency Response Tool (ALERT)
- 4) Support to the International Federation of the Red Cross and Red Crescent Societies' (IFRC) Disaster Relief Emergency Fund (DREF)

The Emergency Toolbox HIP funds are intended for needs that were not foreseen when the Worldwide decision was adopted. This also includes sudden unforeseen peaks in pre-existing crises.

Epidemics Tool

Epidemics pose great risks to the health, lives and livelihoods of people in developing countries. Communicable diseases that have appeared or reappeared in recent years have demonstrated their potential to develop into epidemics with high human impact. They can significantly exceed coping capacities of national resources and easily cross borders, causing major emergencies at national or even regional levels.

Complex emergencies, often resulting from a combination of political instability, conflict and violence, social inequality and underlying poverty, can increase a population's vulnerability to infectious diseases. This is also true of climate change and natural disasters such as earthquakes, floods, tsunamis and hurricanes. These contexts can reduce the ability of countries to respond to public health risks, especially if local health systems are poorly resourced. The vaccination coverage in some developing countries is low and the risk of transmission of infections is thus enhanced. A lack of basic sanitation facilities, low hygienic standards and malnutrition in post-emergency or structurally weak countries can also increase vulnerability to communicable diseases. As health workers are particularly at risk of being contaminated, medical evacuation options need to be available to ensure a proper response.

Over the past years, DG ECHO supported response operations to fight against epidemic diseases such as cholera, meningitis, dengue fever, yellow fever, measles, leptospirosis, Ebola Virus Disease and malaria. In 2020, in response to COVID-19 pandemic, DG ECHO has allocated significant funds to assist the most vulnerable people already facing major humanitarian crises.

Small-scale Tool

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

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

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

Acute Large Emergency Response Tool (ALERT)

Sudden onset large-scale disasters can have an enormous impact on the lives and livelihoods of vulnerable populations. In many countries, the effects of a disaster when

combined with high levels of vulnerability and insufficient local capacities to prepare, mitigate or prevent may have a devastating impact and result in the need for life saving assistance. Examples in 2020 include: Taal volcano eruption in the Philippines, locust infestation and floods in East Africa, severe weather in Iran and Pakistan, tropical cyclone AMPHAN and floods in South Asia, and explosion in Beirut, Lebanon. The rapidity with which these needs are addressed within the first few days is critical.

The Acute Large Emergency Response Tool (ALERT) allows DG ECHO to provide rapid first-line funding for the immediate response to sudden-onset large-scale natural and technological disasters. It facilitates the immediate response of humanitarian actors that are on the ground or that can be deployed rapidly. Large-scale disasters are considered as those potentially affecting more than 100 000 people⁷. The purpose of the ALERT is to provide a first initial response to be able to cover the immediate needs of the most vulnerable in the immediate aftermath following a large-scale emergency or a new humanitarian crisis.

Support to the IFRC Disaster Relief Emergency Fund (DREF)

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

DG ECHO's contribution to the DREF may be used towards the IFRC's new mechanism under the DREF, Forecast-based Action (FbA). FbA aims to address specific, predetermined threats, with action triggered once it is certain the threat has become a real and imminent event.

2. HUMANITARIAN NEEDS

Epidemics Tool

1) People in need of humanitarian assistance:

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

2) Description of the most acute humanitarian needs:

⁷ Disasters with number of people affected $\geq 100\ 000$ represent the upper 25% (approximately, by number) of all disaster entries for all continents excluding Europe in the EM DAT disaster database, which has data for number of affected people from 1900-2017,. Source: EM-DAT: The Emergency Events Database - Université catholique de Louvain (UCL) - CRED, D. Guha-Sapir - www.emdat.be, Brussels, Belgium

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

Most developing countries still need external support to prevent or respond to epidemics. Often, preparedness activities and/or national contingency plans are insufficiently funded. As such, these health emergencies require considerable and sustained efforts in terms of coordination, including information management, technical support and resource mobilisation.

Small-scale Tool

1) People in need of humanitarian assistance:

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

2) Description of the most acute humanitarian needs:

Humanitarian needs are likely to be in sectors including food assistance, health⁸, water, sanitation, shelter, non-food items, nutrition, emergency livelihoods support, emergency rehabilitation of basic infrastructures, disaster preparedness, protection, support to emergency communication, logistics and co-ordination.

Acute Large Emergency Response Tool (ALERT)

1) People in need of humanitarian assistance:

The target population of this decision is vulnerable people who are severely affected by sudden-onset large-scale disasters.

2) Description of the most acute humanitarian needs:

Humanitarian needs are likely to be in sectors including food assistance, health⁹, water, sanitation, shelter, non-food items, nutrition, emergency livelihoods support, emergency rehabilitation of basic infrastructure, support to emergency communication, logistics and co-ordination.

ALERT is intended for large-scale sudden-onset natural and technological disasters. It is intended for disasters that develop suddenly, including the unanticipated deterioration of a pre-existing disaster. A large scale sudden-onset disaster is considered to be a situation where there is a need for a fast response and the number of potentially affected people is greater than 100 000 individuals. Exceptionally, the ALERT can be used to respond to disasters where the number of people potentially affected is less than 100 000 if over 50% of the population of a country is affected by the disaster.

Support to the IFRC Disaster Relief Emergency Fund (DREF)

1) People in need of humanitarian assistance:

The beneficiaries are vulnerable people in third countries throughout the world who are affected by disasters, such as floods, landslides, cyclones, tsunamis, drought,

⁸ Preparedness for and response to epidemic outbreaks are covered by the Epidemics component of this HIP.

⁹ Preparedness for and response to epidemic outbreaks are covered by the Epidemics component of this HIP.

fires, cold waves, earthquakes, volcanic eruptions, epidemics, food insecurity, population movements and civil unrest.

2) Description of the most acute humanitarian needs:

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

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

3. HUMANITARIAN RESPONSE

Epidemics Tool

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

The **rapid response component** includes: 1) Rapid field assessment during initial phases of outbreaks; 2) Provision of free curative primary and secondary health care (case management); 3) Temporary support to existing health centres and facilities through provision of drugs, vaccines, medical/laboratory equipment and water and sanitation products; 4) Organisation, implementation and supervision of mass vaccination campaigns; 5) Environmental health actions designated to control epidemics; 6) Data analysis during the outbreak and impact of action required; 7) Accompanying training of staff; 8) Transport and logistics, including medical evacuation; 9) Water, Sanitation and Hygiene (WASH) by improving WASH facilities, access to safe drinking water and the provision of basic hygiene items.

The **preparedness component** includes: 1) Reinforcement of the capacities for rapid field assessment during initial phases of the outbreak and analyses of epidemiological patterns; 2) Improvement of the emergency response capacity through the development of disease-specific criteria and technical guidelines; 3) Mobilisation of technical expertise for multidisciplinary assessments; 4) Contribution to the constitution and replenishment of emergency stocks of vaccines, drugs, medical and/or water and sanitation supplies; 5) Development of contingency plans and set up of coordination mechanisms, including the development of an early response capacity in high risk areas; 6) Set up of surveillance systems and identification of areas on which to focus

environmental actions; 7) Reinforcement of the treatment capacity; 8) Awareness raising, including information, education, communication (IEC) campaigns; 9) Provision of materials for vector control; 10) Pre-positioning and provision of effective emergency items, critical medical and hygiene items; 11) Training for local staff to enhance assessment / surveillance capacity and response.; 12) Reinforcement of Water, Sanitation and Hygiene (WASH) facilities.

Small-scale Tool

The Small-scale Tool facilitates appropriate support to populations affected by disasters in terms of emergency response and preparedness where local response is insufficient, for which a small-scale intervention is adequate. It allows a rapid response to those disasters where the number of affected people is low or the unmet needs are not significant enough to prepare a specific HIP. Particular attention is 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 should aim, when possible, to strengthen the capacities of local communities and authorities to respond, thus increasing their resilience. The expected areas of intervention 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;
- Transport and logistics;
- Coordination.

The Small-Scale Tool can be used for situations where the number of potentially affected people is up to 100 000 individuals, for an amount of up to EUR 500 000.

Acute Large Emergency Response Tool (ALERT)

The Acute Large Emergency Response tool facilitates appropriate support to populations affected by large-scale disasters. In particular, it targets emergency responses where the regional, national or sub-national response is broadly insufficient and where there are dire humanitarian needs. The guiding principle of ALERT is to ensure that funding is allocated quickly enough to maximise the impact of assistance in the short timescales immediately before a large-scale disaster (early action), during a disaster or in the aftermath of a disaster.

In the lead-up to, during, or in the aftermath of a large disaster, the potential variables involved may make it difficult to have an accurate picture of the greatest needs. It is recognised that flexible funding facilitates swifter responses to urgent needs. Therefore, in order to ensure a timely response when certain specific details are not yet available, a

preliminary analysis of the scale and effects of a large-scale disaster should be sufficient. This would need to be on the basis of the available information and present an analysis of what needs could be expected given the scenario. In the hours following a large disaster, information from the ground may not be available, but a certain amount of needs could be anticipated based on past experiences (e.g. emergency shelter in the case of earthquakes) and primary information (e.g. via social media). As much as possible, any needs assessment, however preliminary, should be done jointly or in coordination with other relevant partners.

The expected areas of intervention include:

- Water and sanitation;
- Food assistance and nutrition;
- Emergency livelihood support;
- Health;
- Non-food items;
- Emergency rehabilitation of schools and other vital infrastructures;
- Shelter;
- Protection;
- Support to emergency communications;
- Transport and logistics;
- Coordination.

Support to the IFRC Disaster Relief Emergency Fund (DREF)

DG ECHO will contribute to the DREF in response to small-scale emergencies, both sudden and slow-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, as long as these respond to small-scale emergencies for which an appeal is unlikely to be launched. DG ECHO funding to the DREF can be used to replenish the allocations made to individual DREF operations, with a maximum amount of EUR 200 000 per operation. The disaster preparedness/response capacity-building at local and national levels, which results from DG ECHO's support of the DREF, adds a long-term sustainable aspect to this short-term response. Up to 20% of the overall contribution may be used to support the IFRC's Forecast-based Action via the DREF.