

## TECHNICAL ANNEX

### YEMEN

#### 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

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

## 2. FINANCIAL INFO

Indicative Allocation<sup>2</sup>: EUR 171 589 909 of which an indicative amount of EUR 13 500 000 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 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 hazards	Action (b) Initial emergen cy response/ small- scale/epi demics	Action (c) Disaster Preparedness	Actions (d) to (f) Transport/ Complementary activities	TOTAL
YEMEN	171 500 001				171 500 001
Coordination & Visibility*	89 908				89 908
Total					171 589 909

*\*In the framework of the Pilot Programmatic Partnership with IFRC*

## 3. PROPOSAL ASSESSMENT

### a) Co-financing:

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

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

Pursuant to Art. 204 FR, for the implementation of actions under this HIP, partners may provide financial support to third parties, e.g. implementing partners. This

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<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.

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.

#### **4. ADMINISTRATIVE INFO**

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

- a) Indicative amount: up to EUR 90 000 000.
- b) Costs will be eligible from 01/01/2022<sup>4</sup>.
- c) The initial duration for the Action may be up to 24 months, including for Actions on Disaster Preparedness. 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 3 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.
- d) Potential partners<sup>6</sup>: All DG ECHO Partners.
- e) Information to be provided: Single Form or Modifications requests of ongoing actions (financed under the 2021-2027 Multi annual Financial Framework)<sup>7</sup>.
- f) Indicative date for receipt of the above requested information: by 17/01/2022<sup>8</sup>.

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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.

<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 Commission reserves the right to consider Single Forms transmitted after this date, especially in case certain needs/ priorities are not covered by the received Single Forms.

### **Allocation round 2**

- a) Indicative amount: up to EUR 45 000 000.
- b) Costs will be eligible from 01/01/2022<sup>9</sup>.
- c) The initial duration for the Action may be up to 24 months.
- d) Potential partners: All DG ECHO Partners
- e) Information to be provided: DG ECHO will consider for funding proposals from partners submitted for allocation round 1 in January 2022.

### **Allocation round 3**

- a) Indicative amount: up to EUR 1 589 909
- b) Cost will be eligible from 01/04/2022<sup>9</sup>
- c) Potential partner: IFRC. The funding will be allocated to the pilot Programmatic Partnership action ‘Accelerating local action in humanitarian and health crises’ in the following country: Yemen
- d) Information to be provided: Single form<sup>7</sup>

### **Allocation round 4**

- a) Indicative amount: up to EUR 35 000 000.
- b) Costs will be eligible from 01/10/2022<sup>10</sup>.
- c) The initial duration for the Action may be up to 24 months. 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.
- d) Potential partners: Two partners have been preselected given their mandate and proven distinct capacity across the country in their sectors of intervention; World Food Programme (WFP) for provision of life-saving food assistance to severely food-insecure households with an indicative allocation of EUR 20 000 000; and Danish Refugee Council (DRC) as lead of the Cash Consortium of Yemen (CCY), with an indicative allocation of EUR 15 000 000.
- e) Information to be provided: Single Form or Modifications requests of on-going actions (financed under the 2021-2027 Multi annual Financial Framework)<sup>11</sup>.

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<sup>9</sup> The eligibility date of the Action is not linked to the date of receipt of the Single Form. It is either the eligibility date set in the Single form or the eligibility date of the HIP, whatever occurs latest.

<sup>10</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.

- f) Indicative date for receipt of the above requested information: by 08/11/2022<sup>12</sup>.

#### **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, have sufficient expertise (country/region and/or technical)?
- 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.

###### 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>13</sup>

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

<sup>12</sup> The Commission reserves the right to consider Single Forms transmitted after this date, especially in case certain needs/ priorities are not covered by the received Single Forms.

<sup>13</sup> In accordance with the relevant section of the Single Form guidelines (section10)

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

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

#### *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 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 per cent of girls, unless there is a context-based justification for different targeting.

The HIP Policy Annex should be consulted in parallel.

**For 2022, DG ECHO operational guidelines for Yemen remain structured around two main priorities:**

- 1) Integrated response to populations directly exposed to conflict and displacement. DG ECHO will prioritise emerging needs resulting from ongoing violence, disease outbreak and sudden natural disasters, through rapid responses, while continuing to address the acute needs and priority gaps of the most vulnerable people - including IDPs (internally displaced people) and their host communities.
- 2) Integrated response to the health, nutrition (CMAM and IYCF<sup>14</sup>) and food security crises, including WaSH activities to prevent deterioration of malnutrition.

### **Targeting**

Under **priority 1** targeting of populations is three-fold:

- i. populations currently living in active conflict areas
- ii. populations in the acute phase of forced displacement (within 3 months)
- iii. populations settled in IDP sites where priority gaps in life-saving and essential service provision have been independently identified.

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<sup>14</sup> Community-based Management of Acute Malnutrition; Infant and Young Child Feeding.

Under **priority 2**, DG ECHO will prioritise areas where acute malnutrition/food insecurity indicators surpass the emergency nutrition thresholds, with priority given to locations in IPC 4 and above. Proposals must align with system-wide joint assessments, e.g. IPC Acute Food Insecurity and Acute Malnutrition analysis.

**All proposed interventions must:**

- Be guided by localised independent assessments to supplement joint assessments (e.g. IPC, SMART, MCLA, etc.) for all sectors included in the proposal.
- Be guided by clear access strategies maximising proximity to beneficiaries, adapting the delivery modalities to the security situation and seeking to increase access.
- Demonstrate sectorial capacity within integrated sectors of intervention and engaged referral pathways for complementary assistance, when relevant.
- Be informed by a comprehensive risk analysis (threats, hazards, vulnerabilities and capacities).
- Be designed based on a localised protection risk analysis, including a conflict sensitivity analysis. Strategies to mitigate identified risks shall be included in proposals and regularly monitored throughout implementation.
- Embed Accountability towards Affected Populations (AAP) in all programmes. Specific attention should be given to ensuring that safeguarding<sup>15</sup> practices are in place, to prevent Sexual Exploitation, Abuse and Harassment from occurring; to protect people, especially vulnerable adults and children, from harm and to respond appropriately when harm does occur.
- Systematically consider basic environmental impact of the proposed action and provide tailored risk mitigation plans. In addition, demonstrate conflict sensitivities have been considered and addressed in relation to natural resource scarcity and their planned use.
- Explain participation and engagement with the humanitarian coordination structure at national and local levels as relevant to each sector of intervention proposed.

**Cross-cutting priorities:**

- DG ECHO promotes **an integrated approach** and **area-based approach**, as appropriate to the priorities.
- Actions designed in support of populations in IDP sites should ensure the provision of essential services during displacement, using an area-based approach and prioritising access to adequate information and protection assistance.
- Affected populations, host communities and relevant stakeholders shall be consulted and participate in the decision-making processes, planning and implementation. Community participation and ownership, including marginalized groups, shall be fostered across supported actions, possibly through various levels of engagement (e.g. household level, site committees, local authorities).
- Integrate **advocacy** efforts to highlight the needs of the affected population.
- Interventions should aim to **reinforce existing local capacities**, enhance contingency capabilities and promote **self-reliance**.

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<sup>15</sup> Safeguarding is defined as all actions taken by organisations to protect their personnel from harm and to prevent them from harming others.



- Attention should be given to beneficiaries' **inclusion and exclusion factors** (e.g. triggers, beneficiary identification/verification, monitoring, etc.). DG ECHO expects partners **to ensure meaningful inclusion of extremely vulnerable and marginalized groups** such as migrants, People Living with Disabilities (PLWD), Muhamasheen, women and girls and elderly, etc. into all DG ECHO-funded humanitarian assistance.
- To support the **continuity of services** and reduce transmission risks, partners should embed **COVID-19 and cholera** risk mitigation measures.
- The inclusion of **response wide pipeline(s)** should be justified by demonstrating the gap (s) in supply vs. need and to ensure **quality** standard commodities for nutrition, food security, health and epidemic operations.
- Addressing **Mental Health and Psychosocial Support** in Emergency Settings (MHPSS) needs (both in terms of service provision and capacity building) is a priority for DG ECHO, as the most requested form of assistance from conflict-affected people. DG ECHO will support projects, which integrate MHPSS components, and encourages partner to mainstream MHPSS activities in their actions. Proposed activities must adhere to the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings and be informed by the most recent guidelines (MHPSS Minimum Standard Package). Partners must document the quality of proposed activities and their technical capacities.
- **Coordination and support functions** (common services) can be considered, at various levels, based on demonstrated priority gap(s) with tangible outputs/outcomes. Priority should be given to gaps that are in line with DG ECHO strategy in support to collective responses.
- Partnerships with **local humanitarian actors** are to be structured under principled and accountable localisation efforts that are complementary to DG ECHO strategy in Yemen and that can include capacity building.
- **Remotely managed** actions are considered as a last resort measure and only justified to address critical humanitarian needs. Such extreme measure must be formally agreed with DG ECHO. If security/access allows transition towards standard assistance modalities, the latter should be pursued.
- All proposals should foresee appropriate **exit strategies**, including options for graduation or transfer to recovery or development programmes.

### **Visibility and Communication:**

Partners must ensure, through adequate and proactive communication on 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*".

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 through 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 plans 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 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.

### **Key modalities and sector specific priorities:**

#### **Food Security**

- DG ECHO supported actions are to follow an integrated approach aiming at reducing prevalence of food insecurity in locations where food insecurity indicators surpass emergency thresholds.
- Targeted support to tackle severe levels of household food insecurity based on the main outcome indicators (FCS, CSI<sup>16</sup>) should be provided under most suitable intervention modalities through joint, impartial, evidence-based needs assessments and response analysis.

#### **Health and Nutrition**

- Emergency health care and curative treatment, including first aid, emergency pre-hospital and hospital services as well as identification and treatment of acute malnutrition, and referral of severe acute malnutrition with medical complications. Priorities also include the establishment of tailored referral pathways securing the chain of emergency/trauma care and physical and functional rehabilitation for people with disability (PWD).
- Support to primary and secondary level health facilities providing health and nutrition services in locations hosting displaced population (following a catchment area or area-based approach for service provision). Support and reinforcement of referral pathways to/from supported facilities for lifesaving secondary and tertiary treatment and care, including nutrition activities. Integration of GBV services into health is crucial for enabling GBV survivors' access to safe and timely assistance and has a demonstrated added value in the past.
- Follow up and continuity of care upon discharge for most vulnerable households from supported health facilities.
- Nutritional screening and referral to pre-identified treatment facilities and follow up of referrals. Primary and secondary health care facilities shall ensure availability of contingency resources to cater for additional inpatient and outpatient caseload and consider outreach services to be provided in displacement sites.
- Tailored support to most-at-risk households (e.g. households with pregnant and lactating mothers, children under five years and acutely undernourished SAM/MAM cases), ensuring inclusion to programming aimed at providing access to cash and/or in-kind assistance linked to behaviour change and/or risk mitigation efforts.

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<sup>16</sup> Food Consumption Index, Coping Strategies Index

Reinforcement of inter-sectoral coordination (nutrition and food security clusters and/or cash working group) should be ensured to maximise coverage and attainment of the desired nutritional impact.

- Emergency response capacity against peaks of acute malnutrition/epidemics including routine service mapping and rationalisation of efforts in catchment area. Epidemic outbreak response should include epidemiological surveillance and analysis, early warning and rapid response activities including coordination, as well as disease specific interventions such as community based COVID shielding, vaccination campaigns, hygiene promotion and WaSH interventions when relevant. Acute malnutrition responses are required to routinely assess programme performance and define quality improvement plans based on analysed bottlenecks for Community-based Management of Acute Malnutrition (CMAM) programming.
- Reinforced data collection and analysis (including from ongoing or previous responses) to inform local drivers of acute malnutrition/food insecurity and associated epidemic outbreaks. The use of epidemiological data shall guide community-based programming.
- Continuity of epidemic preparedness and response through epidemic monitoring and strengthening surveillance.
- MHPSS services must be provided through qualified and/or trained staff. Capacity building for local professionals (from the education and health sectors) to identify and address children's and other vulnerable groups heightened stress/trauma levels could also be considered for funding.
- Child protection considerations are particularly important in relation to prevention and treatment of malnutrition and children treated during epidemic outbreaks. Health and nutrition partners should be aware of child protection concerns in their respective areas of operation when programming. Partners should ensure children are cared for by parents/caregivers to the extent possible, prevent or mitigate family separation due to treatment and ensure holistic care for caregivers.

### **WaSH and Shelter**

- Water, Sanitation and Hygiene (WaSH) support to Health facilities, including rehabilitation of the WaSH infrastructure when needed to ensure Infection Prevention and Control Measures.
- Small scale, Water & Sanitation infrastructure repairs to enable services at emergency response standards, linked to local/community structures for the operation and maintenance. Optimisation of existing water supply systems remains the preferred intervention modality, justified under preliminary master plan to be provided by partners. ECHO will only consider the opening of new water sources as a measure of last resort, based on sound feasibility, water source capacity and quality assessments.
- Provision of household level WaSH NFI to ensure drinking water safety at point of consumption, complemented with public health messaging on main water borne/faecal oral risk reduction.
- Emergency WaSH/Shelter to be provided in IDP sites with adequate involvement of affected communities in the design and implementation of programmes. Due consideration should be given to up-grading emergency solutions (e.g. from emergency shelter to transitional solutions) and comprehensive coverage of WaSH needs within a public health approach (e.g. clean water, safe storage, basic latrines construction, hygiene promotion/messaging and NFI).

- Comprehensive WaSH operations at community level, with strong community mobilisation component. Actions to give due consideration to water responsible extraction and use.

### **Basic Needs & Multipurpose Cash Assistance (MPCA)**

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.

All DG ECHO cash proposals must include the following standards:

- The modality choice should be informed by a needs-based and people-centred response analysis, incorporating market, operational and environmental analyses.
- DG ECHO prioritises a Basic Needs Approach (BNA), which seeks to address people's needs in a coordinated and demand-driven way, by putting them at the centre of interventions. Basic needs are the goods, utilities, services, or resources required by households to ensure long-term survival and minimum living standards, without resorting to negative coping mechanisms.
- Within the BNA, DG ECHO prioritises a multipurpose cash assistance (MPCA) to meet multi-sector basic needs that complements assistance met through multiple modalities, as well as timely referrals, to meet specific sectoral outcomes. The Transfer Value should be defined in coordination with the Cash Working Group (CWG) and be sufficient to cover or contribute to recurrent and non-recurrent basic needs (as required). Cash assistance should be targeted and risk informed based on socio-economic vulnerability.
- DG ECHO will systematically assess the cost-efficiency, using the Total Cost to Transfer Ratio (TCTR), alongside analysis of the effectiveness of the overall humanitarian response. The sectoral and multisector outcomes of cash programmes should be monitored against internationally accepted standards in a consistent way and should comply with the crosscutting 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 in line with the cash and market working group recommendations, and design programmes accordingly from the outset to anticipate potential inflationary shocks.
- All cash interventions should comply with DG ECHO's cash thematic policy, including the sector-specific considerations in Annex 2 of that document. In addition, programmes above EUR10m should comply with the cash guidance note for large-scale programming.
- Additionally, in Yemen the use of cash should:
  - Be systematically considered across all response mechanisms - anticipatory action and rapid response mechanisms/crisis modifiers.
  - Support transition towards shock-responsive sustained and longer-term assistance (e.g. social safety nets/social protection, GFD, Shelter/NFI, WaSH, etc.).
  - Enhance the effectiveness of sectorial referral systems.

DG ECHO supports – where feasible – the transition from in-kind/voucher towards cash transfers.

DG ECHO promotes and prioritises a common programming approach to reduce fragmentation, with streamlined systems created to avoid duplication and parallel ways of working. This includes working towards common targeting criteria, single or interoperable beneficiary registries, a single payment mechanism, a common feedback mechanism and a common results framework.

### **CCCM (Camp Coordination and Camp Management)**

- CCCM actions (fixed or mobile) will provide basic site level coordination and community/humanitarian actors' mobilisation. CCCM actors should liaise effectively with local representatives as well as sector specific agencies. Timely monitoring and reporting of emerging and critical needs in IDP sites should be provided to sector lead organisations per site (regular mapping of services, service providers and gaps). Established referrals are to be supported and service provision should be followed up.
- Integration of Protection and Housing, Land and Property (HLP) services within deployed CCCM capacities is to be pursued, as well as co-location and joint delivery by CCCM actors of required sectorial services, within the organisation area of expertise or in coordination with other service providers (e.g. infrastructure).
- Compliance with essential service standards in supported IDP sites should be secured by up-grading community and household level infrastructure (including shelters), comprehensive WaSH services and the provision of non-food items (NFI).
- CCCM partners are expected to ensure provision of basic psychological first aid, identification of multi-sectorial needs, response providers and referral systems. CCCM actors shall also support the transfer from RRM to other services.

### **Education in Emergencies**

- Priority will be given to EiE in IDP sites. EIE actions will target out-of-school children, with the aim to provide safe and sustained access to quality education. Priority will be on modalities, including non-formal education (NFE), in line with applicable sector frameworks, to provide relevant and effective pathways to ultimately re-enter formal education. Targeted approaches to ensure retention and progression in NFE, transition to formal education and learning outcomes according to defined standards will need to be demonstrated.
- EiE interventions must ensure that child protection risks are timely and effectively responded to by qualified actors (either directly, when partners have demonstrated relevant capacities – or through referrals). In this regard, integrated EiE and Child Protection actions are strongly encouraged: school-based protection activities must be built upon a sound risk analysis and should address the most life-threatening protection risks. All activities, including psycho-social support/social and emotional learning, will need to specify objectives, based on contextualized evidence of need, with corresponding structure and outcome measurement.
- Actions can also include protection of education from attack by operationalising commitments from the Safe Schools Declaration. This includes the provision of psychosocial support for students and teachers, as well as safe school protocols, including preparedness and response to education interruptions.
- All actions are to be in line with the DG ECHO EIE policy and should complement and be in synergy with other humanitarian and development programmes.

- Consideration can be given for inclusion of Education in Rapid Response Mechanisms to enable resumption of education, with integrated programming, including psycho-social support, and continued education established.
- For cash in education projects, attention should be paid to sustainability of the interventions and, when possible, linkages to longer-term solutions.

### **Protection**

- Joint and Integrated protection programming<sup>17</sup> is encouraged particularly when aimed at enhancing the identification and assistance of protection cases (e.g. joint protection and health programmes) and/or at reducing protection risks (e.g. MPCA intending to mitigate protection related negative coping mechanisms, with a focus on life-threatening risks).
- Promotion of International Humanitarian Law (IHL) at various levels through direct engagement and evidence-based humanitarian advocacy.
- Protection monitoring: the systematic collection and analysis of information to identify violations of rights and protection risks for populations of concern for the purpose of informing effective response as well as advocacy at different levels, i.e. strategic and operational. Protection monitoring activities should always be complemented by the direct or indirect provision of assistance to beneficiaries through multisector response activities (including protection), most notably the provision of information on existing services and effective referrals for cases in need of specialised services.
- Direct provision of static and mobile protection assistance, including but not limited to victims of violence; direct provision of case management for ‘high-risk cases’ will be prioritised; partners are expected to develop/update localised multi-sector service mapping (ensuring quality of assistance is taken into account) as well as referral mechanisms.
- The provision of cash to achieve protection outcomes will be considered only when i) the causal link between cash transfers and protection outcomes is clearly outlined; ii) cash is part of a broader protection response (accompaniment, legal assistance and case management).
- Mine risk education, information and materials should be provided as part of information sharing, complementing services provided by partners (as clearance to scale is hindered and areas are likely to be contaminated).
- On a case-by-case basis, active conflict allowing, community centres run or supported by humanitarian actors to provide information on humanitarian service provision in the area of operation, on legal assistance and tenure arrangements, or acting as registration points for newly displaced populations, and for the identification of specific vulnerable individuals or persons with special needs, etc. will be considered. Community centers may be equipped to provide a multi-sectorial platform that population can access easily and with a range of protection and non-protection services.
- Information sharing to guide individuals and families, including activities preserving family unity.

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<sup>17</sup> Integrated protection programming will employ responses from one or more traditional assistance sectors (shelter, WaSH, health, food assistance, nutrition, etc.) in order to achieve a protection outcome.

**Disaster – Preparedness: Emergency Response and Early Action**

- Partners are expected to mainstream Disaster Preparedness in their projects, with particular focus on strengthening early and rapid response capacities. Anticipatory and contingency measures should be embedded in the action to anticipate and mitigate the main threats and hazards to the best possible extent.
- In areas affected by high level of insecurity and recurrent forced displacements, Rapid Response Mechanisms (RRM) should ensure a first rapid response to the newly displaced families. It is expected that RRM actions present sufficient information and justification regarding the triggers, timeline and modality to be used for the rapid response. The minimum package of interventions should focus on the most pressing and lifesaving needs of the affected households and cover at least one month of assistance, with a possible extension to three months if no other services/assistance is available. Coordination with cluster and sector groups is essential to ensure adequate response packages as well as effective referral pathways. Partners are encouraged to monitor the use of the rapid assistance and its effectivity as well as the access to referral services.
- In areas affected by extreme climatic conditions, epidemics and displacements, partners are encouraged to introduce flexibility mechanisms such as Crisis Modifiers (CM) to be able to quickly mobilize resources from on-going actions and respond to any new emerging shocks (a crisis within a crisis) occurring in the area of their operations. CM should be triggered based on pre-agreed thresholds to provide initial lifesaving multisector response in the aftermath of a rapid onset crisis. Partners are invited to dedicate a specific result to the CM, under the DRR/DP sector. The timeliness of the response remains a key factor of success and partners should ensure it is launched within the first 96 hours after the disaster.
- Both rapid and flexible mechanisms should be based on a multi-risk analysis, with the development of worst and most likely scenarios. Partners should develop a detailed plan considering triggers, prepositioning of stocks, surge staff and sectors of intervention.

**Nexus**

Partners should detail in their proposals how the DG ECHO supported action will contribute to the following priority areas for Nexus:

- **Food security and nutrition.** Show how food and nutrition assistance through in-kind, cash and voucher assistance, including Multipurpose Cash Assistance – MPCA would contribute to improved self-reliance and strengthen synergies for livelihoods restoration and diversification for crisis affected communities.
- **Multi-purpose cash assistance.** Show the complementarities and synergies with existing social safety nets/social protection programmes, including the steps to be taken to put in place the interoperability requirements such as shared registries, transfer values, targeting, and transfer mechanisms/systems. **WaSH/Disaster Risk Reduction and public health:** Explain the linkage of emergency WaSH support with long term initiatives addressing the damaged infrastructure, severe water scarcity and climate change impacts.
- **Education:** Explain the linkage of education in emergency actions (targeting most at risk, out of school children) with formal education, where it exists.

- **Protection:** Explain the cooperation and coordination on Children in Armed Conflict (CAAC), including linking the humanitarian agenda of children in armed conflict with the policy agenda by moving forward legal frameworks and roadmaps for implementation. Joint efforts to contribute to the implementation of EU Gender Action Plan III are encouraged.