USAID OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE (USAID/OFDA)

PROPOSAL GUIDELINES

MAY 2018 V.2

USAID/OFDA Proposal Guidelines
Record of Change

The following changes have been made to the *Guidelines* since the February 2018 release. Applicants must incorporate these changes into their proposals. The most recent changes are listed first.

The changes from this revision are highlighted in yellow in the text in the main body of the *Guidelines*.

Date of Change	Section	Change
May 9, 2018	Risk Mitigation in High-Risk Environments	Implementing new proposal requirements for high-risk areas.
May 9, 2018	Safety and Security Plan	Expanded requirements for contingency planning.
May 9, 2018	Reproductive Health	Clarify that ADS 303maa RAA28 and ADS 303mab RAA29 requirements do not apply to USAID/OFDA funding
May 9, 2018	Proposal Summary Template	Restricted goods table has separate checkboxes for seeds and livestock.
May 9, 2018	Checklist of Required Elements	Re-ordered to match proposal process order. Added required Risk Assessment and Mitigation.
May 9, 2018	Approved Sectors, Sub-sectors, Indicator Table, and Keyword List	Reference and link added to PIRS.
May 9, 2018	Keywords Description and Guidance	Statement that certain keywords have required indicators.

TABLE OF CONTENTS

0. Record of Change……..……..2
I. NOTICES 5
A. Usage Notes 6
II. INTRODUCTION 7
A. USAID/OFDA's Role in Humanitarian Assistance 7
B. USAID/OFDA Organizational Chart 8
III. GENERAL SUBMISSION INSTRUCTIONS 9
A. Grand Bargain Commitments 9
B. Program Duration 10
C. Concept Papers 10
D. Proposal Review and Award Process 10
E. Guidance for Proposals with DRR Components 12
F. Checklist of Required Elements 15
IV. RECOMMENDED PROPOSAL FORMATS 16
A. Proposal Summary Template 16
B. Program Guidelines, Cost/Budget Guidelines, and Supporting Documentation 20
C. Approved Sectors, Sub-sectors, Indicator Table, and Keyword List 21
1. Sector, Sub-sector, and Indicator Table 21
2. Keywords List 44
V. PROGRAM GUIDELINES 45
A. Justification 45
1. Problem Statement 45
2. Justification for Intervention and Needs Assessment Summary 45
B. Program Description 47
1. Program Overview 47
2. Sectors 47
C. Transition or Exit Strategy 51
VI. COST/BUDGET GUIDELINES 52
D. Detailed/Itemized Budget 52
E. Budget Narrative 53
F. SF-424 54
G. Advanced Requirements for New Applicants 54
1. Organization Has Never Received USG Funding 54
2. Organization Has Received USG Funding but Never from USAID 55
H. Ineligible and Restricted Goods, Services, and Countries 56
1. Ineligible Goods and Services 56
2. Ineligible Suppliers 56
3. Restricted Goods and Agricultural Inputs 56
4. Prohibited Source Countries, U.S. Economic Sanctions, U.S. Export Restrictions, and Other U.S. Legal Restrictions on Providing Assistance to Foreign Countries 62
I. Branding and Marking 63
1. Branding Strategy and Marking Plan 64
2. Presumptive Exceptions 64
3. Waivers 65
J. Certifications and Assurances 66
K. Financial Documentation 66
1. Cost Sharing and In-Kind Contributions 66

2. Sub-Award and Contractual Arrangements 66
3. USG Negotiated Indirect Cost Rate Agreement 66
4. Program Income 66
5. Pipeline Analysis (Award Modifications Only) 67
6. Self-Certification for U.S. NGO Compliance with USAID Policies and Procedures 67
VII. SUPPORTING DOCUMENTATION 68
L. Safety and Security Plan 68
M. Code of Conduct and Protection from Sexual Exploitation and Abuse 69
1. Code of Conduct 69
2. Implementation Details 70
N. Policy and Accessibility Standards 70
1. USAID Disability Policy 70
2. Accessibility Standards for the Disabled in USAID Awards Involving Construction 71
O. Accountability to Affected Populations 71
P. Monitoring and Evaluation Plan 72
1. Monitoring Table 72
2. Monitoring Narrative 73
3. Evaluation Plan 75
Q. Voluntary Survey on Faith-based and Community Organizations 76
R. Structure and Performance Documentation 77
1. Organizational Structure 77
2. Past Performance References 77
S. Budget and Program Revisions Requiring Prior Approval 77
T. Funded Modifications 78
U. OFAC Certification, Reporting, and Record Keeping 78
V. Risk Assessment and Mitigation in High-Risk Environments 78
W. Logistics Requirements 79
VIII. POST-AWARD REPORTING GUIDELINES AND REQUIREMENTS 81
IX. SECTOR REQUIREMENTS 82
A. Mandatory Cross-Sectoral Guidance on Gender Mainstreaming, Protection Mainstreaming, and Inclusion of Older People and People with Disabilities 82
1. Gender Analysis and Mainstreaming 82
2. Protection Mainstreaming 82
3. Inclusion of Persons with Disabilities and Older People 83
B. Sectors 84
1. Agriculture and Food Security 85
2. Economic Recovery and Market Systems 109
3. Health 120
4. Humanitarian Coordination and Information Management 138
5. Humanitarian Studies, Analysis, or Applications 142
6. Logistics Support 144
7. Multipurpose Cash Assistance 148
8. Natural and Technological Risks 152
9. Nutrition 158
10. Protection 166
11. Risk Management Policy and Practice 180
12. Shelter and Settlements 190
13. Water, Sanitation, and Hygiene 207
C. Keywords Description and Guidance 221

1. Cash 221
2. Cash-for-Work (CFW) 222
3. Climate 224
4. Early Warning System 224
5. Education 224
6. First Aid Training and/or Search and Rescue Training 225
7. Fisherfolk 225
8. Humanitarian Safety and Security Programming 226
9. Information Systems/Geographic Information Systems 226
10. Livelihoods 227
11. Livestock 227
12. Pastoralists 228
13. Pesticide-Containing Materials 229
14. Seeds and/or Seedlings 229
15. Structures 230
16. Vouchers 232
17. WASH in Health Facilities 233
18. Water for Productive Uses 233
19. Weather Station 234

X. Acronyms 235

I. NOTICES

- These *Guidelines* do not apply to public international organizations (PIOs), including agencies of the United Nations (UN).

- In the event that USAID/OFDA formally solicits applications through an Annual Program Statement (APS) or Request for Application (RFA), the guidance of the APS or RFA will prevail over these *Guidelines*.

- Prior to any proposal submission, check the USAID/OFDA website for updates to these *Guidelines* at http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources.

- Submit suggested edits and improvements to the *Guidelines* to proposalguidelines@ofda.gov. For questions about your proposal, contact the appropriate regional team representative listed at the website below.

- USAID/OFDA prefers electronic proposal submissions; USAID/OFDA does not require hard copies by mail. Direct proposal submissions to the appropriate point of contact at USAID/OFDA headquarters in Washington, D.C. (USAID/OFDA/W). Here is the current list of regional team representatives.

- If a hard copy is submitted, USAID/OFDA does not desire elaborate covers or bindings. USAID/OFDA discourages the use of couriers or express mail as receipt of the proposal may be delayed. It must be evident that all submissions—electronic and hard copy—originate from your headquarters unless your organization uses a federative structure.

A. Usage Notes

To increase efficient access to the contents of the *Guidelines*, the following usage notes are included.

1. Review the Record of Change for changes between major revisions.
2. Between major revisions, new or edited passages are marked in yellow highlighting.
3. Clicking on any line in the Table of Contents will take you to that section of the document.
4. When a page number is referenced, click on it to jump to that section.
5. Ctrl + F allows you to search for specific words.
6. Web addresses have been converted to text links.
   a. You can click on the link to go to the page.
   b. You can hover over the link and the full URL address will appear in the lower left corner of the screen.
   c. The USAID/OFDA Resources page is referenced frequently, so the text link is simplified to Resources page.
7. The glossary and references sections have been moved to the Resources page.

II. INTRODUCTION

USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) has partially revised its *Proposal Guidelines* in accordance with updated USAID requirements and the changing global humanitarian context in 2017. These *Guidelines* apply to new awards as well as to modifications of existing awards.

The *Guidelines* are designed to

- Provide information relevant to the proposal submission and award process for grants and cooperative agreements, hereafter termed, "awards";
- Outline the vital components of a proposal to USAID/OFDA;
- Detail Sector Requirements (SRs) and other specifics to assist with the proposal writing process; and
- Indicate which administrative and financial forms must be included with each proposal submission.

The intent of the *Guidelines* is to solicit the information required for USAID/OFDA to make efficient and effective funding decisions. To expedite the proposal review and funding process, you should use the formats suggested in the *Guidelines*. This practice will ensure that proposals include required information identified within the *Guidelines* and therefore will be considered for funding.

The *Guidelines*, the Checklist of Required Elements, templates, and other reference material are located on our website at the Resources page.

A. USAID/OFDA's Role in Humanitarian Assistance

Belonging to USAID's Bureau for Democracy, Conflict, and Humanitarian Assistance (USAID/DCHA), USAID/OFDA comprises six divisions under the management of the Office of the Director.

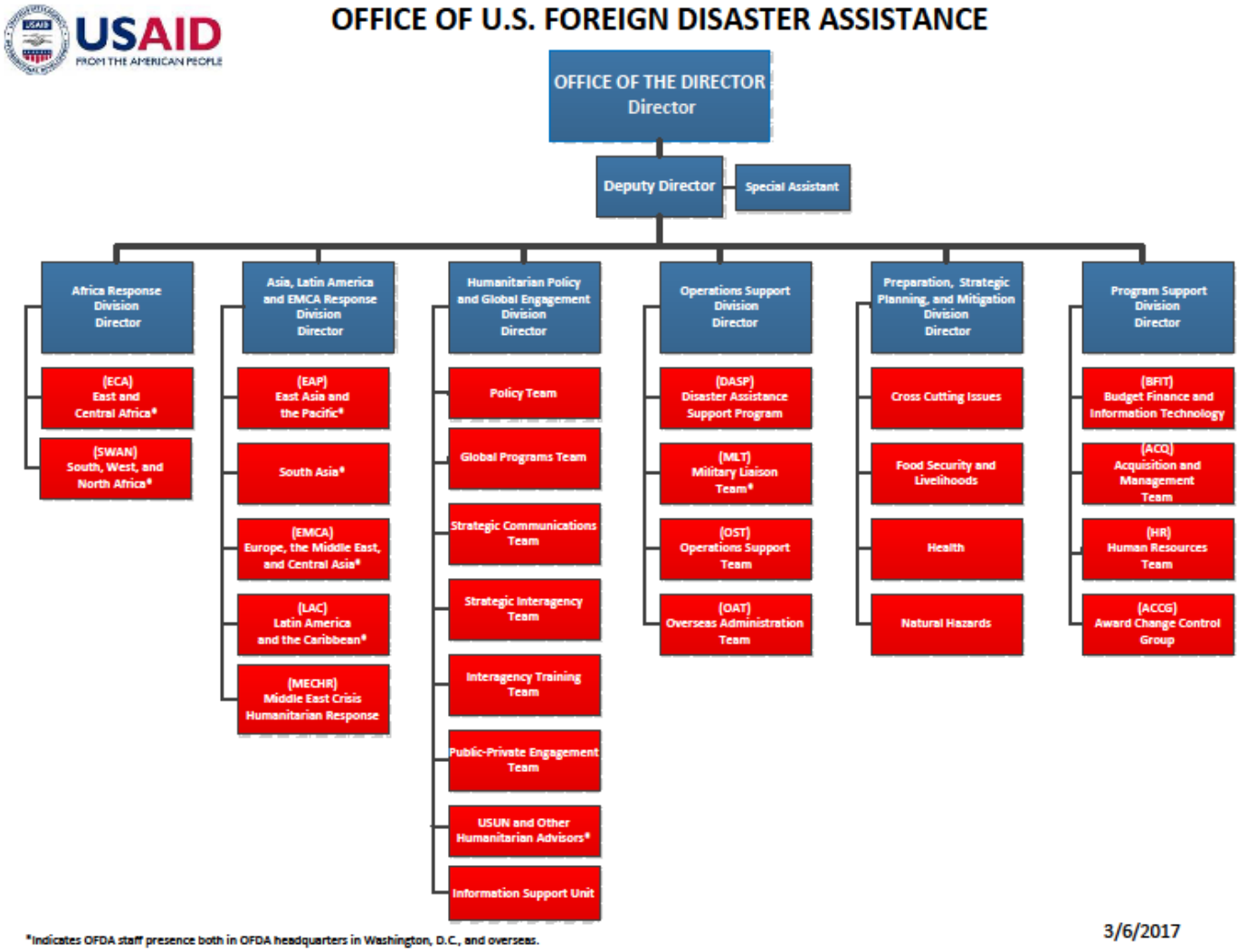
USAID/OFDA's mandate is to save lives, alleviate human suffering, and reduce the social and economic impact of disasters. As the lead U.S. government (USG) office for responding to natural and human-caused disasters in foreign countries, USAID/OFDA has primary responsibility for meeting the needs of internally displaced persons (IDPs) in these emergency situations.

To fulfill its mandate, USAID/OFDA

- Provides rapid, appropriate responses to requests for assistance;
- Strengthens the capacity of local, national, regional, and international entities on early warning of natural disasters;
- Integrates preparedness and mitigation with disaster response, early recovery, and transition to foster resilience; and
- Supports diversified, resilient livelihood strategies.

USAID/OFDA achieves its mandate in coordination with affected countries, other USG agencies and offices, other donor governments, international organizations, U.N. relief agencies, and non-governmental organizations (NGOs).

B. USAID/OFDA Organizational Chart



III. GENERAL SUBMISSION INSTRUCTIONS

These *Guidelines* apply to new awards and modifications of existing awards. USAID/OFDA maintains flexibility when responding to emergency situations and may issue modified proposal submission requirements for a particular disaster. In the event of exceptions to these *Guidelines*, USAID/OFDA will notify applicants.

A. Grand Bargain Commitments

USAID/OFDA is committed to advancing reforms that will increase the effectiveness of and gain efficiencies in current humanitarian action. The 2016 World Humanitarian Summit and the Grand Bargain, to which the USG is a signatory, articulate several such reforms.

USAID/OFDA understands that not all NGO partners are signatories to the Grand Bargain. However, we continue to encourage partners to advance reciprocal changes that would put more assistance into the hands of affected populations and improve the collective effectiveness of the humanitarian system, in which NGOs play a critical role.

Specifically:

1. Partners are encouraged to increase financial transparency by reporting to the International Aid Transparency Initiative (IATI) and the Financial Tracking Service (FTS).

2. Strengthening the capacity of local humanitarian organizations will strengthen the global humanitarian response. For USAID/OFDA, a substantial number of sub-awards pass through international NGOs to local actors. As such, awardees are encouraged to approach local and national sub-awardees as partners, reflecting their comparative advantages, strengthening their financial and delivery systems, and ensuring that partners are active in humanitarian coordination structures. Awardees are also encouraged to speak with USAID/OFDA staff on supporting indirect costs for local actors, understanding that overall funding may also have limitations.

3. Implementing partners are encouraged to determine the most effective and empowering methods of delivering humanitarian aid, including cash programming, where appropriate. For more details, see cash programming guidance on page 149

4. USAID/OFDA supports joint needs analysis and prioritized, comprehensive humanitarian appeals. Partners are encouraged to participate in joint needs assessments and analyses, as well as the comprehensive appeal or Humanitarian Needs Overview processes, where appropriate. These joint assessments do not replace programmatic assessments implemented by individual agencies, which are an important complementary function in order to provide the more granular and detailed information necessary for programmatic interventions. Joint needs assessments and analyses also should not diminish the need for sector-specific assessments and analysis.

5. USAID/OFDA requires partners to ensure that people receiving assistance participate in the design, monitoring, and evaluation of programs that affect them. We continue to support our partners' capacity to involve affected people in decisions about the

assistance they receive. For more details, see accountability to affected populations guidance on page 71.

6. Multi-year awards may be appropriate for a protracted emergency or a longer-term disaster risk reduction project. NGOs are encouraged to discuss with USAID/OFDA field representatives if multi-year awards are appropriate. Funding determinations are based on the local context, incremental multi-year planning, and available funding.

7. USAID/OFDA continues to support early warning, resilience, and other efforts to mitigate the risk of humanitarian suffering by conflict and vulnerability to natural hazards. Partners are encouraged to participate in joint humanitarian and development planning in appropriate situations such as those where there is recurring or protracted crises.

B. Program Duration

Although USAID/OFDA generally funds emergency programs for up to one year at a time, USAID/OFDA is increasingly interested in providing support to multi-year programs, particularly for programs responding to chronic complex emergencies, disaster risk reduction (DRR) programs, and programs designed to build resilience. USAID/OFDA commitments to fund programs for multiple years may be subject to change based on future availability of funding. USAID/OFDA may obligate funding incrementally for multi-year programs and will determine the incremental obligation amounts based on the availability of funding, as well as program needs.

Proposals for multi-year programs should include a program design and budget for the entire proposed program duration. The proposal should incorporate long-term planning needs and should demonstrate how later stages of the program will evolve from and build strategically upon earlier stages. USAID/OFDA encourages organizations interested in proposing multi-year programs to contact USAID/OFDA program staff early in the proposal development process

C. Concept Papers

You may provide a concept paper prior to presenting a complete proposal. By submitting a concept paper, your organization can obtain a quick answer to the question, “Is USAID/OFDA interested in this program?” without preparing a full proposal.

Concept papers should be no longer than five pages; be organized by USAID/OFDA sector(s), each with its appropriate sub-sector(s); and include a preliminary budget. Acceptance of a concept paper does not guarantee USAID/OFDA will request a full proposal.

Generally, submit concept papers to USAID/OFDA field staff. Review time for concept papers does not count toward the 45 days USAID/OFDA has to review and process full proposals.

D. Proposal Review and Award Process

1. USAID/OFDA/W will confirm receipt of the proposal. **The proposal review and award process takes approximately 45 days. Plan program start dates accordingly.**

2. If USAID/OFDA/W deems a submission complete, it will conduct a formal review of the proposal to consider programmatic, technical, and cost issues, per *Guidelines* requirements.

3. USAID/OFDA/W will communicate any issues raised during the formal proposal review to the applicant in an Issues Letter sent via e-mail. You may address these questions by providing additional justifications, clarifying technical details, or supplying other requested information. USAID/OFDA/W cannot make a recommendation to fund a proposal until you address all concerns adequately.

4. If it is determined that all issues have been resolved, USAID/OFDA/W will notify the applicant that the proposal has been recommended for funding.

5. If a proposal is rejected, USAID/OFDA/W will notify the applicant in a formal letter sent via e-mail.

6. For proposals recommended for funding, USAID/OFDA/W will prepare and process the necessary documentation for the award and forward it to USAID's Office of Acquisition and Assistance (USAID/OAA). USAID/OAA must provide final approval for and obligation of all awards. No communication from USAID/OFDA/W, written or verbal, constitutes final approval. Once signed by the USAID/OAA Agreement Officer, USAID/OFDA will forward copies of the award document to your organization's Authorized Individual as listed in the application's certifications and assurances, as well as the point-of-contact listed in the application. It is your organization's responsibility to ensure internal distribution, including to field staff.

7. At the request of the applicant, USAID/OAA may provide a pre-award letter (PAL) that communicates USAID/OFDA's expectations about the award. If desired, your headquarters may request a PAL by providing a justification on your organization's letterhead sent via e-mail to USAID/OFDA/W at the time of application. PALs are used in situations where the project must commence immediately and all programmatic and technical issues are resolved. Typically, a PAL will set forth the date from which an awardee will be reimbursed for program costs prior to the signature date of the award. The PAL is generally no more than 20 percent of the total program budget. USAID is under no obligation to reimburse such costs if, for any reason, the recipient does not receive an award or if the award is less than anticipated. Per 2 CFR 200.458, PALs enable the recipient to incur allowable pre-award costs for up to 90 calendar days prior to award.

8. For modifications extending the duration or cost of an award, USAID/OFDA/W may issue a pre-modification letter (PML), informing the applicant that the application has been recommended for funding and that documentation has been forwarded to USAID/OAA for action. Unlike PALs, which establish an award start date, a PML merely states that, if the modification is executed, the existing end-date will be replaced by the new end-date. Modifications leave no time gap between expiration of the original award and execution of the modification. USAID/OFDA cautions applicants for modifications that receive PMLs that, in the event the modification is not executed, costs incurred after the expiration of the award will not be reimbursed.

E. Guidance for Proposals with DRR Components

In addition to proposals that are submitted in response to a specific disaster, USAID/OFDA supports the submission of proposals that are either specifically designed to reduce the risk of hazards as stand-alone DRR programs, or that build DRR components into a disaster response program as an integrated response/DRR program. USAID/OFDA provides the following guidance for proposals with DRR components, whether stand-alone or integrated.

USAID/OFDA supports DRR programs aimed at saving lives; protecting livelihoods, assets, and infrastructure; and increasing resilience to recurrent natural hazards. USAID/OFDA aligns its risk reduction activities along the four priorities for action adopted in the Sendai Framework for Disaster Risk Reduction 2015–2030 (SFDRR):

1. Understanding disaster risk.
2. Strengthening disaster risk governance to manage disaster risk.
3. Investing in disaster risk reduction for resilience.
4. Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation, and reconstruction.

See the SFDRR website for additional information.

USAID/OFDA has developed a conceptual framework to guide its DRR programming. The foundation of the framework, key to guiding the most appropriate DRR measures, includes the broad context of the location exposed to a given hazard, vulnerabilities, and the capacities that exist therein. The framework reflects USAID/OFDA’s core strengths by concentrating on three specific areas:

- Prioritizing and strengthening early warning and preparedness, as well as the prevention of new and reduction of existing disaster risk;
- Integrating preparedness and DRR with disaster response, early recovery, and transition to foster resilience; and
- Supporting diversified, resilient livelihood strategies.

Three crosscutting commitments reflect how USAID/OFDA and partners approach the core areas, with different levels of emphasis depending on the context:

- Support capacity development and build local ownership at all levels;
- Support “whole community” approach when implementing DRR; and
- Expand partnerships and joint programming.

USAID/OFDA considers funding innovative DRR programs and is willing to pilot new methodologies, tools, and techniques. In regions where USAID/OFDA DRR plans exist, proposed DRR activities should align with USAID/OFDA’s regional DRR plan. In addition, you should discuss concepts for proposals addressing reduction of risks not associated with natural hazards with a USAID/OFDA representative for the country or region in question.

Note that while poverty, vulnerability, and disasters are clearly linked, USAID/OFDA-supported DRR activities must be associated specifically with disaster risk and serve to reduce losses, enable target population to be prepared for potential hazards, and/or lay the foundation for quick recovery from natural disasters. Addressing underlying poverty issues or economic growth requires long-term sustainable development investments

beyond USAID/OFDA's mandate. See the USAID/OFDA DRR page for additional information.

Stand-alone DRR Initiatives

USAID/OFDA considers funding DRR programs to engage communities, national and local governments, international and regional organizations, and NGOs to develop effective and locally sustainable measures to reduce the risk of disasters. Stand-alone DRR activities must identify the gaps and address the needs of at-risk populations. The activities must assess vulnerabilities and exposure; account for the causes, scale, and frequency of disasters; and consider the distinct economic and social systems of each community. Where possible, program design must include a review of underlying risk factors such as environmental and natural resource degradation, local response capacity, rapid and unplanned urban growth, weak DRR governance, and low resilience, among other factors.

Stand-alone DRR programs must fall under one or more USAID/OFDA sectors and follow the respective sector guidance. For example, a proposal to build capacity to reduce the impact of sanitation-related diseases during floods must follow the sector guidance and address the SRs of the Water, Sanitation, and Hygiene (WASH) sector. Furthermore, all DRR activities under each sector must link to both a specific hazard and to the relevant SFDRR priority action (see below).

Stand-alone DRR activities that do not fall under any specific sector, such as strengthening capacity for disaster response, raising community DRR awareness, community-based preparedness, DRR policy advancement, integration of DRR into educational systems, or public-private partnerships on DRR should select Risk Management Policy and Practice. You should choose this sector only if the proposed activities clearly fall within one of the identified sub-sectors. (If you are uncertain of the sector under which your program falls, consult with the appropriate contact at USAID/OFDA.) As with all other sectors, you must follow guidance for DRR programs under this sector's SRs, link all DRR activities to a specific hazard(s), and identify the relevant SFDRR priority action.

Integrating DRR into Disaster Response Programs

USAID/OFDA funds disaster response programs to save lives, reduce human suffering, and reduce the social and economic impact of disasters. Such programs incorporate DRR into a broad range of sectoral interventions not only to meet immediate needs but also to strengthen the ability of people to cope during subsequent crises. You must select the technical sector(s) that most closely align with program activities when incorporating DRR into proposals for larger response programs. Within the technical sector, you must specifically identify the DRR activities, link them to the relevant SFDRR priority (see below), and follow the guidance for DRR programs under each sector's SRs.

DRR and Gender Integration

Disasters affect women, men, girls, and boys differently. Members of these groups experience different levels of vulnerability and have different levels of capacity and skills to respond to the effects of a disaster. Therefore, the risk posed by hazards is also impacted by one's gender. As for all other sectors, DRR programs must emphasize equal participation by, and decision-making opportunities for, both men and women (and youth, where appropriate).

With respect to DRR programs, current USAID policies require partners to examine gender as it affects each program activity. Gender analysis examines how different roles and status of women and men within the community, political sphere, workplace, and household (e.g. roles in decision-making and different access to, and control over, resources and services) will affect program activities, and how anticipated program results will affect women and men. For example, gender differences can affect access to early warning information and the ability to respond to said warning, training in life-saving skills, access to assets, ability to adapt to economic changes, access to resources, access to education, as well as income disparities and participation in decision-making bodies. Risk assessments and mapping must include gender analysis, and USAID/OFDA requires the development of gender-sensitive indicators within many sectors.

DRR and Inclusive Approach

Persons with disabilities face significant barriers to accessing potentially life-saving information and assistance prior to and during disasters. Additionally, damage to the physical environment and disrupted services can greatly hinder the ability of persons with disabilities to adequately protect themselves in the aftermath of disasters. Yet all persons with disabilities have capacities for activities that are of benefit to them and others.

In accordance with USAID's Policy on Disability, USAID/OFDA requires that all disaster programming—including DRR programs—incorporate measures to proactively include persons with disabilities and older people in program design, implementation, monitoring, and evaluation. For DRR programs, this may include household- and community-level planning for information sharing and evacuation processes to ensure that persons with disabilities can access information and receive assistance for evacuation, if needed.

DRR and Safeguarding Environment and Natural Resources

USAID considers safeguarding environment and natural resources to be of paramount importance, and thus all USAID/OFDA proposals should carefully consider the potential environmental impacts of proposed program activities. The vast majority of DRR activities will fall clearly under a defined USAID/OFDA sub-sector (e.g. Health Systems and Clinical Support, Water Supply Infrastructure, etc.) outlined in these *Guidelines*, with specific environmental guidance provided in those relevant sub-sectors. There are also numerous resources freely available to the public, such as the USAID Environmental Impact Assessment website, that outline the possible impacts of typical USAID programs and provide strategies to lessen impacts. Humanitarian practitioners should consult the relevant section(s) of these resources during the design phase of all projects, and carefully consider the associated reduction techniques.

F. Checklist of Required Elements

1. □ Conform to a limit of 20 pages plus 2 pages per sub-sector, excluding the cost proposal, proposal summary, and supporting documentation. For example, a proposal with 3 sub-sectors cannot exceed 26 pages.

2. □ Be written in English or submitted with English translations {USAID Automated Directives System (ADS)-303.3.20} and saved in Word 2000 and/or Excel 2000 or newer versions. USAID/OFDA does not accept zip files. Submit only PDF files for signed documents.

3. □ Include a proposal summary of approximately two pages (see Recommended Proposal Formats on page 16).

4. □ Use page numbers and headers or footers that clearly identify the submission or revision date. You must label all documents as either an original or revised submission.

5. □ Submit proposal to USAID/OFDA Washington, D.C. from your organization's headquarters, which refers to the office with authority to sign the award.

6. □ Use sectors, sub-sectors, keywords, indicators, and keyword indicators identified in the *Guidelines*. Find all approved sectors in the Approved Sector, Sub-sector, Indicator Table on page 21, and Keyword List on page 44, with further explaination in the sector requirements section beginning on page 82 and further explanation of keyword indicators on page 221.

7. □ Address the sector requirements in the appropriate sections responding to each of the applicable technical questions outlined.

8. □ Clearly identify restricted goods or commodities and supply appropriate documentation as outlined in the sector requirements.

Supporting documents included as annexes

9. □ Submit a detailed, itemized budget in U.S. Dollars (USD) in Excel format. Attribute costs to specific line items, rather than including "pooled costs" (see Cost/Budget Guidelines on page 52).

10. □ Submit a corresponding budget narrative in Word, and a completed and signed Standard Form (SF) 424 (see Cost/Budget Guidelines on page 52).

11. □ Submit a Branding Strategy and Marking Plan (BSMP), even if a waiver is in place (see Branding and Marking on page 63).

12. □ Include all required signed Certifications and Assurances (see page 66).

13. □ Provide a location-specific Safety and Security Plan for proposed program sites (see Supporting Documentation on page 68).

14. □ Submit your organization's Code of Conduct that is consistent with the U.N. Inter-

Agency Standing Committee (IASC) Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises (see page 69).

15. □ Submit the Implementation Details for your organization's Code of Conduct by program location(s), not to exceed one paragraph (see page 69).

16. □ Submit your Accountability to Affected Populations plan as an annex, not to exceed one page (see page 71).

17. □ Submit a Monitoring & Evaluation Plan and include the Monitoring Table template (see M&E on page 72).

18. □ Submit a Risk Assessment and Mitigation information, if applicable.

19. □ Address the Logistics Requirements located on page 79.
    a. Include a brief description of logistics and operations structures if project uses USAID/OFDA funds for procurement, storage, or transport.
    b. If procurement over $50,000 is planned, provide a:
        i. Procurement plan,
        ii. Procurement policy, and
        iii. Transport plan.
    c. If warehousing in support of USAID/OFDA-funded project(s) is planned, provide a:
        i. Storage plan, and
        ii. Warehouse management policy.
    d. If renting or purchasing vehicles is planned, provide:
        i. Discrete lists of vehicles, including those to transfer into the project or those planned for purchase or rental,
        ii. Maintenance management plan, and
        iii. Fleet management policy.

20. □ If your proposal must be revised due to an Issues Letter,
    a. Delete any text removed rather than using ~~strikethrough~~, and
    b. Apply **bold** typeface to changes.

IV. RECOMMENDED PROPOSAL FORMATS

A. Proposal Summary Template

USAID/OFDA **requires** a proposal summary of approximately two pages with each application. This summary must provide a brief overview of programmatic and financial data. USAID/OFDA strongly recommends the following summary template, also available on the Resources page.

Request to USAID/OFDA for a

☐ **New Award *or***
☐ **Modification to an Existing Award (#_____)**

Applicant Organization Name:	
Headquarters Contact Information	**Field Contact Information**
Contact Person:	Contact Person:
Mailing Address:	Mailing Address:
Telephone:	Telephone:
Fax:	Fax:
E-mail:	E-mail:

Country/Region of Country:
Submission/Revision Date:
Program Title:

☐ *For new awards*

Proposed Start Date:
Proposed Program Duration:

☐ *For modifications to existing awards*

Original Award Start Date:
Original Award End Date:
Proposed Extension Duration:

Check boxes below if your proposal requests USAID/OFDA funding for procurement of the following categories of restricted goods:

Restricted Goods
☐ Seeds*
☐ Livestock*
☐ Fertilizer
☐ Pesticides and Pesticide-containing Materials, including LLINs, ITPSs**
☐ Pharmaceuticals: Human**
☐ Pharmaceuticals: Veterinary**
☐ Purchase of vehicles not manufactured in the U.S. or leases greater than 180 days
☐ Used Equipment
☐ USG-owned Excess Property

Some agricultural commodities such as seeds and livestock are not categorized as restricted by USAID but require USAID/OFDA's technical approval prior to procurement.
****Select if you are proposing USAID/OFDA funding for procurement, use, training, or distribution of commodities in this category.***

Dollar Amount Requested from USAID/OFDA $_____
Dollar Amount from Other Sources $_____
Dollar Value of In-kind Contributions $_____
Total Dollar Amount of Program $_____

Program Goal:
Total Number of People Affected in the Target Area:
Total Number of People Targeted (Individuals):
Total Number of Internally Displaced Persons (IDP) Targeted (Individuals) as subset of above:

Executive Summary:
Provide a half-page executive summary of the program. Include an overview of the proposed activities, the issues that the activities will address, and why the activities are appropriate.

Sector Table:
Complete a separate Sector Table for each sector included in the proposal. Sector Tables summarize some of the information covered in the Program Description and Cost/Budget of the proposal. Find specific information needed to complete this table in the Approved Sectors, Sub-sectors, Indicators Table, and Keyword List on page 21 and the SRs section beginning on page 82. You must report against all indicators for each sub-sector unless otherwise indicated. If you request to not use an indicator, list the indicator in [brackets] in the Sector Table and provide justification in the Monitoring Narrative section of your proposal. See M&E on page 72.

Sector Name:	*Of the 13 possible sectors (see Summary Table on page 21 or SRs on page 82), list the first sector of the proposed intervention. Complete a separate table for each sector included in the proposal.*
Objective:	*Describe the aim of the proposed activity in this sector.*
Dollar Amount Requested:	*Specify how much money this proposal is requesting from USAID/OFDA for activities in this sector.*
Number of People Targeted:	*Indicate the total number of people targeted for activities in this sector, including IDPs.*
Number of IDPs Targeted:	*Of the total number of people targeted for activities in this sector, note how many are IDPs. Both natural and human-made disasters can result in IDPs.*

Geographic Area(s):	*Identify the geographic area(s) where the planned work for this sector will occur. District-level identification is preferable.*
Keyword(s):	*List all keywords and applicable indicators (see Keyword List on page 44 or Keyword Section on page 221) applicable to the proposed activities.*
Sub-sector Name:	*Of the possible sub-sectors available for this sector (see Summary Table on page 21 or SRs beginning on page 82), list the first sub-sector of the proposed intervention.*
Indicator 1:	*Copy the first indicator for this sub-sector (see Summary Table or SRs) to measure the success of planned activities.*
Indicator 2:	*Copy the second indicator for this sub-sector (see Summary Table or SRs) to measure the success of planned activities.*
Indicator 3:	*Copy the third indicator (if there is one) for this sub-sector (see Summary Table or SRs) to measure the success of planned activities.*
Continue the table if the sub-sector requires more than three indicators.	
Custom Outcome Indicator:	*Copy the custom outcome indicator in the appropriate sub-sector. See page 72.*
Sub-sector Name:	*Proposed interventions must work in at least one sub-sector for each sector and can work in more than one. If there is a second sub-sector, list it here. Add rows as needed for any additional sub-sectors.*
Indicator 1:	*Copy the first indicator for this sub-sector (see Summary Table or SRs) to measure the success of planned activities.*
Indicator 2:	*Copy the second indicator for this sub-sector (see Summary Table or SRs) to measure the success of planned activities.*
Indicator 3:	*Copy the third Indicator (if there is one) for this sub-sector (see Summary Table or SRs) to measure the success of planned activities.*
Continue the table if the sub-sector requires more than three indicators.	

B. Program Guidelines, Cost/Budget Guidelines, and Supporting Documentation

Further information on Program Guidelines (page 45), Cost/Budget Guidelines (page 52), and Supporting Documentation (page 68) is available in the corresponding section of this document. Details on each program sector, sub-sector, and keyword are available in the SRs section beginning on page 82. See also the post-award guidance on the Resources page. In keeping with the Sector Table (see above), you must present each proposed sector *together with its sub-sector*, before moving to any additional sectors.

PROGRAM GUIDELINES

A. Justification
   1. Problem Statement
   2. Justification for Intervention and Needs Assessment Summary
B. Program Description
   1. Program Overview
      a) Goal
      b) Beneficiary Numbers
      c) Critical Assumptions
      d) Program Strategy
   2. Sectors
      a) Sector Name and Objective
      b) Dollar Amount
      c) Beneficiary Numbers
      d) Geographic Areas
      e) Sector-Level Coordination
      f) Keywords
         (1) Keyword Name
         (2) Keyword Integration
      g) Technical Design
         (1) Sub-sector Name
         (2) Technical Description
         (3) Indicators
      (Repeat for each sector)
C. Transition or Exit Strategy

COST/BUDGET GUIDELINES

D. Detailed/Itemized Budget
E. Budget Narrative
F. SF-424
G. Advance Requirements for New Applicants
   a) For Grants and Cooperative Agreements
      1. Organization Has Never Received USG Funding
      2. Organization Has Received USG Funding but Never from USAID
   b) For Fixed Amount Awards (FAAs) to Non-Governmental Organizations
H. Ineligible and Restricted Goods, Services, and Countries
   1. Ineligible Goods and Services
   2. Ineligible Suppliers
   3. Restricted Goods and Agricultural Inputs
      a) Agricultural Commodities
      b) Fertilizer
      c) Pesticides and Pesticide-Containing Materials
         (1) Agricultural Pesticides
         (2) Long-Lasting Insecticide-Treated Nets
         (3) Insecticide-Treated Plastic Sheeting
      d) Pharmaceuticals and Medical Commodities—Human and Veterinary
         (1) Human
         (2) Veterinary
      e) Motor Vehicles
      f) Used Equipment
      g) USG-Owned Excess Property
   4. Prohibited Source Countries, U.S. Economic Sanctions, U.S. Export Restrictions, and Other U.S. Legal Restrictions on Providing Assistance to Foreign Countries
I. Branding and Marking
   1. Branding Strategy and Marking Plan
   2. Presumptive Exceptions
   3. Waivers
J. Certifications and Assurances
K. Financial Documentation
   1. Cost Sharing and In-Kind Contributions
   2. Sub-Award and Contractual Arrangements
   3. USG Negotiated Indirect Cost Rate Agreement
   4. Program Income
   5. Pipeline Analysis (Award Modifications Only)
   6. Self-Certification for U.S. NGO Compliance with USAID Policies and Procedures

SUPPORTING DOCUMENTATION

L. Safety and Security Plan
M. Code of Conduct and Protection from Sexual Exploitation and Abuse
   1. Code of Conduct
   2. Implementation Details
N. Policy and Accessibility Standards
   1. USAID Disability Policy
   2. Accessibility Standards for the Disabled in USAID Awards Involving Construction
O. Accountability to Affected Populations
P. Monitoring and Evaluation Plan
   1. Monitoring Table
   2. Monitoring Narrative
   3. Evaluation Plan
Q. Voluntary Survey on Faith-based and Community Organizations
R. Structure and Performance Documentation
   1. Organizational Structure
   2. Past Performance References
S. Budget and Program Revisions Requiring Prior Approval
T. Funded Modifications
U. OFAC Certification, Reporting, and Record Keeping
V. Logistics Requirements

C. Approved Sectors, Sub-sectors, Indicator Table, and Keyword List

1. Sector, Sub-sector, and Indicator Table

This table lists the approved sectors, sub-sectors, indicators, and keywords from which you must choose in designing proposed interventions. All corresponding indicators must be measured for each sub-sector chosen. Additional details are available in the SRs section of the *Guidelines*. You should apply the Sphere standards whenever possible and appropriate to all proposed activities for which there are Sphere standards. The standards are emphasized in specific indicators below where USAID/OFDA has noted problems with application of the standards. Non-adherence to the standards must be strongly justified in the proposal. Each sub-sector has required indicators. Some keywords have a required indicator. You may choose to include more indicators in your proposal. If you choose to include more indicators in your proposal, they will be in your award and you will be required to report on them.

You are required to add one custom outcome indicator for the project to capture programmatic results not measured by USAID/OFDA standard indicators, and you may add additional custom indicators relevant to your program. Please see Monitoring and Evaluation Plan info on page 72.

This revision of the *Guidelines* requires improved tracking of information disaggregated by sex and age in some cases. Refer to the Performance Indicator Reference Sheets (PIRS) for the relevant sector(s) to review the specific requirements. All PIRS are available on the Resources page.

SECTOR	SUB-SECTOR	INDICATORS
Agriculture and Food Security	**Fisheries and Aquaculture**	Mandatory • Number of people benefiting from fisheries/aquaculture activities • Number of fisheries/aquaculture productive assets reconstructed/repaired • Quantity of aquatic resources harvested Optional • Number of people trained in fisheries/aquaculture

SECTOR	SUB-SECTOR	INDICATORS
Agriculture and Food Security (cont.)	**Livestock**	Mandatory • Number of people benefiting from livestock activities • Number of animals benefiting from livestock activities • Number of animals owned per individual Optional • Number of people trained in livestock
	Pests and Pesticides	Mandatory • Number of people trained in appropriate crop protection practices • Number and percentage of hectares protected against disease or pest attacks • Number and percentage of people practicing appropriate crop protection procedures Optional • Percent of post-harvest loss reduced
	Veterinary Pharmaceuticals and other Medical Commodities (VPMC)	Mandatory • Number of veterinary facilities out of stock of any of the veterinary medical commodity tracer products, for longer than one week • Number of animals treated or vaccinated • Number of animal disease outbreaks Optional • Number of people trained in veterinary medical commodity supply chain management

SECTOR	SUB-SECTOR	INDICATORS
Agriculture and Food Security (cont.)	**Seed System Security**	Mandatory • Number of months of household food self-sufficiency as a result of seed system security programming • Number of people directly benefiting from seed systems/agricultural input activities • Percentage of households with access to sufficient seed to plant Optional • Percentage change of post-harvest loss due to storage activities
	Improving Agricultural Production/Food Security	Mandatory • Number of months of household food self-sufficiency as a result of improved agricultural production programming • Number of people directly benefiting from improving agricultural production and/or food security activities • Number of hectares under improved agricultural methods Optional • Percentage of households with access to sufficient seed to plant
	Irrigation	Mandatory • Number of hectares under irrigation • Number of people directly benefiting from irrigation activities • Length of irrigation system implemented Optional • Percentage of households with access to irrigation • Number of months of household food self-sufficiency

SECTOR	SUB-SECTOR	INDICATORS
Economic Recovery and Market Systems	**Livelihoods Restoration**	Mandatory • Number of people assisted through livelihood restoration activities • Percentage of beneficiaries reporting net income from their livelihood
	New Livelihoods Development	Mandatory • Number of people assisted through new livelihoods development activities • Percentage of beneficiaries actively practicing their new livelihoods • Percentage of beneficiaries reporting net income from their livelihood
	Market System Strengthening	Mandatory • Estimated number of vulnerable disaster-affected individuals indirectly assisted through market system rehabilitation activities At least one of the following additionally required relevant to proposed program activities: • Amount of market infrastructure rehabilitated by type (kilometers of market feeder roads, kilometers of ditches, kilometers of irrigation canals; number of bridges; other) • Total number of critical market actors directly assisted through market system rehabilitation activities • Total number of market system assessments carried out

SECTOR	SUB-SECTOR	INDICATORS
Economic Recovery and Market Systems (cont.)	**Financial Services**	Mandatory • Number of people and/or MSMEs participating in financial services with USAID assistance • Percentage of financial service accounts/groups supported by USAID/OFDA that are functioning properly
	Temporary Employment	Mandatory • Number of people participating in CFW activities
Health	**Health Systems and Clinical Support**	Mandatory • Number of health facilities supported • Percentage of total weekly surveillance reports submitted on time by health facilities • Number of outpatient consultations Additionally required for partners providing rehabilitation of health facilities • Number of health facilities rehabilitated Additionally required for partners providing any healthcare worker training • Number of health care staff trained Additionally required for partners providing inpatient care • Number of hospitalizations
	Communicable Diseases	Mandatory • Number of communicable disease consultations • Case fatality rates for communicable diseases

SECTOR	SUB-SECTOR	INDICATORS
Health (cont.)	**Reproductive Health**	<u>Mandatory</u> • Number and percentage of pregnant women who have attended at least two comprehensive antenatal clinics • Number and percentage of newborns that received postnatal care within three days delivery • Number and percentage of births assisted by a skilled attendant at birth <u>Additionally required for partners providing Clinical Management of Rape (CMR)</u> • Number of cases of sexual violence treated <u>Additionally required for partners providing clean delivery kits</u> • Number and percentage of pregnant women in their third trimester who received a clean delivery kit
	Non-communicable Diseases, Injury, and Mental Health	<u>Mandatory</u> • Number of consultations for non-communicable diseases • Number of consultations for any mental health condition • Number of consultations for trauma-related injuries

SECTOR	SUB-SECTOR	INDICATORS
Health (cont.)	**Community Health**	<u>Mandatory</u> • Number of Community Health Workers (CHW) supported (total within project area and per 10,000 population) • Number and percentage of CHWs conducting public health surveillance • Number and percentage of community members who can recall target health education messages <u>Additionally required for partners implementing iCCM</u> • Number of children under five years of age who received community-based treatment for common childhood illnesses

SECTOR	SUB-SECTOR	INDICATORS
Health (cont.)	**Pharmaceuticals and other Medical Commodities**	<u>Mandatory</u> • Number of people trained in medical commodity supply chain management • Number of health facilities out of stock of any medical commodity tracer products, for longer than one week, 7 consecutive days. (*Note: In initial proposal, suggest and justify 5 tracer products, the stock of which will be reviewed weekly and how organization will address out of stock situations within a delivery period and longer than one delivery period.)* <u>Additionally required for partners using a pharmaceutical with a restricted use indication that is cleared during the review process</u> • Number of people treated for the restricted use indication • Quantity of pharmaceuticals purchased to treat individuals for the restricted use indications- <u>Additionally required for partners if non-OFDA EML pharmaceutical is cleared during the review process</u> • Number of people treated with each approved non-OFDA EML pharmaceutical

SECTOR	SUB-SECTOR	INDICATORS
Health (cont.)	**Public Health Emergencies of International Concern and Pandemics**	Mandatory • Number of health care staff trained • Percent of target population who can recall 2 or more protective measures Additionally required for partners providing isolation capacity • Percent of persons who meet criteria for isolation and are appropriately isolated Additionally required for partners providing safe burials and/or isolation capacity • Percentage of dead bodies buried according to safe burial protocols
Humanitarian Coordination and Information Management	**Coordination**	Select three indicators from choices below • Number of humanitarian organizations actively coordinating in the proposed area of work • Number of humanitarian organizations actively participating in the Inter-Agency coordination mechanisms • Number and percentage of humanitarian agencies participating in joint assessments • Number of other key humanitarian actors (e.g., private sector, military, donor) actively participating in humanitarian coordination mechanisms • Number of humanitarian organizations receiving joint assessment information • Number of assessments coordinated with other clusters, agencies, or work groups

SECTOR	SUB-SECTOR	INDICATORS
Humanitarian Coordination and Information Management (Cont.)	**Information Management**	Mandatory • Number and percentage of humanitarian organizations utilizing information management services • Number and percentage of humanitarian organizations directly contributing to information products • Number of products made available by information management services that are accessed by stakeholders
Humanitarian Studies, Analysis, or Applications	**Applied Studies, Analysis, or Applications**	Mandatory • Number of special studies, program evaluations, applied research activities (development or basic research), sector assessments, or feasibility studies completed and disseminated among relevant stakeholders • Number of studies, program evaluations, applied research activities, sector assessments, or feasibility studies used to inform, guide, or improve programming
Logistics Support	**Acquisition and Storage**	Mandatory • Average percent of line items procured and available to humanitarian organization (Average completion rate) • Weight and volume of commodities stored
	Transport (Air/Land/Sea)	Mandatory • Total number of flights/trips provided • Number of people transported • Weight and volume of commodities transported

SECTOR	SUB-SECTOR	INDICATORS
Multipurpose Cash Assistance	**Multipurpose Cash Assistance**	Mandatory • Total number of people assisted through multipurpose cash activities • Percent of beneficiary households reporting adequate access to water, as defined by Sphere or national standards • Percent of beneficiary households reporting adequate access to essential WASH non-food items (NFIs), as defined by Sphere or national standards • Percent of beneficiary households whose shelter solutions meet agreed technical and performance standards • Percent of beneficiary households reporting adequate access to non-food items • Percent of beneficiary households with “acceptable” food consumption as measured by the Food Consumption Score
Natural and Technological Risks	**Geological Hazards**	Mandatory • Number of people benefiting from geological disaster-related activities • Number of geological policies or procedures modified as a result of the activities to increase the preparedness for geological events • Number of people trained to reduce the impact of geological events

SECTOR	SUB-SECTOR	INDICATORS
Natural and Technological Risks (Cont.)	**Hydrometeorological Hazards**	Mandatory • Number of people benefitting from proposed hydrometeorological activities • Number of hydrometeorological policies or procedures modified as a result of the activities to increase preparedness for hydrometeorological events • Number and percentage of people trained in hydrometeorological-related activities retaining knowledge two months after training
	Technological Hazards	Mandatory • Number of people benefiting from technological disaster activities • Number of people trained to respond to or prevent technological disasters
Nutrition	**Infant and Young Child Feeding in Emergencies**	Mandatory • Proportion of infants 0-5 months of age who are fed exclusively with breast milk • Proportion of children 6-23 months of age who receive foods from 4 or more food groups • Number of people receiving behavior change interventions to improve infant and young child feeding practices Additionally required for partners supporting micronutrient supplementation activities • Number of people receiving micronutrient supplement (type specified)

SECTOR	SUB-SECTOR	INDICATORS
Nutrition (Cont.)	**Management of Acute Malnutrition**	<u>Mandatory</u> • Number of health care staff trained in the prevention and management of acute malnutrition • Number of supported sites managing acute malnutrition • Number of people admitted, rates of recovery, default, death, relapse, and average length of stay for people admitted to Management of Acute Malnutrition sites <u>Additionally required for partners providing rehabilitation of acute malnutrition facilities</u> • Number of Management of Acute Malnutrition sites rehabilitated <u>Additionally required for partners providing community based programming</u> • Number of people screened for malnutrition by community outreach workers

Protection	**Child Protection**	<u>Mandatory</u>
		• Number of individuals participating in child protection services
		• Number of dollars allocated for child protection programming
		• At least one additional custom indicator to measure protection outcomes of the proposed activities. This indicator should measure and capture a decrease in children's vulnerability, a minimized threat, a reduction of risk, or an improvement in the well-being of children who have been harmed, exploited, or abused; for example,
		  ○ Percentage of targeted children reporting an improvement in their sense of safety and well-being at the close of the program
		  ○ Percentage of separated or unaccompanied children reunified with a parent or guardian at the close of the program

SECTOR	SUB-SECTOR	INDICATORS

Protection (Cont.)	**Prevention and Response to Gender-based Violence**	Mandatory
		• Number of individuals accessing GBV response services
		• Number of dollars allocated for GBV programming
		• At least one additional indicator to measure protection outcomes of the proposed activities. This indicator should measure and capture a decrease in the vulnerability of those who have experienced GBV or an increase in the protection environment of those who are most vulnerable to GBV; for example,
		  o Percentage of survivors of GBV able to access support services
		  o Number of individuals accessing GBV risk mitigation activities

	Psychosocial Support Services	Mandatory • Number of individuals participating in psychosocial support services • At least one additional custom indicator to measure protection outcomes of the proposed activities. This indicator should capture a change in the psychosocial well-being of the targeted population; for example; o Percentage of people reporting improvements in their feelings of well-being and ability to cope at the end of the program

SECTOR	SUB-SECTOR	INDICATORS
Protection (Cont.)	**Protection Coordination, Advocacy, and Information**	Mandatory • Number of individuals trained in protection • At least one additional custom indicator to measure protection outcomes of the proposed activities. This indicator must capture a change in the protective environment for the affected population; for example, ○ Number of policies, procedures, or practices changed in accordance with protection principles) or measurably improved access to humanitarian service delivery
Risk Management Policy and Practice	**Building Community Awareness/Mobilization**	Mandatory • Number of people participating in training • Percentage of people trained who retain skills and knowledge after two months • Percentage of attendees at joint planning meetings who are from the local community
	Capacity Building and Training	Mandatory • Number of people trained in disaster preparedness, risk reduction and management • Number of people passing final exams or receiving certificates • Percentage of people trained who retain skills and knowledge after two months Additionally required if DRR training includes First Aid, Search and Rescue or health related DRR activities • Number of people trained in First Aid, Search and Rescue, or health related Disaster Risk Reduction activities

SECTOR	SUB-SECTOR	INDICATORS
Risk Management Policy and Practice (Cont.)	**Global Advocacy and Engagement**	Mandatory • Number of jointly organized events held • Number of attendees at jointly organized events • Number of documents, plans, joint publications and/or agreements modified to include DRR language
	Integration/Enhancement within Education Systems and Research	Mandatory • Number of DRR curricula developed, by educational level (e.g., primary, secondary, post-secondary) • Number of students educated on DRR • Number of DRR-related programs established within educational institutions
	Policy and Planning	Mandatory • Number of hazard risk reduction plans, strategies, policies, disaster preparedness, and contingency plans developed and in place • Number of people participating in discussions regarding national risk reduction strategies as a result of the program • National and local risk assessment, hazards data and vulnerability information is available within targeted areas (Y/N)

SECTOR	SUB-SECTOR	INDICATORS
Risk Management Policy and Practice (Cont.)	**Public-Private Partnerships**	Mandatory • Number of private sector businesses directly engaged in response or DRR-related activities as a result of the program • Targeted total number of individuals indirectly benefiting from DRR-related program activities • Number of government disaster contingency plans that incorporate private-sector aspects as a result of the program
Shelter and Settlements	**Shelter**	Select three indicators from choices below • Number of targeted households with access to shelter • Number of targeted households with access to shelter pursuant to relevant guidance appearing in the Sphere Project Handbook • Number and percentage of households having received shelter assistance • Total USD amount and percent of the approved project budget spent on goods and services produced in the host country economy
	Settlements	Mandatory • Number of people (beneficiaries) in the settlement (neighborhood) receiving support from settlements activities • Beneficiaries as a percentage of the total number of settlements (neighborhood) residents • Percentage of settlement (neighborhood) beneficiaries who believe settlement (neighborhood) activities met or exceeded expectations

SECTOR	SUB-SECTOR	INDICATORS
Shelter and Settlements (Cont.)	**S&S Disaster Risk Reduction**	Mandatory • Number of people and households benefiting from shelters incorporating DRR measures in settlements of proposed activity • Number of people and households benefiting from settlements adopting DRR measures • Number and percentage of people in settlements of project activity retaining shelter and settlements DRR knowledge two months after training
	S&S Non-food Items	Select three indicators from choices below • Total number and per item USD cost of NFIs distributed, by type (e.g., mats, blankets, kitchen sets, other) • Percentage of identified beneficiary household NFI needs supported through use of cash/vouchers • Number and percentage of households receiving NFIs • Number and percentage of people reporting satisfaction with the quality of the NFIs they received

SECTOR	SUB-SECTOR	INDICATORS
Water, Sanitation, and Hygiene	**Environmental Health**	<u>Mandatory</u> • Number of people receiving improved service quality from solid waste management, drainage, or vector control activities (without double-counting) <u>Select at least two additional indicators from choices below</u> • Average number of community cleanup/debris removal activities conducted per community targeted by the environmental health program • Average number of communal solid waste disposal sites created and in use per community targeted by the environmental health program • Percent of households targeted by the WASH promotion program that are properly disposing of solid waste • Average number of persistent standing water sites eliminated via drainage interventions per community targeted by the environmental health program • Average number of vector control activities conducted per community targeted by the environmental health program

SECTOR	SUB-SECTOR	INDICATORS
Water, Sanitation, and Hygiene (Cont.)	**Hygiene Promotion**	<u>Mandatory</u> • Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting) <u>Select at least two additional indicators from choices below</u> • Percent of people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands • Percent of households targeted by the hygiene promotion program with soap and water at a designated handwashing location • Percent of households targeted by the hygiene promotion program who store their drinking water safely in clean containers • Percent of households targeted by the hygiene promotion program with no evidence of feces in the living area • Percent of people targeted by the hygiene promotion program who report using a latrine the last time they defecated

SECTOR	SUB-SECTOR	INDICATORS
Water, Sanitation, and Hygiene (Cont.)	**Sanitation**	<u>Mandatory</u> • Number of people directly utilizing improved sanitation services provided with OFDA funding <u>Select at least two additional indicators from choices below</u> • Proportion of men, women, boys and girls who last defecated in a toilet (or whose feces was last disposed of in a safe manner) • Percent of households targeted by latrine construction/promotion program whose latrines are completed and clean • Average number of users per functioning toilet • Percent of latrines/defecation sites in the target population with handwashing facilities that are functional and in use • Number of people per safe bathing facility completed in target population • Percent of excreta disposal facilities built or rehabilitated in health facilities that are clean and functional • Percent of hand washing stations built or rehabilitated in health facilities that are functional • Percent of MHM facilities constructed in target population that are currently in use

SECTOR	SUB-SECTOR	INDICATORS
Water, Sanitation, and Hygiene (Cont.)	**Water Supply**	<u>Mandatory</u> • Number of people directly utilizing improved water services provided with OFDA funding <u>Select at least two additional indicators from choices below</u> • Average liters/person/day collected from all sources for drinking, cooking, and hygiene • Estimated safe water supplied per beneficiary in liters/person/day • Percent of households targeted by WASH program that are collecting all water for drinking, cooking, and hygiene from improved water sources • Percent of households whose drinking water supplies have 0 fecal coliforms per 100 ml sample • Percent of households whose drinking water supplies have a free residual chlorine (FRC) > 0.2 mg/L • Percent of households receiving point-of-use chlorine products whose water supplies have free residual chlorine (FRC) present • Percent of water points developed, repaired, or rehabilitated with 0 fecal coliforms per 100 ml sample • Percent of water points developed, repaired, or rehabilitated with free residual chlorine (FRC) > 0.2 mg/L • Percent of water user committees created and/or trained by the WASH program that are active at least three (3) months after training • Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination • Percent of water committees actively using Water Safety Plans that have been created for water points developed, repaired, or rehabilitated by the water supply program

SECTOR	SUB-SECTOR	INDICATORS
Water, Sanitation, and Hygiene (Cont.)	**WASH Non-food Items**	<u>Mandatory</u> • Total number of people receiving WASH NFIs assistance through all modalities (without double-counting) <u>Select at least two additional indicators from choices below</u> • Percent of households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e. kits) or vouchers • Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash • Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash

2. Keywords List

Applications **must** list every applicable keyword for each sector in the Proposal Summary. List only the relevant keywords. USAID/OFDA uses the keywords during review for issues that are not sector-specific.

Descriptions of each keyword, along with relevant guidance, are available in this document starting on page 221. The application must include a description of the selected keywords' relevance in the technical description portion of the proposal narrative.

Cash, Cash-for-Work, and *Vouchers* keywords require indicators. Include the indicators in the Proposal Summary and Program Description of the proposal.

Cash (Indicator*: Total USD amount of cash transferred to beneficiaries.)*
Cash-for-Work (CFW) (Indicator: *Total USD amount of cash transferred to beneficiaries as CFW payments.*)
Climate
Early Warning System
Education
First Aid Training and/or Search and Rescue Training
Fisherfolk
Humanitarian Safety and Security Programming
Information Systems/Geographic Information Systems (GIS)
Livelihoods
Livestock
Pastoralists
Pesticide-Containing Materials
Seeds and/or Seedlings
Structures
Vouchers (Indicator: *Total USD value of vouchers redeemed by beneficiaries.)*
WASH in Health Facilities
Water for Productive Uses
Weather Station

V. PROGRAM GUIDELINES

You should carefully review the requirements in this section, as well as the relevant SRs beginning on page 82. The SRs are integral to program design and represent current technological guidance of best practices and issues of concern to USAID/OFDA. They contain detailed sector, sub-sector, and keyword information to assist in program design, some of which are integral in completing the elements described here.

USAID/OFDA is developing additional guidance for programs focused on early recovery, transition out of emergency assistance, and/or building resilience among communities facing chronic risks. When available, the guidance will be posted on the Resources page.

A. Justification

1. Problem Statement

Describe:

- The disaster (not applicable if DRR),
- The major causes of the problem(s) to be addressed,
- The populations affected including the source and date of this information, and
- Relevant background data.

Provide brief context for the proposed program, not a comprehensive history of the country or region or problems not related to the proposed program.

2. Justification for Intervention and Needs Assessment Summary

A compelling justification will clearly answer:

- Why here?
- Why now?
- Why this intervention?
- Why your organization?
- Why USAID/OFDA?

You may submit needs assessments conducted by your organization, by the host-government disaster management office, or other internationally recognized sources familiar with the context, such as the U.N. Except in extraordinary circumstances, USAID/OFDA does not fund individual organizations' needs assessments. USAID/OFDA expects that your organization will cover such costs from your own resources as part of your contribution to the proposed program and in order to justify why you are requesting USAID/OFDA funds. For certain rapid-onset disasters, a thorough needs assessment may not be possible. Seek guidance from USAID/OFDA field staff or USAID/OFDA/W staff in these cases. Consult the needs assessment section of the relevant SR for specific guidance on information to include for your proposed program.

If you choose to report assessment findings, include the full report as an annex that includes a summary of information describing the type of assessment, who conducted the assessment, where it took place, and when. Divide this summary by specific sectors and sub-sectors and describe major findings including

- A brief description of surveys, assessments, or other descriptive and analytical efforts conducted to determine the nature of the problem and the need for the intervention;

- Information on how your organization coordinated its assessment with other organizations and across sectors. Organizations should conduct coordinated assessments with other humanitarian entities in order to avoid duplication and contribute to more comprehensive multi-sector assessments;
- Quantifiable data, trends, analysis, data sources, and methodologies used to collect data, to the extent possible, including when and where the data were collected;
- Information from surveys, assessments, and other documents to describe the service area and the conditions of the targeted population(s). When possible and appropriate, the description should include information from a diverse spectrum of the target population, including women, men, children, older people, people with disabilities, ethnic groups, and socioeconomic levels;
- Information on the relationships between direct and indirect target beneficiaries, where possible; and
- A comparison of the data with Sphere Minimum Standards in Humanitarian Response, where appropriate. You can meet this requirement through existing or ongoing assessments that reflect the same region and timeframe of the proposed program (e.g. recent nutritional surveys in the area by the U.N. Children's Fund (UNICEF) or others), newly initiated cross-sector quantitative baseline studies, or rapid quantitative and/or qualitative assessment(s).

Assessments can serve as a useful foundation for relevant quantitative and qualitative information. However, a separate baseline study specific to your proposed program is required. Refer to Section D: Monitoring and Evaluation Plan for additional information on timing and required information in the baseline report. You must upload your assessment and baseline reports through USAID/OFDA's Awards Result Tracking system (ART) post-award.

Modification requests should include assessment updates and describe achievements reached during the last award period based on the previous proposal. This description should include any constraints that hindered achievement of previous objectives and an explanation of how your organization plans to address those constraints in the ongoing program.

The proposed program must clearly respond to one or more of the assessed needs. Based on assessment findings, the justification for intervention must illuminate why:
- The current situation demands a humanitarian response or DRR intervention,
- The specific proposed interventions are the most appropriate to meet those needs, and
- The identified beneficiaries, sector(s), and sub-sector(s) have current priority.

You must
- Consult the justification sections of the relevant SR sectors for detailed guidance on information to include,
- Organize the justification for intervention by each proposed USAID/OFDA sector together with its applicable sub-sectors,
- Establish clear connections between the needs identified and the activities proposed, and
- Tie the proposed actions back to USAID/OFDA's mandate.

This section must also

- Introduce your organization; and
- Outline specific capacity and experience in the proposed sector(s) and sub-sector(s) in the affected country, with the proposed target population, and in the intervention area, as applicable.

You must include
- Indicator data showing results from the organization's relevant programs regardless if funded by USAID/OFDA or another donor;
- Citation of progress or conditions that impeded progress in obtaining results;
- The range of local skills, capacities, and resources that can be used to respond to and recover from the emergency; and
- How lessons learned from previous disaster responses or transition or development programs apply to the proposed activities.

You may summarize information in the justification for intervention, with details included as an appendix.

B. Program Description

1. Program Overview

The overview section describes the proposed intervention as a whole. It ties together the components of the program. Clearly address the following points:

a) **Goal:** State the goal of the program. The goal represents the humanitarian impact your organization is seeking to achieve. There should be one goal per program.
b) **Beneficiary Numbers:** State how many total individuals the program will target for assistance. Of the total, state how many IDPs will benefit from the program. For these figures, count every individual only once, even if they are receiving assistance in multiple sectors described below. Do not use households as the unit of measurement in this section.
c) **Critical Assumptions:** Describe your best estimate of the conditions that will prevail during the program and affect program implementation. You may base your assumptions on local context, security, access, staffing, resource availability, and other dynamics.
d) **Program Strategy:** Describe the overall approach of the proposed program, including how proposed activities fit into your organization's own programming and the work of the humanitarian community in the particular setting. Factors to consider include whether the proposed program will stand alone or will be implemented as part of a larger strategy, how the proposed program may augment government or local capacity, and how results will feed into longer-term programs or plans of other entities.

2. Sectors

Proposed program activities must fall under one or more of the sectors listed in the Sectors, Sub-sectors, and Indicators Table starting on page 21 and further described in the SRs section beginning on page 82. You should contact the appropriate USAID/OFDA Regional Advisor (field-based) or Disaster Operations Specialist (Washington, D.C.-based) if desired activities do not correspond to a sector and sub-sector delineated in the *Guidelines*, or if you have questions about which sector(s) and sub-sector(s) are the most appropriate.

Supply all requisite information for each proposed sector; the SRs describe the technical requirements and required information. Present each proposed sector, together with its sub-sector information, before moving to any additional sectors.

a) **Sector Name and Objective**

Of the 13 possible sectors (see Summary Table or SRs), list one sector of the proposed intervention. Specify the USAID/OFDA sector name and the primary aim or intended outcome of working in this sector. Each proposed sector should have only one objective.

For example:
Sector name: Health
Objective: Improve the health of the IDP population

USAID/OFDA discourages overly descriptive details in objectives, such as specific locations and beneficiary numbers, as you will provide this information elsewhere. Including such details in the objective itself could also limit flexibility to respond rapidly to changing conditions and priorities because USAID/OFDA must modify the award if an objective is changed.

b) **Dollar Amount**

Indicate the dollar amount requested for activities in this sector. For details, refer to the Cost/Budget Guidelines on page 52.

c) **Beneficiary Numbers**

If the proposed intervention includes only one sector, these numbers will be the same as those listed at the program level in the proposal summary. Include details on the beneficiaries, identifying who they are and selection criteria, at the sub-sector level.

For overall program-level beneficiaries, no individual can be counted twice; however, an individual may be counted in multiple sectors.

State how many individuals the program will target for assistance within this sector:
- Number of People Targeted (e.g. 5,000), and
- Of the above total, number of IDPs Targeted (e.g. 250).

The number of direct beneficiaries is required; organizations also including a figure for indirect beneficiaries must define how these individuals indirectly benefit from proposed activities.

d) **Geographic Areas**

For global programs, provide the regions and countries of planned activities.

Global	Regions	Countries
Global	West Africa, Latin America	Niger, Guatemala

For regional programs, provide the countries of planned activities.

Region	Countries

South Asia	Bangladesh, India

For country-level programs, provide the second administrative level for the geographic area(s) where the planned work for this sector will occur. You may include additional levels as available and applicable. Examples of administrative levels in several countries are listed below:

Country	Admin. Level 1	Admin. Level 2	Admin. Level 3
Haiti	Departments	Arrondissements	Communes
Ethiopia	Regions	Zones	Woredas
Pakistan	Provinces	Districts	Thesils
Indonesia	Provinces	Regencies	Districts

You should provide maps and geographic data, such as coordinates, when available and appropriate. Provide coordinates in **decimal degrees** format (e.g. **Latitude: 38.889602, Longitude: -77.022986** for Washington, D.C.).

USAID/OFDA recognizes that program implementation is not tied to the geographic location defined here but rather to the program objectives. For any additional guidance, contact USAID/OFDA program staff.

e) **Sector-Level Coordination**

For the proposed sector, describe how you will coordinate, share information, and collaborate with U.N. agencies, other NGOs, other USG agencies, other donors, local groups, and local and national government agencies in the project design and implementation of activities, including:

- A list of other international organizations and NGOs working in the same sector in proximity to the proposed activities. Identify any links between programs, and explain how the proposed work will complement these activities, if applicable; and
- The coordination approach for this sector, including the frequency of cluster meetings, how problems are identified and addressed, how information is gathered and disseminated, and how standards are set and monitored.

f) **Keywords**

(1) Keyword Name

List all keywords related to this sector. See Keyword List on page 44.

(2) Keyword Integration

A keyword is a specific approach, focus, or population that proposed activities for any sub-sector may reflect. Keywords correspond to subject matter that USAID/OFDA systematically tracks and monitors across all programs for reporting and other purposes.

Applicants should specify how any and all of these keywords apply to proposed activities for each sub-sector, and how assessed needs justify this design. All keywords are available for all sub-sectors.

In lieu of repeating information, if the relationship is outlined in the technical design, please use references, i.e. “see technical design,” in the keyword integration sector. If one or more keywords and their relationship to the program are the same from one sub-sector to another, applicants should include this information in the first instance, and use references, i.e. “see previous sub-sector,” in the subsequent sub-sector descriptions.

g) Technical Design

You must organize the technical design of the proposal according to USAID/OFDA sectors and sub-sectors. For the first sector named above, describe the technical design and list the indicators for each of the appropriate sub-sectors. Describe one sub-sector in full (including the indicators) before describing the next sub-sector.

(1) Sub-sector Name

List one sub-sector of the proposed intervention. You can find the available sub-sectors in the summary table on page 21 or within each SR.

(2) Technical Description

The information provided in this section should represent the bulk of the information provided for the sub-sector. You may find guidance on information to be included in the Technical Description under the appropriate sub-sector in the SRs. You must review the relevant sector guidance in its entirety and address all questions and information requirements in the sector guidance; failure to do so may lead to rejection of the proposal.

You should clearly explain how the proposed activities will address demonstrated needs. In general, technical descriptions should include methodologies, processes, or steps you will undertake to implement each proposed activity within the requested time frame. You should also discuss any contingency plans to manage changes in critical assumptions. You may include time lines, charts, or other graphics for illustrative purposes.

As noted in the sector guidance, technical descriptions must also address gender equality, protection mainstreaming, and inclusion of persons with disabilities and older people. Additional details about these requirements are on page 82.

(3) Indicators

Performance indicators report on implementation, track progress, and measure actual results compared with expected results. *Output indicators* measure the immediate results of an activity (e.g. number of people trained, the number of people who received hygiene kits.). *Outcome indicators* measure the short-to-medium-term change resulting from program activities and outputs (e.g. percent change in test scores measuring concepts covered in training.) For all percentages, include a clearly defined numerator and denominator. You must list indicators and provide a measurable target value for each indicator.

USAID/OFDA Indicators

Each SR sub-sector includes a section on indicators. Unless otherwise indicated, you must select all required indicators to report on for each proposed sub-sector. You must copy the exact indicator language used in the SR. If any of the required indicators are not relevant to your proposed program, you must list the indicator in [brackets] in your proposal’s sector table and provide a clear justification for omitting the required indicator in

the *Monitoring Narrative* section of your proposal under *Monitoring Limitations and Mitigation Measures.* Modification requests and new follow-on requests should use the achieved rates from previous program reporting as the new baseline for the current proposal. Modification and follow-on requests must also include the required sub-sector indicators or justification as to why required indicators are not included. This requirement applies even for sub-sector indicators that were not included in the original award.

Custom Indicators

You are required to add one custom outcome indicator for the project to capture programmatic results not measured by USAID/OFDA standard indicators, and you may add additional custom indicators relevant to your program. Please see Monitoring and Evaluation Plan info on page 72. If your proposal includes activities in the Protection sector, your custom indicator(s) in Protection supplant the need for the custom outcome indicator mentioned above.

C. Transition or Exit Strategy

You must include a transition or exit strategy describing the desired end-state of the project or milestone for transitioning away from USAID/OFDA funding. Describe what conditions will ensure the sustainability of program achievements or what measurable progress will be made toward future sustainability. If more appropriate, specify an exit strategy if the completion of USAID/OFDA-funded activities will mark the end of the project.

Transition strategies must describe

- Planned transition of activities;
- Beneficiary involvement, as applicable;
- Further actions required to ensure sustainability
  - Within what time frame, and
  - By whom;
- Steps planned to communicate transition to all relevant stakeholders; and
- Steps planned, if any, to continue the program after USAID/OFDA funding ends.

VI. COST/BUDGET GUIDELINES

You must submit cost proposals as a separate section, which is not subject to the page limitation of the program proposal. The basic elements of a cost proposal include a detailed budget, a budget narrative, a completed and signed SF-424 (*Application for Federal Assistance*), Branding Strategy and Marking Plan (BSMP), and other administrative business documents as required. See the Checklist of Required Elements in Section III, *General Submission Instructions*. Proposals must be in USD only {ADS-600}.

USAID/OFDA will review the cost proposal in conjunction with the program proposal for purposes of cost realism. Cost realism analysis is the process of independently reviewing and evaluating specific elements of the proposed costs to determine whether the proposed cost elements are realistic for the work to be performed (as described in the technical proposal); reflect a clear understanding of the needs; and are consistent with the methods of performance and materials described in the technical proposal. Further information is available on the Resources page.

In addition to cost realism, USAID/OFDA will apply the following criteria to the cost proposal:

- Are costs allowable?
- Are costs necessary?
- Are costs allocable?
- Are costs reasonable and justified?
- What are the levels of cost sharing or in-kind contributions?
- Are there contributions of other donors?
- Is there program income?
- Are there sufficient justifications for all costs in the budget?, and
- Is the procurement of restricted goods (if any) necessary?

For further information on costs considered allowable, allocable, and reasonable, refer to 2 CFR 200 *Cost Principles*.

For further information on cost sharing and program income, refer to 2 CFR 200.306 and 2 CFR 700.10 *Cost Sharing or Matching*.

D. Detailed/Itemized Budget

The detailed/itemized budget must list and account for individual line items within each *object class category* for each sector objective {2 CFR 200, ADS 201, and the Foreign Assistance Act (FAA) of 1961, as amended, §611(a)}. Object class categories are logical groupings of costs, such as staff salaries, fringe benefits, travel, capital equipment, supplies, and indirect costs. Samples of budgets itemized by object class category and organized by sector objective are available on the Resources page under *Sample Detailed/Itemized Budget for Primary Funding Recipient* and *Sample Detailed/Itemized Budget for Sub-Partner Funding Recipient.* **These sample budgets are strictly illustrative; you must use your own dollar figures, rates, and cost allocation methodologies.**

You must submit budgets in Excel. All proposed costs, including cost sharing, must comply with U.S. Office of Management and Budget (OMB) and USAID policies. You

must express cost sharing as an amount in USD. You must justify in advance the proposed costs for each element of the program. If you expect to earn program income during the award period, the proposal must specifically state how you will apply the income. The definition of program income is located in 2 CFR 200.80 and income application suggestions can be found in 2 CFR 200.307.

You must support indirect costs with a formal Negotiated Indirect Cost Rate Agreement (NICRA) or audited financial statements and indirect cost calculations. If you have never received a NICRA, you may elect to charge a *de minimis* rate of 10% of modified total direct costs (MTDC) in accordance with 2 CFR 200.414(f). MTDC includes

- Direct salaries and wages,
- Applicable fringe benefits,
- Materials and supplies,
- Services,
- Travel, and
- Up to the first $25,000 of each sub-award, regardless of the period of performance of the sub-awards under the award.

MTDC excludes

- Equipment,
- Capital expenditures,
- Charges for patient care,
- Rental costs,
- Tuition remission,
- Scholarships and fellowships,
- Participant support costs, and
- The portion of each sub-award in excess of $25,000.

You may only exclude other items from MTDC when necessary to avoid a serious inequity in the distribution of indirect costs and with the approval of the cognizant agency for indirect costs {2 CFR 200.19}. You must consistently charge costs as either indirect or direct costs. Costs must not be double-charged or inconsistently charged as indirect and direct. If you elect to use the *de minimus* rate, you must use it consistently for all Federal awards until you choose to apply for a NICRA. You may apply to negotiate for a rate at any time.

For funded modifications:
Submit a new budget reflecting only the funds requested through the proposed modification. The Detailed/Itemized Budget guidelines above apply to budgets for funded modifications. Do not send the original budget with updates. A pipeline analysis is also required; see Section H, Financial Documentation below for details.

E. Budget Narrative

The budget narrative justifies proposed expenses and explains how you have estimated costs. You must provide rationale for cost development, such as the methodology and assumptions used to determine individual costs, such as engineering cost estimates, actual current costs incurred, costs obtained through tenders or bids, catalog prices, or published salary tables. A thorough budget narrative will expedite the cost proposal review and prevent your staff from having to revisit the proposal and provide additional

information following proposal submission. For ease of review, budget narratives should follow the order of line items in the detailed budget (top to bottom), rather than by objective (left to right). Sample budget narratives for primary and sub-partner funding awardees are available on the Resources page.

These narratives are strictly illustrative and are based on the sample detailed budgets. You must use your own rationale based on their proposed program design, associated inputs, and detailed budget.

F. SF-424

OMB requires submission of a signed SF-424 *Application for Federal Assistance* with all proposals {2 CFR 200.206, ADS 303}. This includes the

- SF-424, Application for Federal Assistance,
- SF-424a, Budget Information—Non-construction Programs, and
- SF-424b, Assurances—Non-construction Programs.

These documents are located on the Resources page.

G. Advanced Requirements for New Applicants

This section describes additional requirements for new applicants prior to proposal submission. Those who have not previously received funding from the USG must complete items one and two. If your organization has received funding from the USG, but not from USAID, complete only item two. If you have previously received USAID/OFDA funding, indicate “not applicable” for this section.

a) For Grants and Cooperative Agreements

1. Organization Has Never Received USG Funding

- USAID/OFDA must conduct a pre-award survey in order to make a risk assessment decision. This survey may take up to 60 days to schedule. You should take this into account and plan submissions and program performance periods accordingly. Contact a USAID/OFDA representative for additional guidance. Here is a listing of USAID/OFDA regional team representatives.
- You must provide audited financial statements for the previous three fiscal years, which a Certified Public Accountant or other auditor satisfactory to USAID has performed; an organizational chart; and copies of applicable policies and procedures, such as accounting and financial management, purchasing, property management, travel, and personnel {ADS-303.3.9}.
- You must have a unique nine-digit Data Universal Numbering System (DUNS) Number {2 CFR 25, ADS 303.3}. Procedures for obtaining a DUNS number are contained in the Certifications and Assurances package, which is available on the Resources page.
- You must have a current registration in the System for Award Management (SAM) database (www.sam.gov). Registration procedures are located here. (Enable TLS 1.0 on your Internet browser’s security options to access.) In order to receive payment from USAID/W, non-U.S. registrants must input or update their U.S. banking information (bank routing number, account number, etc.) via the tab titled, **“Remittance”** in SAM. The USAID Chief Financial Officer receives registrant financial information from sam.gov and uses SAM information to make payments to recipients of USAID awards (awardees).

- Non-US organizations must also obtain a NATO Commercial and Government Entity (NCAGE) number prior to seeking SAM registration. The USAID/OFDA Grants Unit will work with new non-US awardees to set up electronic payments into the awardee's local bank account.

2. Organization Has Received USG Funding but Never from USAID

- You must include information demonstrating that your organization has the ability to meet various award conditions {ADS-303.3.9}, including:
    - Financial and program management systems that comply with 2 CFR 200.300-2 CFR 200.309;
    - Reasonable system of internal controls in accordance with applicable cost principles {Subpart E of 2 CFR 200}. This includes the segregation of duties, handling of cash, contracting procedures, and personnel and travel policies;
    - Procurement system and contracting procedures that comply with 2 CFR 200.317-326;
    - Property management system that complies with 2 CFR 200.310-316;
    - Personnel policy that complies with applicable USG cost principles and results in reasonable and allocable salary charges;
    - Travel policy that complies with the standard provision entitled "Travel and International Air Transportation" and applicable USG cost principles;
    - System of administering and monitoring sub-awards, as required by 2 CFR 200.330-332;
    - Reports and records that comply with 2 CFR 200.333 - 337; and
    - Sufficient absorptive capacity.

- You must also provide:
    - Evidence that the organization has or can obtain adequate financial resources for performance of the award;
    - Proof that the organization has a satisfactory record of performance, including history of performance references;
    - Information showing that the organization has a satisfactory record of integrity and business ethics;
    - Documentation establishing that the organization is otherwise qualified to receive an award under applicable laws and regulations; and
    - Contact information for the Contracting or Agreement Officer at every USG agency from which your organization has received an award.

- You must have a reputable bank account with a U.S. correspondent bank to receive payments from USAID. If you are a non-U.S. organization, you must provide the name and banking information for a correspondent U.S. bank that will receive funds on your behalf.

b) For Fixed Amount Awards (FAA) to Non-Governmental Organizations

A fixed amount award (FAA) is a type of assistance award where USAID provides a specific level of support and where payment is based upon the actual costs incurred by the recipient. With an FAA, USAID is able to fund an organization that has never received USG funding. However, there is additional due diligence involved for FAAs. For FAAs, you must include information demonstrating that your organization has the ability to

meet various award conditions by addressing all pre-award risk assessment determination criteria listed under the Fixed Amount Award Entity Eligibility Checklist.

Under a fixed amount award USAID pays your organization a set amount when it accomplishes a proposed milestone. Milestones are verifiable products, tasks, deliverables, or goals completed by your organization. You must propose milestones that USAID/OFDA can objectively verify regarding completion and quantity and that are within your organization's span of management control to successfully complete as designed. The milestones will generally have three parts:

1. Description of the product, task, deliverable, or goal to be accomplished;
2. Description of how the recipient will document the completion of the product, task, deliverable, or goal; and
3. The amount that USAID will pay the recipient for the deliverable.

H. Ineligible and Restricted Goods, Services, and Countries

For more information on this subject than the summaries provided below, see USAID ADS 312 on Eligibility of Commodities.

1. Ineligible Goods and Services

USAID/OFDA cannot fund

- Military equipment,
- Surveillance equipment,
- Abortion equipment and services,
- Luxury goods and gambling equipment,
- Weather modification equipment, or
- Commodities and services for support of police or other law enforcement activities.

2. Ineligible Suppliers

Some entities are ineligible as suppliers of USAID-financed goods and services. It is forbidden to use supplies or services, including proposed sub-awardees and contractors, from entities listed in the following sites:

- Have active exclusions in the System for Award Management (SAM);
- Appear on the Specially Designated Nationals (SDN) and Blocked Persons List maintained by the U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC), sometimes referred to as the "OFAC List"; and
- Appear on the United Nations Security Designation List.

3. Restricted Goods and Agricultural Inputs

Purchase of the following items requires approval in the initial award or prior to procurement {ADS-201, ADS 303, ADS 312}:

- Certain agricultural commodities, including livestock;
- Fertilizer;
- Pesticides and pesticide-containing materials, including long-lasting insecticide-treated nets (LLINs) and insecticide-treated plastic sheeting (ITPS);
- Pharmaceuticals, both veterinary and human, including oral rehydration salts (ORS)

- Motor vehicles that are not manufactured in the U.S., including leasing greater than 180 days per year;
- Used equipment; and
- USG-owned excess property.

To facilitate award and program implementation and to reduce administrative burdens, the following additional information is required at the time of application. You must also include budget line items and justifications.

a) **Agricultural Commodities**

The October 26, 2015, revision of ADS 312.3 outlines procedures applicable to the procurement or financing of agricultural commodities under the authority of the Foreign Assistance Act of 1961 (FAA), as amended, with the **exception** of emergency humanitarian assistance provided under International Disaster Assistance (IDA) authority (Section 491 of the FAA).

For USAID/OFDA IDA-funded programs, the procurement of agricultural commodities is not subject to the requirements of ADS 312.3, but USAID/OFDA continues to apply technical review and inspection to ensure that best practices for input quality and appropriateness are maintained. This relates to procurement of seed, seedlings and livestock.

USAID/OFDA's review procedures include technical review of proposals by USAID/OFDA technical specialists and confirmation of seed and livestock quality by the implementing partner. For seeds, this confirmation is provided through completion of a seed grower's declaration of quality, which USAID/OFDA includes in each award package. **These internal technical review practices and procedures will remain the same.**

Required Practices for Purchase of Livestock:
When requesting financing for livestock, your request must include documentation affirming that:

1) The suppliers or agents providing the animals have provided, or will provide prior to purchase, at least one verifiable reference of supplying healthy and productive livestock.

2) The supplying farms or their agents have provided, or will provide prior to purchase, documentation that verifies parentage, health status, and compliance with required vaccination standards.

3) Livestock will not be purchased from areas identified as having current outbreaks of OIE priority diseases. For livestock purchased from another country, the livestock will be imported in accordance with procedures and regulations defined by the competent national animal health authority, usually the director of the Central Veterinary Office in the Ministry of Agriculture Livestock Development (or an equivalent office).

4) Imported animals will have permanent identification that cannot be altered between inspection at purchase and arrival in importing country. If practicable, cattle must have freeze brands on the lower leg or hot brands, where necessary, supplemented with ear tags; sheep and goats must have ear tattoos and/or tail web tattoos. The animal's

identification numbers must correspond to birth and vaccination records provided at the time of purchase.

You must also submit the Livestock Supplier Certification letter and its supporting documentation (available on the Resources page) to the Agreement Officer's Representative prior to procurement.

If possible, and especially for purchases of large numbers of animals, purchasers should verify, at the supplier farms, that the physical conditions of animals in the herd or flock are adequate, that there are records being kept and that the facilities are sanitary. Purchased animals must be transported in a safe, humane manner in a properly ventilated vehicle to assure that they arrive at distribution points in good physical condition without bodily injury. If traveling over long distances, there must be rest stops spaced every 8 to 12 hours to allow animals to disembark, rest, and be fed and watered. Imported livestock must arrive at border crossings or airports accompanied by required documents verifying compliance with regulations. Receiving farms and organizations must have sufficient training from activity technical staff and have infrastructure in place to assure that the animals can be productive and generate the activity outcomes expected.

Although seeds, seedlings, and cuttings for agricultural production are not a restricted commodity, they do require technical approval by USAID/OFDA. Seeds are subject to quality requirements. Where certified seed is not available, and a Seed Grower's Declaration of Quality cannot be provided, for example in a seed fair situation, the awardee assumes responsibility for ensuring seed quality and must document what quality assurance practices were followed in lieu of certification. See the USAID *Seed Grower's Declaration of Quality* available on the Resources page for a list of possible quality assurance practices that may be followed. Note that there is no waiver for seed quality; you must either use certified seed or follow quality assurance practices. For direct distribution of seed, you must make all efforts to provide certified seed. You must provide strong programmatic justification for provision of anything other than certified seed through a direct distribution. For procurement of seed directly or through use of a voucher, you must indicate the use of agricultural commodities within the proposal. When using cash or a voucher, you must detail how you have determined that sufficient seed of appropriate quality and variety is available. When distributing cash transfers to procure agricultural inputs, you must include training for beneficiaries on how to ensure selection of quality seed. You must also reiterate to beneficiaries what inputs are not appropriate for purchase with USAID/OFDA funds.

b) **Fertilizer**

Any purchase of fertilizer, regardless of where it is procured, requires USAID/OFDA approval. For approval, please see the fertilizer procurement template on the Resources page and include the following details: type of fertilizer, composition, amount of fertilizer, total cost per type for the program. For fertilizer type eligibility, please refer to the mandatory reference ADS 312mad, Fertilizer Financing Guidance.

For the purchase of manure, you must confirm that it is purchased within 40 kilometers of its intended use location and that a reasonable level of phytosanitary safety exists.

When USAID/OFDA funds a proposal that includes fertilizers, a special provision is included authorizing local purchase, and making the awardee responsible for compliance

with the specifications in the *USAID Commodity Eligibility Listing*, to the extent there are requirements for the desired type of fertilizer.

USAID/OFDA rarely finances the purchase of large quantities of fertilizer for a number of "best practice" reasons, including the high cost, and the challenges for vulnerable farmers to establish a sustainable and technically sound use of fertilizers after a program ends.

c) **Pesticides and Pesticide-Containing Materials**

USAID classifies pesticides or pesticide-containing or incorporated materials, such as long-lasting insecticide-treated nets (LLINs), curtains (LLICs), and insecticide-treated plastic sheeting (ITPS), as restricted goods. Pesticides or pesticide containing products used for animal dips and/or spraying to control ecto-parasites must adhere to the USAID pest management guidelines (see *Pests and Pesticides* sub-sector). USAID/OFDA usually does not finance the purchase, use, or distribution of pesticides and will only consider such actions in response to agricultural pest outbreaks and public health emergencies where such products are determined to be absolutely necessary and vital for the success of the projects.

Any proposal requesting funding related to pesticides or pesticide-containing materials must follow USAID Environmental Regulations, Pesticide Procedures. This includes any portion of the following regardless of what entity funds the pesticides:

- Handling;
- Transporting;
- Use;
- Procurement of
    - Pesticides,
    - Pesticide-containing products, or
    - Equipment for applying pesticides;
- Distribution;
- Managing; or
- Disposal of pesticides or pesticide-containing materials, including those procured with non-USAID/OFDA resources, but for which USAID/OFDA funds are solicited to transport, distribute, store, apply, or dispose.

Such documentation must describe adequately:

- The existing situation that requires the use of pesticides;
- The positive and negative impacts of the proposed action on the health and well-being of the target populations or beneficiaries;
- The positive and negative impacts of the proposed action on agricultural assets; including livestock, crops, and other beneficial organisms; and
- The positive and negative impacts of the proposed action on the environment, including wildlife, aquatic habitat, and grazing land.

The document must also include mitigation measures that the partner will put in place to avoid or minimize the adverse effects the proposed activities can have on the beneficiaries, their assets, and the environment. You must give particular attention to the Pesticide Procedures section, 22 CFR 216.3(b) and address all 12 points listed in 22 CFR 216.3(b) a-l. At a minimum, the document must include:

- An initial environmental examination,

- A pesticide evaluation report, and
- A safer use action plan.

In consultation with the USAID/OFDA senior technical advisor for pests and pesticides, refer to environmental documents referenced above for more specific guidance. Note the preparation and approval of such documentation can significantly delay implementation of the proposed activities. To the extent possible, USAID/OFDA encourages you to propose pesticides only when agricultural pest outbreaks threaten food security and undermine the economy of the host-country or for public health concerns (including malaria and other vector-borne diseases).

USAID/OFDA does not support the use of cash/vouchers related to USAID restricted pest control commodities. When cash is distributed and the main intent is to support procurement of agricultural inputs, the awardee must clearly state to beneficiaries that cash is not to be used for these same restricted items.

Partners that propose pest control materials such as botanical agents (e.g. neem, pepper, garlic, etc.), biological control, or non-chemical pest control tools (e.g. digging trenches, trapping, etc.) must also adhere to USAID Pest Management Guidelines and clearly describe procedures to avoid or minimize any adverse effects that the use of these materials may have on humans, domestic animals, other non-target organisms (e.g. honey bees, wildlife, etc.) or the shared environment. Refer to the *Pests and Pesticides* sub-sector on page 94.

(1) Agricultural Pesticides

USAID/OFDA requires that only skilled and experienced persons can:

- Handle,
- Apply,
- Transport,
- Distribute,
- Store, or
- Dispose of pesticides.

USAID/OFDA also requires that appropriate personal protective equipment (PPE) and tools are employed, including when using natural pesticides (e.g. neem, garlic, pepper).

USAID/OFDA strictly prohibits use of pesticide containers for any other purpose.

(2) Long-Lasting Insecticide-Treated Nets

LLINs are USAID restricted commodities. You may purchase LLINs with USAID/OFDA funds; however, you must submit proper approval requests as part of the original proposal submission.

LLIN acquisitions must adhere to all relevant stipulations in the President's Malaria Initiative (PMI) Programmatic Environmental Assessment for Integrated Vector Management Program for Malaria Vector Control: 2007 version; 2012 revision; 2017 revision; and Presidential Malaria Initiative Technical Guidance (February 2017). Additional information on LLINs is provided in USAID's Global Programmatic Initial Environmental Examination and Pesticide Evaluation Report and Safer Use Action Plan.

Any use of USAID/OFDA funds related to LLIN interventions must follow these Guidelines and you must submit an LLIN approval request letter, which is available on the Resources page. These requests must accompany appropriate activities within the Health or Nutrition sectors as part of a health and/or nutrition program. You must always use the most recent version of *Request for Approval to Purchase, Transport, Distribute, Use, Store, Manage and/or Dispose Long-Lasting Insecticide-Treated Nets—Health Annex A* on the Resources page.

USAID/OFDA expects partners that propose to support Indoor Residual Spraying, LLIN, or LLICs activities under the Health sector makes reference to the restricted goods section and properly satisfy applicable USAID environmental regulations requirements.

(3) Insecticide-Treated Plastic Sheeting

Insecticide-treated plastic sheeting (ITPS) is a relatively new development and has a limited research and application record. USAID/OFDA may consider inquiries on possible use under highly specific and controlled conditions. Contact the USAID/OFDA Shelter and Settlements and Hazard Mitigation Advisors for current information and the Senior Technical Advisor for Pesticides and Pests regarding restrictions related to ITPS. For further details, refer to USAID Programmatic Environmental Assessment for Integrated Vector Management Programs for Malaria Vector Control (revised 2012) and the President's Malaria Initiative Technical Guidance (revised February 2017).

d) Pharmaceuticals and Medical Commodities—Human and Veterinary

(1) Human

Pharmaceuticals include essential medicines, vaccines (biologicals), Medical Field Diagnostic Kits, and ORS. Pharmaceuticals are USAID/OFDA restricted goods and must meet certain conditions before being approved for purchase using USAID/OFDA funds.

You must assure USAID/OFDA that any pharmaceuticals purchased with USAID/OFDA funds are safe, effective, and provided by duly certified vendors who adhere to internationally accepted standards: good distribution practices, good manufacturing practices, and good storage practices. Refer to the Pharmaceuticals and other Medical Commodities sub-sector under the Health sector on page 132 for complete information and instructions. USAID/OFDA has provided templates to help you address all required conditions (available on the Resources page).

(2) Veterinary

Veterinary pharmaceuticals include medicines and vaccines (biologicals). Veterinary pharmaceuticals are USAID/OFDA restricted goods and must meet certain conditions before being approved for purchase using USAID/OFDA funds.

You must assure USAID/OFDA that any veterinary pharmaceuticals purchased with USAID/OFDA funds are safe, effective, and provided by duly certified vendors who adhere to internationally accepted standards: good distribution practices, good manufacturing practices, and good storage practices. Refer to the Veterinary Pharmaceuticals and other Medical Commodities (VPMC) sub-sector under the Agriculture and Food Security Sector on page 97 for complete information and instructions. Pesticides used in dipping for livestock ecto-parasite control must adhere to the USAID pest management guidelines (see the Pests and Pesticides sub-sector).

e) **Motor Vehicles**

Proposals that include non-U.S. manufactured vehicles must include a rationale for their purchase or long-term lease of 180 days or longer. If the Agreement Officer approves non-U.S. manufactured vehicles, they will be subject to the order of preference and file documentation requirements in paragraph (b) of the standard provision titled "USAID Eligibility Rules for Goods and Services" and a supplemental descending order of preference, as follows:

1. U.S.-manufactured vehicles,
2. Vehicles assembled in a cooperating country or a Code 937 country using a substantial number of parts and sub-assemblies manufactured in the U.S.,
3. Vehicles manufactured in any Code 935 country by a subsidiary of a U.S. manufacturer, and
4. Vehicles manufactured in a Code 935 country by other than subsidiaries of U.S. manufacturers. See ADS 310.3.

f) **Used Equipment**

USAID/OFDA generally will not finance the purchase of used equipment, and any approval to purchase used equipment normally will require your assurances that program needs will be satisfied if:

- The material purchased is used, rebuilt, or reconditioned;
- That economic considerations justify procurement of used, rebuilt, or reconditioned equipment; and
- That the price is reasonable.

If the equipment is used, the justification must explain why your organization did not purchase rebuilt or reconditioned equipment instead. In addition, you must arrange for inspection and appraisal of the equipment by an inspector approved by USAID with the understanding that this cost will be eligible for reimbursement only if USAID/OFDA subsequently approves financing for the used equipment. This is a time-consuming and risky process; therefore, if possible, you should not propose used equipment for USAID/OFDA funding.

g) **USG-Owned Excess Property**

USAID/OFDA will not fund the purchase of USG-owned excess property.

4. Prohibited Source Countries, U.S. Economic Sanctions, U.S. Export Restrictions, and Other U.S. Legal Restrictions on Providing Assistance to Foreign Countries

Countries that the USG designates as "Prohibited Sources" are not included in Geographic Code 935. Geographic Codes pertain to procurement of goods and services and are described in more detail in the standard provision entitled USAID Eligibility Rules for Goods and Services {22 CFR 228} and ADS 310. Find information on Prohibited Sources here and Geographic codes here. You cannot use funds provided under USAID/OFDA awards for the procurement of commodities and services from prohibited sources without specific written approval from the Agreement Officer.

Prohibited sources means countries to which assistance is prohibited by the annual appropriations acts of Congress or other statutes, or those subject to other executive

branch restrictions, such as applicable sanctions administered by OFAC. USAID maintains a list of prohibited sources, available in USAID's ADS 310.

OFAC administers U.S. economic sanctions against certain countries, entities, and individuals. In some cases, it may be necessary for USAID and/or you to obtain an OFAC license. Applicants are reminded that U.S. executive orders and U.S. laws prohibit transactions with, and provision of resources and support to, individuals and organizations associated with terrorism. It is your legal responsibility to ensure compliance with these executive orders and laws.

Moreover, the U.S. Department of Commerce administers the U.S. Export Administration Regulations found in 15 CFR 730, *et seq*. Further information about export restrictions may be found at here and here. It is your legal responsibility to ensure compliance with these regulations.

In accordance with 22 CFR 228.13, foreign government-controlled organizations (i.e., firms operated as commercial companies or other organizations or enterprises, including nonprofit organizations, in which foreign governments or their agents or agencies have a controlling interest) are not eligible as suppliers of goods or services unless otherwise approved in advance by the Agreement Officer. Government ministries or agencies of the cooperating/recipient country are eligible as suppliers of commodities and services including those at the regional and local levels, and government educational institutions, health care providers, and other technical entities of the cooperating/recipient country not formed primarily for commercial or business purposes.

Finally, some countries may be subject to legal restrictions under the Foreign Assistance Act of 1961 (FAA), as amended, or under acts appropriating funds for foreign assistance. For example, a host country's delinquency in loan repayments (FAA Section 620[q] and Brooke Amendment), military coups (FAA Section 508), assistance to military, police, or prison forces (FAA Section 660), countries with which diplomatic relations between the U.S. and the host government have been severed (FAA Section 620[t]), host governments that have repeatedly supported international terrorism (FAA Section 620[a]), or nuclear proliferation (Arms Export Control Act, Sections 101 and 102). This is not an exhaustive list. However, USAID/OFDA has statutory "notwithstanding authority," which permits it to waive these restrictions. You must confirm country eligibility before submitting a full proposal.

I. Branding and Marking

You must use the latest USAID Standard Graphic Identity. Refer to 2 CFR 700.16, AAPD 05-11, ADS 320, and the USAID Branding page for additional information. You must use the USAID Identity, of a size and prominence equivalent to or greater than any other identity or logo displayed, to mark the following:

1. Programs, projects, activities, public communications, and commodities partially or fully funded by USAID;
2. Program, project, or activity sites funded by USAID, including visible infrastructure projects or other physical sites;
3. Technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;

4. Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and
5. Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the awardee is encouraged to otherwise acknowledge USAID and the support of the American people.

1. Branding Strategy and Marking Plan

USAID requires that applicants for awards submit a Branding Strategy and Marking Plan (BSMP). The Branding Strategy describes how the proposed program, project, or activity will be named and positioned, and how you will promote and communicate about the proposed program, project, or activity to beneficiaries and host country citizens. The Marking Plan details the public communications, commodities, activities, program materials, and other items that will visibly bear the USAID Standard Graphic Identity. The USAID Standard Graphic Identity is the official marking comprised of the USAID logo or seal and brand mark with the tagline that communicates the assistance is *from the American people*. USAID prefers that the tagline is written in the local language(s) of the geographic area of program implementation. A link to downloadable versions of translated taglines can be found on the Resources page.

New Awards

All applicants presenting a proposal for a new award are required to submit a BSMP with the initial proposal submission. You must also include, in the total estimated amount of the award, all costs associated with branding, such as press conferences, media and promotional materials, photography, site visits, success stories, and all costs associated with marking, such as plaques, banners, signs, and stickers.

USAID/OFDA will not competitively evaluate BSMPs; rather, BSMPs will be negotiated pre-award and included as part of the award. It is recommended that items to be marked not be quantified.

Award Modifications

BSMPs are not required for modifications, unless there are changes to the BSMP.

2. Presumptive Exceptions

You may request, and the USAID Agreement Officer may approve, a *Presumptive Exception* that relieves your organization from the general marking requirements for a *particular* USAID-funded public communication, commodity, program material, or other deliverable, or for a *category* of USAID-funded public communications, commodities, program materials, or other deliverables, which would otherwise be required to visibly bear the USAID Standard Graphic Identity {2 CFR 700.16, ADS 320}.

USAID marking requirements may not apply if they would have the following undesirable results:

1. Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. This could include election monitoring, ballots, and voter information literature; political party support or public policy advocacy or reform; independent media, such as

television and radio broadcasts, newspaper articles, and editorials; and public service announcements or public opinion polls and surveys (Presumptive Exception [i]);
2. Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent (Presumptive Exception [ii]);
3. Undercut host country government "ownership" of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as "by" or "from" a cooperating country ministry or government official (Presumptive Exception [iii]);
4. Impair the functionality of an item, such as sterilized equipment or spare parts (Presumptive Exception [iv]);
5. Incur substantial costs or be impractical, such as items too small or otherwise unsuited for individual marking, including food in bulk (Presumptive Exception [v]);
6. Offend local cultural or social norms, or be considered inappropriate on such items as condoms, toilets, bed pans, or similar commodities (Presumptive Exception [vi]); or
7. Conflict with international law (Presumptive Exception [vii]).

You must provide detailed justification and supporting information in any request for a Presumptive Exception. The proposal also must indicate whether you will accept the award in the event the USAID Agreement Officer does not approve requested Presumptive Exceptions {2 CFR 700.16, ADS 320}.

3. Waivers

You may request, and the USAID/OFDA Director may approve, at any time before or after award, a partial or full waiver of the marking requirement and Marking Plan for compelling political, safety, or security reasons, or if marking would cause adverse reaction in the host country {2 CFR 700.16, ADS 320}. You can submit waiver requests through the appropriate USAID/OFDA/W contact covering the respective country program. The request must:

1. Describe the political, safety, or security concerns, or adverse impacts, that necessitate a waiver;
2. Explain the circumstances and rationale for the waiver;
3. Detail the specific requirements to be waived, the specific portion of the Marking Plan to be waived, or the specific marking to be waived; and
4. Specify how or whether program materials would be marked in lieu of the USAID Identity.

The request should also provide a rationale for any use of the identities or logos of your organization or a third-party on materials that will be subject to the waiver {2 CFR 700.16, ADS 320}. Approved waivers are not limited in duration but are subject to review by the USAID/OFDA Director at any time. Waivers apply to primary awardees and sub-awardees. The waiver may include the removal of USAID markings already affixed if circumstances warrant. Determinations regarding waiver requests are subject to appeal to the USAID/DCHA Assistant Administrator. You may appeal by submitting a written request to the Assistant Administrator to reconsider the USAID/OFDA Director's waiver determination. The proposal must also indicate whether your organization will accept the award in the event your requested waiver is not approved.

Guidance on USAID policies or requirements related to branding and marking is available on the USAID Branding page.

Every proposal must include a BSMP regardless of whether a waiver has been approved. A revised BSMP must be submitted with modification applications if the modification includes new activities not covered in the original BSMP {2 CFR 700.16, ADS 320}.

J. Certifications and Assurances

All proposals must include the complete, current, and signed Certifications and Assurances package {ADS 303.3}, which is available on the Resources page.

K. Financial Documentation

1. Cost Sharing and In-Kind Contributions

If applicable, give details of cost sharing (e.g. matching funds and in-kind contributions) {2 CFR 200.306, 2 CFR 700.10, ADS 303}. Cost sharing must be reported in USD and not percentages. USAID/OFDA will view cost-sharing and in-kind contributions favorably during the cost proposal review.

2. Sub-Award and Contractual Arrangements

Describe details of planned sub-awards and contracts to the extent they are known at the time of proposal development {2 CFR 200.330, ADS 303.3}.
Provide the

- Name of the sub-awardee(s),
- Separate detailed budget and budget narrative, and
- Scope of work of the sub-awardee.

The primary awardee must

- Ensure the sub-awardee has a DUNS number, and
- Ensure the sub-awardee is not on the list of excluded parties at sam.gov. SAM registration is not required for sub-awardees.

For any sub-awards or contract not covered in the original proposal, the Agreement Officer's post-award approval will be required before sub-awards and contracts may be executed.

3. USG Negotiated Indirect Cost Rate Agreement

Include a copy of the organization's USG *Negotiated Indirect Cost Rate Agreement* (NICRA), if applicable {ADS-303.3.21 (Sub-awards)}. See USAID's Indirect Cost Rate Guide for Non-Profit Organizations for additional information.

4. Program Income

Program income refers to recovered costs or other revenues generated under the award, except for interest earned on USAID advances. If program income is anticipated, you must reflect the estimated amount in the budget. The budget narrative must describe how the program income is proposed to be treated, e.g. as additive program funding, cost-sharing, or deductive, or a combination thereof (see 2 CFR 200.307 *Program Income*).

5. Pipeline Analysis (Award Modifications Only)

Request for award modifications must have a pipeline analysis that shows:

- Actual costs incurred through the end of the most recent financial reporting period,
- Estimated costs through the end of the current award period, and
- The balance of funds that will not be expended by the end of the current award period. {ADS 201, ADS 202, ADS 602, ADS 621, ADS 631}

Given that unexpended funds will carry over into the cost extension period, the budget for the extension period should be reduced by this amount. Modifications that increase the total estimated amount of an award must also include a revised budget narrative and signed and completed SF-424. The revised budget and narrative must complement the modified program description, if any. A sample pipeline analysis is available on the Resources page.

6. Self-Certification for U.S. NGO Compliance with USAID Policies and Procedures

For U.S. organizations only, include a completed copy of the Self-certification for Compliance with USAID Policies and Procedures for Personnel, Procurement, Property Management, and Travel, available on the Resources page. For additional information, refer to ADS 303.3, Additional Help (Procurement Reform Documentation Requirement for Non-Profit Recipients (self-certification).

VII. SUPPORTING DOCUMENTATION

L. Safety and Security Plan

Among USAID/OFDA's primary programming concerns is that its implementing partners take all reasonable precautions to minimize risks to all staff and operations funded by USAID/OFDA. While risk can never be fully eliminated, USAID/OFDA expects its partners to be adequately prepared to work in any environment for which they submit a proposal. You must incorporate operational security management systems, appropriate to your organization and operational area(s), into all programs.

USAID/OFDA requires you and your sub-awardees to submit location-specific safety and security plans for proposed operational areas for new proposals and funded modifications. If a sub-awardee is unable to submit a plan of their own, the applicant must explicitly cover the sub-awardee staff and operations in the applicant's safety and security plan. Appropriate geographic units for contextual, threat, and vulnerability analysis may be as specific as a village, town, city, or neighborhood where project activities will occur. Submission of global security handbooks and/or policy documents does not satisfy USAID/OFDA requirements for safety and security plans. Safety and security plans must be demonstrably written for and apply directly to the areas where programs are being proposed. All personnel and operations funded under your USAID/OFDA project, including sub-awardees or other partners with substantive programmatic contributions, must be covered by a safety and security plan.

All applicant safety and security plans must include and clearly address the following for each location where programs are being proposed:

- Contextual analysis,
- Threat analysis,
- Vulnerability analysis,
- Contingency planning for relevant emergency situations such as
    - Abductions or illegal detention,
    - Evacuation,
    - Emergency medical care,
    - Psycho-social support for staff impacted by serious crimes or personal violence,
    - Sexual assault,
    - Armed attack,
    - Reporting and prosecution options, etc., and
- Risk mitigation measures, which must address specific needs based on analysis of proposed program areas.

Definitions of these technical terms can be found in the Overseas Development Institute Humanitarian Practice Network's Good Practice Review 8, Operational Security Management in Violent Environments, December 2010.

USAID/OFDA implementing partners must pay attention to the unique threats and vulnerabilities faced by national staff and directly address these in safety and security plans.

If the Safety and Security Plan is written in a language other than English, you must submit an accompanying summary of the plan in English that demonstrates that the plan meets the above criteria.

USAID/OFDA will not explicitly or implicitly evaluate the merit of the content of any Safety and Security Plan(s) submitted.

M. Code of Conduct and Protection from Sexual Exploitation and Abuse

U.S. legislation requires organizations receiving USAID/OFDA funds to adopt a Code of Conduct providing for the protection from sexual exploitation and abuse (PSEA) in humanitarian relief operations {H.R. 1268 (109th) §2110}. Among USAID/OFDA's primary programming concerns is that beneficiaries are protected from sexual exploitation and abuse in humanitarian relief operations. USAID/OFDA is equally concerned with discrimination, sexual harassment, and sexual abuse perpetrated against female aid workers by colleagues in the workplace. The following must be an annex to your proposal.

1. Code of Conduct

You must submit a copy of your Code of Conduct, ideally with a dedicated section on PSEA. Additionally, sub-awardees receiving USAID/OFDA funds will be required to adopt a Code of Conduct. Awardees will be responsible for ensuring that sub-awardees have a Code of Conduct.

Your organization's Code of Conduct must be consistent with IASC Task Force on PSEA in Humanitarian Crises, which includes the following core principles:

1. Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment;
2. Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defense;
3. Exchange of money, employment, goods, or services for sex, including sexual favors or other forms of humiliating, degrading, or exploitative behavior is prohibited. This includes exchange of assistance that is due to beneficiaries;
4. Sexual relationships between humanitarian workers and beneficiaries are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work;
5. Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same humanitarian aid agency or not, s/he must report such concerns via established agency reporting mechanisms; and
6. Humanitarian workers are obliged to create and maintain an environment that prevents sexual exploitation and abuse and promotes the implementation of their Code of Conduct. Managers at all levels have particular responsibilities to support and develop systems that maintain this environment.

2. Implementation Details

You must submit implementation details as an annex to the proposal. The description of the Code of Conduct implementation details must be specific to the country or region of the proposal. This description must consist of a paragraph or more describing:

1. How employees are trained or otherwise made aware of the Code of Conduct,
2. How violations of the Code of Conduct against beneficiaries are reported and followed up on in a safe and confidential manner,
3. How beneficiaries are made aware of the Code of Conduct and a mechanism to report any violations, and
4. Whether or not there is a focal point in the country or regional office for the Code of Conduct.

If the Code of Conduct was written in a language other than English, you must submit an accompanying summary in English. You are not required to submit copies of the Code of Conduct for any planned sub-awardees; however, you should be aware that award agreements will require you to ensure that sub-awardees have adopted a Code of Conduct consistent with the IASC Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises. USAID/OFDA will not explicitly or implicitly evaluate or approve the content of any Code of Conduct documents submitted.

For more information on Protection from Sexual Exploitation and Abuse, and sample codes of conduct see the following resources:

- The IASC Taskforce on Protection from Sexual Exploitation and Abuse,
- InterAction, and
- The Humanitarian Accountability Partnership.

N. Policy and Accessibility Standards

1. USAID Disability Policy

The full text of USAID's Disability Policy is available here. The policy has four primary objectives:

1. To enhance the attainment of U.S. foreign assistance program goals by promoting the participation and equalization of opportunities for individuals with disabilities in USAID policies, country and sector strategies, activity designs, and program implementation;
2. To increase awareness of issues of people with disabilities both within USAID programs and in host countries;
3. To engage other USG agencies, host country counterparts, governments, implementing organizations, and other donors in fostering a climate of nondiscrimination against people with disabilities; and
4. To support international advocacy for people with disabilities.

USAID/OFDA requires that implementing partners not discriminate against people with disabilities in the implementation of USAID-funded programs, and make every effort to comply with these policy objectives. To the extent possible within the scope of program objectives, partners must demonstrate a comprehensive and consistent approach for including women, men, and children with disabilities.

2. Accessibility Standards for the Disabled in USAID Awards Involving Construction

USAID has established standards for any new or renovation construction project funded by USAID, to allow access by people with disabilities. A person with a disability is someone who has difficulty:

- Seeing, even with glasses;
- Hearing, even with hearing aid(s);
- Walking or climbing steps;
- Remembering or concentrating;
- Caring for one's self; or
- Communicating in their language.

USAID requires implementing partners to comply with standards of accessibility for people with disabilities in all structures, buildings, or facilities resulting from new or renovation construction or alterations to an existing structure.

Implementing partners must comply with the host country or regional standards for accessibility in construction, when such standards result in at least substantially equivalent accessibility and usability to the standards in the Americans with Disabilities Act (ADA) of 1990 and the Architectural Barriers Act (ABA) Accessibility Guidelines for Buildings and Facilities. Where no host country or regional standards for universal access exist, or where the host country or regional standards fail to meet the ADA/ABA threshold, the standard prescribed in the ADA and the ABA will be used.

All new construction must comply with these accessibility standards. Changes to an existing structure that affect, or could affect, the usability of the structure must comply with these accessibility standards unless the implementing partner obtains the Agreement Officer's advance approval that compliance is technically infeasible, constitutes an undue burden, or both. Compliance is technically infeasible when structural conditions would require removing or altering a load-bearing member that is an essential part of the structural frame, or when other existing physical or site constraints prohibit modification or addition of elements, spaces, or features in full and strict compliance with the minimum requirements. Compliance is an undue burden when it entails either a significant difficulty or expense, or both.

The following construction-related activities are exempted from these requirements:

- Normal maintenance, re-roofing, painting, wallpapering, or changes to mechanical or electrical systems, unless they affect the accessibility of the building or facility; and
- Emergency construction intended to be temporary in nature (e.g. providing plastic sheeting or tents, minor repair and upgrading of existing structures, reconstructing parts of existing structures, supplying temporary structures).

O. Accountability to Affected Populations

Putting people at the center of humanitarian action is a priority for USAID/OFDA. In this edition of the *Guidelines*, Accountability to Affected Population (AAP) guidance has been included in all sectors, and USAID/OFDA requires evidence on how partners are ensuring AAP throughout the program cycle.

USAID/OFDA requires partners to submit an AAP plan/framework that is specific to the sectors included in the proposal. This plan/framework, not to exceed one page, should describe:

- How the affected population was involved in the program design;
- What mechanisms are in place to provide program information and receive beneficiary feedback throughout the duration of the project;
- How will beneficiary feedback be incorporated into program implementation, monitoring and evaluation of progress, and designing course corrections as needed;
- How you will ensure that feedback and information mechanisms are safe, accessible, and the preferred mechanism for beneficiaries;
- How the partner will ensure confidentiality and respond to any critical or sensitive protection issues that arise.

We encourage partners to align their AAP frameworks/plan with the IASC's Five Commitments to Accountability to Affected Populations. USAID/OFDA will consider funding activities aimed at incorporating beneficiary feedback as part of overall program budgets.

P. Monitoring and Evaluation Plan

OFDA supports robust monitoring and evaluation of its programming, consistent with the guidelines of the USAID Evaluation Policy and ADS 201. Monitoring——the ongoing, systematic collection, analysis and use of data that occurs during the project's life cycle—is conducted to determine whether a project or program is being implemented as designed and on track to achieve the intended results. Good monitoring offers direction for project implementation, enhances accountability, and is the basis of quality reporting. USAID/OFDA supports innovative monitoring methods and encourages partners to propose new approaches to efficiently gather monitoring data.

Evaluation is the systematic collection and analysis of information about strategies, projects, and activities as a basis for judgments to improve or inform decisions about programming. Evaluation also has a twofold purpose: ensuring accountability to stakeholders and learning to improve humanitarian outcomes. Timely and high-quality evaluation supports adaptive management, improves future programming, and complements program monitoring. USAID/OFDA encourages applicants to propose innovative and appropriate evaluation methods, approaches, and aims that are tailored to the purpose, context, and learning needs of their program.

Every proposal must contain a monitoring and evaluation (M&E) plan. The M&E Plan must be submitted as an annex to the proposal. The M&E plan consists of three required components:

1. Monitoring Table
2. Monitoring Narrative
3. Evaluation Plan, including Statement of Work (SOW), as applicable.

1. Monitoring Table

The Monitoring Table states the data collection plan for program monitoring and must include the following for each indicator: definition, target, data collection method, source,

frequency, and position responsible for collection. A template for the Monitoring Table is available on the Resources page.

In addition to the required USAID/OFDA indicators, you are required to submit one custom outcome indicator with your proposal. Outcome indicators may be specific to one sub-sector. If it is not relevant or feasible to include one outcome indicator in your proposal, you must provide a clear justification for its omission in the monitoring narrative. If your proposal includes activities in the Protection sector, your custom indicator(s) in Protection supplant the need for the custom outcome indicator mentioned above.

The requirements for each USAID/OFDA-required indicator, including disaggregation, are stated in the Performance Indicator Reference Sheet (PIRS), a tool available on the Resources page. A PIRS defines indicators and suggests methods for data collection and analysis. It is key to ensuring indicator data quality standards worldwide. A PIRS increases the quality of data for indicators used by a large number of partners, allows for aggregation of data across programs, and generally helps make data more reliable and accurate, thereby increasing usability of the results to improve programming.

2. Monitoring Narrative

The monitoring narrative provides information on how you propose to monitor your program. The monitoring narrative must include the following information:

- **Theory of change.** State the theory of change for your program. Explain the expected outcome of your program, and briefly explain how program activities and outputs link to the objective your program aims to achieve. A logical framework may also be included but is not required.
- **Specific methods**. Discuss methods for obtaining gender-specific data, as well as information on how vulnerable people and those with unique needs (e.g. older people, female-headed households, persons with disabilities, and any relevant marginalized groups) are being assisted.
- **Data quality assessment procedures**. State which procedures you will follow to verify the monitoring data you collect. USAID/OFDA encourages you to complete at least one data quality assessment during the course of your project to assess the validity, reliability, precision, integrity, and timeliness of the monitoring data. USAID/OFDA strongly encourages partners to share the results of the data quality assessment with USAID/OFDA.
- **Monitoring limitations & mitigating measures.** State any limitations that exist within your monitoring plan. For every limitation, state a mitigating measure that you will use to attempt to overcome the limitation. If you are not reporting against a USAID/OFDA indicator, provide the justification.
- **Program management use.** Monitoring data must be used to inform programmatic decisions. Explain how your organization plans to use monitoring data to manage your program. What specific decisions will this data inform?
- **Accountability to affected populations.** Include an explanation of how beneficiary feedback will be incorporated throughout the project, with specific plans to share monitoring results with beneficiaries (link to your AAP Plan/Framework).
- **PIRSs for custom indicators.** USAID/OFDA encourages, although does not require, PIRSs for custom indicators. Please use the template found on the Resources page for the PIRSs.

- **Staffing and Budget.** You are encouraged to include an M&E Specialist or equivalent position, as well as costs associated with M&E resources, in your staffing plan and budget.
- **Baseline methodology**. Provide the information listed below regarding your plans for your baseline study.
    - Timeframe: When will you start and complete the study?
    - Methods: What methods will you use to gather the data?
    - Data sources: From whom will you gather the data?
    - Locations: Where will you gather the data?
    - People responsible: Which person or team will be responsible for gathering the data?
    - Baseline limitations & mitigating measures: What limitations do you foresee and how do you plan to overcome them?

Baseline Requirements

Baseline data are data that are collected before the USAID/OFDA-supported program begins implementation. A baseline is the value of a performance indicator before the implementation of projects or activities. A target is the specific, planned level of result to be achieved within an explicit timeframe. Note that output indicators often have zero as a baseline value for new programs.

- **Submission timing**: You must complete and submit a baseline report into the Award Results System (ART) within 90 days after the start date of your award for awards more than six months in duration, and 30 days after the start date of the award for awards less than six months in duration.
- **Exception**: If the duration of your program is less than 90 days, you are not required to submit a baseline report to USAID/OFDA. In this case, you may use needs assessment data as your baseline data.
- **Cost modifications**: Baseline reports are required for proposals requesting a cost modification when the total period of performance of the original award and the requested modification is over 90 days. If you are not changing any indicators in your cost modification proposal, you may use the final indicator result from the previous period of performance as your baseline. If you are adding new sectors, activities, indicators, or locations, you must gather baseline data for your new program.
- **Submission template**: Partners are required to submit their baseline reports into ART and include the following sections:
    - Methods and Data Sources: Describe methods used, data sources, an explanation of the data collection process and tools, sample size, and sampling method. Specify if data were collected at the population-level of the implementation area or limited to direct beneficiaries. Primary data is preferred though secondary data is permissible.
    - Location and Timing: List where and when you collected the data for the baseline report.
    - Limitations: Describe limitations in your baseline methodology or challenges you encountered while conducting the study.
    - Findings: For every indicator in your proposal, state the baseline value and target, including any disaggregation. If targets need to be updated from the proposal submission, include them here.

  - Analysis: Describe if the baseline results will have an impact on your planned program. Will you adjust any approaches or plans as a result? If so, which ones and how?
- **Baseline length**: USAID/OFDA encourages partners to be as concise as possible in their baseline reports.

3. Evaluation Plan

USAID/OFDA encourages partners to critically examine the effectiveness, efficiency, coverage, relevance, and sustainability of its programs through targeted, feasible, and useful performance evaluations. USAID/OFDA recognizes the importance of internal and external evaluations for examining program outcomes and assessing the contribution of the intervention toward achieving the desired outcomes; evaluating the effectiveness of activities and achievement of targets; and determining lessons learned and documenting best practices. **Internal evaluations** are conducted by an implementing partner concerning its own project for its own institutional learning or accountability purposes. An **external evaluation** is one that the implementing partner has commissioned a third party to implement.

Programs that meet any of the following criteria are required to include an evaluation plan with an abbreviated SOW in their M&E Plan annex:

1. If your proposal is focused on DRR and has a proposed period of performance of over 12 months; or
2. If your organization has implemented at least one USAID/OFDA-funded award (of any duration, in any sector) in the past three years in a given country and your organization has not completed an evaluation of any USAID/OFDA-funded awards in that given country in the past three years. Partners must complete at least one evaluation of their USAID/OFDA-funded awards at least once every three years.

If your program meets any of the above criteria and you believe it is not feasible to conduct an internal or external evaluation, you must provide an explanation for the omission of an evaluation in your proposal.

Programs that do not meet the criteria listed above are encouraged to conduct evaluations but are not required to do so. If you are not planning to conduct an evaluation of your program, include one sentence under the evaluation plan section stating that you will not evaluate your program. USAID/OFDA will consider funding internal and external evaluations for all other programs. If funding is requested to support internal or external evaluation work, then you must include those evaluation costs within the overall program costs for the award.

The evaluation plan must include an abbreviated SOW that contains the following information:

- **Evaluation purpose**: State what you aim to learn from this evaluation and how you will use the results. You do not need to evaluate the entire program. Focus on evaluating an aspect or component of the program that is possible to evaluate within the timeframe of the program and with resources that you have available for the evaluation.
- **Evaluation type**: USAID/OFDA will support real-time, formative, summative, or ex-post performance evaluations. USAID/OFDA will support impact evaluations only if you have provided a detailed justification for the need for this type of evaluation, which

specifically explains how you plan to address the significant ethical concerns that come with implementing an impact evaluation in a humanitarian context.

- **Evaluation questions**: Provide a minimum of two and a maximum of 10 evaluation questions that you aim to have answered by the evaluation. Focus on questions that can be directly used to manage or improve the program.
- **Evaluation methods**: State what methods you plan to use to answer your evaluation questions. USAID/OFDA will support evaluations that use qualitative, quantitative, or mixed methods. Ensure that the methods you propose are appropriate for the questions.
- **Evaluation timeline**: Describe when during the program performance period you plan to conduct the evaluation.
- **Evaluator profile:** State whether the evaluation will be internal or external and outline the main qualifications of the evaluator.

USAID/OFDA expects its partners to conduct objective evaluations and report results in a transparent manner. A high-quality evaluation will normally find strengths and weaknesses in a program. USAID/OFDA strongly encourages partners to report both strengths and weaknesses of their programs in their evaluation reports.

The evaluation plan in your proposal is intended to be a draft outlining your best estimate of what you will evaluate at the time that you are writing the proposal. You must submit a full SOW, or Terms of Reference, six months prior to the start of the evaluation. The SOW must include the proposed evaluation study design, methodology, data collection process, and analysis plans per the USAID Evaluation Policy in ADS 201. Refer also to the USAID How-To Note for guidance on developing an evaluation SOW.

All USAID/OFDA-funded evaluation reports must meet the requirements described in the USAID Evaluation Policy and ADS 201mah. Partners must share all USAID/OFDA-funded internal and external evaluation reports in ART and upload versions to the Development Experience Clearinghouse, provided that all sensitive information has been removed.

Q. Voluntary Survey on Faith-based and Community Organizations

Executive Order 13279 of December 12, 2002, Equal Protection of the Laws for Faith-Based and Community Organizations, requires select federal agencies, including USAID, to collect data regarding the participation of faith-based and community organizations in social service programs that receive federal financial assistance {AAPD 04-08}. Your completion of the survey for USAID/OFDA funding is **voluntary** and does not affect the application process.

A sample survey on Ensuring Equal Opportunity for Faith-Based and Community Organizations, which has been approved by OMB for this purpose, is accessible on the Resources page.

R. Structure and Performance Documentation

1. Organizational Structure

Explain how your headquarters and field office(s) are organized, and how this structure is coordinated to achieve performance targets.

2. Past Performance References

Provide examples of past performance and sector expertise that demonstrate your organization's success in implementing similar programs. Include contact names, telephone numbers, and e-mail addresses for any references provided {ADS-303}.

S. Budget and Program Revisions Requiring Prior Approval

Some activities require prior approval by the Agreement Officer. You can request approval of these activities as part of the proposal submission, reducing the need for administrative follow-up during post-award implementation. Refer to 2 CFR 200.308 for instances when an Agreement Officer is needed.
Common expenditures requiring prior approval or consent that may be included in a proposal include:

- Official international travel (defined as travel between two countries as a function of the award) for meetings, conferences, and trainings outside of the host country. USAID/OFDA is not required to give approval for entitlement travel, such as rest and relaxation (R&R) and home leave travel, so long as such travel is in line with your organization's published personnel and compensation manual. Per 2 CFR 200.474, written consent is required for dependents of recipients' staff members to travel for a duration of six months or more. Travel to project site from home of record and return to home of record at project end is considered "official business" and requires approval;
- The sub-award, transfer, or sub-contracting of any work under an award, unless the activity is described in the application and funded in the approved budget of the award. This provision does not apply to the purchase of equipment, materials, supplies, or general support services; and
- Capital equipment, defined as any article of tangible, non-expendable personal property having a useful life of more than one year and a per-unit acquisition cost of $5,000 or more.

The complete list of costs that require prior approval is detailed in 2 CFR 200.308. The Agreement Officer may give prior approval to these items by incorporating them into the signed award. You must identify the items in the proposal and budget at the time of submission in order for the Agreement Officer to approve them at the time of award signature.

When a proposal successfully completes the review process and is approved, funding is obligated through an award or a modification thereto. **It is important that the awardee read the agreement and become familiar with the terms and conditions associated with the use of USAID funding.**

Although prior written approval for these budget and program revisions must be provided by the Agreement Officer, except to the extent that an award may explicitly delegate such

authority to the Agreement Officer's Representative (AOR), requests must be addressed to the AOR named in the AOR designation letter. Requests should be submitted separately from other routine correspondence, such as program updates or reports.

Post-award requests should describe the purpose of the change and detail the impact that change will have on the program as originally proposed and be sent on your organization's letterhead via e-mail to USAID/OFDA/W. They should be submitted as soon as a change is needed, as USAID/OFDA will require time to provide written approval. USAID/OFDA requires organizations to allow a minimum of 10 business days for unfunded changes and a minimum of 45 days for funded changes. Approvals may be conferred by letter or through formal modification to the award. Additional funding will always be confirmed through a formal modification.

T. Funded Modifications

Requests for funded modifications to extend the period of an award and/or increase the total estimated amount should be submitted with at least 45 days remaining in the award.

A funded modification is the way the total estimated amount is increased and additional funding is obligated under an existing award. To apply for a funded modification, submit a proposal showing only the new activities. The justification should include an explanation of how the new activities fit within the context of the overall award. The following proposal elements must be included with the submission:

1. Pipeline analysis (see Cost/Budget Guidelines for further information),
2. Revised program description {FAA §611(a), ADS201, ADS 303},
3. Revised budget showing only the budget information for the modification {FAA §611(a), ADS 201, ADS 303},
4. Revised budget narrative {FAA §611(a), ADS 201, ADS 303},
5. Signed and completed SF-424 package {2 CFR 200.206, ADS 303},
6. Signed Certifications and Assurances if the modification increases the total estimated award amount,
7. A revised BSMP if the modification includes new activities not covered in the original BSMP, and
8. An updated safety and security plan that reflects any relevant changes in the programmatic operating environment.

Partners can extend an award's end date in a funded modification. A PML may be used for modifications as a PAL is used at the initiation of new awards.

U. OFAC Certification, Reporting, and Record Keeping

If an OFAC license is required and issued for an award, it may direct the awardee to comply with specific certification, reporting, and record-keeping requirements (see Prohibited Source Countries, U.S. Economic Sanctions, U.S. Export Restrictions, and other U.S. Legal Restrictions on Providing Assistance to Foreign Countries on page 62).

V. Risk Assessment and Mitigation in High-Risk Environments

USAID/OFDA recognizes that certain operating environments present a heightened risk of waste, fraud, abuse, and diversion due to the presence of

groups and individuals sanctioned by the U.S. Government (USG) and limited ability of USAID/OFDA personnel to directly monitor program implementation. USAID/OFDA will review its global portfolio at a minimum annually to determine where these conditions make it necessary for applicants to provide additional information regarding programmatic safeguards and risk mitigation strategies.

The requirements for additional information addressed in the document titled USAID/OFDA Required Risk Mitigation for High-Risk Environments on the Resources page regarding risk assessment and mitigation measures vis-à-vis groups and individuals sanctioned by the USG apply to all proposals for the geographic areas listed in the annex. Applicants should consult this annex to determine whether they must submit risk assessment and mitigation information with their proposal.

Proposals for USAID/OFDA funding in the geographic areas listed in the annex, and any other areas where applicants believe heightened risks exist, must include the information described in the risk mitigation guidance in one or more annexes of your proposal.

W. Logistics Requirements

All partners managing commodities in any sector must submit information regarding logistics operations. Even in fluid disaster contexts, USAID/OFDA partners must plan to the extent practicable for supply chain management, including procurement, transport, and warehousing of commodities. USAID/OFDA recognizes that in sudden-onset emergencies several aspects of supply chain planning may not be fully known at the time of proposal submission. In these cases, USAID/OFDA requires partners to provide as many details as available during the proposal submission, and to clearly note what information is unknown.

USAID/OFDA recognizes that partners develop documents addressing logistics and procurement plans in varying formats. USAID/OFDA does not require a specific format for any of the requirements below, so long as they include the information requested. However, USAID/OFDA requests that specific elements be included in the submission, based on the type of activity, as detailed below.

For the guidance in this section, commodities are defined as any materials purchased and directly benefiting or distributed to beneficiaries as part of the project implementation. The below requirements are applicable to proposals submitted under all sectors that include procurement, warehousing, or transport of commodities, excluding pharmaceuticals, other medical commodities, and other restricted commodities. Procurement, transport, storage and/or distribution of USAID-restricted goods must follow the applicable USAID regulations, which are described in the Restricted Goods section.

1. If you plan to use USAID/OFDA funds for procurement, storage, or transport, of commodities, provide a brief (one page or less) description of logistics/operational structures. Include logistics teams, offices, warehouses, and transport relevant to achieving goals of this project.

2. If you plan to use USAID/OFDA funds in excess of $50,000 for procurement of commodities, provide:
   a. A procurement plan in your format including:
      i. List of commodities planned for procurement, including unit description, cost per unit and cost per kit;
      ii. Planned location of procurement (international, national, local);
      iii. Timeframe when ready for distribution;
      iv. Quality control processes and concerns, specifying whether third-party inspection or other methods of quality control will be used to ensure that the commodities received match the original specifications; and
      v. If commodities are imported, steps taken to facilitate import and anticipated issues with importation.
   b. A current procurement policy that is applicable in the country of operation. This includes the bidding policy, selection of vendors, basic details for vendor selection, and the process for approving any deviations from such policies. If your organization intends to deviate from its standard organizational procurement practices for procurements under the proposed award, the proposal package must outline the procurement policies that will be applied.
   c. A transport plan detailing how the commodities will be transported from vendor to warehouse and/or distribution sites. The transport plan must include a risk mitigation statement to detail how risks, such as: accidents, damage, diversion and theft of goods will be mitigated.
3. If you plan to store commodities in support of USAID/OFDA funded projects(s):
   a. You must submit a storage plan (number of warehouses, storage space required) detailing the adequacy of storage facilities and capacity and how you will keep commodities secure until they are distributed.
   b. You must confirm the presence of a warehouse management policy applicable in the country of operation. USAID/OFDA requires you to submit your current warehouse management policy.
4. You must provide details of the fleet vehicles including cars, trucks, scooters, motorcycles, boats, and aircraft or generators, demonstrating they are sufficient to support the project:
   a. List of vehicles in fleet transferred onto this project (if applicable) including number, type, make, and model.
   b. List of vehicles in fleet (type, make, and model) planned for purchase or rent in the current proposal.
   c. If this information is available at the time of submission, specify how you plan to use fleet vehicles and generators purchased/transferred onto this project once the project concludes.
5. If you plan to purchase fleet vehicle(s) including cars, trucks, scooters, motorcycles, boats, and aircraft or generators with USAID/OFDA funds or request USAID/OFDA funds to rent or maintain a vehicle fleet:
   a. You must submit a management plan that includes service/maintenance of USAID/OFDA funded-vehicles and generators, or of rented vehicles and generators, if your organization is responsible for maintaining them.
   b. You must submit your current fleet management policy that is applicable in the country of operation.

VIII. POST-AWARD REPORTING GUIDELINES AND REQUIREMENTS

Refer to your award document for detailed post-award reporting guidelines and requirements including types of reports, frequency, and instructions for submission.

IX. SECTOR REQUIREMENTS

This section offers information on all USAID/OFDA sectors, sub-sectors, and keywords. SRs were formerly known as Additional Program Description Requirements (APDRs).

The SRs provide guidance on all USAID/OFDA sectors and sub-sectors. Each SR provides a description of USAID/OFDA technical requirements for the sector, plus a list of all information required in a technical proposal for that sector. All sub-sectors have required indicators, listed in the SR. If proposed program areas do not correspond to an USAID/OFDA-approved sector and sub-sector, contact the appropriate USAID/OFDA Regional Advisor in the field or Disaster Operations Specialist in Washington, D.C.

Descriptions of keywords constitute the final component of this section. Proposals must list every applicable keyword for each sector in the Proposal Summary. List only the relevant keywords. The keywords are used to flag non-sector-specific issues for review and tracking only; they do not influence USAID/OFDA's determination of the technical merit of the proposal.

A. Mandatory Cross-Sectoral Guidance on Gender Mainstreaming, Protection Mainstreaming, and Inclusion of Older People and People with Disabilities

1. Gender Analysis and Mainstreaming

All entities that receive USAID funding must provide and apply a gender analysis to all proposals and applications. This analysis must inform the project design, implementation, monitoring, and evaluation. The gender analysis should address the following:

1. The general characteristics of the relationships among men, women, girls, and boys along with roles and responsibilities of each of these gender groups in the targeted area;
2. How the proposed disaster assistance or DRR activities may affect or be affected by the different roles and statuses of men, women, girls, and boys within the community, political sphere, workplace, and household;
3. How the anticipated results of the activities may affect men, women, girls, and boys differently and how they could help to reduce existing inequalities and avoid creating new inequalities; and
4. How the activities can be undertaken in order to create an environment conducive to improving gender equality and equitable access to basic rights, services, and resources.

2. Protection Mainstreaming

Proposals must demonstrate protection mainstreaming in all sector programs. Protection mainstreaming ensures that protection principles guide humanitarian action and are applicable throughout the humanitarian response. Protection principles include:

- Prioritizing the safety and dignity of people and minimizing unintended negative effects of the intervention that can increase people's vulnerability to both physical and psychosocial risks and result in harm, exploitation, and abuse;
- Arranging for people's meaningful access to impartial assistance and services in proportion to need and without any barriers and paying particular attention to

individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services;
- Ensuring that affected populations can safely provide feedback on the assistance being provided and/or address concerns and complaints; and
- Supporting the development of self-protection capacities of individuals and communities and assisting and empowering people to claim their rights.

Assistance activities should mainstream protection by analyzing the protection risks confronting a disaster-affected population in relation to each specific programming sector. An analysis of the risks should inform how assistance is designed to minimize them. Common protection risks for disaster-affected populations include
- Exploitation and abuse,
- Demands for sex in exchange for goods or services,
- Attacks against civilians by armed groups or criminals,
- Destruction or theft of property and assets,
- Rape and other forms of sexual violence, and
- Exclusion from or denial of assistance or services.

With this edition of the *Guidelines*, USAID/OFDA has included protection mainstreaming guidance in all sectors and requires all proposals to include a separate paragraph within each proposed sector that addresses protection issues and concerns and how they will be mitigated. The SRs for each sector lists specific questions to be addressed related to protection mainstreaming.

3. Inclusion of Persons with Disabilities and Older People

USAID/OFDA recognizes that persons with disabilities and older people often face constraints in accessing humanitarian assistance. Therefore, USAID/OFDA requires implementing partners to take steps to ensure that programs reach older people and people with disabilities within the target population.

USAID/OFDA supports a two-part approach to protection and assistance for older people and persons with disabilities:
1. Taking steps to include older people and persons with disabilities in all programs by making assistance accessible and inclusive; and
2. Providing targeted assistance to meet the unique needs of older people and persons with disabilities where necessary.

Definitions

A person with a disability is someone who has difficulty
- Seeing, even with glasses,
- Hearing, even with hearing aid(s),
- Walking or climbing steps,
- Remembering or concentrating,
- Caring for one's self, or
- Communicating in their language.

The definition of old age is more variable, but USAID/OFDA recommends that persons 60 years of age and older be considered "older people" in humanitarian contexts.

Implementation Guidance

Proposals should include descriptions of how disaster response and DRR programs will ensure that older people and persons with disabilities are included in needs assessments, beneficiary selection, protection and assistance activities, and monitoring and evaluation efforts. The following guidance describes key principles and practices that you should employ to ensure that programs are inclusive.

Identifying Older People and Persons with Disabilities

Older people and persons with disabilities may be "hidden" within disaster-affected populations, and humanitarian actors should take steps to identify these individuals to ensure that their voices are heard, their needs are considered, and that they benefit from assistance. Past experience has shown that, in situations of displacement, older people are often later to arrive than other IDPs and may not be counted in early assessments. Assessments may need to be repeated in order to ensure that older people are counted within the displaced population.

In order to identify persons with disabilities, humanitarian agencies can refer to the following questions based on functional ability from the U.S. Centers for Disease Control and Prevention (CDC):

1. Do you have difficulty seeing, even if wearing glasses?
2. Do you have difficulty hearing, even if using a hearing aid?
3. Do you have difficulty walking or climbing steps?
4. Do you have difficulty remembering or concentrating?
5. Do you have difficulty with self-care, such as washing all over or dressing?
6. Using your usual (customary) language, do you have difficulty communicating (e.g. understanding or being understood by others)?

Involvement of Older People and Persons with Disabilities

Persons with disabilities and older people are individuals with unique needs, are vital members of their communities, and are a resource for assistance and protection in disaster settings. Persons with disabilities and older people are the most knowledgeable about their own needs and are generally the best source of expertise on what works for them. Disability organizations and older persons groups are a tremendous resource both for planning purposes and in the event of an actual emergency. Inclusive projects are designed including persons with disabilities as stakeholders, decision-makers, and beneficiaries at all stages and levels.

Monitoring for Inclusiveness

To ensure that programs are accessible for older people and persons with disabilities, you must collect disaggregated data as a part of program monitoring. Disaggregating beneficiary numbers by age and disability status allows for a comparison of beneficiary numbers and population estimates to see whether the expected percentage of older people and persons with disabilities are included in beneficiary numbers.

B. Sectors

1. Agriculture and Food Security

Overview

Agriculture and food security response initiatives address immediate emergency needs, enhance recovery, and build resilience with the goal of preventing wide-scale food insecurity for vulnerable populations.

USAID/OFDA supports technically sound, innovative response activities and risk-reduction programs in agriculture and food security, and encourages piloting new methodologies, tools, and techniques. Interventions must be based on carefully assessed needs and must not constrain future development or undermine agricultural market systems.

Both acute and chronic emergencies present challenges for responding in a manner that promotes sustainability and program success. All subsectors under agriculture and food security share some common programming concepts:

- Agricultural programs must target individuals with prior experience such as farming, livestock keeping, and fishing. If your program targets individuals without prior experience, you must provide strong justification.
- Local procurement of supplies and inputs (e.g. fodder, livestock, etc.) is highly encouraged. Agricultural inputs are often location-specific.
- The distribution of high-value items (e.g. tractors, boats, motors, etc.) can cause conflict in a community. USAID/OFDA discourages this type of distribution. Strong justification is required if your proposal includes distribution of high-value items. If proposing a high-value item for one group, you must clearly indicate why this group is selected in the beneficiary selection criteria. You must also justify helping fewer beneficiaries at higher cost.
- Communal ownership of items (e.g. grain stores, fodder stores, seed banks, male goats, boats, etc.) is discouraged as it is rarely sustainable. If your proposal includes communal ownership of items, strong justification is required, including details on how equitable and timely use and maintenance will be ensured. Communal farming (e.g. rice farming, fodder production, etc.) is discouraged unless a clear preference is expressed by the beneficiaries. Communal land may be set aside for productive purposes, but each individual must manage and have rights to the product from the area he/she farms.
- Beneficiary training and capacity building are important. Staff technical specialists should be used to complement programming. Examples are extension workers, animal health providers, technical experts, and infrastructure design specialists.

Disaster Risk Reduction

USAID/OFDA supports a wide range of DRR activities within the Agriculture and Food Security sector. Proposed activities must:

A. Reduce the risk, frequency, or severity of a specific recurrent shock or shocks; and/or
B. Increase resilience of targeted beneficiaries to withstand the impact of that shock over time and recover more quickly.

The activities must address the underlying causes of agricultural crises, and/or increase the population's resilience to shocks. DRR activities must be designed to integrate with longer-term programming afterwards.

If the activity has a DRR component, please address the following:

1. Explain why the proposed activity constitutes DRR by referencing what specific risk or shock will be alleviated or how resilience of the population will be built and measured. The intervention justification must indicate specifically why the proposed activities are appropriate for the assessed needs and why the situation cannot be addressed without outside assistance. This is particularly true if assistance is requested for the same activities in the same location over consecutive years.
2. If you propose a program duration of more than 12 months, justify how the additional months contribute to DRR objectives. For example, a 24-month program must develop and implement a more complex DRR-related activity rather than implementing a series of response-type activities.
3. Explain how handover of program activities will occur through a detailed exit strategy.

Protection Mainstreaming

Partners must review and thoroughly address all protection mainstreaming guidance found on page 82, and the following agriculture- and livestock-specific questions:

1. Describe gender-specific
   a. roles,
   b. responsibilities,
   c. asset ownership, and
   d. access to information and resources related to agricultural and livestock livelihoods.
2. Describe how the proposed activities will target the most vulnerable populations while conforming to local culture and standards related to farming and animal husbandry.
3. Participatory approaches to identifying beneficiaries (e.g. community meetings, consultation of community leaders, etc.) can at times mask inherent biases in agrarian communities. This presents the risk that the most vulnerable (e.g. ethnic minorities, women, older people, persons with disabilities, orphans, etc.) remain invisible and are not selected for humanitarian assistance. Describe how you will control these potential biases.
4. Provision of high-value items (e.g. livestock, fertilizer, etc.) can put vulnerable people (women, minorities, youth, persons with disabilities, etc.) at risk of exclusion, theft, and physical or sexual violence. What measures will you put in place to protect at-risk recipients?
5. Innovations that improve productivity (e.g. composting, cut-and-carry feeding, etc.) can increase work for women and youth. They can also be ill-adapted for persons with disabilities and older people. What measures will you put in place to reduce the risk of negative consequences?
6. Provision of inputs and means to return to agricultural and livestock production can prompt vulnerable beneficiaries to return to insecure environments, putting them at risk of exploitation or continued marginalization. Inputs must not be used as a pull mechanism. What signals will you look for prior to proposing activities to ensure that there is a willingness to return?

Available Sub-sectors

Fisheries and Aquaculture
Livestock

Pests and Pesticides
Veterinary Pharmaceuticals and Other Medical Commodities
Seed System Security
Improving Agricultural Production/Food Security
Irrigation

Sub-sector: Fisheries and Aquaculture

Overview

All fisheries (i.e. wild-caught fish) and aquaculture (i.e. farmed fish) initiatives should be targeted toward local populations. Activities must be based on an assessment of local resources. Programs will undergo rigorous environmental review. In areas where resources (e.g. land, water access, size of fish populations, etc.) are scarce, activities must not stimulate overuse or further degradation. For example, activities must not promote unsustainable use of natural resources or expansion of the fishing livelihoods.

Needs Assessment Summary

The needs assessment must describe:

1. How the assessment was carried out, including engagement with local and traditional customary authorities, and community involvement by gender;
2. The pre- and post-disaster fisheries or aquaculture production, processing, and marketing system, including gender roles and asset ownership; inputs, technologies or practices used; type and status of management plans; species farmed or fished; quantity of fish farmed/harvested per household and in total area of fishery; and an estimate of the pre- and post-disaster sustainable fish harvest in the targeted area;
3. The benefits of the proposed activity, including how much fish production/ harvest/processing will increase or improve as a result of this program;
4. Market system and status (e.g. terms of trade, traders, marketplaces, etc.). Include pre- and post-disaster levels of spoilage or loss of fish in post-harvest or post-production, and
5. The current technical capacity of targeted people:
    a. If or why it needs to be improved, and
    b. Availability and accessibility of fisheries or aquaculture advisory services by gender (e.g. public, private, community-based, etc.); and
6. Fish diseases endemic to the area and new diseases resulting from the disaster compared to normally occurring diseases of the region.
7. If this is part of a DRR activity, indicate why the proposed activities are an important component of reducing disaster risk or building resilience.

Technical Design

The technical description must include:

1. The objective of the activity (e.g. to improve productivity, to rapidly reconstitute fishing fleets, etc.);
2. Criteria and justification for beneficiary selection, and involvement of different actors and stakeholders (e.g. government fisheries services, private sector, etc.);

3. Access and ownership/tenure of land, water and fisheries resources where the activities will occur and, if owned by someone other than the beneficiaries, how access/use rights will be negotiated;
4. How the proposed improved techniques or practices will be cost-effective and sustainable;
5. How proposed improvements in transportation, marketing, management and/or fish processing (e.g. drying, smoking, salting, fermenting) will reduce loss/spoilage;
6. If the proposed program provides equipment (e.g. nets, boats, hooks, line, poles, ponds, etc.),
    a. Why the equipment is necessary,
    b. How potentially destructive gear may be replaced with more environmentally friendly gear,
    c. How these items will be sourced and distributed (if applicable, please use the Cash or Vouchers keywords on page 221), and
    d. How social and economic tensions associated with the distribution of high-value items will be mitigated;
7. Training plans and objectives, including
    a. Justification,
    b. Number of trainees,
    c. Learning objectives and outcomes,
    d. Curriculum, and
    e. Number of days and timing during intervention, etc.;
8. The qualifications of technical personnel who will be hired to manage the proposed program, and how will they collaborate with
    a. Local, regional, and national fisheries officers and specialists, and
    b. Local fishers, fish farmers and processors;
9. Local aquaculture health services that will be put in place to control and monitor the potential introduction or spread of fish diseases;
10. Potential negative impacts on local fish stocks and associated aquatic and terrestrial ecosystems, such as whether the intervention will increase the number of people who are fishing in an area or increase total fishing effort.
    a. If so,
        i. Explain whether the ecosystem and market can support the increased harvest/production, and
        ii. Explain how you will mitigate potential problems including over-harvesting or changes to the ecosystem resulting from these activities;
    b. If the equipment provided (e.g. bigger boats, bigger engines, etc.) will extend the fishing area and increase local capacity for fishing into an area with a limited or unknown fish population, explain how you will mitigate the impacts on fish stocks. Indicate if distributed equipment is intended to target a specific species of fish/shellfish and how that equipment will contribute to sustainable management.
    c. Explain how you will minimize unintended capture of other species.

11. In areas where people widely use insecticide-treated bednets, describe how you will discourage use of these nets for fishing. The pesticide in these bednets can kill the fish, and the bednets' small mesh size can trap small and immature fish, depleting the stock.
12. In areas of high agricultural pesticide use, or where toxic substances are present in the soil, explain how the proposed activities minimize inflow (runoff) and exposure and thus ensure safety of the product.
13. Your commitment to keep on record letters obtained from vendors relating to fish (e.g. fingerlings) and equipment quality, etc.
14. Where CFW activities are used for the construction, rehabilitation and improvement of ponds, docks, or other infrastructure, take special consideration of
    a. Developing a management plan for the aquaculture or fisheries activity that will deal with labor shortages when the project is over. The CFW activity must be considered as a means to improve the fishing activity and not as an end in itself.
    b. The CFW activity must not discourage other traditional labor collaboration schemes existent in the community. Please use the *CFW* keyword on page 222 and the Structures keyword on page 230, as applicable.
15. Water sources in fishing communities can be single or multi-use, e.g. serving the needs of both livelihoods and people. When water infrastructure is being rehabilitated or built for aquaculture or fisheries only, use the Water for Productive Purposes keyword and fully describe the activity in the Fisheries and Aquaculture sub-sector. When dual purpose water infrastructure is being proposed, use the Fisherfolk keyword, and fully describe the activity in the Water Supply sub-sector.
16. Pharmaceuticals (e.g. drugs, vaccines) and chemicals (e.g. pesticides, algicides, herbicides, etc.) used in aquaculture are restricted goods. Requests for pharmaceuticals and chemicals must be placed in the *Veterinary Pharmaceuticals and Other Medical Commodities* sub-sector, and requests for pesticides (e.g. chemicals placed in the water) must be placed in the *Pests and Pesticides* sub-sector. The *Pesticide Containing Materials* keyword must be used if the request includes chemicals. All other health interventions, including the delivery of fish health services, must be in the *Fisheries and Aquaculture* sub-sector.

Indicators

Mandatory

- Number of people benefiting from fisheries/aquaculture activities
- Number of fisheries/aquaculture productive assets reconstructed/repaired
- Quantity of aquatic resources harvested

Optional

- Number of people trained in fisheries/aquaculture

Sub-sector: Livestock

Overview

Requests must indicate how each proposed activity meets Livestock Emergency Guidelines and Standards (LEGS) best practices or provide justification if a different practice is proposed.

Needs Assessment Summary

The LEGS handbook and website provide tools for assessing an emergency and identifying responses. The needs assessment must describe:

1. How the assessment was carried out, including engagement with local and traditional customary authorities, and community involvement by gender;
2. Livestock kept pre- and post-disaster by species, breed, sex, age, and number per household and in total for the target area, and their post-disaster condition;
3. Pre-disaster production system and integration into other agricultural activities including gender roles and asset ownership and control;
4. Animal health services availability and accessibility by provider type and wealth group (e.g. public, private, community-based, agrovet shops, etc.);
5. Pre-crisis animal health input supply mechanisms and the impact of the crisis;
6. Impacts of the disaster on resources (e.g. water, forage, fodder, feeds, infrastructure, etc.), including pre-and post-disaster carrying capacities and calculations showing how they were derived;
7. Trending changes to the production system due to the disaster, including coping mechanisms;
8. Livestock and zoonotic diseases endemic to the area and new diseases resulting from the disaster; and
9. Livestock market system, drivers, and status (e.g. terms of trade, traders, livestock marketplaces, etc.).

Technical Design

The technical description must include

1. The objective of the activity, e.g. to improve animal health, to rapidly reconstitute household herds, etc.;
2. Criteria and justification for beneficiary selection;
3. What local resources not provided by the project will be necessary (e.g. pasture), the quantities available, potential competition for resources (e.g. livestock and wildlife use of pasture), and how potential negative impacts will be mitigated;
4. Involvement of different actors and stakeholders (e.g. government livestock services, private sector, etc.);
5. Training plans, including number of trainees, curriculum, number of days, timing during intervention, etc.;
6. The contribution of the activity towards a more sustainable livestock system, and how the program will fit into overall recovery and stability plans;
7. The impacts of the activity on the most vulnerable populations, including women, older people and youth, and how negative impacts will be mitigated;

8. Your commitment to keep on record letters obtained from suppliers, government veterinary services, or other entities that provide certificates or quality assurances.

If your proposal includes:

1. Livestock procurement and distribution
    a. Detail the exact species, number, breed, age, sex and reproductive status of the animals to be procured. Justify procurement of that type and number of animals;
    b. Discuss how the animals will be procured, from whom, any impacts this will have on the local livestock market, and how potential negative impacts will be mitigated;
    c. Discuss the distribution modality (e.g. in-kind, livestock fairs, cash, vouchers, etc.), and use the *Cash* or *Vouchers* keywords on pages 221 and 232 as applicable;
    d. Discuss available resources in households and the environment to meet the current needs of the livestock population, and to meet the needs of the additional animals and their anticipated offspring;
    e. Discuss traditional restocking mechanisms, whether they are still functioning, and why they should be disrupted or supported; and
    f. Per the agricultural commodities mandatory reference for ADS 312, you must
        i. Provide details on how you will ensure that animals will be healthy, free of disease, and able to reproduce prior to distribution. Ideally you should commit to obtaining documentation from the supplier, including a verifiable attestation, that the animals are healthy, productive, fully vaccinated, and free from diseases of concern in the area of intervention. In the case where a verifiable reference from the supplier is not available, e.g. in a livestock fair, you assume responsibility for ensuring each animal's productivity, health, and freedom from disease, and you must fully describe how you will ensure them; and
        ii. Obtain a letter from a competent national authority agreeing to the movement and ensuring that the area of origin is free of OIE listed diseases when animals are brought into an area from elsewhere, including a different part of the country. For imported animals, the letter should describe traceability procedures.
2. Feeds and feeding
    a. Describe the nature and severity of the depletion of feed and reserves;
    b. Justify the type and number of animals that will be included in total and per household, targeting the most valuable breeding stock;
    c. Provide details on how the amount of fodder and/or supplements to be procured was determined, based on length of intervention, number of animals by species and age range, daily maintenance requirements, percent of daily requirement to be met by the intervention, and quantity of fodder and/or supplements needed to meet those requirements. If only a portion of the daily requirement will be met, discuss how the remainder will be met;

   d. Describe quality assurance practices, including good manufacturing certifications for supplements, safe transport, and inspections; and
   e. Describe plans for reestablishing or creating feed reserves post intervention.
3. Beekeeping
   a. Describe beneficiaries' prior beekeeping experience, disease prevention and control measures, and quality assurance practices for suppliers of equipment and bees.
   b. Obtain from vendors a letter certifying the quality and health of the bees and equipment provided and freedom from OIE apiary diseases of concern. If a letter cannot be obtained from a vendor, e.g. when hives will be built locally, you assume responsibility for the quality of the product and must fully describe how you will ensure that quality.
4. Destocking
   a. Justify and describe the type(s) of destocking—commercial destocking, slaughter destocking, and/or slaughter for disposal, all included in LEGS—that you will carry out, including estimates of total population by species and the number and type of animals that will be removed per method.
   b. In the case of commercial destocking, describe how the approach integrates into and strengthens existing livestock marketing systems and limits distortions. Identify bottlenecks in the systems, how smart subsidies will be applied to alleviate them, what triggers will be used, and which components of the system will be addressed (transportation, market information, coordination of sellers and buyers, capitalization of traders, etc.);
   c. In the case of slaughter destocking and slaughter for disposal, describe protections that you will put in place for public and environmental health;
   d. Discuss communication, market, environmental, and public health measures that you will implement to ameliorate potential negative effects of the intervention.
5. Pasture management or rehabilitation
   a. Describe interventions that will improve rangelands so that communities are more resilient post-disaster (e.g. erosion control, gully management, invasive species removal, etc.).
   b. Recognizing that reseeding is rarely successful in a disaster context, provide full technical justification and details if reseeding is proposed, including likelihood of success, seed source, and quality certification. Use the *Seeds and Seedlings* keyword and fully describe the activity in the *Livestock* sub-sector.
   c. Grazing management schemes (e.g. rotational grazing), unless already well-established prior to the disaster and under stress by the disaster (e.g. influx of additional animals during drought), are normally not an emergency intervention. Therefore, provide strong evidence of an existing functional system if you request funding for a scheme.
6. Rehabilitation or building of water infrastructure

   a. Provide a full technical description of how the new or rehabilitated infrastructure will serve the needs of livestock, including technical designs for livestock specific infrastructure (e.g. troughs and piping), and calculations justifying infrastructure capacity and design based on current and projected demand by species.
   b. Per the LEGS guidelines, include mechanisms to protect public health by separating livestock from the water source.
   c. Water sources in livestock keeping communities can be single or multi-use, e.g. serving the needs of both animals and people. When water infrastructure is being rehabilitated or built for livestock only, use the *Water for Productive Purposes* keyword, and fully describe the activity in the *Livestock* sub-sector. When dual purpose water infrastructure is being proposed, use the *Livestock* keyword and fully describe the activity in the *Water Supply* sub-sector. Use the *CFW* and *Structures* keywords on page 221 as applicable.
7. Veterinary services
   a. Disease intervention plans may involve quarantine, vaccination, treatment, education, training, etc.
   b. Follow LEGS recommended practices, including targeting the most valuable breeding stock and replacements, cost recovery, gender balance and market-based approaches to supporting public and private service providers such as community animal health workers (CAHWs), and linking private veterinary pharmacies and government animal health service providers to promote an integrated approach;
   c. Free provision of veterinary vaccines and medicines must have a strong justification and detailed exit strategy. This includes vet kits for CAHWs, which must only be distributed during the introductory training.
   d. Pharmaceuticals (e.g. drugs, vaccines, and orally administered parasite treatments) and topically applied pesticides are restricted goods. Requests for pharmaceuticals and pesticides must be placed in the *Veterinary Pharmaceuticals and Other Medical Commodities* sub-sector and *Pests and Pesticides* sub-sector, respectively. Also, the *Pesticide Containing Materials* keyword must be used if the request includes topical pesticides. All other animal health interventions, including the delivery of animal health services, must be in the *Livestock* sub-sector.
   e. CAHW programs, including training curriculum, fee structures, and vet kit content, must be coordinated under the Agriculture and Food Security Cluster Livestock Working Group.
   f. For interventions focused on highly transmissible diseases, zoonotic diseases, and some diseases which limit trans-boundary movement and marketing, contingency plans are needed for emergency situations. The OIE website provides technical information on OIE priority diseases. Interventions should be closely coordinated with and carried out through the competent national veterinary authorities.

g. Due to increased risk of disease spillover from animals to humans, a OneHealth approach at the community level is highly encouraged. The OneHealth concept recognizes that the health of humans, animals and environments are related. Partners are encouraged to build information sharing linkages and networks between CAHWs and community health workers. Potential areas of collaboration may be co-surveillance and reporting of zoonotic diseases and CAHWs' reporting of emerging public health problems such as rising malnutrition and highly pathogenic avian influenza to health facilities.
h. When there is a high risk of zoonotic disease spillover events, partners implementing livestock programming must demonstrate that they have met with local health authorities and/or facility workers to understand reporting mechanisms and how to feed into public health disease surveillance systems. In the event of a response to an infectious disease outbreak with sustained human-to-human transmission resulting in a public health emergency of international concern (PHEIC) or a pandemic that is a Level 3 humanitarian emergency as declared by the UN World Health Organization (WHO) International Health Regulations (IHR) Emergency Committee, please refer to the *PHEIC and Pandemics* sub-sector on page 134. When CAHWs are proposed in response to high risk cross-over events and the above criteria is fulfilled, please place the activity in the *PHEIC and Pandemics* sub-sector and use the *Livestock* keyword.

Indicators

Mandatory
- Number of people benefiting from livestock activities
- Number of animals benefiting from livestock activities
- Number of animals owned per individual

Optional
- Number of people trained in livestock

Sub-sector: Pests and Pesticides

Overview
The Pests and Pesticides sub-sector encourages crop pest and disease scouting surveillance, monitoring, assessment, prevention, mitigation, and control. It promotes and encourages training beneficiaries and other stakeholders in appropriate pest management practices. When and where applicable, it advocates and may support the establishment and operations of pest/disease scouting surveillance and monitoring tool/systems, such as community-based pest/disease scouting surveillance, monitoring, reporting, early warning, and control as part of DRR interventions.

Restricted Goods for Pest Control
Pesticides (e.g. avicides, acaricides, fungicides, insecticides, nematicides, herbicides, molluscicides, insect growth regulators, biological pesticides, etc.), pesticide-containing

materials (e.g. pesticide-treated mosquito nets, curtains, and plastic sheeting), and pesticide-application platforms or tools (e.g. sprayers) are considered USAID Restricted Goods. USAID/OFDA typically does not finance the purchase, use, transport, distribution, storing, managing, or disposing of pesticides or provide technical support for such commodities. It may only consider support for these commodities in response to serious agricultural pest outbreaks, public health pest emergencies, or other threats where such products are determined absolutely necessary and vital for the success of the projects and where not providing such support could have detrimental effects on the health, economy, livelihoods, and shared environment of target populations and may undermine U.S. national security interest.

Partners requesting approval to procure, transport, distribute, use, store, manage or dispose pesticides or pesticide-containing materials and application equipment must follow applicable USAID guidelines and procedures stipulated in USAID Environmental Regulations {22 CFR 216.3} and elaborated in USAID Programmatic Environmental Assessment for Integrated Vector Management Program for Malaria Vector Control (2007); USAID Integrated Vector Management Programs For Malaria Vector Control (revised 2012); PMI Programmatic Environmental Assessment for Integrated Vector Control Now Available (revised 2017).

USAID/OFDA at all times discourages direct involvement of farmers, pastoralists, or unskilled, unqualified, or inexperienced persons in transporting, handling, applying, distributing, storing, managing, and/or disposing of synthetic chemical pesticides and prohibits inappropriate use of empty pesticide containers. USAID/OFDA requires that only skilled, experienced, qualified, and/or certified persons (as applicable) handle and/or apply pesticides and that appropriate PPE and tools are employed when performing these activities. See also Restricted Goods on page 56.

If you propose LLIN activities in the Health sector, you must include the *Pesticide-Containing Materials* keyword in that sector.

USAID/OFDA does not support the use of cash or vouchers to procure, transport, distribute, rent, use or dispose USAID restricted pest control commodities, including pesticides, pesticide-containing materials (e.g. LLINs, LLICs, ITPSs, or insecticide-treated clothing), or sprayers.

Needs Assessment Summary

Prior to planning and preparing for pest and disease prevention and control interventions, you must investigate how beneficiaries in the localities and the targeted areas protect their assets against these elements and how effective and safe these interventions are. If these interventions are ineffective and unsafe, you must identify causes for their ineffectiveness and danger to plan a remedial action or alternative tools as needed.

1. What are the types and life stages of pests that are causing or expected to cause damage to crops in the targeted areas (e.g. insect adults, larvae/hoppers, grain-eating birds, rodents, plant diseases such as wheat rust stripe or weeds such as striga)?
2. How intense will the infestations/infections be in the target location during a given time and how serious are the threats they pose to pre-harvest (e.g. estimated number of plants damaged or could be damaged, estimated kilograms of crops that could be lost/damaged due to pre- or post-harvest infestations/infections)?

3. Estimate the number and percentage of people that can be affected as a result of pest infestations and/or disease infections or spoilage.
4. If applicable, how will you obtain or collect information on the type, quantity, location, and source of obsolete and unusable pesticides and pesticide-containing materials such as LLINs, LLICs, and ITPSs? If these commodities are included under a different sector, you must include the *Pesticide Containing Materials* keyword.
5. What is your organization's prior experience in the preparation, handling, and use of the non-synthetic chemical pesticides or botanical agents and other tools listed above? Also describe beneficiary familiarity with such materials and willingness to adopt them.
6. How do you assess efficacy and safety of these materials and document possible mitigation procedures to be implemented to ensure safety of the beneficiaries and their families, assets, and shared environment? You are advised to document to what extent such interventions are consistent with the USAID pest management procedures, which promotes integrated pest management, and the UN Food and Agriculture Organization (FAO) Integrated Pest Management approaches.
7. Include duration over which the pesticides or pesticide-containing materials have been obsolete and describe the perceived threat they pose to the beneficiaries, local communities, their assets, and the environment.
8. How will you document and report the benefits and costs of disposing such materials compared to no-action in terms of human health, economic benefits or losses, and the environmental impacts/implications or gains?
8. If procurement, use, distribution, and transport of pesticides are vital for the success of the proposed project/program, you must follow USAID Environmental Regulations {22 CFR 216.3} and adequately describe and document the circumstances that dictate the need to support such interventions.

Technical Design

When designing pest and disease control interventions, partner must ensure that applicable USAID regulations and guidelines are taken into consideration.

1. If non-chemical pest control tools are proposed, explain what they entail and how safe and effective they are.
2. If your proposal includes traditional techniques, tools, or methods to prevent and control pests and disease (e.g. digging trenches, setting up traps, making noise to scare away pests, or vegetation burning), describe their safety (to human, to non-target beneficial organisms such as honey bees and birds, and to the environment), efficacy, and acceptability among the target populations. If proven safe and effective, explain how you will promote wider acceptance.
3. If procurement, use, distribution, and transport of pesticides are vital for the success of the proposed project/program, you must adhere to applicable USAID regulations and procedures {22 CFR 216.3} and adequately describe the circumstances that dictate the need to support such interventions and prepare appropriate documentation.
4. When non-synthetic chemical pesticides or naturally occurring pest control materials, including botanicals such as neem, garlic, and pepper or non-botanical materials such as ash and sand, are proposed, describe sources, efficacy, and safety and adoptability/acceptance by beneficiaries.
5. Outline the safety procedures that you will put in place if you propose disposal or management of obsolete pesticides; pesticide-containing materials, such as LLINs, LLICs, and ITPSs; or empty pesticide containers or packaging materials.
   a. Explain how you will ensure that empty pesticide containers will not be used to store drinking water, food or animal feed, or as building materials such as roofing.

   b. Explain how the containers will be safely collected, and if metal or plastic container, triple rinsed, punctured and crushed/shredded, and stored in secure places until they are properly disposed by authorized persons. The use of appropriate PPE is required.
6. Describe ways to collaborate and share information with other stakeholders that are operating in the country/region and that are involved in pest and disease control interventions, including Agricultural Extension Agents, Crop Protection staff, international and national NGOs, and UN agencies such as UNICEF, WHO, the UN Development Program (UNDP), UN Food and Agriculture Organization (FAO), UN Office for the Coordination of Humanitarian Affairs (UNOCHA), , UN World Food Program (WFP), International Organization for Migration (IOM), and International Labor Organization (ILO).
7. Describe how you will collaborate with and bring onboard local farmers and community members to engage in collective pest/disease control interventions to ensure continuity and sustainability.
9. Describe the criteria for selecting beneficiaries that will ensure equality and equity among the different beneficiary groups (children, pregnant women, persons with disabilities, older people, etc.)
10. Document the number of people that will receive technical and/or material support for pest/disease control/prevention through the proposed activities.
11. Describe how you will ensure that beneficiaries' competence will be improved in:
    a. Monitoring, controlling, and preventing pests and diseases to safeguard their assets, and
    b. Safe handling and use of pest/disease control tools;
12. Describe how you will ensure the safety and security of the following during pest/disease control interventions:
    a. Children,
    b. Pregnant women,
    c. Older people,
    d. Persons with disabilities,
    e. Natural resources, and
    f. The environment.

Indicators

Mandatory

- Number of people trained in appropriate crop protection practices
- Number and percentage of hectares protected against disease or pest attacks
- Number and percentage of people practicing appropriate crop protection procedures

Optional

- Percent of post-harvest loss reduced

Sub-sector: Veterinary Pharmaceuticals and Other Medical Commodities

Overview

Veterinary medical commodities are fundamental components of a balanced veterinary program. It is essential that all veterinary pharmaceuticals and other veterinary medical

commodities are appropriate for the response, safe, effective, and procured from quality sources at an acceptable cost and conform to the legal requirements of the host country.

"Veterinary medical commodities" is a collective term that includes veterinary pharmaceuticals, medical equipment, and medical supplies. Veterinary pharmaceuticals include veterinary medicines, vaccines, and biologicals.

If a kit, such as a CAHW kit, contains a veterinary pharmaceutical, the entire kit is seen as a "pharmaceutical" and must follow all USAID requirements for obtaining and using pharmaceuticals. Medical equipment (also called "durable medical equipment") includes items that may generally be reused after being properly cleaned and disinfected (e.g. weighing scales, hoof knife, hoof trimmer, and thumb forceps). Medical supplies (also called "consumables") include items that are disposed of after use (e.g. syringes and needles, surgical blades, bandages, suture materials, and exam gloves).

USAID/OFDA generally does not consider the use of vouchers for the procurement of pharmaceuticals because of concerns regarding safety, efficacy, and quality of the products. USAID/OFDA may consider the use of vouchers for the procurement of veterinary pharmaceuticals if you supply all necessary information and documentation demonstrating the safety, efficacy, and quality of the product, and quality of the vendor prior to any procurement with USAID/OFDA funds, to the satisfaction of the USAID/OFDA livestock technical advisor and USAID/OFDA pharmacist. Upon receipt and review of the information, USAID/OFDA will consider allowing use of a voucher-based model. Additional information and technical assistance is available from the USAID/OFDA livestock technical advisor and pharmacist.

USAID designates human and veterinary pharmaceuticals (defined above) as restricted goods. Additionally, if USAID/OFDA funds are requested, specific procurement and reporting requirements must be observed. Resources are provided to assist proposal preparation.

Restricted Goods

Veterinary pharmaceuticals and other medical commodities are restricted goods, requiring special approval for procurement with USAID/OFDA funds. All requests to procure pharmaceuticals or other medical commodities for veterinary interventions, including for use in livestock, poultry, aquaculture, and beekeeping, must be placed in the *Veterinary Pharmaceuticals and Other Medical Commodities (VPMC)* sub-sector. If the request includes chemicals (e.g. acaricides, pesticides, etc.), use the *Pesticide-Containing Materials* keyword. All other animal health interventions, including technical advisory and the delivery of animal health services, must be in the *Livestock* sub-sector or the *Fisheries and Aquaculture* sub-sector, as appropriate.

Needs Assessment Summary

Account for the following elements as part of the needs assessment summary:

1. Describe the veterinary medical commodities supply chain prior to the emergency, the way in which the emergency has affected it, the current medical commodities supply chain process, and any identified gaps.
2. Percentage of veterinary facilities currently with adequate stocks of essential veterinary drugs.
3. The livestock diseases requiring veterinary treatment and prevention, and standard treatments and/or preventions appropriate to the area.

4. Provide information on specific veterinary medical commodities needed in response to current emergency situation (by type, e.g. pharmaceuticals, medical supplies, and medical equipment).
5. Identify the relevant governing body for livestock health and its role in the current veterinary medical commodities supply chain management process.
6. Describe the process for the importation of veterinary pharmaceuticals, restrictions, and registration requirements.
7. Provide information on the veterinary pharmaceutical vendors (in-country or international) that can demonstrate ability to provide safe, effective, and quality pharmaceuticals.

Technical Design

1. Describe how the veterinary medical commodity supply chain will consistently provide veterinary pharmaceuticals and other medical commodities that will support the proposed veterinary activities.
2. Identify the dedicated staff and their qualifications at the headquarters and field level that will be responsible for all aspects of proper veterinary pharmaceutical ordering, transporting (including shipping where required), receipt, storage, distribution, and final disposition.
3. Describe your experience sourcing veterinary pharmaceuticals locally and/or importing veterinary pharmaceuticals and other veterinary medical commodities in the response country and any anticipated challenges or restrictions. Also include your current status with obtaining registration of products and import waivers, as well as your knowledge of the customs clearance process.
4. Provide a map of the country and indicate the locations of the veterinary care facilities, the veterinary pharmaceutical storage locations, and the supply routes for initial importation and from storage locations to veterinary care facilities.
5. Describe the veterinary pharmaceutical and medical commodity supply chain proposed for the program, including:
    a. Selection and quantification of veterinary pharmaceuticals and other medical commodities, including costs, which must be reflected on separate lines in budget;
    b. Submit a letter requesting procurement of veterinary pharmaceuticals with USAID/OFDA funds and all documentation supporting use of proposed vendor as per instructions on the Resources page.
    c. Submit applicable annex(es) depending on VPMC being requested for procurement which are on the Resources page:
        a. Annex Table D1 –For pharmaceuticals
        b. Annex Table D2 –For veterinary medical equipment
        c. Annex Table D3 –For veterinary medical supplies
    d. Estimated timeline for procurement of all veterinary pharmaceuticals and other medical commodities;
    e. Inventory management system, including forecasting and product movement;
    f. Safe and secure storage of the VPMC to protect stocks from theft, environmental damage, and infestation by pests;
    g. Distribution plan from the storage facility to each recipient facility;
    h. Process and system for ensuring the consistency of the medical commodity supply chain, avoiding stock-outs and overstocking at the facility level, and ensuring the appropriate use of the commodities;
    i. Product recall procedures;
    j. Disposition plan for any medical commodities remaining at the end of the project period. The plan may include destruction or donation of products;

   k. Describe how the proposed approach supports capacity development of the local supply chain, addressing constraints identified in the assessment, working through local system actors to restore and potentially expand function.
6. Describe all training provided for staff in the management of veterinary pharmaceuticals and other medical commodities. Elements of this training must include the proper inventory management of veterinary pharmaceuticals and other medical commodities.
7. Describe the veterinary conditions to be treated within the program.
8. Describe how you will properly maintain any veterinary medical equipment procured with correct replacement parts, service agreements, and properly trained technicians.

Indicators

Mandatory
- Number of veterinary facilities out of stock of any of the veterinary medical commodity tracer products, for longer than one week
- Number of animals treated or vaccinated
- Number of animal disease outbreaks

Optional
- Number of people trained in veterinary medical commodity supply chain management

Sub-sector: Seed System Security

Overview
Activities in this sub-sector must support the seed system in the program location. For USAID/OFDA, the seed system is the entire network of places where farmers source seed, e.g. their own stocks, neighbors, the local informal market, and formal seed sellers, such as agrodealers and shops. Supporting farmers' access to a wide variety of seed options, from local preferred varieties to quality declared seed to certified seed and modern varieties strengthens the resilience of farmers and their ability to make decisions which reduce risk. Activities in this subsector may include but are not limited to comprehensive multi-agency seed system assessments; seed multiplication, marketing, or quality verification programs; and improved seed storage.

Restricted Goods
Implementing partners are responsible for using quality agricultural inputs. Seeds, seedlings, cuttings, and other agricultural commodities require prior technical approval. Prior approval for restricted agricultural commodities purchased with vouchers is also required. Fertilizers are also restricted commodities under USAID policies. USAID/OFDA does provide funding for fertilizers under some circumstances. For more information, see Ineligible and Restricted Goods, Services, and Countries under Cost/Budget Guidelines on page 56.

Needs Assessment Summary

Seed System Assessment
For USAID/OFDA to consider funding a wide-scale Seed System Security Assessment (SSSA), the need, process, and overall value to all stakeholders must be clear. An assessment proposed primarily to inform your subsequent proposal for agricultural

assistance will not be supported. The information must be of value to the humanitarian community in general, ideally multi-stakeholder in nature and fully transparent in terms of making data and analysis accessible to interested parties.

If seed provision is being proposed in the same location for the same beneficiary population for more than three years in a row (by the same organization), an SSSA is expected.

1. Clearly explain functioning of seed systems farmers use, by crop, including:
    a. Men's and women's roles in the system,
    b. What essential gaps in knowledge exist,
    c. How conditions have changed to alter local seed systems, and
    d. Why repeated distributions are justified.
2. Detail planned assessment questions and what contribution the information will make to response or DRR activities.
3. Indicate how the target location was selected.
4. Document the utility of the results to a wide range of humanitarian stakeholders.
5. Detail how the results will be shared with all humanitarian stakeholders and note how multiple agency involvement will be ensured. To the extent feasible, the execution of the assessment must be as collaborative as possible.
6. Justify the scope and scale of the assessment. Is this an update of existing baseline data or a new study in an unassessed area?

Seed Multiplication

1. Seed production generated to satisfy demand from other humanitarian programs or institutional buyers is not sustainable and will only be considered for funding with a strong market analysis and exit strategy. Indicate:
    a. What percentage of buyers are anticipated to be institutional compared with direct sale to farmers over time, and
    b. What the strategy is for marketing to each.
2. Free distribution of any agricultural assets, including storage units, is discouraged. Proposals to provide free or highly subsidized items must be strongly justified. Whenever possible, cost share contributed by the beneficiary for receipt of equipment/commodities is preferred. Please utilize the *Cash* and/or *Vouchers* keywords on page 221 as necessary.
3. You must detail issues related to access and availability of the proposed type of seed. Also provide evidence of market demand for the produced seed and willingness to pay on the part of local farmers.
4. Provide details on the end use of multiplied seed. Is this for own use or for market?
5. What seed quality assurance practices and verification will be promoted?

Seed Storage/ Post-harvest Loss Reduction

1. For improved storage activities, document current levels of post-harvest loss and the main challenges to seed/grain preservation by crop.
2. Provide information on how local methods are meeting the demand for seed/grain storage.
3. If this is not a pilot to test a new model, please document the efficacy of the proposed model. Your proposal must also document how any input supply, such as storage containers, will be assured on an ongoing basis. If this is a pilot, please document the current percentage of post-harvest loss and the desired reduction using this model.

Technical Design

For all interventions proposed under this sub-sector, highlight an understanding of all farmer channels for sourcing seed and an analysis of seed access and availability. All activities must indicate the targeted people of proposed activities by gender. Clearly describe gender roles within the agricultural system and/or by crop.

Seed System Assessment

1. A detailed description must include the assessment method and means of analyzing and sharing data.

Seed Multiplication

1. For seed multiplication activities, indicate the growing conditions, and if irrigation is used, what the maintenance plans are.
2. Discuss how farmers will be linked to the original, clean source of seed for multiplication in subsequent seasons.
3. Cite potential market effects of the program, including the support or undermining of existing seed sources in the market.
4. Describe the marketing and outreach plan for produced seed.
5. Explain who will be involved in the activities and who will benefit, disaggregated by sex.
6. Explain the seed quality standards that are being sought and how they will be measured and achieved.
7. If multiplication plots are to be irrigated, discuss water availability and how any potential negative environmental consequences from additional water use will be mitigated.
8. Describe what technical and material support will be used in the activity to protect against pests, diseases, and weeds, such as training, technical and/or material assistance, etc. For further detail, refer to the *Pests and Pesticides* sub-sector on page 94.
9. Confirm that whatever seed will be multiplied has proven to perform well under farmer management and is sufficiently accepted by farmers and the market.

Seed Storage and Post-Harvest Loss Reduction

1. USAID/OFDA discourages the construction of community-owned or communal seed, fodder, or cereal banks due to their inherent lack of sustainability once the implementing organization leaves the area. USAID/OFDA rarely supports this model given the challenges to maintaining phytosanitary conditions and seed quality. USAID/OFDA will not support communal seed/grain storage units without strong evidence that farmers prefer this and a detailed plan for long term sustainability in place.
2. Production of post-harvest storage units must use locally available and low cost material. You must provide a detailed plan for increasing demand for the units and increasing market availability of the units.
3. Proposals for storage methods must highlight the proposed percentage reduction in post-harvest loss (by crop) and justify the proposed model based on cost, availability of local materials, suitability for specific crops, and efficacy.
4. For each promoted storage method, provide the cost to each beneficiary. USAID/OFDA strongly encourages low-cost, replicable solutions.
5. For any models or methods that involve the use of restricted goods such as herbicides, fungicides, and/or insecticides, you must adhere to applicable sections of USAID Environmental Regulations as stipulated in 22 CFR 216.3(b). (For further

information, refer to the *Pests and Pesticides* sub-sector). Due to the time required for approvals, USAID/OFDA generally does not support programs that involve application of commercial chemical herbicides/fungicides/pesticides for treatment of seed/grain.

Indicators

Mandatory

- Number of months of household food self-sufficiency as a result of seed system security programming
- Number of people directly benefiting from seed systems/agricultural input activities
- Percentage of households with access to sufficient seed to plant

Optional

- Percentage change of post-harvest loss due to storage activities

Sub-sector: Improving Agricultural Production/Food Security

Overview

USAID/OFDA supports response, recovery, and DRR interventions that enhance smallholder vulnerable farmers' efforts to improve agricultural production and ensure food security. There is a wide range of activities that might be considered, from promotion of more drought resilient farming methods to diversification of crop choices at the household level. All proposed activities must strongly attempt to incorporate farmers' preferences and be based on intensive consultation with targeted beneficiaries and/or knowledge of local farming systems. To ensure program success, USAID/OFDA expects interventions to consider sustainability as a central component of program design.

Restricted Goods

You are responsible for using quality agricultural inputs. Seeds, seedlings, cuttings, and other agricultural commodities require prior technical approval. Prior approval is also required for restricted agricultural commodities purchased with vouchers. Fertilizers are also restricted commodities under USAID policies. USAID/OFDA does provide funding for fertilizers under some circumstances. For further information on fertilizers, please refer to ADS 312. For more information, see Ineligible and Restricted Goods, Services, and Countries under Cost/Budget Guidelines on page 56.

Needs Assessment Summary

1. Proposals to provide seeds must include an assessment of seed needs distinct from immediate food needs. Food insecurity is insufficient evidence for provision of inputs.
2. Assessment must indicate how male and female farmers normally source their seed by crop and how the current disaster has disrupted the process. If seed provision aims to reach a nutrition or income generating goal, the assessment must support the use of seed as a means to fill those gaps. Input provision could consider direct methods (e.g. direct seed distribution) or other methods (e.g. use of vouchers or other means to ensure access).
3. If you propose use of new/improved seed varieties, the needs assessment must document a clearly expressed demand on the part of the farmers for the varietal traits proposed. The needs assessment must document that the proposed seed can grow in the agro-ecological zone under beneficiary farmer management, not under only ideal growing conditions plus inputs.

4. If input provision has been ongoing for more than three consecutive seasons, the needs assessment and technical design must support that the free provision of seed is the best option to address seed insecurity.
5. Proposals to provide tools or other inputs must include an assessment of tool/input availability and details of previous input distributions, especially when you are proposing consecutive years of tool distribution to the same beneficiary population.
6. Include limiting factors to agricultural productivity or storage in the region as a whole and for the target population.
7. Identify the stress the agricultural system is currently under as compared to normal times. Focus particularly on access to planting land and access to and availability of resources such as water, fuel, or agricultural inputs.
8. Discuss the probability that planted seeds will reach harvest due to disruption or displacement.
9. For irrigation programs, identify the effects of proposed interventions on regional water tables and the potential for conflict with other populations who may be competing for scarce water resources. For technical requirements, refer to the *Irrigation* sub-sector on page 105.
10. For DRR programs proposing new methods or crops, include an analysis of the current practices and an estimation of the potential change as a result of the new methods/crops.

Technical Design

Seed/input provision

1. Illustrate that activities aim to increase seed options available.
2. Show that farmers have the ability to choose within those increased seed options.
3. Justify the distribution method selected to address a seed security gap. Describe how the proposed method will best meet needs and is possible given the context. E.g. If a voucher program is proposed, how has seed supply been verified?
4. Explain how proposed activities might affect the ability of non-beneficiaries to obtain agricultural inputs. Will the program purchase all available seed or drive prices up?
5. Explain how the intervention might affect the current seed system, including other market channels whether formal or informal.
6. Confirm that any agricultural inputs, including pasture grasses/tree seedlings, are not invasive to the location proposed.
7. Explain how farmer choice is incorporated, even in direct distribution situations.
8. Any proposals involving distribution of hybrid seeds require pre-approval by USAID/OFDA. Therefore, provide strong justification for any non-local or hybrid seed purchases. You must procure certified seed or assume responsibility for performing a variety of seed quality assurance practices. For more information, see the *Agriculture and Seed Security Annex, Seed Grower's Declaration of Quality* available on the Resources page.
   a. For inputs like cuttings and tubers, you must explain how health and disease-free status has been ensured.
9. When proposing a voucher activity for input provision, discuss whether and how the program intends to create linkages between farmers and future sources of seed.
10. Please address all quality concerns related to input provision as outlined on page 227, Restricted Items.

Kitchen gardens/home gardens/urban agriculture

1. Indicate whether the purpose of production is primarily to increase income, to improve nutrition, or both.
2. Detail a plan to ensure those objectives are met.
3. For income generation, please address all the requirements under the *Livelihood* keyword on page 227.
4. For nutrition objectives, provide evidence that foods are accepted and consumed by beneficiary populations or detail a plan to encourage consumption.
5. Justify the attempt to support changes in consumption in this program, as behavior change related to food preferences and consumption can take longer than one year.

Fertilizer
1. For provision of any fertilizers, describe environmental impact.
2. Provide exact composition, amount, and cost per type.
3. USAID/OFDA encourages production of organic fertilizers (e.g. compost) by farmers. Inorganic fertilizers must adhere to USAID specifications (see *above,* Restricted Goods on page 56).
4. If farmers do not normally purchase fertilizer, indicate how purchase in subsequent seasons will be ensured after the program ends.
5. USAID/OFDA does not fund the use of human manure for agricultural interventions.

Training in agricultural production techniques or increasing agricultural diversity
1. Indicate what topics and methodologies the training programs will include, who will be involved, and why training is needed, especially if basic farming techniques are covered.
2. Discuss the likelihood of spontaneous adoption by neighboring farmers.
3. Discuss ways to cascade down trainings to increase the coverage of beneficiaries.
4. Discuss the potential sustainability of the proposed methods/varieties when the program ends, noting in particular what training materials will be used to support adoption of practices.

Indicators

Mandatory
- Number of months of household food self-sufficiency as a result of improved agricultural production programming
- Number of people directly benefiting from improving agricultural production and/or food security activities
- Number of hectares under improved agricultural methods

Optional
- Percentage of households with access to sufficient seed to plant

Sub-sector: Irrigation

Overview
Irrigation programs will undergo rigorous environmental review. All irrigation interventions must follow the “do no harm” principle, taking into consideration the potential adverse impacts on the social and physical environment.

With few exceptions, USAID/OFDA does not fund graywater irrigation. With a very strong justification, USAID/OFDA may fund very small household garden programs in water-scarce environments that use kitchen gray water if the water is not applied directly to the edible portion of the plant. USAID/OFDA will require seeing a(n)

- Design,
- Explanation of how public health risks are mitigated, and
- Monitoring plan.

USAID/OFDA does not fund proposals for accessing deep aquifers for irrigation. Such activities can have major adverse impacts on regional water supplies. Generally, USAID/OFDA will not fund mechanized irrigation systems; USAID/OFDA will require clear justification for these systems before considering them.

OFDA supports solar- and/or wind-powered pumps only when a number of conditions are met. The use of solar pumps for irrigation purposes would normally only be acceptable when the costs of investment are justified by a cost-to-benefit analysis and you can prove that the technical services for maintenance are available locally. You must justify the use of solar- and/or wind-powered pumps in the proposal in terms of

- The need,
- Why solar/wind is a more appropriate choice than other types of pumps, and
- How these systems would be operated, maintained, secured, etc.

Please refer to the requirements on solar pumps in the WASH Technical Design section of the *Guidelines* on page 215 for more detailed specifications on solar-pump requirements, which must be met even if used for irrigation.

OFDA will support activities to rehabilitate irrigation infrastructure but not when needs result from a lack of routine maintenance.

When proposing irrigation activities, please refer to the *Water for Productive Uses* keyword on page 233.

Needs Assessment Summary

1. Provide the assessment findings, including how you assessed the needs of the population. Where possible, include baseline information that demonstrates how the population used irrigation systems prior to the disaster that triggered this response.
2. If part of a DRR activity, indicate how you determined that the proposed irrigation activities are an important component of reducing risk or building resilience.
3. Include an analysis of crop watering methods currently in use and explain why the proposed new technologies will be more successful.
4. Provide a history of water resource management in the region, including what has been successful and what has failed. If not, justify why such a history cannot be provided.
5. Include information on water availability and seasonal fluctuations, with particular attention to gauging water supply in the dry season.
6. For all activities aimed at increasing agricultural production for income generation, provide information on
   a. commodity prices,
   b. input costs,
   c. likely revenue and profit, and
   d. current and projected supply and demand for the product.

7. Provide a brief cost-benefit analysis of the irrigation system. Show that the increased profits from the irrigation system will be greater than its cost within a reasonable time frame.
8. For all activities aimed at increasing nutritional status, provide details for how production and nutrition will be linked.
9. Ensure that beneficiaries of irrigation projects with shared water sources have rights to access or have already arranged access to the water source.
10. In case of shared water/irrigation schemes, ensure that communities have clear rules for water management, including operation, distribution and maintenance. Internal regulations and bylaws are a plus.

Technical Design

1. As applicable, include a complete description of each phase of the irrigation system that you are proposing to address. Depending on the proposed activities, this may include:
    a. Source of water,
    b. Storage of water during dry season,
    c. Transport of water from source/storage to fields, and
    d. Application of water to crops.
2. Describe the local market for replacement parts and technical capacity for repair of systems. Additionally, estimate the life-span of distributed equipment.
3. If you are proposing to introduce new technology, describe how you will incorporate capacity building and training programs into the program. This may include creating demonstration plots prior to roll-out of proposed technology, conducting farmer field days or field site visits, and providing a description of costs and benefits to male and female farmers.
4. Employ participatory design, i.e. irrigation systems must be designed together with farmers.
5. Implement irrigation systems together with farmers, i.e. accompaniment.
6. Promote clear rules to avoid competition between human consumption and irrigation when systems provide water for both human consumption and irrigation. Human consumption must be favored.
7. If proposing dual-purpose water infrastructure (human and agricultural use), fully describe the activity in the WASH sector's *Water Supply* sub-sector and use the *Water for Productive Uses* keyword.
8. Describe the existence of clear norms for farmers regarding their rights and obligations in the use of water and the irrigation system. This will ensure its sustainability.
9. Ensure long-term sustainability of the program by addressing transition of the activity from NGO-supported interventions to communities, Ministries of Agriculture, etc. Is the context (security, governance, etc.) conducive to maintaining the systems sustainably?
10. Given the extensive engineering requirements of irrigation systems, describe the engineering expertise of your organization or sub-awardee.
11. Explain how you will select beneficiaries. How will the technology be shared with non-beneficiary farmers?
12. Indicate in your plans why current repairs are beyond the capacity of users to support.
13. Confirm that your proposal provides support and a maintenance plan that meet the number of users.
14. Describe how theft of inputs will be prevented.
15. Address all potential negative impacts of the proposed activities:
    a. Estimate the amount of water to be provided through this technology.

   b. How much land will be irrigated per farmer?
   c. What are the potential negative impacts on other water users who are not beneficiaries of this technology?
   d. Address how you will mitigate potential negative impacts on soil structure/quality and the potential for irrigation to increase erosion, especially for irrigated fields near rivers.

16. When irrigation is proposed, it must be accompanied by climate smart agricultural measures used to cope with water scarcity, such as:
    a. Increased capacity to store water in the soil, in surface reservoirs, and in underground reservoirs;
    b. On-farm water retention and enhanced filtration;
    c. More efficient irrigation technologies that reduce evaporation losses;
    d. Irrigation methods that use low pressure and low consumption of energy, such as drip irrigation, spray or gravity flooding (i.e. not using electric pumps or motorized pumps but rather gravity through slopes or raised small tanks of water);
    e. Reduced water loss in the distribution and conduction, such as coating or use of total or partial tubes/pipes in irrigation works; and
    f. Practices that promote better retention of water in the soil, such as demi-lunes, zai pits, or leveling of soils.
17. In irrigation systems that require intensive use of labor, CFW schemes could be used, but there must be a balance between incentive and the appropriation of the infrastructure by the farmers. In many systems, the farmers gain rights to water use based on the number of days they worked on constructing the system. A CFW scheme could create conflict if no water rights are created for water usage.
18. In the same way as is done for systems of water usage for human consumption, promote water analysis for irrigation needs to ensure that irrigation water does not produce environmental damage in the soil, including salination, sodification, or deposit of heavy metals such as mercury or lead.

Indicators

Mandatory

- Number of hectares under irrigation
- Number of people directly benefiting from irrigation activities
- Length of irrigation system implemented

Optional

- Percentage of households with access to irrigation
- Number of months of household food self-sufficiency

2. Economic Recovery and Market Systems

Overview

Economic Recovery and Market Systems (ERMS) interventions at household, community, or regional levels help people restore or improve their livelihoods and support key market systems to return to full functionality, in line with USAID/OFDA's mandate to reduce the economic and social impact of disasters. A critical market system is one that played, plays, or could play a major role in affected populations' survival or livelihoods.

It is not always possible or desirable to return to the pre-disaster economic state. In some cases:

- Livelihood patterns were unsustainable from the outset,
- Predominant industries are depleting non-renewable natural resources, or
- National or global conditions have made previous economic patterns no longer viable.

It is also possible that pre-disaster livelihoods patterns may have increased the affected population's vulnerability and exacerbated the effect of the crisis. USAID/OFDA stresses the importance of working within the preferences of affected individuals, communities, and businesses, while not assuming that all previous economic activities were sustainable.

All programs within the ERMS sector must be based on a comprehensive understanding of relevant market dynamics and economic factors and avoid negative market distortions. Activities should rely on local skills and capacities and minimize harm to the natural environment and individuals, including taking into account conflict dynamics, as well as sufficient analysis of the relevant market systems.

ERMS programming must have a strong element of community consultation prior to determining the intervention.

Your proposal must demonstrate a careful consideration of the relevant standards and indicators in the Minimum Economic Recovery Standards, a Sphere companion guide.

Disaster Risk Reduction

USAID/OFDA can support ERMS DRR activities, either as a component of a response/recovery intervention or as a stand-alone DRR intervention. For stand-alone ERMS DRR interventions, in addition to sub-sector requirements:

1. You must describe in your proposal the relevant critical market system(s), the relevant disaster risks to those market systems, and the likely effect the disaster would have;
2. The proposed intervention must clearly mitigate or transfer risks to people's livelihoods from a specific, likely shock for which people's existing coping strategies are inadequate;
3. The proposed activities must build upon men's and women's own perspectives on the most serious risks to their livelihoods, their risk tolerance, and existing strategies for managing or reducing risk;
4. You must describe lessons learned from past efforts at risk management in the program area; and
5. Beneficiary/community contributions and co-investment with local governments and the private sector are strongly preferred over full subsidy of assets.

Protection Mainstreaming

Proposals must demonstrate protection mainstreaming:

1. How does the program make goods and services equally available and useful to both men and women to the degree possible? If you are proposing programs considered challenging for women's participation, make efforts to seek out women's opinions and maximize the potential for their participation.
2. How will you target people with special considerations (e.g. female-headed households, persons with disabilities, youth, and older people) and address barriers to their participation? USAID/OFDA cautions that some extremely vulnerable individuals who cannot earn their own livelihoods are not appropriate direct beneficiaries for some ERMS interventions.
3. What safety and protection concerns exist for participants (e.g. timing and receipt of cash, intra-household risks to women from participation in livelihood activities, etc.), and how you will mitigate them?
4. What measures exist or will you put in place to prevent sexual exploitation and abuse of people during program activities?
5. Provide details of a safe and effective feedback/complaint system for beneficiaries and non-beneficiaries.
6. How will you monitor protection issues and how will that information be used to reduce existing and newly identified risks?

Targeting and Indirect Interventions

USAID/OFDA programming targets the most vulnerable disaster-affected populations. However, to sustainably restore livelihoods and promote increased incomes, often the best way to reach and help these people is by working with other actors that drive the economy. This might include, for example, working with medium-sized businesses to promote employment and thus create jobs for disaster-affected people, or ensuring access to credit for buyers and wholesalers to ensure they can continue to purchase commodities from small producers. USAID/OFDA encourages these types of interventions, as long as the ultimate beneficiaries are the poorest and/or most vulnerable disaster-affected individuals. You must clearly design interventions to show how those most-affected will benefit; and monitor the benefits to the ultimate target population. Careful market and beneficiary analysis will indicate whether more direct or indirect intervention will have a larger impact for the target population.

Market-Based Programming

Within the ERMS sector, USAID/OFDA welcomes the use of market-based modalities, including cash and vouchers, to ensure that livelihood interventions and assets are appropriate to local conditions and meet people's needs and preferences. However, direct distribution may be more appropriate under some circumstances.

Cash and vouchers are modalities that can be used to achieve program objectives in many sectors, not only ERMS. See the *Cash* and *Vouchers* keywords descriptions on page 221 and 232 for more information. See the *CFW* keyword description on page 222 and the *Temporary Employment* sub-sector in this section on page 117.

Multipurpose cash transfers must not be categorized as ERMS; instead, please see the *Multipurpose Cash Assistance* sector on page 148.

Available Sub-sectors

Livelihoods Restoration: Assisting disaster-affected people to continue their existing livelihoods or return to the livelihoods activities they were practicing pre-disaster.

New Livelihoods Development: Assisting affected people to begin new livelihood activities they were not previously practicing, when this is necessary due to the circumstances of the disaster and the economy.

Market System Strengthening: Supporting or restoring the key actors, relationships, services, and infrastructure that allow critical market systems to function.

Financial Services: Supporting the continued provision of financial services or offering new financial services that do not require capitalization from USAID/OFDA.

Temporary Employment: Providing temporary work (CFW) with the primary objective of providing a short-term income boost to disaster-affected populations.

Sub-sector: Livelihoods Restoration

Overview

Livelihood Restoration activities assist disaster-affected people to repair or replace key productive assets negatively impacted by the disaster, to enable the resumption or expansion of pre-existing livelihoods. The term *productive asset* refers to items that contribute directly to livelihoods, such as business inputs, supplies, or storage, and not to basic relief commodities. The target population for Livelihood Restoration activities already has experience and skills relevant to the proposed livelihoods.

Interventions that focus on agricultural livelihoods must be categorized under the relevant *Improving Agriculture/Food Security* sub-sector with a *Livelihoods* Keyword.

Needs Assessment Summary

1. Describe the predominant pre-disaster livelihoods patterns of the target population, disaggregated by sex and age group;
2. Describe how the disaster has disrupted these livelihoods and market systems and key obstacles to their resumption; and
3. Describe men's and women's preferences for type of livelihoods restoration assistance (e.g. market linkages, technical assistance, asset replacement, in-kind assistance versus cash or vouchers, etc.).

Technical Design

1. Describe how the proposed activities will directly support the restoration of men's and women's livelihoods;
2. List the known or anticipated types of livelihoods that will be restored;
3. Explain the current market viability of each livelihood activity, including beneficiary perceptions. If a wide variety of livelihoods will be supported, describe how you will determine viability during the project;
4. Provide a simple cost/benefit analysis comparing the cost of inputs and maintenance of the provided assets with the expected profit (revenue minus costs) for each livelihood activity. Provide additional justification for the provision of high-value productive assets or the improvement of assets beyond pre-disaster quality;

5. If you will provide, replace, or repair productive assets, identify the modality you will use to transfer the assets (i.e. in-kind distribution, vouchers, cash):
    a. Indicate the value of the assets and how you determined this;
    b. If utilizing a direct distribution modality, justify why a market-based intervention is not viable. Describe how the target population will be able to repair or replace the asset in the future if it is not available in the market; and
    c. If utilizing cash transfers or vouchers, include the *Cash* or *Vouchers* keyword(s) in the sector table and provide the information required in the *Cash* and/or *Vouchers* keyword sections on pages 221 and 232, respectively.
6. Explain the beneficiary selection process. If targeting people other than the most vulnerable, describe how benefits will ultimately flow to the most vulnerable;
7. Explain what supporting or complementary activities you will conduct to support the target beneficiaries to restore their livelihoods and what monitoring and follow-up support you will provide; and
8. If you are responding to a recurrent shock, describe how you will assist beneficiaries to mitigate the risks that this shock poses to these livelihoods, to the extent possible.

Indicators

Mandatory

- Number of people assisted through livelihood restoration activities
- Percentage of beneficiaries reporting net income from their livelihood

Sub-sector: New Livelihoods Development

Overview

Under some circumstances, disaster-affected populations cannot resume their pre-disaster livelihoods patterns. This might be due to insecurity, environmental degradation, or forced migration. In other situations, affected people may return to their pre-disaster livelihoods but are unable to earn enough income to meet household needs.

Activities under this sub-sector assist people in beginning new livelihoods activities that have not been previously practiced. Although new livelihoods development is necessary in some contexts, it is generally a longer-term undertaking, and is less well suited to USAID/OFDA's one-year period for response programs. Therefore, proposals must have a strong justification for how people will be able to adopt these new livelihoods strategies within the program period, and how they will be sustainable once assistance ends.

Needs Assessment Summary

1. Indicate how the disaster has negatively affected markets, livelihoods, and the economic environment at the household/enterprise, local, and regional/national levels.
2. Identify pre-disaster livelihoods patterns and how the disaster has disrupted those patterns. Why are men's and women's pre-disaster livelihoods patterns no longer viable, unable to recover from the disaster, or no longer sufficient to meet people's needs?

Technical Design

1. Provide a brief assessment of the relevant market system(s) for any specific proposed livelihoods to demonstrate viability and appropriateness. (At a minimum, preliminary assessment information must be available at proposal stage. USAID/OFDA will not fund single-agency livelihood market assessments to inform already-proposed program activities.) You must show how the market system is favorable to beneficiaries' entry, addressing all of the following:
    a. Access to inputs,
    b. Men's and women's differential access to market opportunities,
    c. Evidence of unmet demand for the good(s) or service(s) in question,
    d. Availability of affordable support services (such as storage, transport, finance), and
    e. Consideration of formal or informal norms, practices, or regulations enabling or prohibiting beneficiaries' participation in the market system.
2. Discuss beneficiary skills, interests, and limitations, disaggregated by gender and including people with special needs (e.g. youth, persons with disabilities), as they pertain to the selected livelihoods;
3. Provide a basic cost-benefit analysis of the proposed livelihood(s), including estimates of the start-up and continuing expenses (including the value of any cash/inputs provided under the program), revenues, and profits (revenues minus costs) for the proposed new livelihood(s). USAID/OFDA expects that beneficiaries will earn sufficient net income on their activities to make the activity worthwhile. USAID/OFDA also expects that profits will exceed the value of any provided inputs in a reasonable period of time (which may extend slightly beyond the proposed period of performance of the award);
4. Discuss the risks inherent in the new livelihood(s), including environmental, protection, disaster, and economic risks; how beneficiaries will be made aware of them; and how you will mitigate them to the extent possible;
5. If group-based businesses are proposed, explain how the size and composition of the groups:
    a. are decided by the beneficiaries, rather than by you; and
    b. make sense from a business perspective (generating sufficient profit per individual).
6. Provide details on capacity-building activities (e.g. training or mentoring):
    a. the duration of such activities;
    b. who will carry them out;
    c. topics covered in the capacity-building activities;
    d. whether the activities will fully prepare people for their new livelihoods, and if not, how this will be addressed; and
    e. how equitable access will be maximized.

    (Please note that USAID/OFDA does not typically pay people to attend trainings, although covering transportation and refreshment may be appropriate);
7. Explain how you will follow up with beneficiaries to monitor their performance in their new livelihoods;
8. If you will provide productive assets:
    a. Indicate the value of the assets, and how you determined this.
    b. If utilizing a direct distribution modality, strongly justify why a market-based intervention is not viable. Describe how the target population will be able to repair or replace the asset in the future if it is not available in the market;

   c. If utilizing cash transfers or vouchers to distribute productive assets, include the *Cash* or *Vouchers* keywords in the sector table and provide the information required in the *Cash* and/or *Vouchers* keyword sections on pages 221 and 232, respectively.

9. Beneficiaries, disaggregated by sex, and selection process. If targeting people other than the most vulnerable, describe how benefits will ultimately flow to the most vulnerable.

If a wide variety of livelihoods will be supported, such as through a business-plan competition model, some of the above information may not be available at proposal stage. Instead, clearly describe how you will gather each element of the above required information or will enable beneficiaries to do so themselves.

Indicators

Mandatory

- Number of people assisted through new livelihoods development activities
- Percentage of beneficiaries actively practicing their new livelihoods
- Percentage of beneficiaries reporting net income from their livelihood

Sub-sector: Market System Strengthening

Overview

USAID/OFDA provides assistance to support local and regional economic activity through the rehabilitation of critical market systems, including both physical market infrastructure as well as support to affected critical market actors who are hindered from performing vital functions in the market system. USAID/OFDA also supports the assessment of critical market systems as a disaster preparedness tool, or to inform response or DRR efforts, to benefit the humanitarian community as a whole.

For creation or rehabilitation of infrastructure, please use the *Structures* keyword and follow all keyword requirements. For work carried out through CFW, please use the *CFW* keyword and follow all requirements.

Needs Assessment Summary

1. Identify the market system(s) you are targeting for support or analysis and why they are critical to the target population's survival and/or livelihoods;
2. Describe the disruption to market functionality due to the disaster, whether in terms of physical damage or non-functional key market actors;
3. Justify why external intervention is necessary to restore market functionality.

Technical Design

For rehabilitation of physical infrastructure, describe:

1. The infrastructure to be rehabilitated and why you selected it for rehabilitation. This must include consultation with the community and key market actors, i.e. they must prioritize the repair of this infrastructure as being critical to their recovery;
2. Whether the rehabilitation will restore the pre-disaster state or go beyond the pre-disaster state, and why;
3. Who (e.g. local government, community groups) will be responsible for the ongoing repair/maintenance of the rehabilitated market infrastructure. This must be an entity

with the will, skill, and resources to do so. Efforts must include women participants as appropriate;

4. How the rehabilitation activities will address environmental and disaster concerns, including:
    a. avoiding harm to the natural environment through the work itself, the sourcing of materials, and/or by exacerbating known environmental issues such as poaching or illegal harvesting; and
    b. incorporating environmentally friendly or disaster-resilient techniques or aspects as appropriate.
5. How the rehabilitation activities will be performed (e.g. by local contractors, with volunteer community labor, with CFW) and why you selected this approach.

For support to critical market actors, describe:

1. Why supporting these actors is essential to restoring critical markets to functionality;
2. What type (e.g. cash transfers, in-kind support, facilitating access to services) of support they will receive, the estimated value of such support, and why you selected this; and
3. How the poorest and most vulnerable disaster-affected populations will ultimately benefit from the intervention. You must clearly design, demonstrate, and carefully monitor this.

For market-system assessments, describe:

1. The assessment methodology you will use;
2. The scope (including geographic), objective, and key research questions of the assessment(s);
3. How the assessment design and execution will be inclusive of as many humanitarian practitioners and agencies as possible;
4. How the results of the assessment(s), including original data (excluding sensitive/private data), will be disseminated with relevant bodies (e.g. clusters) and how it will be made available freely and publicly online; and
5. How you expect the results of the assessment will inform programming by you or other agencies.

Indicators

Mandatory

- Estimated number of vulnerable disaster-affected individuals indirectly assisted through market system rehabilitation activities

At least one of the following additionally required relevant to proposed program activities:

- Amount of market infrastructure rehabilitated by type (kilometers of market feeder roads, kilometers of ditches, kilometers of irrigation canals; number of bridges; other)
- Total number of critical market actors directly assisted through market system rehabilitation activities
- Total number of market system assessments carried out

Sub-sector: Financial Services

Overview

USAID/OFDA is interested in helping disaster-affected people access appropriate financial services, for example through:

- The establishment of non-formal, self-capitalized community-based savings groups, e.g. Village Savings and Loan Associations (VSLA) or similar models;
- Helping people access formal or informal financial services, including savings, credit, insurance or other services, from existing financial service providers;
- Technical support to financial service providers (FSPs) to help them be better prepared for disasters or to meet disaster-related demand;
- Linking cash transfer recipients to financial services; and
- The provision of financial education.

USAID/OFDA does not support the establishment of new financial service operations or the capitalization of revolving funds. Although USAID/OFDA recognizes the need for some FSPs to recapitalize their loan funds after a disaster, or to create emergency liquidity funds in preparation for future disasters, USAID/OFDA is not generally the appropriate donor to capitalize or recapitalize such efforts.

You must pay special attention to ensuring men, women, and vulnerable groups have equitable access to financial services and to avoiding exacerbating vulnerability.

Needs Assessment Summary

1. Provide a general overview of financial services in the program area and their coverage of, and services to, the target population;
2. Describe the target population's access to financial services, including access to needed identity documents to access services;
3. Explain how the disaster has interrupted access to finance and how this affects men's and women's livelihoods and critical markets;
4. Describe the impact you expect supporting financial services to have on men's and women's livelihoods, as well as the local economy, within the program period;
5. Explain what other donors or commercial investors are doing in support of access to finance and why USAID/OFDA is the appropriate donor to address the identified needs;
6. Describe the prevailing security and economic environment and whether it is conducive to financial services activities; and
7. For new services or expansion of existing services, provide evidence of unmet demand in the community. Include a focus on equitable opportunities for men, women, and disadvantaged individuals.

If you are proposing support to or engagement with formal FSPs, you must also include:

1. The impact of that FSP's services on the local economy, and
2. How the disaster has affected the FSP and its ability to provide financial services such that external assistance is necessary.

Technical Design

1. Provide a detailed description of the proposed activities and explain why these are the appropriate mechanisms to respond to the need at hand; and
2. Describe how the proposed intervention will, to the extent possible, make people and/or the financial institutions more resilient to future disasters.

For the establishment of community savings and lending groups, describe

1. Beneficiary interest in starting savings groups;

2. Group governance aspects, including men's and women's free choice and self-selection into groups, and their ability to elect their own leaders and set their own rules;
3. What similar approaches already exist or have been tried in this geographic area, and their history;
4. Why this approach is preferable to helping people access commercial financial services;
5. Any cultural, gender, or security issues (including possibility of displacement) that may impede the success of the group and how you will address these; and
6. How you envision continued expansion/replication of the groups beyond the program period (if at all).

Please note that USAID/OFDA follows the established good practice of not capitalizing savings groups.

For engagement with or support to established FSPs, describe

1. Client assessment/selection mechanisms, with a focus on gender equity. USAID/OFDA supports established good practices on financial services client assessment and client protection. To avoid exacerbating vulnerability, USAID/OFDA discourages the extension of services (such as credit) to clients who cannot productively handle the service;
2. Financial services that will be offered or supported with USAID/OFDA funding (e.g. credit, savings, money transfers, etc). Provide brief information on each (i.e. fees, loan terms, interest rates, repayment enforcement, deposit rules); and
3. The FSP's operational history, including
    a. Outreach and financial performance figures for recent years, demonstrating general soundness,
    b. Adherence to social performance and transparency guidelines,
    c. Competition and other FSPs in the area,
    d. Any current or past relationship between your organization and the FSP,
    e. Its capacity to expand services.

Indicators

Mandatory

- Number of people and/or MSMEs participating in financial services with USAID assistance
- Percentage of financial service accounts/groups supported by USAID/OFDA that are functioning properly

Sub-sector: Temporary Employment

Overview

Within the Temporary Employment sub-sector, the primary objective of CFW is a short-term income boost to disaster-affected populations. Typically, projects within this sub-sector are to address an extraordinary volume of work resulting from the disaster, such as debris removal. All Temporary Employment sub-sector activities must use the *CFW* keyword, and include the keyword requirements listed on page 222. Please also review the *Structure* keyword on page 230 and follow all requirements.

USAID/OFDA only funds CFW projects that (1) benefit the whole community; (2) have a

demonstrated link to the impact of the disaster; (3) do not complete work that people would normally do on their own, such as repair their own shelters; (4) do not complete tasks that are reoccurring responsibilities of the community, such as trash pickup; and (5) have a realistic plan in place for sustainable maintenance. USAID/OFDA also does not fund cash-for-training, although USAID/OFDA will fund refreshments and transport costs.

Needs Assessment Summary

1. Describe how the disaster has impacted purchasing power and why affected populations need an infusion of cash at this particular time and for this particular duration;
2. Describe other labor needs in the communities during the program duration (e.g. planting season, shelter repairs). If people are otherwise engaged in more pressing tasks, CFW must be carefully designed to ensure it supports, rather than supplants, people's own efforts to rebuild their lives and livelihoods;
3. Explain current wages for comparable work for skilled and unskilled workers in the area, as well as CFW rates offered by other humanitarian programs in the program area (including any harmonized rates set by coordinating bodies); and
4. Demonstrate consideration of existing volunteer labor systems within a community, so that CFW does not discourage or displace these practices.

Technical Design

1. Provide an exhaustive list of the types of possible CFW projects, including technical details, a discussion of how oversight and quality will be ensured, and a description of how this project will help the community recover from disaster;
2. Describe the CFW project selection process, including how you will engage communities, mitigate protection concerns, and solicit opinions from a variety of community members. USAID/OFDA is supportive of the community selecting CFW projects that meet USAID/OFDA's technical guidance on CFW; please include a confirmation in the proposal that you intend to obtain USAID/OFDA's consent prior to beginning CFW projects not mentioned in this proposal;
3. Confirm the work performed does not cause harm to the natural environment, and where appropriate, incorporates environmentally friendly aspects and/or aspects that reduce the risk of damage from future disasters;
4. Provide a strong description of who will be responsible for ongoing repair and maintenance of the infrastructure built or rehabilitated through CFW, and how you will accomplish this transition, including women's management where feasible and appropriate;
5. Provide the payment rate and duration of CFW, and a justification for each;
6. Describe the beneficiary selection process, and number of beneficiaries, disaggregated by sex; and
7. Discuss how you will maximize the participation of women, persons with disabilities, and others with unique considerations. Examples include modifying the CFW schedule to allow women the time needed to complete other tasks, designating certain types of CFW tasks for different levels of ability, or providing childcare on site.

USAID/OFDA will allow a small percentage of vulnerable households without able-bodied labor to receive unconditional cash as part of a larger CFW project.

Indicators

Mandatory

- Number of people participating in CFW activities

3. Health

Overview

USAID/OFDA-supported health interventions should be based on internationally recognized, evidence-based strategies, global guidance, and best practices. Programs should address the major causes of morbidity and mortality according to the local context. Program activities to consider include

- Support for primary care and mobile health facilities, when appropriate;
- Prevention and treatment of communicable diseases that are the primary causes of morbidity and mortality;
- Reproductive/maternal, child, and newborn health;
- Care for noncommunicable diseases, trauma-related injuries, chronic diseases, and mental health, when appropriate;
- Community-based health education and interventions;
- Emergency driven community-based health education and interventions;
- Material support for clinical interventions, such as pharmaceuticals, medical supplies, medical equipment, and medical supply chain/logistics support;
- Support to refurbish disaster-damaged or looted clinics and hospitals to ensure their operability and cleanliness; and
- Ensure that pharmaceuticals and other medical commodities used for the proposed health program are appropriate and of acceptable quality, for the response, the health program, and the country.

If you are not able to provide comprehensive health services in all six core sub-sectors (excluding the *PHEIC and Pandemics* sub-sector), you must provide substantive justification and/or detail as to how these needs are being met and which other agencies will be providing those unaddressed services. The Pharmaceuticals and Medical Commodities sub-sector must always be included, regardless of USAID/OFDA funding, as partners are required to describe the proposed program's medical supply chain. You must describe management of a consistent, reliable supply chain to ensure continuity of the health services provided. If you are not using USAID/OFDA funds for procurement, then you do not need to submit annexes requesting procurement and lists of products.

If the reporting indicators in any sub-sector are not appropriate or relevant for a given program, you must provide justification for exclusion or modification. USAID/OFDA prefers to support free access to at least primary care for all patients, including medications and basic laboratory testing. USAID/OFDA does not support cash or vouchers for clinical care or the procurement of pharmaceuticals and other medical commodities. However, cash or vouchers for complementary activities (e.g. transport, referral services, etc.) may be considered with substantial justification.

Health programs often naturally focus on issues critical to enhancing the resilience of populations over time. DRR activities such as first aid and search and rescue training that are proposed in the Risk Management Policy and Practice sector must use the *First Aid* and/or *Search and Rescue Training* keyword and address questions posed in the keyword description on page 225.

Careful attention should also be paid to the possible adverse environmental impacts resulting from USAID/OFDA health interventions. This includes specific considerations

pertaining to hazardous waste management and infrastructure development (see relevant sub-sectors below).

USAID/OFDA also encourages agencies with appropriate and relevant capabilities to propose field-based, operational research projects that aim to answer critical questions to help improve data-driven humanitarian responses in the health sector. Proposed studies may or may not be integrated into additional activities.

Protection Mainstreaming

1. Describe how you will ensure that health facilities, including both the infrastructure and location, are safely accessible for vulnerable groups, including women, adolescents, children, older people, and persons with disabilities.
2. Describe how health care workers are or will be trained in knowledge and skills relevant to working with populations with unique needs, e.g. women, adolescents, children, persons with disabilities, and older people.
3. Describe how you will ensure that staff representative of relevant gender and ethnic differences are available to provide services. Describe how health care will be made accessible to persons with disabilities and/or limited mobility, including any outreach activities that may target these groups.
4. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, and/or ensured their representation on any program committees so that their concerns are heard and addressed to avoid community tensions.
5. Describe the measures for beneficiary selection or distributions you will put in place to prevent sexual exploitation and abuse of people seeking access to health facilities and services.
6. Describe the mechanism being used to establish a safe and effective feedback/complaint system for beneficiaries and non-beneficiaries.
7. Describe how you will monitor protection issues and how you will use that information to reduce existing and newly identified risks.
8. Describe how you will tailor the program to men's and women's roles in decision-making and access to resources. Describe how key program stakeholders will be made aware of the advantages of health programming.

Available Sub-Sectors

Health Systems and Clinical Support
Communicable Diseases
Reproductive Health
Non-communicable Diseases, Injury, and Mental Health
Community Health
Pharmaceuticals and Other Medical Commodities
Public Health Emergencies of International Concern and Pandemics

Sub-sector: Health Systems and Clinical Support

Overview

USAID/OFDA primarily supports interventions that strengthen national health system support for comprehensive primary health care (PHC). USAID/OFDA will consider secondary/tertiary level and surgical/trauma care interventions in exceptional circumstances.

Needs Assessment Summary

1. How has the current crisis affected each of the main components of respective health systems?
   a. Access to treatment for acute illnesses,
   b. Referral systems for severely ill patients requiring a higher level of care,
   c. Status of relevant facility and community-based medical personnel, and
   d. Staff capability, both pre- and post-emergency.
2. Provide details regarding the following clinical service benchmarks:
   a. Average population per functioning health facility (HF), by type of HF and by administrative unit;
   b. Number of hospital beds per 10,000 population (inpatients and maternity), by administrative unit; and
   c. Number of health workers (medical doctor, nurse, and midwife) per 10,000 population, by administrative unit and disaggregated by sex.
3. Provide current details about the human, financial, and commodity resources needed to address identified gaps, and describe how you will ensure a continuous supply of medical assets and resources. You should include:
   a. Immunization coverage rates for pertinent diseases,
   b. The leading causes of morbidity and mortality,
   c. A description of the resources and services available from other health agencies for the targeted population, and
   d. The role of traditional healers and how well they are integrated into the health system;
4. Justification narratives must include information (primary or secondary) on baseline health services and pertinent public health information of the affected population prior to the crisis and intervention, such as:
   a. System for financing the health sector, including staff salaries;
   b. Health information system data collection, analysis, and dissemination;
   c. Key components of national or local health policies, plans, protocols, and guidelines;
   d. Coordination system for the health sector and/or cluster and assessment of its effectiveness;
   e. Summary of secondary data including when the assessments were conducted, where, and by whom (including methodologies);
   f. Planned future assessments or surveys and how they will fill information gaps (including methodologies);
   g. Transition initiatives for the health sector, including health system strengthening; and
   h. Summary of main health indicators, including Crude and Under-5 mortality rates, and proportional morbidities among the target population, disaggregated by sex and age when possible.

Technical Design

Describe:

1. How the program proposes to fill service gaps based on assessments of how health care access has changed as a result of the disaster;
2. The number, names, and types of HFs, including mobile clinics, proposed for support. Include GPS mapping of all HFs (see Geographic Areas on page 48);
3. How you will establish and/or rehabilitate HFs. Provide precise details of the specific rehabilitation each facility requires to be functional. For proposed activities that include humanitarian construction (e.g. establishment, expansion, major repair and

rehabilitation, etc.) of HFs, use the *Structures* keyword on page 230. Proposed activities that include light repairs of health facilities (e.g. door and window repairs, painting, etc.) that do not entail changing structure size or structural alteration of walls or other major building components are not subject to the requirements under the *Structures* keyword;

4. How you will improve service delivery at each facility/mobile clinic and how you will ensure staffing and supplies;
5. Plans for mobile clinics (if applicable), including how they will extend and not replace existing services, how they will be supervised, and how they will eventually be integrated and maintained in the PHC system;
6. Plans for addressing infection prevention and control (IPC), and water, waste, and hazardous/biological materials management at all supported facilities;
7. If WASH-related rehabilitation and/or construction (e.g. water supply/storage, water treatment, access to latrines, access to handwashing infrastructure, and waste management) is required to ensure health facility functionality, use the *WASH in Health Facilities* keyword on page 233 and describe plans. Basic rehabilitation (e.g. replacing hand washing sinks) should be included in this sub-sector. Describe the type of rehabilitation planned, including operation and maintenance plans (if required) and relevant technical standards to be followed (Sphere, etc.);
8. Any new construction/installation, service provision, or rehabilitation/repairs of the following types: latrines/toilets, plumbing systems/septic tanks, desludging, handwashing facilities, water sources, water trucking, extensions of existing piped systems, water storage, and water treatment, requires the inclusion of the relevant WASH sub-sector in the proposal (see page 213 for *Sanitation*, page 215 for *Water Supply*);
9. Plan for worker safety provisions and consideration of additional environmental risks, specifically related the use and disposal of sharps/needles;
10. Proposed or current referral systems for urgent cases, such as infectious diseases and emergency obstetrical care;
11. What human resources (men and women) will be available to deliver health care for the program;
12. What additional training of health care personnel is required and how it will be achieved;
13. How often, and by whom, ongoing clinical supervision and mentoring will be conducted, how quality of care will be maintained, and how identified deficiencies will be remedied;
14. How personnel will be compensated;
15. How the proposed program's health information/early warning surveillance system will integrate into those coordinated by the Ministry of Health (MoH) or other relevant health coordination bodies, and whether health information will be managed through existing or improved systems;
16. How you will involve the MoH and how the intervention will work within the health sector coordination system, or Health Cluster if applicable, to avoid duplication or gaps in service provision;
17. How the program will attempt to overcome barriers such as cost, gender, age, ethnic, and religious inequities, and refugee/returnee/IDP status; and
18. How these emergency humanitarian interventions will integrate with and transition to previously existing services once the crisis begins to abate.

Indicators

Mandatory

- Number of health facilities supported
- Percentage of total weekly surveillance reports submitted on time by health facilities
- Number of outpatient consultations

Additionally required for partners providing rehabilitation of health facilities

- Number of health facilities rehabilitated

Additionally required for partners providing any healthcare worker training

- Number of health care staff trained

Additionally required for partners providing inpatient care

- Number of hospitalizations

Sub-sector: Communicable Diseases

Overview

USAID/OFDA supports high-impact interventions that decrease morbidity and mortality from commonly encountered communicable diseases, particularly those that are most likely to disproportionately affect populations affected by a given emergency or disaster and those with epidemic potential.

Interventions should be linked closely with activities in the Community Health sub-sector, the Nutrition sector, and the WASH sector and in responses to zoonotic disease outbreaks with the relevant sub-sectors in the Agriculture and Food Security Sector. Assessment, justification, and program description narratives must describe how you will take age and gender differences into account.

USAID/OFDA's mandate is to focus on emergency-specific interventions. Funding for the following interventions should be accessed via regional or national plans supported by other entities including the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) or The Global Fund to Fight AIDS, Tuberculosis, and Malaria:

- Routine tuberculosis (TB) management
- HIV/AIDS testing, care, and antiretroviral treatment programs.

Programs that include HIV/AIDS prevention education and clinical screening and referral are appropriate. Re-integration of disaster-affected HIV and TB patients into long-term treatment programs may be appropriate.

With respect to vaccination programs, USAID/OFDA focuses on supplemental immunization activities (SIA) and outbreak response immunizations (ORI). Routine activities such as Expanded Program for Immunization (EPI) are deferred to longer-term programs and donors. In exceptional circumstances, EPI activities can be included but only so far as to support EPI personnel and community education. Supplies, cold chain equipment, transport, and vaccine procurement are best obtained from local health agencies, WHO, and/or UNICEF.

Needs Assessment Summary

Include:

1. Crude and Under-5 mortality rates for pertinent diseases;

2. Incidence and/or prevalence of the most common causes of morbidity and mortality;
3. Deficiencies and gaps in the current strategies and services for detection and control of communicable diseases;
4. Presence of current functional capabilities of communicable disease early-warning and surveillance systems;
5. Description of diseases of local endemic and epidemic significance;
6. Background and outcomes of recent pertinent epidemics, including case fatality rates;
7. What community health workers (CHWs) are allowed to and/or able to treat at the community/household level under MoH preferences, policies, and guidelines;
8. National protocols and guidelines being used, such as Integrated Management of Childhood and Neonatal Illness (IMCNI), and previously available information, education, communication (IEC), and behavior change communications (BCC) materials; and
9. Baseline rates of coverage for immunizations for pertinent diseases, and other preventive initiatives such as vitamin A and deworming.

Technical Design

Describe how the proposed program will ensure the effective management of communicable diseases with epidemiologic significance. Include how the program will provide, implement, and/or strengthen

1. Prevention and treatment of the most common causes of morbidity and mortality (e.g. malaria, diarrhea, and acute respiratory infection) at both the facility and community level, including
   a. References to relevant international and national treatment protocols including diagnostic and treatment services for malaria consistent with the national malaria control program and national or WHO guidelines.
   b. How the program integrates with MoH community-based health education outreach and vector/environmental control programs; and
   c. Vaccine activities (if appropriate) such as SIA and ORI for measles or other relevant diseases.
2. Use of community-based interventions such as basic medical treatments for communicable diseases through CHWs, if appropriate (see *Community Health* sub-sector);
3. Disease early warning and surveillance systems, describing
   a. The existing system and how the proposed program contributes to its function;
   b. How the system and agency report on outbreak alerts to local and national health authorities;
   c. How proposed disease surveillance activities contribute to the regional or country wide surveillance system if in place (such as EWARN) and not create a duplicate system. This should include an outbreak response plan when appropriate;
   d. Any existing HIV/AIDS and TB prevention and referral to care and treatment programs.
4. Dead Body Management. If dead body management is required, include a description of protocols for body management, including what training will be provided, and to whom, along with how this activity will be supervised.

Partners are encouraged to use LLINs for vector control, including malaria prevention. The distribution of LLINs should link to national vector control programs, such as national malaria control programs, or a public health initiative that includes health education and follow-up for use at the household and facility level. A vector control program proposal should include a description of the targeted population, distribution, and community

education for these commodities. If the proposed intervention includes support for LLIN acquisition, distribution, or marketing, you must add the **Agriculture and Food Security sector, Pests and Pesticides sub-sector** (see page 94), and follow instructions for **Restricted Goods** on page 56.

Indicators

Mandatory

- Number of communicable disease consultations
- Case fatality rates for communicable diseases

Sub-sector: Reproductive Health

Overview

USAID/OFDA funds interventions to decrease maternal and neonatal morbidity and mortality in humanitarian emergencies. Reproductive health (RH) activities should not be isolated, stand-alone activities, but rather integrated into a comprehensive PHC package. Comprehensive RH programming addresses the needs of men and boys as well as women and girls; therefore, include a description of program elements targeting both sexes. The Protecting Life in Global Health Assistance requirements in ADS 303maa RAA28 (for U.S. NGOs) and ADS 303mab RAA29 (for non-U.S. NGOs) do not apply to awards funded by USAID/OFDA.

1. All RH programming must follow the five essential objectives of the Minimum Initial Service Package (MISP). For activities of the MISP that are not included in the technical design, you must provide justification, as well as a description of how that unmet need will be filled. You must provide a description and sourcing information of commodities related to MISP implementation.
2. Condoms, contraceptives, and other family planning commodities must be obtained from USAID's Bureau for Global Health Office of Population and Reproductive Health (see *Pharmaceuticals and Other Medical Commodities* sub-sector).
3. USAID/OFDA promotes access to safe and compassionate services for the clinical management of rape (CMR) for survivors of sexual violence as part of the MISP, including training of providers, support for necessary medical commodities, and utilization of referral pathways to ensure that these services are available and accessible. CMR must be categorized under the *Health/RH* sub-sector. Non-clinical case management, safety planning, psychosocial support, and other social and legal services should be categorized under the *Protection/Gender-Based Violence* sub-sector if they will be implemented as part of this project.

Needs Assessment Summary

Include and/or describe:

1. Maternal mortality and neonatal mortality rate;
2. Family planning coverage and/or prevalence rates of contraceptive use;
3. Coverage rates of antenatal and postnatal care including pertinent vaccines, treatment for relevant diseases, and education;
4. Description of birthing location and preferences, including barriers to receiving emergency obstetric services.
5. Proportion of births attended by a skilled provider (e.g. midwife, nurse, or doctor) and practice of early and exclusive breastfeeding (0–6 months of age) and early warming/thermal care;

6. Percentage of HFs providing safe and clean delivery, including access to skilled attendants at birth (SABs) and referrals for complicated deliveries;
7. Number of HFs with Basic Emergency Obstetric and Newborn Care (BEmONC) per 500,000 population, by administrative unit;
8. Number of HFs with Comprehensive Emergency Obstetric and Newborn Care (CEmONC) per 500,000 population, by administrative unit;
9. Percentage of HFs with CMR services, including emergency contraception and post-exposure prophylaxis;
10. Availability of the following services at supported HFs and hospitals:
    a. Safe and clean delivery by SABs and referral services for complications,
    b. Number of SABs per facility and training needs,
    c. BEmONC signal functions at primary care facilities,
    d. CEmONC signal functions at secondary care facilities,
    e. Family planning,
    f. Syndromic treatment of sexually transmitted infections (STIs),
    g. CMR, and
    h. Existing community-level programs for the active management of the third stage of labor (to prevent postpartum hemorrhage);
11. How the current crisis has affected RH service provision, gaps in service delivery and current needs; and
12. Status of MISP implementation, including the system of RH coordination, and existence of national RH policy.

Technical Design

1. Outline how the program addresses each component of the MISP including
    a. Coordination and implementation of the MSIP;
    b. Prevention and management of sexual violence (and other forms of gender-based violence (GBV));
    c. Reduction of HIV transmission;
    d. Prevention of excess maternal and neonatal morbidity and mortality and establishment of an obstetrics referral system; and
    e. Planning for integration of comprehensive RH into PHC activities.
2. For components of the MISP you do not include in your proposed program, provide justification and a description of how that unmet need will be filled.
3. Provide a description and sourcing information of commodities related to MISP implementation (see *Pharmaceuticals and Other Medical Commodities* sub-sector).
4. Describe the package of RH services that will be provided, including antenatal and postnatal care, promotion of exclusive breastfeeding and Infant and Young Child Feeding (IYCF) practices, vaccination, family planning (availability or access), the distribution of safe delivery kits, and/or syndromic treatment of STIs.
5. Describe how each of the BEmONC signal functions will be supported where appropriate, or referral pathways to a facility offering CEmONC.
6. Describe training and assistance planned for skilled (not traditional) attendants at birth and efforts to ensure female service providers that are trained and available.
7. Describe community-level interventions for the active management of the third stage of labor and pre-referral management of complications, such as postpartum hemorrhage.
8. Describe how CMR services will be provided and any training required. Clinical care should include:
    a. Emergency contraception,
    b. STI prevention and treatment,
    c. Post-exposure HIV prophylaxis, and

   d. Comprehensive physical exam, including injury care and hepatitis B and tetanus vaccinations.
9. If all components of CMR are not being provided, outline referral pathways to available services.
10. Describe referral links between CMR services and other services for survivors of sexual violence, such as non-clinical case management, safety planning, psychosocial support, and other social and legal services. These activities must be included under the Protection sector's *GBV* sub-sector if they will be implemented as part of this project.
11. Describe how health facilities will ensure pediatric medical care and treatment for child survivors of sexual assault, including child-appropriate equipment and medical dosages. Also describe the capacity of health service providers to conduct, or access support in conducting, a best interest determination.

Indicators

Mandatory

- Number and percentage of pregnant women who have attended at least two comprehensive antenatal clinics
- Number and percentage of newborns that received postnatal care within three days delivery
- Number and percentage of births assisted by a skilled attendant at birth

Additionally required for partners providing Clinical Management of Rape (CMR)

- Number of cases of sexual violence treated

Additionally required for partners providing clean delivery kits

- Number and percentage of pregnant women in their third trimester who received a clean delivery kit

Sub-sector: Non-Communicable Diseases, Injury, and Mental Health

Overview

USAID/OFDA supports non-communicable disease (NCD) interventions in humanitarian emergencies. In certain settings, USAID/OFDA may also support services for traumatic injuries and mental health needs occurring after a disaster.

Mental Health and Psychosocial Support (MHPSS) interventions span both USAID/OFDA's Health and Protection sectors. Integrated programs that span the range of services across the MHPSS spectrum are encouraged. Any Mental Health-related intervention, including care for mental, neurological, and substance use disorders for people with significant difficulties in basic daily functioning ("specialized services" in the IASC MHPSS Intervention Pyramid) and clinical mental health care provided by health care workers ("focused, non-specialized supports") should be funded through USAID/OFDA's Health Sector. USAID/OFDA's PSS-related Protection interventions fall within the bottom three categories of the *IASC Intervention Pyramid*: basic services and security, community and family supports, and focused, non-specialized supports. Any intervention that includes both MH and PSS interventions should be described in both sectors. A proposal of any MHPSS intervention must highlight programmatic linkages,

emphasizing referrals between health and protection programming; coordination; and harmonized messaging on mental health and/or PSS needs and interventions.

These interventions must take the following into account:

1. With respect to management of NCDs, the priority in acute emergencies is the provision of continued access to pertinent medications, or preferably the re-integration of NCD patients back into their treatment programs, as well as management/stabilization or referral for acute exacerbations or complications.
2. USAID/OFDA may support such proposed activities if the proportional morbidity/mortality from such diseases is relatively higher than that of other causes, e.g. from infectious diseases. Initiatives for providing NCD care need to take into account USAID/OFDA's relatively short-term mandate and timeframes for interventions. When viewed from a "do no harm" perspective, initiation of therapy for certain diseases may not be appropriate (and in fact may be harmful) for short-term interventions when intense and long-term follow-up (e.g. to assess for drug side effects, to appropriately manage disease and complications) cannot be guaranteed. USAID/OFDA supports NCD programming that is in line with evolving global guidance on NCDs in emergencies, including the UN Interagency Task Force on NCDs and WHO guidance on Non-Communicable Diseases in Emergencies;
3. When appropriate, USAID/OFDA supports acute care, post-operative care, and short-term rehabilitation for trauma-related injuries in the setting of natural disasters or conflict. However, agencies with longer-term mandates and funding will need to support longer-term rehabilitation and care, including prosthetics, orthotics wound care, etc.
4. USAID/OFDA advocates for holistic MHPSS for people affected by natural disasters or conflict. MHPSS services and activities must be coordinated with Health and Protection sector services.
5. USAID/OFDA supports mental health programming that is in line with IASC Guidelines on MHPSS in Emergency Settings and where possible, the integration of mental health care into PHC provision in line with the WHO Mental Health Gap Action Programme Humanitarian Intervention Guide.

Needs Assessment Summary

1. Report baseline prevalence of pertinent NCDs (e.g. cardiovascular disease, chronic respiratory diseases, diabetes, etc.). Describe pre-existing NCD services and how the current emergency has affected service delivery for beneficiaries with NCDs.
2. In the case of mass casualties and traumatic injuries, describe the number and types of injuries and deaths (actual or estimated). Describe baseline emergency response capacities in place for trauma management, including what trauma-specific capabilities are operational (e.g. personnel, supplies, facilities, interventions, etc.)
3. Specify existing and needed programs for management of mental health and psychosocial care, including specific needs by gender.
4. Describe target populations with significant difficulties in basic daily functioning as a result of mental health issues or severe emotional distress.
5. Describe mental disorders resulting from or exacerbated by exposure to traumatic events.

Technical Design

1. Describe:
    a. The diseases that will be treated;
    b. How the proposed program will ensure the effective case management of

pertinent conditions;
   c. The clinical case management protocols that will be used;
   d. The type of staff training provided;
   e. Referral pathways for cases that cannot be managed at the PHC level;
   f. How the expected duration of the program is incorporated into its design; and
   g. How you will ensure that patients previously undergoing treatment for chronic conditions will have continued access to medications;
2. Include how you will address unmet needs for emergency trauma and medical support, as well as referrals for emergency trauma care;
3. Describe how programs supporting mental health care provision address acute and chronic mental health needs within a PHC program. Describe how the program is appropriate for the short-term, how mental health training will be conducted, and the supervision structure to be put in place; and
4. Describe alignment of and referral between mental health and protection programming to address the continuum of MHPSS needs through PSS (PSS must be included in the Protection sector, *Psychosocial Support Services* sub-sector),

Indicators

Mandatory
- Number of consultations for non-communicable diseases
- Number of consultations for any mental health condition
- Number of consultations for trauma-related injuries

Sub-sector: Community Health

Overview
Community Health interventions include activities implemented by CHWs, as well as health education and behavior change activities. These interventions are intended to enable CHWs to fully engage in their duties, effect healthy behavior changes among target populations, and ultimately improve basic population-based health indicators. CHWs may be supported to provide basic clinical interventions, e.g. through integrated community case management, which requires significant justification of need, approval by the host MoH, assessed ability of the CHWs, and an appropriate supervision structure. Assessment, justification, and program description narratives must also describe how age and gender differences will be taken into account.

Community Health interventions must take the following into account:
1. CHWs should be chosen from and by the community, with no consideration for political position or relationship. CHW recruitment and staffing should be gender-balanced, and ongoing, intensive community engagement and consultation should be maintained.
2. Roles and responsibilities for CHWs must be explicitly defined and limited, and coordination with other sectors that also provide health and hygiene education (e.g. WASH, Nutrition) should be ensured. Attempting to achieve too many goals at once may dilute effectiveness.
3. CHWs must be amenable to making home visits on a repeat basis (if security allows), targeting at-risk patients or highly vulnerable groups, including pregnant women, children, older people, persons with disabilities, etc.
4. Stand-alone community health education programs are discouraged, considering that
   a. Efforts are more effective when integrated into existing health services, and

   b. CHWs must not be considered replacements for facility-based clinicians, but rather a link to HFs.
5. CHW messages should be culturally competent and take into account literacy rates. Messaging should be reinforced through additional platforms such as radio, text message, and other platforms based on the local context.
6. Training for CHWs should be based in both didactic and practical methods, focusing on specific knowledge and skills. Provide details on efforts for ongoing refresher training for CHWs.
7. Incentives (monetary or otherwise) should be standardized at the MoH or cluster level and be provided for all CHWs if not done so prior to program implementation.

Needs Assessment Summary

Account for the following elements as part of the needs assessment summary:

1. Number of CHWs per 10,000 population, by administrative unit;
2. Previously existing health education programs;
3. Remaining priority needs and gaps not addressed by current CHW outreach;
4. Current and potential human resources available to provide community-level health education messages, including
   a. Number and type of CHWs;
   b. Details on recent training programs for CHWs;
   c. Details on recent health education campaigns, what messages have been provided, how effectiveness was determined, etc.;
   d. Details on what current capacities CHWs have to provide clinical interventions, if relevant; and
   e. Previously available and currently needed IEC and BCC materials and activities;
5. Key barriers to people adopting the recommended behaviors and how you have identified these barriers;
6. Review of existing research on behavior change efforts for the proposed interventions, with citation of methods and results; and
7. Whether or not national CHWs are assigned to provide clinical care per the relevant host government ministries, and a description of the care CHWs are allowed to provide, including for which diseases, and their access to supplies.

Technical Design

1. Outline how you will address priority needs and gaps not addressed by current CHW outreach;
2. Describe all CHW activities among the target population;
3. Describe what human resources are available and/or needed to provide community-level health education messages, such as
   a. Number and type of CHWs needed, and
   b. Details on training programs for CHWs;
4. Detail health education campaigns, including what messages will be provided. Messages must be clear and concise; informed by the community's baseline knowledge, attitudes, and practices; tailored to identified knowledge gaps and needs; and coordinated with WASH and Nutrition sectors. Activities, staff, and messaging must be coordinated and harmonized with any community-based activity in the WASH and/or Nutrition sectors to maximize efficiency, avoid duplication, and minimize the burden on CHWs and beneficiaries;
5. Describe the proposed IEC and BCC materials and activities;
6. Ensure supervisory systems include a clear linkage with the HF for reporting, supervision, and ongoing mentorship and training;

7. Describe how effectiveness will be measured, including
   a. Improvement in knowledge and skills of CHWs,
   b. Change in behavior among sensitized populations, and
   c. Improvement in population-based indicators relevant to the proposed community health education program; and
8. If CHWs are to provide basic clinical services, specify what type of care and treatment they will provide, identify the training (for which relevant diseases), list what quality control measures will be used to ensure effective interventions, and clarify how they will access needed supplies.

Indicators

Mandatory

- Number of Community Health Workers (CHW) supported (total within project area and per 10,000 population)
- Number and percentage of CHWs conducting public health surveillance
- Number and percentage of community members who can recall target health education messages

Additionally required for partners implementing iCCM

- Number of children under five years of age who received community-based treatment for common childhood illnesses

Sub-sector: Pharmaceuticals and Other Medical Commodities (PMC)

Overview

Medical commodities are fundamental components of a balanced health program. It is essential that all pharmaceuticals and other medical commodities are appropriate for the response, safe, effective, obtained from quality sources at an acceptable cost, and in compliance with the legal requirements of the host country. These requirements apply to all organizations requesting to procure pharmaceuticals with USAID funds.

“Medical commodities” is a collective term that includes pharmaceuticals, medical equipment, and medical supplies. Pharmaceuticals include human or veterinary medicines, vaccines, oral rehydration salts (ORS), and specific rapid field diagnostic tests (RDTs). If a kit—such as a first aid kit, a hygiene kit, the International Emergency Health Kit (IEHK), or certain UN Population Fund (UNFPA) kits—contains a pharmaceutical, the entire kit is seen as a pharmaceutical and must follow all USAID requirements for obtaining and using pharmaceuticals. Medical equipment (also called “durable medical equipment”) includes items that may generally be reused after properly cleaned and disinfected (e.g. stethoscopes, sphygmomanometers, baby weighing scales and medical exam tables). Medical supplies (also called “consumables”) include items that are disposed of after treating one patient (e.g. single-use syringes, bandages, tongue depressors, suture materials, and surgical and exam gloves).

Pharmaceuticals may not be procured via cash or vouchers, as oversight of the safety, efficacy, and quality of the products cannot be ensured.

USAID/OFDA designates human and veterinary pharmaceuticals (defined above) as

restricted goods. If USAID/OFDA funds are required for the procurement of pharmaceuticals, partners must meet specific procurement and reporting requirements. All organizations must address all elements under needs assessment and technical design sections and complete and submit all applicable letters and lists, including the Request to Procure Pharmaceuticals and List of Pharmaceuticals and/or other Medical Commodities. These documents are available in the Pharmaceutical section of the Resources page.

Needs Assessment Summary

Account for the following elements:

1. Describe the medical commodities supply chain prior to the emergency, the way in which the emergency has affected it, the current medical commodities supply chain process, and any identified gaps.
2. Provide information on specific medical commodities needed, by type, i.e. pharmaceuticals, medical supplies, and medical equipment.
3. Provide information on the role of the MoH (or relevant governing body or Health Cluster lead) in the current medical commodities supply chain management process.
4. Describe the process for the importation of pharmaceuticals, restrictions, and registration requirements.

Technical Design

Describe the medical commodity supply chain by addressing all of the elements below. This will demonstrate the ability to consistently supply pharmaceuticals and medical commodities in support of the proposed health activities.

1. Identify the dedicated staff at the headquarters and field level and their qualifications and specific training in medical commodity supply chain management to demonstrate their ability to manage all aspects of proper pharmaceutical and medical commodity ordering, shipping, receipt, storage, distribution, and final disposition.
2. Describe your experience importing pharmaceuticals and medical commodities in the country and any anticipated challenges or restrictions.
3. Describe the pharmaceutical and medical commodity supply chain proposed for the program, including:
   a. Selection and quantification of pharmaceuticals and medical commodities. Costs for each commodity type (pharmaceuticals, medical equipment, and medical supplies) should be reflected on separate lines in the budget;
   b. Estimated timeline for procurement of all pharmaceuticals and medical commodities;
   c. Inventory management system, preferably electronic;
   d. Safe and secure storage of the pharmaceuticals and medical commodities to protect stocks from theft, environmental damage, and infestation by pests;
   e. A map of the pharmaceutical storage locations and the supply routes for initial importation, as well as supply routes from storage locations to HFs;
   f. Distribution plan to each facility;
   g. Process for assuring the consistency of the medical commodity supply chain, including how you will avoid stock-outs and overstocking at the facility level, and the appropriate use of the commodities;
   h. Product recall procedures; and
   i. Disposition plan for any medical commodities remaining at the end of the project period. This may include destruction or donation of products.

4. Describe the training you will provide for staff in the management of pharmaceuticals and medical commodities. Elements of this training should include the proper inventory management of pharmaceuticals and medical commodities. Training may be in-person or via online courses. Identify the names of courses and/or curriculum being used.
5. Describe how you will properly maintain any medical equipment procured with correct replacement parts, service agreements, and properly trained technicians.

Indicators

Mandatory

- Number of people trained in medical commodity supply chain management
- Number of health facilities out of stock of any medical commodity tracer products, for longer than one week, 7 consecutive days. (*Note: In initial proposal, suggest and justify 5 tracer products, the stock of which will be reviewed weekly and how organization will address out of stock situations within a delivery period and longer than one delivery period.)*

Additionally required for partners using a pharmaceutical with a restricted use indication that is cleared during the review process

- Number of people treated for the restricted use indication
- Quantity of pharmaceuticals purchased to treat individuals for the restricted use indications-

Additionally required for partners if non-OFDA EML pharmaceutical is cleared during the review process

- Number of people treated with each approved non-OFDA EML pharmaceutical

Sub-sector: Public Health Emergencies of International Concern and Pandemics

Overview

USAID/OFDA supports high-impact interventions that decrease morbidity and mortality caused by a large-scale infectious disease outbreak that is

1. Designated a Public Health Emergency of International Concern (PHEIC) according to the IHR or declared a pandemic by WHO, and
2. Declared an IASC Level 3 emergency.

In the event of a PHEIC or a pandemic that requires a coordinated international humanitarian response, USAID/OFDA will consider support for stand-alone programs and integration of specific public health response components into larger disaster response activities. WHO/IHR will post a PHEIC declaration.

USAID/OFDA will support programs in this sub-sector only in response to a PHEIC or a pandemic resulting in an IASC Level 3 declaration; this sub-sector does not apply to an infectious disease outbreak that occurs in the setting of an ongoing USAID/OFDA response to a natural disaster or complex humanitarian emergency, such as large-scale flooding or displacement due to conflict. For all interventions in this sub-sector, refer also to guidance in the six other Health sub-sectors.

Needs Assessment Summary

1. Characterize the disease in terms of clinical presentation, clinical severity, the proportion of cases requiring hospitalization, case fatality rate, and clinical outcomes.
2. Describe the geographic spread of the current outbreak, including number of affected sub-national regions, e.g. counties, prefectures, etc.
3. Describe the population affected and at risk.
4. Describe risk factors for the illness, if known, including burial practices if relevant.
5. Describe case definitions, if available, as agreed upon by the MoH and/or Health Cluster.
6. Describe protocols and guidelines being used for case management and infection prevention and control.
7. Assess the current functionality of the health system and how the ongoing outbreak has impacted the health system and pre-existing healthcare infrastructure.
8. Assess the burden of the outbreak on national human resources, include case fatality rates among healthcare workers (if known)
9. Determine current functionality of communicable disease early-warning surveillance and response systems.
10. Describe national bed capacity for clinical case management, as well as existing isolation capacity.
11. Describe existing stock of PPE and other critical medical commodities (e.g. antivirals, antibiotics, intravenous fluids, etc.) and medical equipment.

Technical Design

Describe how the proposed program will support effective control of the outbreak. Outline how response efforts will be coordinated with WHO, CDC, and/or other public health entities responding to the situation. Include how the program will provide, implement, and/or strengthen:

1. Clinical case management
   a. Provide details on bed capacity for treatment units, staffing plans, and ratio of health care workers per bed;
   b. Describe protocols and guidelines to be used;
   c. Describe staff training activities; and
   d. Outline how often and by whom ongoing clinical supervision and mentoring will be conducted, how quality of care will be maintained, and how identified deficiencies will be remedied;
2. Infection prevention and control (IPC) measures
   a. Describe proposed IPC measures, ensuring that standard precautions are established and maintained, including safe handling of laboratory specimens where applicable.
   b. Ensure that droplet precautions are used in addition to standard precautions for any patient known or suspected to have an acute respiratory infection, including patients with suspected or confirmed infection with novel coronavirus or influenza.
   c. Ensure that IPC measures are started when the patient enters a triage area with symptoms that meet criteria for a suspect or probable case.
   d. Describe IPC training activities for dedicated personnel and clinical staff.
   e. Describe safe waste disposal and sanitation at the treatment facility.

   f. Provide details on environmental and engineering controls, such as adequate ventilation and spatial separation or other barriers between patients.
   g. Ensure use of triage and screening standard operating procedures for suspected and probable cases.
   h. Ensure use of protocols for the safe transportation of patients within and between HFs.
   i. Describe plans for water supply and protocols for waste management, including safe handling and disposal of sharp instruments and equipment, such as needles and syringes and safe disposal methods for non-reusable supplies and infectious waste. Refer to guidance in the *Health Systems and Clinical Support* sub-sector Overview on page 121 and keyword section regarding *WASH in Health Facilities* on page 233.
3. Use of community-based interventions for household infection prevention and disease treatment by CHWs, if appropriate (see *Community Health* sub-sector)
   a. Describe implementation of IPC measures at the community or household level that are disease-specific, including social distancing, hand hygiene, respiratory etiquette, etc.
   b. Describe case management in the community, if applicable.
   c. Describe health-seeking behavior messaging on when to seek care and how to prevent the illness.
   d. Describe implementation or promotion of safe and dignified burial practices, if participation in traditional burial practices is a risk factor for transmission.
   e. Encourage social mobilizers to engage with traditional healers to ensure that people who are sick who seek care through this channel are appropriately referred for care.
   f. Ensure that social mobilization/community engagement is integrated early in the response with ongoing surveillance, contact tracing, and/or case management activities.
   g. Ensure communication and coordination between CAHWs and CHWs in the event of a spillover event. When CAHWs are proposed in response to high-risk cross-over events, use the *Livestock* keyword.
4. Disease early warning surveillance and response systems
   a. Describe the system in place, how the proposed program contributes to its functioning or improvement, and how the system and agency report on outbreak alerts to local and national health authorities, including methods to ensure early detection and investigation.
   b. Describe contact tracing interventions, if applicable.
   c. State the case definition that will be used for surveillance and explain its use (e.g. case definition as agreed upon by the MoH and health working group partners, etc.)
   d. Assure any supplemental surveillance activities will support the local, district and/or national system(s).
   e. Ensure that any technology applied for the collection, management, and analysis of data is coordinated with and approved by response management authorities and/or the appropriate government ministry.
5. Dead Body Management
   a. Describe national protocols for dead body management.
   b. Describe how dead body management will take place if required in the response (e.g. based on which protocol/guideline), including what training will be provided to whom, and how this activity will be supervised.
   c. Describe how dead body management will include dignified and culturally sensitive

practices.

Indicators

Mandatory

- Number of health care staff trained
- Percent of target population who can recall 2 or more protective measures

Additionally required for partners providing isolation capacity

- Percent of persons who meet criteria for isolation and are appropriately isolated

Additionally required for partners providing safe burials and/or isolation capacity

- Percentage of dead bodies buried according to safe burial protocols

4. Humanitarian Coordination and Information Management

Overview

When responding to humanitarian crises, effective coordination saves lives. Information management is a key component of effective coordination. Coordination and information management are essential to the delivery of humanitarian assistance in a cohesive and successful manner.

For these reasons, all proposed programs must address coordination at the program and sector levels (see Sector-Level Coordination on page 49). In addition, proposals that include specific activities related to coordination and information management must follow the guidance in this section.

USAID/OFDA supports coordination with the government of the country concerned, with international NGO coordinating bodies, local NGOs, the private sector, and with and by U.N. coordinating agencies.

Disaster Risk Reduction

If there is a DRR component proposed within this sector, indicate which activities within the sector are DRR-related and why those activities are reducing the risk or mitigating the impact of a hazard or event.

Protection Mainstreaming

Proposals must demonstrate protection mainstreaming in the technical description.

1. Describe any plans to include protection concerns in information to be gathered, analyzed, and disseminated.
2. Describe measures designed to disseminate accurate and reliable information to all affected populations. Describe how you will ensure that people with unique considerations, including unaccompanied children, persons with disabilities and/or limited mobility, and older people will have safe and reliable access to information.
3. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, and/or ensured their representation on any program committees, in order to ensure that their concerns are heard and addressed and avoid community tensions. If information is to be collected or disseminated by community-based groups, describe how you will ensure that these groups are representative and not biased.
4. Describe how you will properly code and safeguard sensitive information, such as personally identifiable information, from misuse.
5. Describe any measures to communicate with affected populations about their right to receive assistance and the code of conduct to prevent sexual exploitation and abuse.
6. Describe any measures for beneficiary selection or distributions you will put in place to prevent sexual exploitation and abuse of people seeking assistance.
7. Describe the mechanism being used to establish a safe and effective feedback/complaint system for beneficiaries and non-beneficiaries.
8. Describe how protection issues will be monitored and how that information will be used to reduce existing and newly identified risks.

Available Sub-sectors and Sample Activities

Coordination

- Activities that enhance linkages with U.N. coordinating mechanisms

- Coordination of sector or cluster activities
- Coordination of security activities

Information Management
- Coordination of general information and operational data
- Web-based or other platforms and systems that assist in response planning and data- and information-sharing analysis across organizations
- Information management services to enable or improve coordination within and/or among sectors or clusters
- Information provided to people to raise awareness on specific humanitarian issues and/or resources
- Emergency telecoms support
- Multi-sector humanitarian needs assessments for difficult-to-access locations

Sub-sector: Coordination

Overview
USAID/OFDA may support interventions that seek to enhance humanitarian response coordination to the benefit of both the affected communities and the wider humanitarian coordination system. This may include system-level coordination improvements at the national or international levels, as well as process- or mechanism-level enhancements.

Needs Assessment Summary
Describe:
1. Current systems of coordination, including
   - What meetings are taking place,
   - How they are organized,
   - Who organizes them, and
   - Who attends them;
2. Shortcomings in the existing system of coordination and any outcomes of current efforts;
3. How existing coordination gaps hamper the delivery of effective humanitarian assistance;
4. Coordination among multiple NGOs, donors, or other humanitarian stakeholders to address specific topics of importance;
5. Proposed system of coordination and how it will address these gaps;
6. Expected outcomes of the proposed intervention; and
7. Expected positive and negative impacts of the intervention at the global, regional, or country levels, as appropriate.

Technical Design
1. Explain how the proposed intervention will make services available as broadly as possible across the humanitarian community, including details on efforts to achieve gender-balanced access;
2. Explain how the program will strengthen existing international or host government coordination mechanisms;
3. Demonstrate that proposed activities do not duplicate other efforts, including those of the host government and other local and international organizations;
4. Describe direct and indirect beneficiaries of the proposed activity and how you will target them. Explain how each group will benefit;

5. Explain how the proposed intervention will assist disaster-affected populations, including details on efforts to assist men, women, boys, and girls equally according to their specific needs;
6. Explain how you will encourage the sharing of data and information as widely as possible throughout the humanitarian community;
7. Explain how coordination meetings will be scheduled and how areas of responsibilities will be tracked; and
8. Describe how you will engage with the cluster system (if there are activated clusters) and how you will share information with all humanitarian stakeholders, including clusters and local communities and as a part of inter-cluster coordination.

Indicators

Select three indicators from choices below

- Number of humanitarian organizations actively coordinating in the proposed area of work
- Number of humanitarian organizations actively participating in the Inter-Agency coordination mechanisms
- Number and percentage of humanitarian agencies participating in joint assessments
- Number of other key humanitarian actors (e.g., private sector, military, donor) actively participating in humanitarian coordination mechanisms
- Number of humanitarian organizations receiving joint assessment information
- Number of assessments coordinated with other clusters, agencies, or work groups

Sub-sector: Information Management

Overview

USAID/OFDA may support initiatives aimed at strengthening disaster information management that promote efficient use of available disaster response resources and public dissemination of available information and data. Activities may include developing and promoting international humanitarian information management standards; developing or strengthening existing platforms and tools, with a particular focus on utility and improved service delivery to affected communities; and targeting multi-sector needs assessments for difficult-to-access locations.

Needs Assessment Summary

1. Describe and provide the purpose of current information systems, tools, and related services used by your organization or the organizations to be supported, and include
   a. Available data sources,
   b. Analytical processes, and
   c. Information products that inform the coordination systems;
2. Explain how existing information gaps hamper the delivery of effective humanitarian assistance;
3. Describe the proposed system of data and/or information coordination and how it will address these gaps;
4. Provide expected outcomes of the proposed intervention;
5. Explain how the proposed activity will support
   a. Tracking of humanitarian needs and activities to meet those needs, by location,
   b. Planning and reporting, and
   c. Data collection, processing, and analysis.

6. Explain how you will share the resulting data across the humanitarian community for coordination purposes;
7. Describe expected positive and negative impacts of the intervention at global, regional, or country levels, as appropriate; and
8. Discuss sustainability of the proposed activity, including continued use of the system or service and transfer to a government or other organization, if appropriate.

Technical Design

1. Explain how you will incorporate training and capacity building into the proposed program;
2. For multi-sector needs assessments, describe the methods to be used in the data collection process and address topics such as disaggregation, sample sizes and coverage. Also include an explanation of how training for the enumerators and the data collection team will be incorporated;
3. Explain how you will share data and information as widely as possible throughout the humanitarian community such as Humanitarian Data Exchange (HDX);
4. Describe how you will design data and information systems, platforms, standards, tools, and products to include information on gender-specific needs and issues, as well as environmental changes resulting from the disaster and/or intervention, where possible;
5. Demonstrate that proposed activities do not duplicate other efforts, including those of the host government and other local and international organizations and show how they complement these other activities;
6. Describe direct and indirect beneficiaries of the proposed activity and how you will target them. Explain how each group will benefit, with details on efforts to achieve gender-balanced access (e.g. use of focus groups);
7. Explain how the intervention will assist disaster-affected populations; and
8. Describe how organizations and disaster-affected people will gain access to program services and products.

Indicators

Mandatory

- Number and percentage of humanitarian organizations utilizing information management services
- Number and percentage of humanitarian organizations directly contributing to information products
- Number of products made available by information management services that are accessed by stakeholders

5. Humanitarian Studies, Analysis, or Applications

Overview

Applied studies, research, and analysis have played an important role in improving humanitarian policy, preparedness, mitigation, response, and coordination. USAID/OFDA will consider support of relevant activities that aim to fulfill this function.

USAID/OFDA has designed this sector for global, regional, or local humanitarian research, analyses, or policy studies. While these activities may have a particular focus in a technical sector, they are generally broader than a specific disaster response or program evaluation. Proposed activities must

- Fill an identified gap,
- Demonstrate significant value to the field of humanitarian assistance, and
- Have concrete implications for and applications to disaster planning, program implementation, and/or monitoring and evaluation.

USAID/OFDA will not consider research or activities that cannot demonstrate this applicability and relevance.

Protection Mainstreaming

Proposals must demonstrate protection mainstreaming in the technical description.

1. Describe how you will incorporate protection concerns into the design of the study, analysis, or application. Address whether the program will result in improved protection for individuals and/or communities.
2. Explain whether the program addresses the needs and priorities of persons of concern. Explain whether the program design and implementation address the specific protection problems relevant to that particular context.
3. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, and/or ensured their representation on any program committees so that their concerns are heard and addressed and to avoid community tensions;
4. Explain how vulnerable groups participate in the design, implementation, monitoring, and evaluation of the program. Explain whether the program strengthens local capacity and encourages local ownership.
5. Describe whether the program aimed to combat discrimination and inequality by building the capacity of certain individuals and groups such as women, children, older people, persons with disabilities, and/or minorities.
6. Describe how protection issues will be monitored and how that information will be used to reduce existing and newly identified risks.

Available Sub-sector and Sample Activities

Applied Studies, Analysis, or Applications

- Humanitarian or sectoral policy studies, including humanitarian trends or effects;
- Metrics development (e.g. indicators, benchmarks, measurements of success or impact);
- Monitoring methodologies;
- Evaluation methodologies;
- Integration of good practices and lessons learned;
- Results of humanitarian law, human rights, or justice initiatives;

- Security studies or activities;
- Integration of conflict resolution or peace building into disaster-response planning and implementation;
- Disaster transition and recovery management;
- Fiduciary and programmatic risk management and mitigation, and
- Other global, regional, local, thematic, or topical research and analysis.

Sub-sector: Applied Studies, Analysis, or Applications

Needs Assessment Summary

1. Describe the need (from the beneficiary, donor, or implementing partner perspective) for the proposed activities and their ethical, practical, and/or scientific value.
2. Explain how the humanitarian community has voiced or demonstrated the need for, or otherwise advocated for the proposed work.
3. Provide a brief overview and analysis of previous work done in this domain.

Technical Design

1. Provide details on the design (e.g. objectives, methodology, approach, timeline) of the study, analysis, or applications.
2. Depending on the program, beneficiaries may range from disaster-affected individuals to implementing organizations and institutions. Identify who will benefit from the proposed activities, both directly and indirectly and how they will benefit. Explain the relevance of the proposed activities to the different needs of men, women, boys, and girls in the target areas.
3. Describe relevant information resources and background studies.
4. Explain how proposed research or policies will be shared with the broader humanitarian community.

Indicators

Mandatory

- Number of special studies, program evaluations, applied research activities (development or basic research), sector assessments, or feasibility studies completed and disseminated among relevant stakeholders
- Number of studies, program evaluations, applied research activities, sector assessments, or feasibility studies used to inform, guide, or improve programming

6. Logistics Support

Overview
USAID/OFDA supports supply-chain related interventions that provide multiple humanitarian organizations with shared supply chain solutions in order to avoid tensions, wasted resources, or duplication of efforts.

Proposals that include procurement and distribution of non-food items (NFIs) are no longer accepted under this sector and have been moved to the respective program sectors. For example, if you are planning to distribute WASH-related NFIs, please see the WASH sector for guidance. Additional requirements related to proposals that include procurement, transport, and distribution maybe found in the Logistics Requirements under Supporting Documentation.

Please visit the Resources page for additional information.

Available Sub-sectors
Acquisition and Storage
Transport (Air/Land/Sea), i.e. air, sea, or land transport of humanitarian commodities and/or personnel

Sub-sector: Acquisition and Storage

Overview
This subsector should only be used for projects that intend to provide acquisition and/or shared storage services to other humanitarian organizations.

Needs Assessment Summary
Describe:
1. What acquisition and/or storage services are needed and why;
2. Which warehousing solutions are currently utilized by humanitarian organizations, whether the organizations
    a. Transport directly to distribution sites, and/or
    b. Utilize existing warehousing;
3. Total number of organizations requesting support;
4. Adequacy of potential labor force for commodities handling and storage, both in numbers and skills;
5. If acquisition is included, factors influencing the ability to access local markets for commodities, whether
    a. Markets are generally functioning; and
    b. The needed items are or will be available.

Technical Design
1. Describe the services you intend to provide specifying which humanitarian organizations requested your services and/or which organizations you plan to support.
2. Provide detailed justification for shared acquisition or storage services, i.e. explain why shared services are more appropriate than humanitarian organizations setting up separate procurement/warehousing solutions for their respective programs.
3. If acquisition services are included, provide further details regarding:
    a. Procurement Plan. See Logistics Requirements under Supporting Documentation on page 78 for further information;

   b. Quality control measures that will be put in place, such as third-party inspection or other measures.
   c. Protocols that will be put in place to handle complaints and disputes from recipient humanitarian organizations and/or from the service provider(s), including protocols for non-conforming items, damages, and returns.
   d. Systems you will have in place
      i. To request commodities for procurement,
      ii. To manage procurement process, and
      iii. To report on progress to humanitarian organizations and USAID/OFDA upon request.
4. If storage services are included, at a minimum, specify:
   a. Commodities you plan to store, including description and quantities;
   b. What type of warehousing structure you plan to use, how it will be sourced and set up, planned location(s), transport access and availability, and estimated space requirements;
   c. Who will manage day-to-day warehouse operations and how will they be managed;
   d. Which systems you will have in place to manage commodity movements and to report on warehouse operations;
   e. In addition, if common pipeline services are provided, explain
      i. The mechanism for requesting commodities from the pipeline, including criteria for prioritization and approval of commodity requests;
      ii. The expected input from humanitarian organizations in reviewing and approving commodity requests; and
      iii. The reporting mechanisms you will have in place to monitor the source of commodities accepted for storage and distributed to humanitarian organizations;
   f. Reports demonstrating the type, quantity, source, intended recipient(s), and destination of commodities received/issued by the warehouse that will be made available to humanitarian organizations and USAID/OFDA upon request; and
   g. Measures to ensure the safety and security of commodities and humanitarian organizations' access to them.
5. Detail Sphere or other proposed standards you will use to measure quantities procured and/or distributed through the pipeline.
6. Identify efforts to source or apply environmentally friendly alternatives such as biodegradable, fuel-efficient, and sustainable sources.
7. Detail proposed measures to reduce potential corruption and fraudulence in acquisition and storage.
8. Explain the coordination efforts you plan to undertake to ensure continuous communication between the service-providing partner and service-receiving humanitarian organizations, minimize duplication of efforts, and meet humanitarian organizations' needs.
9. Specify a timeline for setting up the service and how long it is expected to operate.
10. Provide an exit strategy detailing how the requested service will be phased out.

Indicators

Mandatory

- Average percent of line items procured and available to humanitarian organization (Average completion rate)
- Weight and volume of commodities stored

Sub-sector: Transport (Air/Land/Sea)

Overview

This subsector should only be used for projects that plan to provide transportation services to other humanitarian organizations. USAID/OFDA encourages partners to coordinate common transport services and avoid duplication.

Partners seeking funding for transport of commodities included in other sectors should include relevant transport costs under that sector.

Needs Assessment Summary

1. Describe transport needs, whether for commodities, personnel, or both, and explain why these needs are not currently met.
2. Identify transport modes, origin, destination, and personnel needed. If requesting air transport, explain why less expensive ground or sea transport cannot be used instead.
3. Provide the total number of organizations seeking transportation services to support their humanitarian programs.

Technical Design

1. Identify proposed transport modes, origin, destination, and personnel.
2. Specify which humanitarian organizations requested your services and/or which organizations you plan to support.
3. Identify commodities and/or personnel to be transported, including projected quantities and frequency.
4. Provide details showing that all personnel and commodities are to be moved for humanitarian purposes.
5. Provide detailed justification for shared transportation services, i.e. explain why shared services are more appropriate than humanitarian organizations setting up separate transport solutions for their respective programs.
6. If air transport is included, explain how airports/air fields will be approved for use.
7. Explain whether all commodities will have a designated consignee at points of arrival or will be transported to secure storage facilities;
8. Explain which protocols and processes you will establish for humanitarian organizations to request personnel/commodity transport services, inform who/what is being transported, communicate the prospective times of delivery, and report on progress.
9. Explain how you will prioritize commodities or personnel in case of competing demand for transport services.
10. Explain the coordination efforts you plan to undertake to ensure continuous communication between the service-providing partner and service-receiving humanitarian organizations, minimize duplication of efforts, and meet humanitarian organizations' needs.
11. Provide a timeline for setting up the service and how long it is expected to operate.
12. Describe any cost-sharing arrangements if applicable and how you will manage them.
13. Detail proposed measures to reduce potential corruption and fraudulence in transport.
14. Include a risk mitigation strategy describing the potential threats related to transport and how you plan to mitigate them.
15. Explain safety and security records and protocols of the transport mode for personnel.
16. Provide an exit strategy detailing how the requested service will be phased out.

Indicators

Mandatory

- Total number of flights/trips provided
- Number of people transported
- Weight and volume of commodities transported

7. Multipurpose Cash Assistance

Overview

Multipurpose Cash Assistance (MPCA) is defined as a transfer (either regular or one-off) corresponding to the amount of money a household needs to cover, fully or partially, a set of basic needs. They are unrestricted cash transfers in that beneficiaries ultimately make their own decisions on how to use the money, but the intent and calculation of the transfer is based upon specific identified needs. For USAID/OFDA, MPCA contributes to meeting a Minimum Expenditure Basket (MEB) or similar calculation of the amount required to cover basic needs.

Disaster Risk Reduction

USAID/OFDA's DRR approach is based on the Sendai Framework for DRR. USAID/OFDA will not fund MPCA itself as a DRR intervention. However, as part of disaster preparedness, USAID/OFDA may consider funding multi-stakeholder planning for potential future MPCA interventions in contexts where there is a high likelihood both of certain disasters occurring and of MPCA being an appropriate intervention to meet humanitarian needs. This planning might include engagements with sector clusters or groups, the host government, and/or private sector actors to enable the rapid design and provision of MPCA following a disaster. For example, humanitarian actors may develop preparedness plans with the host government to determine how best to coordinate with a government-run social safety net in the immediate aftermath of a disaster.

Protection Mainstreaming

All MPCA activity components must demonstrate protection mainstreaming.

1. Identify protection risks at the intra-household level, including differences in control of resources by men and women, and how a cash transfer may influence household decision making;
2. Consider whether men, women, and populations with unique considerations have different preferences for cash or other modalities;
3. Discuss protection risks related to the delivery mechanism chosen, including distance beneficiaries must travel to obtain the MPCA transfer, safety and security when returning with the transfer, etc.;
4. Discuss protection aspects of Know Your Customer considerations, including whether beneficiaries have the identification documents and/or knowledge required to access their MPCA transfer (e.g. some beneficiaries may not be accustomed to memorizing a PIN or bank account number); and
5. Discuss relevant beneficiary data and privacy concerns, including storage of such information in NGO and/or private company databases.

Available Sub-sectors

Multipurpose Cash

Sub-Sector: Multipurpose Cash

Overview

MPCA is an important tool for humanitarian actors to rapidly meet a variety of needs and to give beneficiaries the dignity of choice in prioritizing their most immediate needs. Multipurpose cash (MPC) is defined as a transfer (either regular or one-off) corresponding to the amount of money a household needs to cover, fully or partially, a set of basic needs. The cash transfers are unrestricted in that beneficiaries ultimately make their own

decisions of how to use the money, although the intent and calculation of the transfer is based upon specific identified needs.

USAID/OFDA will consider funding MPCA for any combination of the following basic needs:

- Shelter costs (rent, utilities, fuel for various purposes),
- NFIs (personal and household goods),
- WASH costs (water, sanitation, WASH NFIs),
- Transportation, and
- Other expenses that are part of an established MEB may be supported, based on context (except for health/nutrition services and commodities, see below).

USAID/OFDA recognizes that food is very often a component of many MEBs. USAID/OFDA coordinates closely with USAID's Office of Food for Peace (USAID/FFP) in such situations. If you are considering meeting both food and non-food needs through a multipurpose cash transfer, please consult your USAID/OFDA regional contact.

USAID/OFDA will not fund certain basic needs through MPCA. Specifically, USAID/OFDA does not support MPCA for USAID restricted commodities or for health- and nutrition-related commodities (e.g. pharmaceuticals) or services. This means:

1) Health or nutrition commodities and services cannot be part of the cash transfer value calculation in the proposal. (If these are already part of an established MEB, please consult with USAID/OFDA on how to avoid creating tension among beneficiary communities).
2) You must communicate to beneficiaries that the cash is not intended to be spent on USAID restricted commodities (understanding that partners ultimately cannot control beneficiary behavior).
3) You are strongly encouraged to provide beneficiaries with information on the nearest free health services. Partners should obtain this information from the Health Cluster and/or local health authorities.

There are other needs that USAID/OFDA will consider meeting through the cash modality, but not as part of the Multipurpose Cash Assistance sector. These include shelter repair, which must be categorized under the Shelter & Settlements sector, and livelihoods recovery inputs, which must be categorized under the Agriculture and Food Security or the Economic Recovery and Market Systems sectors, as appropriate.

It is especially critical that, when implementing MPCA, you use expertise and guidance from the various sectors that make up an MPCA transfer, and that MEB values align with this guidance. This is to ensure that the needs planned to be met by MPCA can be appropriately met with cash given the context and that information on whose needs are being met is reported back to sector-based coordination mechanisms to avoid gaps and duplication.

USAID/OFDA distinguishes between MPC—which meets a variety of basic needs and is based on the MEB—and cash for a sector-specific objective (e.g. cash for livelihoods restoration; cash for hygiene, cash for rent). If you propose to use cash to meet a sector-specific objective, please follow the guidance under that sector, and include the requirements listed under the *Cash* keyword on page 221.

MPCA differs from social safety nets. MPCA is targeted at the most affected populations and meant to cover emergency needs on a one-off or short-term basis, whereas safety nets are anti-poverty interventions that may be medium- or longer-term. However, it is a best practice to coordinate MPCA and safety-net interventions to share lessons, avoid overload of infrastructure (e.g. on payment systems), and avoid confusion or tension among beneficiaries.

Needs Assessment Summary

1. Describe the disaster's impact on the ability of households to meet their basic, recurring needs;
2. Provide an itemized list of the MEB contents by category (e.g. rent, transportation, water, household NFIs), including prices;
   a. For certain rapid-onset disasters, an MEB may not yet be defined. In this case, provide a comparable illustrative list of the goods and services that comprise a household's basic needs. Indicate whether an MEB development process is ongoing or anticipated and if future adjustments may be needed.
   b. Describe the level of technical engagement from relevant sectors in the development of the MEB, as well as coordination with other humanitarian actors.
   c. Specify what percentage of the MEB or equivalent you are proposing to cover, based on assessed needs and gaps.
   d. Provide the calculations used to determine the value of WASH services or products in the MEB, to demonstrate adherence to Sphere/national standards. This must include specific data such as the source of water, the volume of water per person per day covered, etc.
3. For each good or service to be funded by USAID/OFDA and included in the MEB, provide evidence that it is available and accessible in adequate quantity and quality in local markets (e.g. by vendors or through utility companies) and/or by the local authorities as applicable, in accordance with Sphere standards, for the duration of the MPCA intervention.
   a. For certain rapid-onset disasters, full information may not be available for every item. In this case, focus on key representative items.
   b. If rent or shelter costs are included in the MEB, pay particular attention to rental markets.
   c. Provide data in particular on the quantity and quality of water available and on accessibility of WASH products and services. For example, if water storage capacity is needed, do beneficiaries have sufficient storage?
   d. If the good or service is not available in sufficient quantity and quality, omit this item from the MPCA transfer amount and consider alternate ways to meet this need.
4. Provide analysis of why providing cash will in fact meet people's humanitarian needs, i.e. why lack of access to cash is the primary or sole barrier to beneficiaries' use of these goods and services. For example, soap may be affordable in markets but people may not often use it, or water storage capacity may be insufficient. Indicate if cash is not the only barrier and you plan to implement complementary activities in other USAID/OFDA sectors or with other donor funding; and
5. Outline whether beneficiaries have indicated a preference for cash to meet these needs, breaking down data on preference by sex.

Technical Design

1. Justify the value of the MPCA transfer. What percentage of the MEB do you intend to meet, and how will people meet the rest of their needs? The amount of the transfer

must be clearly based on the expenditure gap between estimated basic needs and households' ability to meet those needs;

2. Describe and justify the frequency and duration of the transfer. Explain why you expect that people will be better able to meet their own needs at the end of the transfer period;
3. Outline strong beneficiary selection criteria and verification processes, including inclusion and exclusion errors, as unconditional cash transfers may be of interest to everyone;
4. Indicate whether the MPCA intervention will cover all or a portion of the people in need. If the latter, discuss possible unintended consequences and possible mitigating actions, including coordination;
5. Demonstrate coordination with other MPCA and cash-based programs, including cash-for-work and social safety nets in the immediate geographic vicinity, particularly in terms of value/frequency of transfer, and level of participation in an inter-cluster cash coordination mechanism (at least informally, if no formal mechanism yet exists);
6. Discuss whether the transfer value is fixed across locations and population groups. If you plan to adjust the MPCA transfer value, clarify why, where, and for whom (e.g. by location or by household size). This should be coordinated with other agencies;
7. Explain the delivery mechanism proposed. Provide a detailed, comprehensive plan on how cash will be delivered in a manner that takes key risks into account, and is convenient, secure, accountable, cost-efficient, and adheres to USAID's electronic payment regulations (if an e-payment waiver will be requested, please state and justify this);
8. Explain how information and reporting on sector-specific humanitarian needs, gaps and results will flow from the MPCA activity to the relevant clusters (e.g. shelter/NFI cluster; WASH; food security) to ensure a complete picture of what needs are being met;
9. Describe output, process, and outcome monitoring plans, including a complaints and feedback mechanism for beneficiaries. Guidance such as the Cash Learning Partnership (CaLP) "Monitoring4CTP" guide may be useful. Note the sector-related outcome indicators need only be gathered at baseline and endline.

Indicators

Mandatory

- Total number of people assisted through multipurpose cash activities
- Percent of beneficiary households reporting adequate access to water, as defined by Sphere or national standards
- Percent of beneficiary households reporting adequate access to essential WASH non-food items (NFIs), as defined by Sphere or national standards
- Percent of beneficiary households whose shelter solutions meet agreed technical and performance standards
- Percent of beneficiary households reporting adequate access to non-food items
- Percent of beneficiary households with "acceptable" food consumption as measured by the Food Consumption Score

8. Natural and Technological Risks

Overview

Proposed activities that primarily address impacts of natural and technological hazards, rather than preparedness for and mitigation of such risks, must follow the guidance provided in the relevant sector instead of Natural and Technological Risks. For example, if a proposal includes activities to help farmers better withstand droughts and floods, you should refer to the Agriculture and Food Security sector for guidance. If proposed activities focus on providing weather and climate information to help farmers plan for future activities, then you should refer to the Natural and Technological Risks sector.

Population growth, increased settlement in marginal lands, environmental degradation, gender inequities, and unstable socioeconomic conditions make populations extremely vulnerable to the impacts of natural disasters. Technological advances and modern infrastructures increase the economic impact of disasters while exposing populations to additional hazards. Risk identification, reduction, and management are vital for increasing the resilience of vulnerable populations to potential disasters, and ultimately for supporting sustainable development.

As part of its mandate to save lives, alleviate suffering, and reduce social and economic impacts of disasters, USAID/OFDA's strategic plan includes support for the adoption of mitigation measures in countries at greatest risk for natural and human-generated disasters. USAID/OFDA supports preparedness and mitigation activities worldwide by implementing a variety of programs on natural hazard mitigation; technological disaster preparedness, prevention, and mitigation; and multi-hazard disaster preparedness and management. USAID/OFDA accomplishes this by working with all levels of government, international and regional organizations, NGOs, and local communities. By fostering multi-sectoral linkages that improve understanding and implementation of hazard management, USAID/OFDA helps reduce the vulnerability of men, women, and children to potential disasters (see also *Risk Management Policy and Practice* sector on page 180).

Construction and Repair of Physical Structures

USAID/OFDA does not encourage construction of structures, such as levees, floodwalls, retaining walls, and embankments, to control hydrometeorological hazards. Use the *Structures* keyword if proposing activities that include humanitarian construction (e.g. establishment, expansion, major repair and rehabilitation, etc.) of structures to support sector activities/services. Proposed activities that include light repair of structures (e.g. door and window repairs, painting, etc.) that do not entail changing structure size or structural alteration of walls and other major building components are not subject to the requirements under the *Structures* keyword.

Early Warning

USAID/OFDA supports end-to-end early warning of natural hazards as outlined in the *Early Warning System* keyword. If proposals seek to develop hazard specific early warning systems, then follow the guidelines provided under each hazard sub-sector.

Disaster Risk Reduction

USAID/OFDA will only consider stand-alone DRR-related activities for the Geological Hazards sub-sector and the Hydrometeorological Hazards sub-sector. If there is a DRR component proposed within this sector, indicate which activities include a DRR component

and explain how those activities will reduce risk or mitigate the impact of a hazard or event.

Protection Mainstreaming

Proposals must demonstrate protection mainstreaming in the technical description.

1. Describe any proposed measures to build capacity for protection in disaster situations, such as prevention of family separation, to improve understanding of protection and inclusion standards, and to address the unique needs of affected populations.
2. Describe how you have consulted with people with unique needs on the design of policies and programming to ensure that their concerns are heard and addressed.
3. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, and/or ensured their representation on any program committees so that their concerns are heard and addressed and to avoid community tensions.
4. Describe how you will establish a safe and effective feedback/complaint system for beneficiaries and non-beneficiaries.
5. Describe you will monitor protection issues and how you will use that information to reduce existing and newly identified risks.

Available Sub-sectors and Sample Activities

Geological Hazards

- Community-based preparedness and mitigation activities for geological events, such as earthquakes, volcanic eruptions, and landslides;
- Technical training on preparedness and mitigation;
- Information and warning dissemination to populations at risk; and
- Early warning systems at global, regional, national, and/or community levels.

Hydrometeorological Hazards

- Community-based preparedness and mitigation activities for hydrometeorological events, such as floods, droughts, tsunamis, cyclones, avalanches, and other extreme weather-induced and climate-induced hazards;
- Capacity building on various aspects of end-to-end (integrated) hydrometeorological early warning systems;
- Information and warning disseminations to populations in remote locations;
- Community-based watershed and natural resource management interventions to reduce the impact of a hydrometeorological hazard; and
- Hydrometeorological early warning systems at global, regional, national, and/or community levels.

Technological Hazards

- Response to life-threatening technological disasters;
- Community-based activities for responding to technological disasters, such as industrial, chemical, or nuclear events; and
- Activities to raise public awareness on potential impacts of technological disaster.

Sub-sector: Geological Hazards

Overview

Geological hazards—including volcanoes, earthquakes, and landslides—threaten millions of people worldwide, many of whom reside in densely populated urban centers in

developing countries. In addition to severe shaking, earthquakes can cause landslides, tsunamis, and fires. Volcanic eruptions can threaten populated areas with ashfall, deadly gases, landslides, tsunamis, and mudflows. Geological hazards can devastate communities in a matter of seconds—destroying homes, causing water and food shortages, adversely affecting health, and disrupting livelihoods. Although geological hazards cannot be prevented, proper mitigation and preparedness efforts can minimize the effects of disasters caused by these hazards, potentially saving lives and reducing the economic effects of a geological crisis. USAID/OFDA supports geological hazard DRR programs, which emphasize an end-to-end approach that focuses on identifying needs in existing systems and increasing resilience to geological disasters through targeted capacity building.

Needs Assessment Summary

1. Describe the level of geological hazard for the proposed project area and the appropriate project planning actions. You are strongly encouraged to refer to the World Bank-supported website, ThinkHazard!, which provides national-level guidance on reducing risks associated with natural hazards;
2. Describe related interventions being implemented by local and national governments;
3. Address current unmet needs and gaps; and
4. Describe current systems, capabilities, tools, data, and resources of target population in the proposed location. Include physical, social, environmental, and economic vulnerabilities.

Technical Design

1. Explain how proposed activities relate to the USAID/OFDA mandate;
2. Explain how the proposed intervention will improve existing systems, capacities, tools, resources, and data;
3. Explain how activities will reduce gender-specific vulnerabilities to geological hazards and increase resilience of the population at risk;
4. Describe how mitigation objectives will be fulfilled in the short, medium, or long term;
5. Describe the involvement of local entities, communities, organizations, and governments during program development and implementation;
6. Explain how proposed activities will link to other relevant programs at national, regional, and international levels;
7. Describe how you will share real-time and historical data and information nationally, regionally, and internationally;
8. Describe the cost-effectiveness of implementing the proposed intervention;
9. Explain how activities will be sustained beyond the program period;
10. Explain how the proposed intervention will respond to gender-specific assessed needs;
11. Explain why these risks or vulnerabilities cannot be addressed without outside assistance;
12. Explain why specific DRR interventions are necessary for the target location;
13. Describe the target population and how you chose them. Emphasize gender-balanced participation;
14. Describe other geological disaster mitigation activities people are engaged in;
15. Discuss beneficiaries' comprehension and/or perception of the hazard being addressed;
16. Describe which geological hazards led to vulnerability of the target population and any other natural hazards posing a risk to people;

17. Explain how you will design the proposed projects, products, or information for access by, and transfer to, the target population; and
18. Explain how the interventions will help people support themselves and enhance their capacity to maintain or improve their way of life.

Indicators

Mandatory

- Number of people benefiting from geological disaster-related activities
- Number of geological policies or procedures modified as a result of the activities to increase the preparedness for geological events
- Number of people trained to reduce the impact of geological events

Sub-sector: Hydrometeorological Hazards

Overview

Climate, weather, and water-induced disasters such as floods, droughts, cyclones, tsunamis, and climate variability account for the largest number of natural disasters and affect more people than any other type of natural hazards. USAID/OFDA DRR programs emphasize an "end-to-end" approach that identifies needs in existing systems and then increases resilience to climate-induced disasters through targeted capacity building. Identifying, monitoring, analyzing, and forecasting hydrometeorological hazards are critical steps for the development and implementation of strategies and policies to reduce risks.

USAID/OFDA works closely with vulnerable communities, national and local governments, international and regional organizations, universities, and NGOs to reduce vulnerability to climate and weather-induced disasters. Hydrometeorological DRR activities also have strong linkages to natural resources management because these activities build resilience to support sustainable development.

Needs Assessment Summary

1. Describe current systems, capabilities, tools, data, and resources of target population in the proposed location, as well as physical, social (including gender-specific), environmental, and economic vulnerabilities;
2. Describe early warning capacities of nationally authorized agencies, such as National Meteorological and Hydrological Services;
3. Assess current unmet needs and gaps;
4. Describe local, national, international, and regional capacities for early warning, forecasting, or other relevant applications; and
5. Discuss related interventions being implemented by local and national governments, communities, international, and regional entities or NGOs.

Technical Design

1. Explain how the proposed activities will address the needs and gaps identified.
2. Explain how the proposed intervention will improve existing systems, capacities, tools, resources, and data.
3. Explain how activities will reduce vulnerability to hydrometeorological hazards and increase resilience of the population at risk.
4. Describe how DRR objectives will be fulfilled in the short, medium, or long terms.

5. Describe involvement of local entities, communities, regional and international organizations, and all levels of government in developing the proposed program.
6. Describe how you will apply an integrated approach, taking into account the upstream and downstream consequences of proposed activities and including measures to ensure social and gender equity to prevent conflict over natural resources:
    a. Include potential effects on relevant sectors such as agriculture, livestock, natural resource management, health, settlement, energy, and tourism. Describe how you will coordinate proposed activities with relevant sectors to optimize benefits and minimize adverse impacts;
    b. Describe how the intervention will link with existing programs at the local, national, regional, and international levels. Include potential program impacts on current systems and capacities, both positive and adverse;
    c. Include potential negative environmental and physiographic impacts of proposed structural measures on watersheds. Describe comparative advantages of planned activities over natural or environmentally friendly approaches, such as watershed management. Include operational and maintenance plans to prevent additional vulnerabilities; and
    d. Utilize Natural and Nature-based Flood Management solutions to address flooding issues.
8. Describe how you will share real-time and historical data and information nationally, regionally, and internationally.
9. Describe the cost-effectiveness of implementing proposed activities.
10. Explain how you will transfer systems developed to communities and local, national, or regional authorities to enable sustainability following program completion.
11. Explain why these risks or vulnerabilities cannot be addressed without outside assistance.
12. Explain why specific DRR interventions are necessary for the target location;
13. Describe how the proposed intervention will include or improve decision-making processes or capacities while reaching those most in need. (USAID/OFDA supports interventions that reflect the decision-making dynamics of target populations and foster participation at all levels to develop strategies and improve decision-making processes.)

Indicators

Mandatory

- Number of people benefitting from proposed hydrometeorological activities
- Number of hydrometeorological policies or procedures modified as a result of the activities to increase preparedness for hydrometeorological events
- Number and percentage of people trained in hydrometeorological-related activities retaining knowledge two months after training

Sub-sector: Technological Hazards

USAID/OFDA does not fund DRR activities in this sub-sector.

Overview

Hazards in this sub-sector may originate from technological or industrial conditions and include accidents, dangerous procedures, or specific human activities, which may cause loss of life, injury, or illness. Examples of technological hazards may include nuclear radiation, toxic wastes, and chemical spills. Natural disasters may also lead to

technological risks, directly or indirectly. USAID/OFDA only supports disaster response activities under this sub-sector when there is direct threat to human life due to technological hazards.

Needs Assessment Summary

Describe

1. Area and number of people affected;
2. Source of the disaster;
3. Potential impacts on human and environmental health in the short, medium, and long term (disaggregated by sex if applicable);
4. Current environmental conditions;
5. Local and national capacity to respond to the situation;
6. Response by local and national governments, NGOs, and international entities;
7. Immediate actions needed to inform the population of current and potential impacts and to help protect those at risk; and
8. Other immediate needs.

Technical Design

1. Explain how the proposed intervention will address immediate needs, with a focus on vulnerabilities and capacities disaggregated by sex;
2. Describe the cost-effectiveness of implementing proposed activities;
3. Describe any alternative interventions and why they were not selected;
4. Explain how you will address the immediate safety and protection of the affected population;
5. Describe how you will manage the physical safety and protection of response personnel;
6. Explain how you will handle any social and gender equity issues; and
7. Describe how you will prevent/mitigate potential conflicts over resources.

Indicators

Mandatory

- Number of people benefiting from technological disaster activities
- Number of people trained to respond to or prevent technological disasters

9. Nutrition

Overview

USAID/OFDA supports emergency nutrition programs that focus on

- Prevention and treatment of acute malnutrition, including severe acute malnutrition (SAM) and moderate acute malnutrition (MAM),
- Micronutrient deficiency prevention and control,
- Infant and young child feeding practices, and
- Collection and analysis of nutrition information in humanitarian emergencies.

Programs must use evidence-based approaches, such as community-based management of acute malnutrition (CMAM).

USAID/OFDA supports nutrition interventions that are integrated with health systems and build system capacity to address acute malnutrition in a sustainable manner during non-emergency times, with an emphasis on supporting communities and the MoH at all levels. USAID/OFDA supports the integration of health, WASH, and nutrition programming wherever possible. All nutrition programs must include the Infant and Young Child Feeding in Emergencies (IYCF-E) sub-sector unless IYCF-E needs are comprehensively met through other agencies and donors.

USAID/OFDA does not support the use of cash or vouchers to achieve specific objectives related to reducing the prevalence of global acute malnutrition (GAM) in a population. Treatment of acute malnutrition should be provided free of charge through all treatment facilities and programs. Cash or vouchers for complementary activities (e.g. transport, referral services) may be considered with substantial justification. If you are proposing cash or vouchers, use the appropriate keyword and address all required criteria in the technical design under the Nutrition sector.

USAID/OFDA requires GAM prevalence and mortality estimates for the areas of proposed intervention. These estimates may be based on recent secondary or primary data. Data from Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys is preferred; the methodology used to estimate malnutrition and mortality must be referenced. You must clearly indicate whether estimates are based on weight for height (WFH) and/or Mid-upper arm circumference (MUAC). USAID/OFDA encourages the addition of impact and program quality indicators, such as coverage estimates or MoH performance monitoring trends for CMAM, particularly for programs addressing the management of acute malnutrition.

USAID/OFDA will support the prevention and management of micronutrient deficiencies as part of an intervention for the management of acute malnutrition. Such programs should ensure that people have access to appropriate micronutrient interventions: fortification, supplementation, and/or BCC to improve dietary quality. You must incorporate the intervention with PHC services and not propose stand-alone programs when providing micronutrient supplementation to a population at high risk of micronutrient deficiencies, or specific micronutrient supplementation to an affected population. Any proposed micronutrient supplements, which would be considered pharmaceuticals, must be planned in consideration of the food security situation. This is the case for Vitamin A deficiency, iron deficiency, iodine deficiency, scurvy, pellagra, beriberi, and ariboflavinosis.

All nutrition programs, even those with a therapeutic focus, must include an IYCF sub-sector as a proposed activity, unless IYCF needs are being comprehensively met through other agencies and donors.

Integrated Programming for Nutrition, Health, and WASH

Proposals for integrated health, WASH, and nutrition programming must adhere to each sector's guidelines, including the use of all relevant indicators, by sub-sector. You must:

- Specify the geographic overlap of each sector's activities by specifying which types of services or activities will be provided in each supported catchment area.
- Specify which activities within each sector will be delivered and supported at each level of program implementation, e.g. facility, community, and household.
- At the health facility level, programs must address WASH infrastructure, chlorination and water quality monitoring in support of health and nutrition activities, integrated nutrition screening and treatment, and health/WASH/Nutrition IEC.
- At the community level, WASH activities related to integrated WASH/Health/Nutrition programming must be targeted to areas with the highest nutritional vulnerability, in general, and should specifically target the households of malnourished persons. Where CHWs, /community mobilizers, /and hygiene promoters are engaged, ensure details listed on page 130 of the Health sector and page 212 of the WASH sector are provided, including how messages will be integrated and harmonized. Describe if CHWs will provide any acute malnutrition screening and treatment, if they will receive training to perform MUAC, and how household visit schedules will be coordinated to decrease burden on households.
- At the household level, describe take-home rations, including any WASH NFIs, and include information on related training and messaging. CHWs/mobilizers/hygiene promoters should encourage follow-up visits and provide appropriate, harmonized messaging to prevent attrition from therapeutic and supplemental feeding programs.
- Explain how monitoring efforts will be integrated across the three sectors.

Protection Mainstreaming

Proposals must demonstrate protection mainstreaming in the technical description.

1. Describe how you will ensure that nutrition facilities, including both the infrastructure and location, and staff are safely accessible for vulnerable groups, including women, adolescents, children, older people, and persons with disabilities.
2. Describe how nutrition workers are or will be trained in the knowledge and skills relevant to working with populations with unique needs, e.g. unaccompanied children and persons with disabilities or limited mobility.
3. Describe how you will make nutrition services accessible to persons with disabilities and/or limited mobility, including any outreach activities that may target these groups.
4. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, and/or ensured their representation on any program committees so that their concerns are heard and addressed and to avoid community tensions.
5. Describe any measures for beneficiary selection or distributions you will put in place to prevent sexual exploitation and abuse of people seeking nutrition services.
6. Describe how you will establish a safe and effective feedback/complaint system for beneficiaries and non-beneficiaries.
7. Describe how you will monitor protection issues and how you will use that information to reduce existing and newly identified risks.

Available Sub-sectors

Infant and Young Child Feeding in Emergencies (IYCF-E)
Management of Acute Malnutrition

Sub-sector: Infant and Young Child Feeding in Emergencies (IYCF-E)

Overview

Support of IYCF practices through contextually appropriate social and behavior change communication are integral to the prevention and treatment of malnutrition in emergencies. Social and behavior change communication for nutrition should be integrated with health and WASH activities wherever possible. Counseling and support for breastfeeding and assistance with appropriate complementary feeding protects the youngest and most vulnerable from malnutrition and disease in times of crisis. USAID/OFDA recognizes that behavior change to improve IYCF practices must commence with people and their communities.

Due to USAID/OFDA's mandate to focus on emergency-specific interventions and based on global level guidance, best practices, and evidence, IYCF interventions must take into account the following:

- USAID/OFDA supports the role of CHWs in providing key multi-sectoral education messaging. If you plan to use CHWs, describe activities (health, nutrition, WASH) and messaging frequency to avoid duplication; and
- If your agency possesses appropriate and relevant capabilities, you are encouraged to propose field-based, operational research projects to help improve humanitarian response in the nutrition sector. IYCF research priorities include validating methods and delivery mechanisms for effective behavior change in a given cultural or regional environment. Additional funding for such research may be available; see Humanitarian Studies, Analysis, or Applications on page 142.

Needs Assessment Summary

For detailed information on needs assessment for this sub-sector, refer to *Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers* (pages 8-9). Also refer to the IYCF-E Toolkit.

USAID/OFDA expects Knowledge, Attitude, and Practice (KAP) surveys to be conducted to establish a baseline on infant and young child feeding practices.

Provide information on the following elements:

1. Baseline nutrition data, by age for children 0–<6 months, 6–<12 months, and 12–<24 months;
2. Predominant feeding practices, including the prevalence of early initiation of breastfeeding, prevalence of exclusive breastfeeding, feeding techniques and hygiene practices, and appropriateness of complementary feeding;
3. Key cultural or religious issues that frame local IYCF and breastfeeding practices;
4. Presence of national IYCF policy and whether such policy conforms to Infant Feeding in Emergencies standards;
5. Problems feeding infants and young children, especially factors disrupting breastfeeding and poor access to appropriate complementary foods for infants and young children;
6. Micronutrient status of target beneficiaries, if known, and information regarding specific micronutrient deficiencies to be addressed;

7. Security situation and mothers' workloads and psychosocial status, and how these factors may affect feeding and care practices for infants and young children. This is particularly important if you are also planning to implement CFW programs targeting women;
8. Conspicuous availability of breast-milk substitute, milk products, bottles, and teats and current patterns of usage in beneficiary populations;
9. Role of the MoH, nutrition bureau, and other ministries in providing nutrition education and BCC;
10. Human resources available to provide community-level nutrition education and behavior change messaging. Describe the degree to which the potential workforce is gender-balanced, and provide the number and type of health and nutrition workers and volunteers, disaggregated by sex;
11. Training workers and volunteers have received, including type and duration of trainings and when trainings occurred;
12. Nutrition messages that the community has received, including delivery methods, time frames, and locations (e.g. health centers, markets, schools, community gatherings, etc.) and their acceptability;
13. Available and required IEC materials; and
14. Barriers that mothers may face in implementing the recommended behaviors, and how the proposed program could assist them in overcoming these obstacles.

Technical Design

Describe how the proposed intervention will include the following technical points, if applicable. If you will not include all components in IYCF-E, you must explain how the Nutrition Cluster or MoH is addressing these areas.

1. Train humanitarian staff to support mothers and caregivers in appropriately feeding their infants during the emergency situation, including education and support for re-lactation;
2. Monitor infant feeding practices. Specifically, address how the program will monitor behavior change among pregnant and lactating women in regards to breastfeeding and how such progress will be measured;
3. Ensure health services in emergency situations include a focus on infant care, and encourage early and optimal breastfeeding, i.e., exclusive for six months and continued for two or more years. Describe how the program will complement existing or proposed health programs;
4. Incorporate breastfeeding promotion and education into partner programs;
5. Improve access to and promote consumption of appropriate nutrient-dense foods among children ages 6–<24 months;
6. Target pre-pregnant, pregnant, and lactating women with nutritious foods;
7. Monitor distributions of breast-milk substitute, other milk products, bottles, and teats;
8. Monitor adherence to the International Code of Marketing of Breast-milk Substitutes;
9. Apply program and demographic data collection for monitoring, evaluation, and planning purposes; present data by age groups (0–<6 months, 6–<12 months, and 12–<24 months) and sex as appropriate;
10. Assist the MoH to develop, establish, or disseminate policies on IYCF in emergencies as appropriate;
11. Involve community leaders, men's and women's groups, grandmothers/mothers-in-law, traditional healers, religious leaders, and men in the protection of breastfeeding and implementation of appropriate complementary feeding and caring practices throughout the emergency;

12. Support an enabling environment and/or space (e.g. baby friendly tents/spaces, mother to mother support groups) for lactating women;
13. Provide micronutrient supplements or household fortificants to specific target groups for a specific frequency and duration. Micronutrient supplements are pharmaceuticals; see requirements under the Health sector's *Pharmaceuticals and Other Medical Commodities* sub-sector.
14. Provide a detailed description of nutrition education sessions. Include where, how often, and by whom they will be conducted, the target audience(s), and the topics to be covered.
15. Employ sound standards and protocols, including IEC materials, for training and implementing nutrition education and BCC. Include compelling justification if these methods differ from government standards and protocols;
16. Describe how IYCF activities will be coordinated with other sectors (e.g. health, WASH, food security) which may be working with the same target populations;
17. Coordinate with nutrition development programs in the intervention area and plan how the proposed program will coordinate with and eventually transition to them, if possible;
18. Provide numbers of direct beneficiaries, by type (e.g. mothers, men, communities);
19. Provide numbers of indirect beneficiaries, by age group (0–<6 months, 6–<12 months, and 12–<24 months); and
20. Provide a description of the beneficiary selection criteria.

Indicators

Mandatory

- Proportion of infants 0-5 months of age who are fed exclusively with breast milk
- Proportion of children 6-23 months of age who receive foods from 4 or more food groups
- Number of people receiving behavior change interventions to improve infant and young child feeding practices

Additionally required for partners supporting micronutrient supplementation activities

- Number of people receiving micronutrient supplement (type specified)

Sub-sector: Management of Acute Malnutrition

Overview

The use of national nutrition protocols is strongly recommended for the management of acute malnutrition. If you will not include all components in the management of acute malnutrition, you must explain how the Nutrition Cluster or MOH is addressing these areas.

If national protocols are unavailable or outdated, you must use internationally accepted guidance. Adhere to the 2013 WHO Updates on the Management of Acute Malnutrition in Infants and Children or the Global Nutrition Cluster (GNC) MAM decision tool whenever possible. Attach the protocol you will follow for the proposed intervention as an appendix or provide a web link.

Pharmaceuticals required to treat malnourished children (e.g. antibiotics, micronutrients, iron, ORS, etc.) must follow the procedures outlined under the *Pharmaceuticals and Other Medical Commodities* sub-sector on page 132, as these are restricted goods. You must

include information on how these pharmaceuticals will be obtained and supplied irrespective of the use of USAID/OFDA funds. Note that therapeutic milks (F75, F100) and ready-to-use therapeutic food (RUTF) are not considered pharmaceuticals and do not require approval for procurement with USAID/OFDA funding. USAID/OFDA promotes the use of UNICEF and WFP-supported pipelines for nutritional commodities; however, partner-procured buffer stocks may be considered with substantial justification.

Due to USAID/OFDA's mandate to focus on emergency-specific interventions and based on global level guidance, best practices, and evidence, special considerations for these interventions must take into account the following:

- CMAM programs are the preferred intervention to reach the optimal number of people and to provide nutrition education at a household level; and
- USAID/OFDA prefers that management of acute malnutrition programs function as a critical part of an overall nutrition referral system. USAID/OFDA prefers that nutrition services be co-located with health service delivery points.

Needs Assessment Summary

Provide relevant data on nutrition and mortality among children younger than five years of age from surveys conducted in the past three to six months. All data must be disaggregated by sex when appropriate. Include information on the following elements:

1. Edema and weight-for-height Z-score and/or MUAC estimates of prevalence of GAM and SAM;
2. MUAC for estimating patient case load and confidence intervals;
3. Details on planned or implemented methodologies for all assessments and surveys, including information such as whether they are based on SMART methodology, 30x30 cluster, and/or Lot Quality Assurance Sampling (LQAS);
4. All activities proposed in regions with chronic nutrition crises and/or protracted humanitarian emergencies must provide detailed root cause analysis of malnutrition through assessments, surveillance data, and a detailed analysis of factors aggravating the nutritional status of the population. This analysis should describe additional information, such as food security, health, and WASH conditions, displacement patterns, and conflict;
5. Data on aggravating factors which, if left unaddressed will lead to deterioration in nutrition status;
6. Data on mortality and malnutrition and description of how you collected the data.
7. Morbidity information on prevalent diseases, such as measles outbreak, diarrhea, acute respiratory infections, malaria, and HIV/AIDS;
8. Summary of the WASH situation and how it affects nutritional status;
9. Ongoing nutrition programs, by intervention type, including
    a. Implementing agency,
    b. Number of children and adults treated,
    c. Changes in admission numbers and the reasons for these changes,
    d. Referral systems among programs, and
    e. Ration type, size, and frequency.
10. Health care system, including existence of functioning HFs; availability of trained staff; capacity of the health system to provide the national essential basic package of care and to treat severely malnourished children; and ability of the MoH to finance RUTF and commodities to treat MAM and to monitor and supervise nutrition interventions;
11. Household and community food security, including changes in eating behavior, such as quality, variety, quantity, and frequency of meals; condition of the most recent and

the next upcoming harvests; availability of food on local markets; ability of the target population to purchase food; and potentially harmful food taboos;
12. Availability of food aid, types and quantities of food aid provided, frequency of distributions, and beneficiary selection processes. Include details on the system available to link families of severely malnourished children to food aid programs;
13. Availability of nutrition commodities to be used for the treatment of acute malnutrition, including type, quality, acceptability, and quantity available in country.
14. Data on malnutrition of women of reproductive age; and
15. Donors supporting commodities in the country. This may include USAID/FFP or other donors.

Technical Design

Include the following elements:

1. Number and location of management of acute malnutrition sites and specific activity at each site (outpatient therapeutic feeding sites, targeted supplementary feeding sites, and stabilization centers for inpatient care);
2. Separate information on targeted age groups (under 6 months of age, 6-<12 months, 12-<24 months, 24-<60 months); number of direct beneficiaries who are pregnant or lactating;
3. Program admission and discharge criteria, including whether it is possible to expand SAM admission criteria in places where no MAM treatment is possible;
4. Follow-up on the following exit groups as percentages and total number of exits: recovered, defaulted, died, non-responded (failure of treatment and referred to hospital for further investigation), and relapse;
5. Community mobilization and screening using appropriate CMAM methodologies;
6. Training plan, including what training will be conducted, where and how it will be conducted, who will be trained, and the degree to which a gender balance will be sought;
7. Whether a general food ration or supplementary food will be provided to the families of severely malnourished patients;
8. Details on how you will design the program to minimize adverse impacts (e.g. increasing the opportunity costs for families of malnourished children, generating population displacement, or increasing mothers' workloads);
9. Details on how the program will use or develop referral systems between therapeutic and supplementary feeding programs, between outpatient and inpatient treatment in therapeutic feeding programs, and between therapeutic feeding programs and hospitals;
10. Where practical, explain links to development interventions focusing on nutrition and how this program will coordinate with and eventually transition to them;
11. Supply chain and pipeline for all proposed therapeutic foods, including RUTF for the management of SAM, specialized nutritious foods for the management of MAM, and any discharge rations. Note the expected duration of treatment and how supplies align with national guidelines;
12. If proposing food for caregivers of children enrolled in inpatient care, partners must adhere to ADS 312.3: when USAID is considering financing the agricultural commodities for food purposes;
13. For activities to rehabilitate facilities or feeding sites, please see the *Structures* keyword on page 230 as necessary.

Indicators

Mandatory

- Number of health care staff trained in the prevention and management of acute malnutrition
- Number of supported sites managing acute malnutrition
- Number of people admitted, rates of recovery, default, death, relapse, and average length of stay for people admitted to Management of Acute Malnutrition sites

Additionally required for partners providing rehabilitation of acute malnutrition facilities

- Number of Management of Acute Malnutrition sites rehabilitated

Additionally required for partners providing community based programming

- Number of people screened for malnutrition by community outreach workers

10. Protection

Overview

USAID/OFDA-supported protection interventions should be based on internationally recognized, evidence-based strategies that reinforce protection as central to any disaster response. This includes stand-alone life-saving protection activities, preparedness, and disaster risk reduction.

USAID/OFDA defines protection as all activities that seek to prevent, mitigate, and respond to harm, exploitation, and abuse for crisis- and disaster-affected populations, prioritizing the most vulnerable. Such activities should respond to both actual and potential risk and to the effects of harm, exploitation and abuse.

In many cases, protection programming will intersect with, and complement, programming in other sectors and sub-sectors, both internal and external to protection. In those cases, ensure that references to the relevant complementary sector are included in the narrative, including referrals, coordination, or harmonized messaging.

Protection Mainstreaming

Protection mainstreaming refers to the manner in which assistance is delivered to minimize the risk of violence, exploitation, and abuse. USAID/OFDA requires that partners demonstrate protection mainstreaming across all sectors. Protection mainstreaming should not be considered a substitute for stand-alone protection programming and should not be budgeted separately from its corresponding sector. Additional guidance is available on the Resources page.

Protection Sector Programs

Programs in this sector are distinct from protection mainstreaming in that the primary objective of Protection sector programs is the protection of disaster-affected people. Disaster situations are often characterized by increased risks for violence, harm, exploitation, and abuse for the affected populations. In the aftermath of a conflict or natural disaster, threats may arise from non-compliance with international humanitarian law or human rights law or from the breakdown of law and order. The vulnerability of an individual or population can be impacted or reinforced by gender inequalities, age, disability, ethnicity, separation of families, or severely compromised livelihoods and living conditions. The combination of threats and vulnerabilities leads to increased risk to the lives and well-being of individuals, and will likely increase their exposure to the following:

- Sexual exploitation and abuse (often of children and women),
- Forced recruitment into armed groups,
- Forced labor,
- Selling or trafficking of children and women,
- Attacks against civilians by armed groups or criminals,
- Destruction or theft of property and assets,
- Rape and other forms of sexual violence,
- Intimate partner violence,
- Depression, anxiety, and compromised ability to function, and
- Invisibility, exclusion, and denial of assistance or services.

National governments are responsible for ensuring the safety and well-being of populations affected by disaster, including protection from harm, exploitation, and abuse. In conflict situations, all parties to conflict—state and non-state—have obligations to

refrain from harming the civilian population. However, where duty bearers are either unable or unwilling to meet their obligations, or are in fact complicit in perpetrating protection violations, humanitarian actors should ensure the provision of life-saving assistance to address and minimize these risks. Humanitarian actors should strive to support the government in fulfilling its responsibility to the extent possible, but should also be positioned to address any programmatic or geographic gaps in meeting this responsibility. Communities and individuals also play a central role in their own protection. Whenever possible, protection programs should employ a community-based approach, which builds on existing positive coping mechanisms and resilience, and support and empower communities in analyzing and addressing the protection concerns that they face.

Protection problems exist in many situations even, during times of stasis and stability. For USAID/OFDA to support protection activities, the risks being addressed must be either caused or amplified by a disaster. For example, a natural disaster may cause family separation, making children, youth, persons with disabilities, or older people more vulnerable to abuse and exploitation. A conflict may lead to increased threats for sexual violence perpetrated against women and girls, or forcible recruitment or trafficking of boys and girls. Proposals with a protection objective must explicitly state how the disaster situation has contributed to or exacerbated protection issues and risks, and further describe how the proposed protection intervention will address and mitigate the risks to be addressed.

Protection and Cash

When cash-based programming (CBP) is used as a means to improve protection outcomes, it should be implemented as part of a larger package of protection-specific services to support those most vulnerable to violence, abuse, or exploitation, not on its own. CBP within the protection sector must align with complementary activities and services (e.g. strong sequencing of cash transfers with protection activities); pose mitigation measures for any protection risks created or exacerbated by the provision of cash to an individual or household; and demonstrate collaboration between cash and protection actors in design and implementation. For protection activities using cash or vouchers, please include the *Cash* and *Vouchers* keywords and accompanying requirements, listed on page 221 and 232.

Disaster Risk Reduction

Protection DRR programs include activities implemented outside of a disaster context that are designed to improve the protection response to a disaster on the part of government authorities, local actors, or other humanitarian actors. Protection DRR interventions must follow all of the existing guidance for this sector and the relevant sub-sectors.

Available Sub-sectors

- Child Protection
- Prevention and Response to GBV
- Psychosocial Support Services
- Protection Coordination, Advocacy, and Information.

Sub-Sector: Child Protection

Overview

Children, defined as persons under the age of 18, face increased risks in disaster situations due to their age and developmental stage. Children and adolescents are often

made more vulnerable in a disaster situation due to disruptions in normal caregiving practices, interrupted schooling, inability of families to apply positive coping strategies, and weakened child protection systems. The disruption of family and community life, in addition to the chaos of an emergency, can expose children and adolescents to violence, exploitation, and abuse. Not all children are equally vulnerable; some girls and boys are particularly vulnerable because of their age, gender, sexual orientation, ethnicity, religion, or other factors such as a disability. Disasters may also introduce new threats or exacerbate existing threats to children, such as being separated from family, risk of injuries as a result of exposure to disaster debris, psychosocial distress, gender-based violence, trafficking, or exploitation.

USAID/OFDA will consider funding evidence-based interventions designed to prevent or respond to well-defined child protection concerns in disaster situations. Proposals must articulate clear linkages between identified risks, proposed activities, and expected impacts. Programs should focus on addressing child protection problems that have emerged or been exacerbated as a result of disaster. Programs should also recognize that children are not a homogenous group, and that protection risks, and appropriate prevention, response, mitigation and participation strategies differ depending on children's age, developmental stage, maturity level, or life experience. In any emergency, adolescents have needs and capabilities that are different from those of younger children and adults.

Examples of activities that USAID/OFDA may support include, but are not limited to:

- Identification, documentation, tracing, and reunification for children who have been separated from their parent or habitual guardian during a disaster;
- Alternative care for unaccompanied children awaiting family reunification;
- Reintegration support for unaccompanied children or children formerly associated with armed forces or armed groups;
- Community-based protection initiatives for disaster-affected children, including children with disabilities;
- Training or other support for parents and other caregivers of vulnerable children;
- Support for schools to restart following a disaster or to enroll displaced children in school; and
- Safe spaces for children and adolescents to socialize, learn, develop, and be protected in a secure environment under trained adult supervision. (If WASH infrastructure will be rehabilitated or constructed, please add the relevant WASH sub-sector.)

USAID/OFDA recognizes that education and schools are important to populations affected by disasters and that safeguarding and restarting educational opportunities are valuable normalizing activities that help communities cope with and recover from disasters. While USAID/OFDA does not establish new schools or other formal education institutions (as these interventions require long term support and USAID classifies formal education as a development intervention), support to schools can provide an important protective function: children benefit from a safe and nurturing environment to help them return to normal routines through play and socialization with other children.

USAID/OFDA also acknowledges that behavior change is an important component of addressing child protection concerns and expects that programs may include a behavior change component. However, USAID/OFDA will not support behavior change as a stand-alone activity for child protection.

Needs Assessment Summary

Describe:

1. How the disaster context has either created or exacerbated child protection risks;
2. The nature of the threats or risks children and adolescents face such as
   a. Family separation,
   b. Physical violence and abuse,
   c. Emotional and psychological distress,
   d. Gender-based violence,
   e. Early marriage,
   f. Violence towards children in the community,
   g. Death and/or Injury to children,
   h. Child labor, and
   i. Recruitment of children into armed forces and armed groups;
3. Which children and adolescents are most vulnerable to the risks identified above, and potential differences between the needs and vulnerabilities of boys and girls;
4. The pervasiveness of the specific child protection problems to be targeted and the contexts in which they occur;
5. Existing child protection systems and community based protective factors/capacities that are already available locally for child protection (e.g. existing case management services, social workers, community child protection committees, youth groups, schools, religious institutions);
6. The effectiveness of the child protection system in the country and any gaps;
7. How children, adolescents, caregivers, and community members were consulted in the needs assessment, and what they identified as their primary concerns;
8. Lessons learned from past child protection interventions in the given context, if any;
9. Any potential obstacles for program implementation in the affected area, including environmental, physical, communication, normative frameworks, and possible attitudinal barriers impeding the involvement of target beneficiaries; and
10. Coordination with other child protection humanitarian actors and linkages with inter-sectoral protection assessments and other joint or multi-sectoral assessments.

Technical Design

The technical design must describe the nature and purpose of proposed child protection activities. A clear, logical link must exist between the activities proposed and the objective in terms of minimizing risks for children or assisting children who have experienced harm, exploitation, or abuse. The proposal must state the expected outcomes for boys and girls benefiting from the proposed activities, be informed by the principle of “do no harm,” and be in the best interests of the child.

The following issues must also be addressed within the technical design.

Evidence-Based Design and Beneficiary Description

1. Describe the children and adolescents who will benefit from the proposed activities, including number, age range, sex, and type(s) of vulnerability.
2. Describe how target populations will be involved, including children and adolescents, in the design of the program.
3. Describe the level of inclusiveness of the proposed activities for children and adolescents with disabilities.

Program Management, Technical Oversight, and Quality Assurance

1. Describe the technical standards or guidance utilized to inform the program design.
2. Describe how staff working with children will be selected, trained and supervised to ensure the safety of children participating in the program.
3. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.

Referrals and Coordination

1. If children will be referred to other service providers in the proposed program, describe the referral mechanisms in place and the services and service providers that are available.
2. If case management is a component of the proposed program, describe how children with ongoing needs will be monitored (e.g., children in interim care).
3. Describe how confidentiality and data protection will be maintained within the referral system.
4. Explain how best interest determinations and/or "do no harm" analyses will be conducted and coordinated through existing working groups or coordination structures.
5. If this program is for child survivors of GBV, describe how GBV actors will contribute to the case management of the child or adolescent.

Data Collection and Confidentiality

1. Describe any plans for data collection in the proposed program, including the tools to be used to collect and store data.
2. Describe how you will safeguard sensitive information from misuse, including the identity of vulnerable children. How will you communicate confidentiality expectations to people?
3. Indicate whether the proposed program will share information with a Child Protection Information Management System (CPIMS). How will the CPIMS ensure data protection and confidentiality?

Accountability to Affected Populations

1. Describe the community and government's involvement in the proposed activities. Will government or communities continue any of the proposed activities after the close of the program?
2. Indicate how the wishes, choices, and dignity of the people assisted will be respected throughout the proposed program.
3. Describe how the proposed activities align with (or support) the broader humanitarian community's child protection strategic plan and protection strategy.
4. Describe how proposed activities complement current protection, particularly child protection, activities being implemented or designed by other humanitarian organizations and agencies.

Indicators

Mandatory

- Number of individuals participating in child protection services
- Number of dollars allocated for child protection programming
- At least one additional custom indicator to measure protection outcomes of the proposed activities. This indicator should measure and capture a decrease in children's vulnerability, a minimized threat, a reduction of risk, or an improvement in the well-being of children who have been harmed, exploited, or abused; for example,

- Percentage of targeted children reporting an improvement in their sense of safety and well-being at the close of the program
- Percentage of separated or unaccompanied children reunified with a parent or guardian at the close of the program

Sub-Sector: Prevention and Response to Gender-Based Violence

Overview

During a humanitarian crisis, many factors can exacerbate GBV-related risks. These include—but are not limited to—increased militarization, lack of community and state protections, displacement, scarcity of essential resources, disruption of community services, changing cultural and gender norms, disrupted relationships, and weakened infrastructure.

Regardless of whether the prevalence or incidence of various forms of GBV is 'known' and verified, it is important to remember that GBV is happening everywhere, even in the absence of available data. It is under-reported worldwide, due to fears of stigma, risks associated with survivors being identified, limited availability or accessibility of service providers, impunity for perpetrators, and lack of awareness of the benefits of seeking care. All humanitarian personnel should assume GBV is occurring and threatening affected populations from the beginning of an emergency, treat it as a serious and life-threatening problem, and take actions based on sector recommendations in these *Guidelines*, regardless of the presence or absence of concrete 'evidence'.

USAID/OFDA defines GBV per the IASC *Guidelines for Integrating GBV Interventions in Humanitarian Action (2015)*, as "an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty."

Women and girls are consistently overrepresented as those most vulnerable to GBV. Unequal power relations between males and females significantly contribute to GBV, and it is often used as a tactic to maintain gender inequalities or reinforce traditional marginalization of women and girls, and the disparities between males and females of all ages. Acts of violence and abuse may include rape and other forms of sexual violence, sexual abuse, sexual exploitation, domestic violence, and other forms of physical or psychological abuse.

Proposals must articulate clear linkages among identified problems, proposed activities, and expected impacts. Programs must focus on addressing GBV risks that have emerged or have been exacerbated as a result of disaster. A population's vulnerability to GBV must increase or the threat of GBV must change or increase, as a result of the disaster.

Examples of activities that USAID/OFDA may support include, but are not limited to:

- Women's and girls' centers or safe spaces;
- Case management, including referrals, action planning, development of safety plans, etc.;
- Group-based PSS interventions (designed to protect the confidentiality of, and be available to, survivors of GBV);
- GBV safety auditing;
- Establishment of community-based safety patrols, water or firewood collection groups;

- Peer or group-based support activities;
- Establishment, maintenance, and management of GBV information, including intake, data entry, and information sharing protocols;
- GBV risk reduction activities, such as awareness-raising, advocacy, and disseminating findings of safety audits with priority clusters or working groups;
- Distribution of dignity kits;
- Access to justice or legal aid;
- Mobile-based support and interventions; and
- The above activities nuanced to meet the needs of adolescents and children vulnerable to GBV.

Any CMR or medical intervention to address GBV should be included under the Health sector's *Reproductive Health* sub-sector, and not within the Protection sector. However, in consideration of the complementarities between these two types of interventions, you should describe programmatic linkages highlighting referrals between, and coordination with, any health response provided beyond their proposed GBV protection intervention.

Needs Assessment Summary

Describe:

1. How the disaster context has either created or exacerbated GBV;
2. The nature of GBV threats or risks such as
   a. Intimate partner violence,
   b. Sexual violence,
   c. Sexual harassment,
   d. Survival sex,
   e. Sexual exploitation or abuse,
   f. Forced or early marriage,
   g. Trafficking, and
   h. Denial of movement or access to services or resources, including humanitarian assistance, education, health care, etc.;
3. Which types of GBV have been prioritized for intervention, and why;
4. Factors contributing to the increased likelihood of GBV, or factors that further gender-based vulnerabilities;
5. Populations most vulnerable to GBV and the situations in which they may find themselves most vulnerable;
6. Most pervasive risks faced by vulnerable groups;
7. Barriers to beneficiaries accessing current or proposed services;
8. Existing community-based resources and resiliencies addressing GBV;
9. Potential obstacles for program implementation in the affected area, including environmental, physical, communication, and possible attitudinal barriers and challenges; and
10. Functionality of GBV coordination mechanisms and/or referral processes

Technical Design

The technical design must describe the nature and purpose of the proposed GBV activities. A clear, logical link must exist between the activities proposed and the objective of minimizing threats of GBV, reducing vulnerability to GBV, or addressing the effects of GBV. All proposed interventions should adhere to best practices as identified by the GBV Area of Responsibility, in alignment with the *Call to Action on the Protection from GBV in Emergencies,* and promote adherence to the GBV guiding principles of confidentiality, safety, dignity/respect, and non-discrimination.

The following issues must be addressed within the technical design.

Evidence-Based Design and Beneficiary Description

1. Describe the populations or individuals who will benefit from the proposed activities (women of all ages, adolescent boys and girls, young girls, young boys, etc.), and how these considerations will inform program design
2. Describe how you involved the target population in the design of the program.
3. Describe the level of inclusiveness of the proposed service for persons with disabilities.

Program Management, Technical Oversight, and Quality Assurance

1. Describe the technical standards or guidance you will utilize to inform the program design.
2. Describe how you intend to ensure appropriate technical oversight, particularly for those programs that are being implemented by partners, or managed remotely.
3. Describe any case management process that will be implemented, including those targeting child and adolescent survivors. Describe how staff will access case management supervision and staff care resources.
4. Describe the proposed group-based activities and the intended GBV intervention (i.e. improved coping skills, increased social cohesion, etc.)
5. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.

Referrals and Coordination

1. Describe any case management process that will be implemented, including those targeting child and adolescent survivors.
2. How will referrals be managed and coordinated (including across sectors)? Describe the services and service providers that are available, including the quality of these services. What quality assurance actions will be applied to ensure survivors are being referred to safe services and providers?
3. Address how confidentiality and data protection will be maintained within the referral system.
4. In the case of child survivors, how will these efforts be coordinated with child protection actors (including best interest determination, engagement with appropriate adult/guardian, and “do no harm” analysis)?

Data Collection and Confidentiality

1. Describe any plans for data collection in the proposed program, including how the data will be used, the tools used to collect and store data, etc.
2. Describe how you will safeguard sensitive information from misuse and ensure safety and confidentiality of GBV survivors.
3. Indicate how any data collection, management, or dissemination will be aligned with the Gender-Based Violence Information Management System (GBVIMS), if in place, or the three elements of the GBVIMS (intake forms, database, and information sharing protocols).

Accountability to Affected Populations

1. Describe actions taken to ensure communities are consulted throughout program design and implementation, and to contribute to safe program implementation.

2. What mechanisms will be established to ensure that beneficiaries are able to safely provide feedback (e.g. complaints mechanism)?
3. Indicate how the wishes, choices, and dignity of the people assisted will be respected throughout the proposed program.

Indicators

Mandatory

- Number of individuals accessing GBV response services
- Number of dollars allocated for GBV programming
- At least one additional custom indicator to measure protection outcomes of the proposed activities. This indicator should measure and capture a decrease in the vulnerability of those who have experienced GBV or an increase in the protection environment of those who are most vulnerable to GBV; for example,
    - Percentage of survivors of GBV able to access support services
    - Number of individuals accessing GBV risk mitigation activities

Sub-Sector: Psychosocial Support Services

Overview

USAID/OFDA may fund psychosocial support programs as a protection intervention in situations where a disaster has led to high levels of distress for the affected population and where psychosocial services are desired to strengthen social support systems.

Psychosocial support builds a community's social and psychological resiliency to survive extreme shock and exposure to traumatic events, to overcome their impact, and to strengthen competencies in dealing with recurring events. Activities may support strengthening positive coping strategies which become critically important when dealing with the loss of life, losing family members, loss of property, loss of community ties and other stressors. If neglected, these concerns can result in developmental delays, stunting, mental disorders or other bio-psycho-social consequences. Effective PSS programming can address and mitigate the symptoms of exposure to trauma and traumatic events.

USAID/OFDA's protection-sector PSS interventions describe any type of support that aims to protect or promote psychosocial well-being of the individual and/or community and mitigate the risk of mental illness (health-sector mental health interventions focus on the prevention and treatment of mental disorders).

Examples of activities that USAID/OFDA may support under this sub-sector include, but are not limited to:

- Center-based social activities which foster stability and supportive social connections;
- Expressive activities (dramas), re-established traditional rituals, sports, literacy, non-formal education, and social group-based and age-appropriate activities;
- Training for teachers, service providers, or aid workers in recognizing social and emotional distress; basic psychosocial support skills; and identification of appropriate MHPSS referral pathways;
- Provision of care for people with special needs, such as persons with disabilities or older people;
- Focused individual counseling, case management or group based interventions by supervised social workers or psychosocial workers;

- Holistic mental health and psychosocial support (MHPSS) for populations affected by natural disasters or conflict. If relevant, PSS services should be coordinated with the MH services implemented through the Health sector. (See Health sector, *Non-Communicable Diseases, Injury, and Mental Health* sub-sector);
- Psychological First Aid (PFA cannot be a substitute of comprehensive PSS programming)

Under the protection sector, partners should not propose specialized mental health services aimed at the diagnosis and treatment of mental health disorders, as these services are classified as medical interventions. USAID/OFDA's PSS-related Protection interventions primarily fall within the bottom three categories of the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)*: basic services and security, community and family support, and focused, non-specialized supports. Any Mental Health-related intervention, including psychiatric care ("specialized services" in the Intervention Pyramid) or clinical mental health care provided by health care workers ("focused, non-specialized supports" in the Intervention Pyramid), should be funded through the USAID/OFDA's Health sector *Non-Communicable Diseases, Injury, and Mental Health* sub-sector. Any intervention that includes both PSS and MH interventions should be included in both sectors and should highlight programmatic linkages and coordination, emphasizing referrals between health and protection programming; coordinated responses; and harmonized messaging on mental health and/or PSS needs and interventions.

Needs Assessment Summary

The justification for intervention and needs assessment must describe how you identified psychosocial support needs and explain the nature of the needs. This section must provide information on how the local community typically responds to psychosocial distress and on exposure of populations to traumatic events. The proposal must also

1. Describe the most critical psychosocial support issues in the target population that the project aims to address (among both displaced and host populations);
2. Describe how the disaster has created or exacerbated acute distress among the target population;
3. Describe what multi-layered support systems currently do or do not exist. These can be formal or informal systems in place before the emergency or systems created by the humanitarian response community. Describe what MH services may be included in any referral process;
4. Describe how the emergency has disrupted community and family cultural norms such as traditional rites, marriages and funerals;
5. Describe how the target population has been consulted in identifying psychosocial needs and solutions;
6. Describe any PSS assessment tools that are used to assess psychosocial issues in the target population;
7. Describe the status and functionality of any existing MHPSS working group or coordination body, and any other clusters or working groups that will be engaged in a coordinated response; and
8. Discuss any potential obstacles for program implementation or for beneficiaries to access services.

Technical Design

The technical design must describe the nature and purpose of proposed psychosocial support activities. A clear, logical link must exist between the activities proposed and the

objective in terms of improving psychosocial well-being. All activities must be socially and culturally grounded, addressing gender-and disability-specific needs and vulnerabilities. Program design should reach large numbers of affected people, including vulnerable or less visible populations, such as marginalized ethnic/religious groups or social classes and those with physical and mental disabilities.

All proposed interventions should adhere to best practices as identified by IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. You must also address the following issues:

Evidence-Based Design and Beneficiary Description

1. Describe the populations or individuals who will benefit from the proposed activities, including number, age range, sex, and type(s) of vulnerability.
2. Describe the criteria and process for beneficiary selection and targeting. Describe how the PSS activities will establish or compliment already existing or community-based protection mechanisms.
3. Describe how local customs, beliefs, and traditional coping strategies will be incorporated into the design of the proposed activities.
4. Describe the level of inclusiveness of the proposed activity for persons with disabilities or unique needs (e.g. information, physical access, etc.).

Program Management, Technical Oversight and Quality Assurance

1. Describe how psychosocial workers or social workers will be supervised, including a description of any in-service training. Detail how program staff will be selected, trained, and supervised.
2. For case management activities, describe how long the case management services will last and what kinds of psychosocial related issues the case management is intended to address. Is the proposed case management targeting the family unit or individuals?
3. Describe how staff will access case management supervision and staff care resources.
4. Describe the proposed group-based activities and the intended PSS outcome (i.e. improved coping skills, increased social cohesion, etc.).
5. Describe the technical standards or guidance you will utilize to inform the program design.
6. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.
7. If the program proposes to train or engage non-protection staff (such as CHWs) in the provision of service, ensure all activities are appropriately coordinated across sectors, and fall appropriately within the remit and technical capacity of each sector staff.

Referrals and Coordination

1. If beneficiaries will be referred to other service providers in the proposed program, describe the services that are available.
2. Describe any linkages that the PSS programs will have to MH services such as referral pathways. If proposing to support or complement MH services as described above, include the Health sector's *Non-Communicable Diseases, Injury, and Mental Health* sub-sector in the proposal and address the technical requirements laid out on page 128.

3. Describe what coordination mechanisms has been established for the response and how this project will engage with that system, including which sectors/subsectors are actively engaged in MHPSS coordination.
4. Discuss how the proposed activities complement and support any existing MHPSS response strategy.

Data Collection and Confidentiality
1. Describe any plans for data collection in the proposed program, including the tools to be used to collect and store data.
2. Describe how you will safeguard sensitive information from misuse, including the identity of vulnerable beneficiaries. How will you communicate confidentiality expectations to beneficiaries?

Accountability to Affected Populations
1. Describe the community's involvement in the design and implementation of proposed activities.
2. What mechanisms will be established to ensure that beneficiaries are able to engage in program design and implementation, including ways to safely provide feedback (e.g. complaints mechanism)?
3. Indicate how the wishes, choices, and dignity of the people assisted will be respected throughout the proposed program.

Indicators

Mandatory
- Number of individuals participating in psychosocial support services
- At least one additional custom indicator to measure protection outcomes of the proposed activities. This indicator should capture a change in the psychosocial well-being of the targeted population; for example;
    - Percentage of people reporting improvements in their feelings of well-being and ability to cope at the end of the program

Sub-Sector: Protection Coordination, Advocacy, and Information

Overview
Recognizing that humanitarian actors are unable to fully protect an affected population, and that protection is the responsibility of national governments, USAID/OFDA supports protection coordination and advocacy activities that are designed to improve the protective environment and provide affected populations with the capacity to advocate for their needs.

Examples of activities for this sub-sector include
- Monitoring of protection issues and disseminating information safely and appropriately to inform protection and other sector responses;
- Advocating for solutions to protection problems and the systematic inclusion of affected populations in response strategies, including program design and delivery;
- Training for protection and non-protection actors on protection issues, and effective interventions;
- Establishment of legal support centers;

- Strengthening the capacity of responsible governments actors and local and community-based organizations to engage in national and international response strategies to protect disaster-affected populations;
- Sharing information about landmines or other explosive remnants of war with the affected population, along with training/public information services on how to avoid harm;
- Sharing information about protection risks with the affected population, along with training/public information services on how to avoid harm, abuse, or exploitation;
- Support for disaster-affected populations to access legal resources, such as documentation, and justice systems; and
- Protection Cluster, GBV or CP sub-cluster leadership and other support for protection-related coordination activities.

Needs Assessment Summary

The justification for intervention and needs assessment should include the following:

1. Provide an overview of existing protection issues, risks, and vulnerabilities;
2. Describe how the disaster context has either created or exacerbated threats or vulnerabilities leading to specific protection risks;
3. Describe the existing coverage of protection activities, and any gaps;
4. Describe the capacity of actors engaged in protection, and how existing gaps in information and/or feedback hamper the effective delivery of humanitarian assistance to affected populations;
5. Explain why the proposed activities/services are needed in this context.

Technical Design

The technical design must describe the proposed activities, making an explicit link between the activities and an improvement in the protective environment, a reduction of the risks described in the needs assessment, or improved access to information or beneficiary feedback resulting in improved humanitarian service delivery. The proposal must also describe the expected protection outcomes of the proposed activities.

You must also address the following issues within the technical design.

Evidence-based Design and Beneficiary Description

1. Describe the primary beneficiaries of the proposed activities. These may be affected populations; other humanitarian actors at the international, national, and local levels; or government officials.
2. Describe the disaster-affected populations whose protection will be promoted through the proposed activities, including number, age range, sex, and type(s) of vulnerability.
3. Describe the criteria and process for beneficiary selection and targeting.
4. Describe how you will incorporate local customs, beliefs, and traditional coping strategies into the design of the proposed activities.
5. Describe the level of inclusiveness of the proposed activity for persons with disabilities (e.g. information, physical access, etc.).

Program Management, Technical Oversight and Quality Assurance

1. Describe how you intend to ensure appropriate technical oversight, particularly for those programs that are being implemented by partners or managed remotely.
2. Describe the technical standards or guidance you will utilize to inform the program design.

3. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.

Referrals and Coordination
1. If people will be referred to other service providers in the proposed program, describe the services that are available.
2. Describe how confidentiality will be maintained within the referral system.

Data Collection and Confidentiality
1. Describe how you will safeguard sensitive information about individuals or groups from misuse and ensure safety and confidentiality of client or beneficiary information.
2. Describe how you will how you will explain confidentiality to people assisted.
3. Indicate how any data collection, management, or dissemination will be aligned with any existing data management systems.

Accountability to Affected Populations
1. Describe how you involved the targeted population in the design of the program.
2. Indicate how the wishes, choices, and dignity of the people assisted will be respected throughout the proposed program.
3. Describe the government's involvement in the proposed activities. Will government or communities continue any of the proposed activities after the close of the program?
4. Describe what role, if any, organizations, including NGOs, UN agencies, or government, will have in developing or delivering the content of the training, as well as follow-up efforts.

Indicators

Mandatory
- Number of individuals trained in protection
- At least one additional custom indicator to measure protection outcomes of the proposed activities. This indicator must capture a change in the protective environment for the affected population; for example,
    - Number of policies, procedures, or practices changed in accordance with protection principles) or measurably improved access to humanitarian service delivery

11. Risk Management Policy and Practice

Overview

Activities in the Risk Management Policy and Practice (RMPP) sector are only those activities that are not appropriate for a specific technical sector listed in these *Guidelines*. Proposed activities in the RMPP sector must fit clearly into one of the sub-sectors listed below. If programs have technical components that fall into any other technical sector in these *Guidelines*, you must choose that sector and follow the specific DRR guidance within that sector, including appropriate indicators. You may choose the RMPP sector in addition to those sectors if some of your proposed activities are integrated into RMPP activities and do not fall within the scope of those other technical sectors.

Investments in DRR programming are designed to reduce loss of lives and livelihoods, safeguard land and infrastructure, increase resilience, and lessen economic impacts. These investments are an integral part of USAID/OFDA's mandate. This support may include activities on local, national, regional, or global levels that mitigate impacts of natural hazards or activities that help populations prepare or plan for disasters. USAID/OFDA works with all levels of government, international and regional organizations, NGOs, local communities, and the private sector in implementing DRR programs. Through fostering linkages across sectors and across organizations, and by improving understanding and implementation of risk management, USAID/OFDA helps reduce people's vulnerability to potential disasters.

For activities relating only to the RMPP sector that might involve changes to the environment or ecosystem, consult the broad array of environmental impact mitigation resources that are freely available to the public, such as the USAID Environmental Impact Assessment website that outlines the possible impacts of typical USAID programs along with mitigation strategies.

Small-Scale DRR Awards

If proposals include sub-awards to implement DRR activities, then you must provide a list of all potential activities under small-scale DRR grants for USAID/OFDA review. If a list is not provided, then USAID/OFDA needs to review small grant activities before implementation. If small-scale DRR grants include activities that fall into other technical sectors, then the guidance provided for the relevant sector should be followed. If activities include equipment and tools,

- Provide a comprehensive list, and
- Address the maintenance, repairs, and replacement of equipment, tools and system after completion of the project.

Construction, Repairs, and Rehabilitation of Structures

Use the *Structures* keyword if proposing activities that include humanitarian construction, such as establishment, expansion, major repair, or rehabilitation of structures to support sector activities/services. Activities that only include light repair of structures, such as door or window repairs or repainting, and that do not entail structural alterations, do not require the use of the *Structures* keyword.

First Aid and/or Search and Rescue Training

If RMPP sector activities include First Aid training, Search and Rescue training, or related trainings, use the *First Aid and/or Search and Rescue Training* keyword and address the following:

1. What curriculum will be used? Internationally and/or locally recognized curricula are preferred. If possible, include a copy of the curriculum or learning objectives;
2. Who will be the target audience? List the criteria for selection for trainees;
3. Identify the instructors and the qualifications they possess; and
4. What follow-up is planned with trainees regarding ongoing supervision, evaluation, and maintenance of knowledge and skills such as refresher trainings? Is there a feedback mechanism or resource made available to participants after training completion?

Early Warning

USAID/OFDA supports end-to-end early warnings of natural hazards as outlined in the Early Warning System key word. If you seek to develop a hazard-specific early warning system, then follow the guidelines provided for specific hazards under the Natural and Technological Risk, Health, or Agriculture and Food Security sectors. The RMPP sector is only intended for the last-mile component of early warning systems (components 3 and 4 in the *Early Warning System* keyword): communication and dissemination of and access to early warnings from nationally authorized entities to enable local governments and communities to take appropriate action. You should define how proposed activities will link with the early warnings of nationally authorized entities and how they will improve preparedness activities and early action. If activities include equipment, tools and systems, please provide a comprehensive list and address maintenance, repairs and replacement of equipment, tools and system after completion of the project.

WASH

Small-scale rehabilitation—replacement of existing WASH infrastructure using the same specification as the original design—can remain in the RMPP sector but should address the technical details listed in the relevant WASH sub-sector. However, if the proposal contains new construction or anything beyond basic rehabilitation to drainage, sanitation infrastructure, or water supply, then the WASH sector should be added to the proposal and follow the guidance under the relevant sub-sector (e.g. Environmental Health, Sanitation, or Water Supply).

Protection Mainstreaming

1. Describe any proposed measures to build capacity for protection in disaster situations, such as prevention of family separation, to improve understanding of protection and inclusion standards, and to address the unique needs of affected populations.
2. Describe any proposed measures to build capacity for protection in disaster situations, such as prevention of family separation, to improve understanding of protection and inclusion standards, and to address the unique needs of affected populations.
3. Describe how you have consulted with people with unique needs on the design of policies and programming to ensure that their concerns are heard and addressed.
4. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, and/or ensured their representation on any program committees so that their concerns are heard and addressed and to avoid community tensions.
5. Describe how you will establish a safe and effective feedback/complaint system for beneficiaries and non-beneficiaries.
6. Describe you will monitor protection issues and how you will use that information to reduce existing and newly identified risks.

Available Sub-sectors and Sample Activities

Building Community Awareness/Mobilization

- Public awareness campaigns and drills
- Dissemination of DRR policies and plans to communities
- Sensitization of communities to disaster risks, including disaster risk identification and reduction activities

Capacity Building and Training (unrelated to specific technical sectors)
- Training on disaster management and DRR
- Building capacity of community, local, national, and regional organizations or entities on effective disaster preparedness and response

Global Advocacy and Engagement
- Support for international entities for raising awareness on and promotion of DRR in relevant agendas and initiatives
- Support for international entities for improving disaster preparedness and response

Integration/Enhancement of DRR Within Education and Research Programs
- Research related to DRR to advance techniques and approaches for DRR implementation
- Institution-based capacity building programs on DRR
- Incorporation of DRR components into university-level training
- Development of DRR curricula for primary, secondary, and/or higher education

Policy and Planning
- Development or strengthening of national DRR strategies, policies, and plans
- Development and/or implementation of DRR policies and plans at local or community levels
- Facilitation or evaluation of adapting national DRR strategies, polices, and plans to the local level

Public-Private Partnerships
- Building relationships between the private sector and other stakeholders in the area of risk reduction
- Promoting private-sector engagement in DRR
- Facilitating private-sector investments in DRR

Sub-sector: Building Community Awareness/Mobilization

Needs Assessment Summary

1. Explain how you assessed needs in the proposed area of work and how that information fed into the proposed intervention.
2. Explain why the proposed area of work requires outside assistance to address current needs or gaps and how this assistance will enhance local/community/national level engagement.
3. Describe the current capabilities of target entities.
4. Explain why the target location or community (or specific sub-groups within that community) needs the specific proposed activities.
5. Describe the current vulnerabilities, capabilities, resources, and systems of the target population (gender-specific when possible) related to hazard identification and mitigation, as well as community engagement and mobilization.

6. Describe any ongoing relevant programs related to the proposed activities. Include programs implemented at all levels of government, by communities, NGOs, and by international entities.
7. Discuss current unmet needs and gaps and how you identified them. If the proposed activity does not fill all of these gaps, explain how that will affect the outcome.

Technical Design

1. Describe how you will design the program, and what hazards or vulnerabilities the program addresses within the community.
2. Describe how the proposed intervention will help build needed capacities, resources, and systems, and meet assessed, gender-specific needs and gaps.
3. Describe how proposed programs will increase awareness and understanding of disaster preparedness, mitigation, and management at regional, national, local, or community levels.
4. Describe how the program will prepare communities and local, national, and regional entities to respond efficiently to potential hazards in the target region.
5. Describe how you will integrate relevant governmental and emergency response agencies into the program.
6. Discuss how you will disseminate and institutionalize successful interventions and lessons learned within training programs at all levels.
7. Discuss the cost-effectiveness of implementing proposed activities.
8. Discuss the potential for replication of interventions beyond the program period.
9. Describe how the program may be self-sustaining over the long-term.
10. Explain who will participate in the program and why. Discuss how you will take gender, age, and disability considerations into account when selecting beneficiaries.
11. Given that the participants should represent a broad cross-section of society, discuss how people will be held accountable for sharing what they have learned with the wider community.
12. Explain how the proposed program will help people support themselves and enhance their capacity to maintain or improve their way of life. Describe how you will blend activities with people's own coping strategies to reach those most in need and gain their participation in strategy development and decision making.

Indicators

Mandatory

- Number of people participating in training
- Percentage of people trained who retain skills and knowledge after two months
- Percentage of attendees at joint planning meetings who are from the local community

Sub-sector: Capacity Building and Training

Needs Assessment Summary

1. Explain how you assessed needs in the proposed area of work and how that information fed into the proposed intervention.
2. Explain why the proposed area of work requires outside assistance to address current needs or gaps and how this assistance will enhance local/community/national level engagement.
3. Describe the current capabilities of target entities.

4. Explain why the target location or community (or specific sub-groups within that community) needs the specific proposed activities.
5. Describe the current vulnerabilities, capabilities, resources, and systems of the target population related to DRR and disaster response. Address any gender-specific differences and issues.
6. Describe any ongoing relevant programs related to the proposed activities. Include programs implemented at all levels of government, by communities, NGOs, and by international entities.
7. Discuss current unmet needs and gaps and how you determined them. If the proposed activity does not fill all of these gaps, explain how that will affect the outcome.
8. Explain how proposed activities will link to and enhance current DRR strategies or plans at local and national levels.

Technical Design

1. Describe how the proposed intervention will help build needed capacities, resources, and systems, and meet assessed needs and gaps.
2. Describe how you will design the training/capacity-building program, who will participate, and how you will achieve gender-balanced participation. How do you expect the program to increase the ability of participants to cope with or prepare for disasters?
3. Describe how the proposed program will increase awareness and understanding of disaster preparedness, mitigation, and management at regional, national, local, or community levels.
4. If applicable, describe how training will improve organizational and management capacities.
5. Explain how the program, including replication of training efforts, will prepare communities and local, national, and regional entities to respond efficiently to potential hazards in the target region.
6. Explain how you will design the proposed projects, products, or information for access by, and transfer to, the target population.
7. Describe how you will integrate relevant government and emergency response agencies into the program.
8. Discuss how you will disseminate and institutionalize successful interventions and lessons learned within training programs at all levels.
9. Discuss the cost-effectiveness of implementing proposed activities.
10. Discuss the potential for replication of interventions beyond the program period.
11. Describe how the program may be self-sustaining over the long-term.
12. Explain who will participate in the program and why. Discuss how you will take gender, age, and disability considerations into account when selecting beneficiaries.
13. Given that the participants in many trainings and capacity-building exercises should represent a broad cross-section of society, discuss how people will be held accountable for sharing what they have learned with the wider community.
14. Explain how the proposed activities will help people reduce the impact of shocks or improve preparedness for and mitigation of potential disasters. Describe how you will blend activities with people's own coping strategies to reach those most in need and gain their participation in strategy development and decision making.

Indicators

Mandatory

- Number of people trained in disaster preparedness, risk reduction and management
- Number of people passing final exams or receiving certificates
- Percentage of people trained who retain skills and knowledge after two months

Additionally required if DRR training includes First Aid, Search and Rescue or health related DRR activities

- Number of people trained in First Aid, Search and Rescue, or health related Disaster Risk Reduction activities

Sub-sector: Global Advocacy and Engagement

Needs Assessment Summary

1. Describe the current level of international engagement in DRR, and what this proposal specifically aims to improve.
2. Describe any ongoing relevant programs related to the proposed activities. Include programs implemented at all levels of government, by communities, NGOs, and by international entities.

Technical Design

1. Describe the relevant agenda or initiative that this program will address or advocate.
2. Describe how the proposed intervention will help raise awareness of and/or promote DRR within the defined agenda/initiative.
3. Discuss how the proposed program will support international entities in improving disaster preparedness or response.
4. Address how the program will ultimately prepare communities and local, national, and regional entities to become more engaged in reducing risks and vulnerabilities, including those related to gender.
5. Explain how you will coordinate among partner agencies.
6. Discuss how this program will serve to strengthen national and regional linkages among relevant risk management entities.
7. Explain how you will integrate relevant governmental and emergency response agencies into the program.
8. Explain how you will integrate the proposed activities into development plans and agendas.
9. Explain how you will choose entities for engagement.
10. Explain how you will identify and target decision-makers for participation.

Indicators

Mandatory

- Number of jointly organized events held
- Number of attendees at jointly organized events
- Number of documents, plans, joint publications and/or agreements modified to include DRR language

Sub-sector: Integration/Enhancement of DRR Within Education and Research Programs

Needs Assessment Summary

1. Explain how you assessed needs in the proposed area of work and how that information fed into the proposed intervention.
2. Explain why the proposed area of work requires outside assistance to address current needs or gaps and how this assistance will enhance local/community/national level engagement.
3. Describe the current capabilities, resources, and systems of the target educational institutions and the current educational system, providing gender-specific information when possible.
4. Describe any ongoing relevant programs related to the proposed activities that are being implemented at other universities.
5. Discuss current unmet needs and gaps and how you identified them. If the proposed activity does not fill all of these gaps, explain how that will affect the outcome.
6. Where applicable, describe existing curricula or ongoing research activities that include DRR.

Technical Design

1. Describe how the proposed intervention will help build needed capacities, resources, and systems, and meet assessed needs and gaps.
2. Discuss how you will develop and implement DRR curricula that are gender-sensitive at all proposed educational levels.
3. Explain how you will integrate proposed DRR curricula development into educational systems. Address how these activities will be sustained following program completion.
4. If applicable, discuss how the program will help to prepare communities and local, national, and regional entities to respond efficiently to potential hazards in the target region.
5. Explain how you will integrate relevant government and emergency response agencies into the program, including serving as expert advisors, if appropriate.
6. Discuss how you will coordinate programs with other universities and identify potential collaborative opportunities.
7. Discuss how you will disseminate successful interventions and lessons learned to other universities or educational systems in the region.
8. Discuss the cost-effectiveness of implementing the proposed activities.
9. Describe the potential for replication of interventions beyond the program period.
10. Where applicable, discuss how you will field-test and operationalize DRR research.
11. Describe how you will determine participants in the program. Discuss how you will take gender, age, and disability considerations into account when selecting beneficiaries.
12. As appropriate, describe how you will determine participation by universities or other educational systems.
13. Explain how beneficiaries of education or funding will be held accountable for sharing what they have learned with the wider population, or for using the funding appropriately within the research community.

Indicators

Mandatory

- Number of DRR curricula developed, by educational level (e.g., primary, secondary, post-secondary)
- Number of students educated on DRR
- Number of DRR-related programs established within educational institutions

Sub-sector: Policy and Planning

Needs Assessment Summary

1. Explain how you assessed needs in the proposed area of work and how that information fed into the proposed intervention.
2. Explain why the proposed area of work requires outside assistance to address current needs or gaps and how this assistance will enhance local/community/national level engagement.
3. Describe the current capabilities, resources, and systems related to DRR policies and strategies.
4. Describe any ongoing relevant programs related to the proposed activities. Include programs that are being implemented at all levels of government and by communities, NGOs, and/or international entities.
5. Discuss current unmet needs and gaps and how you identified them. If the proposed activity does not fill all of these gaps, explain how that will affect the outcome.

Technical Design

1. Describe how the proposed intervention will help build needed capacities, resources, and systems, and meet gender-specific assessed needs and gaps.
2. Explain how this program will serve to strengthen risk management policies and plans, or lead to strategies for risk reduction on any/all levels.
3. Explain how you will disseminate plans to national, regional, local, or community levels, as appropriate.
4. Explain how the proposed program will prepare national, regional, local, and community entities to respond efficiently to potential hazards in the target region.
5. Describe how you will integrate relevant governmental and emergency response agencies into the program.
6. Discuss whether a cost-benefit analysis has informed the program design.
7. Discuss the potential for replication of plans and methodologies beyond the program period, and potentially to other nearby countries or regions.
8. Describe how you will ensure full participation from communities and stakeholders in the development of policies, plans, and strategies.
9. Discuss how adoption of policies, plans, and strategies will take place.
10. Describe how you will determine who participates in the program. Discuss how you will take gender, age, and disability considerations into account when selecting community-level participants.

Indicators

Mandatory

- Number of hazard risk reduction plans, strategies, policies, disaster preparedness, and contingency plans developed and in place
- Number of people participating in discussions regarding national risk reduction strategies as a result of the program
- National and local risk assessment, hazards data and vulnerability information is available within targeted areas (Y/N)

Sub-sector: Public-Private Partnerships

Overview

For purposes of this sub-sector, USAID/OFDA defines the "private sector" as non-government-owned, for-profit entities (i.e. businesses). These might be large national or multinational businesses in the program location or in developed countries, or they might be smaller local businesses in the program area, including those likely to be affected by a future disaster.

The private sector has a critical role to play in reducing and managing risks around the globe. By working with local organizations and the international community, businesses can prepare and equip the communities in which their employees, customers, and suppliers live and work.

Under this sub-sector, USAID/OFDA supports activities that:

- Build lasting relationships between the private sector and other stakeholders in the area of DRR, including multi-stakeholder partnerships between the private sector, the public-sector, and civil society;
- Promote private-sector direct involvement in DRR;
- Facilitate private-sector investments in DRR;
- Support private-sector entities to reduce or mitigate private sector disaster risks, explicitly as a means of reducing disaster risks for vulnerable communities;
- Bring together private businesses with public-sector (government) entities, NGOs, civil society organizations, academia, research institutions, or other entities as relevant.

USAID/OFDA defines a successful public-private partnership (PPP) as one that:

- Leverages USG funds effectively;
- Yields benefits for all partners, including and especially for those most vulnerable to the risks of disaster; and
- Can continue to yield benefits in a sustainable manner over the long term, without further subsidy from USAID/OFDA.

PPPs should go beyond attracting corporate social responsibility or charity funding to finding initiatives that make sense both for vulnerable communities and for companies' bottom lines.

Needs Assessment Summary

1. Explain how you assessed needs in the proposed area of work, and how that information fed into the proposed intervention.
2. Describe the current vulnerabilities, capabilities, resources, and systems of the target population, as related to DRR. Provide gender-specific information where possible.
3. Describe the current level of collaboration between the public and private sectors (civil society groups and corporate entities), and other entities as appropriate.
4. Describe the current level of engagement of the private sector in humanitarian assistance and/or DRR.
5. Describe any ongoing relevant programs related to the proposed activities. Include programs implemented at all levels of government, by communities, NGOs, private companies, and by international entities.
6. Discuss current unmet needs and gaps and how you identified them. If the proposed activity does not fill all of these gaps, explain how that will affect the outcome.
7. As applicable, describe the current capacities of the private-sector segment(s) as they relate to the proposed project.

Technical Design

1. Describe the proposed activities, and explain why the activities are critical to DRR in the targeted region or community.
2. Explain how the program will prepare public and private sector entities to respond efficiently to potential hazards in the target region.
3. Explain what types of businesses you are targeting, and explain how you will achieve their participation.
4. Describe how you will integrate relevant governmental and emergency response agencies into the program.
5. Discuss the cost-effectiveness of implementing proposed activities.
6. Discuss the potential for replication of interventions beyond the program period, including how the program may be self-sustaining over the long term.
7. Discuss how you will disseminate lessons learned to other local and international businesses and to the public sector entities in the region.
8. Identify the direct and indirect beneficiaries of the proposed activities. If the proposed activities include support to private companies, explain how this will result in DRR outcomes for the most vulnerable. You must take gender, age, and disability considerations for the ultimate beneficiaries into account.
9. Explain how participants will be held accountable for spreading the benefits of the intervention to those most vulnerable to disaster risks (e.g. their constituents, producers or employees, partners, the general population).

Indicators

Mandatory

- Number of private sector businesses directly engaged in response or DRR-related activities as a result of the program
- Targeted total number of individuals indirectly benefiting from DRR-related program activities
- Number of government disaster contingency plans that incorporate private-sector aspects as a result of the program

12. Shelter and Settlements

Overview

The objective of humanitarian Shelter and Settlements (S&S) assistance is to provide safer, habitable, covered living spaces and settlements where affected households can resume critical social and livelihoods activities. This assistance focuses not only on reducing the immediate and short-term economic, social, and physical vulnerability of disaster-affected households and their communities, but—importantly—also lays the foundation for longer-term recovery. This section provides guidance on not only various forms of sheltering and various delivery mechanisms (e.g. in-kind, cash transfers), but also on the setting of shelter—settlements—and the many non-shelter structures that support services provided by other sectors. For further information on USAID's construction policy, see ADS 303maw *USAID Implementation of Construction Activities*. Additional guidance on construction-related activities appears in the *Structures* keyword on page 230.

Shelter is more than four walls and a roof (S > 4W + R). Shelter is an essential element of the setting/context/settlement and has operational links with other sectors such as Health, Protection, ERMS, and WASH. Humanitarian assistance becomes more programmatically manageable and effective when S&S is featured over a focus on the four walls and a roof of individual shelters.

Assessment is a necessary and critical element of S&S project design. It is essential, therefore, to understand the disaster/crisis-affected land and housing markets that exist in all settlements. The design of S&S activities must include a thorough understanding of the status of the affected building stock to identify sheltering opportunities (e.g. hosting support, rental support, and adding living spaces) in the target settlements. USAID/OFDA recommends using the Shelter Opportunity Surveys (SOS) to understand housing damage, impacts, needs, and sheltering opportunities in affected settlements from housing to shops, offices, public buildings, warehouses, and other non-housing structures.

USAID/OFDA recommends the following approach to address shelter and settlement needs:

- Apply the Sphere Project guidance to the proposed activities and related indicators. If impractical, please explain why and verify that this would not undermine project objectives.
- Recognize the need to promote and facilitate the longer-term incremental process of recovery, reconstruction, and ultimately the development of affected settlements while keeping in mind that shelter and settlements activities are also platforms for survival, recovery, and DRR.
- Discuss how the proposed provision of a product called shelter—four walls and a roof—can also contribute to the process called sheltering: the incremental process of providing habitable living spaces that is also linked to the longer-term effort of reconstruction and development. USAID/OFDA S&S projects must adequately address both shelter and sheltering, wherever possible.
- Ensure that beneficiaries access a habitable covered living space that meets the minimum USAID/OFDA shelter guidance in this chapter for the specified sheltering option, regardless of the methods or inputs used to achieve that option.
- Seamlessly integrate S&S activities into the emerging response and recovery process lead by disaster-affected households to add value by improving outcomes. Affected

populations often attempt to engage in a process of response and recovery immediately after disaster/crisis events, challenging humanitarian actors to “catch up” with this process, seamlessly merge with that process, and move to support it through value-added improvements to shelter and settlement efforts.

- Proposed activities must, to the maximum extent possible, reflect the centrality of context and the use of locally available materials, local labor, and local building and settlements management practices, while cognizant of resource constraints.

Discuss whether another actor has, or plans to work on, delivering water supply, excreta disposal, and bathing facilities to the beneficiaries of the proposed project. If the intent is to provide the facilities mentioned above under this project, please add the WASH sub-sector (water, sanitation) to the proposal and address the relevant technical requirements.

Resources

To help inform proposed activities in all sub-sectors, please refer to the S&S resources in the Reference document on the Resources page. The resources provide an orientation to sector issues and useful guidance on how to address those issues but do not serve as a substitute for assessment and analysis of conditions in settlements of proposed activity.

Also refer to the World Bank-supported website, ThinkHazard!.

Protection Mainstreaming

1. Describe how you will design shelters and settlements including both the shelter and its location, to be safely accessible by vulnerable groups, including women, adolescents, children, older people, and persons with disabilities.
2. Describe what security measures have been put in place, particularly in high-risk security zones, around showers, latrines, water collection points (if these issues are not addressed under the WASH sector), and in areas frequented by vulnerable groups. How will you ensure the effectiveness of the proposed security measures?
3. Describe how you have consulted with people with unique needs on the design and location of shelters and on the allocation of materials to ensure that their concerns are heard and addressed. Describe how you will ensure that the location and design of settlements allow all categories of beneficiaries, particularly persons with disabilities and/or limited mobility, to access basic services and educational, livelihood, religious, and recreational facilities within the settlement.
4. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, and/or ensured their representation on any program committees so that their concerns are heard and addressed and to avoid community tensions.
5. Address whether separate living areas in the proposed shelters or settlements are available to groups such as single women, people with disabilities, and unaccompanied children, and how these areas maintain their privacy and are protected from stigmatization or targeting of abuse or violence.
6. Describe any measures for beneficiary selection or distributions to be put in place to prevent sexual exploitation and abuse of people seeking shelter and services.
7. Describe the mechanism being used to establish a safe and effective feedback/complaint system for beneficiaries and non-beneficiaries.
8. Describe how to monitor protection issues and how that information will be used to reduce existing and newly identified risks.

Additional Guidance for Cash and Vouchers Keywords

Cash-based approaches (cash or vouchers) can be used in many Shelter & Settlements activities. Follow the relevant sub-sector guidance, as well as all of the guidance provided in the Keywords section of the *Guidelines* for Cash, Vouchers, and/or CFW on pages 221, 232, and 222, respectively.

You must ensure that cash transfers supporting shelter repairs, improvements, construction, or related activities are provided in combination with technical assistance such as skilled labor, supervision, and oversight.

In addition to other basic information needed to design proposed activities, the following should be incorporated into the needs assessment and technical design for cash-based programming:

1. State how you made the determination to use a cash-based response modality over other modalities.
2. Describe how the program will engage or has engaged key stakeholders, including beneficiaries, on the selected modality and transfer value.
3. State and justify the value, frequency and duration of the transfer, including calculations, assumptions, and the household size upon which it is based. For areas with wide variation in household size, discuss any additional accommodations. Please note that WASH-related shelter costs (e.g. solid waste management fees) should be described under the WASH sector.
4. State whether the transfer value and frequency are harmonized with other actors providing cash-based responses to S&S needs (this is strongly preferred).
5. Describe the technical support available to help recipients achieve high-quality works (e.g. repairing, upgrading, and providing shelter) with available assistance.
6. Describe in the proposal any other activities necessary, such as technical or legal support, to ensure the cash or vouchers achieve the program objective for the most vulnerable.
7. Requirements when using cash or vouchers to provide shelter-related NFIs are described on page 204 in the Shelter NFIs sub-sector
8. The Multipurpose Cash Assistance sector must be used when proposing the inclusion of shelter-related goods or services (e.g. rent or NFIs) as part of a multipurpose cash transfer. See page 148.
9. Discuss how the program approach could be adjusted if price or supply monitoring indicates the need to do so.

Available Sub-sectors

- Shelter
- Settlements
- S&S DRR
- S&S NFIs

Guidance on provision of non-shelter structures (e.g. health clinics, nutrition feeding centers, gabions, levees, roads, etc.) is included in the *Structures* keyword.

For the purposes of this section, “disasters” and “crises” are used interchangeably. For the sake of brevity, reference is made only to “disasters”.

Sub-Sector: Shelter

Overview

Shelter assistance includes the provision of technical advice and oversight, as well as financial and in-kind support to promote access to covered living spaces that protect the health and well-being of disaster-affected populations, while contributing to the process of jump-starting the longer-term recovery of those populations. Shelter assistance includes support for hosting families and tenants, shelter and housing rehabilitation and retrofitting operations, and emergency and transitional shelter support. Minimally adequate shelter assistance meets the following requirements:

- Ensures access to covered living space that is easy to clean and keep in good order, that is well ventilated, lit, and equipped, and provides a reasonable degree of privacy and comfort;
- Mitigates the risk of injury and infection by reducing exposure to pests, pollution, and other natural and human-made hazards;
- Promotes meaningful access to livelihoods, markets, play and recreational areas, and essential services; and
- Fosters a sense of personal and family security and self-respect while nurturing social belonging and acceptance.

Needs Assessment Summary

1. List the priority needs of the disaster-affected population, identify ongoing and planned efforts to meet needs in settlements of proposed activities, and disclose the source of information provided.
2. Define the pre-disaster and post-disaster characteristics (e.g. size, population, households, household size, access to affected settlements, security).
3. Discuss the standard housing typologies in the settlement(s) of proposed activity, as well as the damage inflicted to each typology by the disaster.
4. Estimate the number of individuals and households affected by the disaster, and the number of people in need of shelter support in the settlements of proposed activity. Please list your assumptions and provide the calculations made to estimate those figures.
5. List the criteria used to assess the vulnerability of the affected population to future disasters and discuss the methodology employed to develop those criteria.
6. Explain whether shelter needs are short-term or whether a displaced population needs accommodation for a longer and uncertain period.
7. Disaggregate the disaster-affected population in groups based on their ability to cope with the lack of shelter and recover from it. Also describe each group and assess their vulnerability to future shocks.
8. Describe the criteria and the approach used to identify the vulnerable groups, and discuss how those individuals accessed shelter before the disaster and how they are dealing with the lack of accommodations.
9. Discuss the quality, availability, and accessibility of the inputs (e.g. skilled labor, construction materials and rental units) required for the success of a humanitarian shelter program in the relevant settlements.
10. Describe any program-related household and livelihood support activities that typically took place in and around dwelling units.
11. If survey data were used to inform the assessment, please provide the sample size, parameters, and methodology, briefly describe the main findings of the study, and disclose when and which organization surveyed the affected population.
12. List the factors (e.g. insecurity, weather variations, and seasonal work and migrations)

that could impact the ability of the beneficiaries to cope with the lack of shelter and recover from it, and discuss how each factor could foster/constrain the capacity of the most vulnerable households to access adequate shelter.

Technical Design

1. Describe how the proposed program will help beneficiaries to access shelter, and explain the extra support (e.g. technical, financial, in-kind assistance) that will be available to the most vulnerable recipients so they can also access shelter promptly. Include a demonstrative Bill of Quantities (BOQ), field diagrams/sketches (with dimensions noted) and the assumptions and calculations made to estimate the value of the assistance package if the plan is to repair, rehabilitate, retrofit, or construct shelters.
2. Discuss the process used to develop the beneficiary and settlement selection criteria and the approach that will be used to identify and target the recipients.
3. Describe how the proposed program will identify its primary stakeholders (e.g. beneficiaries, local authorities, host communities) and how it will remain accountable to them during its duration. It is important to describe the stakeholders' level of involvement in critical decisions, including recipient and settlement selection criteria and approach, shelter promotion mechanisms, and the scale and scope of assistance provided.
4. Discuss the quality, availability, and accessibility of the inputs (e.g. skilled labor, construction materials, and rental units) required for project implementation in the settlements of proposed activities.
5. Describe the technical support needed and available to help recipients achieve high-quality works (e.g. repair, upgrade, and build shelter) with the assistance provided.
6. Describe the mechanism in place to ensure the program is accountable to the primary stakeholders, especially the beneficiaries and their fellow community members.
7. Explain how related prices (e.g. transportation, labor, construction materials) will be monitored, and discuss how the program approach could be adjusted if high prices undermine the ability of the recipients to access adequate shelter
8. Describe how the program will coordinate with other stakeholders to avoid duplicating efforts and create synergies in humanitarian assistance, making sure to mention how to protect the identity and privacy of the beneficiaries.
9. If the proposed project includes the distribution of sheeting or tarpaulins to create shelter space:
   a) Provide the technical specifications of the material and confirm they meet the specifications of the material distributed by large international humanitarian organizations (e.g. IOM, UNHCR, IFRC, and USAID/OFDA).
   b) Discuss how to support/frame the material to create a living space that meets the standards included in the Sphere Project guide and social and gender-specific preferences and needs.
   c) Identify the framing materials (e.g. bamboo, wood, metal, plastic, rope) that will be used to create the shelter and discuss whether the project will distribute the framing material, the beneficiaries will secure it from another source, or a combination of both. If needed, discuss the potential impact(s) of the recipients purchasing all or a portion of the required framing material.
   d) Include a demonstrative BOQ, field diagrams/sketches (with dimensions noted) and the assumptions and calculations made to estimate the total value of the assistance package the beneficiaries will receive.
10. Describe how the program will monitor the security situation to adjust its implementation approach if the security situation deteriorates.

11. Describe how the program will prevent and mitigate the risk of corruption, fraud, and the diversion of the assistance to other purposes.
12. Describe how the program addresses gender and protection concerns. and
13. Describe how the program will contribute to protecting the land, housing, and property rights of beneficiaries.

Indicators

Select three indicators from choices below

- Number of targeted households with access to shelter
- Number of targeted households with access to shelter pursuant to relevant guidance appearing in the Sphere Project Handbook
- Number and percentage of households having received shelter assistance
- Total USD amount and percent of the approved project budget spent on goods and services produced in the host country economy

Sub-Sector: Settlements

Overview

Humanitarian assistance does not exist in a vacuum, but in Settlements, the places where people exist, from transit centers to mega-cities. Familiar names for settlements include hamlets, villages, towns, cities, metropolitan areas and regions, slums, kampong, barrios, bidonvilles, and neighborhoods. Settlements are the "where" of our work, and "where" questions such as the following are Settlements questions:

- Where does displacement occur?
- Where should shelter and latrines be located?
- Where should camps be located?

Settlements are much more than areas on a map; they are also complex socio-economic and environmental networks that people depend upon for their lives and livelihoods. Settlements, then, are "people-based," socio-economic spaces. The spatial framework provided by a focus on settlements provides the needed context for integrated, multi-sector action. This approach compels coordinated action, and changes the focus from households and shelter to neighborhoods and larger communities. This change in unit of analysis is particularly useful in urban areas.

USAID/OFDA has adopted a "Settlements Approach" (SA) to promote the coordination of activities to improve assistance to affected populations. The SA includes or is:

- Integrated, multi-sector programming within socially-defined spaces, reflecting the multi-faceted character of context (i.e. settlements);
- Opportunistic with regard to livelihood promotion and risk reduction;
- Cognizant of gender, environment, and social relations;
- Transitional, by linking response and recovery concerns; and
- Accountable to local populations and governing structures.

The SA provides the spatial framework for cluster/sector activities and compels coordinated action. Most humanitarian actors working in urban areas focus on providing assistance to affected populations in portions of those areas, so the SA is often referred to as the "Neighborhood Approach" in recognition of the scale of activities.

Settlements, and settlements programming, are involved whenever:

- Two or more shelters are in proximity to each other and the space adjoining them involves program elements that are common to the shelters or their occupants as a group;
- Road/pathways, drainage, infrastructure, sanitation, and other settlements-wide features are needed or involved in a minimally acceptable programming effort; and
- Settlements-based infrastructure is involved or needed for an appropriate shelter intervention.

Guidance

Every sheltering option has an associated set of settlement needs that must be addressed to make it acceptable and attainable. The minimum sub-sector guidance is presented under two headings: General settlements guidance (which apply to all sheltering options) and option-specific guidance (which apply only to the particular sheltering options proposed).

General Settlements Guidance. Whenever settlements are involved, consider the following factors:

- DRR. Settlements are an excellent platform to introduce measures to reduce risk associated with natural and human-caused hazards. Please review the S&S DRR sub-sector for additional guidance.
- Drainage. The positioning of shelters will be such that normal, expected water run-off will not increase the risk of damage or habitability of shelters.
- Road/pathways. Walkways, roads, and other pathways must be properly adapted to drainage dynamics so as not to adversely affect drainage or be rendered unsafe or unusable in the case of expected drainage dynamics; clear of obstructions and positioned such that structures (natural or manmade) will not render them unsafe or unusable in emergencies; and, usable by the community at large.
- Gray and black water control. Realistic steps will be taken to assure that control of gray and black water generated by the settlement collectively is controlled to assure reasonable, community hygiene. Please explain how water supply, excreta disposal, and bathing facilities are being or have been addressed by other actors or if solutions for water supply, excreta disposal, and bathing facilities related to emergency/transitional shelter will be implemented under this project. If WASH interventions will be implemented under this project, please add the WASH sub-sector (water, sanitation) to the proposal and address the relevant technical requirements.
- Planning and Design. The process of planning, designing, and managing settlements activities should be as participatory and community-centered as possible and informed by humanitarian community best practices. See Reference document on the Resources page.

Option-Specific Guidance. Although sheltering options will vary based on context, resources, capacities, needs, and related settlement factors, USAID/OFDA projects typically fall into one or more of the following categories:

- Camps. This form of sheltering presents a somewhat unique settlement situation since camps are generally created after the identification of land that is usually vacant and then populated with tents as the primary shelter option. Intervention in a camp situation can occur in one of two circumstances: creation and operation of a camp, or adopting, operating, or improving an existing camp.

- New camps. In addition to general settlement guidance, other settlement factors to consider include:
  1. The land characteristics are appropriate for the intended camp design and use, the proposed camp location has local support, and land ownership issues have been identified and resolved.
  2. The camp design is informed by humanitarian community guidance (e.g. Sphere Project, CCCM Cluster) and planned as a unitary, multi-sector settlement.
  3. The creation of the camp is accomplished under a detailed plan involving the following intervention components: design, implementation, operations, management, monitoring, remediation, and re-planning.
  4. The design and development of the camp is informed by the cultural, ethnic, religious, and governance characteristics of the population that will occupy the camp, including the need for public spaces, livelihoods, recreation, education, religious activities, and public services.
- Existing camps. In addition to general settlement guidance, other settlement factors to consider include:
  1. An assessment of the current status of the camp.
  2. A detailed analysis of why the proposed interventions are needed, how the intervention will affect, and be affected by, the current camp dynamics, and how the intervention will be coordinated with, and complement, current and planned activities of the camp.
  3. Identifying and confirming availability of resources needed to support proposed changes to existing camps to assure that the settlement can continue to meet the minimum service base necessary to support the camp population as designed.

- Emergency or Transitional Single-Unit Shelters. Settlement factors to consider include:
  1. Living unit patterns should be consistent with local norms and customs and conform to the general settlements guidance above.
  2. Shelter should be accorded priority over other land use activities to ensure habitability, privacy, safety, and security.
  3. Living unit patterns and neighborhood designs must be developed with beneficiary input.
  4. Settlement governance should be promoted and supported to assure viable community operations.

- Hosting Support. Hosting covers living with friends, relatives, or strangers; one-warm-room repairs/retrofitting in private homes; and construction of emergency or transitional single unit shelters on host owner's property. Settlement factors to consider include:
  1. Assuring that the hosting arrangements do not compromise the existing settlement social, economic, cultural, or physical conditions.
  2. Assuring that there is sufficient living space to promote hosting.
  3. Assuring that host communities have sufficient assistance and resources to support the level of proposed hosting.

- Rental Support. Renting is any sheltering option where recognized owners of living spaces are paid rent by occupants (beneficiaries) of that space via a contract or lease arrangement for a fixed period of time. Rental support for the purposes of sheltering

could occur in any kind of structure, from a house or apartment flat to a non-housing structure like a vacant shop or warehouse. Rental support does not include hosting even if some of the assistance includes a payment component, unless the payment is the only assistance provided the beneficiary and the host collectively. Settlement factors to consider include:

1. The rental facility has sufficient safe and secure covered living space to provide minimally adequate shelter to occupants (beneficiaries).
2. The rental facility has adequate common areas to meet the demands of the renters.
3. The rental facility has sufficient basic services (e.g. water, sanitation, other utilities) and conditions (e.g. ventilation, privacy, security, safety) to meet the reasonable demands and expected needs of renting households.
4. Determine whether proposed renting activities will increase or decrease the vulnerability of beneficiaries compared to their pre-event condition, and identify measures to be incorporated into project activities to mitigate any adverse impacts.
5. Determine whether beneficiaries will be able to pay the rent after the project is completed.
6. Determine the impact of proposed renting activities on local housing markets, and identify measures to be incorporated into project activities to mitigate any adverse impacts.
7. Confirm, based on assessment of proposed project area, that addition of renting beneficiaries will be accepted.

- Collective centers. A collective center is a multi-living unit facility sheltering displaced families on an intended emergency basis. There may or may not be any payments by the families to support their presence in collective centers. Settlement factors to consider include:
  1. The collective center has adequate common areas and egress/ingress to meet occupant (beneficiary) needs.
  2. The collective center has sufficient basic services (e.g. water, sanitation, other utilities) and conditions (e.g. ventilation, privacy, security, safety) to meet the reasonable demands and expected needs of occupants (beneficiaries).
  3. The collective center has adequate governance and management to assure security, safety, health and protections of the residents.

- Neighborhoods. Simply stated, neighborhoods are a form of settlement, usually associated with urban and peri-urban areas. USAID/OFDA views neighborhoods as the basic conceptual, programming, and operational element in urban settings, and the neighborhood approach is the preferred intervention methodology. Factors customary to neighborhoods and the neighborhood approach include:
  1. A neighborhood is largely residential in nature and defined both by physical and natural boundaries (e.g. roads, rivers, ravines, natural structures, etc.), as well as the affinity relationships of residents (e.g. social cohesion, culture, economy, etc.).
  2. Planning and project design/implementation decisions must be part of a process of engagement with neighborhood residents.
  3. The neighborhood as a settlement acts as the organizing framework for defining required response elements of the intervention (sheltering, WASH, protection, livelihoods, DRR, etc.) and prioritizing the timing, phasing and magnitude of those response elements through the course of the intervention.
  4. Assuring that the settlement has the minimum level of service capability to support neighborhood needs.

Needs Assessment Summary

1. List the priority needs of the disaster-affected population, identify ongoing and planned efforts to meet needs in settlements of proposed activities, and disclose the source of information provided.
2. Define the pre-disaster and post-disaster characteristics (e.g. size, population, households, household size, access to affected settlements, security).
3. Discuss the standard housing typologies in the settlement(s) of proposed activity, as well as the damage inflicted to each typology by the disaster.
4. Estimate the number of individuals and households affected by the disaster and the number of people in need of shelter support in the settlements of proposed activity. Please list your assumptions and provide the calculations made to estimate those figures.
5. List the criteria used to assess the vulnerability of the affected population to future disasters, and discuss the methodology employed to develop those criteria.
6. Explain whether shelter needs are short-term or whether a displaced population needs accommodation for a longer and uncertain period.
7. Disaggregate the disaster-affected population in groups based on their ability to cope with the lack of shelter and recover from it, describe each group and assess their vulnerability to future shocks.
8. Describe the criteria and the approach used to identify the vulnerable groups, and discuss how those individuals accessed shelter before the disaster and how they are dealing with the lack of accommodations.
9. Discuss the quality, availability, and accessibility of the inputs (e.g. skilled labor, construction materials and rental units) required for the success of a humanitarian shelter program in the relevant settlements.
10. Describe any program-related household and livelihood support activities that typically took place in and around dwelling units.
11. If survey data were used to inform the assessment, please provide the sample size, parameters, and methodology, briefly describe the main findings of the study, and disclose when and which organization surveyed the affected population.
12. List the factors (e.g. insecurity, weather variations, and seasonal work and migrations) that could impact the ability of the beneficiaries to cope with the lack of shelter and recover from it, and discuss how each factor could foster/constrain the capacity of the most vulnerable households to access adequate shelter.

Technical Design

1. Describe how the proposed program will help beneficiaries to access shelter and explain the extra support (e.g. technical, financial, in-kind assistance) that will be available to most vulnerable recipients so they can also access shelter in a timely manner. Include a demonstrative BOQ and field diagrams/sketches (with dimensions noted) if beneficiaries will be assisted via repair, rehabilitation, retrofitting, or building activities, and the assumptions and calculations made to estimate the value of the assistance.
2. Discuss the process used to develop the beneficiary and settlement selection criteria and the approach that will be used to identify and target the recipients.
3. Describe how the proposed program will identify its primary stakeholders (e.g. beneficiaries, local authorities, host communities) and how it will remain accountable to them during its duration. It is important to describe the stakeholders' level of involvement in critical decisions, including recipient and settlement selection criteria and approach, shelter promotion mechanisms, and the scale and scope of assistance

provided.

4. Discuss the quality, availability, and accessibility of the inputs (e.g. skilled labor, construction materials, and rental units) required for project implementation in the settlements of proposed activities.
5. Describe the technical support needed and available to help recipients achieve high-quality works (e.g. repair, upgrade, and build shelter) with the assistance provided.
6. Describe the mechanism in place to ensure the program is accountable to the primary stakeholders, especially the beneficiaries and their fellow community members.
7. Explain how related prices (e.g. transportation, labor, construction materials) will be monitored, and discuss how the program approach could be adjusted if high prices undermine the ability of the recipients to access adequate shelter.
8. Describe how the program will coordinate with other stakeholders to avoid duplicating efforts and create synergies in humanitarian assistance, making sure to mention how to protect the identity and privacy of the beneficiaries.
9. If the proposed project includes the distribution of sheeting or tarpaulins to create shelter space:
    a. Provide the technical specifications of the material and confirm they meet the specifications of the material distributed by large international humanitarian organizations (e.g. IOM, UNHCR, IFRC, and USAID/OFDA).
    b. Discuss how to support/frame the material to create a living space that meets the standards included in the Sphere Project guide and social and gender-specific preferences and needs.
    c. Identify the framing materials (e.g. bamboo, wood, metal, plastic, rope) that will be used to create the shelter and discuss whether the project will distribute the framing material, the beneficiaries will secure it from another source, or a combination of both. If needed, discuss the potential impact(s) of the recipients purchasing all or a portion of the required framing material.
    d. Include a demonstrative BOQ, field diagrams/sketches (with dimensions noted) and the assumptions and calculations made to estimate the total value of the assistance package the beneficiaries will receive.
10. Describe how the program will monitor the security situation to adjust its implementation approach if the security situation deteriorates.
11. Describe how the program will prevent and mitigate the risk of corruption, fraud, and the diversion of the assistance to other purposes.
12. Describe how the program addresses gender and protection concerns.
13. Describe how the program will contribute to protecting the land, housing, and property rights of beneficiaries.

Indicators

Mandatory

- Number of people (beneficiaries) in the settlement (neighborhood) receiving support from settlements activities
- Beneficiaries as a percentage of the total number of settlements (neighborhood) residents
- Percentage of settlement (neighborhood) beneficiaries who believe settlement (neighborhood) activities met or exceeded expectations

Sub-Sector: S&S DRR

Overview

This section is devoted to discussion of DRR activities that can be proposed separately or combined with other S&S sub-sectors. The objective of this sub-sector is to promote DRR activities that make shelter and settlements both safer and more habitable. DRR activities can thus be integrated into proposed shelter, settlements, infrastructure and services, shelter-related NFI, and cash-transfer efforts.

Refer to the World Bank-supported website, ThinkHazard!.

Needs Assessment Summary

1. List the priority needs of the disaster-affected population, identify ongoing and planned efforts to meet needs in settlements of proposed activities, and disclose the source of information provided.
2. Define the pre-disaster and post-disaster characteristics (e.g. size, population, households, household size, access to affected settlements, security).
3. Discuss the standard housing typologies in the settlement(s) of proposed activity, as well as the damage inflicted to each typology by the disaster.
4. Estimate the number of individuals and households affected by the disaster and the number of people in need of shelter support in the settlements of proposed activity. Please list your assumptions and provide the calculations made to estimate those figures.
5. List the criteria used to assess the vulnerability of the affected population to future disasters, and discuss the methodology employed to develop those criteria.
6. Explain whether shelter needs are short-term or whether a displaced population needs accommodation for a longer and uncertain period.
7. Disaggregate the disaster-affected population in groups based on their ability to cope with the lack of shelter and recover from it, describe each group and assess their vulnerability to future shocks.
8. Describe the criteria and the approach used to identify the vulnerable groups, and discuss how those individuals accessed shelter before the disaster and how they are dealing with the lack of accommodations.
9. Discuss the quality, availability, and accessibility of the inputs (e.g. skilled labor, construction materials and rental units) required for the success of a humanitarian shelter program in the relevant settlements.
10. Describe any program-related household and livelihood support activities that typically took place in and around dwelling units.
11. If survey data were used to inform the assessment, please provide the sample size, parameters, and methodology, briefly describe the main findings of the study, and disclose when and which organization surveyed the affected population.
12. List the factors (e.g. insecurity, weather variations, and seasonal work and migrations) that could impact the ability of the beneficiaries to cope with the lack of shelter and recover from it, and discuss how each factor could foster/constrain the capacity of the most vulnerable households to access adequate shelter.
13. Assessments must *not* focus exclusively on individual households but include analysis of key settlements-based housing market characteristics in potential or actual disaster/crisis-affected areas. A better understanding of housing will provide an understanding of:
    a. The numbers and attributes of people living in settlements of proposed activity;
    b. Sociocultural, gender, and economic practices influencing how they live;
    c. Who builds housing in settlements of proposed activity;
    d. How housing is built;
    e. How long it takes to build or repair/retrofit a typical housing unit in the affected

area, which may include multi-unit, multi-story structures;
   f. What building techniques and materials are used;
   g. The source and composition of these materials;
   h. The availability and cost of local materials; and
   i. Options available to address both disaster response and risk reduction concerns at both the structure and settlements levels.
14. Address what assessments, surveys, and discussions are informing program design. Needs should not be derived or assumed based on damage assessments alone, but also determined through interaction with affected populations, especially those considered most vulnerable.
15. Identify and discuss the cause(s) of housing damage in affected settlements, and the likelihood that it will be repeated in the foreseeable future.
16. Define the area affected (e.g. a portion of a city, a town or city, several settlements, a region). Cite physical size of affected settlements, if possible.
17. Identify how many people live in the settlements of proposed activity.
18. Identify the average number of people who resided in a typical dwelling unit before the disaster. Explain how pre-event levels may have changed, and why.
19. Provide the number and percentage of households and individuals who sustained damage to their homes.
20. Provide a damage profile, to the extent possible, cataloguing the varying degrees of housing damage from undamaged to destroyed, using OCHA or other recognized damage classification methods.
21. Provide the number of damaged dwellings that are habitable without immediate repair, habitable only after repair, uninhabitable, and requiring demolition.
22. Describe the shelter delivery systems <u>before</u> the disaster, including relevant market systems for shelter items and services, and relevance to DRR provision.
23. Assessments must include detailed analysis and mapping of the prevalent hazards in the settlements of proposed activity, including their anticipated impacts on housing and critical infrastructure such as schools, clinics, water and sanitation systems, etc.

<u>Technical Design</u>

1. Describe how the proposed program will help beneficiaries to access shelter, and explain the extra support (e.g. technical, financial, in-kind assistance) that will be available to most vulnerable recipients so they can also access shelter in a timely manner. Include a demonstrative BOQ and field diagrams/sketches (with dimensions noted) if beneficiaries will be assisted via repair, rehabilitation, retrofitting, or building activities and the assumptions and calculations made to estimate the value of the assistance
2. Discuss the process used to develop the beneficiary and settlement selection criteria and the approach that will be used to identify and target the recipients.
3. Describe how the proposed program will identify its primary stakeholders (e.g., beneficiaries, local authorities, host communities) and how it will remain accountable to them during its duration. It is important to describe the stakeholders' level of involvement in critical decisions, including recipient and settlement selection criteria and approach, shelter promotion mechanisms, and the scale and scope of assistance provided.
4. Discuss the quality, availability, and accessibility of the inputs (e.g. skilled labor, construction materials, and rental units) required for project implementation in the settlements of proposed activities.
5. Describe the technical support needed and available to help recipients achieve high-quality works (e.g. repair, upgrade, and build shelter) with the assistance provided.

6. Describe the mechanism in place to ensure the program is accountable to the primary stakeholders, especially the beneficiaries and their fellow community members.
7. Explain how related prices (e.g. transportation, labor, construction materials) will be monitored, and discuss how the program approach could be adjusted if high prices undermine the ability of the recipients to access adequate shelter.
8. Describe how the program will coordinate with other stakeholders to avoid duplicating efforts and create synergies in humanitarian assistance, making sure to mention how to protect the identity and privacy of the beneficiaries.
9. If the proposed project includes the distribution of sheeting or tarpaulins to create shelter space:
    a. Provide the technical specifications of the material and confirm they meet the specifications of the material distributed by large international humanitarian organizations (e.g. IOM, UNHCR, IFRC, and USAID/OFDA)
    b. Discuss how to support/frame the material to create a living space that meets the standards included in the Sphere Project guide and social and gender-specific preferences and needs.
    c. Identify the framing materials (e.g. bamboo, wood, metal, plastic, rope) that will be used to create the shelter and discuss whether the project will distribute the framing material, the beneficiaries will secure it from another source, or a combination of both. If needed, discuss the potential impact(s) of the recipients purchasing all or a portion of the required framing material.
    d. Include a demonstrative BOQ, field diagrams/sketches (with dimensions noted), and the assumptions and calculations made to estimate the total value of the assistance package the beneficiaries will receive.
10. Describe how the program will monitor the security situation to adjust its implementation approach if the security situation deteriorates.
11. Describe how the program will prevent and mitigate the risk of corruption, fraud, and the diversion of the assistance to other purposes.
12. Describe how the program addresses gender and protection concerns.
13. Describe how the program will contribute to protecting the land, housing, and property rights of beneficiaries.
14. Identify hazard risks (e.g. from floods, landslides, earthquakes, hurricanes, etc.) to be reduced, and particular structural <u>and</u> non-structural measures designed to reduce identified risks to safer levels. Please reflect measures in diagrams or field sketches if proposing shelter-level DRR, clearly identify specific DRR measures, and submit detailed BoQ and budgets. Non-structural measures can include the provision of technical assistance and capacity building related to DRR, to include support of settlements-based planning efforts to reduce identified hazard risks (see S&S sub-sector on Shelter). Please submit maps or diagrams of settlements of proposed activity, illustrating areas where DRR measures will be applied.

<u>Indicators</u>

<u>Mandatory</u>

- Number of people and households benefiting from shelters incorporating DRR measures in settlements of proposed activity
- Number of people and households benefiting from settlements adopting DRR measures
- Number and percentage of people in settlements of project activity retaining shelter and settlements DRR knowledge two months after training

Sub-Sector: S&S NFIs

Overview

Proposals including the use of selected S&S NFIs will reflect guidance presented in this sub-sector. This sub-sector includes cash or vouchers for beneficiaries to obtain shelter-related NFIs. Inputs previously included as part of Logistics Support and Relief Commodities sector activities, such as plastic sheeting, tools, and materials, must now be incorporated into the *S&S Shelter* sub-sector. For additional clarity, see the following lists:

SHELTER INPUTS *NOT* TO BE USED AS PART OF THIS SUB-SECTOR

- Plastic sheeting or tarpaulins intended for shelter (4M X 6M preferred),
- Tools/equipment (e.g. hammers, shovels, saws, machetes, axes, wheelbarrows, molds for local brick making),
- Construction materials (e.g. grass/leaves/other for roofing, sticks and bamboo, locks, doors, windows, and fixings kits, including nails, rope, washers, fasteners, etc.), and
- Tents (not encouraged; viewed as “last resort” and not “default response”).

ILLUSTRATIVE LIST OF SHELTER-RELATED NFIs CONSIDERED FOR THE S&S NFIs SUB-SECTOR

Emergency Shelter

- Lights (solar, battery, hand-crank, etc.)
- Light Search and Rescue (SAR) tool kits

Cooking/Heating, Stoves/Fuel

- Household Kitchen Sets (e.g. pots, plates, cooking and eating utensils, cups, storage bags)
- Cooking/heating stoves
- Cooking/heating fuel

Bedding and Clothing

- Blankets
- Sleeping mats (plastic, tear proof, and water impervious, or other materials)
- Foot mats (plastic, woven grass, or other materials)
- Clothing

Needs Assessment Summary

Describe:

1. What commodities are needed and why;
2. Total number of individuals requiring assistance, by sex;
3. Adequacy, in numbers and skills, of potential labor force for commodities handling and storage;
4. Factors influencing the potential beneficiaries’ ability to access local markets for commodities:
   a. Whether markets are generally functioning,
   b. Whether the needed items are, or will be, available, and
   c. Beneficiary proximity to and familiarity with local markets, including gender-specific issues (e.g. restricted access for women, etc.);
5. Factors informing the choice of distribution method (e.g. direct distribution of imported items, distribution of locally sourced items, cash distribution, vouchers):

   a. Relative speed and cost of different distribution methods,
   b. Relative safety and security of different distribution methods, and
   c. Quality control concerns of local commodities or use of restricted commodities.

Technical Design

1. Provide details about the commodities to be distributed:
   a. For imported commodities, explain whether these items are normally imported; whether proposed imports will compete with locally manufactured goods; cultural acceptability of the proposed goods; what steps you will take to prevent disruption of the local economy and markets; anticipated effects on men's and women's employment; relevant government regulations and restrictions concerning commodity importation; any similar items that can be made locally; analysis of local manufacturing costs versus imports plus transportation; whether commodities can be replenished locally or through normal import channels following the disaster response; and whether they can be replaced affordably;
   b. For items distributed via cash transfers or vouchers, follow the guidance provided in the *Cash* and *Vouchers* keyword section(s) on pages 221 and 232, respectively.
   c. For locally sourced commodities, describe how existing capacity within the country can support the volume of commodities needed without depleting the supply required for normal use; anticipated effects on supply and demand; and the potential for price increases that local residents cannot afford.
2. Provide a detailed distribution plan for the commodities, explaining how many commodities you will distribute and to whom. Select multiple times and locations, based on assessments, for distributions in proposed project settlements to promote improved beneficiary access. Ensure that beneficiary households know in advance the NFI kit bulk and weight, possible need for transport assistance, and distribution times and locations.
3. Explain whether the proposed commodities, and the distribution method selected, are appropriate and accessible for both men and women; explain how you consulted both men and women as to the type and quantity of items they need and the distribution method they prefer.
4. Explain whether the proposed commodities are common or foreign to the culture or norms of the country. If they are foreign to the target populations, explain how you will sensitize people to their uses and benefits.
5. Describe measures taken by implementing partners to ensure that commodities are appropriately used.
6. Describe measures taken by implementing partners to reduce potential corruption and fraudulence in the distribution efforts.
7. Describe any alternatives considered to meet needs more affordably, have a lesser impact on the affected area, better utilize local labor, move more money into the local economy, or be more sustainable. Explain why you rejected these alternatives.
8. If environmentally friendly alternatives (e.g. biodegradable, fuel-efficient, sustainable sources) exist, provide a detailed justification if these alternatives are not adopted.
9. Describe availability of transport for commodities to distribution sites.
10. Assess ability of people to safely transport commodities from distribution sites to their homes or places of use.
11. Describe adequacy of storage facilities and capacity, including how you will keep commodities secure until they are distributed.
12. Specify Sphere or other proposed standards that will be used to measure quantities.
13. Describe coordination plans to prevent overlap with distributions being implemented by other NGOs or relief agencies.

14. For commodities that are technical and/or require servicing or maintenance, describe the availability of parts and personnel to support operation in the short and long terms.
15. Operational plans must also include a means for disposing expendable items and/or associated packing, and you must describe efforts to reduce discarded waste. Operational plans must also include:
    a. Number of people, by sex, and communities to be targeted including the selection criteria and methods to be used;
    b. How people are expected to use the proposed NFIs, and what guidance will be provided in a timely manner to ensure people use NFIs as intended;
    c. Evidence that the selected NFIs are acceptable to the target people;
    d. If distributions will be partial, explain how potential tensions between NFI recipients and non-recipients will be managed; and
    e. If introducing an imported item, how potential social and cultural constraints or ramifications will be mitigated.

Indicators

Select three indicators from choices below

- Total number and per item USD cost of NFIs distributed, by type (e.g., mats, blankets, kitchen sets, other)
- Percentage of identified beneficiary household NFI needs supported through use of cash/vouchers
- Number and percentage of households receiving NFIs
- Number and percentage of people reporting satisfaction with the quality of the NFIs they received

13. Water, Sanitation, and Hygiene

Overview

Interventions under the Water, Sanitation, and Hygiene (WASH) sector aim to reduce morbidity and mortality associated with an increase in WASH-related diseases and environmental health risks resulting from a shock or displacement.

Emergency Response

1. Sphere standards must be applied to all proposed activities and related indicators. If there are specific contextual situations in which it is not possible to achieve the Sphere standards, you should still strive towards these standards but provide brief but thorough justification explaining why Sphere standards are not achievable.
2. Proposed activities must be based upon findings from rapid assessments. Include assessment data as a summary table within the proposal or as an appendix. Specify dates and sources. A sample of the required WASH assessment data is available on the Resources page.
3. You must explain how access to water and/or sanitation or capacity to practice key hygiene behaviors has changed as a result of a shock or displacement.
4. WASH activities must be implemented as a comprehensive program, including hygiene promotion, water supply, and sanitation, or provide justification for the exclusion of one or more of the sub-sectors.
5. You must follow “best-practices” to ensure that emergency activities are rapid and effective, meet objectives, and address critical public health risks associated with the shock or displacement. Innovative approaches must be justified and appropriate for the context.
6. Activities must be accompanied by active WASH Cluster participation or participation in relevant humanitarian coordination mechanisms.

Disaster Risk Reduction

Proposed DRR activities must either reduce the risk, frequency, or severity of a specific, recurrent shock or shocks, or increase the resilience of men, women, and children to withstand the impact of that shock over time, and to more quickly recover. WASH DRR interventions must follow the guidance for relevant sub-sectors. In addition:

1. DRR programs require robust assessment data and more substantial justification than emergency response programs. DRR programs must focus on the relevant potential hazard(s), the vulnerabilities and capacities of the target population, and strategies to prepare for or mitigate risks. Include assessment data as a summary table within the proposal or as an appendix. Specify dates and sources. A sample of the required WASH assessment data is available on the Resources page.
2. You must justify how activities will be aligned with national DRR strategies and standards of the host country government. If this approach varies from a standardized national strategy or standard, please provide justification. Note that emergency minimums are not appropriate targets for DRR programs.
3. You must justify how the program will reduce or mitigate disaster risk and/or contribute towards improvements in access to water-sanitation and improved hygiene behaviors. This must also address governance/policies, national/local level capacity, and private sector capacity to support interventions (as relevant).
4. You must justify how the proposed intervention(s) will integrate with and complement other DRR projects and initiatives, particularly those in longer-term development programs.
5. Proposed activities may include pilot projects. However, they must include a robust

evaluation component to determine success or failure and must have a sufficient timeline to ensure evaluation. See Evaluation Plan requirements.

6. Recommend and provide justification for proposed project duration. The proposed timeframe for the project must allow adequate time to achieve proposed objectives. If activities/objectives require more than 12 months to be completed or achieved sustainably, please explain how the proposed intervention(s) will be continued through USAID/OFDA or other donor funding after the end of the proposed project.
7. You must describe if the proposed project fits within a larger strategy or if it is a stand-alone project. Identify other activities and funding sources that are intended to complement this project.
8. You must clearly describe potential negative environmental and social impacts and how they will be mitigated; e.g. cite potentially harmful impacts regarding gender, livelihoods, power inequity, depletion of natural resources, and negative settlement patterns.

Protection Mainstreaming

Proposals must demonstrate protection mainstreaming in the technical description.

1. Describe the mechanism being used to establish a safe and effective feedback/complaint system for beneficiaries and non-beneficiaries.
2. Describe how protection issues will be monitored and how that information will be used to reduce existing and newly identified risks.
3. Describe how you will design WASH facilities, including both the infrastructure and location, to be safely accessible by vulnerable groups, including women, children, older people, and persons with disabilities.
4. Describe how you have consulted with people with unique needs on the design and location of toilet and washing facilities to ensure that their concerns are heard and addressed.
5. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, and/or ensured their representation on any program committees so that their concerns are heard and addressed and to avoid community tensions.
6. Address whether adequate space exists for women to clean, dry, and dispose of sanitary materials with privacy and dignity.
7. Describe how hygiene promotion interventions will be targeted to persons with disabilities and/or limited mobility, including any outreach activities that may target these groups.
8. Describe the measures to be put in place to prevent sexual exploitation and abuse of people seeking access to WASH facilities and services.

Market-Based Programming

OFDA encourages partners to consider the use of market-based programming as an implementation modality. The use of such programming must be informed by beneficiary preferences, contextual analysis, market assessments, and program objectives. Market-based programming in WASH includes a range of approaches that are based on understanding and supporting market systems local to the affected population. Market-based programming spans all types of engagement with market systems and represents a gradient of interventions that ranges from using markets to pro-actively strengthening and developing those markets. Three main approaches to market engagement are:

- Short-term, market-integrated relief to reach beneficiaries following emergencies, such as through cash and voucher interventions;
- Indirect support through markets, such as short-term targeted support to market actors

that restore the market system after a crisis; and
- Longer-term (e.g. DRR) market strengthening and development to build resilience and strengthen livelihoods.

Cash- and voucher-based approaches can be used across all of the WASH sub-sectors. Please follow the specific sub-sector guidance outlined below, as well as addressing the following points:

1. Explain how quality standards will be ensured (e.g. ensuring chlorinated water is provided through water trucking voucher schemes, solid waste services will continue to collect waste at the agreed frequency, etc.) and how the availability/accessibility of the service or product will be monitored throughout the duration of the project.
2. State and justify the value of the transfer and the household size upon which it is based. For areas with wide variation in household size, discuss any additional accommodations.
3. Requirements when using cash or vouchers to provide WASH-related NFIs are described on page 219 in the WASH NFIs sub-sector.
4. The Cash and/or Vouchers keywords must be used when using the cash or vouchers modality to achieve WASH-specific objectives; see pages 221 and 232 for requirements, respectively.
5. The Multipurpose Cash Assistance sector must be used when proposing the inclusion of WASH services/products in MPCA transfers. See page 148.

CFW Programming

When using CFW as a modality to implement water or sanitation activities, the narrative must describe the specific unskilled tasks for which CFW will be used, how skilled labor will complement unskilled labor, and how the work will be monitored by the relevant technical WASH staff. You must use the *CFW* keyword; see description on page 222. Also see the *Temporary Employment* sub-sector on page 117 for additional guidance on CFW (including beneficiary selection).

Available Sub-sectors and Sample Activities

Environmental Health
- Solid waste management (household, community, municipal)
- Community cleaning campaigns
- Drainage
- Environmental control activities for vector-borne disease

Hygiene Promotion
- Hand washing
- Hand washing materials
- Latrine usage
- Safe Water Chain
- Household water transport, storage, and consumption
- Food preparation

Sanitation
- Latrines (household, institutional, communal)
- Latrine maintenance and management
- Other excreta management
- Hand washing facilities

- Bathing facilities
- Washing slabs, e.g. areas for washing laundry
- Menstrual hygiene management (MHM) facilities
- Sewer system/network rehabilitation
- Wastewater treatment

Water Supply
- Groundwater systems, such as hand-dug wells, boreholes, springs
- Piped water networks rehabilitation
- Water trucking
- Water vendors/kiosks
- Water lifting devices (hand pumps, motorized pumps)
- Water point/system operation and maintenance
- Water treatment (household, water point, system level)
- Water quality testing (household, water point, system level)

WASH NFIs
Distributions may include items such as
- Water transport and storage containers
- Soap
- MHM materials
- Diapers
- Other hygiene items
- Cleaning materials and products

Exit Strategy
Every WASH activity (both Emergency and DRR) must have a well-defined, viable exit strategy or an explanation of why an exit strategy is not feasible or necessary at this time (e.g. likely continuation of conflict, etc.). Exit strategies must consider the following areas:
1. Clear and timely communication to communities/beneficiaries/authorities regarding the end of program activities;
2. Operation and maintenance (O&M) costs for water-sanitation infrastructure and services or justification why an O&M strategy is not feasible or necessary;
3. Enabling environment for the continued practice of key hygiene behaviors;
4. Handover to local authorities/service providers actors or other organizations to continue WASH activities (as required) or closure/decommissioning where appropriate; and
5. The necessary capacity, skills, materials and available resources for the continuation of WASH activities.

For DRR programs, strategies to promote the continuation of relevant program activities to reduce the risk or mitigate the impact of future shocks.

Needs Assessment Summary
1. Provide an analysis of the current public health risks resulting from changes in WASH services and hygiene behaviors due to a shock or displacement; and
2. Provide available morbidity and mortality data associated with identified WASH risks, as well as data on recent WASH-related disease outbreaks in the region. Data must be based upon findings from rapid assessments. Include assessment data as a summary table within the proposal or as an appendix. Specify dates and sources. A

sample of the required WASH assessment data is available on the Resources page.

Technical Design

1. Provide map(s) of the proposed intervention area(s). To the degree possible, please also provide GPS coordinates (in decimal degrees) of the proposed sites for major infrastructure.
2. Describe the setting (e.g. IDP camp, host community, urban or rural and demographic characteristics of the target population, disaggregated by sex where possible. Include the average household size.
3. Explain your strategy for ensuring appropriate involvement of both women and men as key players in program development and implementation. Address the specific needs of persons with disabilities, older people, and other vulnerable groups.
4. Explain how the proposed interventions and approaches are appropriate for the proposed timeframe.
5. Describe if your project will adhere to existing WASH protocols/standards developed by either the government or by the WASH sector coordination body. If your approach will differ from the existing protocols, provide a strong justification.

Sub-sector: Environmental Health

Overview

The Environmental Health sub-sector focuses on community-level interventions aimed primarily at drainage, solid waste management, and vector control activities. Proposed activities must be evidence-based and clearly target identified public health risks. All emergency interventions must adhere to national emergency standards or Sphere, while recovery and DRR interventions must utilize standards appropriate for the context.

Needs Assessment Summary

1. If not already addressed, include the WASH sector-wide needs assessment requirements.
2. Discuss the current methods of solid waste management (at the relevant level: household, communal, health facility) and how these may have changed as a result of the shock or displacement.
3. Explain any new problems with drainage as a result of the shock or displacement or changes in the context that have exacerbated underlying problems with drainage (household or community level).

Technical Design

1. If not already described, include the WASH sector-wide technical design requirements.
2. In emergency programming, simple designs for each infrastructure activity are adequate. Infrastructure designs and BOQ should be provided at proposal stage. If they are not available at proposal stage, please state in the narrative that designs and BOQs will be provided to USAID/OFDA for approval prior to tendering/construction. For DRR programs, USAID/OFDA requires more detailed technical designs.
3. If market-based programming modalities will be used, please follow the guidance provided for the WASH sector in general and the relevant Keyword section (Cash on page 221 and Vouchers on page 232).
4. For relevant activities, explain the beneficiary selection criteria or how locations for intervention were selected.
5. For all types of waste management activities, describe the proposed intervention from generation through final disposal. If solid waste will be collected, please explain how

the volume of collection containers and/or transport vehicles, as well as frequency of waste collection, was calculated to demonstrate that the proposed approach will be sufficient to collect the waste being generated.

6. For waste management, explain how regularly occurring activities, such as trash removal, will continue after project end or explain the exit strategy. USAID/OFDA does not support paying individuals (e.g. using CFW) to participate in periodic community or household level cleaning campaigns. Depending on the context and intervention modality, USAID/OFDA may support the regular collection and transport of waste at the municipal level or in formal camps if the shock or displacement has severely impacted the capacity for waste management.
7. For drainage, describe how the locations were selected for intervention, the specific improvements proposed, and the planned outlet for the drainage.
8. For vector control activities, describe any environmental modification, chemical usage, or personal protective measures. Use of pesticides and LLINs are restricted commodities that require additional approvals (see page 56 of these *Guidelines*).
9. Describe safety procedures to ensure staff/workers are protected during project activities, especially when managing waste or chemicals.

Indicators

Mandatory

- Number of people receiving improved service quality from solid waste management, drainage, or vector control activities (without double-counting)

Select at least two additional indicators from choices below

- Average number of community cleanup/debris removal activities conducted per community targeted by the environmental health program
- Average number of communal solid waste disposal sites created and in use per community targeted by the environmental health program
- Percent of households targeted by the WASH promotion program that are properly disposing of solid waste
- Average number of persistent standing water sites eliminated via drainage interventions per community targeted by the environmental health program
- Average number of vector control activities conducted per community targeted by the environmental health program

Sub-sector: Hygiene Promotion

Overview

The Hygiene Promotion sub-sector focuses upon interventions intended to reduce or prevent disease transmission through enabling people to practice key hygiene behaviors. Proposed activities must be evidence-based, culturally and contextually appropriate, and target specific public health risks resulting from a shock or displacement. All emergency interventions must adhere to Sphere standards or national emergency standards, while recovery and DRR interventions must utilize the relevant standards for the context.

Needs Assessment Summary

1. If not already described, include the WASH sector-wide needs assessment requirements
2. Explain how current hygiene behaviors (handwashing, bathing, water handling and storage, MHM, etc.) are different from practices prior to the shock/displacement.

3. Identify any changes in the availability of hygiene-related materials in local markets.

Technical Design

1. If not already described, include the WASH sector-wide technical design requirements.
2. For relevant activities, explain the beneficiary selection criteria or how locations for intervention were selected. If water and sanitation beneficiaries are not the same as the hygiene promotion beneficiaries, please provide justification for the differences in targeting.
3. Specify the priority hygiene related behavior(s) that will be included in the project. Identify the motives for behavior change or the conditions required to enable existing behavior(s). Explicitly state the tools/approaches that will be used to identify the priority behaviors and/or motives for change.
4. Identify the specific audience(s) for each hygiene behavior(s) that will be included in the project and the specific communication channel(s) that will be used to reach each audience. Describe the contextual/cultural appropriateness of the proposed channels.
5. Describe who will facilitate the activities included in the project, the source for the technical content, and the frequency of activities. If community volunteers will be engaged, explain the volunteer selection criteria, their roles/responsibilities, the number and ratio of volunteers to people/households, the training and materials they will receive, and incentives (if applicable).
6. Describe how WASH hygiene promotion activities will be coordinated with other sectors (e.g. health, nutrition, education) who may be working with the same target populations.

Indicators

Mandatory

- Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)

Select at least two additional indicators from choices below

- Percent of people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands
- Percent of households targeted by the hygiene promotion program with soap and water at a designated handwashing location
- Percent of households targeted by the hygiene promotion program who store their drinking water safely in clean containers
- Percent of households targeted by the hygiene promotion program with no evidence of feces in the living area
- Percent of people targeted by the hygiene promotion program who report using a latrine the last time they defecated

Sub-sector: Sanitation

Overview

The Sanitation sub-sector focuses upon infrastructure, as well as operation and maintenance, for the safe disposal of human excreta. It also focuses on access to other types of infrastructure, such as MHM facilities, bathing spaces, and washing slabs. Proposed activities must be evidence-based and clearly target identified public health risks resulting from a shock or displacement. All emergency interventions must adhere to

national emergency or Sphere standards, while DRR interventions must utilize the relevant standards for the context.

Needs Assessment Summary

1. If not already described, include the WASH sector-wide needs assessment requirements.
2. Explain how current practices are different from practices prior to the shock/displacement. Highlight evidence of open defecation in proximity to water sources, households, and public gathering spaces.
3. Discuss how previous practices may impact the use, operation, and maintenance of excreta disposal infrastructure/services proposed in the project and priority actions to mitigate any negative impacts.
4. Discuss the needs and preferences related to MHM that women and girls have identified.

Technical Design

1. If not already described, include the WASH sector-wide technical design requirements.
2. In emergency programming, simple designs for each infrastructure activity are adequate. Infrastructure designs and BoQs should be provided at proposal stage. If they are not available at proposal stage, please state in the narrative that designs and BoQs will be provided to USAID/OFDA for approval prior to tendering/construction. For DRR programs, USAID/OFDA requires more detailed technical designs.
3. If market-based programming modalities will be used, please follow the guidance provided for the WASH sector in general and the relevant Keyword section (Cash on page 221 and Vouchers on page 232).
4. For relevant activities, explain the beneficiary selection criteria or how locations for intervention were selected.
5. Emergency or temporary latrine designs and the choice of construction materials should demonstrate a cost-effective approach both for the duration of the program, as well as a potential transition or exit (as relevant).
6. For temporary, emergency communal latrines or communal latrines in a camp setting where the risk of diarrheal disease is elevated, you must employ latrine attendants/cleaners to ensure cleanliness, use, and-safety or support the organization of a voluntary structure. Desludging, repairs/upgrades, and decommissioning are also the responsibility of the constructing organization. Hand-over arrangements must be clearly defined prior to construction if another organization will manage these maintenance issues.
7. For all latrine construction, ensure access to handwashing facilities is integrated into design and latrine operation and maintenance. If handwashing interventions are more appropriate at the household level, please provide justification and describe the alternative approach proposed.
8. For construction of bathing units and washing slabs, explain how the drainage of wastewater will be managed.
9. Describe how MHM will be integrated into latrine, bathing space, washing slabs, or other infrastructure designs. Note that in camp contexts, MHM must be addressed.
10. For-activities related to sludge disposal (e.g. desludging) or sludge management (septic tank construction, wastewater treatment sites, etc.), describe the disposal/management process and the monitoring system to ensure proper disposal/management of sludge or effluent, including water quality testing as relevant. Ensure the entire process is described through final disposal.
11. For activities related to sewer network maintenance or rehabilitation, please explain

how locations were selected and include an analysis of how the proposed work will impact the rest of the system, including disposal of effluent. Please also explain how this work is coordinated with the relevant local authorities or other actors implementing similar activities.

12. For demand-driven sanitation approaches, please explain how natural leaders/mobilisers will be selected and trained, the activities they will use in community mobilization, if subsidies will be provided, and how achievements in reducing open defecation will be maintained after the end of the project. Note that CLTS (community-led total sanitation) and other demand-driven sanitation activities are not appropriate for most emergency responses and must be strongly justified.
13. Describe efforts to mitigate potential contamination of the environment or of drinking water sources by proposed sanitation activities.
14. Describe safety procedures to ensure staff/workers are protected during project activities. Include description of personal protective equipment (PPE) to be provided to staff/workers.
15. For DRR programs, sanitation technical designs and approaches (CLTS, subsidies. etc.) must be replicable and affordable for average community households and facilities (health/schools) where they are located.

Indicators

Mandatory

- Number of people directly utilizing improved sanitation services provided with OFDA funding

Select at least two additional indicators from choices below

- Proportion of men, women, boys and girls who last defecated in a toilet (or whose feces was last disposed of in a safe manner)
- Percent of households targeted by latrine construction/promotion program whose latrines are completed and clean
- Average number of users per functioning toilet
- Percent of latrines/defecation sites in the target population with handwashing facilities that are functional and in use
- Number of people per safe bathing facility completed in target population
- Percent of excreta disposal facilities built or rehabilitated in health facilities that are clean and functional
- Percent of hand washing stations built or rehabilitated in health facilities that are functional
- Percent of MHM facilities constructed in target population that are currently in use

Sub-sector: Water Supply

Overview

The Water Supply sub-sector focuses on ensuring access to and availability of safe drinking water for human consumption including operations and maintenance of water supply infrastructure. In some contexts, this may include considerations for core breeding livestock. Proposed activities must be evidence-based and clearly target identified public health risks resulting from a shock or displacement. All emergency interventions must adhere to national emergency or Sphere standards, while DRR interventions must utilize the relevant standards for the context.

Needs Assessment Summary

1. If not already described, include the WASH sector-wide technical design requirements.
2. Explain how water sources and their uses have changed as a result of a shock or displacement. Include all water sources used by the household, regardless of source quality or distance.
3. Describe how water usage rates, including availability and accessibility, have changed as a result of the shock or displacement. Estimate previous and current daily water usage rates of target population in liters per person per day. This must be as representative as possible considering the phase of the response and preferably based on household surveys or interviews.
4. Describe any water treatment efforts being practiced either at the water point/system level or household and how these may have changed as a result of a shock or displacement.
5. Describe how water management structures and water user fee systems have been impacted by the shock/displacement or state if they were not previously operational.

Technical Design

1. If not already described, include the WASH sector-wide technical design requirements.
2. In emergency programming, simple designs for each infrastructure activity are adequate. Infrastructure designs and BoQs should be provided at proposal stage. If they are not available at proposal stage, please state in the narrative that designs and BoQs will be provided to USAID/OFDA for approval prior to tendering/construction. For DRR programs, USAID/OFDA requires more detailed technical designs.
3. If market-based programming modalities will be used, please follow the guidance provided for the WASH sector in general and the relevant Keyword section (Cash on page 221 and Vouchers on page 232).
4. For relevant activities, explain the beneficiary selection criteria or how locations for intervention were selected.
5. The choice of water supply interventions must meet immediate needs but should also demonstrate a cost-effective approach, as well as a consideration of transition and/or exit requirements.
6. For **temporary, emergency water supply systems** (bladders, tanks, tap-stands, water treatment units, etc.), describe the water source, the treatment required to ensure safe water (including consumable supply chain), the system operators, water quality monitoring, the distribution system, the volume of water to be provided per beneficiary (how equity will be ensured), and if services/equipment will be decommissioned or handed over at the end of the project.
7. For **water trucking**, include a strong justification for trucking versus other water supply options, current volume of water available per person per day, and how water trucking will ensure minimum national or Sphere standards are met, the target volume per person per day, the duration of trucking, the chlorination system, water quality monitoring (free residual chlorine), and the exit strategy. Note USAID/OFDA requires that all trucked water be chlorinated.
8. For **groundwater sources**, provide a summary of the rehabilitation or construction process, including site selection (rationale, hydrogeological data, yield, seasonality, community/local authorities engagement, etc.), the specific rehabilitation/construction works to be implemented, the volume of water to be provided per beneficiary, quality control (water quality testing, monitoring contractors, etc.), installation of water lifting technology (pumping tests, type of pumps, power supply for mechanized pumps, etc.), and handover to community/local authorities.

9. For **solar powered borehole pumps,** provide the following technical information. If the technical data is not available at the time of proposal submission, please confirm it will be provided to USAID/OFDA for approval prior to starting tendering/installation.
   a. Provide data on the expected number of users and the total daily water demand. For multi-use water points, please also include the daily estimated demand for agriculture/livestock uses.
   b. For existing boreholes that will be converted to solar power, please provide current or historical pumping rates of the existing infrastructure (liters per hour and liters per day) versus expected output of the solar pumping system (liters per hour and liters per day). Provide data to demonstrate that the proposed pumps are sized properly.
   c. Justification for the installation of solar powered pumps versus other options. Include a cost-benefit analysis which compares the capital and running costs of the proposed solar-powered system with a conventional generator- or electricity-driven system.
   d. In areas where solar powered pumps are not sufficient to meet the daily water demand or there is not a backup water supply in the event of a breakdown, hybrid systems (solar pump and generator) must be installed or justification provided why this is not required in the context.
   e. Describe the proposed water storage structure, including volume, height, and location relative to the borehole and distribution point(s), and explain the calculations made to determine the appropriate storage volume. Note that it is recommended that storage volume is at least one and a half of the daily water demand. In areas without a hybrid system, storage volume must be increased.
   f. Provide detailed O&M requirements, the frequency for each requirement, who will be responsible for O&M, and the possibility of a service agreement with a local solar installation company to assist with portions of the O&M requirements.
   g. Describe what security features will be included, whether physical deterrents and/or community guarding of the panels.
10. For **piped water supplies** (large and small systems), provide a summary of the rehabilitation or construction process, including site selection (rationale, production rates, community/local authorities engagement, etc.), specific rehabilitation/construction works to be implemented, the volume of water to be provided per beneficiary, chlorination, quality control (relevant water quality testing, monitoring contractors, etc.), installation of pumps and water storage (pumping tests, type of pumps, power supply, etc.), and handover to community/local authorities. If extension of an existing system is proposed, provide data to demonstrate that there is sufficient pressure/water quantity in the system to ensure functionality of an extension.
11. For **surface water runoff capture and retention structures and rainwater harvesting**, include a strong justification as to why this approach is the only option to increase water availability for the targeted population. Please note that USAID/OFDA only supports this infrastructure in very specific circumstances for emergency response (e.g. rainwater catchment as a drought response in areas which are subject to brief, high intensity rainfall). These interventions are viewed as more appropriate in DRR programs. Please provide a summary of the rehabilitation or construction process, including the volume of water required per person per day, the expected uses of the water, site selection (rationale, rainfall data, seasonality, community/local authorities engagement, etc.), the calculations used to determine storage volume/catchment size and expected yield (rain hydrographs must be provided at proposal stage), specific structural works to ensure the highest level of water quality, maintenance requirements (including access to spare parts), and handover to local

community/authorities. Note that in health facilities, water for drinking or medical purposes must be chlorinated.

12. For **household water treatment**, provide justification for household level treatment, the product selected, the daily volume of water to be treated, the anticipated duration of product use, the beneficiary targeting and distribution methodology, accompanying hygiene promotion, post-distribution monitoring (including water quality testing of fecal coliform levels for non-chlorine based products and free residual chlorine for chlorine based products). Include evidence that the product is effective in this environment. USAID/OFDA views household water treatment as a last resort, therefore justification must explain why other options are not practical.
13. For all water supply activities, explain the **water management structure and water user fee system** that will be developed to ensure continued functionality of water systems after the end of the project (if relevant). Provide details on the responsibilities, composition, and training that will be provided to the water management structure. For community committees, describe how accountability and transparency in the management of funds will be promoted.
14. Describe how the community/pump mechanic/service provider will have sustained access to spare parts and other consumables (chlorine, diesel, oil for generators, etc.) and access to a higher-level maintenance service provider when needed (e.g. solar pump/panel suppliers).
15. If **multi-use water supply** infrastructure is proposed, quantify daily requirements by category (e.g. livestock, agriculture, other livelihoods, household,) and how contamination of water for household use will be prevented.
16. Describe efforts to mitigate any negative environmental or social impacts as a result of this project. For example, exacerbating aquifer depletion, over-usage of scarce water supplies, harmful impacts regarding gender, livelihoods, power inequity, and negative settlement patterns.

Indicators

Mandatory

- Number of people directly utilizing improved water services provided with OFDA funding

Select at least two additional indicators from choices below

- Average liters/person/day collected from all sources for drinking, cooking, and hygiene
- Estimated safe water supplied per beneficiary in liters/person/day
- Percent of households targeted by WASH program that are collecting all water for drinking, cooking, and hygiene from improved water sources
- Percent of households whose drinking water supplies have 0 fecal coliforms per 100 ml sample
- Percent of households whose drinking water supplies have a free residual chlorine (FRC) > 0.2 mg/L
- Percent of households receiving point-of-use chlorine products whose water supplies have free residual chlorine (FRC) present
- Percent of water points developed, repaired, or rehabilitated with 0 fecal coliforms per 100 ml sample
- Percent of water points developed, repaired, or rehabilitated with free residual chlorine (FRC) > 0.2 mg/L

- Percent of water user committees created and/or trained by the WASH program that are active at least three (3) months after training
- Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination
- Percent of water committees actively using Water Safety Plans that have been created for water points developed, repaired, or rehabilitated by the water supply program

Sub-sector: WASH NFIs

Overview

The WASH NFI sub-sector includes the direct distribution of NFIs to enable water, sanitation, or hygiene related behaviors or the provision of cash or vouchers to obtain these items. Examples of WASH NFIs include (but are not limited to) water transport/storage containers, soap, materials for anal cleansing, miscellaneous hygiene items (shampoo, razors, toothpaste, toothbrushes, nail clippers, etc.), MHM materials, diapers, cleaning materials and products. USAID/OFDA has developed sample specifications for hygiene kits, buckets, and water containers on the Resources page.

Whenever any type of "kit" is included in a proposal, you must provide a complete itemized contents list with specifications, quantities, and cost in USD. Ensure that restricted commodities, including pesticides, LLINs, or pharmaceuticals (e.g. oral rehydration salts, anti-lice shampoo, vitamins, antibiotics, medicated topical creams), are not included in these kits. If restricted items are included in the kit, you must refer to the sector guidelines containing those requirements, e.g. a hygiene kit containing anti-lice shampoo would be a pharmaceutical. Refer to the Health sector's *Pharmaceuticals and Other Medical Commodities* sub-sector for the requirements that must be followed.

Needs Assessment Summary

1. If not already described, include the WASH sector-wide assessment requirements.
2. Describe how access to WASH-related NFIs has changed as a result of the shock or displacement.
3. Provide assessment data related to beneficiary preferences, contextual analysis, and market assessments to justify the proposed modality for ensuring access to NFIs.

Technical Design

1. If not already described, include the sector-wide technical design requirements.
2. All projects must consider the use of market-based modalities for the provision of NFIs, or explain why they are not feasible. If market-based interventions will not be used, describe how potential negative impacts on the relevant markets will be mitigated.
3. If cash or vouchers will be used, please follow the guidance provided for the WASH sector in general and in the Keyword section (Cash on page 221 and Vouchers on page 232).
4. Provide a list of the WASH-related NFIs to be distributed (including specifications such as unit, quantity, etc.) and how the proposed quantities compare to national or Sphere standards. Explain why the proposed items were prioritized for distribution or inclusion in cash/vouchers calculations.
5. State the duration for which NFIs are expected to meet beneficiary needs. Explain if consumable items will be provided in subsequent distributions (kits/vouchers/cash). For vouchers/cash, please state how the value of the vouchers/cash was calculated.

6. State the total number of WASH-related NFI kits/vouchers/cash that will be distributed, the estimated number of beneficiaries, and the projected distribution date (or timeframe).
7. Provide the beneficiary selection criteria and explain the process for selecting beneficiaries or if blanket distributions will be implemented.
8. Describe the measures to be put in place to prevent sexual exploitation and abuse of people seeking NFI kits/vouchers/cash.
9. Describe the measures to reduce potential corruption and fraud in the provision of NFIs.
10. Explain the coordination plans to prevent overlap with distributions being implemented by other actors. Please also describe efforts to ensure kits distributed in the same geographic area by different actors contain similar contents for similar durations. For vouchers/cash, please explain how the value was coordinated with other actors.
11. Please explain how hygiene promotion regarding the intended use of the kit contents/vouchers/cash will accompany the distribution. Any partner proposing to distribute WASH NFIs without providing relevant hygiene promotion must justify why messaging is not necessary in the context and in relation to the items proposed.
12. If household water treatment products are included in the kit or cash/vouchers, please add the Water Supply sub-sector and address the relevant requirements described in the needs assessment and technical guidance.
13. USAID/OFDA requests that partners include the following questions in their post-distribution monitoring surveys for WASH related NFIs/vouchers/cash and share the results in their quarterly/annual reports. Please include data regarding the number of households surveyed and the survey methodology. These are sample questions and can be re-phrased as required.
    a. What was the <u>most</u> useful (i.e. used the most frequently) hygiene item you received/was bought with the vouchers/cash?
    b. What was the <u>least</u> useful hygiene item you received?
    c. What <u>additional hygiene item(s)</u> would you have liked to receive/have included in the vouchers/cash value?
    d. Are there any issues with the <u>quantity or quality of items</u> provided/purchased with the vouchers/cash? If yes, which items and why?
    e. Are there any hygiene items you have not used? If yes, which items and why? *(EXCLUDE for cash and vouchers programs)*
    f. Did you sell or give away any of the hygiene items you received/purchased? If yes, which items and why?
    g. Was the distribution/vouchers/cash provided in a timely manner? If not, how much sooner (days or weeks) would you have preferred to receive the kit/vouchers/cash?
    h. Do local shops have similar hygiene items to the ones you received? Are they generally of similar quality, significantly better or significantly worse quality? *(EXCLUDE for vouchers and cash programs)*

<u>Indicators</u>

<u>Mandatory</u>

- Total number of people receiving WASH NFIs assistance through all modalities (without double-counting)

<u>Select at least two additional indicators from choices below</u>

- Percent of households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e. kits) or vouchers
- Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash
- Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash

C. Keywords Description and Guidance

Applications must list every applicable keyword for each sector in the Proposal Summary. List only the relevant keywords. The keywords are used to flag non-sector-specific issues for review and tracking only; they do not influence USAID/OFDA's determination of the technical merit of the proposal.

To determine whether or not a keyword is relevant, review the following description of each of the keywords. If a keyword is relevant, list the keyword in the proposal summary and incorporate the guidance here into the technical description in the proposal narrative.

Cash, Cash-for-Work, and Vouchers keywords require indicators. If these keywords are relevant to your proposal, you must also include the indicators in the proposal summary and program description.

1. Cash

The Cash keyword indicates that cash is the modality proposed to achieve a sector specific objective. USAID/OFDA defines cash transfers (adapted from the CaLP glossary) as the provision of assistance in the form of money to beneficiaries. Cash transfers as a modality are distinct from both vouchers and in-kind assistance. "Cash" is defined here to include any sort of money transfer to beneficiaries, including but not limited to physical cash, checks/money orders, or electronic transfers such as direct deposits, ATM cards, or mobile money.

Cash can be an effective modality to meet objectives under many USAID/OFDA sectors. For example:

- Cash transfers to purchase shelter NFIs or shelter materials must be categorized under the Shelter & Settlements sector and utilize a *Cash* keyword; and
- Cash transfers to buy hygiene items must be categorized under the WASH sector and utilize a *Cash* keyword; and
- Cash transfers to restart a small business must be categorized under the ERMS sector with a *Cash* keyword.

USAID/OFDA does not fund cash for USAID restricted commodities or for health and nutrition services or other medical commodities.

For more information on how to choose between cash, in-kind, and voucher modalities, please see USAID's *Modality Decision Tool for Humanitarian Assistance* on the Resources page.

Proposals including cash as a keyword must address the criteria below to demonstrate that cash is an appropriate modality to achieve the program objective, in addition to the relevant criteria in the USAID/OFDA sector that aligns with the program objective.

1. Provide an analysis of whether markets for the goods in question (e.g. NFIs, rental market, business inputs, etc.) are functioning, accessible, and appropriate for cash assistance, including consideration of any associated market-level risks, such as inflation, shortages, or trader capacity;
2. Offer justification and calculation for the value and frequency of the transfer;
3. Explain why people are likely to spend cash on the intended goods/services needed to meet the program objective;
4. Offer evidence of coordination with other cash-based programs (including CFW) in the immediate geographic vicinity;
5. Describe strong beneficiary selection and verification processes that address both inclusion and exclusion errors;
6. Provide a detailed plan on how cash will be delivered in a manner that takes key risks into account; is convenient, secure, accountable, and cost-efficient; and adheres to USAID's electronic payment requirements. (If an e-payment waiver will be requested, please state and justify this.) Financially inclusive payment systems are encouraged, in line with the Barcelona Principles;
7. Consider protection concerns (e.g. intra-household dynamics, differences between men's and women's preference for cash, protection concerns relating to the delivery mechanism, etc.) and beneficiary preference for cash;
8. If applicable, describe what conditions will be tied to the cash assistance, how the conditions achieve the program objective, and how they will be monitored;
9. If achieving the program objective relies heavily on the quality of inputs to be procured with cash assistance, describe how quality of inputs will be assured and monitored. Refer to the relevant USAID/OFDA sector(s) for guidance on cash-specific quality control considerations; and
10. Outline post-distribution monitoring plans and a complaints and feedback mechanism for beneficiaries to utilize.

In addition to the required sub-sector indicators, all cash interventions must include the following indicator:

- Total USD amount of cash transferred to beneficiaries.

2. Cash-for-Work (CFW)

CFW refers to "cash payments provided on the condition of undertaking designated work" (CaLP Glossary). It is a type of conditional cash programming.

CFW is a program intervention targeting beneficiaries based on need and vulnerability, providing less than market rate for projects that provide a communal benefit. CFW is different than hiring casual workers as non-employee laborers for operational support. In contrast, casual workers are hired to do needed tasks, according to their skills and availability, and paid at market rate.

The *CFW* keyword indicates that CFW is the modality proposed to achieve the program objective within an USAID/OFDA sector. You must utilize the *CFW* keyword within the USAID/OFDA sector that corresponds to your program objective**.** Below are some examples:

- CFW to improve irrigation through the repair of communal irrigation canals should be categorized under the Agriculture and Food Security sector's *Irrigation* sub-sector, using the *CFW* keyword;

- CFW to restore market activity through the repair of a bridge on a key market route should be categorized under the ERMS sector's *Market System Strengthening* sub-sector, using the *CFW* keyword;
- CFW to increase purchasing power for people through the repair of feeder roads and clearing disaster debris should be categorized under the ERMS sector's *Temporary Employment* sub-sector, using the CFW keyword.

All WASH projects carried out using CFW, regardless of the primary objective, must use the WASH sector with a CFW keyword.

For more information on the types of CFW projects that USAID/OFDA supports, please see the *Cash for Work and related Activities: Additional Guidance for USAID/OFDA and USAID/FFP Humanitarian Emergency Projects* document on the Resources page.
USAID/OFDA only funds CFW projects that:

1. benefit the whole community;
2. have a demonstrated link to the impact of the disaster;
3. do not complete work that people would normally do on their own, such as repair their own shelters;
4. do not complete tasks that are recurring responsibilities of the community, such as trash pick-up; and
5. have a realistic plan in place for sustainable maintenance.

USAID/OFDA does not fund cash-for-training, although USAID/OFDA will fund refreshments and transport costs.

Proposals including Cash-for-Work as a keyword must address the criteria below, in addition to the criteria in the USAID/OFDA sector that aligns with the program objective.

1. Provide the proposed CFW wage rate(s). You may propose either an hourly/daily rate or a task rate (e.g. paying per square meter excavated). To prevent the distortion of local labor markets and to encourage self-targeting, CFW wage rates must be set slightly lower than the prevailing wage rates in the area for similar work and must be coordinated with other humanitarian actors in the area. Note that USAID/OFDA generally does not support vouchers-for-work and will not fund food-for-work;
2. Describe the beneficiary selection process, and number of beneficiaries, disaggregated by sex. USAID/OFDA encourages you to identify appropriate CFW tasks and hours to maximize the participation of women and of persons with different levels of abilities;
3. Explain the number of workdays the average CFW beneficiary will work and the timing of CFW, and how this does not draw away labor from other labor needs in the community or overburden women or men;
4. Describe how you will ensure work safety and how you will mitigate any protection risks. For example, discuss any conflict in the area, distance between the work sites and people's homes, and gender or ethnic tensions regarding working together;
5. Provide an overview of the selected payment mechanism and a detailed cash delivery plan, outlining how cash will be delivered in a way that is convenient, secure, and accountable and that follows USAID e-payment requirements (or if a waiver will be requested).
6. Outline post-distribution monitoring plans and a complaint and feedback mechanism for beneficiaries.

In addition to the required sub-sector indicators, all cash-for-work interventions must

include the following indicator:

- Total USD amount of cash transferred to beneficiaries as CFW payments.

3. Climate

Use the *Climate* keyword for proposed DRR interventions that specifically address impacts of climate and integration of DRR to climate change adaptation.

4. Early Warning System

Proposed interventions with Early Warning System (EWS) components support implementation at community, local, national, regional, and international levels. An EWS is an integrated system of hazard monitoring, forecasting and prediction, disaster risk assessment, and communication and preparedness activities and processes that enables individuals, communities, governments, businesses, and others to take timely action to reduce disaster risks in advance of hazardous events (ISDR, 2017).

Effective "end-to-end" and "people-centered" EWSs may include four interrelated key elements: (1) disaster risk knowledge based on the systematic collection of data and disaster risk assessments; (2) detection, monitoring, analysis and forecasting of the hazards and possible consequences; (3) dissemination and communication, by an official source, of authoritative, timely, accurate and actionable warnings and associated information on likelihood and impact; and (4) preparedness at all levels to respond to the warnings received. These four interrelated components need to be coordinated within and across sectors and multiple levels for the system to work effectively and to include a feedback mechanism for continuous improvement. Failure in one component or a lack of coordination across them could lead to the failure of the whole system (ISDR, 2017).

Proposal including EWS should answer the following questions:
1. Which components of the end-to-end EWS are you proposing?
2. How will the proposed component(s) be linked to the entire system?
3. How will the proposed activity use nationally authorized warnings?
4. What is the current capacity in the target area and at national level?
5. How will the proposed system be maintained and operated after the completion of the project?
6. Who will be responsible for maintaining, repairing, and replacing the system and equipment if the proposal includes equipment, tools and systems?

The *EWS* keyword should not be used to refer to early warning infectious disease surveillance and response systems, including Early Warning Alert and Response Network/Systems (EWARN/S). Refer to the ISDR Terminology page if needed.

5. Education

Proposals must include Education as a keyword when the proposed intervention includes elements designed to improve access to education for disaster-affected populations. Access to education includes both formal and non-formal education opportunities, ranging from primary and secondary school to skills training and other learning opportunities. While USAID/OFDA does not support education as a sector, USAID/OFDA recognizes that education and schools are important to populations affected by disasters and that safeguarding and restarting educational opportunities are valuable normalizing activities

that help communities cope with and recover from disasters. As part of its disaster response and DRR programming, USAID/OFDA frequently supports non-formal education activities, as well as assistance for schools to re-start. Examples of education-related USAID/OFDA programming include the following:

- Safe spaces for children and adolescents to socialize, learn, develop, and be protected in a secure environment under trained adult supervision;
- Skills training for adolescents, women, persons with disabilities, and older people;
- Provision of temporary shelters to enable damaged schools to re-start classes;
- DRR training and initiatives in schools;
- Advocacy and material support for schools to enroll internally displaced children in schools in the place of displacement; and
- Training for teachers in psychosocial support, landmine awareness, and child protection.

Proposals that include these or other activities that support access to education must identify education as a relevant keyword. Technical descriptions must clearly state how the proposed intervention will support access to education.

6. First Aid Training and/or Search and Rescue Training

If activities include First Aid training, Search and Rescue training, or related trainings as part of the Risk Management Policy and Practice sector, include the *First Aid Training and/or Search and Rescue Training* keyword and answer the following questions:

1. What curriculum will be used? Note that internationally and/or locally recognized curricula are preferred. If possible, include a copy of the curriculum or learning objectives.
2. Who will be the target audience? What are the criteria for selection for trainees?
3. Who are the instructors and what qualifications do they possess?
4. Describe follow-up planned with trainees regarding ongoing supervision, evaluation, and maintenance of knowledge and skills, e.g. refresher trainings, etc. Is there a feedback mechanism or resource made available to participants after training completion?

If any medical commodities (first aid kits, pharmaceuticals, medical supplies, medical equipment) will be distributed or pre-positioned as part of the training, please refer to the Health sector's *Pharmaceutical and Other Medical Commodities* sub-sector.

7. Fisherfolk

Fisherfolk are people who engage in fishing or fish farming (aquaculture) as a component of their livelihoods. This includes seasonal fishing as a coping strategy, and raising fish on farms, shrimp in coastal areas, and fish, mollusks, crustaceans, or amphibians integrated into mixed crop/livestock farming systems.

You should use the *Fisherfolk* keyword when proposing an activity that can affect fisherfolk and their livelihoods but is not primarily an activity in the *Fisheries and Aquaculture* sub-sector. For example, use the *Fisherfolk* keyword when a fish market is being proposed as one of several *Market System Strengthening* sub-sector activities, or when a water source is being rehabilitated for both human consumption and aquaculture in the *Water Supply* sub-sector.

Proposals including fisherfolk as a keyword should address the criteria below, in addition to the relevant criteria in the USAID/OFDA sector that aligns with the program objective.

- Describe fisherfolk's livelihoods pre- and post- disaster.
- Outline what intervention(s) are needed to reduce the social and economic impact of the disaster on those livelihoods, or to support diversified, resilient fisherfolk livelihood strategies.
- Explain how the proposed intervention will reduce disaster impacts on fisherfolk or support resilient fisherfolk livelihoods.
- Describe the technical design of the intervention, including how it will achieve the goal of reducing disaster impacts on fisherfolk or support resilient livelihoods, as well as achieve the primary goal of the targeted sub-sector activity.

When multi-use water infrastructure is proposed, proposals should address the criteria below, in addition to the relevant criteria in the USAID/OFDA sector that aligns with the program objective.

- Explain how output capacity was determined to meet the needs of both human consumption *and* the needs of the intended fisherfolk livelihood. For example, if a rehabilitated well will be the primary water source for a village and be used to fill fish ponds, provide calculations showing the amount of water needed for current and future human consumption *and* for the current and future needs of the local aquaculture industry.
- Describe what measures will be incorporated into the technical design to protect public health. For example, if water from a rehabilitated well at a fish market will be used for human consumption, maintaining live fish, and cleaning, the technical design should provide for separate access for human consumption and other uses.

8. Humanitarian Safety and Security Programming

Proposed programs that address Humanitarian Safety and Security Programming typically fall under the Humanitarian Coordination and Information Management sector and/or the Humanitarian Studies, Analysis, or Applications sector. USAID/OFDA-funded humanitarian safety and security activities associated with disaster mitigation and response must simultaneously address the safety and security of aid workers and enable humanitarian activities. Specifically, you should be aware of the following:

- Programs designed to enhance the humanitarian community's ability to manage security must, to the fullest extent possible, be open and accessible to all humanitarian organizations. Such programs must build—not replace—the capacity of humanitarian organizations to address their own operational security.
- Safety and security training programs must identify and address the needs of both international and national staff and, where possible, local humanitarian organizations.
- Studies and/or research must build upon existing good practice in the realm of operational safety and security for both international and local humanitarian organizations.
- Studies that seek to statistically characterize humanitarian security incidents must be indexed (using rates), rather than stated in absolute terms alone.

9. Information Systems/Geographic Information Systems

Proposed interventions with Information Systems/Geographic Information Systems (GIS) activities use a system or geographic data to assess needs and to plan, track, or report program activities. Systems may include new or existing applications that organize

essential data. Geospatial data could include GPS coordinates, geo-referenced data, or satellite imagery.

Proposals including Information Systems/Geographic Information Systems as a keyword must include the information below, in addition to the criteria in the USAID/OFDA sector that aligns with the program objective.

1. Describe the proposed system or data and how it will support the program objective.
2. Explain how the resulting data will be shared among the humanitarian community in an aggregated form that does not contain sensitive data.
3. Identify other entities who will contribute to and benefit from the proposed effort.
4. Explain how the proposed effort will involve and strengthen local capacity.
5. Explain how the proposed effort will connect to other efforts during and after the response.

10. Livelihoods

The *Livelihoods* keyword must be used when activities not categorized under the ERMS sector intend to assist people to earn an income, typically through the expansion of previously existing livelihood patterns. For example, activities aimed at helping people earn income through crop production or livestock rearing would be categorized under the Agriculture and Food Security sector, with the *Livelihoods* keyword.

Proposals using the *Livelihoods* keyword must include the information below, in addition to the information required in the sub-sector where the activity is categorized.

1. Clearly delineate which activities are focused on income generation (versus home consumption).
2. Explain the barriers that exist for people to earn an income from these livelihoods, how activities will address these barriers, and what monitoring and follow-up support will be provided.
3. Explain the current market viability for the livelihood activities, based upon market analysis and beneficiary perception.
4. If group-based businesses are proposed, an explanation of how the size and composition of the groups:
    1. Are decided by the beneficiaries, rather than by you; and
    2. Make sense from a business perspective by generating sufficient profit per individual.
5. If you will provide, replace, or repair productive assets, identify the modality you will use to transfer the assets, such as in-kind distribution, vouchers, cash:
    a. Indicate the value of the assets, and how you determined this;
    b. If utilizing a direct distribution modality, justify why a market-based intervention is not viable. Describe how the target population will be able to repair or replace the asset in the future if it is not available in the market;
    c. If utilizing cash transfers or vouchers, include the *Cash* or *Vouchers* keywords in the sector table, and provide the required information in the *Cash* and *Vouchers* Keyword section(s) on pages 221 and 232, respectively; and
    d. Provide strong justification for the provision of high-value productive assets or the improvement of assets beyond pre-disaster quality.

11. Livestock

Livestock are animals that have been domesticated for the purpose of human production other than in aquaculture. They include large and small ruminants (e.g. cattle, sheep,

goats), camelids (camels, alpacas, llamas), equids (e.g. horses, donkeys), swine (pigs), poultry (e.g. chickens, ducks, turkeys, pigeons, guinea fowl, quail), bees, and small mammals (e.g. rabbits, guinea pigs, cane rats, etc.).

You should use the *Livestock* keyword when proposing an activity that can affect livestock keepers and their livelihoods but is not primarily an activity in the *Livestock* sub-sector. For example, use the *Livestock* keyword when a livestock market is being proposed as one of several *Market System Strengthening* sub-sector activities, or when a water source is being rehabilitated for both human and livestock consumption in the *Water Supply* sub-sector.

Proposals including livestock as a keyword must address the criteria below, in addition to the relevant criteria in the USAID/OFDA sector that aligns with the program objective.

- Describe livestock livelihoods pre- and post-disaster.
- Explain what intervention(s) are needed to reduce the social and economic impact of the disaster on livestock livelihoods, or to support diversified, resilient livestock livelihood strategies.
- Describe how the proposed intervention will reduce disaster impacts on livestock keepers or support resilient livestock livelihoods.
- Explain the technical design of the intervention, including how it will achieve the goal of reducing disaster impacts on livestock keepers or support resilient livelihoods, as well as achieve the primary goal of the targeted sub-sector activity.

When multi-use water infrastructure is proposed, proposals should address the criteria below, in addition to the relevant criteria in the USAID/OFDA sector that aligns with the program objective.

- Describe how output capacity was determined to meet the needs of both human consumption *and* the needs of the intended livestock livelihood. For example, if a rehabilitated well will be the primary water source for a village and be used to water livestock, provide calculations showing the amount of water needed for current and future human consumption *and* for the current and future needs of the livestock.
- Describe what measures will be incorporated into the technical design to protect public health and prevent damage. For example, if water from a rehabilitated well will be used for human and livestock consumption, the technical design should provide for separate access for human and animal consumption, and measures to protect the water source from livestock.

12. Pastoralists

Pastoralists are shepherds, herders, or people who are otherwise directly and predominantly involved in animal husbandry as a livelihood. A key characteristic of pastoralists is their mobility along with their herd as compared to more sedentary agro-pastoralists.

You should use the *Pastoralists* keyword when proposing an activity that can affect pastoralists and their livelihoods but is not primarily an activity in the *Livestock* sub-sector, e.g. when a water source is being rehabilitated for both human and nomadic herd consumption, or when pasture restoration is being proposed as one of a suite of activities in the *Temporary Employment* sub-sector.

When using the *Pastoralists* keyword, you should include similar information in the technical description as is detailed in the *Livestock* keyword.

13. Pesticide-Containing Materials

Pesticide-containing materials and sprayers are USAID restricted goods and their use, procurement, distribution, transport, management, and disposal require USAID/OFDA approval. In this regard, proposals that intend to provide interventions that are not categorized under the *Pests and Pesticides* sub-sector must include the *Pesticide-Containing Materials* keyword. Below are a few examples of such interventions:

1. LLINs or LLICs for control of malaria, Leishmaniasis, etc.;
2. Indoor residual pesticide spraying for malaria control;
3. Larviciding for malaria vector control (on a limited-scale and in an emergency situation);
4. ITPS for malaria vector control in shelter and settlement programs (this technology is under development and it is not a widely implemented intervention);
5. Seed treatment for crop pest control;
6. Herbicide for controlling weeds;
7. Sprayers; and
8. Pesticide dipping for livestock ecto-parasite control.

Proposals that include the *Pesticide-Containing Materials* keyword must also address the following points:

1. Ensure that the proposed materials are recommended by WHO and USAID and that they are obtained from reliable sources.
2. Describe how you will ensure that the proposed materials will be safely handled, utilized, stored, and managed.
3. Explain the mitigation procedures you will put in place to ensure that the proposed interventions will not negatively affect the beneficiaries, their assets, and the environment.
4. If beneficiary training is needed, explain your past experiences with and current capacity for providing the training.
5. If disposal of the proposed materials or empty containers and packaging materials is necessary, explain how you will safely handle it.
6. For more information and guidance, go to the links to USAID/PMI, USAID/OFDA, and WHO documents available in the *Pests and Pesticides* sub-sector, Pesticide and LLIN sections in the *Guidelines*, as well as the Resources page.

14. Seeds and/or Seedlings

For USAID/OFDA, the *Seeds and/or Seedlings* keyword refers to all seed, cuttings, and seedlings for fruit, vegetable, grass, tree and grain crops. The *Seeds and/or Seedlings* keyword indicates that the use of seeds and/or seedlings is the input proposed to achieve the program objective within an USAID/OFDA sector. You must utilize the *Seeds and/or Seedlings* keyword within the USAID/OFDA sector that corresponds to your program objective. Below are some examples:

- Seeds and /or seedlings used to improve nutrition by promoting school gardens or gardens adjacent to health centers, feeding centers etc., must be categorized as a Health or Nutrition sector activity, using the *Seeds and/or Seedlings* keyword.
- Seeds and/or seedlings used as part of CFW, e.g. pasture regeneration by planting seedlings, must be categorized as an ERMS activity, using the *Seeds and/or*

Seedlings keyword.
- Seeds and/or seedlings used to support Risk Management Policy and Practice, e.g. for reforestation or the planting of seeds and seedlings as a means to manipulate watersheds/waterflow, must be categorized as an RMPP activity, using the *Seeds and/or Seedlings* keyword.
- Seeds and/or seedlings used to promote pasture regeneration or grow fodder for livestock must be categorized under the *Livestock* sub-sector, using the *Seeds and/or Seedlings* keyword.

Proposals including *Seeds and/or Seedlings* as a keyword must address the criteria below, in addition to the criteria in the USAID/OFDA sector that aligns with the program objective.
1. Specify what seed assessment data justifies the provision of seeds/seedlings and how the modality of provision has been determined to be the most appropriate.
2. Explain how farmer preference for crop/variety and varietal characteristics plays a role in determining what seeds will be provided.
3. For all seed/seedlings, provide verification of quality and documentation of either certification of the input or the quality assurance practices you plan to undertake. These practices may include but are not limited to germination testing, visual inspection for damaged seed, pest infestation etc. You must maintain records of this analysis.
4. Provide a plan for maintenance and management of planted seedlings/cuttings.
5. Include a plan for ensuring that beneficiaries understand how to manage plantings to prevent loss in the field and post-harvest.

Note that purchase of seed/seedlings etc. requires prior USAID/OFDA approval before procurement.

15. Structures

Overview

Structures are human-made edifices, either free-standing or with necessary connections, including any linkages that create systems, assemblies, or infrastructures, to provide a service, capacity, or capability. Structures and infrastructure are essential inputs to a functioning society.

This keyword provides guidance on the provision, repair, rehabilitation (i.e. improvement, expansion), operation, and maintenance of structures, facilities, and related systems (excluding shelter and WASH) essential to the survival and recovery of disaster-affected populations. The activities framed by this guidance exhibit the following characteristics:
- Provide assistance compatible with humanitarian principles, guidelines, and mandates
- Reduce the vulnerability of the population to disasters while promoting post-event recovery, and
- Avoid efforts intended to engage in development activities.

USAID/OFDA will only support structures associated with “humanitarian construction” (see Glossary on the Resources page for definition) or those efforts minimally necessary to support activities within the USAID/OFDA mandate. Permitted efforts include repair and rehabilitation of structures/facilities, as well as new structures, that address identified humanitarian needs; are wholly within the framework of humanitarian guidance (e.g. Sphere Project); have short timelines, relatively modest resource levels, and limited

technical and institutional capacities; and are consistent with long-standing humanitarian community practice.
The following efforts (unless necessary for habitability or core functionality) do not need to use this keyword:

- Cosmetic improvements, such as painting, carpeting, plaster finish coats, or wall coverings, and
- Simple, stand-alone repairs, such as repairing or replacing windows of the same size, re-fixing loose materials, or replacement parts.

Guiding Principles

Local contextual conditions, the issues noted above, and the following guidance inform the planning and provision of post-event structures.

1. Construction of new structures must be indispensable (not just desirable) to achieving the proposed program goal and intended to be either emergency or transitional in nature.
2. Provision of structures will be informed by a contextually-driven process of construction that is cognizant of the phasing necessary to promote a transition from short-term relief to longer-term development, in contexts where this is possible.
3. Alterations made to a site must make it possible for communities to re-use the site for another purpose after the project ends, or to carry out additional construction to make a temporary structure permanent.

Detailed Guidance

- Describe the needs of the population expected to access the structures.
- Estimate the number of beneficiaries within the affected population in the settlements of proposed activities that will have physical and social/cultural access to services in the proposed structures.
- For rehabilitation, describe the damage caused to the structures
- Prior to considering new construction, assess the supply of existing structures in settlements of proposed activities and available space within identified structures that could be used to provide needed services, even if those structures require repair and rehabilitation.
- For proposed additions/renovations/repairs, include the total area or length (in square or lineal meters, whichever is relevant) of new usable space compared to area or length (in square or lineal meters) of existing structure(s)
- For proposed new structures, include the total area or length (in square or lineal meters) of new usable space.
- In addition to the physical change parameters above, include an estimate of the amount of total program budget to be spent on proposed structures.
- Submit a Bill of Quantities reflecting all of the inputs, units, unit costs, and line item costs needed to create or rehabilitate the proposed structures/facilities.
- Submit diagrams (rough drawings acceptable) of proposed structures/facilities, clearly identifying major site features and any natural hazards and providing all dimensions and materials.
- Assess how likely the structures are to be sustained over the long term, paying special attention to economic, technical, and social aspects.
- Assess the type and frequency of the common hazards that could threaten the structures.
- Assess implementing organization (e.g. NGO, contractor) capacity to carry out proposed activities. Focus on the personnel responsible for leading the program assessment, design, and implementation.

- Assess local construction practices and the level of exposure to hazards in settlements of proposed activities.
- Describe how the proposed project will reduce adverse environmental and health impacts on affected populations and host communities.
- Ensure that the proposed project meets relevant host nation building practices, cognizant of local regulations (e.g. zoning and building codes), and international best practices, such as Sphere standards.
- Discuss how you will engage implementing partners, host country line ministries, local authorities, and communities to ensure they can maintain the structures in the long-term.
- Establish procedures for inspection to verify compliance with project specifications throughout the construction process.

16. Vouchers

The *Vouchers* keyword indicates that vouchers are the modality proposed to achieve an USAID/OFDA sector objective. USAID/OFDA defines a voucher (adapted from the CaLP Glossary) as a paper, token, or electronic voucher that can be exchanged for a set quantity or value of goods, denominated either as a monetary value, a quantity of predetermined commodities or services, or a combination thereof. They are redeemable with preselected vendors or in 'fairs' created by the partner. Vouchers are, by definition, a restricted transfer. Vouchers can be an effective modality to meet objectives under many sectors. USAID/OFDA distinguishes between value vouchers and commodity vouchers:

- Value vouchers have a designated monetary value that can be exchanged with participating vendors for goods or services up to that value. Value vouchers tend to provide relatively greater flexibility and choice than commodity vouchers. For example, a value voucher may be redeemed for a variety of hygiene-related NFIs in any combination and quantities that people desire, up to a maximum amount, under the WASH sector. (USAID/OFDA does not use the term "cash vouchers.")
- Commodity vouchers are valid for a fixed quantity and quality of specified goods or services at participating vendors. They are more restrictive than value vouchers but may have benefits for quality and price control. For example, a commodity voucher might be for specific quantities of particular shelter materials under the Shelter and Settlements sector.

For more information on how to choose between cash, in-kind, and vouchers modalities, please see USAID's *Modality Decision Tool for Humanitarian Assistance* on the Resources page.

Proposals including *Vouchers* as a keyword should address the criteria below to demonstrate that vouchers are an appropriate modality to achieve the program objective, in addition to the relevant criteria in the USAID/OFDA sector that aligns with the program objective.

1. Provide an analysis of whether markets for the goods in question (e.g. NFIs, seeds) are functioning, accessible and appropriate for vouchers, including consideration of any associated risks, such as inflation, shortages, or trader capacity.
2. Explain why vouchers will best meet the program objective, based upon security, quality control, and/or beneficiary preference.
3. Specify whether value vouchers or commodity vouchers will be used, why this was chosen, what the voucher will be worth, the frequency of distribution, and how this has been coordinated with other actors.

4. Describe a strong beneficiary selection and verification process;
5. Explain the vouchers features and the delivery and redemption processes that take key risks into account. These processes should be convenient, secure, accountable, and cost-efficient and adhere to USAID's electronic payment regulations. (If an e-payment waiver will be requested, please state and justify this.)
6. Describe how vendors will be selected and monitored to promote sufficient competition, beneficiary choice, fair prices, and quality of commodities consistent with market offerings.
7. Consider protection concerns, e.g. intra-household dynamics, differences between men's and women's preference for vouchers, protection concerns relating to the delivery mechanism, etc.
8. Outline post-distribution monitoring plans and a complaints and feedback mechanism for beneficiaries.

In addition to the required sub-sector indicators, all vouchers interventions must include the following indicator:

- Total USD value of vouchers redeemed by beneficiaries.

17. WASH in Health Facilities

Proposed interventions related to WASH in Health Facilities include activities that address rehabilitation or construction of water supply/storage, water treatment, access to latrines, access to handwashing infrastructure, and waste management at all levels of health facilities. Use this keyword for all types of rehabilitation, construction, or service provision. For example,

1. Basic rehabilitation of WASH infrastructure and all types of medical waste management interventions can follow the guidelines listed in the Health sector. Examples of basic rehabilitation include repairs to <u>existing</u> handwashing sinks, toilets, plumbing, or piped water supply.
2. Any new construction/installation, service provision, or any activity beyond basic rehabilitation/repairs of the following types—latrines/toilets, plumbing systems/septic tanks, desludging, handwashing facilities, water sources, water trucking, extensions of existing piped systems, water storage, and water treatment—requires the inclusion of the relevant WASH sub-sector in the proposal. For water-related activities, address the points in the *Water Supply* sub-sector's technical design section, as relevant. For sanitation-related activities, address the points in the *Sanitation* sub-sector's technical design section, as relevant.
3. In proposals where the Health or Nutrition sector is not included, describe in the WASH technical design the level of functionality of the health facility, whether the facility is receiving external support for salaries/supplies, and the justification for the selection of the health facility for WASH infrastructure/services.

18. Water for Productive Uses

Proposed interventions related to Water for Productive Uses are those that aim to improve water supply for non-potable uses, e.g. not for drinking water or domestic uses. This may include improving water supply for agricultural purposes, such as wells for community gardens or livestock use or irrigation schemes. It may also include projects in the RMPP or NTR sector that propose to increase water for livelihoods uses as a DRR strategy, e.g. rain water harvesting schemes for farmers. If the water will not be used for domestic purposes, explain how this will be communicated to the beneficiaries/community. If there

is a potential for water to be used for human consumption, place the activity in the *Water Supply* sub-sector, address the relevant points in the technical design section, and use the appropriate keyword to highlight secondary purpose.

19. Weather Station

A weather station is an instrument for measuring meteorological variables, such as rainfall, temperature, air pressure, wind, evaporation and other conditions. Weather observations are used for weather analyses, forecasts, severe weather warnings and for local weather operations to aid in decision making process in weather-sensitive sectors, such as agriculture and hydrology. Observations aid in analysis of weather and used in numerical weather prediction models to provide lead time for early warnings. Weather observations should follow a standard for measurements and should be quality-controlled and archived. A continuous and consistent record is essential in early warnings to capture various weather conditions in the target location.

Partners proposing to install weather stations or other observation stations should explain:

1. What type of station will be used?
2. What will be the data and reporting standards?
3. Who are the users?
4. Who is responsible for quality control of measurement and data archiving?
5. How will observations be used?
6. What type of analysis will be developed?
7. Who will be responsible for repairing, maintaining and replacing the station after project is completed?
8. Will proposed station be part of national observation network?

X. Acronyms

AA/DCHA	Assistant Administrator for USAID's Bureau of Democracy, Conflict, and Humanitarian Assistance
ABA	Architectural Barriers Act
ADA	Americans with Disabilities Act
ADS	USAID Automated Directives System
AOR	Agreement Officer's Representative. The AOR is an USAID/OFDA/W staff member authorized by the Agreement Officer, by policy or by regulation, to carry out specific aspects of contract or award administration.
APS	Annual Program Statement
ARI	Acute Respiratory Infection
ART	Awards Results Tracking system
BCC	Behavior Change Communications
BSMP	Branding Strategy and Marking Plan
CFW	Cash-for-Work
CFR	Code of Federal Regulations
CHW	Community Health Worker
CMAM	Community Managed Acute Malnutrition
CP IMS	Child Protection Information Management System
DCHA	USAID's Bureau for Democracy, Conflict, and Humanitarian Assistance. DCHA was formerly the Bureau for Humanitarian Response (BHR).
DRR	Disaster Risk Reduction
DUNS	Data Universal Numbering System
e.g.	For example
EPI	Expanded Program of Immunizations
ERMS	Economic Recovery and Market Systems
FAA	Foreign Assistance Act of 1961, as amended

FAO	U.N. Food and Agriculture Organization
FDA	U.S. Food and Drug Administration
FOG	USAID/OFDA *Field Operations Guide for Disaster Assessment and Response*
GAM	Global Acute Malnutrition
GBV	Gender-Based Violence
GIS	Geographic Information System
GPS	Global Positioning System
HF	Health Facility
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
IASC	U.N. Inter-Agency Standing Committee
IDP	Internally Displaced Person
IEC	Information, Education, Communication
IMCNI	Integrated Management of Childhood and Neonatal Illness
ISDR	U.N. International Strategy for Disaster Reduction
ITM	Insecticide-Treated Materials
ITPS	Insecticide-Treated Plastic Sheeting
IYCF	Infant and Young Child Feeding
KAP	Knowledge, Attitude, and Practice
LLIN	Long-Lasting Insecticide-Treated Net
LQAS	Lot Quality Assurance Sampling
MAM	Moderate Acute Malnutrition
M&E	Monitoring and Evaluation
MFI	Microfinance Institution
MISP	Minimal Initial Service Package
MoH	Ministry of Health

MSE	Micro- and Small Enterprise
MUAC	Mid-upper Arm Circumference
NATO	North Atlantic Treaty Organization
NCD	Non-Communicable Disease
NCAGE	NATO Commercial and Governmental Entity
NFI	Non-Food Item
NGO	Non-Governmental Organization
NICRA	Negotiated Indirect Cost Rate Agreement
OCHA	U.N. Office for the Coordination of Humanitarian Affairs
OFAC	U.S. Department of the Treasury's Office of Foreign Assets Control
ORI	Outbreak Response Immunizations
ORS	Oral Rehydration Salts
OMB	U.S. Office of Management and Budget
PAL	Pre-Award Letter. The PAL communicates any agreements, such as start dates, that may be reached with applicants prior to award.
PEA	USAID Programmatic Environmental Assessment
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PHC	Primary Health Care
PIRS	Performance Indicator Reference Sheet
PML	Pre-Modification Letter. The PML communicates any agreements, such as start dates, that may be reached with applicants prior to modification of an award.
R&R	Rest and Relaxation
RFA	Request for Applications
RH	Reproductive Health
ROSCA	Rotating Savings and Credit Association

RUTF	Ready-to-Use Therapeutic Food
S&S	Shelter and Settlements
SIA	Supplemental Immunization Activities
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SOW	Scope of work
SPOG	Senior Policy Operating Group
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
UN	United Nations
UNICEF	U.N. Children's Fund
USAID	United States Agency for International Development
USAID/OAA	USAID's Office of Acquisition and Assistance
USAID/OFDA	USAID's Office of U.S. Foreign Disaster Assistance
USAID/OFDA/W	USAID's Office of U.S. Foreign Disaster Assistance headquarters in Washington, D.C.
USD	U.S. Dollar
USG	U.S. Government
VSL	Village Savings and Loan
WASH	Water, Sanitation, and Hygiene
WHO	U.N. World Health Organization