

## TECHNICAL ANNEX

### LATIN AMERICA AND THE CARIBBEAN

#### FINANCIAL, ADMINISTRATIVE AND OPERATIONAL INFORMATION

The provisions of the financing decision ECHO/WWD/BUD/2024/01000 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)  
ECHO/-AM/BUD/2024/91000

## 2. FINANCIAL INFO

Indicative Allocation<sup>2</sup>: **EUR 111 645 481** of which an indicative amount of **EUR 14 695 481** for Education in Emergencies.

### Programmatic Partnerships:

Programmatic Partnerships have been launched since 2020 with a limited number of partners. A maximum amount of **EUR 900 000** will be dedicated to ongoing Programmatic Partnerships in 2024. New Programmatic Partnerships could be funded under this HIP<sup>3</sup>.

Indicative breakdown per Actions as per Worldwide Decision (in euros)<sup>4</sup>:

Country(ies)	Action (a) Man-made crises and natural hazards	Action (b) Initial emergency response/small- scale/epidemics	Action (c) Disaster Preparedness	Actions (d) to (f) Transport / Complementa ry activities	TOTAL
Venezuela	33 000 000		5 000 000		38 000 000
Colombia	11 000 000		5 000 000		16 000 000
Central America	17 000 000		1 000 000		18 000 000
Haiti	18 500 000				18 500 000
Caribbean	1 145 481		1 000 000		2 145 481
South America	11 000 000		8 000 000		19 000 000

## 3. PROPOSAL ASSESSMENT

### a) Co-financing:

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

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

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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.

<sup>3</sup> More information can be found in the 'Guidance to Partners – DG ECHO Programmatic partnerships 2023' <https://www.dgecho-partners-helpdesk.eu/programmatic-partnership/programmatic-partnership>

<sup>4</sup> For flexibility and fast responsiveness purposes, this breakdown can be adjusted within certain limits based on newly arising needs.

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>5</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 4.1.2. 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 - Venezuela**

- a) Indicative amount: up to EUR 38 000 000
  - Support to interventions addressing the humanitarian consequences of complex crises in Venezuela (up to EUR 28 200 000);
  - Education in Emergencies (up to EUR 3 800 000);
  - Up to EUR 5 000 000 for Disaster Preparedness
- b) Description of the humanitarian aid interventions relating to this assessment round: please refer to the HIP and to the specific guidelines under section 4.1 of this Technical Annex.
- c) Costs will be eligible from 01/01/2024<sup>6</sup>
- d) The initial duration for the Action may be up to 24 months or more provided that the added value of a multi-annual duration is demonstrated by the partner. Education in Emergencies actions do not need further justification and should have an initial duration of at least 24 months. For Disaster Preparedness, justification is needed only for particularly volatile contexts. Follow-up actions, which continue/extend ongoing operations financed under a previous Humanitarian Implementation Plan, can be submitted as modification requests with a view to extending the ongoing action for a total of up to 48 months. Actions that are extended further to modification requests can be funded under a maximum of three successive Humanitarian Implementation Plans. 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).
- e) Potential partners<sup>7</sup>: All DG ECHO Partners

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<sup>5</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>6</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>7</sup> Unless otherwise specified potential NGO partners refer to certified partner organisations.

- f) Information to be provided: Single Form or Modifications requests of on-going actions<sup>8</sup>
- g) Indicative date for receipt of the above requested information: by 05/02/2024<sup>9</sup>

### **Allocation round 2 - Colombia**

- a) Indicative amount: up to EUR 16 000 000
  - Support to interventions addressing the humanitarian consequences of complex crises in Colombia (up to EUR 9 200 000);
  - Education in Emergencies (up to EUR 1 800 000);
  - Up to EUR 5 000 000 for Disaster Preparedness
- b) Description of the humanitarian aid interventions relating to this assessment round: please refer to the HIP and to the specific guidelines under section 4.1 of this Technical Annex.
- c) Costs will be eligible from 01/01/2024<sup>10</sup>
- d) The initial duration for the Action may be up to 24 months or more provided that the added value of a multi-annual duration is demonstrated by the partner. Education in Emergencies actions do not need further justification and should have an initial duration of at least 24 months. For Disaster Preparedness, justification is needed only for particularly volatile contexts. Follow-up actions, which continue/extend ongoing operations financed under a previous Humanitarian Implementation Plan, can be submitted as modification requests with a view to extending the ongoing action for a total of up to 48 months. Actions that are extended further to modification requests can be funded under a maximum of three successive Humanitarian Implementation Plans. 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).
- e) Potential partners<sup>11</sup>: All DG ECHO Partners
- f) Information to be provided: Single Form or Modifications requests of on-going actions<sup>12</sup>
- g) Indicative date for receipt of the above requested information: by 05/02/2024<sup>13</sup>

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

<sup>9</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>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.

<sup>11</sup> Unless otherwise specified potential NGO partners refer to certified partner organisations.

<sup>12</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>13</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 3 – Central America and Mexico**

- a) Indicative amount: up to EUR 18 000 000
  - Support to interventions addressing the humanitarian consequences of complex crises in Central America and Mexico (up to EUR 13 200 000);
  - Education in Emergencies (up to EUR 3 800 000);
  - Disaster Preparedness (up to EUR 1 000 000)
- b) Description of the humanitarian aid interventions relating to this assessment round: please refer to the HIP and to the specific guidelines under section 4.1 of this Technical Annex.
- c) Costs will be eligible from 01/01/2024<sup>14</sup>
- d) The initial duration for the Action may be up to 24 months or more provided that the added value of a multi-annual duration is demonstrated by the partner. Education in Emergencies actions do not need further justification and should have an initial duration of at least 24 months. For Disaster Preparedness, justification is needed only for particularly volatile contexts. Follow-up actions, which continue/extend ongoing operations financed under a previous Humanitarian Implementation Plan, can be submitted as modification requests with a view to extending the ongoing action for a total of up to 48 months. Actions that are extended further to modification requests can be funded under a maximum of three successive Humanitarian Implementation Plans. 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).
- e) Potential partners<sup>15</sup>: All DG ECHO Partners. With reference to section 4.1.2.1 of this document, partners identified as eligible candidates for disaster preparedness funding are Oxfam and FAO through a modification of existing actions.
- f) Information to be provided: Single Form or Modifications requests of on-going actions<sup>16</sup>
- g) Indicative date for receipt of the above requested information: by 12/02/2024<sup>17</sup>

### **Allocation round 4 - Haiti**

- a) Indicative amount: up to EUR 18 500 000

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<sup>14</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>15</sup> Unless otherwise specified potential NGO partners refer to certified partner organisations.

<sup>16</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>17</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.

- Support to interventions addressing the humanitarian consequences of complex crises in Haiti (up to EUR 16 700 000);
  - Education in Emergencies (up to EUR 1 800 000);
- b) Description of the humanitarian aid interventions relating to this assessment round: please refer to the HIP and to the specific guidelines under section 4.1 of this Technical Annex.
- c) Costs will be eligible from 01/01/2024<sup>18</sup>
- d) The initial duration for the Action may be up to 24 months or more provided that the added value of a multi-annual duration is demonstrated by the partner. Education in Emergencies actions do not need further justification and should have an initial duration of at least 24 months. For Disaster Preparedness, justification is needed only for particularly volatile contexts. Follow-up actions, which continue/extend ongoing operations financed under a previous Humanitarian Implementation Plan, can be submitted as modification requests with a view to extending the ongoing action for a total of up to 48 months. Actions that are extended further to modification requests can be funded under a maximum of three successive Humanitarian Implementation Plans. 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).
- e) Potential partners<sup>19</sup>: All DG ECHO Partners. With reference to the section 4.1.2.1 of this document the partners identified as eligible candidates for disaster preparedness funding are ICRC and IOM through a modification of existing actions.
- f) Information to be provided: Single Form or Modifications requests of on-going actions
- g) <sup>20</sup>Indicative date for receipt of the above requested information: by 05/02/2024<sup>21</sup>

### **Allocation round 5 - Caribbean**

- a) Indicative amount: up to EUR 2 145 481
- Support to interventions addressing the humanitarian consequences of complex crises in the Caribbean (up to EUR 650 000);
  - Education in Emergencies (up to EUR 495 481)
  - Disaster Preparedness (up to EUR 1 000 000)

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<sup>18</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>19</sup> Unless otherwise specified potential NGO partners refer to certified partner organisations.

<sup>20</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>21</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.

- b) Description of the humanitarian aid interventions relating to this assessment round: please refer to the HIP and to the specific guidelines under section 4.1 of this Technical Annex.
- c) Costs will be eligible from 01/01/2024<sup>22</sup>
- d) The initial duration for the Action may be up to 24 months or more provided that the added value of a multi-annual duration is demonstrated by the partner. Education in Emergencies actions do not need further justification and should have an initial duration of at least 24 months. For Disaster Preparedness, justification is needed only for particularly volatile contexts. Follow-up actions, which continue/extend ongoing operations financed under a previous Humanitarian Implementation Plan, can be submitted as modification requests with a view to extending the ongoing action for a total of up to 48 months. Actions that are extended further to modification requests can be funded under a maximum of three successive Humanitarian Implementation Plans. 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).
- e) Potential partners<sup>23</sup>: All DG ECHO Partners. With reference to 4.1.2.1 section of this document, the partner identified as eligible candidate for the disaster preparedness funding is WFP in Dominican Republic
- f) Information to be provided: Single Form or Modifications requests of on-going actions<sup>24</sup>
- g) Indicative date for receipt of the above requested information: by 12/02/2024<sup>25</sup>

#### **Allocation round 6 – South America**

- a) Indicative amount: up to EUR 19 000 000
  - Support to interventions addressing the humanitarian consequences of complex crises in South America (up to EUR 8 000 000);
  - Education in Emergencies (up to EUR 3 000 000);
  - Disaster Preparedness (up to EUR 8 000 000)
- b) Description of the humanitarian aid interventions relating to this assessment round: please refer to the HIP and to the specific guidelines under section 4.1 of this Technical Annex.

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<sup>22</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>23</sup> Unless otherwise specified potential NGO partners refer to certified partner organisations.

<sup>24</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>25</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.



- c) Costs will be eligible from 01/01/2024<sup>26</sup>
- d) The initial duration for the Action may be up to 24 months or more provided that the added value of a multi-annual duration is demonstrated by the partner. Education in Emergencies actions do not need further justification and should have an initial duration of at least 24 months. For Disaster Preparedness, justification is needed only for particularly volatile contexts. Follow-up actions, which continue/extend ongoing operations financed under a previous Humanitarian Implementation Plan, can be submitted as modification requests with a view to extending the ongoing action for a total of up to 48 months. Actions that are extended further to modification requests can be funded under a maximum of three successive Humanitarian Implementation Plans. 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).
- e) Potential partners<sup>27</sup>: All DG ECHO Partners
- f) Information to be provided: Single Form or Modifications requests of on-going actions<sup>28</sup>
- g) Indicative date for receipt of the above requested information: by 12/02/2024<sup>29</sup>

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

##### *4.1.1. Assessment criteria:*

- 1) Relevance
  - How relevant is the proposed intervention; is it compliant with the objectives of the HIP?
  - Has a joint needs assessment been used for the proposed intervention (if existing)? Have other recent and comprehensive needs assessments been used?
  - Has the proposed intervention been coordinated with other humanitarian actors?
- 2) Capacity and expertise
  - Does the partner, with its implementing partners, have sufficient expertise (country / region and / or technical)?
  - How does the partner contribute to developing/strengthening local capacity?
- 3) Methodology and feasibility

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<sup>27</sup> Unless otherwise specified potential NGO partners refer to certified partner organisations.

<sup>28</sup> Single Forms will be submitted to DG ECHO using APPEL.

<sup>29</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.

- 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 employed, the activities to be undertaken and the objectives to be achieved?
  - Is the breakdown of costs sufficiently documented/explained?<sup>30</sup>

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

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

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

This section outlines the specific operational guidelines that DG ECHO partners need to consider in the design of humanitarian operations supported by DG ECHO. It also lists and explains the assessment criteria – based on those outlined in section 4.1.1 - 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.

In line with the DG ECHO guidance on localisation<sup>31</sup>, and unless duly justified, DG ECHO will expect that proposals are based on partnerships with local actors, including through the participation and leadership of local and national actors in the project cycle, giving them space in the governance process, allocating an appropriate share of funding to local partners. In case of proposals of similar quality and focus, DG ECHO will give priority to proposals where at least 25% of DG ECHO's contribution will be spent on activities implemented by

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<sup>30</sup> In accordance with the relevant section of the Single Form guidelines (section10)

<sup>31</sup> Preference should be given to procurement, distribution, and use of environmentally sustainable items, reducing and optimising secondary and tertiary packaging, avoiding procuring single-use items, and favouring products with greater durability and high recycled content.

local and national actors. DG ECHO also expects partners to provide an adequate share of overhead costs to their local implementing partners. In addition, DG ECHO will prioritise proposals where the locally led action constitutes a central element and which are designed bottom up, and where DG ECHO partners provide relevant support to local partners' response (technical training, institutional support, peer learning). Regarding **logistics (meaning the entire supply chain)**, DG ECHO will support strategic solutions such as shared and / or common services, joint procurement, etc. if their cost-efficiency and benefit in increasing effectiveness and timeliness of the response is demonstrated, in line with DG ECHO's Humanitarian Logistics Policy. DG ECHO also encourages the application of the Humanitarian Logistics Policy more widely, in particular the key considerations set out in Annex 1: Framework for Operations.

The majority of organisations' environmental footprint comes from their logistics/supply chains, and as such these offer an opportunity to minimise environmental impacts<sup>32</sup>. Preference should be given to procurement, distribution, and use of environmentally sustainable items, reducing and optimising secondary and tertiary packaging, avoiding procuring single-use items, and favouring products with greater durability and high recycled content.

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. For cash in education projects, particular attention should be paid to sustainability of the interventions and, when possible, linkages to longer-term livelihood solutions.

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 thematic policy<sup>33</sup>, which will form the basis for the assessment and selection of partners. Partners will be expected to demonstrate a satisfactory efficiency ratio and should ensure that it is maintained throughout the action, unless otherwise approved by DG ECHO. To the extent possible and considering 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. The large-scale cash guidance note (Annex 1 of the cash thematic policy) includes specific considerations for large-scale cash transfers: segregation of functions, cost-efficiency (including indirect costs), and full transparency on the costs to calculate the efficiency ratio.

Specific implementation of the following elements in the proposal should be demonstrated as appropriate:

- Mainstreaming of protection, gender, age and disability inclusion based on a comprehensive needs and risk analysis
- Strategies for effective prevention of and response (protection, health and mental health response) to Gender Based Violence (GBV);

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<sup>33</sup> [https://ec.europa.eu/echo/files/policies/sectoral/thematic\\_policy\\_document\\_no\\_3\\_cash\\_transfers\\_en.pdf](https://ec.europa.eu/echo/files/policies/sectoral/thematic_policy_document_no_3_cash_transfers_en.pdf)

- Strategies for effective prevention of and response to Sexual Exploitation, Abuse and Harassment (SEAH), including adequate and victim/survivor-centred response approaches and reporting channels

### **Environmental considerations**

All partners are expected to include context-specific measures to reduce the environmental footprint of the proposed actions, while preserving their effectiveness, in compliance with the minimum environmental requirements set out in DG ECHO's Guidance on the operationalisation of the Minimum Environmental Requirements and Recommendations for EU-funded humanitarian aid operations<sup>34</sup>.

The minimum environmental requirements should be applied through a 'mainstreaming' approach with environmental impacts mitigated across sectors, projects and programmes with the aim to consider the environment holistically when designing and implementing actions. The requirements will apply to all sectors with special attention on mitigating the negative environmental impacts in protracted, chronic situations.

The HIP Policy Annex should be consulted in parallel.

#### **4.1.2.1. Sector-Specific Priorities**

### **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 onset crises. For slow onset crises, 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 mobilise resources from on-going actions and swiftly respond to and/or act in advance of any new emerging shocks occurring and/or forecasted 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, as well as to act in advance of an imminent shock; the three main scenarios are: i) to fill the time gap while waiting for additional resources; ii) to respond to small scale humanitarian needs which would otherwise remain unattended; iii) to provide assistance in advance of an imminent shock to prevent or reduce its acute humanitarian impact, according to a pre-agreed plan with defined triggers and actions.

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.

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<sup>34</sup> [https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/climate-change-and-environment\\_en](https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/climate-change-and-environment_en)

ERM/RRM and flexibility measures are complementary and do not exclude each-other; flexibility measures enable to act in advance and 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 time 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).]

### (3) European Humanitarian Response Capacity (EHRC):

DG ECHO can decide on the activation of the EHRC should operational and logistical gaps emerge. The use of the EHRC support is described in the relevant EHRC Humanitarian Implementation Plan and its Technical Annex.

Under this HIP, DG ECHO can propose directly to one or more partners to receive and be in charge of the distribution of emergency relief items or hosting an EHRC humanitarian expertise. The choice of the partner will be taken by DG ECHO based on a set of criteria, such as presence in the affected area, and experience. The EHRC inputs will be part of the partner's response action and will, where relevant, be included in existing grant agreements.

### (4) Disaster Preparedness actions

During the last years, an increasing number of countries and regions have been implementing targeted Disaster Preparedness actions, stretching the limited resources assigned to Disaster Preparedness to the maximum. In order to adapt to this increased demand in Disaster Preparedness, while ensuring an efficient use of the limited funds, and with the recommendation for actions to have an initial duration of 24 months, starting from 2024 the Disaster Preparedness budget line will be allocated on a biennial basis. This means that a given country/region will receive Disaster Preparedness funding every two years, unless exceptional circumstances would require otherwise. Two-year allocations will allow more predictability and sustainability of the DP strategy in the relevant countries/regions, with expected higher impact and effectiveness of its objectives.

In order to ensure a smooth transition from the previous annual allocation of funds to the current biennial frequency, a limited envelope has been established in 2024 to facilitate the shift between modalities and address specific gaps in some countries impacted by the transition. These “bridge funds” will be typically allocated for the extension of ongoing actions that, based on strategic and programmatic considerations, are considered eligible for a top up to ensure expected objectives are met, and to mitigate any identified gaps resulting from the shift to the new allocation frequency. This measure will be applied only in 2024 to avert discontinuity and it is not meant to be repeated in 2025.

For the 2021-2024 cycle, there are four global priorities for targeted preparedness actions funded by the DG ECHO dedicated budget Disaster preparedness Budget Line (DP BL). All priorities are inter-connected and mutually reinforcing as activities implemented under one priority will benefit the other priorities. The priorities are as follows: 1. Risk-based and anticipatory actions; 2. Preparedness in conflict and fragile settings; 3. Climate and environmental resilience; 4. Urban preparedness.

DG ECHO also supports targeted preparedness actions as a specific way of strengthening preparedness for the early response to a hazard and/or threat (e.g. establishment of early

warning systems, development of contingency plans and Standard Operating Procedures, emergency prepositioning of stock, etc.).

### **Transfer modalities**

Modality choice should be informed by a needs-based response and risk analysis, incorporating joint and timely market analysis, operational and environmental analyses. The use of cash should systematically be considered, across the variety of response mechanisms (anticipatory action, rapid response mechanisms, emergency responses, crisis modifiers, and 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 3 of that document. In addition, programmes above EUR10m should comply with the large-scale cash guidance note.

DG ECHO promotes a common system and/or coordinated programming approaches to reduce fragmentation and avoid duplication and parallel ways of working. This includes better operational coordination, coordinated approaches to vulnerability-based targeting, data interoperability (which respects data protection requirements) to facilitate deduplication and referrals, a common payment mechanism, a common feedback mechanism and a common results framework. DG ECHO will systematically assess the cost-efficiency of different modalities, using the Total Cost to Transfer Ratio (TCTR), alongside the analysis of effectiveness.

DG ECHO promotes, wherever appropriate, a single multipurpose cash (MPC) payment to meet recurrent basic needs, through a common payment mechanism, and timely referral pathways to meet specific multi-sectoral outcomes based on a solid analysis. DG-ECHO expect that the MEB and Transfer Values (TV) are defined under the coordination of the CWG for harmonised response. The value of cash assistance should be adequate to cover or contribute to emergency basic needs and should be complemented by other relevant sectoral interventions which cannot be met through cash, facilitated through multi-sectoral referral pathways. Cash assistance should be risk informed and targeted based on socio-economic vulnerability, and the protection concerns of individuals and groups. Partners should invest in preparedness measures for cash assistance, as a key enabler of timely response e.g. through anticipatory action or rapid response mechanisms. Entry points for linking humanitarian assistance and social protection at different levels (policy/governance, strategic/institutional level and resources, programme design, and implementation/delivery) should systematically be assessed.

The sectoral and multisectoral outcomes of cash programmes should be monitored against defined objectives in a consistent way, using the relevant DG ECHO KOIs and KRIs, which are aligned with the Grand Bargain MPC outcome indicators.

At Specific Objective level:

- ❖ **Livelihood Coping Strategy** “% of HH without crisis and emergency Livelihood Coping Strategies (LCS)” - Target 80% using the WFP methodology outlined in its Essential Needs Assessment guidance (see p20).
- ❖ *Percentage of households who report being able to meet their basic needs as they define and prioritize them*” measured using the standardized scale (all/most/half/som

Given that large percentages of the MPC assistance is used to cover food needs, it is recommended to also systematically use the **Food Consumption Score (FCS)**.

At result level, DG-ECHO recommends the use of:

- ❖ *“Percentage of households with total monthly expenditure which exceeds the MEB”.*

-Target 80%.

Multi-sectoral market analysis and monitoring should be ensured, in real time, to inform and adapt assistance, irrespective of the modality. In contexts of high inflation and currency depreciation, partners (under the leadership of Cash Working Groups) should –monitor markets and define inflation and currency-related triggers; design programmes and budgets from the outset to anticipate inflation and depreciation; and adapt programmes and budgets based to maintain purchasing power and programme effectiveness. DG ECHO maintains its commitment to providing cash, even in contexts of high inflation, provided that programming can be adequately adapted, in line with the Good Practice Review on cash in inflation/depreciation. Whenever duly justified, to cope with market price volatility, partners are encouraged to include contingencies to adapt the transfer value, increase coverage, and/or change to an alternative modality to preserve household purchasing power capacity. Irrespective of the modality, partners are expected to invest in robust due diligence processes and tracking capacity to minimise the risk of diversion.

DG ECHO will support Cash Working Groups, under the leadership of the inter-sector/inter-cluster, and in collaboration with relevant sectoral working groups, to provide leadership on the above, in line with the IASC model and CWG ToR.

For the use of cash transfers in education projects, particular attention should be paid to the sustainability of interventions and, where possible, to links with long-term livelihood solutions. In protection actions, cash interventions will need to have a clear protection objective and will only be supported if they are integrated with legal assistance, case management or support, and as part of a wider comprehensive and integrated protection response.

The mainstreaming of protection, gender, age and inclusion of people living with disabilities on the basis of a comprehensive risk analysis will be a prerequisite for selection. Proposals will be assessed on whether the response is based on a comprehensive risk analysis and sufficiently reflects all mainstreaming requirements. The use of the Protection Mainstreaming KOI is recommended, particularly as process indicator monitored and evaluated throughout the implementation period.

#### **4.1.2.2. Geographic priorities**

##### **VENEZUELA**

**Target population:** *A recent needs assessment clearly connecting the needs of the target population with the specific action proposed will be paramount on the consideration of the intervention.* Most vulnerable groups will be prioritised, notably children under 5, pregnant and lactating women, adolescents affected by multiple risks (including forced recruitment, sexual abuse, nutrition, health, SGBV, prevention of unwanted pregnancies, etc), IDPs and those “left behind”, including women head of households, elderly, people with disabilities, people affected by violence (in urban or rural areas), particularly indigenous communities.

**Sector prioritisation:** Health, Nutrition, Education in Emergencies and Protection, with coordination as transversal sector and WASH, Food Security and Shelter as support sectors of intervention. Multisectoral or integrated actions looking at responding in a comprehensive way will be prioritized. In that sense, partners are strongly encouraged to produce comprehensive proposals that combine sectors to maximize the results.

##### **Health:**

*The collapse of the health system has led to a critical situation in terms of access to medical services and public health. According to HumVenezuela in March 2022, 82.8% of health facilities reported inoperative services in hospital care, 87% in specialised outpatient care and 92% in primary care, leaving 19.1 million people without health services. Several reasons explain this situation: the massive exodus of trained health personnel, which between 2014 to 2022, accumulated a loss of 71% of medical staff and 78% of nursing staff, adding to the 823 staff who died in the exercise of their functions of care; the permanent shortage of basic supplies and materials for care and the deep deficiencies showed in the infrastructure of health centres : 95% of the physical health structures are very deteriorated, 83% of the hospitals do not have access to water, and 90% do not have emergency power plants.<sup>35</sup>*

*The collapse has a significant impact on sexual and reproductive health service, with 62% of maternity and obstetric centres either not functioning or experiencing serious issues. There are significative stock shortages of contraceptives resulting in an alarming rise in early pregnancies among adolescent girls, who form 24.7% of all pregnant women. Additionally, 55.8% of pregnant women are unable to receive adequate obstetric care. Independent studies show that there has been an estimated 30% increase in maternal mortality between 2019 and 2021.*

*For the children care, 79% of paediatric care services were closed or are inoperative. Deprivation of health services, in addition to malnutrition, has increased the infant mortality rate to 25.7 % of which, the majority being new-borns, and to 29.4% the mortality rate of under 5 years old.*

*Vaccination rates are alarmingly low for diphtheria, tetanus, and pertussis (DPT3), with only 40.2% coverage, and even lower for measles at just 30.4%. Sadly, this has led to a resurgence of preventable diseases such as measles and diphtheria.*

*Outbreaks of malaria, dengue, and yellow fever are recurring, and it's expected that climate change will cause them to become more frequent. Due to limited disease surveillance and detection capabilities, many cases go unreported.*

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<sup>35</sup> [According to diagnosis of Federación Médica de Venezuela \(FMV\)](#)



Priority will be given to activities with the highest potential to save lives, prioritizing support to existing health centres and including support to emergency services, comprehensive sexual and reproductive healthcare services (including Family planning, prenatal care, skilled birth attendance, emergency obstetric care and postnatal support is crucial), medical and mental attention to SGBV, scale-up of mental healthcare provision and the integration of nutrition into the primary healthcare programming.

Emergency Obstetric care is considered as one of the most important, immediate, life saving measures in any emergency. It is a vital component of comprehensive reproductive health services and should be incorporated into emergency responses whenever possible. Especially for adolescent girls knowing that they are particularly vulnerable and face higher risks of premature pregnancy and childbirth complications.

Support for preventive activities such as routine vaccination will also be prioritized.

Mental health and psychosocial support must be provided by qualified staff and in accordance with internationally recognized protocols, linking the response with protection-oriented interventions where possible.

Given the low vaccination rate and the climate change context, the risk of occurrence of epidemics in the region is high therefore emergency preparedness and response to outbreaks activities can be proposed, including Infection Prevention and Control (IPC), WASH and waste management standards in health services.

Mobile clinics should be a temporary activity and the choice of this modality to deliver care should be justified (ex: no health facility available in a reasonable timeframe of reach). The frequency of visits of the mobile team in the same community should be consistent and the mobile clinics should be part of a strategy that includes a fixed point of reference offering full access to healthcare. Health interventions should systematically include appropriate medical and mental care for survivors of sexual violence as well as support to access safe deliveries performed by qualified staff according to WHO definition.

Cash transfers in healthcare and nutrition programming will only be considered on a case-by-case basis and if justified by in-depth assessment and analysis of the availability of healthcare in the proposed area of intervention.

Proper medical waste management should be ensured.

#### Nutrition:

*Caritas Venezuela found during 2021 a global acute malnutrition rate (GAM) of 10.6% in children under 5 years of age with at least 65 000 (2.9%) of these children suffering from severe global acute malnutrition. The Bengoa Foundation and the Venezuelan Health Observatory show that at least 34.8% of children under 5 years of age are chronically malnourished or stunted. Different studies in the country have also estimated that 47% of pregnant women would have suffered from acute malnutrition.*

DG ECHO will focus on monitoring, prevention and response to acute malnutrition in children under five (including under 6 months), pregnant and lactating women and adolescent girls as a part of a comprehensive response integrated with food assistance, WASH and health according to needs.

The intervention criteria to set up a stand-alone nutrition programme are based on the emergency thresholds for Global Acute Malnutrition set by WHO (more than 15 %, or more than 10% where there are aggravating factors), otherwise acute undernutrition treatment

must be integrated as much as possible into primary healthcare and the national healthcare systems (facility, staff, supplies, etc.) while ensuring free quality care for the beneficiaries. A referral route should be available for complicated or non-respondent cases and the referral system will be monitored regularly. Food support for the affected families for the duration of the treatment would be considered ideal.

The CMAM (Community-based Management of Acute Malnutrition) is the preferred implementation strategy as well as the simplifications proposed in the recent WHO guidelines.

Nutritional support to people on the move (internally displaced or willing to migrate) can also be envisaged. If an up-to-date nutritional evaluation reveals the existence of acute and moderate malnutrition rates in regions not covered by the aforementioned geographical priorities, DG ECHO might contemplate implementing a focused nutrition intervention. If a recent nutritional assessment shows the prevalence of acute and moderate malnutrition in areas outside of the geographical priorities explained above, DG ECHO could consider a targeted nutrition intervention.

In the context of climate change or foreseen climate events (ex: el Niño) adding the food insecurity, it is essential to integrate nutrition preparedness in all health or nutrition programming by for ex empowering local actors (community health workers, qualified healthcare staff, district officials, etc.) to the identification, prevention and management of acute malnutrition and follow up strategies while responding to nutrition humanitarian needs.

After distribution proper waste management of the packaging of nutrition products should be ensured.

#### Food assistance:

*According to the latest figures available, 89.2% of the population reported deprivations related to access to food, livelihoods and savings. The number of people who exhausted their livelihoods or have not enough to eat increased to 18.7 million people<sup>36</sup>.*

In this specific context, food assistance through in kind assistance or vouchers should complement Protection, Health or EiE response with specific focus in improving energy intake and diet diversification. In order to strengthen nutritional response in a context prone to protracted crisis, food assistance activities should be foreseen for additional support to families if this allows better success of the nutritional programme.

#### Education in Emergencies:

*In Venezuela, up to 70% of school-aged children, or 3 million children are completely excluded from the current educational system, which exposes them to further risks of exploitation, abuse and forced recruitment. Existing obstacles to access education are inter alia unaffordable costs, insufficient daily food/nutrition intake, lack of water, teachers, materials, transportation. South American countries hosting Venezuelans and other mixed migration populations also face challenges, with lack of capacities to absorb the demand, but also lack of documentation, xenophobia and discrimination, lack of economic resources and other obstacles.*

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<sup>36</sup> HUMVenezuela June 2023 "Colapso y brechas de privación social en comunidades"

Schools have been identified as strategic community places to support children and their families through the provision of quality education, safe and protective environments, socio-emotional learning and psychosocial support, and improved access to other sectoral services. Therefore, partners should develop an integrated response, also including specific programmes aimed at increasing quality learning, school enrolment and retention, and reducing school desertion by children, adolescents, teachers and education personnel. Partners should include the capacity to identify and respond to individual cases. Environmental activities (e.g., extracurricular activities) should be considered in the day-to-day running of schools.

Protection:

*In Venezuela, 2.8 million people need protection assistance, according to the conservative estimates from the latest Humanitarian Response Plan (HRP). Protection risks linked to internal forced displacement associated with rural and urban violence, such as sexual and gender-based violence, exploitation and abuse, trafficking, and forced recruitment of children, have worsened and are now even more challenging to respond to. Protection is a priority sector for the humanitarian response, including prevention and response to violence, access to rights and essential services, and the protection of displaced populations. Qualitative and inclusive protective services as well as psychosocial support and case management for victims of violence, abuse and exploitation remain a priority, especially for children and gender-based violence survivors.*

Protection of vulnerable people affected by the multiple crises remains a priority, especially for children and elderly left behind by those leaving the country, as well as populations on the move and populations affected by violence. DG ECHO will prioritise actions focusing on the provision of appropriate and comprehensive case management to the most vulnerable and at-risk people. Restoring and maintaining family links, and responding to exacerbated gender-based violence, human trafficking, exploitation, forced recruitment and violence in border areas are among the main priorities. Reinforcement of shared Protection Information Management systems, coordination and capacity building of partners and stakeholders will be considered. Partners should improve their capacity to ensure appropriate technical expertise on the field and their rapid response capacities in case of new sudden emergencies.

Regarding the growing concern on Human Trafficking, *if a partner produces a recent protection assessment in areas outside of the geographical priorities, DG ECHO could consider a targeted intervention.* If proper case management demands interventions elsewhere in the country, this will also be contemplated.

Coordination of the humanitarian response continues to be of paramount importance to avoid duplication, avert any form of politicization of humanitarian aid and secure the humanitarian space. Actions should look at strengthening the existing cluster and coordination networks, both in Caracas and in the different regions. Strengthening information management systems is also a priority. This should be supported by the inclusion and strengthening of local organisations to better integrate all response efforts through principled actions, thus facilitating the standardisation of responses in all sectors.

Water, Sanitation and Hygiene (WASH) activities should be considered where lack of access to safe water, hygiene or sanitation is among the causes of health critical needs or among the gaps identified in the provision of related services (schools, hospitals, shelters, etc.). In that sense, all interventions must ensure proper waste management to prevent environmental pollution and additional health risks. All interventions should also be preceded by an environmental screening to avoid unintended environmental harm.

### Disaster Preparedness:

*Venezuela is exposed to a variety of risks, that have been ignored over the last decades by an increasingly destitute Civil Protection system. Almost no preparation against disasters is in place, and the response capacity is very weak and nearly totally in the hands of the military -which have limited capacities as well, and no expertise. The main identified risks are natural hazards (floods, landslides, droughts...), displacement due to violence and conflict - the areas exposed to natural hazards often coincide with areas of higher humanitarian concern-, environmental threats (most notorious around Maracaibo lake) with a very specific case surrounding the widespread illegal mining all along the South (with high impact on remote indigenous communities) and outbreaks (epidemics) in a country where the lack of regular vaccination programmes over the last 5 to 7 years, plus the low capacities of the public health system to respond, make emerging epidemics spread quite quickly.*

The disaster preparedness actions must take into account the evolving humanitarian situation, the increasing risks and vulnerabilities as well as recurrent threats, and should build on solid risk informed and shock responsive approaches. The DG ECHO strategy seeks to identify preparedness gaps to support vulnerable population exposed to multiple risks (natural hazards, violence, displacement, marginalisation). In line with the DG ECHO's DP Guidance priorities<sup>37</sup> and through a programmatic and systemic approach, actions will aim at embedding preparedness into the local disaster risk management structure where possible.

To this extent, DG ECHO in Venezuela will aim to support local disaster risk management structures to enhance their preparedness capacity at both urban and rural settings with the scope of better aligning them to the national disaster risk management architecture and policy. Through the building of relevant partnerships, including with the private sector, and based on solid risk analyses, actions will aim at a) strengthening risk informed, shock responsive and multi-hazard approaches, in areas affected by natural hazards and/or man-made disasters; b) strengthening coordination and information, data analysis and evidence building to better prepare for and respond to most recurrent risks; c) in the context of the existing humanitarian crisis, strengthening the linkage between the overall humanitarian information management and the multi-hazards vulnerability mapping is encouraged in order to ensure people most exposed to multiple threats are assisted. d) strengthen measures to prepare for a greener response, by including environmental considerations in disaster preparedness/contingency plans. Actions must aim to ensure the inclusion of marginalised groups referred above and ethnic minorities, through risk-informed and shock responsive systems, in both urban and hard-to-reach areas. Partners should explore all opportunities to mainstream contingencies and preparedness arrangements into humanitarian actions (multi-hazards analysis and programming).

**Geographical coverage:** DG ECHO recommends prioritizing border States with Colombia, Brazil, Aruba and Trinidad & Tobago (Zulia, Táchira, Apure, Amazonas, Bolívar, Falcón, Sucre and Delta Amacuro). Priority will be given to the hardest-to-reach populated areas when possible (Amazonas, Delta Amacuro). Large urban settlements, such as Caracas, Maracaibo, Valencia, and Barquisimeto are also of interest.

**Horizontal issues:** All operations should include a component to reinforce and expand the operational capacities of local civil society partners, notably in terms of technical expertise

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<sup>37</sup> [dg\\_echo\\_guidance\\_note\\_-\\_disaster\\_preparedness\\_en.pdf \(europa.eu\)](#)

and equipment necessary for the operations, as well incorporating the greening of the operations and reducing the carbon footprint. (DG ECHO Localisation guidelines 2023).

People with disabilities should be identified during needs assessments, actively included in all actions, and programmes adapted to suit their needs.

Partners should in all cases work to restore local markets and local provision of assistance, taking all necessary do-no-harm and precautionary measures to avert the risk of fuelling illegal activities and groups. Disaster preparedness should be mainstreamed in all actions, based on a comprehensive disaggregated risk analysis. The introduction of Crisis Modifiers is recommended.

In the same vein of the *do not harm* principle, DG-ECHO minimum environmental requirements<sup>38</sup> should be systematically considered to avoid harm provoked by the operations and reduce their environmental footprint.

To take account of the administrative and logistics constraints faced by humanitarian organisations in Venezuela, Single Forms must include a thorough disaggregated risk analysis together with the mitigation measures envisaged to avoid the risk of resource diversion and to guarantee an impartial and timely aid delivery to the final beneficiaries.

All actions should include a “Crisis Modifier” to be proposed according to the requirements detailed by DG ECHO on its DP Guidance, Annex II “The Use of Crisis Modifiers.

## COLOMBIA

The interventions supported by DG ECHO in response to the humanitarian consequences of the conflicts will primarily focus on attending the urgent unmet needs of people directly and recently affected. They will aim at ensuring targeted humanitarian assistance in prioritized sectors and comprehensive protection for affected populations in situations of extreme vulnerability through evidence-based programming, including information management and coordination.

With regards to mixed migrations, the volume of needs generated by the mixed migration flows from Venezuela and other countries, combined with the limited resources available, make it necessary to focus the response on the immediate risks of the most vulnerable and affected populations. Operations should be based on sound needs and risks analyses, strong prioritisation, and clear vulnerability criteria. Specific attention needs to be given to situations of overlapping vulnerabilities (known as ‘multiple affectation’) wherein migrants and refugees become at heightened risk due to the conflict or natural hazards.

**Target population:** As part of the humanitarian response to the conflicts, priority should be given to individuals and communities recently affected by forced mass displacement. Specific attention needs to be given to situations of overlapping vulnerabilities and/or recurring events. With regards to situations of forced confinement and other types of mobility restrictions, the severity and type of needs are to be evidenced via needs assessments. Similarly, regarding individual displacements, especially towards urban areas, partners need to be able to establish the linkages to the conflict and the resulting humanitarian needs. Overall, focus should be given to population groups that are highly

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<sup>38</sup> Guidance on the operationalisation of the Minimum Environmental Requirements and Recommendations for EU-funded humanitarian aid operations: [https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/climate-change-and-environment\\_en](https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/climate-change-and-environment_en)

exposed to immediate risks, including, but not limited to, recruitment and use of children, gender-based violence and other forms of violence, and presence of mines and unexploded ordnances. Being disproportionately affected by the effects of the conflicts, ethnic populations are to be prioritised through culturally appropriate approaches.

When it comes to mixed migrations, the primary target of DG ECHO-funded assistance remains people in transit, as well as pendular migrants, with limited or no resources, identified as extremely vulnerable and/or facing immediate protection risks. DG ECHO will favour actions targeting new arrivals, people who are excluded from status regularization schemes (Temporary Protection Status and/or asylum regime) and populations affected by multiple crises. People living in recently established informal settlements could also be considered based on thorough and multi-risk assessments. Very vulnerable groups, among whom people in need of international protection, indigenous people, unaccompanied and separated children, GBV and trafficking survivors, LGBTIQ+, elderly and people with disabilities require specific disaggregated risk analyses and tailored responses. Actions in support of vulnerable host communities can also be considered based on thorough needs assessments.

**Geographical coverage:** Areas to be prioritized include those most affected by the conflicts and/or with the highest levels of humanitarian consequences on the affected population. DG ECHO is particularly intent on supporting actions that respond to the effects of the conflict on affected populations in remote and hard-to-reach areas, with limited state presence, and with special consideration for territories with majority ethnic populations. Areas where multiple crises overlap or areas of ‘multiple affectation’ remain a priority. Partners should be able to demonstrate capacities to analyse and ensure humanitarian access, including a sound access strategy.

When it comes to mixed migrations, border areas, including the entry into the Darién gap, require specific attention due to the continuous flux of people in transit or on a pendular basis and the risks they can present, including, but not limited to, trafficking, exploitation and violence. In addition, the main routes followed by people in transit should be considered, with flexible approaches to reach those most in need and adapt to possible changes. Finally, other hotspots where at-risk migrant and refugee populations converge and/or become stranded are also to be prioritized.

Multi-country or regional interventions should be based on a sound strategy, demonstrating the added value, and coherence of interventions across different target countries. In the specific case of Colombia, DG ECHO promotes a country-based approach targeting communities and individuals affected by overlapping crises, looking at highest risk profiles and needs levels in a comprehensive manner.

**Sector prioritisation:** Assistance must be integral and adapted to the specific risks and needs of the affected population. Nevertheless, special attention must be paid to the priority sectors defined by DG ECHO. Please consider response analysis to systematically inform the choice of modality based on robust needs assessment as well as on market, operational and risk analyses. Responses should be protection and gender-sensitive and comply with the Minimum Environmental Requirements (see section 4.1.2-Assistance Modality). For cash for sectorial outcome, please consider Annex 3 of DG ECHO’s thematic policy on cash



transfers. For targeted preparedness actions particular attention will be paid to the principles laid down in the DG ECHO's Disaster Preparedness Guidance Note<sup>39</sup>.

Protection:

*In Colombia, more than 4.9 million people are at high risk of seeing their rights violated due to the impacts of the armed conflicts and the recurrence of emergencies caused by climate variability (HNO 2023). The main protection risks identified by the protection cluster are forced displacements, threats and assassination of human rights defenders, gender-based violence, recruitment and use of children, the presence of mines and unexploded ordnances and people trafficking. Comprehensive and updated risks analyses, comprehensive case management, including psychosocial support, legal assistance, family tracing and reunification to provide an immediate response to these risks, as well as effective prevention strategies continue to be the main priorities.*

Considering that human safety, integrity and dignity are at high risk in conflict as well as other forced displacement situations, protection is the overarching priority sector of intervention. All actions supported by DG ECHO must aim at improving the protection of beneficiaries, either through stand-alone or integrated actions.

Proposals must include a comprehensive and context-specific risk analysis based on primary disaggregated data, describing the protection threats, vulnerabilities and capacities of the different target groups to cope with the prevailing crises in their communities. Actions will aim at providing a direct and holistic response to identified protection risks, with preventive actions to be used as a complementary strategy.

Comprehensive case management with clear identification entry points and demonstrated technical expertise is considered a priority, providing the ground for appropriate responses to key risks, including, but not limited to, GBV and other forms of violence, trafficking, family separation, and forced recruitment. Within it, actions aimed at improving access to documentation remain of critical importance for all forcibly displaced populations. The provision of psychosocial support, as well as implementation of active referral and follow-up systems will also be supported.

Leveraging specific information dissemination strategies on rights and services, which should be properly coordinated and monitored, is encouraged. Evidence-based advocacy and coordination will be supported to ensure sector standards are raised, as well as efforts to enhance knowledge of and compliance with IHL, evidence to support the Children and Armed Conflict Agenda and the monitoring and prevention of grave violations against children (S/RES/1612), as well as access to asylum and international protection procedures. Reinforcing protection monitoring and collaborative Protection Information Management systems is encouraged.

Education in Emergencies (EiE)

*In Colombia, more than 3.6 million children have EiE-related humanitarian needs (HNO 2023). Despite the country's endorsement of the Safe Schools Declaration in November 2022, events related to the conflicts and natural disasters continue to significantly impact the education system nationwide, especially in rural areas with high presence of and control by armed groups. According to the Observatory of Children and Armed Conflict (ONCA), more than 268 524 children and adolescents were affected by armed events in 2022, a 11.5% increase compared to 2021.*

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<sup>39</sup> [dg echo guidance note - disaster preparedness en.pdf \(europa.eu\)](#)

Whilst the provision of school supplies and the improvement of infrastructure is important, an integrated approach is imperative to strengthen teachers' and families' capacities and promote students' retention in formal systems and their socio-emotional development in times of crisis.

The implementation of flexible education models and formal education strategies in very close coordination with national authorities is crucial to ensure children's access to and retention in schools. The response should include enhanced hosting capacities of education systems or temporary learning spaces for the increased number of students in cases of forced displacement, provision of education supplies, support to accreditation and transition from non-formal to formal systems, support to education personnel and teachers to enhance socio-emotional development and psychosocial support to most vulnerable children.

An integrated approach with Child Protection remains imperative to strengthen the capacities of education personnel and teachers to address appropriately the risks of most vulnerable children; to promote quality and safe education environments; and to mitigate risk of dropouts and children's further exposure to exploitation, abuse and violence. In that regard, the endorsement by the Government of the Safe School Declaration in November 2022 provides an opportunity to protect children, education personnel and infrastructure from attacks, provided adequate operationalization and monitoring systems are in place. Environmental activities (e.g., extracurricular activities) should be considered in the day-to-day running of schools.

### Health

Health is a priority due to the scale of needs and generalised lack of access to free quality health services in areas most affected by the humanitarian crises in Colombia. Health operations will be supported based on a comprehensive recent need assessment and if activities are in line with DG ECHO policy.

*In Colombia, 6.3 million people have health-related humanitarian needs (HNO 2023). Of these, 84% (5.3 million) live in municipalities with a deficient health system. 2022 has witnessed a deterioration of health indicators, including maternal and child mortality, early pregnancies, HIV and other sexually transmissible illnesses (STIs), sexual and gender-based violence, vector-borne and chronic diseases, along with an increase in access barriers for the most vulnerable. The rise in conflicts, violence, including the more frequent targeting of healthcare workers and facilities is exacerbating the challenges in accessing healthcare for populations in regions where public health services are already scarce or absent and the lack of medical personnel is a huge challenge. This issue is further complicated by disasters and substantial mixed migration flows, which frequently lead to acute emergencies within already fragile healthcare systems. According to the latest epidemiologic report from the MoH, the maternal mortality is increasing since 2019 reaching worrying figures in some areas. Additionally, the report highlights a 27% increase in suicide attempts among the indigenous community, illustrating that quality mental healthcare is crucial in times of humanitarian crises caused by disasters, violence, and/or migration.*

Priority will be given to activities with the highest potential to save lives, prioritizing support to existing health centres and including support to emergency services, comprehensive sexual and reproductive healthcare services (including family planning, prenatal care, skilled birth attendance, and postnatal support is crucial), medical and mental attention to SGBV, scale-up of mental healthcare provision and the integration of nutrition into the primary healthcare programming. Support for preventive activities such as routine vaccination will also be prioritized.



Ensuring proper comprehensive sexual and reproductive health (SRH) (including Family planning, prenatal care, skilled birth attendance, and postnatal support is crucial) to preventing unplanned pregnancies, contracting STIs and reducing maternal and infant mortality. Especially for adolescent girls knowing that they are particularly vulnerable and face higher risks of premature pregnancy and childbirth complications.

Mental health and psychosocial support must be provided by qualified staff and in accordance with internationally recognized protocols, linking the response with protection-oriented interventions where possible.

Given the low vaccination rate and the climate change context, the risk of occurrence of epidemics in the region is high, therefore emergency preparedness and response to outbreaks activities can be proposed.

Mobile clinics should be a temporary activity and the choice of this modality to deliver care should be justified (ex: no health facility available in a reasonable timeframe of reach). The frequency of visits of the mobile team in the same community should be consistent and the mobile clinics should be part of a strategy that includes a fixed point of reference offering full access to healthcare. Proper waste management should be ensured.

Health interventions should systematically include appropriate medical and mental care for survivors of sexual violence as well as support to access safe deliveries performed by qualified staff according to WHO definition.

Cash in healthcare and nutrition programming will only be considered on a case-by-case basis and if justified by in-depth assessment and analysis of the availability of healthcare in the proposed area of intervention.

Clear entry points should be defined for health interventions. The decision to intervene in a particular community should be taken based on mortality and morbidity data, the current level of access to care, health and nutritional indicators, and local capacity. Partners must ensure continuity of care from primary to secondary health by supporting case referral systems. Partners also have to assess and ensure the quality of services in reference structures. Depending on the availability and existing local capacities, actions can be implemented directly or through referrals and support to local health institutions, but always with direct involvement of DG ECHO partners on quality control. Quality of care and medical services must meet international as well as national standards.

#### Disaster Preparedness:

*Despite significant development gains in Colombia over the past decade, including the 2016 Peace Agreement, humanitarian needs are rising due to the armed conflicts affecting growing parts of the country, the increased frequency and impacts of climate shocks linked to Colombia's high exposure, growing socio-economic vulnerability exacerbated by COVID-19 and high inflation, and the integration and humanitarian needs of close to 2.5 million Venezuelan refugees and migrants residing in the country along with the thousands that transit through the country every day. The fragmentation in the government response systems and gaps in the operationalization of institutional and legal frameworks makes it challenging to respond to the increasing trend of complex emergencies with overlapping risks and shocks affecting the same communities, often repeatedly. At local level, resources and capacities are often lacking for authorities to perform their roles effectively, while the deliberate targeting of ethnic and community leaders by armed non state actors continues to create fear, thus undermining local coping capacities. Hard to reach areas remain challenging in terms of effective preparedness and will bear the brunt of the effects of the El Niño phenomenon, further eroding their resilience.*

In Colombia, disaster preparedness interventions should continue to promote a multi-risk and evidence-based approach in areas of greatest exposure and vulnerability. Disaster preparedness actions should demonstrate linkages with the prioritized sectors of the response (health, protection/social protection and Education in Emergencies) and enhance the capacities of communities, local responders and relevant institutions with regards to early warning, anticipatory action and response through multi-level and coordinated activities.

Colombia counts with well-established institutional and legal frameworks for preparedness and response to natural hazards, public health crises and conflict-related emergencies. However, there are gaps with regards to operationalizing these frameworks at all levels, and their fragmentation makes it challenging to respond to the increasing trend of complex emergencies with overlapping risks and shocks affecting the same communities, often repeatedly.

At the national level, challenges with inter-institutional coordination can affect the timeliness and effectiveness of the response. Whilst robust early warning systems exist, they do not always trigger a timely and commensurate response, especially when it comes to conflict-related emergencies. Similarly, the ability of the social protection system to be leveraged is undermined by the complex accountability matrix created by the separate response frameworks. Initiatives that contribute to more integrated, evidence-based, and inclusive efforts to address multi-risk scenarios and that improve the ability for early warning systems to generate timely and appropriate responses, including anticipatory actions, should be prioritized. In doing so, focus should be on the most vulnerable, including ethnic communities, undocumented migrants, etc.

At the local level, resources and capacities are often lacking for authorities to perform their roles effectively. Actions will look at fostering the institutionalization of some good preparedness practices. Risk informed initiatives will focus on multi-hazards information management, preparedness, and response flows to improve the effectiveness of the response.

In key sectors such as education, focus should be on supporting the operationalization of national priorities, such as the roll-out of the Safe School Declaration or of the school-based emergency plans in ways that allow for effective risk mitigation, anticipatory action, and response at all levels and with a multi-risk approach.

With regards to protection, armed non state actors have been deliberately targeting ethnic and community leaders to create fear, thus undermining local coping capacities. Actions focused on strengthening capacities of ethnic authorities as first responders, by addressing specific identified preparedness gaps are encouraged as well as those that support communities, authorities and education systems living in areas highly contaminated by landmines and UXOs.

Measures to prepare for a more environmentally sustainable emergency response should also be strengthened, especially with regard to the thousands of migrants that transit through Colombia every day, where waste accumulation is a key impact, in particular in hard-to-reach areas.

In health, the limited coverage of services in hard-to-reach areas means that communities must act as first responders and take the lead in identifying and mitigating health emergencies. Efforts aimed at enhancing community capacity and linking it to effective response mechanisms by health authorities should continue to be prioritized. Given the low vaccination rate and the climate change context, the risk of occurrence of epidemics in the

region is high therefore emergency preparedness and response to outbreaks activities can be proposed as well as nutrition preparedness.

**Food Security:**

*In Colombia, according to the latest WFP data, more than 30% of the population is food insecure. In the country, 16.8 million people, 15.5 million Colombians and 1.3 million Venezuelans, have insufficient access to and/or inadequate consumption of food. Of the 15.5 million food insecure Colombians, 2.1 million are severely food insecure and 13.4 million are moderately food insecure. The Afro-descendant and indigenous populations experience higher levels of food insecurity - 42% and 40%, respectively - as well as female-headed households (36%), compared to male-headed households (27%). Regarding the Venezuelan migrant and refugee population, people in transit and those accessing the country on a pendular basis are by far the most affected.*

*Furthermore, in the regions affected by severe food insecurity, there has been a rise in malnutrition cases among children. The Humanitarian Needs Overview shows an increase of 75% of death in children under 5 years old associated with malnutrition.*

Interventions in this sector can be funded under rapid response mechanisms or with clear linkages to one of the priority sectors and not as stand-alone activities. Food assistance, through the most appropriate transfer modality, must respond to specific needs identified through primary data collection, with a robust and evidence-based targeting methodology. Food Security Assessments should be systematically conducted, and Food Consumption Scores used as a key indicator. Coordination with other actors, including Government institutions, must be ensured.

**Livelihoods:** DG ECHO-funded actions will focus on the immediate and most pressing needs of the affected population. Actions related to livelihood should demonstrate rapid impact on urgent needs highlighted by beneficiaries. Supported livelihoods activities should promote green jobs and avoid overexploitation of natural resources. Stand-alone long-term livelihood interventions will not be supported as such, however DG ECHO promotes the link of humanitarian assistance with long-term programmes.

**WASH and shelter:** Interventions in these sectors can be funded under rapid response mechanisms or with clear linkages to one of the priority sectors and not as stand-alone activities. All WASH and Shelter programs must be preceded by an environmental screening.

**Information management:** In order to facilitate evidence-based programming and advocacy, specific attention will be paid to any initiative that aims at producing comprehensive information and analysis on humanitarian needs and risks, market monitoring and assessments in areas affected by armed conflicts, possibility for digitalisation and interoperability between databases. DG ECHO promotes streamlined and integrated information management in support of risk-informed responses, in collaboration, where possible, with local and national institutions.

**Horizontal issues:** Actions should contribute to the implementation of the Humanitarian Response Plan (HRP) and the Refugee and Migrant Response Plan (RMRP) for Colombia. DG ECHO partners are requested to coordinate their actions with the relevant coordination mechanisms established at local, national and regional level.

DG ECHO may support coordination at local and national level, leveraging on existing mechanisms and in a way that promotes a comprehensive and holistic analytical and response framework and reduces duplication.

Partners should attempt to formulate innovative and flexible responses to shocks and build upon lessons learnt on added value and impact. Partners are furthermore encouraged to consider two models for strengthened response capacity:

- a) Emergency / Rapid Response Mechanisms (RRM).
- b) Crisis Modifiers (CM). A specific CM Result, to be proposed according to the requirements detailed by DG ECHO Disaster Preparedness Guidance, Annex II, will ensure a context-based rapid response or enable anticipatory action in case of unforeseen emergency occurring in the area of intervention.

*Nexus:* Linkages with development and peace building initiatives in Colombia are strongly encouraged to promote durable solutions and resilience for affected populations where the situation permits it. Partners are encouraged to foster linkages between humanitarian actions to be funded by DG ECHO and already existing resilience/development actions funded by other donors. Initiatives that strengthen the nexus and analyse its impact on beneficiaries will be considered with the utmost interest.

*Information dissemination* must demonstrate direct impact on identified humanitarian needs. Information dissemination should represent a fraction of the intervention, be coordinated among all actors, and be systematically linked to assistance in any of the given priority sectors.

All proposals must include *visibility and communication* activities aimed at raising awareness about the humanitarian consequences of this forgotten crisis and/or enhancing humanitarian space and access.

The DG-ECHO minimum environmental requirements should be systematically applied to minimize the negative impact caused by the operations and reduce their environmental footprint<sup>40</sup>.

All interventions in Colombia should be designed and implemented under the assumption that the State bears primary responsibility to provide protection and humanitarian assistance to the affected populations. Thus, advocacy actions oriented towards engaging local and national authorities to fulfil their responsibilities should be included at all levels and in prioritized sectors.

*Localisation:* Partnerships with local and national associations and engagement with local authorities are strongly encouraged (ECHO Localisation guidelines 2023)

## **REST OF SOUTH AMERICA**

All proposals for South America should be built based on comprehensive and solid risk analysis and specific needs and vulnerabilities' analysis and take into consideration horizontal issues while aligning with DG ECHO's sectorial policies and guidelines.

### **1. Response to mixed migration and forced displacement**

The volume of needs generated by the displacement/migration flows and the limited resources available make it necessary to focus the response on the immediate risks of the most vulnerable and affected populations. Operations should be based on sound all-risk

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<sup>40</sup> Guidance on the operationalisation of the Minimum Environmental Requirements and Recommendations for EU-funded humanitarian aid operations: [https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/climate-change-and-environment\\_en](https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/climate-change-and-environment_en)

analysis of multiple crises affecting forcibly displaced populations, based on primary disaggregated data, strong prioritisation, and clear vulnerability criteria.

**Target population:** People in transit, more specifically *caminantes*<sup>41</sup> with limited or no resources, identified as extremely vulnerable, are the primary target of DG ECHO-funded assistance. DG ECHO will favour actions targeting new arrivals, people who are excluded from status regularization schemes and people affected by multiple crises. Very vulnerable groups, among which people in need of international protection, indigenous people, unaccompanied and separated children, GBV and trafficking survivors, LGBTIQ+, elderly and people with disabilities require specific disaggregated risk analyses and tailored responses. Actions in support of vulnerable host communities are also to be considered.

**Geographical coverage:** priority will be given to hotspots on the migration routes where protection risks are usually higher, and accumulation of stranded people may originate humanitarian needs. In this sense, border areas require specific attention due to the influx of people in transit, higher vulnerability and specific protection risks linked to trafficking and violence, with presence of armed groups and organised crime networks. People living in recent informal urban, or peri-urban settlements are also of concern, i.e. people in need who are in transit or willing to stay in the country.

**Sector prioritisation:** Assistance must be comprehensive and adapted to the specific risks and needs of the most vulnerable cases identified, combining sectors in a way that reduces the risks and covers the most pressing urgent needs. It is expected that the response analysis systematically informs modality choice based on robust needs assessment as well as on market, operational and risk analyses. It should be protection and gender-sensitive and include an environmentally aware design. On cash for sectorial outcome, please consider annex 3 of DG ECHO's thematic policy on cash transfers. For targeted preparedness actions particular attention will be paid to the principles laid down in the DG ECHO's Disaster Preparedness Guidance Note<sup>42</sup>.

Protection:

*The predominance of irregular displacement makes legal assistance, registration, and protection against violence a priority amongst displaced populations. Otherwise, remote communities living under the threat of armed groups linked with organised crime and illegal activities are also in need of protection. Displacement of indigenous communities in the Amazonia because of the occupation of their territories is still little known and undocumented.*

Comprehensive case management, legal assistance and access to documentation are key priorities for this sector. Actions facilitating access to qualitative services, providing psychosocial support, as well as implementing effective referrals and accompaniment to the most vulnerable people will be strongly supported. The complementarity with specific coordinated information and dissemination strategies on rights and services, which should be properly monitored and followed by implementing partners in their impact, is encouraged. Evidence-based advocacy will be supported to ensure sectoral protection standards, as well as efforts to enhance access to asylum and international protection procedures. The reinforcement of protection monitoring and collaborative Protection

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<sup>41</sup> *Caminantes* (“walkers”) refers to migrants and refugees in transit without means to afford any kind of transport to host countries.

<sup>42</sup> [dg\\_echo\\_guidance\\_note\\_-\\_disaster\\_preparedness\\_en.pdf \(europa.eu\)](#)



Information Management systems and capacity building of all partners and stakeholders are encouraged.

Health is a priority due to the scale of needs and the funding deficit in this sector. DG ECHO will support health operations in line with DG ECHO policy and operational recommendations, which includes primary, maternal-infant and sexual-reproductive as well as mental health and nutrition. Depending on the availability and on existing local capacities, actions can be implemented directly or through referrals and support to local health institutions and facilities, but always with direct involvement of DG ECHO partners. Health interventions that facilitate the inclusion in the public or subsidized health schemes will be prioritized. Activities related to upholding waste management standards in health services can also be proposed.

Education in Emergencies:

*South American countries hosting Venezuelans and other mixed migration populations also face challenges, with lack of capacities to absorb the demand, but also lack of documentation, xenophobia and discrimination, lack of economic resources and other obstacles.*

The implementation of flexible education models and formal education strategies in very close coordination with national authorities, stands as crucial to ensure children's access to and retention in schools. The response should include a route-based approach, enhanced hosting capacities of education systems or temporary learning spaces for the increased number of students, provision of education supplies, support to accreditation and transition from non-formal to formal systems, support to educational personnel and authorities to enhance socio-emotional development and psychosocial support to most vulnerable children. An integrated approach with Child Protection remains imperative to strengthen the capacities of education personnel and authorities to address appropriately the risks of most vulnerable children; to promote quality and safe education environments; and to mitigate the risk of dropouts and children's further exposure to exploitation, abuse and violence.

Environmental activities (e.g., extracurricular activities) should be considered in the day-to-day running of schools.

Shelter and food assistance should be covered under a specific and strategic targeting integrated with other sectors in order to provide integral support to people in transit or recently arrived at destination. In this sense, it is crucial that shock-responsive social protection systems synergistically encompass both social assistance (mainly cash transfers) and social care implemented at regional, national and local level. Otherwise, given that people in transit are the main group to be targeted, it becomes essential to guarantee shelter services along the routes to ensure protection, and in certain cases to facilitate the concentration and coordination of services for people on the move. A possible support to Cash Working Groups (CWG) may also be considered for market monitoring, support interoperability between different consortium database and support to food security and nutrition analysis in order to monitor the evolution of the situation.

Livelihood support: Though DG ECHO-funded actions will focus on the immediate and most pressing needs of the affected population, actions related to livelihoods can be integrated if rapid impact on urgent needs through this support is demonstrated. Supported livelihoods activities should promote green jobs and avoid overexploitation of natural resources. Stand-alone long-term livelihood interventions will not be supported as such, however DG ECHO promotes the link of humanitarian assistance with long-term programmes focused on socio-economic integration of refugees and migrants.

Coordination and information management: DG ECHO may support coordination at local, country and regional level. DG ECHO promotes an inclusive approach of all types of people in need of humanitarian aid, including different nationalities and types of humanitarian crises making no distinction on the geographical area where needed people are located but taking into consideration specific contexts. DG ECHO will pay specific attention to evidence-based programming and advocacy and will consider initiatives aiming at producing comprehensive disaggregated information and analysis, if it is integrated in a joint framework and at the service of the humanitarian community.

Disaster Preparedness: considering the protractedness of the mixed migration crisis in South America, it becomes fundamental to support capacity building of local civil society, institutions and communities to deal with the response to forcibly displaced people and host communities. All actions should also maximize the possibilities of building the resilience of the beneficiaries whenever possible. For targeted preparedness actions particular attention will be paid to the principles laid down in the DG ECHO's Disaster Preparedness Guidance Note<sup>43</sup>.

**Horizontal issues**: Actions should contribute to the implementation of the Regional Refugee and Migrant Response Plan (RMRP) defined by the Regional Platform R4V. DG ECHO partners are requested to coordinate their actions with the relevant coordination mechanisms established at local, national and regional level.

ECHO also acknowledges and supports other humanitarian coordination mechanisms existing at country and regional levels.

DG ECHO welcomes the use of integral assistance centres centralizing services for people on the move to facilitate the integral delivery of assistance as well as the articulation among humanitarian partners and public services providers.

Nexus: DG ECHO will welcome proposals linked with initiatives aiming at the sustainable integration of refugees and migrants through advocacy and long term development operations. The increase of xenophobia and discrimination in host countries makes it crucial to mainstream social cohesion community actions.

The DG-ECHO minimum environmental requirements should be systematically applied to minimize the negative impact caused by the operations and reduce their environmental footprint<sup>44</sup>

## 2. Disaster Preparedness

The current multi-hazard and multi-year strategy is adjusted to the evolving situation, risks and vulnerabilities of the region, building on previous achievements and actions in progress. It seeks to address identified preparedness gaps to support vulnerable population exposed to double and triple 'affectations', or overlapping vulnerabilities, as a combination of natural hazards with violence, human rights violations, and consequent displacement. Through a programmatic and systemic approach and building on achievements and lessons learned

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<sup>43</sup> [dg\\_echo\\_guidance\\_note\\_-\\_disaster\\_preparedness\\_en.pdf \(europa.eu\)](https://dg-echo.europa.eu/dg_echo_guidance_note_-_disaster_preparedness_en.pdf)

<sup>44</sup> Guidance on the operationalisation of the Minimum Environmental Requirements and Recommendations for EU-funded humanitarian aid operations: [https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/climate-change-and-environment\\_en](https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/climate-change-and-environment_en)

from past events, support should be provided to broaden the scope of community-based actions.

The following priorities will be considered:

1. *Risk-based and anticipatory action*

This includes supporting preparedness through:

- The analysis of risks and forecasts of potential hazard impact,
- improvement of shock responsiveness and inclusiveness of social protection mechanisms,
- support to evidence generation, information management and coordination systems,
- pre-positioning and management of stocks and supplies,
- innovative solutions for disaster preparedness including capacity building for the use of technology in search and rescue operations, risk analysis and response to emergencies (IT, open hardware, EWARS, etc.).

Given the critical context of food insecurity in many of the countries, the development of food security information management and early warning systems is considered as a priority.

2. *Preparedness in conflict and fragile settings (multiple vulnerabilities)*

South America is today the scenario of several interlinked large population movements triggered by the Venezuelan crisis, Colombian conflicts, surge in violence in Ecuador, environmental destruction, and extra-continental migration flows. In this sense, DG ECHO will consider actions aiming at supporting preparedness and response planning for population movements and promoting the inclusiveness of displaced populations and discriminated minorities in preparedness schemes as well as in social protection shock-responsive systems. In addition to the exposure to natural hazards, there is an increase of violence and social unrest that cause significant humanitarian needs and protection risks which also needs to be considered in the risk analysis, as well as in preparedness and response planning.

DG-ECHO will consider capacity-building activities oriented to strengthen the localization of the response to human mobility situations. In this sense, protection preparedness actions will be considered when clearly aiming at enhancing response capacities of authorities, national systems, first responders and humanitarian actors to mitigate protection risks and reinforce early alert systems. Improving assessment, advocacy and response capacities is key for reinforcing an inclusive disaster preparedness for indigenous and displaced people exposed to discrimination, environmental disasters, violence and human rights violations.

3. *Climate and environment resilience*

Based on lessons learned from current and past interventions, DG ECHO will continue to support the reinforcement of local capacities of ethnic communities and organizations to assess and respond to climate change-related and environmental disasters. Considering that these events are often accompanied by violence and displacement from organized crime and armed groups, a protection approach needs to be taken. In these cases, localization becomes a fundamental part of the intervention, with the recognition of ancestral knowledge for the local response. Outbreak preparedness, from epidemiological surveillance to vector control, can also be considered.



Health and nutrition preparedness will be considered given the low vaccination rate and the climate change context, the risk of occurrence of epidemics in the region is high therefore emergency preparedness and response to outbreaks activities can be proposed. In recent months, several nutritional crises have broken out in the region. ECHO pays attention to possible crises of this type.

Measures to prepare for a more environmentally sustainable emergency response should also be strengthened, especially with regard to the thousands of migrants that transit through South America every day, where waste accumulation is a key impact, in particular in hard-to-reach areas.

#### *4. Urban preparedness*

Interventions will be focused mainly on city slums hosting migrants and refugees and exposed to disasters, epidemics, and violence.

**Target population:** Communities with the highest risk indicators and the lowest coping capacities, most exposed to natural hazards, pervasive violence, discrimination, as well as population on the move or potentially affected by forced displacement. National and local institutions as well as civil society organizations dealing with disaster risk management as well as with protection and assistance to victims of violence and forced displacement or migration.

**Geographical coverage:** Argentina, Bolivia, Brazil, Chile, Ecuador, Peru, Paraguay, and indigenous areas of Gran Chaco and Amazonian basin hosting communities at risk. Remote areas without state presence and more exposed to climate change, environmental destruction and human rights violations with humanitarian consequences.

**Horizontal issues:** It will be important to take advantage of the momentum generated by recent or ongoing crises, especially the impact of El Niño Phenomenon, to improve preparedness capacities, taking advantage of the gaps identified and lesson learnt. Operations should aim at tackling specific gaps identified, indicating clearly which bottleneck is being targeted to ensure better preparedness.

The national authorities in Ecuador, Peru and Bolivia still need support for understanding and engaging with previous Disaster Risk Management (DRM) processes because of new administrations, processes, and staff turnover. This might pose additional challenges to the DRM systems and other stakeholders. An anticipation strategy to reduce the impact of changes should be explored.

Minimum environmental requirements should apply to all operations, but environmental protection is specifically relevant for indigenous and ancestral communities whose daily lives and livelihoods depend directly on nature's health. In these cases, environmental protection should be included as a fundamental part of the activities contributing to disaster risk reduction results.

*Mainstreaming of protection:* ongoing actions already include a protection approach ensuring the meaningful access and participation of most vulnerable populations, promoting equity, dignity, safety, including duty of care and do no harm and mitigating exposure to risks of violence, abuse, and exploitation.

*Logistics* must be mainstreamed, especially in the current context, considering pre-positioning of stocks/supplies; pre-identification & pre-contracting of local vendors; and resource pooling.

*Enhanced partnerships:* operations shall build and enhance existing partnerships to scale-up investments on disaster preparedness and foster nexus with development actors. Additionally, actions shall improve partnerships with climate/scientific actors/academia and private sector to strengthen and expand the base of solutions. The multi-hazard approach implies a diversification of partnerships, which now will go beyond DRM and will include institutions and civil society organizations dealing with the humanitarian consequences of migration, displacement, violence and environmental crises.

*Flexibility:* Partners should attempt to formulate innovative and flexible responses to shocks and build upon lessons learnt on added value and impact. Partners are furthermore encouraged to consider two models for strengthened response capacity:

- a) Development of capacities for Emergency / Rapid Response Mechanisms (RRM)
- b) Crisis Modifiers (CM). A specific CM Result, to be proposed according to the requirements detailed by DG ECHO Disaster Preparedness Guidance, Annex II, will ensure a context-based rapid response in case a large unforeseen emergency occurs in the area of intervention.

*Nexus:* As humanitarian action is obviously not the solution to the complex root causes of the crises it aims to respond to, which are structural in nature, it is crucial to ensure the complementarity of humanitarian response with development programming as well as with local risk management mechanisms. In that sense, DG ECHO encourages that proposed operations are conceived as part of long-term strategies looking at reinforcing the sustainable resilience of communities. Thus, proposals submitted should indicate the linkages between proposed actions with development actions or local/national plans and policies.

*Localisation:* operations should count on communities, local institutions and civil society along the project cycle from the formulation to the implementation and evaluation. In this sense it is important that local capacities are previously assessed to identify opportunities and gaps that need to be tackled to ensure a proper response and reinforce capacities where most needed.

## **CENTRAL AMERICA AND MEXICO (CAM)**

DG ECHO will support actions responding to four regional thematic priorities, addressing the humanitarian consequences of 1) other situations of violence, 2) forced displacement, 3) food insecurity and 4) disaster preparedness (bridge funding).

All proposals for Central America and Mexico should be based on a comprehensive and solid risk analysis, considering the specific humanitarian needs and vulnerabilities per context (based on primary disaggregated data, strong prioritisation and clear vulnerability criteria), be aligned with DG ECHO's sectorial policies and guidelines and accommodate horizontal issues. DG ECHO partners should systematically adopt a displacement/violence lens in their humanitarian actions and integrate more effectively into risk management, including in preparedness activities.

### **1) Other Situations of Violence (OSV)**

OSV refers to situations of violence that cause significant humanitarian needs and protection risks, while they do not reach the threshold to qualify as non-international armed conflict and therefore fall outside the application of IHL. The violence triggers humanitarian and

protection needs similar, in nature and scale, to those in conflict areas, while further eroding the coping capacities of the affected population. The consequences of this violence include (targeted) killings, forced displacement, restrictions of movement or confinement, sexual and gender-based violence, (child) forced recruitment, infiltration of gang members in schools, extortion, family separation, severe barriers to accessing basic services (health and education) and livelihoods, arbitrary detention and detention.

**Target population:** The interventions supported by DG ECHO in response to humanitarian consequences of OSV, including GBV, will primarily focus on attending the urgent unmet needs of people recently affected, evidenced via needs assessments: the most vulnerable people recently affected by violence, survivors of GBV and internally displaced persons. Focus should be given to individuals and population groups that are highly exposed to immediate risks and have the most urgent unmet humanitarian needs.

**Geographical coverage:** Priority will be given to areas with the highest levels of violence in Honduras, El Salvador and Guatemala. Specific attention needs to be given to situations of overlapping vulnerabilities ('multiple affectation') and/or recurring events, as well as involving violence. Partners should be able to demonstrate a solid access strategy. Multi-country or regional interventions should demonstrate a sound strategy, showing the added value, coherence, and connection between the actions across the different target countries.

**Sector prioritisation:** Assistance must be integral and adapted to the specific risks and needs of the affected population and be based on context-specific market, operational and risk analyses. For cash for sectorial outcome, please consider Annex 3 of DG ECHO's thematic policy on cash transfers. For targeted preparedness actions particular attention will be paid to the principles laid down in the DG ECHO's Disaster Preparedness Guidance Note<sup>45</sup>.

Protection:

*In CAM, survivors of violence, also gender based violence, and forced displacement require protection with a comprehensive case management (including legal aid and updated and accurate information on entitlement to services and protection pathways), effective referrals to health and other services, including mental health care, to meet their immediate needs.*

All actions supported by DG ECHO must aim at improving the protection of beneficiaries, either through stand-alone or integrated actions. Priority will be given to the direct provision of protection sectoral assistance, focussing on urgent unmet protection risks, through comprehensive case management and access to life-saving basic services, such as health care, including psychosocial support, and education in emergencies. Preventive actions can be used as a complementary strategy.

Actions should integrate direct comprehensive case management with clear identification strategies, solid active referrals and follow-up systems and be based on demonstrated technical expertise. Legal assistance, dissemination on rights and services, and access to those, are part of this holistic and integrated approach.

OSV actions should include sound advocacy strategies aiming at safeguarding and increasing the humanitarian access and raising awareness on the humanitarian consequences of OSV and its gaps in protection. The reinforcement of coordination and information sharing, strengthening the protection, emergency preparedness and response capacities of

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<sup>45</sup> [dg echo guidance note - disaster preparedness en.pdf \(europa.eu\)](#)

humanitarian actors to enhance the response to victims and survivors of violence will be a priority.

#### Health:

*Central America faces climate-related health crises, such as outbreaks of dengue and other mosquito-borne infections and increased food insecurity and malnutrition. The poor and unsafe access to water and hygiene further exacerbates these challenges. Since 2020, there has been a substantial surge in demand for mental health services, particularly among frontline workers, youth, forcibly displaced persons, and other vulnerable individuals. Poverty and violence in Central America further constraint the limited access to both inpatient and outpatient mental health care. Given the high rates of sexual and gender-based violence, including rape and femicides, there is a need for adapted health services. The disruption of regular infant care can result in an increased risk of outbreak of vaccine-preventable diseases. Newborns along the migration routes are not systematically being vaccinated.*

Health is a priority due to the scale of needs and the funding deficit in this sector, further hampering access to free quality health care. DG ECHO will support health operations in line with its policy and operational recommendations. Priority will be given to activities with the highest potential to save lives, while enhancing accessibility to quality health care services (emergency, primary healthcare, comprehensive sexual and reproductive health care services, mental health services, maternal and infant care and S/GBV attention as well as integrating the management of severe acute malnutrition into the primary health care and support for preventive activities such as routine vaccination. Mental health and psychosocial support must be provided by qualified staff and in accordance with internationally recognised protocols, linking the response with protection-oriented interventions where possible.

The health activities must offer a comprehensive approach, avoiding fragmentation of services. Partners must ensure continuity of care from primary to secondary health by supporting case referral systems. Partners also have to assess and ensure the quality of services in reference structures. Depending on the availability and existing local capacities, actions can be implemented directly or through referrals and support to local health institutions, but always with direct involvement of DG ECHO partners on quality control. Quality of care and medical services must meet international as well as national standards. Proper waste management of medical waste should be ensured.

#### Education in Emergencies:

*In CAM, UNICEF estimates that 905 000 children need educational support. In violent neighbourhoods in Guatemala, Honduras, El Salvador and in some states of Mexico, 40% to 50% of the children do not have access to education due to violence, forced displacement and socio-economic barriers. Displaced children throughout the migration route lack access to formal education. Schools often continue to be used as shelters during disasters, affecting the access and infrastructure.*

EiE is a priority for DG ECHO and is of particular relevance in areas where the violence hampers access to education. The implementation of flexible education models and formal education strategies stands as crucial to ensure children's access to schools and their retention in the formal system. The response should include enhanced hosting capacities of education systems, accreditation and transition from non-formal to formal systems, support to education personnel and teachers to enhance socio-emotional development and psychosocial support to most vulnerable children, and social cohesion community actions to reduce discrimination and xenophobia.

An integrated approach with Child Protection remains imperative to strengthen the capacities of education personnel and teachers to address appropriately the risks of most vulnerable children including the identification and appropriate referral of protection cases; to promote quality and safe education environments; and to mitigate risk of dropouts and children's further exposure to exploitation, abuse and violence.

Advocacy and coordination efforts, particularly centred on the Safe School initiative, are encouraged as part of strategies to prevent attacks on education, dropouts and forced recruitment. Environmental activities (e.g., extracurricular activities) should be considered in the day-to-day running of schools given their positive impact on children and youth.

## 2) Forced displacement

An increasing number of Central Americans (mainly Salvadorans, Hondurans, Guatemalans, Nicaraguans and Mexicans), trans-continental and extra-continental refugees and migrants transit the region (both northward to Mexico and the US and southward to Costa Rica) in search of safety, dignity, international protection and/or better livelihoods. At the same time, restrictive asylum and migration policies create flows of returnees, who struggle to re-integrate in their communities and often face violence, retaliation, discrimination and exclusion.

**Target population:** The most vulnerable forcibly displaced people, whether in transit or stranded due to limited or lack of resources, who are facing immediate protection risks are the primary target. Special attention will be given to actions addressing the needs of any groups with specific needs, based on an all-risks analysis and clear vulnerability criteria. Actions integrating support of vulnerable host communities are also to be considered.

**Geographical coverage:** Border areas and informal settlements require specific attention due to the influx of stranded people, people in transit and returnees. Multi-country or regional interventions should demonstrate a sound strategy, coordination and showing the connection between the actions across the different targeted countries.

**Sector prioritisation:** Assistance must be integral and adapted to the identified needs and the context, with a focus on health and protection. Actions enhancing access to qualitative basic services, either through direct service provision or advocacy, are a priority.

### Protection:

*In CAM, survivors of violence, also gender based violence, and forced displacement require protection with a comprehensive case management (including legal aid and updated and accurate information on entitlement to services and protection pathways), effective referrals to health and other services, including mental health care, to meet their immediate needs and to ensure a continuity of care along the route. Family tracing and reunification for the unaccompanied and separated children is also key. Returnees with specific protection needs who cannot re-integrate in the communities of origin should be included in protection programming.*

All actions supported by DG ECHO must aim at improving the protection of beneficiaries, either through stand-alone or integrated actions. Adequate information on rights, risks and access to services remains primordial and should be provided in a coordinated and coherent manner along the routes. Direct comprehensive case management, including legal assistance and access to documentation, is to be developed with clear identification strategies, solid active referrals and follow-up systems and should be based on demonstrated technical expertise. Particular attention should be given to child protection for unaccompanied and separated minors.

Health: DG ECHO will support health operations, which include primary, maternal and sexual-reproductive, immunization, as well as mental health. Survivors of sexual violence should receive an appropriate and holistic response, including referrals along the route, ensuring a continuity of care. Depending on the availability and accessibility and on existing local capacities, actions can be implemented directly, or through referrals, always ensuring a quality control and follow-up of the referrals and follow-up. Proper waste management should be ensured.

Education in Emergencies is a priority for DG ECHO and is of particular relevance in areas where forced displacement hampers access to education. The implementation of flexible education models and formal education strategies stands as crucial to ensure children's access to schools and continuity of education during the displacement. The response should include enhanced hosting capacities of education systems, accreditation and transition from non-formal to formal systems, support to education personnel and teachers to enhance socio-emotional development and psychosocial support to most vulnerable children, and social cohesion community actions to reduce discrimination and xenophobia.

An integrated approach with Child Protection remains imperative to strengthen the capacities of education personnel and teachers to address appropriately the risks of most vulnerable children including the identification and appropriate referral of protection cases; to promote quality and safe education environments; and to mitigate risk of dropouts and children's further exposure to exploitation, abuse and violence.

### 3) Food insecurity

*Food security is worsening in CAM and particularly in Guatemala, Honduras, El Salvador and Nicaragua. The Humanitarian Needs Overview reports 9.3 million people that are in need of humanitarian assistance in northern Central America. Of those, 867 900 people in El Salvador, 4.6 million people in Guatemala and 2.6 million in Honduras are food insecure. The situation of children is particularly worrisome with high levels of acute and chronic malnutrition i.e., in Guatemala half of all children under the age of 5 suffer chronic malnutrition, according to UNICEF. Poorly diversified diets and a lack of nutritional awareness result in overlapping nutritional problems including stunting, mineral and vitamin deficiencies and overweight/obesity.*

*Anaemia is widespread in El Salvador, Guatemala, and Honduras, with high prevalence rates in children under 5 years old (30%, 47%, and 40% respectively) and pregnant women (particularly high rates in Guatemala where 22% of pregnant women are anaemic), mainly caused by iron deficiency resulting from poor nutrition or chronic parasitic infection.*

*Inequalities and extreme poverty directly affect food security and nutrition, particularly in rural areas of El Salvador. It is estimated that approximately 21% of Salvadoran children are stunted, while 6% are underweight, and 2% are wasted. It is estimated that malnutrition contributes to more than 30% of all childhood deaths. Micronutrient deficiencies, including vitamin A deficiency, are also common in young children.*

*Guatemala has the third-highest rate of stunting, or chronic malnutrition, worldwide. Indigenous populations are disproportionately affected and suffer from malnutrition at twice the rate of non-indigenous children. Approximately 49.8% of all Guatemalan children are undernourished, while this rate jumps to 69.5% of children in rural, indigenous areas.*

In view of the severity and recurrence of recent droughts and the El Niño phenomenon, compounded by human-induced crises, interventions related to food assistance will be considered in the so-called “Dry Corridor” and the areas mostly affected by tropical storms.



**Target population:** interventions will aim to target households categorized in IPC phase 4 with additional constraints (households with poor food-consumption and livelihood stress and asset depletion, high number of dependents, including displaced persons, absence of remittances, presence of individuals at risk of and/or affected by acute malnutrition, with a special focus on children under five and pregnant women). Partners must calibrate the assistance based on the actual households' needs and adjust it to the number of family members.

**Geographical coverage:** Guatemala and Honduras, focussing on areas with the highest humanitarian needs as per IPC classification, including also remoteness, lack of basic infrastructure and services and on the level of relief assistance provided during the past lean seasons. The ranking of communities according to their vulnerability to food insecurity and malnutrition must be explicit.

**Sector prioritisation:** The first priority is to improve households' food consumption, unconditional and time-bound to the lean season (also including after or in anticipation of a hydrometeorological event) or in anticipation of it. The choice of the most adapted response modality will be made based on strong needs assessment complemented by market, operational and risk analyses, and the analysis of all options locally available. Regular assessment and monitoring of local food markets is essential for cash-based interventions. Post-distribution monitoring will enable adjustment of interventions. DG ECHO-funded actions will focus on the immediate and most pressing needs of the affected population. Stand-alone long-term livelihood interventions will not be supported as such, however DG ECHO promotes linking humanitarian assistance with long-term programmes.

Most of the Dry Corridor presents low acute and high chronic malnutrition prevalence rates. Humanitarian food assistance interventions should therefore be nutrition sensitive. Activities that protect the nutritional status of individuals at risk are relevant such as direct handouts, adequate trainings and sensitisation, and increased surveillance, monitoring and treatment of acute cases.

#### 4) Disaster Preparedness

*CAM is exposed to a wide variety of natural hazards such as earthquakes, tsunamis, volcanic eruptions, hurricanes, floods, landslides, droughts. Climate change has impacted the hydrometeorological events, both in terms of recurrence and severity. This year's ongoing El Niño phenomenon will further exacerbate the humanitarian needs in the region. In urban areas, forced displacement, migration and population growth have pushed settlements into violent and hazard-prone zones that often lack water management systems, resulting in frequent flooding and water scarcity in major cities and towns. Systematic institutional weaknesses further impact the existing vulnerabilities. Despite the increase of forced displacement and transit migration through the region, there is no preparedness for bigger influxes of people. The region's reactivity and response capacity to the COVID-19 pandemic was low compared to other contexts. Health-care services were overwhelmed, logistics unable to cope and mobility restrictions have long-lasting negative socio-economic impacts, aggravated by the increase in inflation, including of agricultural products, basic goods and transport. This is creating additional social unrest. The impacts of hazards in the region are deemed to be under-reported and underestimated, particularly the deficits generated by small or medium scale events, but even bigger events, such as Eta and Iota, remain underreported, underestimated, and underfunded.*

With reference to section 4.1.2.1 of this document, the subregion will be subject to the budget alternation rule. Disaster preparedness remains a priority in the region, with ongoing

actions continuing to address the most pressing needs on preparedness in 2024, subject to punctual extensions where needed.

DG ECHO's Disaster Preparedness strategy aims at strengthening emergency preparedness and response to interlinked multi-hazard risks including drought and violence, forced displacement and epidemic outbreaks. The DP strategy envisages to improve capacities for rapid response and risk-based anticipatory actions, improve preparedness actions in fragile and violent settings, integrating protection responsiveness and including the strengthening of evidence-based analysis. Resilience and Climate change adaptation will be mainstreamed along the DP strategy.

**Target population:** Priority will be given to those communities with the highest risk indicators and the lowest coping capacities, most exposed to natural hazards, pervasive violence, displacement and food insecurity, and to regional, national and local institutions responsible for DRM in need of technical support.

**Geographical coverage:** Guatemala, Honduras and El Salvador. Nicaragua can be integrated in regional proposals.

**Sector priorities:** Support is envisaged in line with the following regional strategies:

1. *Risk-based and anticipatory actions:*

Development of risk and forecast-based tools for early action to further improve capacity to act in anticipation of a crisis and for better preparedness to response. Focus will be put on improving early action and locally/nationally/regionally owned rapid response mechanisms, integrating shock responsiveness and protection approach as well as Crisis Modifiers.

2. *Climate and environmental resilience:*

Areas most exposed to natural hazards should be targeted. As the region is being affected by epidemic outbreaks (COVID-19, dengue and others), epidemic preparedness will be included, from surveillance to vector control activities. Priority should be given to:

- Preparedness for climate shock-responsive/mobile cash transfer systems, drought EWS strengthening tools, monitoring, adaptation and mitigation, including communication and awareness raising in most affected areas, improvement of the multi-sectoral approach to climate and environmental resilience, including WASH;
- Integration of displaced persons, including non-nationals in climate and environmental resilience initiatives, improvement of capacities to prevent and respond to climate-induced displacement; and impacts of environmental degradation;
- Application of green technologies and environmental management;
- Supporting and enhancing recognition of ancestral knowledge for local response to disasters; improvement of advocacy capacities to reinforce an inclusive preparedness for indigenous communities, people with disabilities and displaced people facing environmental disasters and violence and enhancing coordination with development initiatives at national and regional levels.

**Horizontal issues:**

HRP reporting: Actions should contribute to the implementation of the Humanitarian Response Plan (HRP) and be reported as such and be in complementarity with other donors in the region. DG ECHO's partners are required to report the DG ECHO allocated funding under this HIP to the respective HRPs of El Salvador, Guatemala and Honduras. DG ECHO



partners are requested to coordinate their actions with the relevant coordination mechanisms established at bilateral, local, national and regional level.

**Disaster preparedness mainstreaming:** remains of paramount importance for actions funded by DG ECHO as cross-cutting theme, based on a comprehensive risk analysis. The introduction of Crisis Modifiers should be considered.

Where relevant and feasible, cooperation with the Union Civil Protection Mechanism (UCPM) could be incorporated, including the possibility of establishing pre-agreements at regional or national level Civil Protection Mechanisms – CEPREDENAC.

**Advocacy:** In order to enable evidence-informed actions and advocacy, it is imperative to enhance the quality of data and information collected, analysed, shared and managed on OSV, forced displacement and its humanitarian consequences on the civilian population. OSV actions should include sound advocacy strategies aiming at safeguarding and increasing the humanitarian access. Augmenting visibility on the displacement crisis in LAC and in particular in CAM in every action is encouraged. Actions linked to forced displacement should advocate for national and regional frameworks to ensure international protection to asylum seekers and refugees and national protection to internally displaced people, as well as ensure child protection for displaced children in all actions. Efforts must also be made to increase the quality of local and national situation analysis and dissemination of information on food insecurity with the objective to increase the visibility and the funding gap of the response to the crisis.

**Nexus:** Linkages with development and peace building initiatives in CAM are strongly encouraged to promote durable solutions and resilience for affected populations where the situation permits it. Partners are encouraged to foster linkages between humanitarian actions to be funded by DG ECHO and already existing resilience/development actions funded by other donors. Initiatives that strengthen the nexus and analyse its impact on beneficiaries will be considered with the utmost interest.

Synergies between targeted DP actions, DG ECHO-funded food assistance response and INTPA-funded programmes should be sought to increase the availability of reliable primary data on the food security situation.

**Localisation:** Communities, local institutions and civil society should be consulted during the formulation, implementation and evaluations of actions. In this sense it is important that local capacities are previously assessed to identify opportunities and gaps that need to be tackled to ensure a proper response and reinforce capacities where most needed. All actions should include a “Crisis Modifier” to be proposed according to the requirements detailed by DG ECHO on its DP Guidance, Annex II “The Use of Crisis Modifiers.”

## **HAITI**

DG ECHO will support actions responding to the unaddressed humanitarian needs caused by violence, forced displacements, drastic reduction in access to basic services, food insecurity, epidemics and education in emergencies.

**Target population:** The most vulnerable people suffering from violence, acute malnutrition, food insecurity, epidemics and the consequences of natural hazards, including survivors of GBV, internally displaced persons, children and adolescents, people with disabilities, and discriminated minorities. For DP, national and local institutions responsible for Disaster Risk Management and response.

**Geographical coverage:** Priority will be given to areas presenting high levels of exposure, vulnerability and recurrent humanitarian needs, in particular urban and peri-urban areas affected by violence, and departments/areas identified by the latest IPC mapping as very vulnerable (IPC4+) or particularly affected by cholera outbreak.

**Sector priorities:** Partners should consider the response analysis to inform systematically the choice of modality based on recent and robust needs assessment as well as on market, operational and risk analyses. It should be protection and gender-sensitive and include an environmentally aware design (see section 4.1.2-Assistance Modality). For cash for sectorial outcome, please consider annex 3 of DG ECHO's thematic policy on cash transfers. In support to the CWG, support to the following can be considered: analysis and capitalisation of the different targeting methodologies (rural Vs urban) and on the use of various cash-based transfer modalities (mobile money, cash, voucher, mixed...); transfer value and beneficiaries' priorities, use of cash and level of basic needs coverage (rural vs urban); different approach to inflation/deflation, food security response in urban settings and nexus with social protection programmes; market assessment and monitoring. For targeted preparedness actions particular attention will be paid to the principles laid down in the DG ECHO's Disaster Preparedness Guidance Note<sup>46</sup>.

### Protection

*In Haiti, gang-related violence has increased, causing more human rights violations, exploitation, abuse, family separations and gender-based violence. Sexual violence is used to terrorize the population in gang-controlled areas and children are forcibly recruited by gangs. Many Haitian migrants forcibly repatriated are also in need of protection. Mental health and psychosocial support, safe spaces, case management and prevention of violence are among the most urgent needs.*

DG ECHO will follow a twin-track approach targeting the most vulnerable populations according to the context-specific risk analysis, comprising primary disaggregated data and comprehensive assessment. Responsive actions, such as multi-sectoral assistance to displaced population affected by violence, direct case management and services provision to most vulnerable people, community outreach, information dissemination and referrals to appropriate services, will be prioritised with preventive activities as complementary. A holistic and integrated approach to case management with clear entry points and demonstrated technical expertise, including mental health and psychological support, legal assistance and referrals to specific health and socio-economic reintegration actions within the case action plans will be considered.

Interventions addressing the needs of migrants, returnees and deportees, and providing first immediate assistance to the most vulnerable repatriated and deported people could be considered. The activities should be designed in line with the Government's response strategy and build upon partners' concrete technical capacities. The immediate relief and assistance provided on arrival to most vulnerable returnees should ensure access to qualitative basic services, case management, psychosocial support, adequate information on rights, risks and entitlements. Special attention will be paid to unaccompanied and separated children, people with disabilities, elderly and other groups with specific needs.

*Shelter, NFI, Camp Coordination/Camp Management (CCCM) In recent years, widespread insecurity in Haiti has caused more than 200,000 people to flee their areas of residence (August 2023). Although the violence most often occurs in the Metropolitan Zone of Port-au-Prince*

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<sup>46</sup> [dg echo guidance note - disaster preparedness en.pdf \(europa.eu\)](#)

*(ZMPP) located in the West department, other departments are also affected. This is particularly the case for the Center and Artibonite departments. About 50% of the IdPs live with host families within host communities and the other half live in spontaneous sites. Gang violence continues, leading to further displacement and increasing pressures on host families. Consequently, the number of IdPs in sites is increasing because host families, often themselves victims of gang violence, find it difficult to support them for long periods of time while the sharing of their resources hampers their resilience to future shocks. The families who stay in the sites are often those whose return encounters major obstacles to returning to their area of origin (insecurity, damaged shelters, lack of means of subsistence, etc.). The priority needs for the rehabilitation of shelters are concentrated in the departments of Grand'Anse (22%), West (18%) and South (16%) and housing conditions remain inadequate in areas affected by the earthquake of 2021 where more than 2,400 people IDPs still live in one site. The resurgence of cholera and the increase in movements are a reminder of the importance of non-food items as basic necessities (kitchen kits, storage containers for water, cover). Access to these articles have significant effects on a person's standard of living, and on their physical and mental well-being.*

DG ECHO will support integrated multisectoral response in IdP sites aiming at improving living conditions in the sites, access to basic services and protection of affected populations, in accordance with the CCCM Strategy for Response to Displaced Persons in the Metropolitan Area of Port-au-Prince (ZMPP) developed by the DGPC and CCCM cluster.

#### Food assistance and nutrition

*According to the 2023 Global Report on Food Crises, Haiti is the 2nd country in the world with the highest percentage of population at emergency levels of food insecurity. According to the last results of the Integrated Food Security Phase Classification (IPC) for the period from March to June 2023, nearly half of the population (4.9 M people) is severely food insecure (IPC3+), including 18% classified in IPC4 (Emergency) and 31% in IPC3 (Crisis)*

*A national SMART survey conducted this year reveals that child malnutrition is on the rise: more than 115,600 children are estimated to suffer from severe wasting in 2023, a 30% increase compared to last year. This alarming situation is expected to further deteriorate in the months to come, as the overall socio-economic and political/security situation is extremely worrying. There are concerns regarding pockets of acute malnutrition among children under five in some areas of the capital. The nutritional situation in Haiti is also worsening, with a notable number of malnourished children identified.*

*There are concerns regarding pockets of acute malnutrition among children under five in some areas of the capital where the GAM is higher than the critical 15%.*

DG ECHO will support emergency food assistance as well as nutritional support for the most affected population. Proposed activities should demonstrate rapid impact and contribute to strengthening the resilience of beneficiaries. Mid-term activities can be considered when linking with long-term development interventions and clear synergies are demonstrated. Actions demonstrating clear nexus opportunities with EU food and nutrition security programme targeting IPC4+ classification will be prioritised.

To that end, actions must pursue as a priority the inclusion of beneficiaries of DG ECHO-funded projects into longer-term interventions in line with the joint ECHO-INTPA strategy. At operational level, this will be translated into a joint targeting, with most acutely food insecure households receiving food and nutrition assistance through DG ECHO-funded interventions and the same households benefitting from longer-term livelihood reinforcement and nutrition support through DG INTPA.

Humanitarian actions will focus on immediate response to acute food and nutrition needs of vulnerable households in food emergency (IPC phase 4 or above). The assistance provided must ensure relevant coverage of existing food gaps, considering Household Economy Approach (HEA), outcome analysis results when available, and basic food basket nominal prices monitored at local markets level. Food assistance must be provided adopting local market-based emergency response modalities. Initiatives reinforcing the consumption of locally made food will be privileged.

Food assistance interventions should be nutrition sensitive; actions ensuring quality care management capacities of Severe Acute Malnutrition (with and without medical complications) as well as Moderate Acute Malnutrition cases adopting the Community-based Management of Acute Malnutrition model (CMAM), accompanied by malnutrition prevention activities promoting the adoption of optimal IYCF practices, are encouraged.

Initiatives aiming at reinforcing the analysis of the acute food and nutrition insecurity situations will be considered favourably if their technical robustness is demonstrated and if they feed into the prevailing analytical framework (IPC).

Targeting most acutely food insecure households is essential. To that purpose, it is strongly encouraged to adopt the “frequency list” methodology, considering very poor households’ profiles according to HEA analysis for the livelihood zone corresponding to target areas.

Partners must systematically carry out a comparison between beneficiary lists elaborated through the “frequency lists” methodology and those targeting structural poverty elaborated after the application of the proxy index to measure structural poverty called Haiti Deprivation and Vulnerability Index (HDVI), used by MAST and partners in the framework of ongoing social protection programmes.

Waste management of nutrition products and/or NFIs and food at distribution points should also be ensured.

### Health

*Haiti has the worst health indicators of the LAC region (e.g. the highest infant and maternal mortality rates, and the highest number of persons living with HIV/AIDS) and one of the most fragile health systems, extremely dependent on international assistance. The health sector estimates that more than 4.5 million people will need health assistance in 2023.*

*Maternal mortality is a critical issue, with the maternal mortality ratio increasing by 9.8% between 2000 and 2017, reaching 480 deaths per 100,000 live births. This high and rising maternal mortality rate demands urgent attention and action. In the country, less than 50% of the poorest income group receives four antenatal care visits, and merely 14% of the lowest income quintile women receive assistance from skilled health professionals during childbirth.*

*Additionally, the country has been dealing with a cholera outbreak since October 2022, with 52 021 suspected cases reported by the end of June 2023. The healthcare system's limitations are concerning, especially in light of the recent spikes in cholera cases observed after floods affected parts of the country. The situation is particularly alarming for children under ten years of age, as they account for 37% of the confirmed cholera cases. The cholera case fatality rate (CFR) has remained at approximately 1.9% since November, which continues to exceed the UN World Health Organization (WHO) emergency CFR threshold of less than 1% of cholera cases.*

*Access to health care is also significantly hampered by insecurity, by limited health facilities and by the cost of care. Approximately 48% of hospitals in the Port-au-Prince metropolitan area are located in areas under gang influence or control. Several health facilities have been forced to close down due to attacks on their patients, staff or facilities. The situation has led to the spread of epidemics, particularly in neighbourhoods at the heart of the violence.*

Priority will be given to activities with the highest potential to save lives, prioritizing support to existing health centres, support to comprehensive sexual and reproductive healthcare services (including family planning, prenatal care, emergency obstetric care (EmOC), increasing the access to skilled birth attendance and postnatal care) and with a special attention for adolescent girls who are particularly vulnerable to SGBV and face higher risks of premature pregnancy and childbirth complications.

Support to primary healthcare integrating nutrition case management will also be prioritized. Mental health and psychosocial support must be provided by qualified staff and in accordance with internationally recognized protocols, linking the response with protection-oriented interventions where possible.

Health interventions should systematically include appropriate medical and mental care for survivors of sexual violence.

On the cholera epidemic, DG ECHO will focus on saving lives through the provision of adequate treatment, safe water/sanitation and hygiene promotion, epidemiological surveillance and alert system, the reinforcement of local capacities and knowledge. Actions related to the response to the on-going outbreak should maintain and strengthen an operational approach, combining coordinated actions in health and WASH sectors. Coordination through DINEPA and MSPP should be ensured.

### Education in emergencies

*The education system in Haiti is extremely fragmented, lacks technical qualitative expertise, highlights major socio-economic barriers, and displays high vulnerability to external shocks, such as the August 2021 earthquake that hit the south of the country. As consequence of urban violence and gang activity, shootings, ransacking, looting and abductions of teachers and students have increased ninefold in one year (According to UNICEF). In the first four months of the school year (October 2022 to February 2023), 72 schools were reportedly targeted, compared to 8 in the same period last year. In the southern departments, logistical difficulties related to gang activity and the fuel crisis have hampered efforts to rebuild the 1250 schools destroyed in the 14 August 2021 earthquake. The deteriorating economic and security context and social tensions have led to the postponement of the start of the 2022/2023 school year, originally scheduled for September, until November 2022. Schools did not reopen until early 2023, although not all students went back to school, which places them at increased risk of use and recruitment into gangs. Particularly vulnerable are violence related displaced children and adolescents.*

Besides the structural challenges of the education system in Haiti, the rampant and pervasive violence that is affecting urban settings in Port-au-Prince metropolitan area is generating acute and significant educational and protection needs. Education in emergencies intervention addressing those needs could be envisaged, prioritising crisis affected population living or coming from conflict affected areas (particularly IDPs, children at-risk of dropout, vulnerable and disadvantaged groups, including girls, unaccompanied and separated children, children with disabilities or exacerbated exposure to further identified



risks). Whilst the provision of school supplies and the improvement of infrastructure is important, an integrated approach with Child Protection remains imperative to strengthen the capacities of education personnel and teachers to address appropriately the risks of most vulnerable children; to promote quality and safe education environments; and to mitigate risk of dropouts and children's further exposure to exploitation, abuse and violence.

The implementation of flexible education models and formal education strategies in very close coordination with national authorities stands as crucial to ensure children's access to and retention in schools. The response should include enhanced capacities of education systems or temporary learning spaces for the increased number of students in cases of forced displacement, support to education personnel and teachers to enhance socio-emotional development and psychosocial support to most vulnerable children.

Advocacy and coordination efforts, particularly centred on the Safe School initiative, are encouraged as part of strategies to prevent attacks on education, dropouts and forced recruitment.

### Disaster Preparedness

*As highlighted by INFORM, Haiti is one of the highest risk countries in the world, ranked 21 in 2023. This status has worsened due to the long-lasting political crisis, rampant violence, the socio-economic impacts of Covid-19 and the 7.2 earthquake of August 2021, emphasising its exposure and recurrent impact of natural events such as earthquakes, hurricanes, storm surge and tsunami, floods, ongoing historical drought, and its vulnerability. Haiti has plunged into a spiral of increasing violence reaching unprecedented levels with soaring internal displacement and emigration, notably of educated and affluent people, severe humanitarian consequences on the most vulnerable, children, women, people with disabilities, marginalised and displaced populations, including forcibly repatriated migrants. The impact remains particularly significant in protection, food security, health, education in emergencies and access to basic services. In the Haiti context, many protection risks pre-exist, and disasters increase exposure to hazards and threats, as well as opportunities for further abuse, exploitation and violence, increasing individual, family and community vulnerabilities.*

With reference to section 4.1.2.1 of this document, the subregion will be subject to the budget alternation rule. Disaster preparedness remains a priority in the region, with ongoing actions continuing to address the most pressing needs on preparedness in 2024, subject to punctual extensions where needed.

DG ECHO DP strategy aims at strengthening emergency preparedness and response to interlinked multi-hazard risks including drought and violence, forced displacements and epidemics outbreaks. The DP strategy envisages to improve capacities for rapid response and risk-based anticipatory actions, improve preparedness actions in fragile and violent settings, integrating protection responsiveness and including the strengthening of evidence-based analysis. Emphasis will be on most vulnerable urban areas. Resilience and Climate change adaptation will be mainstreamed along the DP strategy.

DG ECHO recommends partners to develop synergies and pooling resources for a more comprehensive approach. In line with the Nexus commitment and the EU Resilience Framework for Haiti, DG ECHO encourages coordination, joint analysis and planning with government services and development donors. The strategy focuses on the following priorities:

- National Systems and partners improve capacities to respond at national, departmental and local level, developing locally and nationally owned rapid response mechanisms based on

lessons learned from recent disasters. Stock-piling capacities will be enhanced, E-prep further development will be evaluated, and social protection schemes will be analysed for improved preparedness.

- Local communities and national capacities are strengthened in order to respond to protection needs caused by socio-political unrest and rampant violence. DP systems develop emergency and contingency plans to integrate violence risks and protection needs. Existing mechanisms for violence prevention, mitigation and response are reinforced. The meaningful participation of all vulnerable groups is ensured.

- Local and national capacities are strengthened to ensure the inclusion of a climate and resilience sensitive disaster preparedness approach. Climate shock-responsive capacities developed for preparedness and response (mobile cash transfer systems). Vulnerability and capacity assessment integrating climate risk/impact projections are updated. Epidemic outbreak preparedness capacities are strengthened.

- Special focus is placed on improving urban preparedness and early response with emphasis in Port au Prince for WASH, Shelter and Protection. Protection Preparedness actions will be considered when clearly aiming at enhancing response capacities of authorities, national systems, first responders and humanitarian actors to mitigate protection risks and reinforce early alert systems in contexts of violence, armed conflict, and natural hazards.

- Various models to strengthen emergency response capacity including the use of Crisis Modifiers (CM) and the development of Emergency Response Mechanisms (ERM), with robust protection components and possibly legal support, food, non-food items and shelter.

**Horizontal issues:** Partners must demonstrate a clearly defined overall intervention strategy including phase-out, scaling up and handover processes. A comprehensive all-risk analysis should support the identification of protection threats, vulnerabilities, and capacities of targeted communities.

*Lessons learned:* All ECHO-supported interventions must generate evidence to be shared and disseminated, on targeting processes' results and conclusions.

*Awareness raising:* evidence-based advocacy activities to attract international attention on the humanitarian situation in Haiti are encouraged.

*Localisation:* Partnerships with local and national associations and engagement with local authorities are strongly encouraged.

*Nexus:* Linkages with development initiatives are encouraged to promote long-lasting solutions and resilience for the most vulnerable exposed and affected populations and facilitate a proper transition when and where possible.

*Coordination:* Efforts to increase the quality of the coordination of the response, notably in the food and nutrition sectors, are deemed necessary.

All actions should include a "Crisis Modifier" to be proposed according to the requirements detailed by DG ECHO on its DP Guidance, Annex II "The Use of Crisis Modifiers.



DG ECHO minimum environmental requirements should be systematically applied to minimize the negative impact caused by the operations and reduce their environmental footprint<sup>47</sup>.

## THE CARIBBEAN

### Disaster Preparedness

*In the Caribbean the entire population of 45 million people is highly exposed to weather-related hazards, including stronger tropical storms, hurricanes, and longer lasting droughts, all these compounded with the effects of climate change, the incumbent impact of El Niño as well as geological hazards such as earthquakes and volcanic eruptions. The coastal areas, where over 70% the population and most of the critical infrastructure are located, are particularly vulnerable. Furthermore, rampant food insecurity, socioeconomic inequality, poverty, high population density, and rapid urbanization aggravate an already fragile context thus impacting on the coping capacities of communities and states. The incremental mixed migration phenomenon that has hit the region in recent years also impacts many Caribbean states where the presence of people in transit, migrants, asylum seekers, refugees and stateless communities (the Dominican Republic hosts the biggest caseload in the Americas) further complicate the capacity to respond in case of disasters in an inclusive, comprehensive manner, with heightened risks of leaving the most vulnerable behind at times of disasters.*

With reference to section 4.1.2.1 of this document, the subregion will be subject to the budget alternation rule. Disaster preparedness remains a priority in the region, with ongoing actions continuing to address the most pressing needs on preparedness in 2024, subject to punctual extensions where needed.

ECHO DP strategy for the Caribbean is aligned with the ECHO 2021-2024 Disaster Preparedness Guidance Note priorities:

#### *1. Risk-based and anticipatory actions*

Development of risk and forecast-based tools for early action to further improve capacity to act in anticipation of crisis and for better response preparedness. Focus should be on improving early action and locally/nationally/regionally owned rapid response mechanisms, innovative risk financing mechanisms linked to shock-responsive social protection; strengthening of coordination (including regional and cross-border), generation of evidence and information management, humanitarian logistics and telecommunications, responsiveness of social protection systems, responsive/mobile cash transfer systems.

#### *2. Preparedness in conflict and fragile settings*

DG ECHO partners should systematically adopt a displacement lens to integrate displacement more effectively into risk management, including preparedness. Actions should promote protection activities to better integrate displacement patterns and people victims of conflict in national preparedness and response protocols.

#### *3. Climate and environmental resilience*

With large parts of the Caribbean population living in high-risk areas and heavily reliant on weather-sensitive sectors such as tourism or agriculture, the risks of climate related disasters

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<sup>47</sup> Guidance on the operationalisation of the Minimum Environmental Requirements and Recommendations for EU-funded humanitarian aid operations: [https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/climate-change-and-environment\\_en](https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/climate-change-and-environment_en)

including livelihoods losses are expected to worsen. Therefore, preparedness actions should contribute to climate and environmental resilience while better preparing to disasters and crisis.

#### *4. Urban preparedness*

Most people in the Caribbean live in cities and coastal areas exposed to multiple hazards, while the most vulnerable inhabit informal urban areas in precarious housing, unsafe and unhealthy conditions. Consequently, actions can contribute to improve urban dwellers capacities to prepare and respond to disasters, while contributing to level up basic living, health, safety and sanitary conditions in slums and poor urban areas. Initiatives shall address existing gaps such as the lack of comprehensive frameworks to address disasters in urban areas, insufficient dissemination of best practices, housing vulnerabilities and the risks of building collapse.

#### *Humanitarian aid*

The volume of needs generated by the mixed migration crisis affecting many countries in the Caribbean make it necessary to focus the response on the immediate risks of the most vulnerable and affected populations. Through regional actions, initiatives aiming at addressing the most pressing protection and humanitarian needs of people in transit, migrants, stateless and vulnerable groups must be based on sound multi-hazards analysis affecting forcibly displaced populations, based on primary disaggregated data, strong prioritisation, and clear vulnerability criteria.

**Target population:** Disaster preparedness actions will support vulnerable communities and countries most exposed to multiple hazards with emphasis on refugees and asylum seekers, stateless and displaced people often not covered by Government led programs and notably social protection mechanisms. Regional and national institutions responsible for Disaster Risk Management, preparedness, and response including in relation with health, education, agriculture and urban planning. Humanitarian interventions will continue to respond address the needs of forcibly displaced people through regional and multisectorial approaches.

**Geographical coverage:** Priority will be given to areas presenting high levels of exposure, vulnerability and recurrent humanitarian needs, with insufficient capacities to reduce risk or respond effectively as demonstrated by the latest emergencies in Saint Vincent and Grenadines, Belize, Dominican Republic, Cuba, Guyana and Surinam.

#### **Cross-cutting issues**

*Protection:* Operations shall incorporate protection principles and promote meaningful access, safety and dignity in disaster preparedness and response. Disaggregated risk analysis, needs assessments, and a rights-based approach shall help to identify threats and vulnerabilities and to establish appropriate responses (including Child Protection, Gender-Based Violence, Housing, Land and Property). Operations shall contribute to stopping, preventing, and alleviating the worst effects of human rights violations and patterns of abuse such as forced repatriation of victims of disasters/ crisis. People with disabilities, the elderly and other minority groups should be systematically included in preparedness processes.

Partners should introduce flexibility to mobilise resources from ongoing actions and respond rapidly to any new emerging shocks occurring in their area of operations (“crisis within a crisis”). Flexibility measures can be triggered to provide a multi-faceted initial response to save lives following a rapid onset crisis; the two main scenarios are: (i) to act immediately while waiting for additional resources; (ii) to respond to small-scale humanitarian needs that

would otherwise remain unmet. The application of flexibility measures should be based on an all-risk analysis and the development of worst and most likely scenarios. Partners should develop a detailed plan taking into account pre-positioning of stocks, surge staff, triggers and sectors of intervention.

*Logistics:* Actions can support the development of logistics capacity (e.g., humanitarian logistics, stockpiling and supply chain management). Proposed actions can contribute to improve rapid response mechanisms, strategic prepositioning of emergency stocks, multi-purpose cash-based programming, Civil-Military coordination in relation with civil protection, UCPM and EU Member States military assets in the OCTs.

*Enhanced partnerships:* DG ECHO has progressively developed solid partnerships with strategic partners including United Nations, International NGOs, Red Cross Movement, CDEMA and EU Delegations in the Caribbean. New operations shall build and enhance existing partnerships to scale up investments in disaster preparedness and foster nexus with development actors. Actions shall also improve partnerships with climate/scientific actors/academia and private sector to strengthen and expand the base of solutions.

All actions should include a “Crisis Modifier” to be proposed according to the requirements detailed by DG ECHO on its DP Guidance, Annex II “The Use of Crisis Modifiers.”

The DG ECHO minimum environmental requirements should be systematically applied to minimize the negative impact caused by the operations and reduce their environmental footprint<sup>48</sup>.

### **Regional and multi-country**

Considering that many of the hazards, risks and crises mentioned above affect several countries beyond borders and are interlinked, DG-ECHO will consider regional or multi-country interventions if they demonstrate a sound strategy, showing the added value, coherence and connection between the actions across the different target countries.

Some examples of regional initiatives could be operations providing assistance to displaced population with a true route approach across borders, actions supporting regional or multicounty mechanisms (IGOs, coordination, regional information management, etc.), operations tackling the same problematic in different sides of a border area (e.g., Chaco, Amazonia, Corredor Seco, etc.).

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<sup>48</sup> Guidance on the operationalisation of the Minimum Environmental Requirements and Recommendations for EU-funded humanitarian aid operations: [https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/climate-change-and-environment\\_en](https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/climate-change-and-environment_en)