

## TECHNICAL ANNEX

### TURKEY

#### FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2022/01000 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> / C2
Contact persons at HQ	Contact persons in the Country
Team Leader: Youcef HAMMACHE: <a href="mailto:Youcef.hammache@ec.europa.eu">Youcef.hammache@ec.europa.eu</a>  Program Manager: Sandrine DUCROIX: <a href="mailto:Sandrine.ducroix@ec.europa.eu">Sandrine.ducroix@ec.europa.eu</a> ;  Eva PUHAR: <a href="mailto:Eva.puhar@ec.europa.eu">Eva.puhar@ec.europa.eu</a> ;  Madeleine VAZQUEZ-ORTIZ: <a href="mailto:Madeleine.vazquez-ortiz@ec.europa.eu">Madeleine.vazquez-ortiz@ec.europa.eu</a> ;  Rashideh YUSEF: <a href="mailto:Rashideh.yusef@ec.europa.eu">Rashideh.yusef@ec.europa.eu</a> ;	Head of Office : Claudia AMARAL: <a href="mailto:Claudia.Amaral@echofield.eu">Claudia.Amaral@echofield.eu</a> ;  Program Team Leader : Devrig VELLY: <a href="mailto:Devrig.Velly@echofield.eu">Devrig.Velly@echofield.eu</a> ;  Jonathan GRAY: <a href="mailto:Jonathan.Gray@echofield.eu">Jonathan.Gray@echofield.eu</a> ;  Lisa HASTERT: <a href="mailto:Lisa.Hastert@echofield.eu">Lisa.Hastert@echofield.eu</a> ;  Cecilia PIETROBONO: <a href="mailto:Cecilia.Pietrobono@echofield.eu">Cecilia.Pietrobono@echofield.eu</a> ;  Christophe GADREY: <a href="mailto:Christophe.Gadrey@echofield.eu">Christophe.Gadrey@echofield.eu</a> ;

#### 2. FINANCIAL INFO

Indicative Allocation<sup>2</sup>: EUR 125 000 000 of which an indicative amount of EUR 22 500 000 for Education in Emergencies.

In line with DG ECHO's commitment under the Grand Bargain initiative, pilot Programmatic Partnerships have been launched in 2020 and 2021 with a limited number of

<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, or to allocate part of the funding to interventions with a regional or multi-country approach.

partners. New Programmatic Partnerships could be signed in 2022 with partners under indirect management. Part of the allocation of this HIP could therefore also be attributed to these new pilot 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
Turkey	EUR 125 000 000				EUR 125 000 000

### 3. PROPOSAL ASSESSMENT

*Proposals (single forms) can be submitted at any moment during the year. However, no formal request for proposals can be made before the publication of the HIP. Agreements can only be signed after adoption of the Worldwide Decision and release of the HIP to partners (both conditions need to be satisfied cumulatively).*

#### 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.

e) Actions embedded in multiannual strategies

Funding under this HIP may be used to finance actions implemented in the framework of multiannual strategies, as and when provided for in the HIP.

f) Regional and multi-country actions

Regional/multi-country actions can be supported under this HIP (and where relevant in conjunction with other HIPs<sup>3</sup>), where they are proven more suitable/effective than country-based interventions to respond to identified needs, taking into account the operating context, the strategy and the priorities set out in the HIP (or respective HIPs), the operational guidelines provided in section 3.2.2. of this Annex, as well as the applicant organisation's capacities. The proposals should specify the breakdown between the different country allocations.

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<sup>3</sup> For multi country actions falling under more than one HIP, partners are requested to submit only one proposal in APPEL. The single form should refer to the HIP that covers the majority of targeted countries.

#### 4. ADMINISTRATIVE INFO

##### **Allocation round 1**

- a) Indicative amount: up to EUR 75 000 000.
- b) Description of the humanitarian aid interventions relating to this assessment round *if it does not cover all the funding*: Under this allocation round partners can make proposals for the extensions/continuation of the Emergency Social Safety Net (ESSN) and the Conditional Cash Transfer for education (CCTE)
- c) Costs will be eligible from 01/01/2022<sup>4</sup>
- d) The initial duration for the Action may be up to 24 months, including for Actions on Disaster Preparedness, as well as for pilot Programmatic Partnerships. Follow-up actions, which continue/extend ongoing operations financed under the 2021-2027 Multi annual Financial Framework, can be submitted as modification requests for the ongoing action with a time extension of up to 24 months and a total duration of the modified action of up to 48 months. The same approach may also be used to the extent appropriate in furtherance of any multiannual strategies provided for by the HIP (see point e) of section 2 above)<sup>5</sup>. Education in Emergencies actions should have an initial duration of at least 24 months, unless there is a needs- or context-based justification for a shorter duration.
- e) Potential partners<sup>6</sup>: IFRC (for ESSN), UNICEF (*for CCTE*) as these are modifications to existing contracts.
- f) Information to be provided: Single Form or Modifications requests of on-going actions <sup>7</sup>
- g) Indicative date for receipt of the above requested information: From 5 January 2022

##### **Allocation round 2**

- a) Indicative amount: up to EUR 50 000 000.
- b) Description of the humanitarian aid interventions relating to this assessment round *if it does not cover all the funding*: Under this allocation round partners can make proposals for projects in the other fields as laid down in the HIP (all except ESSN and CCTE project's extensions).
- c) Costs will be eligible from 01/01/2022<sup>8</sup>

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<sup>4</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>5</sup> Additional guidance may be issued by DG ECHO in this respect, as appropriate.

<sup>6</sup> Unless otherwise specified potential NGO partners refer to certified partner organisations.

<sup>7</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>8</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.

- d) The initial duration for the Action may be up to 24 months, including for Actions on Disaster Preparedness, as well as for pilot Programmatic Partnerships. Follow-up actions, which continue/extend ongoing operations financed under the 2021-2027 Multi annual Financial Framework, can be submitted as modification requests for the ongoing action with a time extension of up to 24 months and a total duration of the modified action of up to 48 months. The same approach may also be used to the extent appropriate in furtherance of any multiannual strategies provided for by the HIP (see point e) of section 2 above)<sup>9</sup>. Education in Emergencies actions should have an initial duration of at least 24 months, unless there is a needs- or context-based justification for a shorter duration.
- e) Potential partners<sup>10</sup>: All DG ECHO partners
- f) Information to be provided: Single Form or Modifications requests of on-going actions <sup>11</sup>
- g) Indicative date for receipt of the above requested information: From 01 March 2022

#### **4.1. Operational requirements:**

##### *4.1.1. 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 if any, have sufficient expertise (country / region and / or technical) in the sector(s) proposed?
  - How good is the partner's local capacity / ability to develop local capacity?
- 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 contribute to resilience and sustainability.

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<sup>9</sup> Additional guidance may be issued by DG ECHO in this respect, as appropriate.

<sup>10</sup> Unless otherwise specified potential NGO partners refer to **certified** partner organisations.

<sup>11</sup> Single Forms will be submitted to DG ECHO using APPEL.

## 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>12</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 (Technical Assistant) 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).

4.1.2. *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.

For **Education in Emergencies actions**, priority will be given to funding projects which target at least 50% girls, unless there is a context-based justification for different targeting.

The HIP Policy Annex should be consulted in parallel.

The following considerations must be taken into consideration by all actions:

- **One-refugee approach.** DG ECHO follows a “one-refugee approach”, focusing on the needs of all vulnerable refugees regardless of their nationality, status or location.
- **Cash assistance.** The use of cash as a modality should systematically be considered, across the variety of response mechanisms (anticipatory action, rapid response mechanisms, shock-responsive social protection) funded by DG ECHO. All cash interventions should comply with DG ECHO's cash thematic policy, including the sector-specific considerations in Annexe 2 of that document. In addition, programmes above EUR10m should comply with the large-scale cash guidance note<sup>13</sup>.
- **Integrated approach.** Integrated programming should be prioritised as outlined in DG ECHO's technical policies.
- **Partnerships.** DG ECHO encourages actions implemented in partnership with national organisations, including local NGOs and civil society organisations, or government

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<sup>12</sup> In accordance with the relevant section of the Single Form guidelines (section10)

<sup>13</sup> Refer to ECHO Cash thematic policy and Large-scale cash guidance note

institutions. Partners should demonstrate strategic partnerships built on the principles of equity, transparency and mutual benefit.

- **Coordination with Turkish authorities.** Partners will be expected to coordinate their operations with relevant departments and line ministries of the Government of Turkey.
- **Risk Analyses.** All responses/actions must be based on a sound risk analysis of the most vulnerable refugees.
- **Cost efficiency & effectiveness.** Emphasis must be placed on cost efficiency and effectiveness, including reasonable overhead costs. Interventions should be informed by proper geo-thematic service mapping efforts which demonstrate how duplication of services and coverage will be avoided, while ensuring the largest possible reach to those most in need.
- **Gender and age, protection, people with disabilities.** Mainstreaming of protection, gender, age and disability inclusion, based on a comprehensive risk analysis, will be a pre-condition for selection. Partners should ensure the inclusion of people with disabilities in proposed actions. For more information see the Thematic Policies Annex.
- **GBV<sup>14</sup> and PSEA.** All humanitarian interventions funded by DG ECHO must take into consideration any risk of sexual and gender based violence (SGBV), and should develop and implement appropriate strategies to actively prevent such risks. Interventions should further ensure protection from sexual exploitation and abuse (PSEA) and child safeguarding. Prevention and response aspects have to be tailored to the intervention, as well as institutional policy and procedures.
- **Host communities.** DG ECHO-funded activities target refugee communities, and will not broaden its scope to host communities. Partners are expected to adopt a do-no-harm approach, and to mainstream social cohesion principles in ongoing programming. Assistance to host communities could be exceptionally considered, if based a strong rational and context analysis, however not as a main component of the action.
- **Visibility and Communication.** Partners are expected to ensure full compliance with visibility and public communication requirements and acknowledge the funding role of the EU/ECHO, as set out in the applicable contractual arrangement. For more information, see section below on visibility and communication.
- **Reporting.** Monthly and/or quarterly reporting are required, in addition to harmonised results and indicators in certain sectors of activity of the Single Form.
- **Climate/environment sustainable actions.** DG ECHO will pay particular attention to environmentally sustainable humanitarian responses.

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 using the **Total Cost to Transfer Ratio (TCTR)**, alongside analysis of the effectiveness of the overall humanitarian response. 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

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<sup>14</sup> [http://ec.europa.eu/echo/files/policies/sectoral/gender\\_thematic\\_policy\\_document\\_en.pdf](http://ec.europa.eu/echo/files/policies/sectoral/gender_thematic_policy_document_en.pdf)

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 at least maintained throughout the action, if not further improved, 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.

The sectoral and multisectoral outcomes of cash programmes should be monitored against internationally accepted norms in a consistent way, and should comply with the cross-cutting and sector-specific Grand Bargain MPC outcome indicators. Markets should consistently be monitored to inform and adapt assistance, irrespective of the modality. In contexts of high inflation and currency depreciation, partners should put in place triggers to adapt cash assistance based on market monitoring data, and design programmes from the outset to anticipate potential inflationary shocks<sup>15</sup>.

#### 4.1.2.1. *Basic needs*

DG ECHO will continue addressing basic needs of refugees in Turkey through the main channel of the Emergency Social Safety Net (ESSN). The ESSN uses a single cash platform to deliver monthly cash transfers to support basic needs of vulnerable refugees. The assistance should be risk informed and targeted based on vulnerability analysis, taking into account the protection concerns of individuals and groups. DG ECHO expects the ESSN to take into consideration the evolving needs of the refugees and to adapt the programme accordingly.

DG ECHO plans on ensuring the continuity of ESSN activities until beginning of 2023, when the ESSN funding will transition from humanitarian to development funding. The European Union is mobilising additional resources to be channelled through the HIPs 2021 and 2022 to continue funding the ESSN until early 2023. DG ECHO will retain the ability and flexibility to adapt the ESSN depending on context-specific circumstances and the evolution of the situation over time, in complementarity with the development assistance managed by DG NEAR and in line with the Facility transition strategy.

While the ESSN continues to be the main channel for basic needs assistance in Turkey, DG ECHO might consider smaller scale basic needs interventions to supplement the income of families with specific vulnerabilities or with temporary additional needs. As per the Cash and Vouchers policy of DG ECHO, the choice of transfer modality should be well-justified. Action proposals with such an approach should demonstrate their complementarity to the ESSN, and include detailed description on how duplication with the ESSN is avoided, targeting methodology is applied, and coordination with relevant actors is ensured.

Proposals for the extensions/continuation of the ESSN submitted by partner should implement the recommendation of the European Court of Auditors (ECA) special report 2018/27<sup>16</sup>, in particular:

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<sup>15</sup> Good Practice Review on Cash Assistance in Contexts of High Inflation and Depreciation.

<sup>16</sup> [https://www.eca.europa.eu/Lists/ECADocuments/SR18\\_27/SR\\_TRF\\_EN.pdf](https://www.eca.europa.eu/Lists/ECADocuments/SR18_27/SR_TRF_EN.pdf)

- I. Efficiency and cost-effectiveness, with a minimum Total Cost to Transfer Ratio (TCTR) of 90-10. In that respect, the existing level of Indirect Support Cost should be maintained or even further reduced. This element will contribute to the assessment of the overall cost-effectiveness.
- II. Accountability; a verification system including the full access to beneficiaries' data, such as the inclusion of spot checks to allow partners, DG ECHO and possible auditors to verify the full chain of data collection/handling on a sampled basis. These measures are to be carried out in full respect of the applicable Turkish legislation, and in line with the spirit of proportionality expressed in the General Data Protection Regulation (GDPR).

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

DG ECHO's EIE support will target Out of School Children (OoSC), with an integrated child protection response, to address non-financial barriers impeding access to mandatory education with an individualized or tailored approach. This may involve outreach, identification, assessment and direct support, such as education-focused case management, aimed at ensuring pupils' enrolment in relevant formal or accredited non-formal education. The proposals will need to demonstrate their efforts for sustainable education insertion. Innovative/pilot actions, with demonstrated potential to be replicated and to benefit the broader sector, are eligible.

Proposals should be based on a sound intervention logic, with attention to identified education needs, with corresponding structured response and expected outcomes, in line with the education sector frameworks. Education capacity, particularly knowledge of relevant education pathways, together with relevant targeting/eligibility criteria, are to be documented (from project to case worker levels).

Interventions should demonstrate coordination, alignment/complementarity and synergy with education and other relevant sector frameworks, as well as other EU funded initiatives, in particular PICTES<sup>17</sup>. All actions will need to show efforts for sustainability and impact.

Regarding the Conditional Cash Transfer for Education (CCTE), funding for the continuation of CCTE activities will be provided until the end of the 2021-2022 academic year, beyond which ECHO will no longer fund the CCTE.

Proposals for the extensions/continuation of the CCTE submitted by partner should implement the recommendation of the European Court of Auditors (ECA) special report 2018/27, in particular:

- I. Efficiency and cost-effectiveness : the existing level of Indirect Support Cost should be maintained or even further reduced. This element will contribute to the assessment of the overall cost-effectiveness.
- II. Accountability; a verification system including the full access to beneficiaries' data in full respect of the applicable Turkish legislation, and in line with the spirit of proportionality expressed in the General Data Protection Regulation (GDPR).

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<sup>17</sup> <https://piktes.gov.tr/>

#### 4.1.2.3. *Protection*

DG ECHO will continue to strengthen the protection of vulnerable refugees by preventing, mitigating and responding to protection risks and threats, with the aim to reduce vulnerabilities and increase access and capacities. The proposals need to articulate clear protection risks and outcomes for the beneficiaries of the project and/or, in anticipation of inter-sectoral needs, present an integrated protection programming, as outlined in DG ECHO's 2016 Humanitarian Protection policy<sup>18</sup> (see chapter 3.1.2.9 for more details on integrated programming).

DG ECHO will continue to support protection actions aiming at facilitating access to registration and civil documentation, to ensure people have legal protection and access to all the possible services. Additionally, activities that enhance persons of concern's (PoC) awareness and knowledge of procedures, rights, entitlements and available protection services are encouraged. By the same token, such activities could be envisaged in parallel to keeping service providers up-to-date on applicable legislation and specific referral pathways, in order to enhance service delivery.

Where Government services do not exist or are over-stretched, specialised protection services should be delivered to complement government services and to ensure continuum of care. Community-based programming is encouraged. Protection actors must possess a comprehensive overview of governmental and non-governmental services in their areas of operation (service mapping) with a view to accessibility and inclusion. Beneficiaries' and updated referral pathways and access to government services in line with safe and confidentiality principle, when and where available, should be prioritised to ensure future sustainability.

DG ECHO partners are encouraged to focus on specific groups/communities with identified protection risks, for targeted protection and humanitarian programming, in close collaboration with all service providers to ensure complementarity, avoid duplication and maximise impact. In line with ECHO protection policy for assistance to specific vulnerable groups, partners should conduct a risk analysis to identify specific protection threats against vulnerabilities of specific groups and should avoid standardized categories.

#### *Key components*

##### *Dissemination of information*

Dissemination of information should help to increase PoC and service-providers' awareness and knowledge of applicable legislation, including procedures, rights, obligations, entitlements and available protection services, as well as existing referral pathways. In Turkey, dissemination of information could be conducted through static locations or mobile outreach teams.

Mobile outreach teams are relevant both in rural areas, as well as in larger cities, where PoC may live in isolation or far from static points with no transportation means.

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<sup>18</sup> [https://ec.europa.eu/echo/system/files/2016-05/staff\\_working\\_document\\_humanitarian\\_protection\\_052016.pdf](https://ec.europa.eu/echo/system/files/2016-05/staff_working_document_humanitarian_protection_052016.pdf)

As such, both mobile and static outreach services should always attempt to refer/ensure safe access to government services for their clients where possible.

### *Protection assistance*

DG ECHO will support provision of specialized services to victims of violence (including but not limited to gender-based violence (GBV) and child protection - CP), including access to safety, case management, legal aid/counselling as well as protection prevention interventions, provided that the impact is demonstrated. Standalone awareness raising activities will not be considered eligible for funding.

For GBV specific intervention, actions need to ensure solid and timely case management, and demonstrate that proper referral pathway to healthcare providers and other services is in place, including accompaniment when necessary. .

DG ECHO will support individual protection assistance, provided that it addresses a demonstrated and urgent protection need. Individual protection assistance is a one-off action and must always have a protection outcome, intending to reduce, minimise or prevent a protection risk which, if not addressed, would result in exposing the individual to a protection violation. The protection situation of persons requiring individual assistance needs to be assessed beforehand to determine the modality of assistance.

Skills, competencies and sensitivity of staff are vital to implement any type of protection assistance in a safe and professional manner. Assessment of skills and competencies of staff should take place as part of the recruitment processes and inform capacity building activities. Partners should be able to demonstrate an adequate level of technical supervision, as well as adherence to Codes of Conduct and provide relevant safeguarding measures.

Cash for protection will be considered only if part of a broader response (e.g. case management), and only when the linkages between the use of cash and protection outcomes are clearly demonstrated.

### *Protection Monitoring*

Protection monitoring looks at identifying trends and protection threats and risks in a given location. Protection monitoring is used to develop a better understanding of the context and the situation, and it is a basis for designing an evolving protection response, which incorporates preventative measures to the specific risks and threats faced by different population groups. Protection monitoring must also produce a trends analysis to inform programming and advocacy efforts. Protection monitoring activities will only be supported if they include strategies to promote access to services either directly or through referral to cases identified during monitoring.

### *Protection Advocacy*

Protection advocacy should focus on access to, and enforcement of, rights and obligations of persons benefitting from international, subsidiary and temporary protection, asylum seekers and other PoC and groups at risk in Turkey.. Advocacy activities must always be

evidence-based and should include a clear and well-defined advocacy plan, including potential ways to mitigate risks that are raised by advocacy. When appropriate, partners should endeavour to exchange views on issues of common interest with actors in the field (e.g. authorities, EU institutions and Member States, UN agencies, donors, etc.). Advocacy initiatives should also present ways in which the advocacy will be disseminated both privately and publicly, and what the expected outcome of the activities will be.

### *Mental Health and Psychosocial Support (MHPSS)*

Mental Health and Psychosocial Support (MHPSS) is considered a priority in humanitarian interventions, as reflected in the DG ECHO Health and Protection Policies. As a precondition before any MHPSS intervention, partners should make sure that a proper referral pathway is in place between the different levels. MHPSS partners are encouraged to ensure case management coordination. Accordingly, focused non-specialised support – for example, in the form of individual or group counselling – may be provided, for example, at community centres and schools by trained staff, supervised by a qualified psychosocial expert.

In their proposals, partners must specify the nature of the planned MHPSS activities, as part of a protection action, the target group(s) and the expected outcome(s). Standalone recreational activities are not considered MHPSS activities. 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). MHPSS should follow the IASC Guidelines 2007 and the DG ECHO health consolidated guidelines<sup>19</sup>, as well as the above-mentioned DG ECHO Protection guidelines.

#### 4.1.2.4. *Health*

DG ECHO will only support primary healthcare activities in the case of clearly demonstrated urgent needs and gaps. Otherwise, no activities will be supported in this sector. DG ECHO will only provide targeted bridge funding, if necessary, to support current actions that provide specialised services in the area of Post-operative Care / Physical Rehabilitation (PPR), until DG NEAR replaces DG ECHO in covering this sub sector. In the proposals, partners must demonstrate that they had made plans and included specific activities for sustainability, as well as an exit strategy.

Health interventions may also temporarily cover specialized treatment and care as part of (PPR services for war-wounded or injured, until development actors take over assistance in this area. If justified by the corresponding transition strategy, and for the purpose of ensuring the absence of gaps in service continuity, DG ECHO may allocate funding ahead of the indicative deadline to its current Partner in the PPR sector: Physical Therapy and Rehabilitation (PTR) activities should generally be guided by technical guidelines formulated by specialized and acknowledged organisations, e.g. ICRC, Humanity and Inclusion/Handicap International. The proposals must document, also for their implementing partners, an appropriate institutional capacity (including HR and prior field experience) to manage a PPR project, or project component.

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<sup>19</sup> [https://ec.europa.eu/echo/files/policies/sectoral/health2014\\_general\\_health\\_guidelines\\_en.pdf](https://ec.europa.eu/echo/files/policies/sectoral/health2014_general_health_guidelines_en.pdf)

As services targeting GBV and Sexual and Reproductive Health (SRH) will be integrated into Extended Migrant Health Centers (supported by DG NEAR), DG ECHO will no longer support actions in this field, unless there are new emerging humanitarian needs.

All actions should be based on a quantitative needs analysis. During the implementation of the action, health data, disaggregated according to sex and age group, should be collected and analysed on a monthly basis. Actions should also measure the quality of health care services provided.

All DG ECHO supported healthcare activities must be in accordance with, and be guided by, the DG ECHO health policy. Partners must always respect the do-no-harm principle, especially in relation to medical waste management; safety and quality of medicines; and protection of human resources, premises and means (medicine stocks).

DG ECHO partners and their implementing partners should indicate, in the proposal, their procurement plans for medicines and medical materials. All DG ECHO partners are encouraged to procure medicines and medical materials through DG ECHO identified Humanitarian Procurement Centres (HPCs), or, if this is not envisaged, to highlight the alternative procurement source in the proposal. All DG ECHO partners are invited to follow the DG ECHO regulations and policies regarding the procurement of medicines and medical materials<sup>20</sup>. It is recommended to identify capacity gaps at the level of the local health system, avoid any possible duplication/substitution of the existing health services, and promote capacity building, in a coordinated manner. Possible trainings foreseen in the proposals need to be as much as possible in line with existing curricula and HR management frameworks.

#### 4.1.2.5. *Rapid Response to emergencies*

Rapid response to emergencies should aim at preventing and/or responding to a deterioration of the condition of the most vulnerable refugees due to an emergency situation. The rapid response should quickly identify the most affected or at risk groups of refugees, and among those, give priority to the most vulnerable ones. The response needs to be strongly coordinated with the Government of Turkey, other EU instruments, as well as with other key donors, actors, Inter-Agency and Inter-Sector Coordination structures at National and sub-national levels. As well, it should take into account the existing capacities of the mentioned actors and their response.

As described above for the chapter “basic needs”, in line with DG ECHO’s policy, the use of cash transfer is to be considered as a first modality of response to emergencies. The use of one-off cash assistance to cover basic needs emerging from unforeseen emergency events, such as a COVID-19 pandemic or other pandemics among the refugee population, man-made or natural disasters, etc, will be considered. Proposals are expected to describe in detail how they avoid duplication with the ESSN and any other cash-based assistance projects, the targeting methodology and the coordination mechanisms with relevant actors. Partners should ensure pathways for further support of the beneficiaries, if need be, namely through referrals to existing actions.

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<sup>20</sup> <https://www.dgecho-partners-helpdesk.eu/frequently-asked-questions-ngo/procurement>

The proposals must include a solid Accountability to Affected Population (AAP) strategy, including transparency and widespread availability of information including eligibility criteria and entitlements. Appeals mechanisms must also be continuously ensured.

The amount transferred per household must be duly justified. The transfer modality (whether mobile money, mobile banking, credit card, cash in hand) may be adjusted to the context. The use of digital solutions is the preferred option.

The preferential use of cash transfer as a first response modality does not preclude the delivery of medical or other supplies, where critical gaps are identified and responses aligned with standards given by local authorities.

#### 4.1.2.6. *Coordination, Reporting, Monitoring and Evaluation*

DG ECHO maintains its reporting system, which consolidates data on planned and actual progress of Actions funded by DG ECHO in Turkey. The reports produced by this information system will provide for improved and efficient follow-up of Actions by DG ECHO; up-to-date reporting to the European Parliament, EU Member States and Turkish authorities; information to the humanitarian community for operational coordination purposes.

For this reason, quarterly reporting will be required from DG ECHO partners. This frequency could change during the course of the action due to, for example, the need to report more frequently on rapid responses to new humanitarian emergencies. To achieve this, harmonised results and indicators will be required in certain sectors of activity of the Single Form. Appropriate reporting templates and relevant guidance on the reporting content and the specific reporting schedule will be shared by DG ECHO to all partners funded under this HIP.

DG ECHO partners are therefore expected to have solid monitoring and evaluation systems for their actions in place. They need to setup concrete operational measures to monitor and ensure equal treatment and non-discrimination of beneficiaries with special emphasis on vulnerable groups/communities at risk (e.g. LGBTI, sex workers, seasonal workers).

In addition, DG ECHO will also conduct independent Monitoring, Evaluation, Accountability and Learning (MEAL) for a broader and more holistic assessment of the effects and impact of the humanitarian strategy. DG ECHO partners funded under this HIP are expected to cooperate to the MEAL system.

#### 4.1.2.7. *Partnerships*

Local civil society organisations (CSOs) and national non-governmental organisations (NNGOs) have had and continue to play an indispensable role in responding to the humanitarian needs in Turkey. The majority of DG ECHO funds has and will be translated into services and assistance provided primarily by local actors. As such, DG ECHO will continue to require its partners to establish strategic partnerships with local CSOs and NNGOs.

Since meaningful partnerships are built over time, continuation or expansion of successful existing partnerships with national organisations will be privileged. Partnerships should be in line with the Principles of Partnership<sup>21</sup>.

In accordance with the Financial and Administrative Framework Agreement and pursuant to the EU Financial Regulation, indirect costs shall not exceed 7% of direct eligible cost of the Action.

#### 4.1.2.8. *Visibility and Communication*

Partners must ensure, through adequate and proactive communication about EU-funded actions, that the public is aware of how the EU is helping and how funding is used, with the objective of fostering continued strong support for humanitarian aid among key stakeholders and the general public. Detailed information on DG ECHO's visibility requirements can be found in the 'Communication and Visibility Manual for European Union-funded Humanitarian Aid Actions'<sup>22</sup>.

Standard visibility is a contractual obligation for all DG ECHO-funded projects. Partners must ensure EU visibility through the prominent display of the EU emblem with accompanying text on project sites, relief items and equipment, as specified in Section 12.1.A of the Single Form, as well as structured and proactive communication throughout the project duration with broad dissemination (press releases, social media, webpages, blogs, photos etc.), as specified in Section 12.1.B of the Single Form.

Partners with strong and ambitious communication ideas are encouraged to apply for above-standard visibility in addition to standard visibility. DG ECHO may provide additional funding should a partner wish to carry out communication actions such as elaborate audio-visual productions, journalist-visits, campaigns, exhibitions or other events with an important outreach to the European public and media. For above standard visibility, a separate communications plan, costed, with an estimated audience reach and timeline, must be submitted as an annex to the Single Form. The plan is to be first discussed with ECHO's Regional Information Officer (RIO) covering the region, and finally approved by DG ECHO's Communication Unit (ECHO.01) prior to contract signature.

#### 4.1.2.9. *Integrated programming*

The application of an integrated programming approach is highly encouraged. Partners must envisage their targeted approaches as Integrated Protection Programming whenever the identified threats, vulnerabilities and capacities can be appropriately addressed not only by incorporating protection principles but also by promoting meaningful access, safety and dignity in humanitarian aid delivery. Detailed information can be found in DG ECHO 2016 Humanitarian Protection policy<sup>23</sup>.

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<sup>21</sup> <https://www.icvanetwork.org/transforming-our-network-for-impact/principles-of-partnership/>

<sup>22</sup> <https://www.dgecho-partners-helpdesk.eu/reference-documents-visibility>

<sup>23</sup> [https://ec.europa.eu/echo/system/files/2016-05/staff\\_working\\_document\\_humanitarian\\_protection\\_052016.pdf](https://ec.europa.eu/echo/system/files/2016-05/staff_working_document_humanitarian_protection_052016.pdf)

### *Social Stability*

Actions aiming to mitigate tensions resulting from the profound impact of the crisis on local communities, through a comprehensive set of interventions at local and national level, may be envisaged. Actions should tackle both the expression and causes of conflicts and community tensions, to manage them peacefully, in order to prevent collective violence or rights abuse. Potential activities could include establishing dialogue fora and committees at the community level to react and manage tensions, or supporting the local and national institutions to manage local pressures.

#### *4.1.2.10. COVID-19*

##### *Reassessment of the ongoing interventions:*

A number of non-health measures, adopted to mitigate the impact of COVID-19, can interfere with humanitarian interventions. Some may already be in place and some may be implemented in the near future, for example:

- Border closures:
- Banning of mass gatherings and limitations to freedom of movement, including curfews and lockdowns.
- School and other safe spaces'/shelters' closures, preventing activities in those facilities and exposing the most vulnerable to potential violence, exploitation and abuse.
- Home quarantine for citizens and humanitarian workers, or declaration of emergency/alert, preventing access to basic services, and livelihoods and income activities.

Partners need to assess the actual, or likely, impact of these measures in their risk analysis. Some of these impacts may be counteracted by adopting different operational approaches, while others may lead to cancelling, suspending or postponing certain activities, upon sound justifications.

##### *Reinforcing health and other basic services interventions.*

In this context, health partners, yet not exclusively, should actively contribute to ensure that access to health and other basic services is provided in a safe way. Possible measures may include (non-exhaustive list):

- Instigating Duty-of-Care measures for staff, including staff of implementing partners. Special attention should be paid to the formulation of appropriate evacuation procedures, considering potential vulnerable individuals among the staff, yet also recognizing staff needed to maintain life-saving and MHPSS activities.
- Providing COVID-19 information to beneficiaries of ongoing projects in multiple formats and appropriate languages.
- Supporting COVID-19 information campaigns at local, regional or national level at the request of national authorities.

Health facilities can quickly become transmission hubs for COVID-19 if insufficient or inappropriate Infection, Prevention and Control (IPC) measures are put in place.

Whenever relevant, partners are expected to take appropriate measures, which may include (non-exhaustive list):

- Setting up triage capacity for COVID-19 screening: patient distancing in the lines, temperature screenings, PPEs for emergencies, etc.
- Reinforcement of hygiene within health facilities: cleaning protocols, sanitizers, Personal Protective Equipment (PPE), waste disposal, etc.
- Ensuring the supply of safe drinking water in all the health facilities.
- Transportation of samples for COVID-19 testing.
- Support to provision of access to healthcare, especially access to secondary healthcare for COVID-19 patients in need of hospitalization.
- Exploring alternative ways of providing healthcare, e.g. home visits, treatment and care and remote video consultations.

### *Actions to respond to COVID-19*

Partners may be able to contribute to some of the necessary interventions under the Country Preparedness and Response plans with their available resources. Based on the do-no-harm principle, it is essential that humanitarian projects and activities do not contribute to the spread of COVID-19. Particularly, preventive measures (such as social distancing, wearing masks, washing hands, etc), in accordance with country regulations and protocols, need to be always adopted during the implementation of the activities, particularly related to education, food distribution, MHPSS group sessions, health and hygiene promotion, etc. National directives and protocols need to be respected, and international guidelines applied – WHO, IASC, UNICEF, etc.

Engagement in direct COVID-19 activities cannot justify the down-scaling or stopping life-saving activities, in all sectors.

Measures such as home quarantine could have significant impact on the most vulnerable population groups, such as children, elderly and people with reduced mobility or disability. Partners/parents/communities need to be aware that children, even when not affected by the severe forms of COVID-19, can be infected and transmit the virus to the elderly and family members with pre-existing health conditions, who are at most at risk. Partners could identify possible activities that could mitigate the impact of these circumstances such as:

- Cash distributions to vulnerable groups, whenever possible as pre-emptive before quarantines.
- Using inclusive technologies for remote awareness, teaching, capacity building, etc.

## **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 with the two main scenarios being: 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).