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## **USAID BUREAU FOR HUMANITARIAN ASSISTANCE EMERGENCY APPLICATION GUIDELINES**

### **ANNEX A: TECHNICAL INFORMATION AND SECTOR REQUIREMENTS**

APPLICABLE TO FISCAL YEARS 2021 AND 2022



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## USAID/BHA Emergency Application Guidelines Annex A Record of Change

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The following changes have been made to Annex A since the October 2020 release. Applicants must incorporate these changes into their applications. The most recent changes are listed first.

<b>Date of Change</b>	<b>Section</b>	<b>Change</b>
2/17/2021	<a href="#">3.5. Sub-sector: Livestock</a>	Corrected errors in multi-level list.

## Table of Contents

<b>Table of Contents</b>	<b>3</b>
<b>1. Usage Notes</b>	<b>1</b>
<b>2. MANDATORY CROSS-SECTORAL GUIDANCE</b>	<b>2</b>
2.1. MANDATORY CROSS-SECTORAL GUIDANCE ON PROTECTION MAINSTREAMING, GENDER ANALYSIS & INTEGRATION, AND AGE AND DISABILITY	2
2.1.1. PROTECTION MAINSTREAMING	2
2.1.2. Gender Analysis and Integration	3
2.1.3. Gender-Based Violence Risk Mitigation	4
2.1.4. Age and Disability	5
2.2. Local Capacity-Building	6
2.3. Disaster Risk Reduction Mainstreaming and Relationship to Resilience Programming	6
2.4. Response Analysis	8
2.5. Structure/Infrastructure Construction and Rehabilitation	8
2.6. Natural Resource Management	9
2.7 Environmental Considerations	9
<b>3. Agriculture</b>	<b>10</b>
Disaster Risk Reduction	11
Market-Based Programming	11
Gender and Protection Mainstreaming	11
Available Sub-sectors	12
3.1. Sub-sector: Improving Agricultural Production	12
Overview	12
Restricted Goods	13
Needs Assessment	13
Technical Design	14
Input provision	14
Kitchen gardens, home gardens, urban agriculture	14
Training in agricultural production techniques or increasing agricultural diversity	15
Post-Harvest Loss Reduction	15
3.2. Sub-sector: Seed System Security	16
Overview	16
Restricted Goods	16
Needs Assessment Summary	16
Seed System Security Assessment	16
Seed Storage	17

Technical Design	17
Seed System Security Assessment	18
Seed Multiplication	18
Seed Storage	19
3.3. Sub-sector: Irrigation	19
Overview	19
Needs Assessment Summary	20
Technical Design	20
3.4. Sub-sector: Pests and Pesticides	22
Overview	22
Restricted Goods for Pest Control	22
Needs Assessment Summary	23
Technical Design	24
3.5. Sub-sector: Livestock	26
Overview	26
Needs Assessment Summary	26
Technical Design	26
3.6 Sub-sector: Fisheries and Aquaculture	31
Overview	31
Needs Assessment Summary	32
Technical Design	32
3.7. Sub-sector: Veterinary Pharmaceuticals and Other Medical Commodities	34
Overview	34
Restricted Goods	35
Needs Assessment Summary	35
Technical Design	36
<b>4. Economic Recovery and Market Systems</b>	<b>37</b>
Overview	37
Disaster Risk Reduction	37
Gender and Protection Mainstreaming	38
Working within Market Systems	38
Market-Based Programming	38
Available Sub-sectors	39
4.1. Sub-sector: Livelihoods Restoration	39
Overview	39
Needs Assessment Summary	39

Technical Design	39
4.2 Sub-sector: New Livelihoods Development	40
Overview	40
Needs Assessment Summary	41
Technical Design	41
4.3 Sub-sector: Market System Strengthening	41
Overview	41
Needs Assessment Summary	42
Technical Design	42
4.4. Sub-sector: Financial Services	43
Overview	43
Needs Assessment Summary	43
Technical Design	43
4.5. Sub-sector: Temporary Employment	44
Overview	44
Needs Assessment Summary	44
Technical Design	44
<b>5. Food Assistance</b>	<b>45</b>
Overview	45
Disaster Risk Reduction	45
Gender and Protection Mainstreaming	46
Available Sub-sectors	46
5.1 Food Assistance Sector Overview Table	46
5.2 Food Assistance Modality Overview Table	47
5.3 Food Assistance Commodity Overview	48
5.4. Sub-Sector: Unconditional Food Assistance	48
Overview	48
Needs Assessment Summary	48
Technical Design	49
5.5. Sub-sector: Conditional Food Assistance	50
Overview	50
Needs Assessment Summary	50
Technical Design	51
5.6. Sub-sector: Cooked Meals	52
Overview	52
Needs Assessment Summary	52

Technical Design	53
<b>6. Health</b>	<b>55</b>
Overview	55
Disaster Risk Reduction	56
Gender and Protection Mainstreaming	56
6.1. Sub-sector: Health Systems Support	57
Overview	57
Needs Assessment Summary	57
Technical Design	57
6.2. Sub-sector: Basic Primary Health Care	59
Overview	59
Communicable Disease	59
Reproductive Health	60
Non-Communicable Disease	61
Injury and First Aid	61
Mental Health and Psychosocial Support (MHPSS)	61
Community Health	62
Needs Assessment Summary	62
Technical Design	63
6.3. Sub-sector: Higher Level Care	65
Overview	65
Needs Assessment Summary	66
Technical Design	66
6.4. Sub-sector: Public Health Emergencies	67
Overview	67
Needs Assessment Summary	67
Technical Design	68
6.5. Sub-sector: Pharmaceuticals and Other Medical Commodities	69
Overview	69
Needs Assessment Summary	70
Technical Design	70
<b>7. Humanitarian Coordination, Information Management, and Assessments (HCIMA)</b>	<b>72</b>
Overview	72
Disaster Risk Reduction	72
Gender and Protection Mainstreaming	72
Available Sub-sectors	73

Coordination	73
Information Management	73
Coordinated Assessments	73
7.1. Sub-sector: Coordination	74
Overview	74
Needs Assessment Summary	74
Technical Design	74
7.2. Sub-sector: Information Management	75
Overview	75
Needs Assessment Summary	75
Technical Design	75
7.3. Sub-Sector: Coordinated Assessments	76
Overview	76
Needs Assessment Summary	76
Technical Design	77
<b>8. Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)</b>	<b>78</b>
Overview	78
Disaster Risk Reduction	78
Gender and Protection Mainstreaming	78
Available Sub-sectors	79
8.1. Sub-sector: Thought Leadership and Policy	79
Overview	79
Needs Assessment Summary	80
Technical Design	80
8.2. Sub-sector: Applied Research and Studies	80
Overview	80
Needs Assessment Summary	81
Technical Design	81
Sub-sector Sample Activities	82
8.3. Sub-sector: Capacity Building, Training, and Technical Assistance	82
Overview	82
Needs Assessment Summary	82
Technical Design	82
Sub-sector Sample Activities	83
8.4. Sub-sector: Guidelines Development, Toolkits, and Resources	84
Overview	84

Needs Assessment Summary	84
Technical Design	84
<b>9. Logistics Support</b>	<b>86</b>
Overview	86
Disaster Risk Reduction	86
Gender and Protection Mainstreaming	86
Available Sub-Sectors	87
9.1. Sub-Sector: Acquisition and Storage	87
Overview	87
Needs Assessment Summary	87
Technical Design	87
9.2. Sub-Sector: Transport (Air/Land/Sea)	88
Overview	88
Needs Assessment Summary	88
Technical Design	89
<b>10. Monitoring and Evaluation</b>	<b>90</b>
Overview	90
Gender and Protection Mainstreaming	90
Available Sub-sectors	91
10.1. Sub-Sector: Monitoring & Data Utilization	91
Overview	91
Needs Assessment Summary	92
Technical Design	92
Sub-Sector Example Activities	92
10.2. Sub-Sector: Advancing Evaluation for Humanitarian Assistance	93
Overview	93
Needs Assessment Summary	93
Technical Design	94
Sub-Sector Sample Activities	95
<b>11. Multipurpose Cash Assistance</b>	<b>96</b>
Overview	96
Disaster Risk Reduction	97
Gender and Protection Mainstreaming	97
Available Sub-Sectors	98
11.1. Multipurpose Cash Assistance Sector Overview Table	98
11.2. Sub-Sector: Multipurpose Cash	98

Overview	98
Needs Assessment Summary	98
Technical Design	99
<b>12. Natural Hazards and Technological Risks</b>	<b>101</b>
Overview	101
Construction and Repair of Physical Structures	101
Early Warning System	101
Gender and Protection Mainstreaming	101
Available Sub-Sectors	102
Geological Hazards Sample Activities	102
Hydrometeorological Hazards Sample Activities	102
Technological Hazards Sample Activities	102
12.1. Sub-Sector: Geological Hazards	102
Overview	102
Needs Assessment Summary	102
Technical Design	103
12.2. Sub-Sector: Hydrometeorological Hazards	103
Overview	103
Needs Assessment Summary	103
Technical Design	103
12.3. Sub-Sector: Technological Risks	104
Overview	104
Needs Assessment Summary	104
Technical Design	105
<b>13. Nutrition</b>	<b>106</b>
Overview	106
Integrated Interventions	107
Gender and Protection Mainstreaming	107
Available Sub-sectors	108
13.1. Nutrition Modality Overview Table	108
13.2. Nutrition Commodity Overview Table	109
13.3. Sub-sector: Maternal Infant and Young Child Nutrition in Emergencies	109
Overview	109
Needs Assessment Summary	110
Technical Design	111
13.4. Sub-Sector: Management of Acute Malnutrition	112

Overview	112
Needs Assessment Summary	113
Technical Design	114
13.5. Sub-Sector: Supplemental Nutrition Assistance	115
Overview	115
Needs Assessment Summary	116
Technical Design	116
<b>14. Protection</b>	<b>118</b>
Overview	118
Protection Mainstreaming	118
Protection Sector Activities	118
Cash and Voucher Assistance for Stand-Alone Protection Outcomes	119
Disaster Risk Reduction	120
Available Sub-Sectors	120
14.1. Sub-Sector: Child Protection	120
Overview	120
Needs Assessment Summary	121
Technical Design	122
14.2. Sub-Sector: Prevention of and Response to GBV	123
Overview	123
Needs Assessment Summary:	124
Technical Design	125
14.3. Sub-Sector: Psychosocial Support Services	126
Overview	126
Needs Assessment Summary	127
Technical Design	127
14.4. Sub-Sector: Protection Coordination, Advocacy, and Information	129
Overview	129
Needs Assessment Summary	129
Technical Design	130
<b>15. Disaster Risk Reduction Policy and Practice</b>	<b>132</b>
Overview	132
Small-Scale DRR Activities and/or Sub-awards	132
Construction, Repairs, and Rehabilitation of Infrastructure	132
First Aid Training and/or Search-and-Rescue Training	132
Early Warning Systems	133

WASH	133
Natural Resource Management	133
Gender and Protection Mainstreaming	133
Available Sub-Sectors and Sample Activities	134
Building Community Awareness/Mobilization	134
Capacity Building and Training (readiness and preparedness)	134
Global Advocacy and Engagement	134
Integration/Enhancement of DRR Within Education and Research	134
Policy and Planning	134
15.1. Sub-Sector: Building Community Awareness/Mobilization	135
Needs Assessment Summary	135
Technical Design	135
15.2. Sub-sector: Capacity Building and Training	136
Technical Design	136
15.3. Sub-Sector: Global Advocacy and Engagement	137
Needs Assessment Summary	137
Technical Design	137
15.4. Sub-Sector: Integration/Enhancement of DRR Within Education and Research	138
Needs Assessment Summary	138
Technical Design	138
15.5. Sub-Sector: Policy and Planning	138
Needs Assessment Summary	138
Technical Design	139
<b>16. Shelter and Settlements</b>	<b>140</b>
Overview	140
Resources	141
Gender and Protection Mainstreaming	141
Additional Guidance for Market-Based Modalities	141
Available Sub-sectors	142
16.1. Sub-Sector: Shelter	142
Needs Assessment Summary	143
Technical Design	143
16.2. Sub-Sector: Settlements	144
Overview	144
Guidance	145
General Settlements Guidance	145

Option-Specific Guidance	146
Needs Assessment Summary	147
Technical Design	148
16.3. Sub-Sector: S&S DRR	149
Overview	149
Needs Assessment Summary	149
Technical Design	150
16.4. Sub-Sector: S&S NFIs	151
Do not use the following shelter inputs as part of this sub-sector	152
Illustrated list of shelter NFIs to be considered, as part of this sub-sector	152
Emergency Shelter	152
Cooking/Heating, Stoves/Fuel	152
Bedding and Clothing	152
Needs Assessment Summary	152
Technical Design	153
<b>17. Water, Sanitation, and Hygiene</b>	<b>155</b>
Overview	155
Emergency Response	155
Disaster Risk Reduction	155
Gender and Protection Mainstreaming	156
Market Based Programming	157
For-Work Programming	157
WASH in Institutional and Temporary Settings	158
WASH in Health Facilities	158
WASH in Schools	158
WASH in Temporary Activity Settings	158
Available Sub-sectors	158
Sample Interventions	158
Environmental Health	158
Hygiene Promotion	158
Sanitation	159
Water Supply	159
WASH NFIs	159
Strategy for Exit or Transition	159
Needs Assessment Summary	160
Technical Design	160

17.1. Sub-sector: Environmental Health	160
Overview	160
Needs Assessment Summary	161
Technical Design	161
17.2. Sub-sector: Hygiene Promotion	161
Overview	161
Needs Assessment Summary	162
Technical Design	162
17.3. Sub-sector: Sanitation	162
Overview	162
Needs Assessment Summary	162
Technical Design	163
17.4. Sub-sector: Water Supply	164
Overview	164
Needs Assessment Summary	164
Technical Design	164
17.5. Sub-sector: WASH NFIs	166
Overview	166
Needs Assessment Summary	167
Technical Design	167
<b>18. Keywords Description and Guidance</b>	<b>168</b>
18.1. Cash	168
18.2. Climate	169
18.3. Conflict Mitigation and Dispute Resolution	169
18.4. Early Warning System	171
18.5. Education	171
18.6. First Aid Training and/or Search and Rescue Training	172
18.7. Fisherfolk	172
18.8. For-Training	173
18.9. For-Work	173
18.9. Humanitarian Safety and Security Programming	175
18.10. Information Systems/Geographic Information Systems	176
18.11. In-Kind Food	176
Title II U.S. in-kind	176
LRIP includes	177
18.12. Livestock	179

18.13. Natural Resource Management	180
18.14. Pastoralists	181
18.15. Pesticide-Containing Materials	181
18.16. Private Sector Engagement	182
18.17. Refugees	184
18.18. Seeds and Seedlings	184
18.19. Structures	185
Overview	185
Guiding Principles	185
Detailed Guidance	185
Technical Design Specifications and Budget Justification Requirements	186
18.20. Vouchers	187
18.21. WASH in Health Facilities	188
18.22. Water for Productive Uses	188
18.23. Water Resource Management (WRM)	189
18.24. Weather Station	190
<b>19. Acronyms</b>	<b>191</b>

## I. Usage Notes

This Annex is a mandatory reference document accompanying the Bureau for Humanitarian Assistance (BHA) Emergency Application Guidelines. You must read this Annex in conjunction with the Guidelines located on the [BHA Emergency Application Guidelines \(EAG\) page](#). It contains detailed technical information and requirements for all applicants for BHA emergency resources, as well as cross-sectoral guidance and sector requirements (SRs) for all BHA sectors and sub-sectors. Each SR section provides a description of BHA technical requirements and best practice guidance for the sector. Information on indicators is in Annex B - BHA List of Emergency Performance Indicators. If your proposed activity areas do not correspond to a BHA-approved sector and sub-sector, contact appropriate BHA field staff or Washington, D.C., staff for further guidance.

Descriptions of keywords constitute the final component of this Annex. Your application must list every applicable keyword for each sector in the Activity Summary Table. List only the relevant keywords. BHA uses keywords only to flag non-sector-specific issues for review and tracking; they do not influence BHA's determination of the technical merit of the application.

## 2. MANDATORY CROSS-SECTORAL GUIDANCE

This section contains technical information and requirements that are not specific to a particular sector or sub-sector, but rather pertain across sectors, sub-sectors, modalities, and interventions.

### 2.1. MANDATORY CROSS-SECTORAL GUIDANCE ON PROTECTION MAINSTREAMING, GENDER ANALYSIS & INTEGRATION, AND AGE AND DISABILITY

You must adhere to a comprehensive set of protection, gender, age, and disability inclusion requirements, as outlined in the sub-sections below. BHA supports programming and strategies that are needs-based, informed by sex- and age-disaggregated data, and reflect an analysis of vulnerability factors. You must seek to understand how the crisis has changed and affected the needs, risks, and opportunities of vulnerable groups, in both the acute phase of a crisis and in protracted settings. You must also demonstrate how you will incorporate and address such analyses in your proposed activity. Further, you must demonstrate that proposed activities are designed to reduce risks and address the effects of harm, exploitation, and abuse.

#### 2.1.1. PROTECTION MAINSTREAMING

Protection mainstreaming is the process of incorporating protection principles across humanitarian programs to promote safety and dignity, meaningful access, accountability, and participation and empowerment. You must ensure that protection principles guide humanitarian action through protection mainstreaming. You should conduct regular protection risk assessments and use the findings to define targeting criteria, design and adjust programming accordingly, and implement corrective measures as needed. You should consult with representatives of different segments of the disaster-affected population, such as those listed below, to understand their practices, capacities, and coping strategies and identify vulnerabilities:

1. Women, girls, boys, and men;
2. Different age groups (particularly children, adolescents, youth, and older people);
3. People with physical, mental, or intellectual disabilities;
4. People living in institutions;
5. People living with human immunodeficiency virus (HIV), chronic illness, or other health conditions;
6. Ethnic, political, or religious minorities;
7. People of different social, economic, or national status or origin; and
8. Any other individuals or groups who may be marginalized or excluded, including discrimination based on sexual orientation and gender identity, or experience discrimination not relating to their needs

Consistent with the [Global Protection Cluster](#), you must mainstream protection in your activity by taking into account the following four elements in all humanitarian activities. The examples noted below are not meant to be an exhaustive list of potential issues or approaches, and we encourage you to add other risks and strategies most appropriate for the activities and context.

**1. Prioritize Safety and Dignity, and Avoid Causing Harm:** Prevent and minimize as much as possible any unintended negative effects of the proposed intervention, which can increase people's vulnerability to both physical and psychosocial risks. For example, completing Do No Harm

assessments, establishing protocols for referrals to protection services, consulting populations to ensure that they are able to access assistance safely, and instituting systems to monitor safety at, to, and from activity sites.

**2. Meaningful Access:** Arrange for people’s access to assistance and services in proportion to need and without barriers. Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services. For example, designating spaces or times for at-risk groups to access assistance, providing mobile services, and designing activity sites to ensure accessibility for all.

**3. Accountability:** Ensure your accountability, communication, and community engagement approaches represent the voices of vulnerable or marginalized groups. For example, setting up appropriate mechanisms through which affected populations can measure the adequacy of interventions and address concerns and complaints. (Note: these elements should be addressed in the Accountability to Affected Populations Plan, 1.2.)

**4. Participation and Empowerment:** Support the development of communities’ and individuals’ capacities and assist people to claim their rights, including—not exclusively—the rights to shelter, food, water and sanitation, health, and education. For example, engaging in meaningful conversation with different segments of the population about decisions that affect them and providing information in accessible languages and formats.

**Placement:** BHA requires you to include a separate section within each proposed sector in the technical narrative that identifies potential protection risks and addresses how you will take the four elements into account, specific to those sector activities. Refer to the sector sections for sector-specific, cross-cutting gender and protection mainstreaming guidance. The sector-specific guidance is not meant to be an exhaustive list of potential issues or approaches, and BHA encourages you to add other risks and strategies most appropriate for the activities and context. BHA also encourages you to refer to the [Global Protection Cluster Protection Mainstreaming Toolkit](#). In addition, some aspects of mainstreaming approaches may overlap with the issues referenced in the Conflict Mitigation and Dispute Resolution keyword; please refer to the keyword description and apply as appropriate.

Protection mainstreaming capacity is a base requirement for all BHA applicants and you should include associated costs in the organizational costs. In exceptional cases based on unique circumstances of the context, BHA will consider additional costs related to amplifying the protection mainstreaming capacity and/or applying tailored mainstreaming protocols to address context-specific risks or needs.

### 2.1.2. Gender Analysis and Integration

Gender and factors such as age and disability status have a significant impact on what people experience during a crisis, because they shape the roles people play in their communities, their access to resources, and the coping strategies they have available. Therefore, all entities that receive USAID funding must undertake, apply, and integrate the findings of a gender analysis in all aspects of applications. The findings of the gender analysis must be evident in the activity design, and you should specify how you will implement, monitor, and evaluate gender integration throughout the duration of activity. You should

take into consideration the differing needs of women, men, girls, and boys, across life stages, as well as other relevant social factors, such as intra-household dynamics, unpaid work (including unpaid care work, household-related work, and agricultural or other forms of informal labor for which women are not paid), and those noted in the protection mainstreaming section of this document.

The gender analysis should address the following:

1. The general characteristics of the relationships among men, women, girls, and boys, as well as roles and responsibilities of each of these groups in the targeted area and the impact of the crisis on these roles and responsibilities;
2. How the proposed activity 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 you can undertake the activities to create an environment conducive to improving gender equality and equitable access to basic rights, services, and resources; and
4. How the anticipated results of the activity may affect men, women, girls, and boys differently and how the results could help to reduce existing inequalities and avoid creating new inequalities.

Placement: Every BHA application (even in sudden onset emergencies and programs less than 12 months) must include a gender analysis. The type of gender analysis (Rapid Gender Assessment, etc.) as well as the tools, methodologies, and resources utilized to conduct it should be adapted to the emergency context, timing, and data accessibility. The gender analysis findings must be presented in the technical narrative within each proposed sector, in the protection mainstreaming section, and can be expanded upon in the needs assessment or program strategy. Refer to the sector sections for sector-specific, cross-cutting gender and protection mainstreaming guidance.

Whereas all applications must include a gender analysis within the technical narrative, partners are welcome to submit a more detailed gender analysis as an annex in addition (not instead of). For activity durations of 12 months or longer, cost modifications that increase the total period of performance of the award beyond 12 months, or follow-on applications regardless of length, BHA encourages applicants to undertake and submit a more thorough gender analysis as an annex.

This annex would 1) collect and analyze recent, context-specific primary and secondary data to identify how the current crisis affects men, women, girls, and boys differently; and 2) specify how the applicant will incorporate and monitor the findings of this analysis during implementation.

### 2.1.3. Gender-Based Violence Risk Mitigation

BHA recognizes that gender-based violence (GBV) is among the greatest protection challenges faced by women and girls, families, and communities. During a humanitarian crisis, many factors can exacerbate GBV-related risks, and GBV is consistently under-reported. In accordance with global guidance and standards, you must assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions to mitigate it, regardless of the presence or absence of concrete evidence.

The absence of GBV risk mitigation measures across sectors can result in the following common examples of harm:

1. Heightened risk of transactional sex for survival where access to food is inadequate
2. Potential increase in risk of intimate partner violence due to shifting gender roles resulting from the introduction of a new resource of commodity
3. Increased child and/or forced marriage among girls to meet household financial or food security needs, which may lead to nutritional vulnerabilities for girls and their future children, as well as poor nutrition outcomes in the girls' children
4. Increased exposure of women, girls, and other at-risk groups to sexual assault due to compromised access to water points and lack of sex-segregated latrine and bathing facilities

Placement: Discussion of GBV risks should be included in the gender analysis in the beginning of the technical narrative. The protection mainstreaming section within each sector must include specific actions to reduce the risk of occurrence of and exposure to GBV.

Refer to the sector-specific gender and protection mainstreaming sections for detailed guidance on mitigating GBV risks particular to that sector.

#### 2.1.4. Age and Disability

BHA expects implementing partners to ensure that people of all ages and abilities receive humanitarian assistance that is responsive to their specific vulnerabilities, needs, and capacities. Gender, age, and disability intersect to influence an individual's access to assistance and protection in times of crisis, and the analysis of age and disability is a key contributor to a strong gender analysis. Young people, persons with disabilities, and older people may face hidden constraints in accessing humanitarian assistance, or services accessed may not be designed to address specific needs related to age, gender, and ability.

You should establish effective feedback and communication mechanisms throughout the program cycle to identify these individuals to ensure that their voices are heard, their needs are considered, and that they benefit from assistance. Safeguarding measures and information channels should be tailored according to their input to mitigate particular risks of exploitation and abuse. Their active participation can yield leadership and livelihood opportunities during recovery, as well as strengthening capacities in crises.

The specific vulnerabilities, needs, capacities and interests of youth— individuals ages 10–29 years—are often overlooked in times of crisis, particularly in adolescence (ages 10–19). You should recognize these vulnerabilities in your activity design or when modifying your approach. Positive youth development (PYD) approaches, such as the incorporation of soft skills in activities, can result in outcomes such as improved capacities, as well as livelihoods and leadership opportunities.

Older persons—individuals ages 60 years and older—and people with disabilities are often least visible to humanitarian actors and are particularly vulnerable to exclusion, exploitation, and abuse. Persons with disabilities include those who have long-term physical, mental, intellectual, or sensory impairments which hinder their interaction with various barriers may prevent their full and effective participation in society on an equal basis with others. BHA also encourages you to recognize the capacity of older

people and persons with disabilities to contribute to their communities and the broader humanitarian response.

**Placement:** You must reflect the following in the protection mainstreaming sections of the technical narrative and the Accountability to Affected Populations (AAP) Plan:

1. Ensuring young people, older people, and persons with disabilities are engaged as stakeholders, decision makers, and beneficiaries of assistance, involving them in every step of the program cycle; and
2. Providing targeted assistance to meet the unique needs of young people, older people, and persons with disabilities where necessary.

BHA encourages you to utilize and refer to the [2019 IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#), the [Humanitarian Inclusion Standards for Older People and People with Disabilities](#), the [USAID Disability Policy](#), and the [Washington Group on Disability Statistics](#). Finally, note that disaggregation by disability in reporting is not required; however, you are encouraged to do so when feasible and appropriate.

## **2.2. Local Capacity-Building**

BHA may provide awards directly to local actors, and a substantial number of BHA awards include sub-awards to local and national actors. BHA encourages applicants to approach local and national sub-awardees as partners. Awardees and local/national sub-awardees should work together in partnership to reach program goals and build upon their respective comparative advantages. As appropriate, awardees should also endeavor to ensure that these partnerships help to strengthen the capacity of local and national NGOs who serve as sub-awardees. This may include providing support to their financial and delivery systems, or ensuring that partners are active in humanitarian coordination structures. Applicants are expected to advance good partnership practices with sub-awardees, including as they align with the Grand Bargain Localization Workstream.

Strengthening the capacity of local humanitarian organizations will strengthen the global humanitarian response. To align with the Grand Bargain efforts in this area, capacity strengthening should be considered as “a deliberate process that supports the ability of organizations and networks to institutionalize new or improved systems and structures, and individuals and groups to acquire or improve knowledge, skills, or attitudes, which are necessary to function effectively, achieve goals, and work towards sustainability and self-reliance.” To the extent that your application includes local or national actors, include information in your activity narrative on how your proposed activity will help strengthen their capacity.

## **2.3. Disaster Risk Reduction Mainstreaming and Relationship to Resilience Programming**

BHA defines disaster risk reduction (DRR) in line with the Sendai Framework: mitigate the impact of hazards on vulnerable populations while ensuring that no new risks are introduced in the process. Anticipating, planning, preparing, enacting, and ultimately executing DRR interventions strengthens

resilience, which, in turn, contributes to sustainable development. There is a causal relationship between DRR and resilience. When the impact of a disaster is reduced (e.g., when a community is able to anticipate and prepare for recurring natural hazards such as earthquakes, droughts, or floods), chances for a more resilient recovery increase.

In the context of these guidelines, DRR interventions should mitigate the impact of natural hazards (shocks) on vulnerable populations (including but not limited to the poor, women, children, food-insecure families, older people, persons with disabilities and marginalized communities); prevent the erosion of household assets and livelihoods; and accelerate recovery. BHA has determined that these interventions *contribute to* the future resilience of affected households and communities.

USAID's focused and intensive resilience-building efforts are multi-year, multi-sectoral, and multi-partner activities that typically involve multiple operating units (other parts of USAID, other donors, and host country governments). These stakeholders integrate DRR with a diverse combination of interdependent activities that contribute to increased adaptive capacity, improved ability to address shocks and stresses, eliminated risk, and improved social and economic conditions of vulnerable populations. These broader objectives are beyond the scope of work covered in these guidelines. If and when unique conditions on the ground merit the inclusion of BHA resources in one of these joint efforts or a similar strategic opportunity, BHA will issue a separate solicitation for multi-year work separate from the Guidelines.

BHA funds DRR programs that are specific to (1) strengthening systems and/or building capacities *during* emergency response; and/or (2) reducing the risk to natural hazards. DRR programs funded through BHA can intervene in multiple technical areas, adopt a multi-hazard approach, and be implemented in either non-conflict or conflict settings with a wide variety of goals. Examples of BHA DRR activities include, but are not limited to, controlling and reducing vector-borne diseases; enhancing disaster management capacity; monitoring seismic risks; implementing hydrometeorological early-warning systems; promoting gender equality in DRR management; and reducing post-harvest seed loss. Overall, these programs aim to reduce disaster risk and increase community towards resilience to potential shocks.

These Guidelines require you to mainstream DRR into technical sectors to address specific capacities and disaster risk relevant to the sector. You *must* follow guidance for DRR programs in accordance with specific sector requirements (SRs); you *must* link all DRR activities to at least one specific hazard; and you *must* identify the relevant Sendai Framework for Disaster Risk Reduction (SFDRR) priority action. DRR programs *must* fall under one or more BHA 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. You *must* select the Disaster Risk Reduction Policy and Planning (DRRPP) sector for DRR activities that do not fall under any specific sector (e.g., strengthening capacity for disaster response, raising community disaster awareness, community-based preparedness, social cohesion, disaster planning, policy advancement). Proposed interventions *must* fall clearly 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 BHA.

Note that while poverty, vulnerability, and disasters are clearly linked, addressing underlying poverty issues or economic growth requires long-term sustainable development investments that are *not* covered under emergency DRR programming. DRR lays the foundation for resilience by reducing impact of recurrent disasters that enable communities and countries to invest resources for development to bounce back from crises without significant losses. However, resilience depends on well concerted efforts by both development and humanitarian actors that go beyond the scope and intentions of these guidelines and funding.

## 2.4. Response Analysis

BHA prioritizes an efficient and effective response that meets the needs and preferences of affected populations. You should use response analysis to inform activity design, including the selection of resource transfer modalities and/or other response options, such as service provision and technical assistance.

One element of response analysis is modality analysis (cash, vouchers, or in-kind) when transferring resources. BHA is dedicated to a context-driven approach that starts from a modality-neutral position. BHA recognizes that flexibility and complementarity are key, as a combination of humanitarian response options is often best suited to meeting programming objectives and people's needs. Additionally, the choice and combination of response options chosen may evolve over time in a given response among the modalities identified as within the scope of the activity.

The [Modality Decision Tool](#) (MDT) for Humanitarian Assistance guides applicants in selecting modalities (cash, vouchers, and in-kind assistance) on the basis of market appropriateness, feasibility, programming and sector purposes, and cost. (Service provision and technical assistance are major facets of humanitarian assistance, but are beyond the scope of the MDT.) The tool relies on context-specific information to justify the modality or mix of modalities used. More specific criteria to consider for the modality decision are included under the relevant sectors and keywords.<sup>1</sup> The modalities may be used alone, in combination, and/or in conjunction with other interventions.

All Title II applications (regardless of the modality) must provide sufficient information to ensure that adequate storage facilities will be available for any commodities to be distributed and that provision of assistance will not result in a substantial disincentive to or interference with domestic production or marketing in that country. For additional information, see Bureau for Humanitarian Assistance Functional Policy (BHAFP) 20-02: *Procedure to Determine Compliance with the Conditions of the Bellmon Amendment* on the [BHA EAG page](#).

## 2.5. Structure/Infrastructure Construction and Rehabilitation

Applications for the provision or repair (which includes new construction, expansion, repairs, and rehabilitation) of physical structures (excluding those described in the WASH, Shelters and Settlements, or Natural Hazards and Technological Risks sectors) must use the Structures keyword and follow all

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<sup>1</sup> Applicable sectors include Agriculture, Economic Recovery and Market Systems, Food Assistance, Multipurpose Cash Assistance, Protection, Shelter and Settlements, Water, Sanitation, and Hygiene sectors; as well as under the Cash, Food In-Kind, For-Training, For-Work, Vouchers keywords.

keyword requirements. Depending on international and sector-specific standards, sub-sectors in this guidance may require additional information for the technical design of proposed infrastructure interventions. In line with sector-specific standards, all new construction, expansion, and rehabilitation should promote accessibility, and guarantee structural integrity and safety for occupants or users.

Many structures and infrastructure systems outside the WASH sector may relate to the provision, retention, or conveyance of water. When you propose building water infrastructure for a productive purpose where human consumption of water will not occur (e.g., infrastructure for aquaculture, fisheries, livestock, or irrigation only), fully describe the intervention in its respective sub-sector (e.g., Fisheries and Aquaculture) and use both the Structures and Water for Productive Use keywords. When proposing multi-use water infrastructure (i.e., interventions that could result in or intended to facilitate human use of the infrastructure), fully describe the activity in the Water Supply sub-sector and use the appropriate sub-sector keyword (e.g., Fisherfolk or Livestock). Follow the technical requirements for all keywords.

## **2.6. Natural Resource Management**

Applications that include interventions that aim to restore, improve, and protect natural resources in target areas must use the Natural Resource Management (NRM) keyword and follow all keyword requirements as appropriate. Ineffective or unsustainable NRM and water and land governance can be major drivers of instability, food insecurity, conflict, and crises or shocks; as such, NRM interventions should support humanitarian goals and facilitate transitions to self-reliance. Applications proposing NRM interventions should consider all relevant international standards for the technical design of natural resource management activities, in addition to the sector-specific and keyword guidance. All proposed NRM components or activities must consider the risks, issues, and opportunities associated with gender, age, and disability, as well as the intersectionality of these issues.

## **2.7 Environmental Considerations**

Applications often capture environmental considerations within sector descriptions. By safeguarding ecosystems and natural resources, we are protecting the livelihoods on which they depend and promoting resiliency and food security. While not mandated, you are encouraged to consider conducting a Rapid Environmental Impact Assessment (Rapid EIA), as outlined on the [BHA EAG page](#). Emergency activities should review the [Sphere Factsheet on Reducing Environmental Impact in Humanitarian Response](#), which includes consideration of the environmental consequences of humanitarian action.

### 3. Agriculture

Agriculture response initiatives in BHA address immediate emergency needs, enhance recovery, and contribute to the goal of preventing widespread food insecurity among vulnerable populations. Through activities targeting crop production, strengthening of agricultural systems, and livestock production and protection, BHA supports agricultural livelihoods.

BHA supports technically sound, innovative response activities, and risk reduction activities in agriculture. Additionally, BHA encourages piloting new methodologies, tools, and techniques related to agricultural programs. You must base your proposed interventions on carefully assessed needs. Your proposed activity must not constrain future development, deplete natural resources, or undermine agricultural market systems.

Both acute and chronic emergencies present challenges for responding in a manner that promotes sustainability and activity success. BHA has guidelines common to all sub-sectors under Agriculture:

1. Agricultural activities must target individuals with prior experience in the livelihood of the proposed activity, such as farming, livestock keeping, and fishing. If your application targets individuals without prior experience, you must provide strong justification for doing so.
2. BHA discourages the distribution of high-value items (e.g., tractors, boats, and motors), as such interventions can cause conflict in a community. You must present strong justification to receive BHA funding for distribution of high-value items. If proposing a high-value item for one group, you must clearly indicate your rationale for selecting this group. You must also justify helping fewer beneficiaries at higher cost. If you are proposing activities for group-based businesses, you should include an explanation of how the size and composition of the groups:
  - a. Are decided by the beneficiaries, rather than by your organization; and
  - b. Make sense from a business perspective by generating sufficient profit per individual.
3. BHA discourages support for activities involving or resulting in communal ownership of items (e.g., grain stores, fodder stores, in-situ early generation seed production, seed banks, male goats, and boats), as it is rarely sustainable. You must justify any components of your application that include communal ownership and management of items, and you must provide details regarding how you will ensure equitable and timely use and maintenance. In addition, you must describe how you will transfer and support community management of communal assets under your activity. BHA discourages you from requesting funding for communal farming interventions (e.g., rice farming, fodder production, and early-generation seed production) unless beneficiaries express a clear preference to work on shared plots. Your activity may call for communal land to be set aside for productive purposes, but each individual must manage and have rights to the product from the area he or she farms.
4. BHA encourages capacity-building activities targeting farmers to reduce disaster risk and improve recovery. You should consider opportunities to partner with key local actors who will carry on work after the end of your activity, such as agricultural extension workers, agricultural research staff, animal health providers, plant health and seed inspectorates, plant breeders, technical experts, and infrastructure design specialists.

## Disaster Risk Reduction

BHA supports a wide range of DRR interventions within the Agriculture sector that aim to reduce the frequency of shocks among vulnerable people who rely on agriculture for survival. Proposed interventions must 1) reduce the risk, frequency, or severity of a specific recurrent shock or shocks; or 2) strengthen the capacities of targeted beneficiaries to the impact of the shock(s) over time and recover more quickly.

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

1. Explain why the proposed activity or intervention constitutes DRR by referencing the specific hazard that the program aims to mitigate. The justification must indicate specifically why the proposed interventions are appropriate for the assessed needs and why the situation requires outside assistance. If you propose to continue the same interventions in the same location from a previous activity, explain why the previous activity was unsustainable and how your new intervention will be sustained beyond the life of the award.
2. If you propose an activity duration of more than 12 months, justify how the additional months contribute to the DRR purposes. For an activity longer than 12 months, you must develop and implement a more complex set of DRR-related interventions rather than implementing a series of short-term response-type activities for a longer amount of time.
3. Explain how you will hand over activity interventions through an exit or transition strategy as described in Section 6 of the BHA Emergency Application Guidelines.

## Market-Based Programming

BHA encourages agriculture sector interventions that work through and support local market systems and actors when feasible. In addition, BHA highly encourages local procurement of supplies and inputs (e.g., seeds, fodder, and livestock) to ensure local acceptability and context and environmental appropriateness. BHA also encourages the use of cash and voucher modalities for interventions; however, see Agriculture sub-sectors for specific limitations. You should consider procurement processes that best support your desired outcomes based on market conditions. You may consider input provision through direct methods (e.g., direct seed distribution) or other methods (e.g., use of vouchers or other means to ensure access). You should consider market appropriateness, feasibility, your activity purpose, and cost efficiency when selecting the method of input distribution. Reference the [Modality Decision Tool](#) for Humanitarian Assistance to justify the type of intervention you propose. If utilizing a direct-distribution modality, justify why a market-based intervention is not viable.

## Gender and Protection Mainstreaming

You must review and thoroughly address the cross-cutting gender and protection mainstreaming guidance, described in Section 2 of this annex. The following sector-specific prompts and questions may assist in contextualizing gender and protection mainstreaming for interventions in this sector. However, they are not meant to be an exhaustive list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. Describe the gender-specific roles and responsibilities within targeted households in agricultural production and the access to and use and control of resources. Explain how the roles and

- responsibilities of women, men, girls, and boys, related to agriculture, livestock, and livelihoods, inform the activity design.
2. Describe how the proposed activities will target the most vulnerable populations while mitigating unintended negative consequences. For activities such as strengthening agricultural market actors, you must describe how this will benefit the most vulnerable.
  3. Participatory approaches to identifying beneficiaries (e.g., community meetings and consultation of community leaders) can at times mask inherent biases in agrarian communities. This masking presents the risk that the most vulnerable populations (e.g., ethnic minorities, women, older people, persons with disabilities, and children living outside family care) will remain invisible and not selected for humanitarian assistance. Describe how you will control these potential biases.
  4. Innovations that improve productivity (e.g., composting, cut-and-carry feeding, and enhancing seed variety) can increase work for women and youth. Such innovations 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 resulting from your activities?
  5. Provision of inputs and means to return to agricultural and livestock production can prompt displaced beneficiaries to return to insecure environments, putting them at risk of exploitation or continued marginalization. You must not use inputs as pull mechanisms. What signals will you look for prior to proposing interventions to ensure that displaced beneficiaries are willing to return?
  6. Explain how interventions will address agriculture needs among women, girls, and others at risk of GBV, including the strategies you will implement to increase the safety of women and girls engaging in agriculture activities, including access to land and property.
  7. Describe relevant safety and protection concerns, including GBV risks (e.g., timing and receipt of cash, intra-household risks to women from participation in livelihood interventions), and how you will mitigate them.

### Available Sub-sectors

<ul style="list-style-type: none"> <li>● Improving Agricultural Production</li> <li>● Seed System Security</li> <li>● Irrigation</li> <li>● Pests and Pesticides</li> </ul>	<ul style="list-style-type: none"> <li>● Livestock</li> <li>● Fisheries and Aquaculture</li> <li>● Veterinary Pharmaceuticals and Other Medical Commodities</li> </ul>
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## 3.1. Sub-sector: Improving Agricultural Production

### Overview

BHA supports early recovery and disaster risk reduction interventions that enhance vulnerable smallholder farmers' efforts to improve agricultural production. You can consider a wide range of interventions, from promotion of climate- and nutrition- sensitive farming methods to household-level diversification of crop choices, to improved post-harvest crop management. All proposed interventions must incorporate farmers' preferences and be based on intensive consultation with targeted beneficiaries and knowledge of local farming systems. To ensure activity success, BHA expects interventions to take into consideration established best practices and consider market systems and sustainability as a central component of intervention design. You must describe how you will incorporate farmer choice, feedback, and participation into your activities.

## Restricted Goods

You are responsible for using high-quality agricultural inputs. Procurement of seeds, seedlings, cuttings, saplings, fertilizer, and other agricultural commodities requires prior technical approval from BHA. In addition, BHA requires prior approval for restricted agricultural commodities purchased with vouchers. For more information, see Ineligible and Restricted Goods, Services, and Countries in Section 9 of the BHA Application Guidelines.

## Needs Assessment

1. If you propose to provide agricultural inputs (e.g., tools, seeds, seedlings, cuttings, saplings, and fertilizers), include an assessment of input needs distinct from immediate food needs. Food insecurity is insufficient evidence for provision of inputs; this is particularly true with seeds, as seed security is not synonymous with food security.
2. Include information on how male and female farmers normally source their inputs, differentiated by crop, and how the current disaster has disrupted the process. If input provision aims to reach nutrition or income-generating goals, the assessment must support the use of the proposed input as a means to achieve the stated outcome.
3. If you propose the use of new or improved seed varieties, document the targeted farmers' clearly expressed demand 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 only under ideal growing conditions plus inputs.
4. If you propose providing inputs in the same location to the same beneficiary population for more than three consecutive years (by the same organization), discuss how the free provision of inputs is the best option to address the situation as well as the lack of sustainability beyond direct support. Include information in both the needs assessment section and the technical design.
5. If you propose providing inputs, include an assessment of input availability, access, and utilization, as well as details of any previous input distributions, especially when you are proposing consecutive years of distribution to the same beneficiary population.
6. Identify limiting factors to agricultural productivity or storage in the region overall and for the target population.
7. Identify the particular shock or stress the agricultural system is currently facing that requires an emergency response. You should 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 in areas where disruption or displacement is likely.
9. For all interventions aimed at increasing agricultural production for income generation, provide information on:
  - a. Commodity prices (wet and dry seasons);
  - b. Input costs, including irrigation technology costs;
  - c. Likely revenue and profit; and
  - d. Current and projected supply and demand for the product, keeping in mind that single-crop-focused activities might increase price, production and other risks and be associated with higher income fluctuations for farmers.
10. For interventions intended to improve nutrition-rich agriculture production, highlight any considerations related to dietary deficiencies and social and behavioral change practices or barriers.

## Technical Design

### *Input provision*

1. Illustrate that activities aim to increase available input options and demonstrate that farmers have the ability to choose within those increased options.
2. Justify the distribution method selected to address an input gap. Describe how the proposed method is viable and will best meet needs, given the context. You should consider market appropriateness, feasibility, your purpose, and cost efficiency when selecting the method of input distribution. In addition, you should reference the [Modality Decision Tool](#) for Humanitarian Assistance to justify the type of intervention you propose.
3. Confirm that any agricultural inputs, including pasture grasses and tree seedlings, are not invasive to the location proposed. Address any potential environmental impact and mitigation measures for negative impacts.
4. Provide a strong justification for any purchases of non-local or hybrid seeds. You must procure certified seed or assume responsibility for performing a variety of seed quality assurance practices. For more information, see the *Agriculture Annex A, Seed Grower Declaration of Quality*, available on the [BHA EAG page](#). You must explain how you will ensure the health and disease-free status of inputs such as saplings, cuttings, and tubers.
5. Indicate whether and how proposed vouchers for input provision will create linkages between farmers and potential input suppliers.
6. Address all quality concerns related to input provision as outlined in Section 9 of the Base Document, pertaining to Ineligible and Restricted Goods, Services, and Countries.
7. Provide strong justification for the provision of high-value productive assets or the improvement of assets beyond pre-disaster quality. Describe how the target population will be able to repair or replace the asset in the future if it is not available in the local market.
8. Identify the effects of proposed irrigation interventions on regional water tables, and discuss the potential for conflict with other populations who may be competing for scarce water resources. For technical requirements, refer to the *Irrigation* sub-sector below.
9. Include an analysis of the current crop practices when proposing DRR activities that include new methods or crops, and estimate the potential change as a result of the new methods or crops.
10. Fertilizer
  - a. Provide exact composition, amount, and cost per type. If requesting BHA funding for fertilizer, you must complete the Fertilizer Template found on the [BHA EAG page](#).
  - b. BHA encourages interventions that support farmers to produce organic fertilizers (e.g., compost). Inorganic fertilizers must adhere to USAID specifications (See Guideline Document, Ineligible and Restricted Goods, Services, and Countries). Note that BHA does not fund the use of human manure for agricultural interventions.
  - c. If farmers do not normally purchase fertilizer, indicate how you or other response stakeholders will ensure purchase after the activity ends.

### *Kitchen gardens, home gardens, urban agriculture*

11. Indicate the primary purpose of the agricultural production, such as whether it is intended mainly to increase income, improve nutrition, support another purpose, or a combination of these. Justify how support of interventions will likely contribute to the intended purpose.
  - a. If the purpose is income generation, delineate the interventions that are focused on income generation. 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 you will provide. Explain the current market viability for the livelihood activities

based on market analysis and beneficiary perception. If you propose to facilitate creation of group-based businesses, provide an explanation of how you will decide the size and composition of the groups (e.g., by the farmers rather than by your organization) and how supported businesses will generate sufficient profit per individual. If you will provide, replace, or repair productive assets, identify the modality you will use to transfer the assets; you should also indicate the value of the assets and present related calculations. 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. If utilizing cash transfers or vouchers, include the Cash or Vouchers keywords, and provide the required information in the Cash and Vouchers Keyword section(s), respectively. Provide strong justification for the provision of high-value productive assets or the improvement of assets beyond pre-disaster quality.

- b. If the purpose is improved nutrition, provide evidence that beneficiary populations accept and consume the foods proposed for provision, or detail a plan to encourage consumption.
- c. If the purpose includes behavior changes in food consumption to improve nutrition, provide a clear strategy to justify this, as behavior change related to food preferences and consumption can take a long period to be adopted.

#### *Training in agricultural production techniques or increasing agricultural diversity*

12. Describe specific training topics and methodologies the training activities will include, who will be involved, and why training is needed, especially if training covers basic farming techniques. Furthermore, describe how training will contribute to the intended purpose and address any potential barriers to meeting purposes apart from training, including barriers to social and behavioral change. For example, if there are barriers to adoption of new techniques beyond knowledge transfer, such as lack of adequate agricultural land, water, finance, inputs, or other resources, describe how the activity addresses these barriers.
13. Describe how you will support the diffusion of knowledge transferred through training beyond direct trainees and how you will ensure the quality of information and adoption.
14. Include a plan to ensure the sustainability of the proposed methods or varieties when the intervention ends, noting in particular what training materials stakeholders will use to support the adoption of practices.

#### *Post-Harvest Loss Reduction*

1. BHA discourages the construction of community-owned or communal fodder and seed or cereal banks due to their inherent lack of sustainability once the implementing organization leaves the area. BHA favors household-level post-harvest storage technologies and methods and will not fund communal storage units without strong evidence that farmers prefer these. You must also ensure that you have created a detailed plan for long-term sustainability. Provide the full phytosanitary protocols that you will implement as part of any proposed communal storage interventions, and confirm that stakeholders will fully implement all the standards and protocols listed in the warehousing section of the [Commodity Management Toolkit](#).
2. Your application may include production of post-harvest storage units using locally available and low-cost materials. You must provide a detailed plan for increasing awareness of the benefits of improved post-harvest storage and supporting future demand for the units where you provide locally available storage containers. Address how you will promote and increase the future market availability of the units.
3. Post-harvest storage technologies provided or promoted with BHA funds may be hermetic to maximize grain quality and health benefits due to aflatoxin control. You must provide training on

- the proper use of hermetic storage technologies to all recipients. In addition, you must train farmers to properly harvest and handle grain before storing grain in hermetic containers.
4. Justify the promotion of non-hermetic storage technologies such as in agro-climatic conditions where aflatoxin and insects are not a significant cause of crop loss and grain quality deterioration.
  5. Applications for storage methods must estimate the proposed percentage reduction in post-harvest loss by crop and justify the proposed model based on cost, suitability for specific crops, and efficacy. Provide the cost per beneficiary of each storage method promoted under the activity. BHA strongly encourages low-cost, replicable solutions.
  6. For any models or methods that involve the use of restricted goods such as herbicides, fungicides, 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, BHA generally does not fund activities that involve procurement or use of chemical herbicides, fungicides, or pesticides for treatment of seed or grain. For the treatment of distributed food assistance commodities, to assure protection from waste and spoilage, refer to the [Environmental Procedures - USAID Emergency Food Assistance](#) and the [Fumigation Programmatic Environmental Assessment](#). Refer to the Food Assistance Sector for more information.

### 3.2. Sub-sector: Seed System Security

#### Overview

Interventions in this sub-sector must support the seed system in the activity location. For BHA, 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 agro-dealers and shops). Supporting farmers' access to a wide variety of seed options, including local preferred varieties, quality declared seed, certified seed, and modern varieties, strengthens the capacities of farmers and their ability to make decisions that reduce risk. Activities in this sub-sector may include, but are not limited to, comprehensive multi-agency seed system assessments, seed multiplication, seed marketing, seed management, seed quality verification programs, and seed storage.

#### Restricted Goods

You are responsible for using quality agricultural inputs. Seeds, seedlings, cuttings, and other agricultural commodities require prior technical approval from BHA. Prior approval for restricted agricultural commodities purchased with vouchers is also required. Fertilizers are also restricted commodities under USAID policies, although BHA does provide funding for fertilizers in some circumstances. For more information, see Ineligible and Restricted Goods, Services, and Countries in Section 9 of the BHA Application Guidelines, Base Document.

#### Needs Assessment Summary

##### *Seed System Security Assessment*

For BHA to consider funding a wide scale Seed System Security Assessment (SSSA), the need, process, and overall value to all stakeholders must be clear. BHA will not fund assessments proposed primarily to inform your subsequent application for agricultural assistance. The information must be of value to

the humanitarian community in general, involve and be of use to multiple seed sector stakeholders (e.g., government, private sector, and NGOs), and fully provide data and analysis to all interested parties.

BHA expects you to submit an SSSA for any application including seed provision by the same organization in the same location for the same beneficiary population for more than three consecutive years. The SSSA is based on the seed security conceptual framework which consists of seed quality, seed availability, and seed access. Seed quality consists of both varietal suitability and seed health. Seed security is assessed in the context of shocks and stresses to the seed system. The SSSA aims to allow you to diagnose how the seed system is impacted by an acute or chronic emergency and describe the effect on seed security using the seed security conceptual framework parameters. This enables a more robust and integrated response to address seed insecurity. For tools and guidance on conducting an SSSA, see the [Seed System Security Assessment](#). If you are proposing seed-related activities, you should articulate the following in your application.

1. Clearly explain the 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; and
  - c. How conditions have changed to alter local seed systems.
2. Justify why repeated assistance activities in the seed sector are required.
3. Provide planned assessment questions and what contribution the information will make to response or DRR activities.
4. Indicate how you selected the target location for assessment.
5. Document the utility of the SSSA results to a wide range of humanitarian stakeholders.
6. Describe how you will share the results of the SSSA with all humanitarian stakeholders and note how you will ensure the involvement of multiple agencies. The execution of the assessment must be as collaborative as possible.
7. Justify the scope and scale of the assessment. For example, indicate whether it is an update of existing baseline data or a new study in an unassessed area.
8. Describe how the seed related assistance activities will improve the local seed systems resilience
9. Describe the planned interventions will be sustained beyond the life of the project.
10. Explain the modalities for engaging stakeholders in the seed sector to avoid duplication of efforts and effective use of resources.

### *Seed Storage*

1. For improved seed storage activities, document current levels of post-harvest seed loss and the main challenges to seed preservation, by crop, for the crops you are targeting through seed storage activities.

### **Technical Design**

For all interventions proposed under this sub-sector, describe farmer channels for sourcing seed and a brief analysis of any issues related to seed access, seed availability, and seed health. You must indicate the targeted populations of proposed interventions, disaggregated by sex and age. Clearly describe gender roles within the agricultural system and by crop.

### *Seed System Security Assessment*

1. A detailed description must include the assessment methodology, as well as the means of analyzing and the plan for sharing data. The assessment must outline how the emergency impacted the seed system, and the assessment should use the seed system conceptual framework to characterize any resulting seed insecurity.

### *Seed Multiplication*

1. For seed multiplication activities, indicate the current or pre-emergency growing conditions.
2. If you propose to use irrigation, describe any related maintenance and operation plans.
3. For seed proposed for multiplication, describe how you will determine the crops and varieties to be multiplied and what demand analysis was or will be carried out to confirm target populations seek out the crops and varieties, as well as that the volume to be multiplied is appropriate.
4. Explain how you will procure early generation seed for the seed multiplication and what processes are in place to ensure that you will verify the seed multiplied is the prescribed variety and of good quality. In subsequent years, what measures will you take to ensure that farmers or seed producers can access early generation seed of demanded varieties that are of good quality?
5. Indicate any potential market effects of the activity, including the support or undermining of existing seed sources in the market. If negative market effects are possible, include a description of potential mitigation activities.
6. Describe the marketing and outreach plan for seed produced.
7. Explain who will participate in the interventions and who will benefit, disaggregated by sex and age.
8. Explain the seed quality standards that you aim to meet and how you will measure and achieve them.
9. If the program calls for irrigation of multiplication plots, discuss water availability and how you will mitigate any potential negative environmental consequences from additional water use. Refer to the irrigation sub-sector for guidance on BHA irrigation requirements. If applicable, include the Structures keyword.
10. Describe the technical and material support stakeholders will use in the activity to protect against pests, diseases, and weeds, such as training or technical and material assistance. For further details, refer to the Pests and Pesticides sub-sector.
11. Confirm that the seed selected to be multiplied is proven to perform well under farmer management and has sufficient acceptance among farmers and local market actors.
12. Describe the intended purpose or impact of seed multiplication activities, such as agriculture livelihood restoration, nutritional impact, DRR or shocks. You should also describe the Theory of Change with respect to the contribution of seed to the intended outcome.
13. Seed production can be a critical activity that is justifiable even if it is done for one to two seasons. Provide:
  - a. A brief discussion of how and why you identified the proposed crops and varieties;
  - b. The strategy by which market actors will sell or otherwise make the seed produced available to individual farmers (e.g., cash, voucher, direct distribution, or other means);
  - c. The percentage of buyers that you anticipate will be institutional (e.g., government, NGOs, or Public International Organizations [PIOs]), compared with direct sale to farmers or private sector distributors; and
  - d. The marketing strategy targeting potential buyers, including informal and formal private sector actors, in order to transition activities to the private sector.
14. Indicate the seed quality assurance practices and verification you will promote. You should describe how you will encourage seed quality and any collaboration with the national seed inspectorate or other seed regulatory bodies.

## Seed Storage

1. For improved seed storage activities, document current levels of post-harvest seed loss and the main challenges to seed preservation, by crop, for the crops that the proposed seed storage interventions target.
2. Provide information on how the seed storage methods proposed will address the current seed storage challenges.
3. Document the efficacy of the proposed seed storage model and how it will reduce seed loss, promote plant vigor, or improve seed germination.
4. Document how stakeholders will maintain any seed storage input supply equipment, such as storage containers, after the activity is no longer funded.
5. Indicate how you will train farmers on seed selection and preparation of seed prior to storage.

### 3.3. Sub-sector: Irrigation

#### Overview

All irrigation interventions must take into consideration the potential adverse impacts on the social and physical environment. Irrigation activities will undergo technical review to minimize unintended environmental consequences. BHA supports primarily individual irrigation via self-supply.

With few exceptions, BHA does not fund greywater irrigation. On a case-by-case basis and with a very strong justification, BHA may fund very small household garden activities that use kitchen greywater in water-scarce environments if the water is not applied directly to the edible portion of the plant. BHA will require seeing a(n):

1. Technical design;
2. Explanation of how your intervention mitigates any related public health risks; and
3. Monitoring plan.

BHA does not fund applications for accessing deep aquifers for irrigation. Such activities can have major adverse impacts on regional water supplies. All applications need to consider the potential for recharge of extracted water resources.

Generally, BHA will not fund large-scale mechanized irrigation systems; BHA will require clear justification for use of these systems before considering them. BHA may support micro-scale mechanization, such as small pumps for shallow groundwater. For irrigation systems, indicate appropriate oversight and planning measures and provide maintenance and operations plans for after your intervention ends. BHA will not fund an activity that only provides farmers with technologies that would be considered unacceptable because of drudgery and low profitability.

BHA supports new solar- or wind-powered pumps (rather than rehabilitation of fossil-fuel based pumps), 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–benefit analysis and you can prove that the technical services for maintenance are available locally. Justify the use of solar- or wind-powered pumps in the application in terms of:

1. Demonstrated need;

2. Cost-effectiveness;
3. Assessment of potential social and environmental benefits and costs;
4. Why solar or wind is a more appropriate choice than manual or mechanized (e.g., diesel, petrol, and electric) pumps; and
5. How stakeholders will operate, maintain, secure, and finance these systems.

Refer to the requirements on solar pumps in the WASH Technical Design section of the Guidelines for more detailed specifications regarding solar-pump requirements, which you must meet even if you propose to use the pumps for irrigation.

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

When proposing irrigation activities, refer to the Water for Productive Uses keyword.

### 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 managed irrigation systems, as well as who in the population managed the systems, prior to the disaster that triggered this response. You should also discuss the intended benefits for different target populations. Use rehabilitation interventions as opportunities to improve upon irrigation systems management, as well as the distribution of related benefits.
2. If your intervention is part of a DRR activity, indicate how you determined that the proposed irrigation activities are an important component of reducing risk and strengthening capacities to manage and respond to future risks.
3. Include an analysis of crop watering methods currently in use.
4. Provide a contextual analysis of water availability (including seasonal fluctuations), resource management, including irrigation management approaches, and institutions that have succeeded and failed in the targeted geography.
5. In case of shared water or irrigation schemes, assess existing community rules for water management, including operation, distribution, and maintenance.

### Technical Design

1. As applicable, include a complete description of each phase of the irrigation system that you are proposing to address. Include estimates for water use information. Depending on what you propose, this may include:
  - a. Source of water;
  - b. Storage of water during dry season;
  - c. Transport of water from source or storage to fields;
  - d. Application of water to crops;
  - e. Estimate the amount of water to be provided through this technology across seasons;
  - f. Area of land to be irrigated per farmer; and
  - g. Drainage systems.
2. Describe the local market for replacement parts and technical capacity for repair of systems. Additionally, estimate the lifespan of distributed equipment.
3. If you are proposing to introduce new technology, describe how you will incorporate capacity building and training programs into the activity. This may include creating demonstration plots prior to commencing interventions with the proposed technology, conducting farmer field days or field

- site visits, and providing a description of costs and benefits to women and men farmers. Describe the length for which such capacity building will be provided.
4. Describe how you will employ a participatory design approach (e.g., irrigation systems designed together with women and men farmers). This should explain how you will collaborate with local farmers to implement the intervention.
  5. Promote clear rules to avoid competition between human consumption; other productive water uses, such as for artisanal activities or livestock production; and irrigation when systems provide water for both human consumption and irrigation. Your application must favor human consumption of water.
  6. If proposing water infrastructure for both human consumption and agricultural use, fully describe the activity in the WASH sector's Water Supply sub-sector and use the Water for Productive Uses keyword. If proposing productive use infrastructure (i.e., solely agricultural use), include the Structures keyword as applicable.
  7. Describe the existence of clear norms for farmers regarding their rights and obligations in the use of water and the irrigation system.
  8. Describe how you will ensure long-term sustainability by addressing transition of the activity from NGO-supported interventions to communities, ministries of agriculture, or other institutions or organizations. Take into account contextual factors (e.g., security, governance) that may affect sustainability.
  9. Explain how you will select beneficiaries. How will you share the irrigation intervention with non-beneficiary farmers?
  10. Indicate in your plans if the intended repairs are beyond the capacity of users to support and how stakeholders will maintain the irrigation system if this is the case.
  11. Confirm that your application provides support and a maintenance plan that adequately meets the number of expected users. Indicate in your plans if current repairs are beyond the capacity of users to support and how you will address issues related to required repairs.
  12. Describe how you will implement measures to mitigate theft of inputs.
  13. Describe mitigation measures that address any potential negative impacts of the proposed activities, for example:
    - a. What are the potential negative impacts on other water users who are not beneficiaries of this technology?
    - b. How will you mitigate potential negative impacts on soil structure and quality and the potential for irrigation to increase erosion, especially for irrigated fields near rivers?
    - c. How will the proposed activities affect water quality (e.g., for downstream users or groundwater users)?
  14. Describe measures to address droughts and other short- to medium-term water shortages, 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 infiltration;
    - c. Drought management plan;
    - d. More efficient irrigation technologies that reduce evaporation losses, coupled with clear rules regarding prioritization of water uses;
    - e. 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);
    - f. Reduced water loss in distribution and conduction, such as coating or use of total or partial tubes or pipes in irrigation works; and
    - g. Practices that promote better retention of water in soil, such as demi-lunes, zai pits, or leveling of soil, if appropriate. Agriculture actors often undertake partial water-retention methods because of high labor needs, which can be particularly problematic in areas where

people are unwell due to conditions such as severe undernutrition or HIV/AIDS, or where considerable out-migration, particularly of male labor, has occurred.

15. You may propose “for work” approaches involving labor-intensive irrigation systems, provided you are careful to ensure a balance between incentive and the appropriation of the infrastructure by the farmers. In many systems, farmers gain rights to water use based on the number of days they worked on constructing the system. When proposing “for work” interventions, describe any potential conflict that may arise from these interventions and conflict mitigation and dispute resolution efforts, especially as they relate to water usage rights. Labor roles and distribution of labor for certain interventions could also undermine the ability of women to participate in and benefit from irrigation systems.
16. As with systems of water usage for human consumption, promoting 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.
17. Explain why any proposed new technologies will be more successful and resilient to shocks and stresses.
18. For all activities aimed at increasing agricultural production for income generation, provide information on:
  - a. commodity prices during both wet and dry seasons;
  - b. input costs, including irrigation technology costs;
  - c. likely revenue and profit; and
  - d. current and projected supply and demand for the product, keeping in mind that single-crop-focused interventions might well increase price and production, as well as result in other risks and be associated with higher income fluctuations for farmers.
19. Provide a brief cost-benefit analysis of the irrigation system to demonstrate that the increased profits from the irrigation system will be greater than its cost within a reasonable time frame.
20. Describe how you will ensure that beneficiaries of irrigation interventions with shared water sources have rights to access or have already arranged access to the water source; if no water rights system exists, assess if such a system might adversely affect other users or uses and identify mitigation measures.

### **3.4. 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 tools/systems, such as community-based pest and disease scouting surveillance, monitoring, reporting, early warning, and control as part of DRR interventions.

#### **Restricted Goods for Pest Control**

As indicated in Section 9 of the BHA Guidelines, Base Document pertaining to Restricted Goods and Agricultural Inputs, pesticides (e.g., avicides, acaricides, fungicides, insecticides, nematicides, herbicides, molluscicides, insect growth regulators, and biological pesticides), 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. BHA typically does not fund the purchase, use, transport, distribution, storage, management, or disposal 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 contexts in which BHA determines such products are absolutely necessary for the success of the activities and where not providing such support could have detrimental effects on the health, economy, livelihoods, and shared environment of target populations.

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 [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) and other applicable documents.

BHA at all times discourages direct involvement of farmers, pastoralists, or unskilled, unqualified, or inexperienced persons in transporting, handling, applying, distributing, storing, managing, or disposing of synthetic chemical pesticides and prohibits inappropriate use of empty pesticide containers. BHA requires that only skilled, experienced, qualified, and certified persons (as applicable) handle and/or apply pesticides and that appropriate PPE and tools be employed when performing these activities. See information on Restricted Goods in Section 9 of the BHA Application Guidelines, Base Document.

If you propose interventions involving long-lasting insecticidal nets (LLIN) in the Health sector, you must include the Pesticide-Containing Materials keyword in that sector.

BHA does not fund the use of cash or vouchers to procure, transport, distribute, rent, use, or dispose of USAID-restricted pest control commodities, including pesticides, pesticide-containing materials (e.g., LLINs, long-lasting insecticidal curtains [LLICs], insecticide-treated plastic sheeting [ITPS], 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 targeted areas protect their assets against these problems and how effective and safe these interventions are. If these interventions are ineffective or unsafe, you must identify causes for their ineffectiveness and/or danger to plan a remedial action or alternative tools as needed. For more detail, refer to the Technical Design section below.

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

4. 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. How do you assess the efficacy and safety of these materials and document possible mitigation procedures you will implement to ensure safety of the beneficiaries and their families, assets, and shared environment? BHA advises you to document to what extent such interventions are consistent with the [USAID Pest Management Guidelines](#), which promote integrated pest management, [the USAID Crop Production Sector Environmental Guidelines](#), and the [UN Food and Agriculture Organization \(FAO\) Integrated Pest Management](#) approaches. Awardees should familiarize themselves with any relevant and applicable international standards for phytosanitary measures (ISPMs) and standards and protocols developed under the International Plant Protection Convention (IPPC) under FAO.
6. Include the 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.
7. How will you document and report the needs for and the benefits and costs of disposing of such materials compared to taking no action with regard to human health, economic benefits or losses, and the environmental impacts or implications or gains?
8. If procurement, use, distribution, and transport of pesticides are vital for the success of the proposed activity, you must adhere to applicable [USAID Environmental Regulations \(22 CFR 216.3\)](#) and adequately describe the circumstances that dictate the need to support such interventions; you must also prepare required relevant documentation.

## Technical Design

When designing pest and disease control interventions, you must ensure that you incorporate the applicable Pesticide Procedures found within the [USAID Environmental Regulations \(22 CFR 216.3 \(b\)\)](#).

Technical design should take into consideration any existing or relevant Pest Risk Analysis (PRA), and interventions should follow the guidance of existing or relevant PRA or contribute to their development. See International Plant Protection Convention's (IPPC) ISPM 2 (Framework for pest risk analysis) and ISPM 11 (Pest risk analysis for quarantine pests) for PRA and frameworks for conducting PRA and ISPM 21 (Pest risk analysis for regulated non quarantine pests). All pest and disease control and prevention actions must follow an integrated pest management approach. Pest and disease presence must at all times be assessed and documented through appropriate surveillance to determine intervention (for further detail you may want to refer to ISPM 6:

<https://www.ippc.int/en/publications/615/>)

1. If you are proposing the use of non-synthetic chemical pesticides or botanical agents and any other tools, articulate the rationale for selecting such tools, including their efficacy on target pest(s), accessibility, and safety for applicators and users, their assets, and the shared environment. Discuss your organization's prior experience in the preparation, handling, and use of these materials or tools and community acceptance.
2. If your application 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 humans, 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 activity, you must follow the [USAID Environmental Regulations \(22 CFR 216.3\)](#) and adequately address all the 12 points that are stipulated under the Pesticide Procedures section. To the extent possible, document the circumstances that dictate the need to support pesticide interventions and articulate safety and mitigation measures that you will put in place to ensure activity beneficiaries' health, safety of their assets and the shared environment.
4. When proposing the use of non-synthetic chemical pesticides or naturally occurring pest control materials, including botanicals such as neem, or non-botanical materials such as ash and sand, describe sources, efficacy, and safety, as well as acceptance and potential for adoption by beneficiaries. Botanical pest control measures are also required to abide by USAID Environmental Regulations 22 CFR 216.3.
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 activity beneficiaries will not use empty pesticide containers to store drinking water, food, or animal feed, or as building materials such as roofing.
  - b. Explain who will safely collect the containers and how, and if metal or plastic containers, triple rinsed, punctured, and crushed or shredded, and stored in secure places until they are properly disposed of by authorized persons. BHA requires the use of appropriate PPE for such activities.
6. Describe ways to collaborate and share information with other stakeholders that are operating in the country or region and that are involved in pest and disease control interventions, including agricultural extension agents, crop protection staff, regulatory plant health authorities and inspectorates, international and national NGOs, and UN agencies such as UNICEF, FAO, World Food Program (WFP), WHO, UN Development Program (UNDP), UN Office for the Coordination of Humanitarian Affairs (UNOCHA), International Organization for Migration (IOM), International Labor Organization (ILO), and regional organizations responsible for pest operations. If there is an existing PRA for the pest or disease, you should reference stakeholder collaboration and coordination processes.
7. Describe how you will collaborate with and recruit local farmers and community members to engage in collective pest and disease control interventions to ensure continuity and sustainability. If applicable, describe how the private sector or other market actors will support the sustainability of any activities.
8. Describe how you will document and report the benefits and costs of disposing such materials compared to taking no action in terms of human health, economic benefits or losses, and the environmental impacts or gains.
9. Describe the criteria for selecting beneficiaries that will ensure equality and equity among the different beneficiary groups (e.g., children, pregnant women, persons with disabilities, and older people).
10. Describe how you will ensure that beneficiaries' competence will be improved in:
  - a. Scouting, monitoring, controlling, and preventing pests and diseases to safeguard their assets; and
  - b. Safe handling and use of pest and disease control tools.
11. 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;
- f. Non-target and beneficial organisms, and
- g. The environment.

### 3.5. Sub-sector: Livestock

#### Overview

You must indicate how each proposed intervention meets [Livestock Emergency Guidelines and Standards \(LEGS\)](#) best practices or provide justification if proposing a different practice. You should design each proposed intervention using the [FAO Livestock-related Interventions During Emergencies](#) manual, or provide justification for using an alternative design.

#### Needs Assessment Summary

The [LEGS Handbook](#) and website provide tools for assessing an emergency and identifying responses. The needs assessment must describe the following elements:

1. The assessment methodology, including how you engaged with local and traditional customary authorities, as well as 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, as well as their post-disaster condition.
3. Pre-disaster production system and integration into other agricultural activities, including gender roles and asset ownership and control.
4. Availability and accessibility of animal health services by provider type and wealth group (e.g., public, private, community-based, and agrovet shops).
5. Pre-crisis supply mechanisms for animal health inputs and the impact of the crisis on the mechanisms.
6. Impacts of the disaster on resources (e.g., water, forage, fodder, feeds, and infrastructure), including pre-and post-disaster carrying capacities and calculations showing how you derived the figures.
7. Trending changes to the production system due to the disaster, including coping mechanisms.
8. Livestock and zoonotic diseases endemic to the area and the introduction of any new diseases resulting from the disaster.
9. The local livestock market system, as well as its drivers and status (e.g., terms of trade, traders, and livestock marketplaces).

#### Technical Design

The technical description must include:

1. The intention of the intervention. Be as specific as possible without restricting the scope of the proposed intervention.
2. Criteria and justification for beneficiary selection.
3. Necessary local resources you will not provide under the intervention (e.g., pasture), the quantities available, and potential competition for resources (e.g., livestock and wildlife use of pasture).
4. Involvement of different actors and stakeholders (e.g., government livestock services and private sector).
5. Training plans, including details such as the number of trainees, curriculum specifications, number of days of programming, and timing during intervention.
6. How does this intervention fit into overall recovery and stability plans? What factors could prevent the realization of this approach? If the intervention includes recurrent use and purchasing of inputs,

what are the barriers to consistent market access (supply and demand) and how is the intervention addressing these?

7. The impact of the activity on the most vulnerable populations, including women, older people, and youth.
8. How you will mitigate negative impacts of the intervention.
9. Your commitment to keep on record certificates or quality assurances obtained from suppliers, government veterinary services, or other entities.

If your application includes:

I. 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. Justification must specify and contribute to a specific household livelihood or nutritional purpose.
- b. You must justify the number of animals to be distributed per household based on a specific livelihood objective. For restocking of pastoral households, the number should be based on the minimum viable herd size for the target area, and you must provide a realistic plan by which recipient households will reach that number by the time of the next shock. Propose alternative livelihood activities for pastoral beneficiaries unable to sustain livestock livelihoods.
- c. Discuss who will be responsible for animal procurement and how it will occur, from whom, any impacts this will have on the local livestock market, and how you will mitigate potential negative impacts.
- d. Discuss the distribution modality (e.g., in-kind, livestock fairs, cash, or vouchers), and use the Cash or Vouchers keywords, as applicable.
- e. 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.
- f. Discuss traditional restocking mechanisms, whether they are still functioning, and why they should be disrupted or supported.
- g. Discuss timing of the distribution identifying how you will ensure that local grazing and browsing resources have adequate recovery time prior to introduction of new animals.
- h. Include an appropriate quarantine period prior to distribution.
- i. Per USAID's Agricultural Commodity Eligibility and Requirements Relating to Quality and Safety ([ADS 312mac](#)), 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. If a verifiable reference from the supplier is not available (e.g., for purchases made at a livestock fair), you assume responsibility for ensuring each animal's productivity, health, and lack of disease. Describe how you will ensure the animals' health; and
  - ii. Obtain a letter from a competent national authority agreeing to the movement and ensuring that the area of origin is free of [World Organization for Animal Health \(OIE\) listed diseases](#) when bringing animals 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. Target only the core breeding stock, justifying the type, total number, and number of animals per household that will receive feed accordingly.
- c. Provide calculations demonstrating how you determined the amount of fodder and supplements to be procured, based on length of intervention, number of animals by species and age range, daily maintenance requirements, percentage of daily requirement to be met by the intervention, and quantity of fodder and supplements needed to meet those requirements. If your activity will meet only a portion of the daily requirement, discuss how beneficiaries or other stakeholders will meet the remainder.
- d. Describe quality assurance practices, including good manufacturing certifications for supplements, safe transport and storage, and inspections.
- e. Describe plans to prevent market distortions and/or harm to local market actors, and for ensuring feed availability after the intervention has ended.

3. Beekeeping

- a. Describe beneficiaries' prior beekeeping experience disease prevention and control measures, as well as quality assurance practices by suppliers of equipment and bees.
- b. If you propose beekeeping as an income-generating activity, discuss the results of your local market assessment.
- c. Per USAID's Agricultural Commodity Eligibility and Requirements Relating to Quality and Safety (ADS 312mac), you must do the following:
  - i. Provide details on how you will ensure that distributed bees and equipment will be healthy, productive, and free of disease prior to distribution. Ideally, you should commit to obtaining documentation from the supplier, including a verifiable attestation, that the bees are healthy, productive, and free from diseases of concern in the area of intervention. If a verifiable reference from the supplier is not available (e.g., when hives will be built locally) you assume responsibility for ensuring productivity, health, and disease-free status, and you must fully describe how you will do this; and
  - ii. Obtain a letter from a competent national authority agreeing to the movement/introduction of bees and ensuring that the area of origin is free of OIE-listed apiary diseases when bees are brought into an area from elsewhere, including a different part of the country. For imported bees, the letter should describe traceability procedures.

4. Destocking

- a. Justify and describe the type(s) of destocking—commercial destocking, slaughter destocking, and 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 you will apply smart subsidies to alleviate them, what triggers you will use, and which components of the system your intervention will

- address (e.g., transportation, market information, coordination of sellers and buyers, and capitalization of traders).
- c. In the case of slaughter destocking and slaughter for disposal, describe protections that you will put in place for public and environmental health, including training and remuneration for slaughterers, ex ante and post mortem inspection, carcass disposal procedures, disposal site management, and safety procedures.
  - 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, and/or invasive species removal).
  - b. Discuss natural resource governance structures and include measures to assure that strong and inclusive governance systems will manage rehabilitated lands.
  - c. Recognizing that reseeded is rarely successful in a disaster context, provide full technical justification and details if you propose reseeded, 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.
  - d. New 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 not an emergency intervention, and BHA will not consider funding them. Provide strong evidence of an existing functional system if you request funding for a grazing scheme (e.g., payment of herders), using the For-Work keyword, as appropriate.
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), as well as calculations justifying infrastructure capacity and design based on current and projected demand by species. Include the Structures keyword, as applicable.
  - b. Per the LEGS guidelines, include mechanisms (e.g., fencing) to protect public health by separating livestock from water sources.
  - c. Discuss governance systems for new or rehabilitated structures including maintenance and related costs.
  - d. Water sources in livestock-keeping communities can be single or multi-use (i.e., serving the needs of both animals and households). When you are proposing construction or rehabilitation of water infrastructure for livestock only, use the Water for Productive Purposes keyword, fully describe the activity in the Livestock sub-sector, and include information on where households will separately access safe water. When proposing dual-purpose water infrastructure, use the Livestock keyword and fully describe the activity in the Water Supply sub-sector, including information pertaining to points 6.a. and 6.b. from the Livestock sub-sector discussed above. Use the For-Work keyword if applicable.
7. Rehabilitation or construction of livestock structures
- a. Describe how the new or rehabilitated structure (e.g., markets, slaughterhouses and slabs, vaccination crushes, feedlots, dip tanks, barns, and/or milking stations) is necessary for rebuilding the livelihoods of livestock keepers. Your justification must specify and contribute to a specific livelihoods purpose.

- b. Include technical designs and calculations justifying capacity and design based on current and projected demand by species. Include technical designs, and use the Structures keyword, as applicable.
  - c. Discuss governance systems for new or rehabilitated structures including maintenance and related costs.
  - d. When the structure is proposed in another sector, use the Livestock or Fisheries keyword in that sector.
8. Veterinary services
- a. Disease intervention plans may include interventions such as quarantine, vaccination, treatment, education, and training.
  - b. BHA only funds the delivery of animal health services by trained animal health providers such as community animal health workers (CAHWs), veterinary technicians, para-veterinarians, and veterinarians. You cannot pay animal health providers to provide private curative or preventive services (e.g., disease treatment, dehorning, castration, and/or vaccination) with BHA funds. If beneficiaries are unable to pay for these services, you should provide beneficiaries with vouchers or a similar market-based approach to pay for these services, using the Vouchers keyword as appropriate. BHA will consider the use of vouchers to pay for animal health services, including the pharmaceuticals used in the provision of such services, on a case-by-case basis. See the Veterinary Pharmaceuticals and other Medical Commodities sub-sector for additional information.
  - c. Follow LEGS-recommended practices, including targeting core breeding stock and replacements, cost recovery, gender-balanced and market-based approaches to supporting public and private service providers such as CAHWs, and linking private veterinary pharmacies and government animal health service providers to promote an integrated approach.
  - d. You must strongly justify any activities involving the free provision of veterinary vaccines and medicines, and you must detail an exit strategy. This includes veterinary kits for CAHWs, which must only be distributed during the introductory training.
  - e. Pharmaceuticals (e.g., drugs, vaccines, and orally administered parasite treatments) and topically applied pest control products are restricted goods. You must place requests for pharmaceuticals and pesticides in the Veterinary Pharmaceuticals and Other Medical Commodities sub-sector and Pests and Pesticides sub-sector, respectively. In addition, you must use the Pesticide-Containing Materials keyword 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.
  - f. CAHWs
    - i. Your application must call for the coordination of CAHWs under the Food Security Cluster Livestock Working Group whenever such a group is in place.
    - ii. Introductory CAHW training must be for a minimum of two to three weeks, and you must provide annual refresher training.
    - iii. Introductory CAHW trainings must include modules on determining cost recovery for maintenance, repair, and restocking of CAHW kit contents including pharmaceuticals, supplies (e.g., needles, syringes, and disinfectants), and equipment (e.g., vaccination gun barrels, and dehorning wire).
    - iv. Introductory CAHW training must include modules on drug resistance, antibiotic microbial resistance, and topical pest control safety.
    - v. Communities must participate in the design of CAHW activities, including selection of trainees.
    - vi. CAHW activities must include professional supervision for CAHWs provided by qualified (diploma or degree) public or private sector animal health providers.

- vii. Your application must link CAHWs to private veterinary pharmacies to ensure sustainability of the system. You are encouraged to seek opportunities to build the capacity of private veterinary pharmacies.
  - viii. BHA encourages linkages for CAHWs to financial service providers, linkages to the national disease surveillance system for disease reporting, and linkages to public health posts for reporting of zoonotic diseases.
  - ix. You must provide contingency plans for emergency situations that may arise in interventions focused on highly transmissible diseases, zoonotic diseases, and some diseases that limit trans-boundary movement and marketing. The OIE provides technical information on OIE priority diseases. Interventions should be closely coordinated with and carried out through the competent national veterinary authorities.
  - x. Due to increased risk of disease spillover from animals to humans, BHA strongly encourages a OneHealth approach at the community level. The OneHealth concept recognizes that the health of humans, animals, and environments are related. BHA encourages you 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, as well as CAHWs' reporting of emerging public health problems, such as rising malnutrition and highly pathogenic avian influenza to health facilities.
  - xi. When there is a high risk of zoonotic disease spillover during implementation of livestock programming, you must demonstrate that the CAHWs have met with local health authorities and 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, refer to the Health sector, Public Health Emergencies sub-sector for guidance on activity design. When proposing the use of CAHWs to respond to high-risk crossover events and the above criteria are met, place the activity in the Public Health Emergencies sub-sector and use the Livestock keyword.
- g. BHA only funds Participatory Disease Surveillance (PDS) training delivered by participatory epidemiology network for animal and public health (PENAPH)-certified trainers; such training must lead to an appropriate level of PENAPH certification.

BHA does not fund veterinary laboratory development during a disaster response.

### 3.6 Sub-sector: Fisheries and Aquaculture

#### Overview

You should target all interventions involving fisheries (i.e., wild-caught fish) and aquaculture (i.e., farmed fish) toward local populations. You must base your technical design on an assessment of local resources, and your interventions must adhere to best practices. You should design each proposed intervention using the [FAO Fisheries and Aquaculture Emergency Response Guidance](#), or provide justification for using an alternative design. In areas where resources (e.g., land, water access, and/or size of fish populations) are scarce, interventions must not stimulate overuse or further degradation of

resources. Interventions must not promote unsustainable use of natural resources or expansion of fishing-based livelihoods.

## Needs Assessment Summary

The needs assessment should describe:

1. How you carried out the assessment, including engagement with local and traditional customary authorities, and community involvement disaggregated by sex and age.
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 or harvested per household and in the total area of fishery; and an estimate of the pre- and post-disaster sustainable fish harvest in the targeted area.
3. Market system and status (e.g., terms of trade, traders, and marketplaces). Include pre- and post-disaster levels of spoilage or loss of fish in post-harvest or post-production.
4. Discussion of if or why the current technical capacity of targeted populations needs to be improved, as well as of the availability and accessibility of fisheries or aquaculture advisory services by sex (e.g., public, private, and community-based).
5. Fish diseases endemic to the area and new diseases resulting from the disaster compared to normally occurring diseases of the region.
6. Why the proposed activities are an important component of reducing disaster risk and/or strengthening capacities to manage and respond to future risks, if this is part of a DRR intervention.

## Technical Design

The technical description must include:

1. The intention of the intervention(s). Be as specific as possible without restricting the scope of the proposed intervention.
2. Criteria and justification for beneficiary selection, as well as involvement of different actors and stakeholders (e.g., government fisheries services and/or the private sector).
3. Access and ownership or tenure of land, water, and fisheries resources where the interventions will occur and, if owned by someone other than the beneficiaries, how stakeholders will negotiate access and use rights.
4. How the proposed improved techniques or practices will be cost-effective and sustainable.
5. The benefits of the proposed intervention, including how much fish production, harvest, or processing will increase or improve as a result of this activity.
6. How proposed improvements in transportation, marketing, management, and fish processing (e.g. drying, smoking, salting, and fermenting) will reduce loss or spoilage.
7. If the proposed intervention includes the provision of equipment (e.g., nets, boats, hooks, line, poles, and ponds) and, if so:
  - a. Why the equipment is necessary;
  - b. How you can replace potentially destructive gear with more environmentally friendly gear;
  - c. How you will source and distribute these items (if applicable, use the Cash or Vouchers keywords); and
  - d. How you will aim to mitigate social and economic tensions associated with the distribution of high-value items.
8. 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.
9. The qualifications of technical personnel who will be hired to manage the proposed activity, and how will they collaborate with:
    - a. Local, regional, and national fisheries officers and specialists, and
    - b. Local fishers, fish farmers, and processors.
  10. Local aquaculture health services that will be put in place to control and monitor the potential introduction or spread of fish diseases.
  11. 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 or 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 or bigger engines) 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 you intend distributed equipment to target a specific species and how that equipment will contribute to sustainable management.
    - c. Explain how you will minimize unintended capture of other species.
  12. 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 small mesh size of the bednets can trap small and immature fish, depleting the stock.
  13. 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.
  14. Where fish or other aquatic species will be procured for aquaculture:
    - a. Detail the exact species and number of the animals to be procured, with justification. The justification must specify and contribute to a specific household livelihood or nutritional purpose;
    - b. Discuss how the animals will be procured, from whom, and any impacts this will have on local vendors of fish and other aquatic species;
    - c. Discuss the distribution modality (e.g., in-kind, cash, or vouchers), and use the Cash or Vouchers keywords as applicable;
    - d. Per USAID's Agricultural Commodity Eligibility and Requirements Relating to Quality and Safety ([ADS 312mac](#)), you must:
      - i. Provide details on how you will ensure that animals will be healthy, free of disease, and able to reproduce (if applicable) prior to distribution. Ideally you should commit to obtaining documentation from the supplier, including a verifiable attestation, that the animals are healthy, productive, and free from diseases of concern in the area of intervention. If a verifiable reference from the supplier is not available, you assume responsibility for ensuring each animal's productivity, health, and disease-free status, and you must fully describe how you will ensure this; 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.

15. Where for-work 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 activity is over. The for-work activity must be considered as a means to improve the fishing activity and not as an end in itself;
  - b. The for-work activity must not discourage other traditional labor collaboration schemes existing in the community; and
  - c. Use the For-Work and Structures keywords, as applicable.
16. Water sources in fishing communities can be single or multi-use (i.e., serving the needs of both livelihoods and households). 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 proposing dual-purpose water infrastructure is being proposed, use the Fisherfolk keyword, and fully describe the activity in the Water Supply sub-sector.
17. Pharmaceuticals (e.g., drugs or vaccines) and chemicals (e.g., pesticides, algicides, or herbicides) used in aquaculture are restricted goods. You must place requests for pharmaceuticals and chemicals in the Veterinary Pharmaceuticals and Other Medical Commodities sub-sector, and you must place requests for pesticides (e.g., chemicals placed in the water) in the Pests and Pesticides sub-sector. You must use the Pesticide Containing Materials keyword 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.

### **3.7. Sub-sector: Veterinary Pharmaceuticals and Other Medical Commodities**

#### **Overview**

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

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

If a kit, such as a CAHW kit, contains a veterinary pharmaceutical, BHA considers the entire kit as a “pharmaceutical,” and the kit 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 knives, hoof trimmers, 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).

BHA may consider the use of vouchers for the provision of animal health services on a case-by-case basis. The purpose of any voucher-based animal health service activity should be to protect markets while guaranteeing the quality of the pharmaceuticals used in the activity. You are responsible for supplying all necessary information and documentation demonstrating the safety, efficacy, and quality of the veterinary pharmaceuticals, as well as the quality of the veterinary pharmaceutical vendor, prior to any procurement with BHA funds, to the satisfaction of the BHA livestock technical advisor and BHA pharmacist. Upon receipt and review of the information, BHA will consider allowing the use of vouchers. You can find full directions regarding what information you must submit when submitting a request for a voucher-based animal health service activity in the Pharmaceutical Guidance on the [BHA EAG page](#). You must also use the Vouchers keyword.

USAID designates human and veterinary pharmaceuticals (defined above) as restricted goods. Additionally, if requesting BHA funds, you must observe specific procurement and reporting requirements. The [BHA EAG page](#) provides additional information to assist application preparation.

### Restricted Goods

Veterinary pharmaceuticals are restricted goods, requiring special approval for procurement with BHA funds. You must include all requests to procure pharmaceuticals or other medical commodities for veterinary interventions, including for use in livestock, poultry, aquaculture, and beekeeping, in the Veterinary Pharmaceuticals and Other Medical Commodities (VPMC) sub-sector. If the request includes chemicals (e.g., acaricides or pesticides), 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. Indicate the percentage of veterinary facilities currently with adequate stocks of essential veterinary drugs.
3. Describe the livestock diseases requiring veterinary treatment and prevention, and standard treatments and preventions appropriate to the area.
4. Provide information on specific veterinary medical commodities needed in response to the 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 an 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 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. Describe the veterinary pharmaceutical and medical commodity supply chain proposed for the activity, including:
  - a. Veterinary pharmaceuticals and other medical commodity costs, which must be reflected on separate lines in the budget. These budget lines must match the respective totals on the tabs on the PMC form on the [BHA EAG page](#);
  - b. If using a non-BHA prequalified pharmaceutical vendor, provide all documentation supporting use of the proposed vendor as per instructions on the [BHA EAG page](#);
  - c. Submit a signed and completed Pharmaceutical and other Medical Commodities (PMC) form. With regard to resources, depending on the VPMC being proposed for procurement, complete the appropriate tab:
    - i. Tab for veterinary pharmaceuticals, and kits that contain veterinary pharmaceuticals
    - ii. Tab for medical equipment
    - iii. Tab for 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. Refer to the WHO guidance on [Good Distribution Practices/Good Storage Practices \(GDP/GSP\)](#);
  - g. Distribution plan from the storage facility to each recipient facility; and
  - h. For voucher-based activities, describe the proposed voucher scheme and the veterinary pharmaceutical regulatory system in the country.
5. Describe all training provided in veterinary supply chain management and use of veterinary pharmaceuticals. Elements of this training must include the proper inventory management of veterinary pharmaceuticals and other medical commodities.
6. Describe how you will properly maintain any veterinary medical equipment procured with correct replacement parts, service agreements, and properly trained technicians.

## 4. 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 critical market systems, in line with BHA’s mandate to reduce the economic and social impact of disasters.<sup>2</sup>

It is not always possible or desirable for disaster-affected communities to return to a pre-disaster economic state. In some cases, pre-disaster livelihood patterns may have increased the affected population’s vulnerability and exacerbated the effect of the crisis. While BHA stresses the importance of working within the preferences of affected individuals, communities, and businesses, you should not assume that all previous economic activities were sustainable.

Successful ERMS interventions are based on a comprehensive understanding of relevant market and power dynamics and economic factors, and how the target beneficiaries fit into market systems and power structures. ERMS interventions should rely on local skills and capacities, minimize harm to individuals and to the natural environment, and take into account relevant conflict dynamics. ERMS interventions benefit from substantial community consultation before and during activity design.

Your application should demonstrate a careful consideration of the relevant standards and indicators in the Sphere companions, the [Minimum Economic Recovery Standards](#) (MERS) and the [Minimum Standard for Market Analysis](#) (MISMA), as well as the [Sphere Handbook 2018](#) Appendix, Delivering Assistance through Markets. If your application is for a modification or a follow-on activity that continues or expands existing ERMS interventions, include information on the outcomes of the existing interventions.

### Disaster Risk Reduction

BHA can support ERMS DRR interventions, either as a component of an active response or as a stand-alone DRR activity. For stand-alone ERMS DRR activities, in addition to sub-sector requirements and those listed in the cross-cutting requirements section above, describe:

1. The relevant critical market system(s), the relevant disaster risks to those market systems, and the likely effect the disaster would have.
2. How the proposed intervention(s) will clearly mitigate risks to people’s livelihoods from a specific, likely shock for which people’s existing coping strategies are inadequate.
3. How the proposed interventions are informed by the perspectives of people of different ages, genders, and abilities on the most serious risks to their livelihoods, their risk tolerance, and existing strategies for managing or reducing risk.
4. Any lessons learned from past efforts at risk management in the intervention area.
5. How the local community (including beneficiaries, community groups, the private sector and local government) will contribute or co-invest to help achieve the purpose.

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<sup>2</sup> A critical market system is one that played, plays, or could play a major role in affected populations’ survival or livelihoods.

## Gender and Protection Mainstreaming

You must review and thoroughly address the cross-cutting gender and protection mainstreaming guidance in Section 2 above. The following sector-specific questions/guidance may assist in contextualizing gender and protection mainstreaming for interventions in this sector. However, they are not meant to be an exhaustive list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. How will intervention design and implementation address varying access to economic opportunities and markets based on age, gender, and disability?
2. How does the intervention ensure that goods and services are equally available and useful to both men and women to the greatest degree possible? If you are proposing interventions considered challenging for a particular group, make an effort to seek out their opinions and maximize the potential for their participation.
3. How will the proposed intervention address household decision-making and resource management?
4. How will you make efforts to ensure that people with special considerations (e.g., survivors of GBV, female-headed households, persons with disabilities, and older people) have equitable and safe access to the proposed interventions? (Note: BHA cautions that some extremely vulnerable individuals who cannot earn their own livelihoods are not appropriate direct beneficiaries for some ERMS interventions.)
5. What safety and protection concerns, including GBV risks, exist for beneficiaries (e.g., risks at work or intra-household risks to women from participation in livelihood interventions), and how does the intervention mitigate them?
6. How will you monitor protection issues, and how will that information be used to reduce existing and newly identified risks?
7. Regarding control of assets, what strategies will you implement to support women beneficiaries to control assets safely, and mitigate the risk of GBV as a result of the interventions?

## Working within Market Systems

BHA activities target the most vulnerable disaster-affected populations. However, often the best way to sustainably restore livelihoods and promote increased incomes for these populations is to work with other actors that drive the economy. For example, this might include 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. BHA encourages these types of interventions as long as they fall within the scope of these Guidelines. In your application, clearly show how the proposed intervention will benefit the 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, BHA 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, in-kind distribution may be more appropriate under some circumstances. Use the [Modality Decision Tool](#) for Humanitarian Assistance to inform your response analysis and modality selection. See the Cash and Vouchers keywords descriptions for more information. BHA can consider supply-side interventions such as market-based access programs to

improve availability and access of critical items including Title II food commodities. You should consult with BHA in the field before proposing this.

Multipurpose cash is not part of ERMS; instead, see the Multipurpose Cash Assistance sector for further details.

### Available Sub-sectors

<ul style="list-style-type: none"><li>• Livelihoods Restoration</li><li>• New Livelihoods Development</li><li>• Market System Strengthening</li></ul>	<ul style="list-style-type: none"><li>• Financial Services</li><li>• Temporary Employment</li></ul>
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## 4.1. Sub-sector: Livelihoods Restoration

### Overview

Livelihood Restoration interventions assist disaster-affected people to resume or expand their pre-existing livelihoods. In Livelihood Restoration interventions, target beneficiaries will be resuming their prior livelihoods and thus already possess experience and skills relevant to the proposed livelihood activities. (For interventions targeting households which will be engaging in livelihoods not practiced before the disaster, use the New Livelihoods Development sub-sector. In some cases, a specific proposed livelihood may fall under both Livelihoods Restoration and New Livelihoods Development, depending on the previous experience of the targeted households.) Categorize interventions that focus primarily or exclusively on agricultural livelihoods under the relevant Agriculture sub-sector.

### Needs Assessment Summary

1. Describe the predominant prior livelihoods profiles of the target population, addressing how they differ according to gender, age, and other relevant social dynamics.
2. Describe how the crisis has changed these livelihood profiles, and why assistance is necessary.
3. Describe target population preferences for different types of livelihoods strategies and assistance (e.g., market linkages, technical assistance, assets in cash, vouchers, or in-kind), noting variations by gender, age, and ability.

### Technical Design

1. List the known or anticipated types of livelihoods that the proposed intervention will support. If this is not yet known, or a wide variety will be supported, please indicate the general scope and limitations of types of livelihoods.
2. If specific livelihoods are known at the application stage, provide a brief assessment of the relevant market system(s). Explain the current market viability of each livelihood. This should include:
  - a. relevant supply and demand information;
  - b. access and availability of inputs and support services;
  - c. major regulations or informal norms governing participation; and
  - d. differential access to opportunities (e.g. by gender, age, ability, or other relevant social groups).

3. If the intervention will support a wide variety of livelihoods, or specifics are not yet known, describe how you and the beneficiaries will assess the market systems for the proposed livelihoods. BHA will not fund full market assessments for the primary purpose of informing your proposed livelihoods intervention. However, small, focused assessment activities may be allowed. You must welcome multiple stakeholders, and freely share the full results and data (excluding sensitive or private data). The information must be of value to the wider humanitarian community, and must not duplicate others' assessments. For more in-depth assessments, see the Market System Strengthening sub-sector.
4. Describe your interventions to support livelihoods.
5. If you will provide productive assets (including cash):
  - a. Indicate the value (or range of values) of the assets and how you determined this, with additional justification for high-value assets;
  - b. If providing assets in-kind, explain why this is more appropriate than cash or vouchers; and
  - c. If utilizing cash transfers and/or vouchers, include the Cash and/or Vouchers keyword(s) and indicator(s), and provide the information required (see Keywords section).
6. Provide a simple cost-benefit analysis of each proposed livelihood, including estimates of the restart/start-up and continuing expenses (including the value of inputs you provide), revenues, and profits (revenues minus costs) for the proposed livelihood(s). BHA expects that beneficiaries will earn sufficient net income with their livelihoods to justify the intervention. BHA also expects that profits will exceed the value of any provided inputs in a reasonable period of time. If a variety of livelihoods will be supported, or the exact livelihoods are not yet known, please include one or two sample cost/benefit analyses; and describe how you and the beneficiaries will determine cost/benefit for each livelihood activity.
7. Describe the beneficiary selection or application process and provide target beneficiary numbers, disaggregated by gender (and age group if relevant). Discuss measures to ensure inclusivity and transparency, including particular considerations related to outreach and support based on gender, special needs, or other relevant social dynamics. If targeting people other than the most vulnerable, describe how benefits will ultimately flow to the most vulnerable.
8. Explain what supporting or complementary interventions you will conduct, and what monitoring and follow-up support you will provide.
9. Discuss the risks inherent in these livelihood(s), including environmental, protection, disaster, and economic risks. How will beneficiaries be made aware of them (if not already), and how will you assist them to mitigate these risks if possible? If a wide variety of livelihoods will be supported, or specifics are not yet known, discuss how you will work with beneficiaries to help them analyze and mitigate risks.

## 4.2 Sub-sector: New Livelihoods Development

### Overview

Under some circumstances, disaster-affected populations may need to begin new livelihoods, due to a lack of pre-disaster livelihood activities or barriers to restarting previous livelihoods. Interventions under this sub-sector will assist people to begin new livelihoods, whether through employment or self-employment, that they have not previously practiced. This can be difficult to achieve in a short-term intervention. Therefore, applications must demonstrate how people will be able to sustainably practice these new livelihoods by the end of the activity period.

## Needs Assessment Summary

Address the Needs Assessment summary questions of the Livelihoods Restoration sub-sector in the preceding section. Add any needed details to explain why recovering pre-disaster livelihood patterns is impossible or inadvisable.

## Technical Design

1. Address all Technical Design elements (1-7) of the Livelihoods Restoration sub-sector in the preceding section. In addition,
2. Discuss beneficiary skills, interests, and limitations, disaggregated by gender and including people with special needs (e.g., youth or persons with disabilities), as they pertain to the selected new livelihoods. If you will be working in a wide range of livelihoods or specifics are not yet known, discuss how you will assess these.
3. Provide details on any capacity-building interventions (e.g., training, apprenticeships, or mentoring):
  - a. The duration of these interventions;
  - b. Who will carry them out;
  - c. Topics covered;
  - d. Whether people will be fully able to practice their new livelihoods at the end, and if not, how this will be addressed; and
  - e. How equitable access will be maximized.
  - f. (Note: ERMS interventions should not typically pay people to attend vocational training; covering transportation and refreshment may be appropriate.)
4. If you are proposing the creation of new group-based businesses, explain how the size and composition of the groups makes sense from a business perspective (e.g., generating sufficient profit per individual). BHA does not support top-down group business organization; beneficiaries should form their own groups.
5. Explain how you will follow up with beneficiaries to monitor their performance in their new livelihoods, including monitoring for unintended negative consequences, particularly GBV.

## 4.3 Sub-sector: Market System Strengthening

### Overview

BHA 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 throughout the system who are hindered from performing vital functions in the market system. Applicants should pay close attention to market-system power dynamics to avoid doing harm. BHA also supports the assessment of critical market systems as a disaster preparedness tool, or to inform wider response or DRR efforts, for use by the wider humanitarian community (not for individual agencies).

For creation or rehabilitation of infrastructure, use the Structures keyword and follow all keyword requirements. For work carried out through for-work, use the For-Work keyword and follow all requirements.

## Needs Assessment Summary

1. Identify the market system(s) you are targeting for support or analysis and explain why they are critical to the target population's survival or livelihoods.
2. Describe the disruption to market functionality due to the disaster— either in terms of physical damage or the non-functionality of key market actors.
3. Justify why external intervention is both necessary and appropriate, given BHA's humanitarian mandate.

## Technical Design

For rehabilitation of physical infrastructure:

1. Describe the infrastructure to be rehabilitated and why you selected it for rehabilitation, informed by consultation with the community and key market actors.
2. Determine if the rehabilitation will restore markets to their pre-disaster state or result in improvements beyond the pre-disaster state, and justify your conclusions.
3. Identify who (e.g., local government and/or community groups) will be responsible for the ongoing repair and maintenance of the rehabilitated market infrastructure, and explain how you have determined they have the will, skill, and resources to do so.
4. Explain how the rehabilitation will address environmental and disaster concerns, including by:
  - 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, designs, or materials, as appropriate.
5. Describe how the rehabilitation will be performed (e.g., by local contractors, with volunteer community labor, with for-work), and why you selected this approach.

For support to critical market actors:

1. Explain why support to these actors is essential to restoring critical markets to functionality;
2. Describe the type (e.g., cash transfers, in-kind support, or facilitating access to services) of support critical market actors will receive, the estimated value of such support, and the rationale behind these selections; and
3. Explain how the poorest and most vulnerable disaster-affected populations will ultimately benefit from the intervention, as well as how your design and monitoring plan will accomplish this.

For market-system assessments:

1. Describe the assessment methodology you will use.
2. Frame the scope (including geographic), objective, and key research questions of the assessment(s).
3. Explain how the assessment design and execution will ensure the results of the assessment benefit the wider humanitarian community and a significant number of affected communities.
4. Explain how the results of the assessment(s), including original data (excluding sensitive or private data), will be disseminated with relevant humanitarian bodies (e.g., clusters), as well as how it will be made available freely and publicly online; and
5. Describe how you expect the results of the assessment will inform your or other agencies' interventions.

## 4.4. Sub-sector: Financial Services

### Overview

BHA is interested in helping disaster-affected people access appropriate financial services, including through:

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

BHA does not fund the establishment of new financial service operations or the capitalization of revolving funds, or the capitalization of emergency liquidity funds, as other sources of funds (e.g. wholesale lenders, concessional lenders) may be more appropriate for this. Pay special attention to ensure men, women, youth, and vulnerable groups have equitable access to financial services and to avoid exacerbating people's vulnerability.

### Needs Assessment Summary

1. Describe the target population's current access to and demand for financial services.
2. 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 activity period.
3. Describe the prevailing security and economic environment and whether it is conducive to financial services interventions.
4. 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, also include:

1. The role of FSP services in the local economy; and
2. How the disaster has affected the FSPs and their ability to provide financial services.

### Technical Design

1. Provide a detailed description of the proposed interventions and explain how you selected them.
2. Describe how the proposed intervention will, to the greatest extent possible, make people or FSPs 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. Similar approaches that already exist or have been tried in this geographic area, and their history;
4. The suitability of this approach for helping people access commercial financial services;

5. Any cultural, gender, age, or security issues (including the possibility of displacement) that may impede the success of the group and how you will address these; and
  6. Plans or prospects for the groups continuing, expanding, or replicating beyond the activity period.
- BHA follows the established good practice of not capitalizing savings groups.

For engagement with or support to established FSPs, describe:

1. Client assessment and selection mechanisms, with a focus on gender and age equity. BHA supports established good practices on financial services client assessment and client protection. To avoid exacerbating vulnerability, BHA discourages offering services (such as credit) to clients who cannot manage the services;
2. The financial services that will be offered or supported with BHA funding (e.g., credit, savings, or money transfers). Provide brief information on each (i.e., fees, loan terms, interest rates, repayment enforcement, and deposit rules); and
3. The FSP's operational history, including:
  - a. Annexes or links to its 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; and
  - e. Its capacity to expand services.

## 4.5. Sub-sector: Temporary Employment

### Overview

The Temporary Employment sub-sector is for for-work interventions (nearly always cash-for-work [CFW]) with the primary purpose of providing a short-term income boost to disaster-affected populations. Typically, interventions within this sub-sector include a variety of work that address needs resulting from the disaster. Use the For-Work keyword for all Temporary Employment sub-sector interventions, and follow all keyword requirements. Review the Structures keyword and follow all requirements as applicable.

### 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. Discuss the various needs that payments will help affected people to meet.
2. Describe why conditional assistance is more appropriate than unconditional assistance (such as multipurpose cash) in this context.
3. Consider existing volunteer labor systems within target communities and explain how the proposed temporary employment will not discourage or displace these practices.

### Technical Design

All technical design requirements for Temporary Employment can be found in the For-Work keyword; please use the keyword and address all aspects of it thoroughly.

## 5. Food Assistance

### Overview

For the purposes of this guidance, food assistance encompasses interventions designed to alleviate hunger by providing a resource transfer (in-kind, voucher, and/or cash) in a dignified way that ensures individuals and households have adequate access to a sufficient quantity and quality of food without being forced to resort to negative coping strategies.

Emergency food assistance programming contributes to overall food security by covering the consumption gap (i.e., the difference between a nutritionally adequate and culturally appropriate diet meeting survival needs and the diet people are able to access via their own household stocks, dignified income-generating activities, remittances, and government social assistance). A nutritionally adequate diet is typically at least 2,100 kilocalories per person per day, with a minimum of 10 to 12 percent of total energy provided by protein and a minimum of 17 percent provided by fat, with the balance being filled by carbohydrates. These minimums make assumptions about the level of activity, ambient temperature, and demographic makeup of the population. Deviations from these core assumptions can result in changes both to the overall kilocalorie value, as well as the composition of macronutrients that make up that value. Kilocalorie and micronutrient needs also can vary greatly by sub-population group, but these basic parameters are helpful in designing an adequate food basket for the general population.

Food assistance interventions may consist of any combination of modalities, including U.S. Government in-kind food distribution, local, regional, or internationally procured (LRIP) commodity, vouchers to buy food from vendors in the affected community, or cash transfers, so long as the size of the ration or transfer is constructed based on an identified gap in food consumption in a population affected by acute food insecurity. BHA can consider supply-side interventions such as market-based access programs to improve availability and access of critical items including Title II food commodities. You should consult with BHA in the field before proposing this.

All food assistance interventions should follow the guidance under the Cash Transfers, Vouchers, and In-Kind Food keywords relevant to the proposed modality(ies). If requesting Title II funding for food assistance, you will also need to review and comply with *BHAFP 20-02: Procedure to Determine Compliance with the Conditions of the Bellmon Amendment*. Also see BHAFP 20-01 for additional guidance on the eligible uses of Title II and Community Development Funds.

Include a confirmation in the application that you will obtain BHA's consent prior to adding a new modality for a proposed intervention during implementation. See the Cash, Voucher, and In-Kind Food keywords for the type of information that would be needed at that time.

### Disaster Risk Reduction

BHA can support DRR activities as part of a Food Assistance intervention.

DRR activities such as supporting community-based early warning to early action, disaster planning and preparedness, community awareness campaigns and education programs to teach the appropriate actions relative to the hazard may be proposed as part of Food Assistance under the Disaster Risk Reduction Policy and Practice (DRRPP) sector guidance or any other relevant sector.

### Gender and Protection Mainstreaming

Review and thoroughly address the cross-cutting gender and protection mainstreaming guidance in Section 2 above. The following sector-specific points may assist in contextualizing gender and protection mainstreaming for activities in this sector. However, they are not meant to be an exhaustive list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. Identify protection risks at the community level, and consider how food assistance targeting may create tension between beneficiaries and non-beneficiaries.
2. Identify protection risks at the intra-household level, including differences in control of resources by men and women, and consider how a resource transfer may influence household decision-making.
3. Consider whether men, women, and other sub-populations with unique considerations have different preferences between modalities, or differing levels of access to delivery mechanisms.
4. Discuss any safety and security and protection risks related to the chosen delivery mechanism, including traveling to and from the distribution site to obtain cash transfers, vouchers, or in-kind food.
5. Describe activities that will ensure women and men have an equal voice in food assistance decision-making processes.
6. Describe how food-related needs, and capacities of women, girls, men, and boys of the affected population have been incorporated into the design of the intervention.
7. Describe what actions will be taken to ensure women at risk of GBV are not forced to engage in negative coping strategies when accessing food assistance.
8. Describe how food assistance interventions and/or distributions will be designed to ensure safety, particularly for women, girls, and boys from GBV, exploitation and abuse.

### Available Sub-sectors

<ul style="list-style-type: none"> <li>• Unconditional Food Assistance</li> <li>• Conditional Food Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Cooked Meals</li> </ul>
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## 5.1 Food Assistance Sector Overview Table

Instructions: Select one subsector and one modality from the applicable sub-sectors (Unconditional Food Assistance and Conditional Food Assistance) and modalities (LRIP, US Procurement, Cash, Vouchers) for each intervention. For LRIP, enter data for all applicable procurement modalities (local, regional, and/or international) as a set above, then provide cost breakout for each in the modality table below.

Food Assistance Intervention	Intervention 1	Intervention 2	Intervention 3
Subsector			
Intervention description (e.g. Cash-for-Work, General Food Distribution, etc.)			
Modality			
Average Cash transfer value (USD) per distribution per beneficiary, if applicable			
Average Voucher transfer value (USD) per distribution per beneficiary, if applicable			
Commodity transfer ration per distribution per beneficiary (kg), if applicable			
Percentage of kilocalorie needs met by transfer			
Total number of distributions			
Frequency of distributions (e.g. monthly)			
# of Individuals			

## 5.2 Food Assistance Modality Overview Table

Instructions: Complete the table below.

Modality	Transfer Costs (resources going to end recipient - for in-kind include ocean/inland freight)	Support and Operating Costs	Total Modality Costs
Cash			
Voucher			
Local Procurement			
Regional Procurement			
International Procurement			
U.S. Procurement			

### 5.3 Food Assistance Commodity Overview

Instructions: If programming in-kind commodities, complete the table below, indicating local, regional, international, or US procurement.

Commodity	Procurement Type (Local, Regional, International, or US Procurement) Select one procurement type by row	Total MTs Planned	Cost Per MT (LRIP only)	Source (LRIP only)	Origin (LRIP only)

### 5.4. Sub-Sector: Unconditional Food Assistance

#### Overview

Unconditional Food Assistance provides resource transfers consisting of in-kind, vouchers, and/or cash with the explicit purpose to cover a food gap without requiring the affected households to meet conditionality requirements. Unconditional Food Assistance most often involves provision of food on a monthly basis, but the category may also include variants such as Ready-to-Eat Rations (composed of foods that do not require much preparation and suitable to the needs of a mobile population) or Food Kits (composed of dry goods but designed to cover less than a month’s needs).

Emergency Unconditional Food Assistance in this section differs from routine social protection programming, including social safety nets. Unconditional Food Assistance is targeted at the most affected populations and meant to cover emergency needs on a short-term basis, whereas safety nets are anti-poverty interventions that may be medium or longer term. It is a best practice to coordinate Unconditional Food Assistance and social protection interventions as appropriate. This can help share lessons, avoid overload of infrastructure (e.g., on payment or distribution systems), and reduce confusion or tension within communities.

#### Needs Assessment Summary

1. Describe the predominant means by which the crisis-affected population typically met basic food needs pre-crisis, disaggregated by sex, livelihood group, and—as relevant—other social dynamics.
2. Describe how the crisis has disrupted food access, availability, and utilization, taking into account impacts on livelihoods and markets, as well as displacement. Moreover, describe the projected scale, severity, and length of disruption. This includes estimating the number of acutely food insecure individuals specific to the geographic area of implementation using the Integrated Food

Security Phase Classification, the Famine Early Warning System Network (FEWS NET), or other relevant sources.

3. Describe the relevant findings of any recent formal food security or multi-sectoral assessments and specifically reference key indicators such as the Food Consumption Score (FCS), Household Hunger Scale (HHS), and/or Reduced Coping Strategy Index (rCSI) in the targeted geographic area, where possible. Quantitative data on food security and/or malnutrition indicators must be compared to emergency thresholds and/or longer-term historical trends, if such data is available. They must not be compared exclusively to the prior year.
4. Describe what coping strategies members of the affected population have taken or are projected to take to compensate for the disruption of their usual pre-crisis means of meeting basic food needs.

### Technical Design

1. Provide a clear description of the targeting methodology and selection criteria, emphasizing how this approach delivers assistance based on acute food insecurity or strong probability of becoming acutely food insecure.
2. Describe how the community has participated or will participate in determining targeting, selection, and verification of eligibility to receive food assistance transfers.
3. Describe how the modality was selected, addressing each of the elements in the [Modality Decision Tool](#) for Humanitarian Assistance on market appropriateness, feasibility, objectives, and cost. Additional guidance on considerations for each modality can be found in the Cash, Vouchers, and In-Kind Food keyword sections.
4. If multiple food assistance modalities are proposed, include details as to how decisions will be made regarding who receives which modality and what parameters will be applied during the life of the activity to make changes between modalities for a given population or site. If beneficiaries will receive a mix of food assistance modalities, describe the rationale for this approach.
5. Describe precautions to ensure that food assistance does not disrupt local markets over the life of the intervention. Guidance such as the MARKit Guide and the Cash Learning Partnership (CaLP) “Monitoring4CTP” may be useful.
6. If providing food vouchers, specify whether they will be commodity- or value-based vouchers and what restrictions (if any) will be placed on eligible commodities.
7. Explain the composition of the in-kind ration, voucher, or cash transfer value:
  - a. The proposed ration must be constructed to fill the gap between what crisis-affected populations are able to meet through their own means and the minimum nutritional requirements for micro and macronutrients denoted in the Sphere Standards Food Security and Nutrition section, Appendix 6. This can be completed through the use of the Nutval Calculator or similar software program. If using NutVal, export and submit the final tables for the ration, and include both the vitamin and the mineral bar charts produced by the program.
  - b. If a Minimum Expenditure Basket (MEB) or a standard food basket (endorsed by Food Security Cluster or host government) has been developed for the response, provide details on the value and composition of the food component and specify what percentage of the food component you are proposing to cover based on assessed needs and food gaps. Full coverage of the food component of the MEB (i.e., a full 2,100 kilocalorie ration per person) will only be considered under exceptional circumstances with supporting evidence.
  - c. For certain disasters—particularly rapid-onset—or in-kind operations, an MEB or standardized food basket may not yet be defined. In these cases, calculate a transfer value by providing a comparable illustrative list of the foods normally consumed to meet basic needs, the quantity to be transferred per person based on the food consumption gap, market prices per commodity (for cash and vouchers), and the overall ration coverage.

- d. If beneficiaries will be required to incur transportation costs to access the assistance and these costs need to be accounted for in the value to be transferred, please specify and justify.
8. Provide details on how the intervention will link to other nutrition and health care as appropriate.
9. Include a commitment to monitoring population sub-groups for possible deterioration of nutritional status or condition regardless of whether or not there is a dedicated nutrition intervention planned.

## 5.5. Sub-sector: Conditional Food Assistance

### Overview

According to the [Cash Learning Partnership \(CaLP\) Glossary](#), “Conditionality refers to prerequisite activities or obligations that a recipient must fulfil in order to receive assistance.” The condition is an action the recipient of assistance must complete before receiving assistance.<sup>3</sup> BHA uses Conditional Food Assistance primarily to simultaneously accomplish two types of outcomes:

1. To support short-term food consumption through resource transfers (cash, vouchers, or in-kind); and
2. To support longer-term food security and nutrition outcomes through community asset creation, behavior change, and/or capacity-strengthening.

Conditional Food Assistance tends to be more cost- and time-intensive than Unconditional Food Assistance, so any increased cost must be justified by additional humanitarian outcomes reached through the intervention’s conditions, cultural context, or other compelling programmatic reasons. The most common condition is a for-work intervention, but other conditions may be justified.

For-work programming belongs under the Conditional Food Assistance sub-sector if a primary purpose of the intervention is to meet affected populations’ emergency food security needs. Consider what the intervention is intended to achieve and what indicators you would use to measure success in determining if a for-work activity belongs under this sub-sector. Additionally:

1. All Conditional Food Assistance sub-sector activities that use work as the condition must use the For-Work keyword, and follow all keyword requirements listed in Section 18 below.
2. For any activities proposing humanitarian construction (e.g., establishment, expansion, major repair, and rehabilitation) of structures, review the Structures keyword and the NRM keyword in Section 18 below and follow all requirements as applicable.

BHA will only consider for-training when it leads to better humanitarian outcomes than other conditions or unconditional assistance. You must demonstrate that the proposed conditionality is necessary and appropriate to the activity’s purpose(s).

### Needs Assessment Summary

1. Describe the predominant means by which the crisis-affected population typically met basic food needs pre crisis, disaggregated by sex, livelihood group, and other social dynamics, as appropriate.
2. Describe how the disaster has disrupted food access, availability, and utilization, taking into account impacts on livelihoods, markets, and displacement, as well as the projected scale and length of the

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<sup>3</sup> Conditionality should not be confused with restrictions. Conditions refer to what people must do *for* the assistance. Restrictions refer to what recipients can or cannot do *with* the assistance.

disruption. This includes estimating the number of acutely food-insecure individuals specific to the geographic area of implementation. Depending on the stage of the emergency, this might involve analysis of leading indicators—such as rainfall, projected yields, FEWS NET projections, disruption of livelihoods, disruption of markets, price volatility, and/or displacement—or the following indicators, including food consumption scores, household hunger scales, a coping strategies index, or seasonally atypical levels of malnutrition, as well as qualitative findings.

3. Describe the relevant findings of any recent formal food security or multi-sectoral assessments and specifically reference key indicators such as FCS, HHS, and/or rCSI in the targeted geographic area, where possible. Compare current quantitative data on food security and/or malnutrition indicators with emergency thresholds and/or longer-term historical trends, if such data is available. They must not be compared exclusively to the prior year. In addition, describe the coping strategies members of the affected population have taken or are projected to take to compensate for the disruption of their usual pre-crisis means of meeting basic food needs.
4. Describe why conditional food assistance is more appropriate than unconditional food assistance or multipurpose cash in this context. Describe what conditions will be required and how these conditions further strengthen the food security of the vulnerable group by increasing capacities to respond to future hazards and/or leading to better or additional humanitarian outcomes.

### Technical Design

Provide a clear description of the targeting methodology and selection criteria, emphasizing how this approach prioritizes delivery of assistance based on the greatest risk and severity of food insecurity. Include details on how the community has participated or will participate in determining targeting, selection, and verification of eligibility to receive food assistance transfers.

1. Explain the composition of the cash transfer or food voucher value or in-kind food ration:
  - a. When Conditional Food Assistance has a work component, you must calibrate the ration to both align with a targeted percentage of the food portion of the MEB based on the consumption gap and to be relatively lower in value than the prevailing wage to prevent distortion of local markets (as per the guidance in the For-Work keyword). This can be achieved by adjusting the number of days/hours worked per month so that the wage is appropriate, the amount of assistance is appropriate to the gap, and beneficiaries have adequate time to engage in other necessary tasks during the month;
  - b. For other forms of Conditional Food Assistance, the value of the cash transfer, food voucher, or in-kind food ration must also correspond to a consumption gap relative to the MEB but will not always correlate to a local wage rate—especially if the condition is not based on a time commitment by the beneficiary; and
  - c. Clarify whether response coordination bodies, such as the Food Security Cluster or the host government, have established any standardized guidance regarding ration sizes or transfer values.
2. If proposing a For-Training intervention, provide an exhaustive list of the types of training interventions to be delivered and discuss how training content will be determined with community participation.

## 5.6. Sub-sector: Cooked Meals

### Overview

Humanitarian food assistance is primarily provided by distributing packaged food, food vouchers, or cash to buy food, so that food-insecure beneficiaries can prepare their meals according to their own tastes when and where they want to eat. This allows food-insecure beneficiaries to preserve some agency in decisions around food preparation. However, there may be situations where the optimal way to reach a vulnerable group is through the direct provision of cooked meals daily or the provision of cooked meals concurrently with other interventions. Cooked meals are typically provided at a location that links recipients to other forms of assistance, services, and opportunities. Cooked meals may also be appropriate in locations of transit for highly mobile, vulnerable groups. They may also be necessary for when large groups of people are suddenly displaced from their homes and have overwhelmed the local community's capacity to support them.

While BHA support cooked meals at schools, refugee, or Internally Displaced Person (IDP) reception centers, health centers, or other facilities that provide services to people irrespective of the impacts of the disaster, BHA will only support resources for these interventions if you can demonstrate a compelling rationale as to why this is the most appropriate way to reach vulnerable, crisis-affected populations.

**Most responses will not have a cooked meals component.** Both conventional Unconditional Food Assistance and Conditional Food Assistance are likely to be more scalable, effective, and efficient at reaching a large, food-insecure population during a time of crisis for a sustained period of time. These interventions can typically be established in less time, create fewer time obligations for beneficiaries to travel, and present fewer risks due to potential crowding, and have fewer food safety risks than can occur at locations hosting a cooked meals intervention. Except under exceptional circumstances, school feeding is unlikely to be the best way to reach a highly vulnerable and food insecure population. However, there may be situations and particularly vulnerable groups for whom cooked meals are justified.

### Needs Assessment Summary

1. Describe the predominant means by which the crisis-affected population typically met basic food needs pre-crisis, disaggregated by sex, livelihood group, and other social dynamics, including for mixed groups who are displaced or in transit.
2. Describe how the disaster has disrupted food access, availability, and utilization, taking into account impacts on livelihoods, markets, and/or displacement, as well as the projected scale and length of the disruption. This includes estimating the number of acutely food-insecure individuals specific to the geographic area of implementation (using IPC, FEWS NET, or other relevant sources).
3. Describe the relevant findings of any recent formal food security or multi-sectoral assessments and specifically reference key indicators such as the FCS, HHS, and/or rCSI in the targeted geographic area, where possible. Compare current quantitative food security data with emergency thresholds and/or longer-term historical trends if such data is available. They must not be compared exclusively to the prior year. Describe what coping strategies members of the affected population have taken or are projected to take to compensate for the disruption of their usual, pre-crisis means of meeting basic food needs.

4. Describe why cooked meals are more appropriate than other food assistance approaches for the population in need.
5. Describe how these activities will reach groups that cannot be reached through other food security interventions, connect particularly vulnerable groups to necessary services and other forms of assistance, or assist a food-insecure population in transit.
6. Describe how the cooked meals intervention supports other food security and food assistance interventions that are ongoing in the area. Describe the specific gap in coverage that the cooked meals reach. Describe how the distribution of cooked meals strengthens the ability of your organization and/or other humanitarian actors to respond to food insecurity and covers a critical gap in existing support for food-insecure people.
7. Demonstrate that this intervention will not discourage or displace any traditional self-help mechanisms or discourage community or host community support of the most vulnerable.

### Technical Design

1. Explain where the cooked meals will be distributed and identify the target population:
  - a. Provide a clear description of the targeting methodology and selection criteria, emphasizing how this approach prioritizes assistance based on acute food insecurity;
  - b. Describe the beneficiary selection process and expected number of beneficiaries, disaggregated by age, sex, and any other relevant social variables); and
  - c. Discuss how you will maximize the participation of women, persons with disabilities, and others with unique considerations in accessing cooked meals. Keep time constraints of particularly vulnerable groups in mind.
2. You should devise meal plans based on guidance from a dietician or other nutrition expert who understands the target beneficiaries' baseline nutrition situation (e.g., Is the intervention likely to target a population with large numbers of individuals who are overweight, obese, malnourished, or anemic? Will the intervention target mostly adolescent girls?) Explain the composition of the meals using illustrative meal plans/menus. It may not be possible to list every meal included in the intervention, but multiple illustrative menus are appreciated:
  - a. Describe the expected gap in food consumption of the vulnerable population and how much of the kilocalorie needs are covered by the cooked meal.
  - b. Describe the likely or planned percentage of calories from each macronutrient (carbohydrates, protein, and fat) for the illustrative menu(s). Meal planning should consult national dietary guidelines when they exist. As a general guideline, macronutrient balance should be approximately 10 percent to 12 percent protein and approximately 17 percent fat, with carbohydrates accounting for the balance, assuming a heterogeneous demographic makeup. For atypical populations, describe the demographic makeup and how the meal planning is appropriate to the population.
  - c. Describe how the design of the meal plans addresses any known micronutrient deficiencies. If the micronutrient status of the population is unknown, use software programs such as NutVal to plan for dietary adequacy.<sup>4</sup> At a minimum, meal plans should include sufficient public health priority micronutrients, such as iron, vitamin A, iodine, and zinc— without exceeding recommended intakes.
  - d. Clarify whether response coordination bodies, such as the Food Security Cluster or the host government, have established any standardized guidance regarding meal type, size, or nutrient content.
3. Describe how the cooked meal delivery process will uphold the dignity of the target population and limit travel and wait times.

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<sup>4</sup> Assistance plus what the beneficiaries can acquire on their own.

- a. Describe what analysis has been conducted to ensure that adequate commodity storage facilities will be available for the intervention. Describe the commodity supply chain from procurement through to distribution, clearly indicating how you will ensure asset accountability. Specify the roles and responsibilities of each party at meal preparation and distribution sites, including volunteers, sub-awardees, contractors, vendors, local officials, and any other party with a formal role in the process.
  - b. Clearly indicate how commodity quality and safety will be assured during procurement, storage, and preparation. See In-Kind Food keyword guidance for additional details on procurement and storage requirements.
4. Describe how cooked meals are suited to address the food security needs of the affected population.
  - a. Describe how the modality choice and design of the meals takes into account any specific needs and/or preferences expressed by the community across age, gender, disability status, and other social dynamics that may cause vulnerability for different groups within the community.
  - b. Clarify the extent to which you have already engaged with the community and how the affected population will have opportunities to provide input and feedback over the course of implementation.
  - c. Include details about how the food assistance intervention may mitigate or exacerbate conflict dynamics at the community or household level and how these factors have informed design.
  - d. Describe what other assistance, services, or opportunities are available at the site or sites for the cooked meals, whether funded by BHA, by other donors, or provided by the affected community or the host community.
  - e. Include descriptions of any anticipated volunteer labor to run the cooked meals intervention and strategies for both volunteer retention and maintaining humanitarian standards among volunteers.

## 6. Health

### Overview

BHA-supported health activities should address the major causes of morbidity and mortality in post-disaster environments. BHA supports health interventions that:

1. Support primary care and mobile facilities, when appropriate;
2. Prioritize support for essential health care, including prevention and treatment of communicable diseases; reproductive/maternal, child, and newborn health; care for noncommunicable diseases; trauma-related injuries and mental health, when appropriate; and emergency community-based health;
3. Provide additional health care on a short-term basis as required by the specific circumstances of the crisis and appropriate to the local context; and
4. Ensure material support for clinical interventions through provision, management, and use of appropriate, high quality pharmaceuticals, medical supplies, and medical equipment, as well as medical supply chain and logistics support.

All health interventions should be based on recognized international humanitarian standards.

All health sector applications must include the Health Systems, Basic Primary Health Care, and Pharmaceuticals and Medical Commodities sub-sectors as the core elements of any BHA-supported health intervention or provide substantive justification as to how those elements are already being addressed. Interventions that include the Higher Level Care and Public Health Emergencies sub-sectors will only be considered with substantial justification based on specific health needs and the local context, and after requirements for addressing basic health needs have been met.

BHA supports the integration of health, nutrition, and WASH integration with health interventions wherever possible. Refer to guidance on integrated programming as outlined in the nutrition sector.

BHA prefers to support free access to primary care for all patients, including medications and basic laboratory testing. BHA does not support cash or vouchers for clinical care or the procurement of pharmaceuticals and other medical commodities; however, cash or vouchers for transport, travel allowances or caregiver expenses may be considered with substantial justification. If proposing this type of intervention, please refer to the requirements listed under the cash or vouchers keywords. Activities designed to improve patients' access to referral care through other payment-based interventions will only be considered in a limited number of settings and must address the requirements in the Higher Level Care sub-sector.

The Pharmaceuticals and Medical Commodities sub-sector must always be included, regardless of whether BHA funding will be used to procure pharmaceuticals, as partners are required to describe the proposed activity's medical supply chain. You must describe how you will manage a consistent, reliable supply chain to ensure continuity of the health care provided. If you are not using BHA funds for procurement, then you do not need to submit the pharmaceutical and other medical commodities (PMC) template requesting procurement.

BHA encourages organizations with appropriate and relevant capabilities to propose field-based, operational research activities that aim to answer critical questions that will improve efficiency and effectiveness of humanitarian responses in the health sector. Proposed studies may or may not be integrated into additional health response interventions. Any proposed study must include the Applied Research and Studies sub-sector of the Humanitarian Policy, Studies, Analysis, or Applications (HPSAA) sector.

### Disaster Risk Reduction

Health interventions often focus on issues critical to strengthening capacities to manage and respond to future risks of populations over time. DRR activities such as first aid and search and rescue training may be proposed as part of health activities, under the DRR Policy and Practice sector, or any other relevant sector. When proposing these activities, you must use the First Aid and/or Search and Rescue Training keyword and address the questions posed in the keyword description in Section 18.

### Gender and Protection Mainstreaming

In addition to thoroughly addressing the cross-cutting gender and protection mainstreaming guidance in Section 2 above, the following sector-specific questions may assist in contextualizing gender and protection mainstreaming for interventions in this sector. However, they are not meant to be an exhaustive list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. What are the health-related considerations linked to protection risks that specific groups of women, girls, men, and boys faced before the crisis? How have these considerations been incorporated into the activity interventions?
2. 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.
3. 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).
4. Describe how you will ensure that staff members of relevant gender and ethnic groups are available to provide services to members of the same groups. 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.
5. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, during the activity design phase, and/or ensured their representation on any program committees so that their concerns are heard and addressed to avoid community tensions.
6. Describe how you will monitor protection issues and how you will use that information to reduce existing and newly identified risks.
7. Describe the measures you will put in place to prevent sexual exploitation and abuse of people seeking access to health facilities and services.

#### **Available Sub-Sectors**

● Health Systems Support	● Public Health Emergencies
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- Basic Primary Health Care
- Higher Level Care

- Pharmaceuticals and Other Medical Commodities

## 6.1. Sub-sector: Health Systems Support

### Overview

BHA primarily supports interventions that reinforce the national health system to provide comprehensive primary health care (PHC). You must describe how the proposed interventions will address disruptions to essential health care and avoid establishing parallel health systems. The intervention must address clearly identified lifesaving needs and take into account local capacities, resources, and constraints. This sub-sector focuses on the overall approach and systems required to deliver and coordinate health care in humanitarian settings.

### Needs Assessment Summary

1. Describe how the crisis has affected and disrupted the health system, including:
  - a. Access to treatment for the primary causes of morbidity and mortality;
  - b. Referral systems for severely ill patients requiring higher level care;
  - c. Status of facility- and community-based medical personnel; and
  - d. Capacity of local, national, or regional health authorities.
2. Provide details regarding key clinical service benchmarks, such as:
  - a. Average population per functioning health facility (HF), by type of HF;
  - b. Number of hospital beds per 10,000 individuals (for both inpatient and maternity care); and
  - c. Number of health workers (e.g., medical doctor, nurse, midwife) per 10,000 individuals, disaggregated by sex.
3. Provide a summary of key baseline health indicators, including crude and under-5 mortality, vaccination coverage, and current leading causes of morbidity and mortality.
4. Describe the human, financial, and commodity resources needed to address identified gaps and ensure a continuous supply of medical assets and resources. Include:
  - a. Functionality of local health care, including staffing, financing, health information systems, and access to supplies;
  - b. Gaps in health personnel training, competencies, and skills to deliver essential health care;
  - c. The resources and services available from other health agencies for the targeted population; and
  - d. The role of traditional healers and whether/how well they are integrated into the health system.
5. Describe current functional capabilities and gaps in disease surveillance systems.

### Technical Design

Describe:

1. How the proposed activity will support the delivery of essential health care, including:
  - a. The number, names, and types of any HFs, including mobile clinics you are proposing to

- support. Include global positioning system (GPS) locations and estimated catchment population if known—this information should be presented in a table;
- b. Plans for mobile clinics (if applicable), including proposed health care, supervision, determination of schedules and locations, and eventual transition plans;
  - c. A community health strategy, including whether community health agents will engage in preventive and curative health care delivery and if and how a community case management platform will be supported; and
  - d. How referrals from community level will be supported, both for emergent and non-emergent health needs.
6. What human resources, disaggregated by sex, will be available to deliver health care for the activity, including:
    - a. How you will identify and address training requirements or develop skills to appropriately manage care in an emergency setting;
    - b. How frequently staff will be supervised, and by whom; and
    - c. How staff will be compensated, and how this will be coordinated with other health actors.
  7. Plans for monitoring the quality of clinical care and relevant quality assurance initiatives, including your approach to supportive supervision of health workers.
  8. How free care for essential health care will be supported and monitored, including how facility running or operational costs will be covered.
  9. How you will support disease surveillance and other public health information systems (PHIS), including timely reporting of alerts and outbreaks.
  10. If proposing the application of digital data collection, storage, reporting or analysis, provide the following information:
    - a. How the proposed intervention adheres to the Principles for Digital Development;
    - b. Evidence of approval from and coordination with health authorities;
    - c. Strategy for data protection;
    - d. Plans for training and ongoing support, including any relevant software updates; and
    - e. Plans for handover and transition at the end of the activity.
  11. How you will ensure that any technology used in the collection, management, and analysis of data is coordinated with and approved by response management authorities and/or the appropriate government ministry, and protects the confidentiality and safety of beneficiaries.
  12. Plans to address or improve infection prevention and control (IPC) practices, including:
    - a. Worker safety provisions, including how appropriate supplies, such as PPE, will be provided;
    - b. Approach to training and supervision to ensure uptake of required safety practices;
    - c. Systems for medical waste management, with careful attention to any possible adverse environmental impacts; and
    - d. How you will minimize risks, specifically related to the use and disposal of sharps/needles.
  13. Plans for WASH-related infrastructure repair, rehabilitation, or construction (e.g., water supply/storage, water treatment, access to latrines, access to handwashing infrastructure, availability of safe drinking water, and waste management infrastructure such as medical waste pits, incinerators, and placenta pits) or WASH-related activities (e.g., desludging, water treatment, or water trucking). If these activities are proposed, you must apply the WASH in Health Facilities keyword requirements in Section 18 below.
  14. How you will establish, repair, and/or rehabilitate HFs. Note that any proposed activities that include humanitarian construction (e.g., establishment, expansion, major repair, and rehabilitation) of HFs must use the Structures keyword and adhere to the keyword requirements in Section 18, below.

15. In addition, all proposed Health Facility rehabilitation activities must address the following:
  - a. Provide details of the specific proposed rehabilitation or repairs required to safely occupy the structure and deliver health care; rehabilitation activities should be cost-effective and appropriate to the duration of the activity and services that are supported;
  - b. Include justification for each repair or rehabilitation intervention in terms of technical and functional requirements for health care delivery. This could include efforts to: improve the quality and availability of medical activities, address requirements for infection prevention and control, ensure access or accommodation for disabled/handicapped populations, or ensure the privacy and dignity of patients; and
  - c. For proposed rehabilitation activities that are subject to the Structures keyword (e.g., can be considered a major repair or expansion as per the keyword guidelines), ensure sufficient medical or public health justification is provided for features or repairs that might otherwise be deemed cosmetic.
16. How you will coordinate with the Ministry of Health (MoH) and health sector coordination system (Health Cluster if applicable) to avoid duplication or gaps in service provision.

## 6.2. Sub-sector: Basic Primary Health Care

### Overview

BHA prioritizes support for essential health care that prevents and reduces excess mortality and morbidity in crisis-affected populations. This type of care addresses core areas of emergency health response: communicable diseases, reproductive health, non-communicable diseases, injury and trauma care, mental health, and community health activities.

The basic package of health care activities are best delivered through primary health care (PHC) activities. This may include support for a combination of community-level, mobile, and fixed health care facilities, as appropriate to the context. PHC also includes household and community-level interventions and health education through community health workers (CHWs) or volunteers.

Minimum guidance for each of the key areas of essential health care is presented below. If you are not able to support the full basic package of health care activities in each of the core areas outlined, you must provide substantive justification and/or detail as to how these needs are being met and which agencies or health actors will be providing those services.

### Communicable Disease

BHA supports high-impact interventions that decrease morbidity and mortality from commonly encountered communicable diseases and those with epidemic potential, particularly acute respiratory infections (ARIs) (including measles), diarrhea, and malaria. Priority is given to conditions that disproportionately affect displaced populations. Essential interventions include prevention, case management, community screening and referral, disease surveillance and reporting, and response to outbreaks.

In addition to technical design guidance below, note the following:

1. *Tuberculosis and HIV/AIDS*. BHA's mandate is to focus on emergency-specific interventions. Funding for routine TB control and HIV/AIDS testing, care, and treatment 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. However, activities that include HIV/AIDS prevention education, clinical screening, and referral are appropriate in humanitarian settings. Re-integration of disaster-affected HIV/AIDS and TB patients into long-term treatment programs may also be appropriate.
2. *Vaccination*. BHA focuses on supplemental immunization activities (SIA) and outbreak response immunization (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, limited to supporting EPI personnel and providing community education. EPI-related supplies, cold chain equipment, transport, and vaccines are best obtained from local health agencies, WHO, and/or UNICEF.
3. *Integrated Vector Control and Use of LLINs*: BHA supports integrated vector control and management activities aligned with national strategies. This may include activities under the Health, WASH, and Agriculture sectors, where appropriate. A vector control activity application should include a description of the targeted population, distribution strategies, and community education related to the commodities or interventions. 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. If the proposed intervention includes support for LLIN acquisition, distribution, or marketing, you must add the Agriculture Pests and Pesticides sub-sector and follow instructions for Restricted Goods, Section 9 of the BHA Application Guidelines, Base Document.

## Reproductive Health

BHA supports high impact interventions to prevent maternal and child mortality and morbidity in humanitarian emergencies. Reproductive health (RH) interventions should be integrated into a PHC package and include a description of activity elements that target both sexes. The Protecting Life in Global Health Assistance requirements in [ADS Reference 303maa](#) RAA28 (for U.S. NGOs) and [ADS Reference 303mab](#) RAA29 (for non-U.S. NGOs) do not apply to awards funded by BHA.

In addition to technical guidance below, note the following:

1. *Family Planning*. Condoms, contraceptives, and other family planning commodities cannot be procured with BHA funds (see [ADS Chapter 312](#)). Education and counseling are appropriate as part of a holistic reproductive health activity.
2. *Support for Survivors of Sexual Violence*. BHA promotes access to clinical care for survivors of sexual violence, including through the training of providers, support for necessary medical commodities, and utilization of referral pathways to ensure that care is available and accessible. Support for survivors of sexual violence must be described under the Basic Primary Health Care sub-sector. Non-clinical case management, safety planning, psychosocial support, and other social and legal services should be categorized under the Protection sector, Gender-Based Violence sub-sector if they will be implemented as part of this activity.

## Non-Communicable Disease

BHA supports non-communicable disease (NCD) interventions that are in line with evolving global guidance on NCDs in emergencies, including the UN Interagency Task Force on NCDs and [WHO Guidance on NCDs in Emergencies](#). Initiatives for providing NCD care need to consider BHA's short-term life-saving mandate, timeframes for interventions, and resources required to deliver an acceptable level of care. When viewed from a Do No Harm perspective, initiation of therapy for certain diseases may not be appropriate or safe during short-term interventions, when intense and long-term follow-up (e.g., to assess drug side effects, to appropriately manage disease and complications) cannot be guaranteed. Continuation of pharmaceutical treatment may be appropriate to avoid sudden treatment disruptions. You must describe how the level of care proposed is appropriate for primary care settings and follows relevant guidelines for NCD care in emergencies.

## Injury and First Aid

When appropriate, BHA supports acute care, post-operative care, and short-term rehabilitation for trauma-related injuries in the setting of natural disasters or conflict. At the primary health care level, standardized protocols for triage and injury/trauma care should be established or strengthened, including referral systems for child protection, survivors of sexual violence, and those requiring mental health and psychosocial support. Agencies with longer-term mandates and funding will need to support longer-term rehabilitation and care, including prosthetics, orthotics, and wound care.

Proposed activities that include surgery or extend beyond basic injury care, emergency stabilization, and referral from primary care facilities must be described in the Higher Level Care sub-sector.

## Mental Health and Psychosocial Support (MHPSS)

MHPSS interventions span both BHA's Health and Protection sectors; integrated activities that support a continuum of services across the MHPSS spectrum are encouraged.

These interventions must take the following guidance into account:

1. Any mental health-related intervention, including care for mental, neurological, and substance use disorders for people with significant difficulties in basic daily functioning (categorized as “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 the Health Sector. PSS-related interventions fall within the bottom three categories of the IASC Intervention Pyramid: basic services and security, community and family support, and focused, non-specialized support. These activities should be proposed under the Protection sector. Any intervention that includes both MH and PSS interventions must be described in both sectors.
2. Within the health sector, BHA 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](#) (mhGAP-HIG). Similar to NCD care, proposed mental health care should take a ‘do no harm’ approach and partners should not propose activities that require long-term follow-up care.

3. All MHPSS interventions must highlight programmatic linkages, emphasizing referrals between health and protection programming, coordination, and harmonized messaging on mental health and/or PSS needs and interventions.

### Community Health

BHA supports community health interventions implemented by CHWs, as well as health education and behavior change activities. These activities should be evidence-based and improve access to basic care for common conditions. Proposed activities should take the following into account:

1. CHWs should be gender-balanced, chosen from and by the community, and with no consideration for political position or relationship.
2. Roles and responsibilities for CHWs should be explicitly defined and limited, as well as coordinated with other sectors that also provide health and hygiene education (e.g., WASH, Nutrition).
3. Stand-alone community health education activities are discouraged, as community health initiatives are more effective when integrated into existing health care, and CHWs are a link to HFs; exceptions are made for risk communication and community engagement programs during large-scale infectious disease outbreaks. For this type of programming, see the Public Health Emergencies sub-sector.
4. CHW information, education, communication (IEC) materials should be culturally appropriate and take into account literacy rates. Messaging may be reinforced through additional platforms such as radio, text message, or others based on the local context.

### Needs Assessment Summary

Describe:

1. Health status and risks in the target population, including:
  - a. Baseline or background health information describing current major public health outcomes and health risks, including:
    - i. Cause-specific morbidity and mortality;
    - ii. Vaccination coverage rates and any recent outbreaks;
    - iii. Nutritional status;
    - iv. Maternal, and neonatal and under 5 mortality rates;
    - v. Family planning coverage or fertility awareness based methods and contraceptive usage rates;
    - vi. Rates of disability; and
    - vii. Target populations with significant difficulties in basic daily functioning as a result of mental health conditions or severe emotional distress; disability; or severe injuries;
  - b. Diseases of local endemic and epidemic significance, along with risks posed by the disaster itself and relevant environmental conditions, such as water supply, sanitation, or location; and
  - c. Priority community health information and awareness needs, including gaps not addressed by current CHWs or health outreach.
2. Essential health care availability, including:
  - a. How the current crisis has disrupted essential health care provision for each core area, highlighting gaps in care delivery and current health needs for:
    - i. Communicable diseases;
    - ii. Reproductive health;
    - iii. Non-communicable diseases;
    - iv. Injury and trauma care; and

- v. Mental health care;
- d. Access to key emergency referral health care, such as:
  - i. Safe delivery and emergency obstetric care, including the percentage of HFs that support skilled deliveries and referrals for complicated deliveries, and the number of HFs that support basic and advanced emergency obstetric and neonatal care, per 500,000 population;
  - ii. Care for survivors of sexual violence; and
  - iii. Trauma care, including what trauma-specific capabilities are operational (e.g., personnel, supplies, facilities, interventions) at each level of care;
  - e. Birthing locations and preferences, including barriers to receiving emergency obstetric care and proportion of births attended by a skilled provider;
  - f. National protocols and guidelines currently being used, such as Integrated Management of Childhood Illness (IMCI), as well as previously available IEC and behavior change communications (BCC) materials;
  - g. Previously existing CHW activities and health education activities, including:
    - i. The number of CHWs per 10,000 population;
    - ii. The types of CHWs in the target population;
    - iii. Any recent training for CHWs;
    - iv. Types of clinical care that CHWs are trained and allowed to provide;
    - v. Details on recent health education campaigns, the messages provided, and how effectiveness was measured or determined; and
    - vi. Key barriers to people adopting the recommended behaviors and your supporting analysis.

## Technical Design

Describe:

- I. How the activity will ensure access to each component of essential health care for the affected population:
  - a. Communicable disease: preventive measures, screening, and basic curative care for communicable diseases, particularly the top three morbidities (ARI, malaria, and diarrhea) or major causes of morbidity and mortality for your area of operation;
  - h. Child health: vaccinations, including the need for any SIA or ORI (note BHA restrictions on procurement of vaccines as described in Section 9 of the BHA Application Guidelines), IMCI, and integrated nutrition screening and referral;
  - i. Newborn health: essential neonatal care and management of neonatal infections, low birth weight/prematurity, and intrapartum complications;
  - j. Maternal and reproductive health: antenatal care, postnatal care (PNC), promotion of exclusive breastfeeding and IYCF, skilled assisted delivery and/or justification for the use of safe delivery kits, management of obstetric emergencies, access to voluntary family planning, care for sexual violence, including care for rape survivors and referral to protection services, syndromic management of sexually transmitted infections (STIs), and adolescent health;
  - k. Non-communicable disease: management of acute life-threatening complications, basic care, or access to continued treatment for major NCDs, and referral pathways for higher level care;
  - l. Injury and first-aid: acute care, basic triage, and safe referral systems; and
  - m. Mental Health and Psychosocial Support: mental health interventions in line with mhGAP-HIG and in coordination with Protection sector interventions.

2. What you will use for diagnostic, screening, and treatment protocols and whether they are consistent with national or international guidelines. Justify the introduction of any treatment protocols that are not currently supported by local health authorities.
3. The manner in which the proposed package of services follows national guidelines for a Basic or Essential Package of Health Services (BPHS or EPHS) and any adaptations that you need to make to ensure the most important health needs of the population are addressed at community and primary care levels, with referral to essential higher level care as required.
4. How the proposed activities adhere to Do No Harm principles and the relatively short time frame of emergency interventions, particularly regarding NCD care.
5. How the activity integrates with MoH community-based health education outreach and vector/environmental control programs in relation to communicable disease interventions.
6. How you will support outbreak preparedness and response, including linkages to the Health Systems sub-sector for support to disease surveillance systems and referral care.
7. How you will support basic emergency obstetric and newborn care, where appropriate; describe referral pathways to facilities offering advanced emergency obstetric and newborn care, along with any training and assistance for skilled (not traditional) birth attendants and efforts to ensure female providers are trained and available.
8. How you will provide support for survivors of sexual violence and any training required. If you are not providing all four components of clinical care for rape survivors as outlined below, please provide referral pathways to available care. Clinical care should include:
  - a. Comprehensive physical exam, including injury care and hepatitis B and tetanus vaccinations;
  - n. Emergency contraception;
  - o. STI prevention and treatment; and
  - p. Post-exposure HIV prophylaxis.
9. Referral links between care for rape survivors 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 interventions must be included under the Protection sector's GBV sub-sector if they will be implemented as part of this activity.
10. How health facilities will ensure pediatric medical care and treatment for child survivors of sexual and physical abuse, including child-appropriate equipment and medication dosages. In addition, describe the capacity of health care providers to conduct, or access support in conducting, a best interest determination with support from social services or child protection actors.
11. How activities supporting mental health care provision address acute and chronic mental health needs within a PHC activity, as well as the way in which such activities are appropriate for short-term. Additionally, describe training requirements and support, proposed supervision structures, and how the mhGAP HIG will be used.
12. Alignment of and referral between mental health and protection programming to address the continuum of MHPSS needs through PSS (PSS interventions must be included in the Protection sector, Psychosocial Support Services sub-sector).
13. How you will support community level health interventions, including:
  - a. The number and types of CHWs needed and training plans, including how training will use didactic and practical methods;
  - q. Any payments or incentives that will be provided and how these are aligned and coordinated with national policies and/or the Health Cluster;
  - r. Roles and responsibilities of CHWs, including whether or not curative care will be provided and for which diseases, screening, referral activities, and health education modalities (e.g., household visits, community meetings, engagement with different community groups);
  - s. How CHWs are linked with health facilities for supervision, mentoring, reporting and supplies;

- t. Community-level interventions for the active management of the third stage of labor and pre-referral management of complications, such as postpartum hemorrhage;
- u. Disease or mortality surveillance and reporting, such as community-based surveillance, and collection of vital statistics;
- v. Health education campaigns, including messages to be provided. Messages should 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 as described in each sector's technical requirements;
- w. The proposed IEC materials and SBC approach and activities. Provide details on the number of behaviors you will prioritize and how these behaviors link to health outcomes, if applicable;
- x. The target audience or group for each behavior. If possible, you should include a description of any audience segmentation (e.g., differences in communications/counseling materials for older women, adolescent girls/young mothers, and husbands); and
- y. How you will monitor and assess the reach, quality, and capacity of CHWs to effectively deliver health messages.

### 6.3. Sub-sector: Higher Level Care

#### Overview

Protracted crises, older and more urbanized populations, and increasing burdens of non-communicable disease present challenges for health care delivery and practice in humanitarian contexts. In some settings, the specific health needs of affected populations may require you to consider expanding the breadth of traditional emergency health interventions.

The Higher Level Care sub-sector focuses on life-saving health interventions, including support for emergency and inpatient care, that extend the continuum of care beyond support for primary health care, as outlined below. You must provide specific justification and demonstrate your experience to be able to implement the proposed intervention. BHA expects that you will require additional technical expertise, prolonged treatment, and—potentially—additional equipment and supplies. Proposed interventions will be considered based on public health impact and only where primary health needs have largely been met. Some examples include:

1. Advanced emergency obstetric and newborn care
2. Trauma care, trauma surgery, and rehabilitation for major injuries and basic surgical care
3. Support for blood-banking, including equipment and facilities to safely test, screen, and store blood
4. Care for chronic renal disease, including hemodialysis
5. In-patient clinical care for cholera, viral hemorrhagic fevers, and other communicable diseases

BHA does not support the provision of cash or vouchers to pay for clinical care, and interventions that include support for fee-based clinical services through direct reimbursements to referral facilities will only be considered with substantial justification as to the humanitarian need, availability of high quality care, financial barriers, robust financial accountability, and quality assurance mechanisms.

## Needs Assessment Summary

1. Describe the additional health needs that the activity intends to address, including an analysis of morbidity/mortality data and the number of people who will directly benefit from the proposed activity.
2. Determine if the proposed health care were available before the crisis in the target area.
3. Determine if the proposed intervention is currently supported by any other health actors, and why it is not accessible in the proposed location.
4. Discuss how the health needs for priority essential health care are already addressed in the target area.
5. Provide any sector-wide health needs assessment data that supports the requirement for this level of care.

## Technical Design

Describe:

1. How you will support the specific health interventions as well as the number and type of health facilities where you will implement the interventions.
2. How patients are referred for higher level care, how you will ensure referred patients are seen, and how you will monitor and address barriers to referrals.
3. What you require for follow-up care and how you will support it, such as post-operative care or short-term rehabilitation, and mechanisms or links to referral services.
4. How you will meet specialized staffing and infrastructure requirements to ensure consistent, high quality service delivery and outcomes. Include information on:
  - a. The number and type of clinical staff that will be supported;
  - b. Bed capacity within each supported service and the number of staff per bed;
  - c. Training needs and how those needs will be addressed;
  - d. Supervision strategies and approaches to quality assurance;
  - e. Treatment protocols; and
  - f. Rehabilitation of infrastructure related to the implementation of IPC principles and practices, including appropriate isolation and WASH infrastructure, where required.
5. How you will meet requirements for safety and safeguarding of advanced care resources (e.g., equipment, facilities, personnel, and patients), particularly in settings of ongoing conflict, where relevant.
6. Your organization's expertise in delivering this specific type of care or similar interventions, including meeting standards of care and appropriate use of the specialized medicines or equipment required; explain whether or not your organization has implemented this specific type of intervention in a complex emergency setting.
7. How the proposed interventions adhere to Do No Harm principles and the relatively short time frame for emergency interventions.

In addition, any proposed intervention to reimburse private or fee-based health facilities for the costs of referral care must fully describe and/or provide discussion of the following:

1. How the organization determined that referral care was of acceptable quality, and why cost is the primary barrier to accessing lifesaving care;
2. How patients are selected or identified (including any specific vulnerability criteria used), how payments are made, and what types of conditions/emergencies are covered;
3. Whether this referral pathway is already in place, and details demonstrating how your organization prioritizes patients for this level of care;

4. The specific quality assurance steps your organization will take to ensure an appropriate standard of care is provided and only quality-assured medicines are used;
5. Confirmation that other humanitarian actors or public facilities do not provide these services; and
6. Substantial justification based on financial accountability.

For advanced medical equipment, refer to PMC sub-sector guidelines for required details describing safe and appropriate use of equipment in emergency settings.

## 6.4. Sub-sector: Public Health Emergencies

### Overview

Outbreaks frequently occur within large-scale humanitarian crises, and public health emergencies may have humanitarian consequences. In these contexts, and on a case-by-case basis, BHA supports targeted interventions in response to large-scale infectious disease outbreaks that meet at least one of the following criteria:

1. The outbreak occurs within the setting of an ongoing humanitarian crisis and requires a dedicated international response;
2. The outbreak itself has humanitarian consequences that necessitate a separate humanitarian response;
3. The Humanitarian System-wide Scale-Up Activation has been initiated; or
4. The WHO has declared a pandemic.

BHA will also consider a declaration of a Public Health Emergency of International Concern (PHEIC).

Within a humanitarian crisis, health sector proposals should first prioritize maintaining existing or ongoing humanitarian health care, including adaptations required to maintain essential health care. Where appropriate, BHA will consider support for either stand-alone outbreak response activities or targeted public health interventions that are integrated into a more comprehensive health response. If you are proposing interventions that are part of a broader health program, the interventions described under this sub-sector should be limited to those specific interventions not previously described. This sector should not be used for common outbreak response interventions within the context of ongoing, routine humanitarian health programs. You should address your ability to respond to and manage these events through the Health Systems Support and Basic Primary Health Care sub-sectors.

### Needs Assessment Summary

1. Describe the geographic spread of the outbreak, including the number of affected sub-national regions (e.g., counties, prefectures).
2. Describe the population affected and at risk, including any specific risk factors, if known (e.g., burial practices, where relevant).
3. Characterize the disease in terms of clinical presentation, clinical severity, the proportion of cases requiring hospitalization, case fatality rate, and clinical outcomes.
4. State case definitions, as agreed upon by the MoH, and/or Health Sector/Cluster.
5. Describe protocols and guidelines being used for case management and infection prevention and control.

6. Assess the current functionality of the health system and the impact of the outbreak on the health system and infrastructure.
7. Assess the burden of the outbreak on national human resources, including case fatality rates among health care workers, if known.
8. Determine current functionality of disease surveillance and response systems.
9. Describe the national capacity for clinical care, including existing isolation capacity.
10. Describe existing stock of pharmaceuticals, medical equipment, and medical supplies, including personal protective equipment (PPE).
11. Describe the general level of awareness and engagement of the population in regards to the outbreak, transmission risks, disease prevention, trust in health authorities and public messaging, and care-seeking practices.
12. Describe how the outbreak is impacting the population's access to essential health care.

### Technical Design

1. Describe how the proposed activity will support effective control of the outbreak and ensure continuity of essential humanitarian health care.
2. Outline how response efforts will be coordinated with national health authorities, WHO, CDC, and/or other public health entities supporting the response.
3. State which of the following five components will be included in the intervention. Discuss how the intervention will provide, implement, and/or strengthen:
  - a. Clinical case management: See requirements under Basic Primary Health Care and Higher Level Care sub-sectors. You must articulate the technical design for case management in public health emergencies according to the same guidelines as is in the Basic Primary Health Care and Higher Level Care sub-sectors; however, those sub-sectors do not need to be included as part of the activity.
4. Interventions to support infection prevention and control (IPC) should address the following:
  - a. Describe proposed interventions to support implementation of IPC principles and practices, ensuring that standard precautions are established and maintained, including safe handling of laboratory specimens where applicable;
  - b. Describe measures to ensure that droplet precautions are used in addition to standard precautions for any patient known or suspected to have an acute respiratory infection;
  - c. Describe screening and isolation procedures and activities that will be supported;
  - d. Provide details on environmental and engineering controls, such as adequate ventilation, spatial separation, or other barriers between patients;
  - e. Outline protocols for the safe transportation of patients within and between HFs; and
  - f. Outline how you will coordinate implementation of IPC interventions with activities in the WASH sector.
5. Community-based interventions
  - a. Describe your strategy for planning community-level response interventions, including means of engaging with community leaders and decision-makers to establish community-driven response plans;
  - g. Describe strategies for gathering community feedback and input for each element of response and explain how you will incorporate feedback in surveillance, vaccination, case management, IPC, and burial activities;
  - h. Describe risk communication strategies, including the intensity and frequency of communication (e.g., how often a health worker, community health worker or volunteer will be in contact with the target group, or how often media will reach the target audience); Note: this is particularly important for mass media and interpersonal communication;

- i. Describe implementation or promotion of safe and dignified burial practices, if participation in traditional burial practices is a risk factor for transmission;
  - j. Describe strategies for engaging with traditional healers, including IPC support, and establishing referral systems;
  - k. If you are promoting community-based case management describe communication strategies, training and supervision, and provision of equipment and supplies, if applicable; and
  - l. Describe how you will ensure communication and coordination between CHWs and Community-Animal Health Workers (CAHWs) in the event of a spillover event. When CAHWs are proposed in response to high-risk crossover events, use the Livestock keyword.
6. Disease surveillance
- a. Describe the surveillance system currently in place, how the proposed activity contributes to its functioning or improvement, and how alerts are reported to local and national health authorities. Include a description of methods to ensure early investigation;
  - m. Describe contact tracing interventions, if applicable, including supervision;
  - n. Describe how you will support facilities and health workers to appropriately apply case definitions and classification guidelines for reporting and case management; and
  - o. Describe any additional surveillance activities and how they will support the local, district and/or national system(s).
7. Dead body management
- a. Describe dead body management team protocols/guidelines;
  - p. Describe team composition and the number of teams that you will support;
  - q. Describe plans for training and supervision;
  - r. Describe pipelines for required medical equipment and medical supplies; and
  - s. Describe how dead body management will incorporate dignified and culturally sensitive practices.

## 6.5. Sub-sector: Pharmaceuticals and Other Medical Commodities

### Overview

Medical commodities are fundamental components of a balanced health activity. 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 medical equipment, medical supplies, and pharmaceuticals. Pharmaceuticals include human or veterinary medicines, vaccines, oral rehydration salts (ORS), and specific rapid field diagnostic tests (RDTs). If a kit (or module within a kit)—such as a first aid kit, a hygiene kit, or a standard interagency emergency health kit—contains a pharmaceutical, the entire kit is seen as a pharmaceutical and must follow all USAID restricted goods requirements for procurement and use. If a kit is not an internationally standardized and recognized kit, provide the complete contents list on the appropriate tab of the pharmaceutical and medical commodity (PMC) template available on the [BHA Emergency Application Guidelines \(EAG\) page](#). Medical equipment (also called “durable medical equipment”) includes items that may generally be reused after proper cleaning

and disinfection (e.g., baby weighing scales, medical exam tables, sphygmomanometers, and stethoscopes). Medical supplies (also called “consumables”) include items that are disposed of after treating one patient (e.g., bandages, single-use syringes, surgical and exam gloves, suture materials, and tongue depressors).

Pharmaceuticals may not be procured via cash or vouchers, as oversight of the safety, efficacy, and quality of the products cannot be ensured. Clearly state how you will instruct beneficiaries that cash or vouchers may not be used for the procurement of these restricted items.

BHA designates human and veterinary pharmaceuticals (defined above) as restricted goods. If BHA funds are being requested for the procurement of pharmaceuticals, you must meet specific procurement and reporting requirements. Further direction on meeting these requirements is included in the Pharmaceutical Guidance document, of the Pharmaceutical section of the [BHA EAG page](#). In addition to providing all the necessary information under the needs assessment and technical design sections, complete and submit all documentation, including a signed, completed PMC template in PDF format adhering to the BHA Essentials Medicines List, and any required vendor information.

Although not considered restricted goods by USAID, you must use the PMC templates to request procurement of medical equipment and supplies with BHA funds.

You may not procure condoms, contraceptives, and other family planning commodities with BHA funds. See [ADS Chapter 312](#).

ORS may be used only in the context of a health sector activity. BHA does not fund or endorse the use of homemade ORS or training in the preparation of homemade ORS.

### Needs Assessment Summary

1. Describe the relevant medical commodities supply chain prior to the disaster, the way in which the disaster has affected it, the current status of the 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/or 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, including restrictions and registration requirements.

### Technical Design

Demonstrate the ability to consistently supply pharmaceuticals and other medical commodities in support of the proposed health activities by addressing each of the following:

1. Identify 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 procurement, transportation, storage, and distribution.

2. Describe your experience importing pharmaceuticals and medical commodities in the relevant country and any anticipated challenges or restrictions.
3. Describe the pharmaceutical and medical commodity supply chain proposed for the activity, including:
  - a. Selection and quantification of pharmaceuticals and other medical commodities. Reflect the costs for each commodity type (e.g., medical equipment, medical supplies, and pharmaceuticals) on separate lines in the budget;
  - b. Estimated timeline for procurement of all pharmaceuticals and medical commodities;
  - c. Inventory management system—preferably electronic;
  - d. Planned safe and secure storage of the pharmaceuticals and other medical commodities, in accordance with WHO good storage and distribution practices (GSP/GDP) policy;
  - e. Plan for the oversight and monitoring of the medical commodity supply chain, including measures to prevent stock-outs, and overstocking at the facility level, and to ensure the appropriate use of the commodities;
  - f. Product recall procedures; and
  - g. Proposed disposition plan for any medical commodities remaining at the end of the activity period. This may include destruction, donation, or transfer of products.
4. Describe the training you will provide for staff in supply chain management of pharmaceuticals and other medical commodities. Elements of this training should cover proper inventory management of pharmaceuticals and other medical commodities. Training cannot include the administration or performance of abortions. Training may be in-person or via online courses. Identify the names of courses and/or curriculum you will use. Describe the frequency of staff training.
5. Individual pieces of medical equipment costing more than \$5,000 USD need additional descriptions and supporting documentation. Include in the narrative an explanation of how each piece of medical equipment supports provision of a proposed health care, the anticipated number of persons benefiting from use of the medical equipment, and the training, familiarity, and experience of the health care personnel with the medical equipment. Provide a specification sheet for each piece of medical equipment costing more than \$5,000 USD to accompany the PMC template (available on the [BHA EAG page](#)).
6. Describe how you will properly procure and maintain medical equipment with correct replacement parts, service agreements, and properly trained technicians.

## 7. Humanitarian Coordination, Information Management, and Assessments (HCIMA)

### Overview

Effective coordination in humanitarian response saves lives. Information management is a key component of effective coordination, while coordination and information management are essential to the cohesive and successful delivery of humanitarian assistance.

For these reasons, all proposed activities must address coordination at the activity and sector levels. In addition, applications that include specific interventions related to coordination and information management must follow the guidance in this section.

BHA supports coordination with the government of the affected country, international NGO coordinating bodies, local NGOs, the private sector, the international humanitarian system (e.g., clusters), and UN coordinating entities.

### Disaster Risk Reduction

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

### Gender and Protection Mainstreaming

Partners must review and thoroughly address the cross-cutting gender and protection mainstreaming guidance in Section 2, above. The following sector-specific questions may assist in contextualizing gender and protection mainstreaming for activities in this sector. However, they are not meant to be an exhaustive list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. 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.
2. 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, to ensure that their concerns are heard and addressed and to 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.
3. Describe how you will properly code and safeguard sensitive information, such as personally identifiable information, from misuse, including for particularly vulnerable populations. Additionally, describe how you will communicate confidentiality expectations to beneficiaries.
4. Explain how, when requesting consent to collect and use beneficiary data, you will clearly inform beneficiaries of the justification for collecting and using their data, note that their participation is voluntary, and explain the steps the partner will take to obtain informed consent from beneficiaries.

5. Describe how you will monitor protection issues and how the collected information will be used to reduce existing and newly identified risks.
6. Explain the steps you will take to ensure women, men, girls, and boys have equitable access to information, including through social networks and various channels.
7. Describe how women, men, girls, and boys accessed information pre-crisis, how access may have changed with the onset of the crisis, and how the activity design and implementation will address crisis-related restrictions on access to information.
8. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, to ensure that their concerns are heard and addressed.
9. Describe how you will ensure that information collection or dissemination by community-based groups is done in a representative and non-biased manner

### Available Sub-sectors

<ul style="list-style-type: none"> <li>● Coordination</li> <li>● Information Management</li> </ul>	<ul style="list-style-type: none"> <li>● Coordinated Assessment</li> </ul>
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#### *Coordination*

1. Activities that enhance linkages with the international humanitarian system and U.N. coordinating mechanisms
2. Coordination of sector or cluster activities
3. Coordination of security activities

#### *Information Management*

1. Coordination, sharing, and/or exchange of information and data
2. Web-based, mobile, or other platforms, applications, and systems that assist in response planning, data- and information-sharing, and analysis across organizations and sectors
3. Tools and technologies that support the use of innovative solutions, such as artificial intelligence, machine learning, distributed systems, analytics, and other data science capabilities to improve decision-making for humanitarian response
4. Information and content management services or platforms that enable or improve coordination within and/or among sectors or clusters
5. Development of consumable data and analysis for improved decision-making and response
6. Information provided to people to raise awareness on specific humanitarian issues and/or resources
7. Emergency telecoms support

#### *Coordinated Assessments*

1. Coordinated MSNAs or specialized assessments coordinated by an independent PIO or NGO with relevant technical expertise
2. MSNAs or specialized assessments led by an NGO consortium or group of NGOs on behalf of the humanitarian community

## 7.1. Sub-sector: Coordination

### Overview

BHA 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:
  - a. Meetings currently taking place;
  - b. How the meetings are organized;
  - c. Who organizes the meetings; and
  - d. Who attends the meetings.
2. Shortcomings in the existing system of coordination and any outcomes of current efforts to improve coordination. Include what efforts are working well and need to be continued and/or strengthened.
3. Ways in which 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 existing coordination gaps.
6. Expected outcomes of the proposed intervention.
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 activity 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. Provide 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.
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.

## 7.2. Sub-sector: Information Management

### Overview

BHA may support initiatives aimed at strengthening humanitarian information management that promote efficient use of resources and public dissemination of information and data. Activities may include developing and promoting international humanitarian information management standards; developing or strengthening existing digital platforms and tools, with a particular focus on utility, interoperability and improved service delivery to affected communities; and applying data science methodologies to help inform decision making and activity interventions (including use of machine learning and business intelligence) and encourage data and information sharing to improve humanitarian responses.

### Needs Assessment Summary

1. Describe and provide the purpose of current information systems, databases, tools, content storage, applications and related services used by your organization or the organizations to be supported, and include:
  - a. Available data sources including cloud-based and on-premise repositories;
  - b. Analytical processes and capabilities; and
  - c. Information assets or products that inform decision-making and 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;
  - c. Data collection, processing, and analysis; and
  - d. Enhanced timeliness and quality of decision making and improved ability for coordination among stakeholders.
6. Explain how you will implement a framework for secure, legally compliant data sharing 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.
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 activity.
2. Explain how you will share data and information as widely as possible throughout the humanitarian community, such as sharing datasets through the [Humanitarian Data Exchange \(HDX\)](#).
3. Describe how you will design data and information systems, platforms, products, standards, and tools to include information on gender-specific needs and issues, as well as environmental changes resulting from the disaster and/or intervention, where possible.
4. Describe how any information platforms or systems developed with BHA funding will be interoperable with other humanitarian systems or systems managed by the host government, where appropriate, and within the relevant legal framework. The discussion of linkages may also include

- how the proposed system or platform fits into a larger schema for management and/or analysis of complex information.
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 the proposed interventions complement other actors' existing interventions.
  6. Describe direct and indirect beneficiaries of the proposed intervention 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.
  8. Describe how organizations and disaster-affected people will gain access to services and products created through the intervention.
  9. Discuss who will own, manage, and maintain any new systems, platforms, standards, tools, or products beyond the life of the award including who will have usage rights to any data collected.

### **7.3. Sub-Sector: Coordinated Assessments**

#### **Overview**

BHA supports and promotes coordinated assessments to enhance the quality of humanitarian response. Coordinated assessments should help to avoid the duplication of effort and resources related to assessments while supporting the principle of Do No Harm. BHA supports coordinated assessments that identify the main shared priorities for the entire humanitarian community. Thus, BHA support can enable the international humanitarian system's collective assessment and inter-sectoral analysis of humanitarian need (e.g., as an evidence base for the humanitarian needs overview) that serves as the basis for the humanitarian system's development of a prioritized humanitarian response plan or equivalent plan. Such assessments must be coordinated with the humanitarian system's coordination entities (at the cluster/sector level and inter-cluster level). Through this sub-sector, BHA does not support assessments completed by a single organization that are not shared publicly. Coordinated needs assessments are usually multi-sector assessments led by a relatively independent entity that contribute to an independent assessment of needs. Coordinated assessments are intentionally designed to be transparent; the resulting assessment data, information, and analysis are made available publicly to the entire humanitarian community as expeditiously as possible with consideration to data privacy and protection concerns. This sub-sector does not replace the assessment requirements for every application outlined in Section 10 of the BHA Application Guidelines.

#### **Needs Assessment Summary**

1. Provide a clear justification as to why a coordinated assessment approach is appropriate for the specific context. State how it will be used to support analysis, prioritization, and targeting.
2. Define the gap that the coordinated assessment will fill. Explain the impact that this gap has on the quality of the humanitarian response.
3. Explain how this coordinated assessment does not duplicate any other ongoing assessment work in a given response.

## Technical Design

1. Define the purpose of the coordinated assessment. State the primary users of the findings and explain how they will use the findings (e.g., activity design, prioritization of needs, targeting, resource prioritization, contextual knowledge, policy design).
2. Define how the assessment will be coordinated within the humanitarian coordination mechanism(s) established for this humanitarian response. Explain how this assessment will not duplicate the work of other actors in the humanitarian response. Explain how the coordinated assessment will support and add value to the ongoing work of the existing coordination bodies such as the clusters, any inter-cluster coordination group and/or assessment and analysis working group or equivalent.
3. Describe other completed assessments and how their methods or results informed the design of this coordinated assessment.
4. State the assessment questions that the coordinated assessment will seek to address. Describe how these questions were developed in consultation with key stakeholders from the national and international response community (including the international system clusters, assessment and analysis working group, inter-cluster coordinating body, or equivalent working groups).
5. Describe the proposed assessment data collection methods. Explain the limitations in the proposed methodology and include mitigation measures. Describe your sample calculation and methodology for quantitative and qualitative methods. These methods may be added as a Scope of Work annex or described clearly within the body of the application itself.
6. Provide a timeline for the coordinated assessment activities.
7. Explain the staffing plan for the coordinated assessment and the qualification of the assessment team leader. Describe the training plan for enumerators and staff responsible for data analysis.
8. Explain the roles and responsibilities of the actors involved in the coordinated assessment and what capacity the proposed organizations have to lead the assessment. Describe how you will involve affected populations in the assessment.
9. Explain how you will engage UN agencies, local and international NGOs, donors, and civil society organizations in the coordinated assessment design and implementation process, ensuring that the coordinated assessment supports the analysis, prioritization, and targeting efforts of the international humanitarian system. Describe how the international humanitarian system supports, agrees with, and endorses your coordinated assessment. If applicable, explain how you will engage local and national governments in the process.
10. Describe the analytical process and how you will work with the national and international response community to analyze the assessment data.
11. Describe your public dissemination plan considering the following questions:
  - a. To which groups will you send the assessment and the raw data, excluding PII?
  - b. How will you report the results to affected populations?
  - c. How will you make the data available to all clusters? Provide examples of consultations and endorsements from clusters/inter-cluster coordination bodies.
  - d. What dissemination methods will you use? To which publicly available website will you post the results? How will you ensure that the results can be accessed by individuals and groups who cannot access the internet?
  - e. How will you ensure that individuals and groups who cannot read English can access the results?
  - f. Are there significant security or protection concerns related to any public dissemination? If so, provide a clear explanation of those concerns and description of how you will release the assessment results on a limited basis.
12. Explain how you will apply responsible data management to the assessment process.

## 8. Humanitarian Policy, Studies, Analysis, or Applications (HPSAA)

### Overview

Applied policies, studies, analysis, and applications play a vital role in improving the delivery of humanitarian assistance, which encompasses disaster preparedness, DRR, response programming, and humanitarian coordination. BHA will consider supporting relevant activities that aim to fulfill that function.

BHA has designed this sector for activities that have broad applicability and are not confined to one specific humanitarian response or country context. In order to receive BHA support, proposed activities must meet the following criteria:

1. Fill an identified gap;
2. Demonstrate significant value to the field of humanitarian assistance;
3. Have concrete implications for at least one of the following areas:
  - a. Disaster planning and preparedness;
  - b. Implementation of humanitarian programs; and
  - c. Capacity building and thought leadership within the humanitarian community; and
4. Demonstrate direct or indirect benefit to disaster/crisis-affected populations.

Activities relating to information management and humanitarian coordination must follow the guidance for the HCIMA sector. BHA does not consider ongoing or one-time MSNAs and data collection and analysis as applied research activities. You should use the HCIMA sector and the Coordinated Assessments sub-sector or Information Management sub-sector, as appropriate.

For the purpose of this document, policy, studies, analysis, and applications are defined as follows:

1. Policy: BHA supports partners to improve the humanitarian community's collective understanding and acceptance of the norms and standards that guide effective, efficient, well-coordinated, and accountable global humanitarian action.
2. Studies: BHA supports various types of empirical research related to the delivery of humanitarian assistance.
3. Analysis: BHA supports partners to advance understanding of global trends related to humanitarian response.
4. Applications: BHA supports partners to develop tools and resources aimed at improving partners' ability to respond to humanitarian crises worldwide.

### Disaster Risk Reduction

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

### Gender and Protection Mainstreaming

Partners must review and thoroughly address the cross-cutting gender and protection mainstreaming guidance in Section 2, above. The following sector-specific questions may assist in contextualizing

gender and protection mainstreaming for activities in this sector. However, they are not meant to be an exhaustive list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. Describe how you have included gender as part of your undertaking for a study, analysis, or other applications.
2. Address how the activity will promote access, safety, and dignity for affected individuals and/or communities, particularly for under-represented or marginalized groups or individuals.
3. Explain how vulnerable groups will participate in the design, implementation, monitoring, and evaluation of the activity.
4. Describe whether the activity aims 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.
5. Explain how the demographic profile of beneficiary-facing staff will mirror the beneficiary population, in terms of gender, ethnic, and/or religious identity.
6. Describe how the study, research, or other initiative is aligned with core humanitarian principles and reflects the integration of gender and protection considerations.
7. Describe how you will engage women and men equitably in studies, analysis, and applications.
8. Explain how you will ensure the informed consent of research or study participants, including how informed consent procedures will be adapted for different populations.
9. Describe protocols to ensure children and other highly vulnerable populations are able to give informed consent before being interviewed or ensuring their interests are appropriately represented using other methods. Note that that children should be interviewed only when absolutely necessary, when it is in their best interest, and in the presence of an appropriate adult.

### Available Sub-sectors

<ul style="list-style-type: none"> <li>● Thought Leadership and Policy</li> <li>● Applied Research and Studies</li> </ul>	<ul style="list-style-type: none"> <li>● Capacity Building, Training, and Technical Assistance</li> <li>● Guidelines Development, Toolkits, and Resources</li> </ul>
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## 8.1. Sub-sector: Thought Leadership and Policy

### Overview

BHA values and encourages innovative ideas with the potential to improve delivery of assistance and to address operational challenges. Engagement with humanitarian policy and the humanitarian system can be practical or theoretical but it must also be relevant, useful, and applicable in the short- and long-term for humanitarian assistance.

Thought leadership in this arena may include analysis, review, and exploration or promotion of new and existing humanitarian policy. This may include interventions such as workshops, technical convenings or support for organizational networks with an aim to advance solution-oriented policy and dialogue. A topic may be specific to a sector, sub-sector, country, or region, but must link to an identified need or gap in knowledge. Provide a justification of how the final product(s) will contribute to the broader humanitarian community and support the improved delivery of humanitarian assistance.

## Needs Assessment Summary

1. Provide an overview of the gap, challenge, or subject matter that the proposed intervention seeks to address. Include background of previous work or initiatives within the humanitarian community that address the topic and how the proposed intervention builds upon these previous efforts. Explain how the humanitarian community has demonstrated the need for or advocated for the proposed intervention.
2. Describe the gap in knowledge or collective need for the proposed interventions and their value from the perspective of the beneficiary, government, donor, or implementing partner.
3. In a broader effort to improve the prioritization of humanitarian needs without compromising the commitment to supporting all critical areas and sectors, describe how proposed interventions will:
  - a. Address priority challenges and fill critical gaps that are not and will not be covered by other actors and donors; and
  - b. Directly or indirectly benefit disaster/crisis-affected populations.

## Technical Design

1. Present a timeline for execution of proposed activities.
2. Describe any consultative processes you will execute under the proposed activity. Include a description of who you will consult, how you will select or invite people to participate, and how you will share the results with participants.
3. If the proposed activities related to policy and/or thought leadership will incorporate input from or feature collaboration with other humanitarian organizations, describe how.
4. Beneficiaries may range from disaster-affected individuals to implementing organizations and institutions. Identify who will directly and indirectly benefit from the proposed interventions and how they will benefit.
5. Additional stakeholders may include global sector-specific clusters and the international humanitarian community. Explain the relevance and applicability of the proposed interventions to a broader audience.
6. Explain how you will include the broader humanitarian community in the proposed interventions related to policy or thought leadership.
7. If the proposed intervention is linked to humanitarian innovation initiatives, describe the expected measured outcomes and results, as well as how the proposed intervention differs from traditional programming.
8. Describe the expected outputs of the study, analysis, or applications such as publications, communication materials, and meetings. Explain how you will share the expected outputs with the broader humanitarian community. BHA expects all produced materials to be available for public consumption across the humanitarian community unless you can provide substantial justification why materials should not be publicly available.
9. Provide an itemized list of all products that will be produced through the proposed interventions. Provide specific tools and all externally facing documents and reports including draft manuscripts for publication.

## 8.2. Sub-sector: Applied Research and Studies

### Overview

BHA recognizes and encourages relevant research and learning that provides new knowledge or reviews existing knowledge with the aim of improving humanitarian assistance.

A topic may be specific to a sector, sub-sector, country, or region and must be linked with an identified need or gap in knowledge, along with justification of how the final product(s) will contribute to a community of practice and support the improved delivery of humanitarian assistance.

All proposed applied research and studies with a research component must comply with the policies and standards included in the [USAID Research Policy](#) and the [Protection of Human Subjects in Research Supported by USAID: A Mandatory Reference for ADS Chapter 200](#).

### Needs Assessment Summary

1. Provide a brief overview and analysis of previous research or work done in this domain and describe how your proposed intervention will fill the existing gap of knowledge.
2. Describe the need for the proposed research or study and the ethical, practical, and/or scientific value from the perspective of the beneficiary, donor, or implementing partner.
3. Explain how the humanitarian community demonstrated the need for the proposed work.
4. Describe relevant systematic reviews, meta-analyses, desk reviews, or background research processes that inform the research or study.
5. If proposing research or study related to a specific sector or group of sectors, explain how you have assessed gaps in the proposed sector(s).
6. If proposing research or study related to a specific country, region, or other geographical grouping, explain how you have assessed gaps in the proposed country, region, or other geographical grouping.

### Technical Design

1. Describe the research or learning question(s) that you will address and the hypothesis that will be tested.
2. Provide specific details as to the design of the research or study. Include specific methodology and approach such as terms of reference or scope of work.
3. Describe the roles and responsibilities of any proposed technical oversight group. Include who will be invited to join, the points in time when the group will be consulted or convened, and how the proposed group will support uptake and validation of the results of the proposed research or study.
4. Describe any consultative processes that you will execute under the proposed intervention. Include who you will consult, how you will select or invite people to participate, and how you will share results with participants.
5. Provide a Gantt chart or timeline of the proposed learning, research, or study.
6. Provide the study protocol.
7. Describe staffing resources required.
8. For the research component, explain how the design will incorporate quality, ethical, and reporting standards as described in the [USAID Research Policy](#).
9. If research involves human subjects, describe protocols and ethical review processes that you will have in place for the protection of human research subjects.
10. Provide details on how you will protect data.
11. Describe any relevant intellectual property considerations.
12. Explain how you will include the affected population in the design and/or learning, research, or study.
13. Explain how you will share the proposed research with the broader humanitarian community including plans for publication.

14. Explain the relevance and applicability of the proposed activities to a broader audience such as global sector-specific clusters and the international humanitarian community.
15. Provide detailed information on the products you will produce as a result of the intervention, such as papers, articles, events, or participation in meetings, conferences, or workshops.
16. Provide a list of products you will submit at the end of the award such as articles, reports, or assessments. You must submit all products produced, even if a final draft, to BHA at the end of the award period.

### Sub-sector Sample Activities

1. Sectoral or geographical operational research within the humanitarian assistance context
2. Case studies or evidence reviews within the humanitarian assistance context
3. Formative research to explore new approaches to humanitarian assistance
4. Other topical global, regional, local, or thematic applied research and analysis

## 8.3. Sub-sector: Capacity Building, Training, and Technical Assistance

### Overview

BHA supports the development and implementation of capacity building and training resources and activities at a global or regional level in order to support the humanitarian system. Capacity building and training efforts should provide benefit to the humanitarian system and its components, to improve humanitarian assistance programming across a variety of sectors. BHA also supports the development of staffing rosters and mechanisms to provide short-term technical assistance across the humanitarian system to various, diverse entities. This sub-sector should be used for any stand-alone capacity building or training activities that are implemented outside the context of ongoing humanitarian response program operations.

You must link interventions with an identified need or gap in knowledge along with justification of how the capacity building and/or training will contribute to a community of practice and support the improved delivery of humanitarian assistance programming.

Where possible, activities should collaborate and coordinate across multiple entities, organizations, and stakeholders from across the humanitarian system.

### Needs Assessment Summary

1. Provide a brief overview and analysis of similar previous or current interventions and explain how the proposed capacity building and training fit into what has been done or is being done.
2. Describe the need for the proposed capacity building, training, and interventions.
3. Explain who will benefit from capacity building and training suggested in the application and how they will benefit.

### Technical Design

4. Describe the proposed capacity building and/or training activities, including:

- a. A summary of the proposed capacity building and training content;
  - b. The target audience, targeted learning objectives, and expected results or deliverables;
  - c. The design plan for content development. Include a description of any needs assessment activities you will conduct and how you will use these results to inform the content development process;
  - d. The key stakeholders you plan to involve in any needs assessment, design plan, or consultations, and how they will be involved;
  - e. The training methods you will use and resources required;
  - f. The training you will conduct, methods you will use and the process for evaluating participants;
  - g. The proposed process for piloting or testing of content and the process for feedback and revision;
  - h. The process or strategy for capacity building and training implementation or roll-out. Include potential locations, frequency, participant selection, overall target numbers, and relevant resources needed;
  - i. The platform or institution for current or future capacity building and training content dissemination. Include the justification for creating the new platform if appropriate platforms already exist; and
  - j. Describe the timeline of proposed activities leading up to the capacity building, training dissemination, and subsequent follow up.
5. If you are proposing a Training of Trainers approach, describe how you will support trainers beyond the end of the proposed activity. Include information on how you will keep resources and training materials up-to-date.
  6. Provide an itemized list of all products that you will create or produce through the proposed intervention. Include specific tools and resources created and all externally facing documents and reports. You must submit all products produced, even if a final draft, to BHA at the end of the award period.
  7. If staffing rosters or support for short-term technical assistance and/or consultants are proposed, include information on how you will recruit, retain, and deploy human resources. Include criteria for approving deployment requests, strategies for creating demand for deployments, activities during non-deployment time, and strategies for ongoing or follow-on support after deployments have ended.

### Sub-sector Sample Activities

1. Training needs assessments
2. Development of training content
3. Training of Trainers
4. Institutional capacity programs for NGOs
5. Execution of trainings and/or capacity building events, workshops and/or activities
6. Development of platforms or institutions for training/capacity building
7. Staffing rosters, deployment of technical experts, and/or the provision of short-term technical assistance
8. Exchange visits or study tours

## 8.4. Sub-sector: Guidelines Development, Toolkits, and Resources

### Overview

BHA supports the development of resources to support the implementation of humanitarian assistance programming across a variety of sectors including resources for mainstreaming and cross-cutting activities.

You must link proposed interventions with an identified need or gap in knowledge along with justification of how the final product will contribute to a community of practice and support the improved delivery of humanitarian assistance programming.

Where possible, interventions should include collaboration, coordination, and piloting across multiple organizations and stakeholders.

### Needs Assessment Summary

1. Provide a brief overview and analysis of existing resources and work in this area and how the proposed activity would augment, update, or complement that work.
2. Describe the background and or context that has generated the need for the proposed guidelines, toolkits, and/or resources.
3. Explain how the humanitarian community has demonstrated the need for the proposed work.
4. Describe:
  - a. The operational context;
  - b. Gaps in knowledge or resources relating to that context;
  - c. How the proposed intervention is relevant for the context; and
  - d. How the proposed intervention will address these gaps.
5. Provide detail relating to the evidence base that supports the development of any proposed implementation guidance or programming resources.

### Technical Design

1. Provide detailed information on the proposed content and deliverables that you will produce as a result of the intervention. This includes design, layout, and structure. Specify if you will create print and online resources and how the chosen design will respond to the identified gap(s) and promote utilization of the new or revised resources.
2. Describe the proposed process and timeline for content development, including:
  - a. Any desk review or background research processes. Include methods, timeline, and proposed staffing resources required;
  - b. Any needs assessment activities that you will undertake to inform the work. Include methods, analysis, and how you will use the results to inform the development process;
  - c. The process for consulting key stakeholders throughout the design and creation of the proposed resources. Include how you will build consensus; and
  - d. Proposed piloting or testing of content, tools, and resources developed over the course of the proposed intervention. Include the process for feedback and revision.
3. Provide details on the composition and terms of reference for any type of proposed steering committee or advisory group that will oversee the development of the proposed guidelines, tools,

- or resources. Include the frequency in which you will convene this group or consult the group throughout the course of the proposed intervention.
4. Provide a detailed description of proposed interventions and strategies to promote use and uptake of the newly developed content, product, and/or resources. Include how you will raise awareness of the availability of the final product.
  5. Provide details on proposed training plans and opportunities that you will develop to accompany the final product to ensure appropriate use.
  6. Provide an itemized list of all products that you will create or produce through the proposed intervention. Include specific tools and resources created and all externally facing documents and reports, as well as draft manuscripts for publication. You must submit all products, even if a final draft, to BHA at the end of the award period.

## 9. Logistics Support

### Overview

BHA supports supply chain-related interventions that provide multiple humanitarian organizations with shared supply chain solutions for food and non-food items (NFIs) to avoid community tensions over resources, wasted resources, or duplication of efforts, as well as improve timeliness and quality of response.

Applications that include procurement and distribution of NFIs are no longer accepted under this sector and have been moved to the respective activity sectors. For example, if you are planning to distribute WASH-related NFIs, see the WASH sector for guidance. You can find additional requirements related to applications that include procurement, transport, and distribution in the Supply Chain Requirements under Supporting Documentation.

For a description of the capacities BHA Supply Chain team can provide partners, please see the Supply Chain/Logistics Resources section of the [BHA EAG page](#).

### Disaster Risk Reduction

BHA can support DRR activities as part of a Logistics Sector such as training of partners, host countries, and others to strengthen capacity for effective logistics operations for timely disaster response; pre-positioning and setting-up hubs for disaster preparedness; contracting; and other logistics activities to advance timely and effective disaster response and preparedness. Use the Disaster Risk Reduction Policy and Practice (DRRPP) Sector for applications on DRR activities related to the Logistics Sector.

### Gender and Protection Mainstreaming

You must review and thoroughly address the cross-cutting gender and protection mainstreaming guidance in Section 2, above. The following sector-specific questions may assist in contextualizing gender and protection mainstreaming for activities in this sector. However, they are not meant to be an exhaustive list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. If labor force is needed, describe what procedures you will put in place for equal employment opportunities and to address concerns of discriminatory hiring practices based on factors such as age, ethnicity, gender identity, religion, and sex.
2. Describe how you will ensure sub-awardees have adopted a Code of Conduct consistent with the IASC Core Principles Relating to Sexual Exploitation and Abuse, per requirements described in Section 10 of the BHA Application Guidelines.
3. Explain how you will provide oversight on the conduct of sub-awardee employees, including those in the private sector, to mitigate risks of exploitation and abuse of beneficiaries.

## Available Sub-Sectors

<ul style="list-style-type: none"><li>● Acquisition and Storage</li></ul>	<ul style="list-style-type: none"><li>● Transport (Air/Land/Sea), i.e. air, sea, or land transport of humanitarian commodities and/or personnel</li></ul>
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### 9.1. Sub-Sector: Acquisition and Storage

#### Overview

This sub-sector should only be used for activities 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
  - a. 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, such as 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.
6. 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 activities.
7. If acquisition services are included, provide further details regarding:
  - b. Procurement Plan and Policy. See Supply Chain Requirements under Supporting Documentation in Section 10 of the BHA Application Guidelines for further information.
  - c. Quality control measures that will be put in place, such as third-party inspection or other measures.
  - d. 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.
  - e. Systems you will have in place:
    - i. To request commodities for procurement;
    - ii. To manage the procurement process; and
    - iii. To report on progress to humanitarian organizations and BHA upon request.
8. If storage services are included, at a minimum, specify:

- a. Procurement and Storage Plans and Policies. See Supply Chain Requirements under Supporting Documentation for further information.
  - b. Commodities you plan to store, including descriptions and quantities.
  - c. Description of warehousing you plan to use, demonstrating that it will be appropriate for commodities stored, especially if food, pharmaceuticals, or other restricted commodities are involved.
  - d. How you will source and set up warehousing, planned location(s), transport access and availability, and estimated space requirements.
  - e. Description of how you will manage day-to-day warehouse operations and staffing.
  - f. Systems in place to manage commodity movements and report on warehouse operations.
  - g. 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.
  - h. 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 BHA upon request.
    - i. Measures to ensure the safety and security of commodities and humanitarian organizations' access to them.
9. Detail Sphere or other proposed standards you will use to measure quantities procured and/or distributed through the pipeline.
  10. Specify your waste management plan and identify efforts to source or apply environmentally friendly alternatives such as biodegradable, fuel-efficient, and sustainable sources.
  11. Detail proposed measures to reduce potential corruption and fraudulence in acquisition and storage.
  12. 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.
  13. Specify a timeline for setting up the service and how long it is expected to operate.
  14. Provide an exit strategy detailing how the requested service will be phased out.

## 9.2. Sub-Sector: Transport (Air/Land/Sea)

### Overview

This sub-sector should only be used for activities that plan to provide transportation services to other humanitarian organizations. BHA 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

- I. 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 commodities and personnel 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 activities.
6. If air transport is included, explain how airports/airfields 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 commodity/personnel transport services, report 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. Describe measures taken to reduce the environmental impacts of operations, such as reducing emissions and waste and responsibly disposing of hazardous materials such as engine oil, batteries, and other items.
14. Detail proposed measures to reduce potential corruption and fraudulence in transport.
15. Include a risk mitigation strategy describing the potential threats related to transport and how you plan to mitigate them.
16. Explain safety and security records and protocols of the transport mode for personnel.
17. Provide an exit strategy detailing how the requested service will be phased out.

## 10. Monitoring and Evaluation

### Overview

Monitoring and Evaluation (M&E) play a vital role in improving the effectiveness of humanitarian assistance, saving lives, improving food security, and building capacities to manage and respond to recurrent shocks. BHA seeks to invest in the humanitarian assistance community's capacity to generate evidence, pilot, test, develop, and strengthen rigorous yet context-specific M&E approaches, and to develop innovative solutions to address the distinct challenges related to M&E in humanitarian settings. The purpose of this sector is to advance M&E methods to improve effectiveness of humanitarian response and to strengthen the existing evidence base to support BHA's Mission, with deliberate learning, utilization, and dissemination activities.

This sector is distinct from, and does not replace, the M&E requirements for BHA applications (See Section 10 of the BHA Application Guidelines). It is intended to complement BHA-funded investments with targeted and enhanced M&E support beyond the M&E requirements for an individual BHA activity. This sector will strengthen and develop M&E approaches and support dissemination of global best practices in performance monitoring, evaluation, accountability, and learning to further BHA's mission and the international humanitarian system.

All applications under this sector must demonstrate a direct or indirect benefit to disaster or crisis-affected populations, and meet one or more of the following criteria:

1. Fill an identified gap and demonstrate significant value to the field of humanitarian assistance;
2. Develop, pilot, test, improve, and/or expand upon promising and innovative M&E approaches to improve effectiveness of humanitarian assistance, including in support of the international humanitarian system and Humanitarian Program Cycle;
3. Contribute to industry-wide guidance and standards for rigorous M&E and data analytics methods in humanitarian contexts; and/or
4. Share best practices with international and local actors engaged in humanitarian responses through a variety of demonstration and learning events.

### Gender and Protection Mainstreaming

You must review and thoroughly address the cross-cutting gender and protection mainstreaming guidance in Section 2. The following sector-specific questions may assist in contextualizing gender and protection mainstreaming for activities in this sector. However, they are not meant to be an exhaustive list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. Address how the proposed intervention will promote access, safety, and dignity for affected individuals and/or communities.
2. Explain actions taken to ensure the meaningful and equal representation of women, men, girls, and boys in your activities.
3. Explain how the proposed intervention design avoids unintended negative effects of M&E activities, such as re-traumatization or increased risk of exploitation.

4. Explain how the proposed activity will consult persons of concern, including people with disabilities, older persons, and marginalized groups within the target population, and their participation in M&E interventions.
5. Describe how the proposed intervention will monitor protection issues and how it will use the information to reduce existing and newly identified risks.
6. Explain how the demographic profile of M&E staff will mirror the beneficiary population, in terms of factors such as age, gender, ethnic, or religious identity.
7. Explain strategies to ensure that confidentiality and data privacy are respected in all forms of consultation and personal information sharing.
8. Explain how the proposed intervention will ensure the informed consent of populations contributing to any monitoring interventions, including how informed consent procedures will be adapted for different populations.
9. Describe protocols to ensure that children and other highly vulnerable populations who cannot give informed consent are not interviewed, while ensuring their interests are appropriately represented in monitoring or evaluation activities.

### Available Sub-sectors

<ul style="list-style-type: none"> <li>● Monitoring &amp; Data Utilization</li> </ul>	<ul style="list-style-type: none"> <li>● Advancing Evaluation for Humanitarian Assistance</li> </ul>
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## 10.1. Sub-Sector: Monitoring & Data Utilization

### Overview

Monitoring serves as the foundation for an agile humanitarian response that can effectively respond to needs and adapt to changing contexts. BHA seeks to strengthen its partners' monitoring approaches, capabilities, and methods to measure performance and context to improve effectiveness, as well as adapt humanitarian programming and the overall humanitarian response. Particularly in humanitarian crises with limited physical access and rapidly evolving operational contexts, traditional monitoring methods may not be appropriate or effective, and additional investments in developing or strengthening monitoring and data utilization approaches may be warranted. BHA encourages the use of new or innovative Information and Communication Technologies (ICTs). You may also choose to focus on non-technology-based approaches to enhance monitoring and data utilization.

You should adhere to the USAID definition of monitoring: the ongoing and systematic collection of performance indicator data and other quantitative or qualitative information to reveal whether implementation is on track and whether expected results are being achieved. BHA welcomes advancements in both quantitative and qualitative methods of monitoring, including processes to increase the accuracy or speed of data collection. Data utilization refers to the processes and systems for integrating evidence from monitoring to improve the effectiveness, efficiency, and relevance of humanitarian assistance.

## Needs Assessment Summary

1. Identify the clear gap that this application seeks to fill. Explain the impact that this gap has on the quality of humanitarian response.
2. Describe the challenges to performance monitoring, particularly with respect to routine data collection and physical access.
3. Describe the existing monitoring capabilities, as well as an assessment of the most appropriate solutions.
4. Demonstrate understanding of similar tools available and their use in a similar context, geographic area, and/or sector and how your proposed method or tool will fill the existing gaps in monitoring.
5. Describe the operational context in which the applicant will apply the monitoring method, particularly in non-permissive environments.

## Technical Design

1. Provide an overview of the methods and tools that you propose to develop or improve, and the reasons. The application may illustrate innovative and precise methods and tools for monitoring in humanitarian contexts.
2. Include enhanced technology, including ICTs, if applicable.
  - a. Applications proposing information systems using geospatial data, geo-referenced data, or satellite imagery should include Information Systems/Geographic Information Systems as a keyword and submit the required information outlined in Section 18.
3. Detail an analysis of the risks, limitations, and mitigating factors of the proposed remote management and monitoring systems and processes.
4. Explain the process of using and generating real time data collection methods.
5. Consider appropriate approaches to monitoring and managing other implementing organizations and local actors; i.e., sub-awardees.
6. Describe required human resources with minimum competencies and a staff management plan to ensure sound implementation of remote monitoring approaches, as well as skills transfer and sustainability over time. This includes detailed capacity building and training plans for remotely managed teams.
7. Describe a plan for disseminating best practices and learning from the intervention to the broader humanitarian community. Identify the relevant persons, clusters, organizations, affected populations, and other stakeholders who you will target for dissemination. Name the mechanisms through which the practices and learnings will be shared. BHA expects all produced materials to be available for public consumption across the humanitarian community unless you can provide substantial justification why materials should not be publicly available.
8. Provide a list of products you will produce and submit at the end of the award, such as articles, assessments, or reports. You must submit all products produced, even if a final draft, to BHA at the end of the award period.

## Sub-Sector Example Activities

1. Research, develop, and test context-specific monitoring methodology(ies), process(es), and tool(s) specific to humanitarian assistance.
2. Enhanced ICT approaches to support monitoring, which may include, but are not limited to: artificial intelligence and machine learning tools; data analysis and visualization platforms for real-time data utilization; geographic information systems; phone-based applications and software for data collection and beneficiary feedback; and remote sensing with satellites or delivery tracking.

3. Strengthened approaches and systems to remotely monitor whether activities and results are taking place in areas with limited physical access.
4. Strengthened organizational adaptive management processes to utilize real-time data and beneficiary feedback more effectively, as well as capacity building in monitoring for local organizations and communities.
5. Development of new, or enhancement of existing, humanitarian data collection applications, software, or ICTs with the explicit intent for performance monitoring.
6. End-user training on new approaches, methods, and tools related to humanitarian M&E.

## 10.2. Sub-Sector: Advancing Evaluation for Humanitarian Assistance

### Overview

BHA values and encourages partners to improve the delivery of humanitarian assistance through evidence-based decision making that is informed by rigorous and systematic evaluation, which employs evaluation approaches, methods, and tools that are appropriate for humanitarian contexts. Evaluation supported by BHA must adhere to the principles prescribed by USAID's [Evaluation Policy](#) and definition of evaluation in [ADS Chapter 201](#): the systematic collection and analysis of information about the characteristics and outcomes of strategies, activities, and interventions as a basis for judgments to improve effectiveness and/or to inform decisions about current and future programming. BHA seeks to encourage not only the implementation of evaluations using methods appropriate for the humanitarian context, but also the systematic use of evaluation findings to improve the effectiveness of humanitarian assistance, including support to the international humanitarian system (clusters, inter-cluster, and HCT). **This sub-sector does not replace the Evaluation requirements for BHA applications for an activity** (Section 10 of the BHA Application Guidelines).

BHA encourages the use of a variety of evaluation types based on the most appropriate approach for a given humanitarian context. Evaluation activities under this sub-sector may include, but are not limited to, cost-efficiency evaluation, developmental evaluation, impact evaluation, participatory evaluation, performance evaluation, real-time evaluation, and theory-based evaluation. BHA recognizes that, in some limited cases, experimental and quasi-experimental methods are appropriate to measure the outcomes or impact attributable to a particular humanitarian intervention.

Impact evaluations are distinct from performance evaluations; they are based on models of cause and effect and require a credible and rigorously-defined counterfactual to control for factors other than the intervention that might account for the observed change. Applications proposing experimental methods in humanitarian settings require thoughtful consideration of the ethical and logistical implications. All applicants must comply with the relevant policies and standards included in the [USAID Research Policy](#), the [Protection of Human Subjects in Research Supported by USAID: A Mandatory Reference for ADS Chapter 200](#), and the [USAID Technical Note on Impact Evaluations](#).

### Needs Assessment Summary

1. Describe the gap in approach, evidence, or method; collective need for the proposed evaluation; and how this will contribute to improved effectiveness of USAID's investments to further BHA's

- mission. Explain the impact that this gap has on the quality of humanitarian response. Present a brief summary of findings based on literature reviewed to justify the evidence gap.
2. Provide an overview of the proposed activity(s) and intervention(s) that this application proposes to evaluate, and why this activity should be evaluated.
  3. Demonstrate understanding of other evaluations and/or research conducted for activities in a similar context, geographic area, and/or sector.
  4. Explain how evidence from the proposed evaluation will be used to inform activities, interventions, policy, and strategies as well as establish a stronger learning agenda.
  5. You must describe how developing or testing new evaluation approaches, methods, or tools will improve the evaluation standards as they are practiced in the humanitarian context.

### Technical Design

1. Describe the purpose and objective of the proposed evaluation. Explain why an evaluation is warranted.
2. State the evaluation question(s) or the hypothesis that will be tested.
3. Describe relevant background research, desk reviews, meta-analyses, or systematic reviews or that inform the research or study.
4. Provide a Gantt chart or timeline of the proposed evaluation.
5. Describe the proposed evaluation approaches and methods. Explain why a certain set of methods were selected over others.
6. Include a terms of reference (TOR) or a statement of work (SOW) that includes sampling methods. For quantitative methods, present adequate information on how the sample size is or will be estimated including the indicator(s) and formula used to estimate the proposed sample size. For qualitative methods, describe sampling methods, key attributes of selected sample sites, and estimated number of sample communities and individuals and how they will be selected.
7. For experimental and quasi-experimental methods, describe the ethical and practical considerations of assigning treatment and comparison/control groups for the purposes of evaluation.
8. Describe what U.S. and host country approvals or exemptions will be acquired and submitted to comply with U.S. and host country evaluation or research policies.
9. Present an analysis plan and provide details on how data will be protected and secured.
10. All evaluation methodologies and standards must adhere to the USAID [Evaluation Policy, ADS Chapter 201](#), and its associated references. As noted in ADS 201.3.5.10, the proposed evaluation should be:
  - a. Integrated into the Design of Strategies, Activities, and Interventions. Planning for and identifying key evaluation questions at the outset will both improve the quality of strategy development and activity design and guide data collection during implementation.
  - b. Unbiased in Measurement and Reporting. Evaluations will be undertaken so that they are not subject to the perception or reality of biased measurement or reporting due to conflicts of interest or other factors.
  - c. Relevant. Evaluations will address the most important and relevant questions about strategies, activities, or interventions.
  - d. Based on Best Methods. Evaluations will use methods that generate the highest quality possible in the humanitarian context and most credible evidence that corresponds to the questions being asked, taking into consideration time, budget, and other practical considerations, such as context and security.
  - e. Oriented toward Reinforcing Local Capacity. The conduct of evaluations will be consistent with institutional aims of local ownership through respectful engagement of all partners, including local beneficiaries, while leveraging and building local evaluation capacity.

- f. Transparent. Findings from evaluations will be shared as widely as possible, with a commitment to full and active disclosure.
11. Include how the proposed evaluation and related activities will incorporate input from or feature collaboration with other humanitarian organizations, global clusters, and the international humanitarian community.
12. Provide detailed information on the dissemination plan, and list which products you will produce as a result of the activity such as articles, events, or papers, as well as participation in conferences, meetings, or workshops. Identify the relevant affected populations, clusters, organizations, and other stakeholders who will be targeted for dissemination. Name the mechanisms through which you will share the learnings and practices. BHA expects you will make all produced materials available for public consumption across the humanitarian community, unless you can provide substantial justification for why materials should not be publicly available.
13. Provide a list of products the proposed activity will produce and submit at the end of the award such as articles, assessments, or reports. You must submit all products to BHA at the end of the award period.

### Sub-Sector Sample Activities

1. Real-time evaluation approaches applied to an ongoing humanitarian activity.
2. Performance evaluation for one or more activities that synthesizes lessons learned and draws conclusions and recommendations to improve future responses to humanitarian emergencies.
3. Systematic meta-evaluation of humanitarian evaluations in a specific sector, sub-sector, or theme.
4. Systematic mapping of evidence gaps related to a humanitarian assistance issue.
5. Creation of a humanitarian-specific evaluation registry.
6. Evaluation methods research and design specific to humanitarian assistance, including applicability of different evaluation approaches to humanitarian settings.
7. Case studies or evidence reviews within the humanitarian assistance context.
8. Feasibility assessment of undertaking impact evaluation for a particular activity.

## I I. 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. The cash transfers are unrestricted 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 BHA, MPCA contributes to meeting a minimum expenditure basket (MEB) or similar calculation of the amount required to cover basic needs. MPCA is an important tool for humanitarian actors to rapidly meet a variety of needs and give beneficiaries the dignity of choice in prioritizing their most immediate needs.

MPCA differs from social protection, including 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. It is a best practice to coordinate MPCA and social protection interventions as appropriate. This can help share lessons, avoid overload of infrastructure (e.g., on payment systems), and reduce confusion or tension within communities.

Your application should demonstrate a careful consideration of the relevant standards and indicators in the [Sphere Companion Minimum Standard for Market Analysis \(MISMA\)](#) and the [Sphere Handbook 2018](#) Appendix, “Delivering assistance through markets.”

BHA distinguishes between MPCA—which meets a variety of basic needs and is based on the MEB—and cash for a single, sector-specific purpose (e.g., food, hygiene NFIs, or rent). If you propose to use cash to meet one sector-specific objective, follow the guidance under that sector.

MPCA and all cash interventions must use the Cash keyword in Section 18 and follow its requirements.

BHA will consider funding MPCA for any combination of the following basic needs:

1. Food;
2. Shelter (rent, utilities, fuel for various purposes);
3. NFIs (household and personal goods);
4. WASH (water, sanitation, WASH NFIs);
5. Transportation; and
6. Other expenses that are part of an established MEB, depending on context (except for health/nutrition care and commodities; see below).

It is critical that, when implementing MPCA, you use expertise and guidance from the sectors that make up an MPCA transfer and that MEB values align with this guidance. This aligning ensures that the needs MPCA aims to meet can be appropriately met with cash, and that information on whose needs are being met is reported back to sector-based coordination mechanisms.

BHA will not fund all basic needs through MPCA. Specifically, BHA does not support MPCA for USAID-restricted commodities or for commodities and health and nutrition treatment (including pharmaceuticals). This means:

1. Health or nutrition commodities and care cannot be part of the cash transfer value calculation in the application. (If these are already part of an established MEB, consult with BHA on how to avoid creating tension among beneficiary communities. Since the MPC transfer value is usually less than 100 percent of the MEB, considering these costs as outside the transfer value may resolve the issue.)
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 care. Partners should obtain this information from the Health Cluster and/or local health authorities.
4. Ancillary costs, such as related transport and lodging, may be supported. However, if your application includes the Health or Nutrition sector, please place those there.

There are other cash interventions that BHA may support, but not as part of the MPCA sector. For example, cash for shelter repair is categorized under the Shelter & Settlements sector; and livelihoods cash grants are categorized under the Agriculture or Economic Recovery and Market Systems sectors, as appropriate.

### Disaster Risk Reduction

BHA will not fund MPCA itself as a DRR intervention. However, BHA may consider funding multi-stakeholder disaster readiness planning for potential future MPCA interventions. This planning would only be in contexts where there is a high likelihood both of a future disaster and of MPCA's appropriateness to meet humanitarian needs.

### Gender and Protection Mainstreaming

You must review and thoroughly address the cross-cutting gender and protection mainstreaming guidance in Section 2. The following may assist in contextualizing gender and protection mainstreaming for interventions in this sector. However, they are not meant to be an exhaustive list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. Describe strategies to communicate with communities, including marginalized or vulnerable groups within the community, to reduce the risk of community conflict and tension.
2. Identify intra-household level risks, including differences in control of resources and decision-making on spending by men and women, and provide a plan to mitigate potential negative impacts of the cash transfer.
3. Consider whether men, women, and populations with unique considerations have different preferences for cash or other modalities, or differing access to delivery mechanisms.
4. Provide a plan for how cash will be delivered safely and identify any protection risks, including the distance beneficiaries need to travel to obtain the transfer and safety when returning with the transfer.
5. Explain the measures in place to minimize possible GBV-related risks as a result of receiving the cash transfer.

## Available Sub-Sectors

- Multipurpose Cash

### 11.1. Multipurpose Cash Assistance Sector Overview Table

Instructions: This table is to give an overview of the estimated, planned amounts for your multipurpose cash intervention. If an item is not applicable for your intervention, please enter N/A.

Multipurpose Cash Assistance	Multipurpose Cash
Intervention description	
Modality	Always cash
Cash transfer value (USD) per person, per distribution	
Percentage of transfer intended for food needs (use the percentage of the MEB or basket that is food-related)	
# of Distributions	
Frequency of Distributions (e.g., monthly)	
# of Households	
# of Individuals	
Total Cash Transfer Value (USD) to be distributed	
All Other Costs Associated with MPCA Activities (sector budget total, minus direct transfer value)	
Total Sector Costs (same as sector total in budget)	

### 11.2. Sub-Sector: Multipurpose Cash

#### Overview

See Sector overview above.

#### Needs Assessment Summary

1. Describe how the crisis-affected population typically met their basic needs pre-crisis, disaggregated by groups (e.g., age, livelihood group, sex) as relevant.
2. Describe how the crisis has disrupted households' ability to meet their basic, recurring needs. Indicate evidence of humanitarian need for each major sector or category that is included in your proposed MPCA transfer value.

3. Discuss the relevant findings of any formal (or if none available, informal) multi-sector or sector assessments, referencing key indicators where possible. If known, discuss what coping strategies affected people are using.

### Technical Design

1. Provide an itemized MEB by category (e.g., food, household NFIs, rent, transportation, water) including prices and the quantity or amount (e.g., 50 kgs of maize, 2 blankets) comprising each category.
  - a. For certain responses, a MEB may not yet be defined. In this case, you may use a proxy such as the national minimum basket or minimum wage, with an explanation for how you selected this. Food components may be based upon standardized emergency ration baskets. Alternatively, you may provide a comparable illustrative list of the goods and services that comprise a household's basic needs based upon a rapid assessment. Indicate if a 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. Provide the calculations used to determine the value of WASH services or products in the MEB to demonstrate adherence to national or Sphere standards. Include specific data, such as the source of water and the volume of water per person per day covered. (You may omit this if there are no WASH-related costs in the MEB. However, if this is the case, please explain why they are excluded.)
2. Provide a brief narrative for each category of the MEB justifying market appropriateness in compliance with [Sphere standards](#). This should include analysis of supply (adequate quantity and quality), competition, market integration, and price stability (provide trends where possible). Referring to secondary sources (e.g. joint market monitoring; or others' assessments) is welcome.
  - a. 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 on the quantity and quality (free of residual chlorine and/or fecal coliforms) of water available from the most common market sources in major planned intervention areas. Data from other sources, such as the WASH Cluster, are welcomed. (You may omit this if water is not part of the MEB. However, if this is the case, please explain why it was excluded from the MEB.)
  - d. If the good or service is not available in sufficient quantity and quality, discuss how this will be addressed (for example through alternate ways to meet this need).
3. Provide analysis of how lack of access to cash is the primary or sole barrier to beneficiaries' use of these goods and services. If cash is not the only barrier, identify others (e.g., access to storage, behavior) and indicate whether you plan to address these, either in other BHA sectors or with other funding.
4. State and justify the value of the MPCA transfer. What percentage or sections of the MEB do you intend to meet, and how will people meet the rest of their needs? The amount of the transfer will be clearly based on the expenditure gap between estimated basic needs and households' ability to meet those needs. Indicate whether in-country standards exist regarding MPCA transfer value. If you plan to adjust the MPCA transfer value (across populations or geographies), clarify why, where, and for whom (e.g., by location or by household size). This adjustment should be coordinated with other agencies.
5. Describe and justify the duration and frequency of the transfers. Indicate if there will be any variation in transfer frequency across the MEB items.

6. In addition to the required cash delivery plan as described in the Cash keyword, provide details on the general capacity and coverage of financial service providers in the program area. If you know which provider(s) you will use, specific details are welcome.
7. Outline strong beneficiary selection criteria and verification processes, including steps to minimize inclusion and exclusion errors, as unconditional cash transfers may be of interest to everyone. If the MPCA intervention will not cover all people in need in the area, discuss possible unintended consequences and possible mitigating actions, including coordination.
8. Demonstrate coordination with other relevant humanitarian and social safety net interventions, including relevant government actors. Address coordination particularly in terms of transfer value and duration, and mitigating the risk of duplication. Discuss your level of participation in an inter-cluster cash coordination mechanism (at least informally, if no formal mechanism exists yet).
9. Explain how information and reporting on sector-specific humanitarian needs, gaps, and results will flow from the MPCA intervention to the relevant clusters (e.g., food security, shelter/NFI, WASH clusters) to ensure a complete picture of what needs are being met.
10. Describe output, process, outcome, and market monitoring plans, including a robust complaint and feedback mechanism for beneficiaries and non-beneficiaries. Guidance such as the Cash Learning Partnership (CaLP) “Monitoring4CTP” and MARKit Guide may be useful. BHA’s indicators align with the Grand Bargain cash workstream Multipurpose Cash Outcome Indicators, and BHA encourages their use. Note that you only need to gather the sector-related outcome indicators at baseline and endline (or before the first/after the last transfer).

## 12. Natural Hazards and Technological Risks

### Overview

The Natural Hazards and Technological Risks (NHTR) sector supports activities to strengthen capacities to manage and respond to future risks. Potential activities include efforts to strengthen early warning of natural hazards, such as detection, forecasting, modeling, monitoring, and risk analysis, including through demonstration projects; and the development of guidelines, policy, practices, and products that address natural hazard preparedness and mitigation and technological disaster response. This sector focuses on scientific and technical interventions and capacity-building activities for authorized national and local entities, scientific and technical entities, and technically-focused NGOs. Under the Technological Risks sub-sector, BHA only supports disaster response activities when there is a direct threat to human life due to technological hazards.

### *Construction and Repair of Physical Structures*

BHA does not encourage construction of structures, such as embankments, floodwalls, levees, and retaining walls, to control hydrometeorological hazards. For any activities proposing humanitarian construction (e.g., establishment, expansion, major repair, and rehabilitation) of structures to support sector activities/services, use the Structures keyword and follow all additional keyword requirements.

### *Early Warning System*

This sector focuses on strengthening capacities of all levels of government and scientific and technical entities in early warning of natural hazards, including detection, forecasting, modeling, and monitoring. In addition, the NHTR sector addresses the risks these hazards pose by addressing population exposure and relevant policy and practices. BHA supports end-to-end early warning of natural hazards as outlined in the Early Warning System keyword.

### Gender and Protection Mainstreaming

You must review and thoroughly address the cross-cutting gender and protection mainstreaming guidance in Section 2. The following may assist in contextualizing gender and protection mainstreaming for activities in this sector. However, they are not meant to be an exhaustive list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. Describe how proposed interventions will incorporate gender-specific data on understanding the impact of disasters, carrying out gender-sensitive risk assessments.
2. Describe how proposed interventions will increase women's and youth's capacity, knowledge, and understanding related to natural hazards and which interventions will facilitate women's and youth's participation in risk reduction programs.
3. Describe how you have consulted with people with unique needs on the design of programming to ensure that their needs and concerns are heard and addressed.
4. Describe how you have consulted with people of diverse age, disability, ethnicity, gender, religious affiliation, 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 monitor protection issues in responding to disasters and how you will use that information to reduce existing and newly identified risks.

### Available Sub-Sectors

<ul style="list-style-type: none"><li>• Geological Hazards</li><li>• Hydrometeorological Hazards</li></ul>	<ul style="list-style-type: none"><li>• Technological Hazards</li></ul>
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### *Geological Hazards Sample Activities*

1. Capacity building on hazard monitoring, preparedness, and mitigation
2. Information and warning dissemination to populations at risk
3. Early warning systems at global, regional, national, and/or community levels

### *Hydrometeorological Hazards Sample Activities*

1. Capacity building on various components of end-to-end (integrated) hydrometeorological early warning systems
2. Information and warning dissemination to populations in remote locations
3. Watershed and natural resource management interventions to reduce the impact of hydrometeorological hazards
4. Development of hydrometeorological early warning systems at global, regional, national, and/or local levels

### *Technological Hazards Sample Activities*

1. Response to life-threatening technological disasters
2. Community-based activities for responding to technological disasters, such as chemical, industrial, or nuclear events
3. Activities to raise public awareness of and readiness for imminent threat of technological disaster

## **12.1. Sub-Sector: Geological Hazards**

### Overview

A geologic hazard is a natural event in the crust of the earth that can pose a threat to life and property, including earthquakes, landslides, and volcanic eruptions, as well as tsunamis generated by these processes.

### Needs Assessment Summary

1. Describe the level of geological hazard for the proposed activity area and the appropriate activity 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. Determine current unmet needs and gaps.
4. Describe current capabilities, data, resources, systems, and tools of target population in the proposed location. Include economic, environmental, physical, and social vulnerabilities.

### Technical Design

1. Explain how proposed activities relate to the BHA mandate.
2. Explain how the proposed intervention will improve existing capacities, data, resources, systems, and tools.
3. Explain how activities will reduce vulnerabilities to geological hazards and strengthen capacities to manage and respond to future risks.
4. Describe how mitigation objectives will be fulfilled in the short, medium, or long term.
5. Describe the involvement of local communities, entities, governments, and organizations during activity 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. Explain how activities will be sustained beyond the activity period.
9. Explain why specific DRR interventions are necessary for the target location.
10. Explain how you will design the proposed activities, information, or products for access by and transfer to the target population.
11. Explain how the interventions will help people support themselves and enhance their capacity to maintain or improve their way of life.

## 12.2. Sub-Sector: Hydrometeorological Hazards

### Overview

Hydrometeorological hazards are atmospheric, hydrological, or oceanographic in origin. Examples include climate variability, cold spells and heat waves, droughts, floods, storm surges, tropical cyclones (typhoons and hurricanes and typhoons), and tsunamis.

### Needs Assessment Summary

1. Describe current capabilities, data, resources, systems, and tools of the target population in the proposed location, as well as economic, environmental, physical, and social (including gender-specific) vulnerabilities.
2. Describe early warning capacities of nationally authorized agencies, such as national meteorological and hydrological services.
3. Determine current unmet needs and gaps.
4. Describe local, national, regional, and international capacities for early warning, forecasting, or other relevant applications.
5. Discuss how local and national governments, regional and international entities, or NGOs are implementing related interventions.

### Technical Design

1. Explain how the proposed interventions will address the needs and gaps identified.

2. Explain how the proposed intervention will improve existing capacities, data, resources, systems, and tools.
3. Explain how activities will reduce vulnerability to hydrometeorological hazards and increase self-reliance of the population at risk.
4. Describe how proposed interventions will be fulfilled in the short, medium, or long term.
5. Describe involvement of local entities, communities, regional and international organizations, and all levels of government in developing the proposed activity.
6. Describe how you will apply an integrated approach, taking into account the upstream and downstream consequences of proposed activities. Be sure to include any measures to ensure gender and social equity, as well as to address any conflict mitigation and dispute resolution efforts around natural resources.
  - a. Include potential effects on relevant sectors such as agriculture, energy, health, livestock, natural resource management, settlement, 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 activities at the local, national, regional, and international levels. Include potential activity impacts on current capacities and systems, 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.
7. Describe how you will share real-time and historical data and information nationally, regionally, and internationally.
8. Explain how you will transfer systems developed under research programs to local, national, or regional authorities to enable sustainability following activity completion.
9. Explain why these risks or vulnerabilities cannot be addressed without outside assistance.

### **I2.3. Sub-Sector: Technological Risks**

#### **Overview**

Technological hazards originate from industrial or technological conditions, infrastructure failures, procedures involving technical hazards, or specific human activities. Examples of technological hazards may include chemical spills, nuclear radiation, and toxic wastes. Natural disasters may also lead to technological risks, directly or indirectly.

Under the Technological Risks sub-sector, BHA only supports disaster response activities when there is a direct threat to human life due to technological hazards and will not fund DRR activities under this sub-sector.

#### **Needs Assessment Summary**

1. Provide information about the area affected by technological hazards and the target population.
2. Describe potential impacts of technological hazards on human and environmental health in the short, medium, and long term (disaggregated by sex if applicable).
3. Assess local and national capacity to respond to the situation.

4. Describe current response actions by local and national governments, NGOs, and international entities, as well as immediate actions needed to inform the population of current and potential impacts and help protect those at risk.
5. Explain current unmet needs.

### Technical Design

1. Explain how the proposed intervention will address immediate needs/threats, with a focus on vulnerabilities and capacities.
2. Explain how you will address the immediate safety and protection of the affected population.
3. Describe how you will manage the physical safety and protection of response personnel.
4. Explain how you will handle disproportionately affected populations.
5. Describe how you will prevent/mitigate potential conflicts over resources.

## 13. Nutrition

### Overview

BHA supports emergency nutrition activities that focus on:

1. Maternal, infant, and young child nutrition;
2. Prevention and treatment of acute malnutrition, including severe acute malnutrition (SAM) and moderate acute malnutrition (MAM);
3. Micronutrient deficiency prevention and control;
4. Supplemental nutrition assistance; and
5. Collection and analysis of nutrition information in humanitarian emergencies.

Activities must use evidence-based approaches, such as community-based management of acute malnutrition (CMAM), and adhere to national and international guidelines.

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

Treatment of acute malnutrition should be provided free of charge through all treatment facilities and programs. Cash or vouchers for complementary activities (e.g., referral services, transport) may be considered depending on the context. If you are proposing cash or vouchers, use the appropriate keyword (Cash or Vouchers in Section 18) and address all required criteria in the technical design under the Nutrition sector. Response analysis and modality selection should be informed by the criteria in the [Modality Decision Tool](#) for Humanitarian Assistance.

BHA requires Global Acute Malnutrition (GAM) prevalence and mortality estimates for the areas of the 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). BHA encourages the addition of impact and program quality indicators, such as performance monitoring trends for CMAM, particularly for activities addressing the management of acute malnutrition.

BHA will support the prevention and management of micronutrient deficiencies as part of an intervention for MIYCN-E. Such activities should ensure that people have access to appropriate micronutrient interventions: home-based fortification, supplementation, and/or social and behavior change (SBC) to improve dietary quality. You must incorporate the intervention with PHC care and treatment and not propose stand-alone activities 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 planning applies to Vitamin A deficiency, iron deficiency, iodine deficiency, scurvy, pellagra, beriberi, and ariboflavinosis.

The MIYCN-E sub-sector is mandatory, given the importance of protecting maternal, infant, and young child feeding practices to prevent morbidity and mortality. All proposed nutrition activities, even those with a therapeutic or dietary-quality focus, must explain MIYCN-E linked activities. If MIYCN-E needs in the same targeted households are being comprehensively met by other agencies and donors, this should be outlined under the sub-sector.

### Integrated Interventions

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

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

### Gender and Protection Mainstreaming

You must review and thoroughly address the cross-cutting gender and protection mainstreaming guidance in Section 2. The following may assist in contextualizing gender and protection mainstreaming for activities in this sector. However, they are not meant to be an exhaustive list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. Describe how age- and sex-disaggregated data on nutritional status will be incorporated into activity design and implementation.
2. Describe activities that will incorporate considerations on how men, women, boys, and girls are able to influence control over household resources, who decides what is eaten and how much within the

family, if certain members of the family eat first and most, and who determines household spending on food.

3. Describe how you will ensure that nutrition facilities, including both the infrastructure and location, and staff are safely accessible for vulnerable groups, including adolescents, children, older people, persons with disabilities, and women.
4. Describe how nutrition workers are or will be trained in the knowledge and skills relevant to working with populations with unique needs; e.g., adolescents, persons with disabilities or limited mobility, unaccompanied children, and women.
5. Describe how you will make nutrition services accessible to adolescents, children, older people, persons with disabilities or limited mobility, and women, including any outreach activities that may target these groups. Include how you will ensure that staff representative of relevant ethnic and gender differences are available to provide services.
6. Describe how you have consulted with people of diverse age, ethnic, gender, 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.
7. Describe any measures for beneficiary selection or distributions you will put in place to prevent sexual exploitation and abuse of people receiving assistance.
8. Describe actions taken to ensure that families unable to meet nutrition needs do not resort to negative coping strategies (such as forced marriages).
9. Describe how proposed activities will address household feeding and sharing norms to ensure that food is distributed equitably and based on need.

### Available Sub-sectors

<ul style="list-style-type: none"> <li>● Maternal Infant and Young Child Nutrition in Emergencies</li> <li>● Management of Acute Malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>● Supplemental Nutrition Assistance</li> </ul>
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### 13.1. Nutrition Modality Overview Table

Instructions: Complete the table below indicating transfer costs inclusive of commodity and ocean/inland freight for in-kind modalities or dollar value of transfer for cash transfer and voucher modalities if you are including them in your application.

Modality	Transfer Costs	Support and Operating Costs	Total Modality Costs
Cash			
Voucher			
Local Procurement			
Regional Procurement			
International Procurement			
US Procurement			

### 13.2. Nutrition Commodity Overview Table

Instructions: If programming in-kind commodities, please complete the table below, indicating local, regional, international, or US procurement

Commodity	Procurement Type (Local, Regional, International, or US Procurement) Select one procurement type by row	Total MTs Planned	Cost Per MT (LRIP only)	Source (LRIP only)	Origin (LRIP only)

### 13.3. Sub-sector: Maternal Infant and Young Child Nutrition in Emergencies

#### Overview

Support of maternal, infant, and young child nutrition in emergencies (MIYCN-E) practices and contextually appropriate SBC are integral to the prevention and treatment of malnutrition in emergencies. SBC for nutrition should be integrated across emergency programming 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. BHA recognizes that behavior change to improve MIYCN-E practices must commence with people and their communities.

Due to BHA’s mandate to focus on emergency-specific interventions and based on global level guidance, best practices, and evidence, MIYCN-E interventions must take into account the following:

1. BHA supports the role of CHWs in providing key multi-sector SBC. If you plan to use CHWs, describe a harmonized approach integrating health, nutrition, and WASH that prioritizes key behaviors and content, target audiences, and channels to avoid unnecessary duplication and address workload burden.
2. If your organization possesses appropriate and relevant capabilities, you are encouraged to propose field-based, operational research activities to help improve humanitarian response in the nutrition sector. MIYCN-E 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 the Humanitarian Policy, Studies, Analysis, or Applications sector.

## 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](#).

BHA expects an appropriate assessment, such as a Knowledge, Attitude, and Practice (KAP) survey, to be conducted to establish a baseline on MIYCN-E practices.

Provide information on the following elements:

1. Baseline nutrition data, by age for children ages 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 complementary feeding practices with attention to the different stages (6–8 months, 9–11 months, and 12–23 months), including available information on types of foods, consistency of foods, and frequency of feeds;
3. Predominant feeding and care practices during bouts of illness;
4. Dietary practices of adolescents and women, especially during pregnancy and lactation;
5. Key cultural, gender, or religious dynamics and household decision-making structures that frame local MIYCN-E practices;
6. Presence of national MIYCN-E policy or relevant SBC policy and whether such policy conforms to Infant Feeding in Emergencies standards;
7. Problems feeding infants and young children, especially factors disrupting breastfeeding and poor access to appropriate complementary foods for infants and young children;
8. Micronutrient status of target beneficiaries, if known, and information regarding specific micronutrient deficiencies to be addressed;
9. Security situation and mothers' workload 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;
10. Conspicuous availability of breast-milk substitute, other milk products, bottles, and teats and current patterns of usage in beneficiary populations;
11. Role of the MoH, other ministries, and other existing nutrition structures in providing nutrition SBC;
12. Human resources available to provide community-level nutrition SBC. 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;
13. Training or other capacity strengthening, quality assurance, or supervision that workers and volunteers have received, including type and duration of trainings and when trainings occurred;
14. Nutrition SBC that the community has received, including delivery methods, time frames, frequency/intensity, and locations (e.g., community gatherings, health centers, markets, schools) and their acceptability;
15. Available and required IEC and other SBC materials or tools;
16. Barriers or enablers (internal, structural, and socio-cultural, including gender power dynamics) that women and mothers may face in implementing the recommended behaviors, and how the proposed activity could assist them in overcoming these obstacles; and
17. Describe any available formative research for behaviors of interest, as well as existing SBC strategies targeting women, adolescents, fathers, other family members, and influential community members.

## Technical Design

Describe how the proposed intervention will address the following technical points, if applicable. You do not have to include all components in MIYCN-E, but should explain how the Nutrition Cluster, another implementing partner, or the 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 relactation.
2. Monitor infant feeding practices. Specifically, address how the activity will monitor support provided to pregnant and lactating women (PLW) to breastfeed and to improve their own nutrition; adoption of improved breastfeeding and nutritional practices among PLW and how such progress will be measured; behavior change among PLW in regards to breastfeeding and how such progress will be measured.
3. Ensure health care in emergency situations include a focus on infant care, including skin-to-skin for full-term, premature, and sick newborns when possible, and encourage early and optimal breastfeeding; i.e., exclusive for six months and continued for two or more years. Describe how the activity will complement existing or proposed health programs.
4. Design of SBC activities must be evidence-based and align with activity purposes. Activities should target no more than five MIYCN-E behaviors, prioritized based on pre-existing data (e.g., Demographic Health Survey [DHS], SMART) or a baseline KAP survey.
5. Incorporate breastfeeding promotion, counseling, and education into partner programs.
6. Assess numbers and needs of non-breastfed infants; design interventions to appropriately address the nutritional needs of non-breastfed infants.
7. Improve access to and promote consumption of appropriate nutrient-dense foods among children ages 6–<24 months, with attention to the different stages (6–8 months, 9–11 months, and 12–23 months), including available information on types of foods, consistency of foods, and frequency of feeds.
8. Target pre-pregnant, pregnant, and lactating women with nutritious foods (see Supplemental Nutrition Assistance sub-sector).
9. Monitor distributions of breast-milk substitutes, other milk products, bottles, and teats.
10. Monitor adherence to the International Code of Marketing of Breast-Milk Substitutes: [https://www.who.int/nutrition/publications/code\\_english.pdf](https://www.who.int/nutrition/publications/code_english.pdf). Partners should review [ADS 212.3.2](#)
11. Apply activity 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.
12. Assist the MoH to develop, establish, or disseminate policies on MIYCN-E as appropriate.
13. Involve community leaders, grandmothers/mothers-in-law, men, men’s and women’s groups, religious leaders, and traditional healers in the protection of breastfeeding and implementation of appropriate complementary feeding and caring practices throughout the emergency; describe any community mobilization approaches you will use to engage these groups.
14. If proposing the use of vouchers for households with children ages 6–59 months to access quality complementary foods, ensure that the Vouchers keyword is used.
15. Support an enabling environment and/or space (e.g., baby-friendly tents/spaces, mother-to-mother support groups) for lactating women (mother/baby pairs).
16. Provide micronutrient supplements or household food fortifiers to specific target groups for a specific duration and frequency. Micronutrient supplements are pharmaceuticals; see requirements under the Health sector’s Pharmaceuticals and Other Medical Commodities sub-sector.
17. Provide a detailed description of the nutrition SBC approach, including channels or delivery platforms, and materials, media, and methods for reaching the proposed target population(s). Identify the target population(s), including those specific members of a household or community

whose behavior the activity seeks to change as well as those members who have influence over their behavior, and the topics to be covered.

18. If applicable, describe how the activity may incorporate any existing and relevant formative research and SBC strategies.
19. Employ sound standards and protocols, including materials, for training and implementing nutrition education and SBC. Include compelling justification if these methods differ from government standards and protocols.
20. For capacity building of health workers and volunteers in SBC, describe approaches you will use beyond classroom training, including capacity assessment, formative supervision, and mentoring.
21. Describe how MIYCN-E activities will be coordinated with other sectors (e.g., food security, health, WASH) which may be working with the same target population(s).
22. Coordinate with nutrition development programs in the intervention area and plan how the proposed activity will coordinate with and eventually transition to them, if possible.
23. Provide numbers of direct beneficiaries, by type (e.g., women, men, elderly, adolescents, communities).
24. Provide numbers of indirect beneficiaries, by age group (0–<6 months, 6–<12 months, and 12–<24 months).
25. Provide a description of the beneficiary selection criteria.

### 13.4. 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, iron, micronutrients, ORS) must follow the procedures outlined under the Pharmaceuticals and Other Medical Commodities sub-sector as well as the requirements for restricted goods in Section 9 of the BHA Application Guidelines, Base Document. You must include information on how these pharmaceuticals will be obtained and supplied irrespective of the use of USAID 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 funding. USAID promotes the use of UNICEF and WFP-supported pipelines for nutritional commodities; however, partner-procured buffer stocks to cover no more than 20 percent of their targeted caseload for treatment of wasting may be considered with substantial justification.

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

1. CMAM activities are the preferred intervention to reach the optimal number of people and to ensure the promotion of specific behaviors that support the adoption of optimal infant and young child feeding practices education at a household level.
2. BHA prefers that management of acute malnutrition activities function as a critical part of an overall nutrition referral system. BHA prefers that nutrition services be co-located with health care delivery points and adhere to national guidelines for the treatment of acute malnutrition and national protocols for nutritional assessment and counseling where possible.
3. Treatment of acute malnutrition should be provided free of charge through all treatment facilities and programs. Cash/vouchers should not be used in lieu of treatment.
4. Cash or vouchers for transport and referral services may be considered. If proposing cash or vouchers, use the appropriate keyword and address all required criteria in the technical design under the Nutrition sector.

### Needs Assessment Summary

Provide relevant data on nutrition and mortality among children younger than five years of age from surveys or representative assessments 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 WFH 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 prolonged nutrition crises and/or protracted humanitarian emergencies must provide detailed causal 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 conflict; displacement patterns; and food security, health, and WASH conditions;
5. Data on aggravating factors that, if left unaddressed, will lead to deterioration in nutrition status;
6. Data on malnutrition and mortality, as well as a and description of how you collected the data;
7. Morbidity information on prevalent diseases, such as acute respiratory infections, diarrhea, HIV/AIDS, malaria, and measles;
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 HFIs; availability of trained staff; capacity of the health system to provide the national essential basic package of care and treat severely malnourished children; and ability of the MoH to finance RUTF and commodities to treat MAM as well as monitor and supervise nutrition interventions;
11. Household and community food security, including changes in eating behavior, such as frequency, quality, quantity, and variety of meals; condition of the most recent and the 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 acceptability, quality, quantity, and type available in country;
14. Data on malnutrition among women of reproductive age; and
15. Donors supporting commodities in the country. This may include BHA 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, stabilization centers for inpatient care, and targeted supplementary feeding sites);
2. Separate information on targeted age groups (0–<6 months, 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, or protection ration will be provided to the families of severely malnourished patients;
8. Details on how you will design the intervention to minimize adverse impacts (e.g., generating population displacement, increasing mothers’ workloads, or increasing the opportunity costs for families of malnourished children);
9. Details on how the intervention 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. Details on any modifications to the existing treatment protocol that will be employed. BHA supports a variety of modifications, provided appropriate contextual analysis and justification is provided. Modifications that are supported include, but are not limited to: family MUAC, the use of CHWs to treat uncomplicated acute malnutrition via ICCM, changes in dosage of RUTF, changes in frequency of contact with children enrolled in a therapeutic feeding program;
11. Details on how children younger than 6 months of age who are malnourished will be treated. If applicable in the specific country, include how the management of at-risk mothers and infants (MAMI) will be adopted;
12. Where practical, explain links to development interventions focusing on nutrition and how this activity will coordinate with and eventually transition to them;
13. 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; and
14. If proposing food for caregivers of children enrolled in inpatient care, you must adhere to [ADS Chapter 312.3](#) when USAID is considering financing the agricultural commodities for food purposes. BHA encourages applicants to consult the “[Moderate Acute Malnutrition: A Decision Tool for Emergencies](#)” guidance when planning activities for this sub-sector. If you plan to rehabilitate facilities or feeding sites, see the Structures keyword in Section 18, below, as necessary.

## 13.5. Sub-Sector: Supplemental Nutrition Assistance

### Overview

The Supplemental Nutrition Assistance (SNA) sub-sector includes the provision of cash, vouchers, or in-kind distributions targeted to specific vulnerable groups who need additional support in order to access an adequate, diverse diet. This sub-sector differs from the Unconditional Food Assistance in its more focused targeting and objective of filling nutrition-specific gaps. Examples include, but are not limited to, the use of cash for vulnerable people to enable the purchase of nutrient-dense foods, vouchers for children ages 6–23 months and/or PLW to access select micronutrient-rich foods, or the provision of specialized nutritious foods during seasonal peaks of food insecurity. BHA has developed a specific sheet for outlining the use of specialized nutritious foods, available on the [BHA EAG page](#). BHA encourages applicants to consult the “[Moderate Acute Malnutrition: A Decision Tool for Emergencies](#)” guidance when planning activities for this sub-sector. Design of food assistance that seeks to address generalized food insecurity in a population must be informed by the Food Assistance sector guidance.

BHA requires that SNA interventions are designed with an understanding of the food and nutrition environment in which they are planned. This includes what problem is being addressed, for whom, and how/why the cash transfer, in-kind, or voucher modality is appropriate for the stated problem and targeted group. Successful interventions will seek to improve consumption of nutrient-rich foods and fill identified gaps for micro or macronutrients. Interventions must be designed to minimize adverse impacts related to factors such as food safety, GBV, perverse incentives, sales, and sharing.

Nutrition deficiencies may exist for reasons beyond food insecurity. The other sub-sectors for the Nutrition sector support interventions that work to reduce the negative influence of other factors on health and nutrition status. Successful supplemental nutrition assistance approaches should account for the limits of only providing a transfer or expecting that something provided will be used ideally. Additional activities are often required to overcome the challenges of positively impacting purchasing behavior (when cash and/or vouchers are used), promoting age-appropriate infant and young child feeding behaviors, or otherwise using transfers to improve food and nutrition behaviors. Activities that will target MIYCN-E must also follow MIYCN-E sub-sector requirements.

Supplemental nutrition assistance may be used to complement general food assistance that is not robust enough or adequately designed to meet the nutritional needs of specific groups within the population; be paired with a set of activities to prevent a deterioration in acute malnutrition status in the face of an ongoing or expected crisis; make accessible specific food items intended to bridge an identified nutrient gap for specific groups in the population; or otherwise use a transfer to mitigate or improve on nutrition deficiencies. These interventions may include, but are not limited to: stand-alone supplemental nutrition assistance transfers (cash, voucher, or in-kind); blanket supplementary feeding programs (BSFP); top-up rations; or cooking demonstrations intended to improve the quality of feeding practices.

## Needs Assessment Summary

Interventions under this sub-sector are anticipated to play a role in preventing various forms of malnutrition; therefore, leading data and indicators that inform what is occurring across time to the affected groups are necessary to inform relative need and relevant activity design. All data must be disaggregated by sex when appropriate. Include information on the following elements, as available/possible:

1. Nutritional status of the population (broadly and by vulnerable sub-group as appropriate). Include anthropometric indicators as appropriate (i.e., estimated prevalence of acute malnutrition according to WFH Z-score + edema, estimated levels of acute malnutrition according to MUAC, anthropometric screening data, therapeutic feeding center data that help inform trends in acute malnutrition treatment), IYCF indicators that illustrate changes in care and feeding practices, food insecurity, and dietary measures.
2. Relevant changes in food security and nutrition indicators over time, particularly for vulnerable sub-groups, including dietary quality.
3. Data on aggravating factors that, if left unaddressed, will lead to deterioration in nutrition status. Consider inclusion of changes in coping behavior, early warning of increased food insecurity, and threats to target groups' access to or availability of food.
4. Data on prevalence of micronutrient deficiencies and supplementation coverage.
5. Access to and availability of additional interventions and services for the target population.

## Technical Design

Include the following elements:

1. Detailed description of target group for the intervention (with a prioritized focus on adolescent girls, children ages 6–59 months, and PLW). All activities that will target MIYCN-E must also follow MIYCN-E sub-sector guidelines.
2. Modality choice for the transfer (i.e., cash, in-kind, or voucher)
  - a. For cash: what specific food items are anticipated to be accessed with the cash? How will these foods address the nutrition deficit or vulnerability? What monitoring activities do you plan to measure household choices and outcomes? How will activities promote purchasing behavior in line with the stated nutrition purposes? Follow the guidance accompanying the Cash keyword in Section 18, below.
  - b. For in-kind: what specific food items are to be used in the transfer and how will they address the nutrition deficit or vulnerability? In-kind items should be selected for acceptability, nutrient value, and palatability for the target group; anticipated accessibility after the end of the activity, to the extent possible; and age appropriateness (particularly for IYCF activities). In-kind items can include specialized nutritious foods in addition to other food commodities and should be specifically chosen based on the nutritional gap identified for the target group.
  - c. For vouchers: what specific food items can be accessed with the voucher and how do they address the nutrition deficit or vulnerability? Voucher items should be selected for acceptability, nutrient value, and palatability for the target group; anticipated accessibility after the end of the activity, to the extent possible; and age appropriateness (particularly for IYCF activities). Follow the guidance accompanying the Voucher keyword in Section 18.
3. Explain the composition of the cash transfer, in-kind ration, or voucher value:
  - a. The proposed ration must be constructed to fill the gap between what crisis-affected populations are able to meet through their own means and the minimum nutritional requirements for micro and macronutrients denoted in the [Sphere Standards](#), Food Security

- and Nutrition section, Appendix 6. This can be completed through the use of the [NutVal Calculator](#) or similar software program. If using NutVal, export and submit the final tables for the ration, and include both the vitamin and the mineral bar charts produced by NutVal.
- b. If a MEB or a standard food basket (endorsed by the Food Security Cluster or host government) has been developed for this response, provide details on the composition and value of the food component and specify what percentage of the food component you are proposing to cover based on assessed needs and food gaps. Full coverage of the food component of the MEB (i.e., a full 2,100 kilocalorie ration per person) will only be considered under exceptional circumstances with supporting evidence.
  - c. For certain disasters (particularly rapid-onset) or in-kind operations, an MEB or standardized food basket may not yet be defined. In this case, calculate a transfer value by providing a comparable illustrative list of the foods consumed to meet basic needs, quantity to be transferred per person based on the food consumption gap, market prices per commodity (for cash and vouchers), and the overall ration coverage.
4. Describe ration size, frequency of transfer, duration of transfers, anticipated start date and plans for eventual end of the activity. Include analysis of what the target population is anticipated to be able to access through their own means (or through known additional programs or support) and how the design of the size, frequency, timing, and duration is strategic.
  5. Detailed description of how transfer is fit for purpose for target population including descriptions of specific nutrition needs and vulnerabilities of sub-groups for which the transfer is designed.
  6. Intervention design that accounts for:
    - a. Current or expected deviations from pre-crisis care and feeding behavior for young children (including diet quality, diversity, quantity, and frequency of meals) as appropriate;
    - b. Current or expected deviations from pre-crisis food consumption patterns for PLW (including diet quality, diversity, quantity, and frequency of meals) as appropriate;
    - c. Typical or atypical local food production, access to and/or availability of specific foods of high nutrient value to the targeted groups (i.e., nutrient-dense foods that can be used for complementary feeding); and
    - d. Local cultural preferences and practices.
  7. Details on how the intervention will link to other available services as appropriate. Include any coordinated community integration and sensitization efforts, local governance of activities, previously trained community health workers, referral pathways, shared beneficiary lists, and use of previously developed SBC materials.
  8. Description of other interventions to be coordinated with the transfer. For WASH activities, see WASH sector requirements. For MIYCN-E activities and for acute malnutrition screening and referral, see nutrition sector requirements.
  9. Summary of how gender analysis has been used to inform programming specifics around the transfer and related activities to achieve the nutrition objective with particular attention to minimizing adverse impacts.
  10. Strategic behavior and social change approach for the use of food assistance to optimize diet and the improvement of other practices for vulnerable groups, especially PLW and children younger than 5 years of age (see MIYCN-E sub-sector). Approach must describe relative duration, frequency, and intensity of activities and explain how these activities will seek to address specific nutrition deficits and vulnerabilities.
  11. Description of monitoring plan for verification of program targeting.

## 14. Protection

### Overview

BHA-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.

BHA defines protection as all interventions that seek to prevent, mitigate, and respond to abuse, exploitation, and harm of crisis- and disaster-affected populations, prioritizing the most vulnerable. Such interventions should respond to both actual and potential risks 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 coordination, harmonized messaging, or referrals.

### Protection Mainstreaming

Protection mainstreaming refers to the manner in which assistance is delivered to minimize the risk of violence, exploitation, and abuse. BHA 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 [BHA EAG page](#).

### Protection Sector Activities

Activities in this sector are distinct from protection mainstreaming in that the primary purpose of Protection sector activities 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 conflict or the aftermath of a 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 age, disability, ethnicity, gender inequalities, gender identity or sexual orientation, 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:

1. Sexual exploitation and abuse;
2. Forced recruitment into armed groups;
3. Forced labor;
4. Selling or trafficking of children and women;
5. Armed group or criminal attacks against civilians;
6. Destruction or theft of assets and property;
7. Rape and other forms of sexual violence;
8. Intimate partner violence;

9. Depression, anxiety, and compromised ability to function; and
10. 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 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 geographic or programmatic gaps in meeting this responsibility. Communities and individuals also play a central role in their own protection. Whenever possible, protection activities should employ a community-based approach, which builds on existing positive coping mechanisms and capacities, as well as empower and support communities in analyzing and addressing the protection concerns that they face.

Protection problems exist in many situations even during times of stability and stasis. For BHA 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 of sexual violence perpetrated against women and girls or forcible recruitment or trafficking of boys and girls. Applications with a protection purpose 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.

### Cash and Voucher Assistance for Stand-Alone Protection Outcomes

BHA supports the use of cash and vouchers for protection/individual protection assistance specific needs that cannot be met by the partner's other protection activities or by referring the beneficiary to another protection actor. The use of cash and vouchers should be part of a larger package of protection-specific services to support those most vulnerable to violence, abuse, or exploitation.

You must include the Cash or Vouchers keywords as relevant and address the accompanying indicators and requirements. You must explain the following:

1. The protection outcomes the cash or voucher will be used to achieve;
2. How use of cash and vouchers will be monitored;
3. Corrective measures in place in case expected outcomes are not reached;
4. Beneficiary selection criteria;
5. The delivery mechanism;
6. The frequency of distribution;
7. The anticipated protection expenditures that served as basis of calculation for the cash grant;
8. Collaboration between cash actors and protection actors, including linkages to a case management system and referral protocols for additional support.

As with any modality of assistance, you must address and mitigate potential risks created or exacerbated by the delivery of cash to an individual or household.

## Disaster Risk Reduction

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

### Available Sub-Sectors

<ul style="list-style-type: none"><li>● Child Protection</li><li>● Prevention and Response to GBV</li></ul>	<ul style="list-style-type: none"><li>● Psychosocial Support Services</li><li>● Protection Coordination, Advocacy, and Information</li></ul>
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## 14.1. Sub-Sector: Child Protection

### Overview

Children, defined as persons younger than 18 years of age, 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, inability of families to apply positive coping strategies, interrupted schooling, 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, ethnicity, gender, religion, sexual orientation, 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, exploitation, gender-based violence, psychosocial distress, risk of injuries as a result of exposure to disaster debris, or trafficking.

BHA will consider funding evidence-based interventions designed to prevent or respond to well-defined child protection concerns in disaster situations. Applications must articulate clear linkages between identified risks, proposed activities, and expected impacts. Activities should focus on addressing child protection problems that have emerged or been exacerbated as a result of disaster. Activities 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, life experience, or maturity level. In any emergency, adolescents have needs and capabilities that are different from those of younger children and adults. BHA encourages you to refer to the [2019 Child Protection Minimum Standards](#).

Examples of activities that BHA may support include, but are not limited to:

1. Identification, documentation, tracing, and reunification for children who have been separated from their parent or habitual guardian during a disaster;
2. Alternative care for unaccompanied children awaiting family reunification;

3. Reintegration support for unaccompanied children or children formerly associated with armed forces or armed groups;
4. Community-based protection initiatives for disaster-affected children, including children with disabilities;
5. Training or other support for parents and other caregivers of vulnerable children;
6. Support for schools to restart following a disaster or to enroll displaced children in school; and
7. 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 constructed or rehabilitated, add the relevant WASH sub-sector.

BHA 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 BHA 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 as children benefit from a safe and nurturing environment to help them return to normal routines through play and socialization with other children.

BHA also acknowledges that behavior change is an important component of addressing child protection concerns and expects that activities may include a behavior change component. However, BHA 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. Child, Early, and Forced 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, community child protection committees, religious institutions, schools, social workers, youth groups).
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 communication, environmental, normative frameworks, physical, and possible attitudinal barriers, impeding the involvement of target beneficiaries.
10. Coordination with other child protection humanitarian actors and linkages with inter-sector protection assessments and other joint or multi-sector 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 purpose in terms of minimizing risks for children or assisting children who have experienced harm, exploitation, or abuse. You must state the expected outcomes for boys and girls benefiting from the proposed interventions, 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:

11. Evidence-Based Design and Beneficiary Description
  - a. Describe the children and adolescents who will benefit from the proposed interventions, including age range, number, sex, and type(s) of vulnerability.
  - b. Describe how target populations will be involved, including children and adolescents, in the design of the intervention.
  - c. Describe the level of inclusiveness of the proposed interventions for children and adolescents with disabilities.
12. Activity Management, Technical Oversight, and Quality Assurance
  - a. Describe the technical standards or guidance utilized to inform the intervention design.
  - b. Describe how staff working with children will be selected, trained, and supervised to ensure the safety of children participating in the intervention.
  - c. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.
13. Referrals and Coordination
  - a. If children will be referred to other service providers in the proposed intervention, describe the referral mechanisms in place and the services and service providers that are available.
  - b. If case management is a component of the proposed intervention, describe how children with ongoing needs will be monitored (e.g., children in interim care).
  - c. Describe how confidentiality and data protection will be maintained within the referral system.
  - d. Explain how best interest determinations and/or Do No Harm analyses will be conducted and coordinated through existing working groups or coordination structures.
  - e. If this activity is for child survivors of GBV, describe how GBV actors will contribute to the case management of the child or adolescent.
14. Data Collection and Confidentiality
  - a. Describe any plans for data collection in the proposed activity, including how the data will be used and the tools used to collect, store, and secure data.
  - b. Describe how you will safeguard sensitive information from misuse and include confidentiality and safety.
  - c. Indicate whether the proposed intervention will share information with a child protection information management system (CPIMS). How will the CPIMS ensure data protection and confidentiality?
15. Accountability to Affected Populations

- a. Describe the community and government’s involvement in the proposed interventions. Will communities and the government continue any of the proposed interventions after the close of the activity?
- b. Indicate how the choices, dignity, and wishes of the people assisted will be respected throughout the proposed activity.
- c. Describe how the proposed interventions align with or support the broader humanitarian community’s child protection strategic plan and protection strategy.
- d. Describe how proposed interventions complement current protection, particularly child protection, interventions being implemented or designed by other humanitarian organizations.

## **14.2. Sub-Sector: Prevention of and Response to GBV**

### **Overview**

During a humanitarian crisis, many factors can exacerbate GBV-related risks. These include—but are not limited to—changing cultural and gender norms, displacement, disrupted community services, disrupted relationships, increased militarization, lack of community and state protections, scarcity of essential resources, 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, lack of awareness of the benefits of seeking care, limited availability or accessibility of service providers, impunity for perpetrators, and risks associated with survivors being identified. 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.

Women and girls are consistently overrepresented as those most vulnerable to GBV, yet no survivor should be excluded from accessing GBV assistance. Unequal power relations between males and females significantly contribute to GBV, 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.

You must articulate clear linkages among identified problems, proposed interventions, and expected impacts. Interventions 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 interventions that BHA may support include, but are not limited to:

1. Women’s and girls’ centers or safe spaces;
2. Case management, including action planning, development of safety plans, and referrals;

3. Group-based PSS interventions (designed to protect the confidentiality of and be available to survivors of GBV);
4. GBV safety auditing;
5. Establishment of community-based safety patrols or firewood or water collection groups;
6. Peer or group-based support activities;
7. Establishment, maintenance, and management of GBV information, including intake, data entry, and information-sharing protocols;
8. GBV risk reduction activities, such as advocacy, awareness-raising, and disseminating findings of safety audits with priority clusters or working groups;
9. Distribution of dignity kits;
10. Access to justice or legal aid;
11. Mobile-based support and interventions; and
12. The above interventions are nuanced to meet the needs of adolescents and children vulnerable to GBV.

Clinical care for rape survivors 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 coordination with and referrals between any health response provided beyond the proposed GBV protection intervention.

### Needs Assessment Summary:

Describe:

1. How the disaster context has either created or exacerbated GBV risks.
2. The nature of GBV risks or threats such as
  - a. Intimate partner violence;
  - b. Sexual violence;
  - c. Sexual harassment;
  - d. Sex for survival;
  - 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, and health care.
3. Which types of GBV have been prioritized for intervention, and why.
4. Factors contributing to the increased likelihood of GBV or 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 activity implementation in the affected area, including communication, environmental, physical, and possible attitudinal barriers, and challenges.
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 purpose of minimizing GBV threats, 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.

### 11. Evidence-Based Design and Beneficiary Description

- a. Describe the populations or individuals who will benefit from the proposed interventions (e.g., women of all ages, adolescent boys and girls, young girls, young boys) and how these considerations will inform activity design.
- b. Describe how you involved the target population in the design of the intervention.
- c. Describe the level of inclusiveness of the proposed service for persons with disabilities.

### 12. Activity Management, Technical Oversight, and Quality Assurance

- a. Describe the technical standards or guidance you will utilize to inform the intervention design.
- b. Describe how you intend to ensure appropriate technical oversight, particularly for those interventions that partners are implementing or you are managing remotely.
- c. 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.
- d. Describe the proposed group-based interventions and the intended GBV intervention (i.e., improved coping skills, increased social cohesion).
- e. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.

### 13. Referrals and Coordination

- a. Describe any case management process that will be implemented, including those targeting child and adolescent survivors.
- b. 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?
- c. Address how confidentiality and data protection will be maintained within the referral system.
- d. In the case of child survivors, how will these efforts be coordinated with child protection actors, including best interest determination, engagement with appropriate adult or guardian, and Do No Harm analysis?

### 14. Data Collection and Confidentiality

- a. Describe any plans for data collection in the proposed activity, including how the data will be used and the tools used to collect, store, and secure data.
- b. Describe how you will safeguard sensitive information from misuse and ensure confidentiality and safety.
- c. Indicate how any data collection, management, or dissemination will be aligned with the GBV Information Management System (GBVIMS), if in place, or the three elements of the GBVIMS (intake forms, database, and information sharing protocols).

## 15. Accountability to Affected Populations

- a. Describe actions taken to ensure communities are consulted throughout intervention design and implementation, and to contribute to safe activity implementation.
- b. What mechanisms will be established to ensure that beneficiaries are able to safely provide feedback (e.g., feedback/complaints mechanism)?
- c. Indicate how the choices, dignity, and wishes of the people assisted will be respected throughout the proposed intervention.

### **14.3. Sub-Sector: Psychosocial Support Services**

#### **Overview**

BHA may fund psychosocial support (PSS) activities 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.

PSS builds a community's psychological and social 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.

BHA'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).

You should categorize PSS activities targeting children under the child protection sub-sector, and PSS activities targeting GBV survivors or those at risk of GBV should be categorized under the GBV sub-sector. Activities under the PSS sub-sector should address the needs of individuals beyond these groups.

Examples of activities that BHA may support under this sub-sector include, but are not limited to:

1. Center-based social activities which foster stability and supportive social connections;
2. Expressive activities (drama), re-established traditional rituals, sports, literacy, non-formal education, and social group-based and age-appropriate activities;
3. Training for aid workers, service providers, or teachers in recognizing emotional and social distress; basic psychosocial support skills; and identification of appropriate mental health and psychosocial support (MHPSS) referral pathways;
4. Provision of care for people with special needs, such as persons with disabilities or older people;
5. Focused individual counseling, case management, or group-based interventions by supervised social workers or psychosocial workers;

6. Holistic MHPSS for populations affected by conflict or natural disasters. If relevant, PSS services should be coordinated with the mental health (MH) care implemented through the Health sector (see Health sector, Basic Primary Health Care sub-sector); and
7. Psychological First Aid (PFA cannot be a substitute of comprehensive PSS programming).

Under the protection sector, partners should not propose specialized mental health care aimed at the diagnosis and treatment of mental health disorders, as these services are classified as medical interventions. BHA'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 support. 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 BHA'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 PSS 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. You must also:

1. Describe the most critical PSS issues in the target population that the intervention 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, as well as any other clusters or working groups that will be engaged in a coordinated response; and
8. Discuss any potential obstacles for activity implementation or for beneficiaries to access services.

### Technical Design

The technical design must describe the nature and purpose of proposed PSS activities. A clear, logical link must exist between the interventions proposed and the purpose in terms of improving psychosocial well-being. All interventions must be culturally and socially grounded, addressing disability- and gender-specific needs and vulnerabilities. Activity 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:

#### 9. Evidence-Based Design and Beneficiary Description

- a. Describe the populations or individuals who will benefit from the proposed activities, including age range, number, sex, and type(s) of vulnerability.
- b. Describe the criteria and process for beneficiary selection and targeting. Describe how the PSS activities will establish or complement existing or community-based protection mechanisms.
- c. Describe how local beliefs, customs, and traditional coping strategies will be incorporated into the design of the proposed activities.
- d. Describe the level of inclusiveness of the proposed activity for persons with disabilities or unique needs (e.g., information, physical access).

#### 10. Activity Management, Technical Oversight and Quality Assurance

- a. Describe how psychosocial workers or social workers will be supervised, including a description of any in-service training. Detail how activity staff will be selected, trained, and supervised.
- b. 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?
- c. Describe how staff will access case management supervision and staff care resources.
- d. Describe the proposed group-based activities and the intended PSS outcome (i.e., improved coping skills, increased social cohesion).
- e. Describe the technical standards or guidance you will utilize to inform the activity design.
- f. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.
- g. If the activity proposes to train or engage non-protection staff (such as CHWs) to provide service, ensure all activities are appropriately coordinated across sectors and fall appropriately within the remit and technical capacity of each sector staff.

#### 11. Referrals and Coordination

- a. If beneficiaries will be referred to other service providers in the proposed activity, describe the services that are available.
- b. Describe any linkages that the PSS activities 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 application and address the technical requirements laid out for that sub-sector.
- c. Describe what coordination mechanisms have been established for the response and how this activity will engage with that system, including which sectors/sub-sectors are actively engaged in MHPSS coordination.
- d. Discuss how the proposed activities complement and support any existing MHPSS response strategy.

#### 12. Data Collection and Confidentiality

- a. Describe any plans for data collection in the proposed activity, including how the data will be used and the tools used to collect, store, and secure data.
- b. Describe how you will safeguard sensitive information from misuse and ensure confidentiality and safety.

### 13. Accountability to Affected Populations

- a. Describe the community's involvement in the design and implementation of proposed activities.
- b. What mechanisms will be established to ensure that beneficiaries are able to engage in activity design and implementation, including ways to safely provide feedback (e.g., feedback/complaints mechanism)?
- c. Indicate how the choices, dignity, and wishes of the people assisted will be respected throughout the proposed activity.

## 14.4. 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, BHA 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:

1. Monitoring of protection issues and disseminating information safely and appropriately to inform protection and other sector responses;
2. Advocating for solutions to protection problems and the systematic inclusion of affected populations in response strategies, including activity design and delivery;
3. Training for protection and non-protection actors on protection issues, and effective interventions;
4. Establishment of legal support centers;
5. Strengthening the capacity of responsible government actors and local and community-based organizations to engage in national and international response strategies to protect disaster-affected populations;
6. Sharing information about landmines or other explosive remnants of war with the affected population, along with training or public information services on how to avoid harm;
7. Sharing information about protection risks with the affected population, along with training or public information services on how to avoid harm, abuse, or exploitation;
8. Support for disaster-affected populations to access justice systems and legal resources, such as documentation; and
9. Protection Cluster, GBV, or Child Protection Sub-Cluster leadership and other support for protection-related coordination activities.

Applicants must include the Conflict Mitigation and Dispute Resolution keyword (18.3) for any activity specifically designed to mitigate or prevent conflict. These activities may build on protection sector interventions to strengthen group dynamics and community cohesion and/or may relate to prevention of violence. This also may be applicable to psychosocial support interventions intended to assist individuals, families, and communities to address distress associated with conflict.

### Needs Assessment Summary

The justification for intervention and needs assessment should:

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 interventions 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; and
5. Explain why the proposed interventions or services are needed in this context.

## Technical Design

The technical design must describe the proposed interventions, making an explicit link between the interventions 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 application must also describe the expected protection outcomes of the proposed interventions.

You must also address the following issues within the technical design.

1. Evidence-based Design and Beneficiary Description
  - a. Describe the primary beneficiaries of the proposed interventions. These may be affected populations; humanitarian actors at the international, national, and local levels; or government officials.
  - b. Describe the disaster-affected populations whose protection will be promoted through the proposed interventions, including age range, number, sex, and type(s) of vulnerability.
  - c. Describe the criteria and process for beneficiary selection and targeting.
  - d. Describe how you will incorporate local beliefs, customs, and traditional coping strategies into the design of the proposed interventions.
  - e. Describe the level of inclusiveness of the proposed intervention for persons with disabilities (e.g., information, physical access).
2. Management, Technical Oversight and Quality Assurance
  - a. Describe how you intend to ensure appropriate technical oversight, particularly for those interventions that partners are implementing or you are managing remotely.
  - f. Describe the technical standards or guidance you will utilize to inform the intervention design.
  - g. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.
3. Referrals and Coordination
  - a. If people will be referred to other service providers in the proposed intervention, describe the services that are available.
  - h. Describe how confidentiality will be maintained within the referral system.
4. Data Collection and Confidentiality
  - a. Describe how you will safeguard sensitive information about individuals or groups from misuse and ensure safety and confidentiality of client or beneficiary information.
  - i. Describe how you will explain confidentiality to people assisted.
  - j. Indicate how any data collection, management, or dissemination will be aligned with any existing data management systems.
5. Accountability to Affected Populations
  - a. Describe how you involved the targeted population in the design of the activity.
  - k. Indicate how the choices, dignity, and wishes of the people assisted will be respected throughout the proposed activity.
  - l. Describe the government's involvement in the proposed activities. Will communities or the government continue any of the proposed activities after the close of the activity?

- m. Describe what role, if any, organizations, including NGOs, UN agencies, or the government, will have in developing or delivering the content of the training, as well as follow-up efforts.

## 15. Disaster Risk Reduction Policy and Practice

### Overview

The Disaster Risk Reduction Policy and Practice (DRRPP) sector supports interventions that reduce exposure and lessen vulnerability of people and property to natural hazards, while increasing capacities for preparedness and early action to early warnings, laying the foundation for self-reliance. In addition, the DRRPP sector includes activities that enhance advocacy; development of DRR strategies, plans, and policies; disaster management; disaster readiness; nature-based solutions (NbS) and engagement with the private sector (see Private Sector Engagement keyword requirements) and other relevant stakeholders. BHA's approach to DRR is based on the SFDRR and the mandate to better guide disaster risk reduction programming in order to prevent new and reduce current disaster risks.

If DRR activities fall within the scope of any other technical sector, those activities must follow the technical requirements provided within that specific sector. DRRPP is considered its own technical sector; you must address at least one or more of the DRRPP sub-sectors listed above.

### Small-Scale DRR Activities and/or Sub-awards

If you include either small-scale DRR interventions or small-scale DRR sub-awards, you must provide a list of all potential interventions. If these interventions include purchasing equipment and tools, you must also:

- Provide a complete inventory of proposed equipment and tools; and
- Address the maintenance, repairs, and replacement of equipment and tools once the activity ends.

BHA encourages implementation of NbS as part of small scale DRR activities for sustainability and reducing risk as well as preventing harm to the environment.

### Construction, Repairs, and Rehabilitation of Infrastructure

Use the Structures keyword if proposing interventions that include humanitarian construction, such as establishment, expansion, major repair, or rehabilitation of structures to support sector interventions/services. Interventions 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 Training and/or Search-and-Rescue Training

If DRRPP sector interventions include First Aid Training, Search-and-Rescue Training, or related trainings, use the First Aid Training 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 of trainees.

3. Identify the instructors and the qualifications they possess.
4. What follow-up is planned with trainees regarding ongoing supervision, evaluation, and maintenance of knowledge and skills such as refresher training? Is there a feedback mechanism or resource made available to beneficiaries after training completion?
5. If any commodities are used or pre-positioned (e.g., first aid kits, medical supplies and medical equipment, pharmaceuticals) as part of training, provide a comprehensive list of commodities and confirm that the training will include proper indication of use of these commodities.

For further information on requirements, refer to the Health sector's Pharmaceutical and Other Medical Commodities sub-sector.

### Early Warning Systems

BHA supports end-to-end early warning of natural hazards as outlined in the Early Warning System (EWS) key word. If you seek to develop a hazard or sector specific early warning system, follow the guidelines provided for specific hazards or sectors under the Agriculture and Food Security, Health, or Natural Hazards and Technological Risk sectors. The DRRPP sector is only intended for the last-mile component of early warning systems components 1 (only for community based risk assessments), as well as components 3 and 4 (communication and dissemination of and access to early warnings from nationally authorized entities to enable local governments and communities to take appropriate action), in the Early Warning System keyword. You should define how proposed interventions will link with nationally authorized entities' early warnings and how they will improve preparedness activities and early action and follow the guidance provided under EWS keyword. If interventions include equipment, systems, and tools, provide a comprehensive list and address maintenance, repairs, and replacement of equipment, systems, and tools after completion of the activity.

### WASH

Small-scale rehabilitation—replacement of existing WASH infrastructure using the same specification as the original design—can remain in the DRRPP sector, but should address the technical details listed in the relevant WASH sub-sector. However, if the application contains new construction or anything beyond basic rehabilitation to drainage, sanitation infrastructure, or water supply, then the WASH sector should be added to the application and follow the guidance under the relevant sub-sector (e.g., Environmental Health, Sanitation, or Water Supply).

### Natural Resource Management

If activities include Natural Resource Management (NRM) please follow the guidance provided in the NRM key word section.

### Gender and Protection Mainstreaming

You must review and thoroughly address the cross-cutting gender and protection mainstreaming guidance in Section 2. The following sector-specific questions may assist in contextualizing gender and protection mainstreaming for activities in this sector. However, they are not meant to be an exhaustive

list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. Describe how any proposed measures will build capacity for protection in preparing for disaster response, 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 interventions that will ensure development of gender-responsive policies for DRR and women's participation in national DRR platforms.
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 leveraged local systems and other participatory decision-making processes to engage with affected populations.
5. Describe how you have consulted with people of diverse age, disability, ethnic, gender, 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.

### Available Sub-Sectors and Sample Activities

#### *Building Community Awareness/Mobilization*

1. Public awareness campaigns and drills
2. Dissemination of DRR policies and plans to communities
3. Sensitization of communities to disaster risks, including disaster risk identification and reduction activities

#### *Capacity Building and Training (readiness and preparedness)*

1. Training on disaster management and DRR
2. Building capacity of community, local, national, and regional organizations or entities on effective disaster preparedness and response

#### *Global Advocacy and Engagement*

1. Support for international entities to raise awareness of and promote DRR in relevant agendas and initiatives
2. Support for international entities to improve disaster preparedness and response

#### *Integration/Enhancement of DRR Within Education and Research*

3. Research related to DRR to advance techniques and approaches for DRR implementation
4. Institution-based capacity building programs on DRR
5. Incorporation of DRR components into university-level training
6. Development of DRR curricula for primary, secondary, and/or higher education

#### *Policy and Planning*

1. Development or strengthening of national DRR strategies, policies, and plans
2. Development and/or implementation of DRR policies and plans at local or community levels

3. Facilitation or evaluation of adapting national DRR laws, plans, policies, and strategies to the local level

## 15.1. Sub-Sector: Building Community Awareness/Mobilization

### Needs Assessment Summary

In the Needs Assessment Summary of your application, you must address the following:

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 capabilities, resources, systems, and vulnerabilities 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 interventions related to the proposed activities. Include interventions implemented by all levels of government, communities, NGOs, and international entities.
7. Discuss current unmet needs and gaps and how you identified them. If the proposed intervention does not fill all of these gaps, explain how that will affect the outcome.

### Technical Design

1. Describe what hazards or vulnerabilities the intervention addresses within the community.
2. Describe the intervention design from the perspective of sustainability and incorporating elements below as applicable:<sup>5</sup>
  - a. Permanence – Interventions occurring through community mobilization and continuing after significant external support has ended;
  - b. Effectiveness – Interventions to successfully build local capacities to cope with disasters;
  - c. Ownership – Ensuring community buy-in through coordination processes, government support, and use of local knowledge;
  - d. Adaptiveness– Interventions are flexible to respond to changes in the conditions where the project takes place (this could refer to hazard patterns, emergence of new important actors, political or economic changes); and
  - e. Inclusion – Engaging with all societal groups, to ensure that all perspectives (including those of minorities or marginalized groups) are taken into consideration. Additionally, who will take part in the interventions and discuss how you will take age, disability, and gender considerations into account when selecting beneficiaries.
3. Describe the activity design from the institutionalization perspective incorporating elements below as applicable:
  - a. Policy Environment – Inclusion of DRR activities in government policies and plans at both national and local levels;

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<sup>5</sup> See the [Cookbook on Institutionalizing Sustainable CBDRM](#) for additional information.

- b. Structures and Mechanisms – Integration of local, national, and regional government and emergency response agencies, as well as government-recognized committees and structures in place, down to the local level, responsible for preparedness and response activities;
  - c. Capacities – The importance of including elements of technical support to strengthen DRR capacities of different actors;
  - d. Culture – Recognition of the benefits of DRR by communities and governments, as well as the creation of a common sense of responsibility towards strengthening capacity to manage and respond to future risks;
  - e. Funding – Identified sources of financial support to be stable and adequate at organizational and government level for DRR initiatives beyond any potential USAID funding; and
  - f. Accountability – The need to promote monitoring and evaluation of DRR initiatives by various actors, including how community members will be held accountable for sharing what they have learned with the wider community.
4. Describe how the activities will lead to increased awareness and understanding of disaster preparedness, mitigation, and management at regional, national, local, and community levels.
  5. Describe how the interventions will lead to improved outcomes in community preparedness and increase local, national, and regional entities' ability to respond efficiently to potential hazards in the target region.
  6. Discuss the potential for replication of interventions beyond the activity period.
  7. Explain how the proposed intervention will help people support themselves and enhance their capacity to maintain or improve their way of life. Describe how you will blend interventions with people's own coping strategies to reach those most in need and gain their participation in strategy development and decision making.

## **15.2. Sub-sector: Capacity Building and Training**

### **Needs Assessment Summary**

In the Needs Assessment Summary of your application, you must address the following:

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 capabilities, resources, systems, and vulnerabilities of the target population related to DRR and disaster response. Address any gender-specific differences and issues.
6. Describe any ongoing relevant interventions related to the proposed activities. Include interventions implemented by all levels of government, communities, NGOs, and international entities.
7. Discuss current unmet needs and gaps and how you determined them. If the proposed intervention does not fill all of these gaps, explain how that will affect the outcome.
8. Explain how proposed intervention will link to and enhance current DRR plans or strategies at local and national levels.

### **Technical Design**

In the Technical Design of your application, you must address the following:

1. Describe how the proposed intervention will help build needed capacities, resources, and systems, as well as meet assessed needs and gaps.
2. Explain who will participate in the intervention and why. Discuss how you will take age, disability, and gender considerations into account when selecting beneficiaries.
3. Describe how you will design the training/capacity-building intervention, who will participate, and how you will achieve gender-balanced participation. How do you expect the intervention to increase the ability of beneficiaries to cope with or prepare for disasters?
4. Describe how the proposed intervention will increase awareness and understanding of disaster preparedness, mitigation, and management at regional, national, local, or community levels.
5. Explain how the intervention, 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. Describe how you will integrate relevant government and disaster management agencies into the activity.
7. Discuss how you will disseminate and institutionalize successful interventions and lessons learned within training activities at all levels.
8. Discuss the potential for replication of interventions beyond the activity period.
9. Describe how the intervention will address components of sustainability, as well as how you will institutionalize proposed interventions as outlined in the [Cookbook on Institutionalizing Sustainable CBDRM](#) as appropriate.

### **15.3. Sub-Sector: Global Advocacy and Engagement**

#### **Needs Assessment Summary**

1. Describe the current level of international engagement in DRR and what this application specifically aims to improve.
2. Describe any ongoing relevant programs related to the proposed interventions. Include programs implemented by all levels of government, communities, NGOs, and international entities.

#### **Technical Design**

1. Describe the relevant agenda or initiative that this intervention 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 intervention will support international entities in improving disaster preparedness or response.
4. Address how the intervention 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 intervention will serve to strengthen national and regional linkages among relevant risk management entities.
7. Explain how you will integrate relevant governmental and disaster management agencies into the intervention.
8. Explain how you will integrate the proposed interventions 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.

## **15.4. Sub-Sector: Integration/Enhancement of DRR Within Education and Research**

### **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 interventions that are being implemented at other universities and educational institutions.
5. Discuss current unmet needs and gaps and how you identified them. If the proposed intervention 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 strengthen capacities to manage and respond to future risks, increase resources, and or systems, as well as meet assessed needs and gaps.
2. Describe how you will determine beneficiaries in the activity. Discuss how you will take age, disability, and gender considerations into account when selecting beneficiaries.
3. Discuss how you will develop and implement DRR curricula that are gender-sensitive at all proposed educational levels.
4. Explain how you will integrate proposed DRR curricula development into educational systems.
5. If applicable, discuss how the intervention will help to prepare communities and local, national, and regional entities to respond efficiently to potential hazards in the target region.
6. Explain how you will integrate relevant government and emergency response agencies into the intervention, including serving as expert advisors, if appropriate.
7. Discuss how you will coordinate programs with other universities and identify potential collaborative opportunities.
8. Where applicable, discuss how you will field-test and operationalize DRR research.
9. Describe how the intervention will be sustainable, addressing components of sustainability, including adaptiveness, effectiveness, inclusion, ownership, and permanence, as well as institutionalization, such as accountability, capacities, culture, funding, and policy environment, mechanisms, and structures, as outlined in the Cookbook on Institutionalizing Sustainable CBDRM as appropriate to the intervention proposed.

## **15.5. 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 interventions. Include programs that are being implemented by all levels of government communities, NGOs, and/or international entities.
5. Discuss current unmet needs and gaps and how you identified them. If the proposed intervention does not fill all of these gaps, explain how that will affect the outcome.

### Technical Design

1. Describe how the proposed intervention will strengthen capacities to manage and respond to future risks, increase resources and or systems, as well as meet gender-specific assessed needs and gaps.
2. Describe how you will determine who participates in the activity. Discuss how you will take age, disability, and gender considerations into account when selecting community-level beneficiaries.
3. Explain how this intervention will serve to strengthen risk management policies and plans or lead to strategies for risk reduction on any/all levels.
4. Explain how you will disseminate plans to regional, national, local, or community levels, as appropriate.
5. Explain how the proposed intervention will prepare regional, national, local, and community entities to respond efficiently to potential hazards in the target region.
6. Describe how you will integrate relevant governmental and disaster management agencies into the activity.
7. Discuss the potential for replication of methodologies and plans beyond the activity 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 plans, policies, and strategies.
9. Discuss how adoption of plans, policies, and strategies will take place.

## 16. Shelter and Settlements

### Overview

The objective of humanitarian Shelter and Settlements (S&S) assistance is to provide basic, covered, habitable, and safe living spaces and supportive settlements, where disaster-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 also lays the foundation for households to begin longer-term recovery. This section provides guidance on various forms of shelter, different delivery mechanisms (e.g., in-kind, cash transfers, materials), and the setting of shelter—settlements—as well as the many non-shelter structures that support the services provided by other sectors. For further information on USAID’s construction policy, see USAID’s Implementation of Construction Activities ([ADS 303mav](#)). Additional guidance on construction-related activities appears in the Structures keyword section.

Shelter is more than simply four walls and a roof. Shelter is an essential element of humanitarian responses and has operational links with other sectors, such as ERMS, Health, Protection, and WASH.

Assessment is a necessary and critical element of S&S activity design. It is essential to understand the disaster-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, repairs, and adding living spaces) in the target settlements. BHA 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.

BHA recommends the following approach to address S&S needs:

1. Apply the [Sphere](#) Standards guidance regarding minimum space per person to proposed interventions and related indicators. If impractical, provide justifications for deviations and verify that this would not undermine the intervention’s purpose(s).
2. Recognize the need to promote minimal space and construction standards that can initiate and facilitate the longer-term process of recovery, reconstruction, and development of affected settlements, while acknowledging that S&S interventions can also support DRR.
3. Discuss how the provision of a shelter structure—four walls and a roof—can also contribute to the process of sheltering: the incremental process of providing habitable living spaces that is linked to longer-term effort of reconstruction and development. BHA S&S activities must adequately address both shelter and sheltering, wherever possible.
4. Integrate S&S activities into the ongoing response and recovery process. 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.
5. Proposed activities should be sensitive to local contexts and use locally available materials, labor, and local building and settlement management practices, as resource constraints allow.
6. Discuss whether other humanitarian actors have provided or plan to provide water supply, excreta disposal, and bathing facilities to the beneficiaries of the proposed intervention. If the intervention

includes provision of the aforementioned facilities, add the WASH sub-sectors (water, sanitation) to the application and address the relevant technical requirements.

## Resources

To help inform proposed interventions in all sub-sectors, refer to the S&S resources in the Reference document on the [BHA EAG page](#). These resources provide useful guidance on sector 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!](#).

## Gender and Protection Mainstreaming

You must review and thoroughly address the cross-cutting gender and protection mainstreaming guidance in Section 2. The following sector-specific questions may assist in contextualizing gender and protection mainstreaming for activities in this sector. However, they are not meant to be an exhaustive list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. Describe how the shelter needs of men, women, boys, and girls were considered in relation to shelter design, safety, and the distribution of NFIs.
2. Describe how the privacy and safety needs of women, girls, men, and boys were taken into consideration, including for the design of public spaces.
3. Describe the various roles of women and men in construction prior to the emergency. How have any noticeable changes in family structures (e.g., many female- or male-headed households) resulted in changes related to shelter construction tasks and decision-making?
4. Describe how you have consulted with people with unique needs, including women, adolescents, children, older people, and persons with disabilities, on the design and location of shelters and on the allocation of materials to ensure that their concerns are heard and addressed.
5. Describe how you will ensure that the location and design of settlements will 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.
6. Describe how you have consulted with people of different age, gender, ethnic, religious, and other socio-economic groups, including displaced and host communities, and ensured their representation on any committees, to ensure that their concerns are addressed and to avoid community tensions.
7. Describe any measures planned for beneficiary selection or distributions to prevent sexual exploitation and abuse of people seeking shelter and services.
8. Describe how you will ensure safe accommodation for women, girls, and at-risk groups, and how you will improve safety and privacy within sleeping areas.
9. 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 discuss how these areas help maintain their privacy and protect beneficiaries from stigmatization or abuse.

## Additional Guidance for Market-Based Modalities

Cash and voucher modalities can be used in many S&S 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 For-Work, respectively.

You must verify that cash supporting shelter repairs, improvements, construction, or shelter related interventions are provided in combination with technical assistance such as skilled labor, supervision, and verification of purchased shelter items. Even if you transfer money or resources to a beneficiary, you as an organization are still responsible for the overall quality of the product or process. Cash programming without verification of quality and purchasing of shelter items will not be considered a shelter intervention.

You should incorporate the following considerations into the needs assessment and technical design for cash and voucher interventions:

1. Describe how you selected the modality type. Refer to the [Modality Decision Tool](#) for Humanitarian Assistance.
2. Describe how the intervention 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. 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. Note that BHA encourages harmonization.
5. Describe the technical support available to help recipients acquire high-quality shelter (e.g., repairing, upgrading, and providing shelter) with available assistance.
6. Describe any other interventions necessary, such as technical support, legal support, or training to ensure the cash or vouchers support the most vulnerable.
7. Requirements for the use of cash or vouchers in providing shelter-related NFIs are described 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.
9. Flexible modality approaches are encouraged where the context (e.g., prices or supply) may change. If this is envisioned, discuss how the approach can be adjusted if price or supply monitoring indicates the need to do so.

### Available Sub-sectors

<ul style="list-style-type: none"> <li>● Shelter</li> <li>● Settlements</li> </ul>	<ul style="list-style-type: none"> <li>● S&amp;S DRR</li> <li>● S&amp;S NFIs</li> </ul>
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Guidance on the provision of non-shelter structures (e.g., health clinics, nutrition feeding centers, gabions, levees, roads) is included in the Structures keyword.

## 16.1. Sub-Sector: Shelter

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 repair and retrofitting operations, and emergency and transitional shelter support.

Minimally adequate shelter assistance meets the following requirements:

1. Ensures access to covered living space that is easy to clean and keep in good order, that is well ventilated, lit, and equipped, and is reasonably private, and comfortable;
2. Mitigates the risk of injury and infection by reducing exposure to pests, pollution, and other natural and human-made hazards;
3. Promotes meaningful access to livelihoods, markets, play and recreational areas, and essential services; and
4. 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 those needs within proposed settlements, and disclose the source of information provided.
2. Discuss the pre-disaster and post-disaster characteristics of the target population, including size, number of households, household size, access to affected settlements, and security.
3. Discuss 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 the proposed activity. List your assumptions and provide the calculations made to estimate these 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 if a displaced population needs longer-term accommodation, possibly for an uncertain period of time.
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 the vulnerable groups accessed shelter before the disaster. Identify their current shelter conditions.
9. Discuss the quality, availability, and accessibility of the inputs (e.g., skilled labor, construction materials and rental units) required for the proposed intervention.
10. Describe any intervention-related household and livelihood support interventions that typically took place in and around dwelling units.
11. Discuss any quantitative data used to inform the intervention assessment, including methodology and main findings. If survey data were used to inform the assessment, 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 affect the ability of beneficiaries to cope with the lack of shelter and recover from it, and discuss how each factor could foster or constrain the capacity of the most vulnerable households to access adequate shelter.

### Technical Design

1. Describe how the proposed intervention will help beneficiaries access shelter, and explain any extra support (e.g., technical, financial, in-kind assistance) that will be available to the most vulnerable recipients. 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 recipients.
  3. Describe how the proposed intervention will identify its primary stakeholders (e.g., beneficiaries, local authorities, host communities) and how it will remain accountable to them during and following implementation. 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 activity implementation in the settlements of proposed activities.
  5. Describe the technical support needed and available to help recipients acquire high quality shelter with the assistance provided.
  6. Describe mechanisms in place to ensure the activity 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 your approach could be adjusted if high prices undermine the ability of the recipients to access adequate shelter.
  8. Describe how you will coordinate with other stakeholders to avoid duplicating efforts and create synergies in humanitarian assistance. Address how you will protect the identity and privacy of the beneficiaries.
  9. If the proposed approach 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 BHA).
    - b. Discuss how to support/frame the material to create a living space that meets the standards included in the [Sphere Handbook](#) 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 you will provide framing material, or if the beneficiaries will secure it from another source, or a combination of both. If relevant, 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 that the beneficiaries will receive.
  10. Describe how the activity will prevent and mitigate the risk of corruption, fraud, and the diversion of the assistance to other purposes.
  11. Describe how the activity addresses gender and protection concerns.
  12. Describe how the activity will contribute to protecting the land, housing, and property rights of beneficiaries.

## 16.2. Sub-Sector: Settlements

### Overview

Settlements are the places where people live, work, and maintain their lives, and are complex socio-economic and environmental networks that people depend upon for their livelihoods.

BHA has adopted a Settlements Approach (SA) to promote the coordination of integrated, multi-sector programming within socially-defined spaces to improve assistance to affected populations.

The SA is:

1. A planning concept linking all relevant sectors to deliver life-saving services to settlement occupants;
2. Leverages any opportunities to promote livelihoods and reduce risk;
3. Cognizant of gender, environment, and social relations;
4. Transitional, by linking response and recovery concerns; and
5. Accountable to local populations and governing structures.

The SA provides a framework for cluster/sector interventions in settlements and encourages unified thinking and coordinated action. In urban areas where the focus is on providing assistance to affected populations in portions of the larger urban space, the SA is often referred to as the [Neighborhood Approach](#), in recognition of the scale of activities.

Settlements, and settlements programming, are involved whenever:

1. 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;
2. Road, pathways, drainage, infrastructure, sanitation, and other settlements-wide features are included in the programming effort; and
3. 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:

1. *DRR*. Settlements are an excellent platform for introducing measures to reduce risk associated with natural and man-made hazards. Review the S&S DRR sub-sector for additional guidance.
2. *Drainage*. The positioning of shelters should be such that normal, expected water run-off will not pose a substantial risk to or endanger the habitability of shelters.
3. *Roads or pathways*. Walkways, roads, and other pathways must have proper drainage features, be clear of obstructions, be positioned such that structures (natural or manmade) will not render them unsafe or unusable in emergencies, and be usable by the community at large.
4. *Gray and black water control*. You should take reasonable steps to ensure that gray and black water generated by the settlement is controlled to protect community hygiene. Explain how other actors are addressing water supply, excreta disposal, and bathing facilities, or if solutions will be implemented under this intervention. If WASH interventions will be implemented, add the WASH sub-sectors (water supply, sanitation) to the proposal and address the relevant technical requirements.
5. *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 the Reference document on the [BHA EAG page](#).

### *Option-Specific Guidance*

Although sheltering options will vary based on context, resources, capacities, needs, and related settlement factors, BHA activities typically fall into one or more of the following categories:

1. **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 new camp, or adoption, operation, and improvement of an existing camp.
  - a. **New camps.** In addition to general settlement guidance, other settlement factors to consider include:
    - i. Ensuring that 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.
    - ii. Ensuring that the camp design is informed by humanitarian community guidance (e.g., the Sphere Handbook, CCCM Cluster) and planned as a unitary, multi-sector settlement.
    - iii. The creation of the camp is accomplished under a detailed plan involving the following intervention components: design, implementation, operations.
    - iv. Ensuring that 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.
  - b. **Existing camps.** In addition to general settlement guidance, other settlement factors to consider include:
    - i. An assessment of the current status of the camp.
    - ii. A detailed justification of why the proposed interventions are needed, as well as an analysis of how the intervention will affect, and be affected by, the current camp dynamics, and how the intervention will be coordinated.
    - iii. Confirmation of the 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.
2. **Emergency or Transitional Single-Unit Shelters.** Settlement factors to consider include:
  - a. Living unit patterns should be consistent with local norms and customs.
  - b. Shelter should be accorded priority over other land use activities.
  - c. Living unit patterns and neighborhood designs must be developed with beneficiary input.
  - d. Settlement governance should be promoted and supported to assure viable community operations.
3. **Hosting Support.** Hosting covers living with friends, relatives, or strangers; one-room repairs or retrofitting in private homes; and construction of emergency or transitional single-unit shelters on a host owner's property. Settlement factors to consider include:
  - a. Ensuring that the hosting arrangements do not compromise the existing settlement's social, economic, cultural, or physical conditions.
  - b. Ensuring that there is sufficient living space to accommodate hosting.
  - c. Ensuring that host communities have sufficient assistance and resources to support the level of proposed hosting.

4. **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 can occur in any kind of structure, including non-housing structures like vacant shops or warehouses. Rental support does not include hosting, even if some of the assistance includes a payment component, unless the payment is the only assistance provided to the beneficiary and the host collectively. Settlement factors to consider include:
  - a. Ensuring the rental facility has sufficient safe and secure covered living space to provide minimally adequate shelter to occupants.
  - b. Ensuring the rental facility has adequate common areas to meet the demands of the renters.
  - c. Ensuring 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 tenant households.
  - d. Determining whether proposed renting activities will increase or decrease the vulnerability of beneficiaries compared to their pre-event condition, and identifying measures to mitigate any adverse impacts. Also determine whether rent support is for a sufficient period of time for beneficiaries to resolve livelihood issues and if beneficiaries will be able to pay the rent after the activity is completed.
  - e. Determining the impact of proposed renting activities on local housing markets and identifying measures to mitigate any adverse effects.
  - f. Confirm, based on assessment of the proposed activity area, that the addition of renting beneficiaries will be accepted.
5. **Collective centers.** A collective center is a multiple unit facility sheltering displaced families on a temporary 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:
  - a. Ensuring the collective center has adequate common areas and egress and ingress points to meet occupant needs.
  - b. Ensuring 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.
  - c. Ensuring the collective center has adequate governance and management to provide for the security, safety, health, and protections of the residents.
6. **Neighborhoods.** Neighborhoods are a form of settlement usually associated with urban and peri-urban areas. BHA views neighborhoods as the basic conceptual, programming, and operational element in urban settings, and the [Neighborhood Approach](#) is the preferred intervention methodology. Factors to consider in neighborhoods and the neighborhood approach include:
  - a. A neighborhood is largely residential in nature and defined both by physical and natural boundaries (e.g., roads, rivers, ravines, natural structures), as well as the affinity relationships of residents (e.g., social cohesion, culture, economy).
  - b. Neighborhood residents must be involved in the planning and implementation of any activity.
  - c. The neighborhood acts as the organizing framework for required humanitarian response interventions, including sheltering, WASH, protection, livelihoods, and DRR.
  - d. The settlement must have a minimum level of service capabilities to support neighborhood needs.

### Needs Assessment Summary

- I. Discuss the pre-disaster and post-disaster characteristics of the target population, including size, number of households, household size, access to affected settlements, and security. Discuss the standard housing typologies in the settlement(s) of the proposed intervention, as well as the damage

inflicted to each typology by the disaster. 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 the proposed intervention. List your assumptions and provide the calculations made to estimate those figures.

2. List the criteria used to assess the vulnerability of the affected population to future disasters, and discuss the methodology employed to develop those criteria.
3. Explain whether shelter needs are short-term, or if a displaced population needs longer-term accommodation, including for an uncertain period of time.
4. Disaggregate the disaster-affected population in groups based on their ability to cope with and recover from their lack of shelter. Describe each group and assess their vulnerability to future shocks. Describe any training that might be needed for shelter repairs and livelihood.
5. 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.
6. Discuss the quality, availability, and accessibility of the inputs (e.g., skilled labor, construction materials, and rental units) required for the proposed intervention.
7. Describe any intervention-related household and livelihood support activities that typically took place in and around dwelling units.
8. Discuss any quantitative data used to inform the activity assessment, including methodology and main findings. If survey data were used to inform the assessment, 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.
9. List the factors (e.g., insecurity, weather variations, seasonal work, and migrations) that could impact the ability of 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 intervention will help beneficiaries access shelter and explain any extra support (e.g., technical, financial, in-kind assistance) that will be available to the most vulnerable recipients. Include a demonstrative BOQ and field diagrams/sketches (with dimensions noted) if beneficiaries will be assisted via repair, rehabilitation, retrofitting, or building activities, along with a discussion of 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 recipients.
3. Describe how the proposed intervention will identify its primary stakeholders (e.g., beneficiaries, local authorities, host communities) and how it will remain accountable to them during implementation. 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 activity implementation in the settlements of proposed activities.
5. Describe the technical support needed and available to help recipients acquire high quality shelters with the assistance provided.
6. Describe mechanisms in place to ensure the activity 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 activity approach could be adjusted if high prices undermine the ability of the recipients to access adequate shelter.
8. Describe how the proposed intervention addresses gender and protection concerns.
9. Describe how the proposed intervention will contribute to protecting the land, housing, and property rights of beneficiaries.

### 16.3. Sub-Sector: S&S DRR

#### Overview

This section is devoted to the 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 safer, more resilient, 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. Discuss the pre-disaster and post-disaster characteristics of the target population, including size, number of households, household size, access to affected settlements, and security.
3. Discuss 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 the proposed activity. List your assumptions and provide the calculations made to estimate these 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 if a displaced population needs longer-term accommodation, including for an uncertain period of time.
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 vulnerable groups. Discuss how vulnerable groups accessed shelter before the disaster and their current shelter conditions.
9. Discuss the quality, availability, and accessibility of the inputs (e.g., skilled labor, construction materials, and rental units) required for the proposed intervention.
10. Describe any activity-related household and livelihood support activities that typically took place in and around dwelling units.
11. Discuss any quantitative data used to inform the activity assessment, including methodology and main findings. If survey data were used to inform the assessment, 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 factors (e.g., insecurity, weather variations, and seasonal work and migrations) that could impact the ability of beneficiaries to cope with and recover from the current lack of shelter. Discuss how

each factor could foster/constrain the capacity of the most vulnerable households to access adequate shelter.

13. Assessments must include an analysis of key settlements-based housing market characteristics in potential or actual disaster-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
  - f. area, which may include multi-unit, multi-story structures;
  - g. What building techniques and materials are used;
  - h. The source and composition of these materials;
  - i. The availability and cost of local materials; and
  - j. 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 intervention design. A determination of needs should not be derived through damage assessments alone, but should also be based on interactions 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 the physical size of affected settlements, if possible.
17. Provide the number and percentage of households and individuals who sustained damage to their homes.
18. 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.
19. Provide the number of damaged dwellings that are habitable without immediate repair, habitable only after repair, uninhabitable, and requiring demolition.
20. Describe the shelter delivery systems before the disaster, including relevant market systems for shelter items and services, and relevance to DRR provision.
21. 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, and water and sanitation systems.

### Technical Design

1. Describe how the proposed intervention will help beneficiaries access shelter, and explain any extra support (e.g., technical, financial, in-kind assistance) that will be available to most vulnerable recipients. Include a demonstrative BOQ, field diagrams/sketches (with dimensions noted), and the assumptions and calculations made to estimate the value of the assistance if beneficiaries will be assisted via repair, rehabilitation, retrofitting, or building activities.
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 activity will identify its primary stakeholders (e.g., beneficiaries, local authorities, host communities) and how it will remain accountable to them during implementation. 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 activity implementation in the settlements of proposed activities.
5. Describe the technical support needed and available to help recipients acquire high quality shelter with the assistance provided.
6. Describe the mechanisms in place to ensure the activity 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 activity approach could be adjusted if high prices undermine the ability of the recipients to access adequate shelter.
8. Describe how you will coordinate with other stakeholders to avoid duplicating efforts and create synergies in humanitarian assistance. Include information on how you will protect the identity and privacy of beneficiaries.
9. If the proposed activity 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 BHA).
  - 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 activity will provide framing material, or if the beneficiaries will secure it from another source, or a combination of both. If relevant, 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 you will monitor the security situation to adjust the implementation approach if the security situation deteriorates.
11. Describe how you will prevent and mitigate the risk of corruption, fraud, and the diversion of the assistance to other purposes.
12. Describe how you will address gender and protection concerns.
13. Describe how you will contribute to protecting the land, housing, and property rights of beneficiaries.
14. Identify hazard risks (e.g., from floods, landslides, earthquakes, hurricanes) to be reduced and particular structural or non-structural measures designed to reduce identified risks to safer levels. Provide measurements and diagrams or field sketches of shelter-level DRR interventions, clearly identifying 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, including support of settlements-based planning efforts to reduce identified hazard risks (see S&S sub-sector on Shelter). Submit maps or diagrams of settlements of proposed activity, highlighting areas where DRR measures will be applied.

#### **16.4. Sub-Sector: S&S NFIs**

Applications 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. Plastic sheeting, tools, and other materials, are incorporated into the S&S Shelter sub-sector. For additional clarity, see the following lists:

## Do not use the following shelter inputs as part of this sub-sector

1. Plastic sheeting or tarpaulins intended for shelter (4M X 6M preferred)
2. Tools/equipment (e.g., hammers, shovels, saws, machetes, axes wheelbarrows, molds for local brick making)
3. Construction materials (e.g., grass/leaves/other for roofing, sticks and bamboo, locks, doors, windows, and fixings kits, including nails, rope, washers, fasteners)
4. Tents (not encouraged; viewed as “last resort” and not “default response”)

## Illustrated list of shelter NFIs to be considered, as part of this sub-sector

### *Emergency Shelter*

1. Lights (solar, battery, hand-crank)
2. Light Search and Rescue (SAR) tool kits

### *Cooking/Heating, Stoves/Fuel*

1. Household Kitchen Sets (e.g., pots, plates, cooking and eating utensils, cups, storage bags)
2. Cooking/heating stoves
3. Cooking/heating fuel

### *Bedding and Clothing*

1. Blankets
2. Sleeping mats (e.g., plastic, tear proof, and water impervious, or other materials)
3. Foot mats (e.g., plastic, woven grass, or other materials)
4. Clothing

## Needs Assessment Summary

Describe:

1. The required commodities and the justification for their provision;
2. The total number of individuals requiring assistance, disaggregated by sex;
3. The adequacy, in numbers and skill, of the 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);
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

Provide details about the commodities to be distributed:

1. For imported commodities, determine if these items are normally imported and if the proposed imports will compete with locally manufactured goods. In addition, discuss the cultural acceptability of the proposed goods; the 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; and the availability of any similar items that can be made locally. Provide an analysis of local manufacturing costs in contrast to the cost of imports plus transportation and determine if commodities can be replenished affordably either locally or through normal import channels following the disaster response.
2. For items distributed via cash or vouchers, follow the guidance provided in the Cash and Vouchers keyword section(s), respectively.
3. 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.
4. 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 activity 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.
5. Determine if the proposed commodities, and the distribution method selected, are appropriate and accessible for both men and women; explain how you solicited input from both men and women regarding commodity types and distribution methods.
6. Determine if the proposed commodities are common or foreign to the culture or norms of the country. If they are foreign to the target population, explain how you will sensitize people to their uses and benefits.
7. Describe measures taken by implementing partners to ensure that commodities are appropriately used.
8. Describe measures taken by implementing partners to reduce potential corruption and fraudulence in the distribution efforts.
9. Describe any alternatives considered to meet needs more affordably, have a reduced 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.
10. If environmentally friendly alternatives (e.g., biodegradable, fuel-efficient, sustainable sources) exist, provide a detailed justification if these alternatives are not adopted.
11. Describe the availability of transport for commodities to distribution sites.
12. Assess the ability of people to safely transport commodities from distribution sites to their homes or places of use.
13. Describe adequacy of storage facilities and capacity, including how you will keep commodities secure until they are distributed.
14. Specify [Sphere](#) standards or other proposed standards that will be used to measure quantities.
15. Describe coordination plans to prevent overlap with distributions being implemented by other NGOs or relief agencies. Explain with whom, and how coordination will occur in the area of intervention with both, international and local actors.
16. 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.
17. Operational plans must include a plan for disposing expendable items and associated packing, and you must describe efforts to reduce discarded waste.

18. Operational plans must also include:

- a. The number of people, disaggregated by sex, to be targeted, as well as beneficiary selection criteria;
- b. A discussion regarding how people are expected to use the proposed NFIs, and what guidance will be provided to ensure people use NFIs as intended; and
- c. Evidence that the selected NFIs are acceptable to the target people.
- d. If distributions will be partial, an explanation of how potential tensions between NFI recipients and non-recipients will be managed.
- e. If introducing an imported item, how potential social and cultural constraints or ramifications will be mitigated.

## 17. 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 shocks or displacement. Water-related interventions within the sector refer to water for human consumption, such as drinking, personal hygiene, and cooking in households, communities, and institutions. BHA supports the integration of health, nutrition, and WASH programming wherever possible and appropriate. For more information, refer to guidance on integrated programming as outlined in the Nutrition Sector.

Partners proposing Water for Productive Use or broader WRM interventions should review the guidelines and minimum standards articulated for those keywords.

### Emergency Response

1. Sphere standards must be applied to all proposed interventions 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 and provide brief but thorough justifications explaining why Sphere standards are not achievable.
2. Proposed interventions must be based upon findings from needs assessments. Include need assessment data as a summary table within the application or as an appendix. Specify dates and sources. An example of the required WASH assessment data is available on the [BHA EAG page](#).
3. You must explain how access to water and/or sanitation, or the capacity to practice key hygiene behaviors has changed and created a negative impact as a result of a disaster or displacement.
4. WASH interventions must normally be implemented as a comprehensive WASH approach, including hygiene promotion, water supply, and sanitation. You must provide justifications for excluding one or more of the sub-sectors in your approach.
5. You must follow “best-practices” to ensure that emergency interventions are rapid and effective, meet defined purpose(s), and address critical public health risks associated with disasters or displacement. Innovative approaches must be justified based upon best practices, evidence, and lessons learnt and appropriate for the context.
6. WASH interventions must be accompanied by participation in relevant coordination mechanisms (e.g., government-led, UN Cluster, existing coordination platforms).
7. Humanitarian WASH approaches should endeavor to complement long-term approaches (e.g., governance-driven, private-sector, or market-based WASH). However, there may be exceptions when life-saving interventions are essential.

### Disaster Risk Reduction

Proposed DRR interventions must either reduce the risk, frequency, or severity of a specific, recurrent shock or shocks, or increase the capacities of men, women, and children to withstand the impact of shocks over time, and to recover more quickly. WASH DRR interventions must follow the guidance for relevant sub-sectors. In addition:

1. DRR activities require robust assessment data and more substantial justification than emergency response activities. DRR activities 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 application or as an appendix. Specify dates and sources.

2. You must discuss how interventions will be aligned with national DRR strategies and standards of the host country government. If your approach varies from a standardized national strategy or standard, provide justification. Note that emergency minimum standards are not appropriate targets for DRR activities.
3. You must explain how the intervention will reduce or mitigate disaster risk and/or contribute towards improvements in access to water, sanitation, and improved hygiene behaviors.
4. You must describe how the proposed intervention(s) will integrate with and complement other DRR interventions and initiatives, particularly those in longer-term development programs.
5. Proposed interventions may include pilot activities. However, they must include a robust evaluation component to determine project success or failure and must have a sufficient timeline to ensure evaluation. See Evaluation Plan requirements in Section 10 of the BHA Application Guidelines.
6. Provide a justification for the proposed intervention duration. The proposed timeframe for the intervention must allow adequate time to achieve the proposed purpose(s). If interventions require more than 12 months to be completed or achieved sustainably, explain how the proposed intervention(s) will be continued through BHA or other donor funding after the end of the proposed activity.
7. You must indicate if the proposed intervention fits within your larger strategy or if it is a stand-alone intervention. Identify other interventions and funding sources that are intended to complement your approach.
8. You must clearly describe potential negative environmental and social impacts and how they will be mitigated; specifically, cite potentially harmful impacts regarding gender, livelihoods, social inequity, degradation or depletion of natural resources, and negative settlement patterns.

### Gender and Protection Mainstreaming

You must review and thoroughly address the cross-cutting gender and protection mainstreaming guidance in Section 2. The following sector-specific questions may assist in contextualizing gender and protection mainstreaming for activities in this sector. However, they are not meant to be an exhaustive list of potential issues or approaches, and applicants are strongly encouraged to add other risks and strategies most appropriate for the activities and context.

1. Describe considerations that address any needs, capacities, responsibilities, and barriers to access specific to WASH services and facilities for men, women, boys, or girls, as well as older people and persons with disabilities.
2. 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, including considerations for menstrual hygiene management (MHM) and incontinence.
3. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, to ensure that their concerns are heard and addressed and to avoid community tensions.
4. Describe how hygiene promotion interventions will be targeted to persons with disabilities and/or limited mobility, including any outreach that may target these groups.
5. Describe any measures that will be put in place to prevent sexual exploitation and abuse of people seeking support and services.
6. Describe strategies to ensure safe access to water sources and to minimize the amount of time women and girls spend accessing or collecting water.
7. Explain how the proposed interventions will maximize safety, privacy and dignity for women and girls accessing WASH activities and facilities, including MHM.

When Market Based Programming for WASH engages with the private sector, see Section 18 for Private Sector Engagement keyword requirements.

### Market Based Programming

BHA encourages partners to consider the use of Market Based Programming as an implementation approach. To justify the use of market programming and inform your decision on cash, in-kind, and voucher modalities, see the [Modality Decision Tool](#) for Humanitarian Assistance. 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 proactively strengthening and developing those markets. Three main approaches to market engagement are:

1. Short-term, market-integrated relief to reach beneficiaries following emergencies, including through cash and voucher interventions;
2. Indirect support through markets, such as short-term targeted support to market actors that restore the market system after a crisis; and
3. Market strengthening activities designed to strengthen livelihoods in the medium term, and contribute to longer-term resilience activities.

Cash and voucher modalities can be used across all of the WASH subsectors. 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) and how the availability or accessibility of the service or product will be monitored throughout the duration of the activity.
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 for using cash or vouchers to provide WASH-related NFIs are described in the WASH NFIs sub-sector.
4. The Cash and/or Vouchers keywords must be referenced when using the cash or vouchers modality to achieve WASH-specific purposes; see Section 18 for keyword requirements.
5. The Multipurpose Cash Assistance sector must be used when proposing the inclusion of WASH services/products in MPCA transfers.

### For-Work Programming

When using cash-for-work (CFW) or related activities as a modality to implement water or sanitation activities, the narrative must describe the specific tasks for which for-work will be used, how skilled labor will complement unskilled labor, and how the relevant technical WASH staff will monitor the work. You must use the For-Work keyword; see description in Section 18. Refer to the BHA For-Work Guidance on the [BHA EAG page](#) for additional details.

## WASH in Institutional and Temporary Settings

### WASH in Health Facilities

See WASH in Health Facilities keyword guidance. BHA prefers to support WASH infrastructure rehabilitation in Health Facilities when a Health actor is directly supporting the health facility. In situations where there is not a Health actor providing support, justification is required to demonstrate why WASH infrastructure interventions are required and how infrastructure will be maintained/used.

### WASH in Schools

The construction of new WASH infrastructure in temporary/emergency schools is supported by BHA. However, for WASH infrastructure interventions in permanent schools, specific justification is required to explain how the school has been impacted by a shock and how construction or rehabilitation will address an actual public health risk. In addition, explain how broader school infrastructure construction/rehabilitation will be addressed and provide a detailed operation and maintenance plan (e.g., who will clean latrines, who will provide soap, how will latrine repairs be paid for, who will pay for water supply costs).

### WASH in Temporary Activity Settings

(e.g., Distribution Sites and/or for-work Activity Sites) At temporary activity sites where beneficiaries must spend prolonged periods to receive activity transfers or benefits (e.g., food distribution sites, for-work sites), minimal WASH services (refer to [Sphere standards](#) or national standards) must be available to ensure that beneficiaries' hygiene, health, and/or dignity are not compromised by the intervention.

### Available Sub-sectors

<ul style="list-style-type: none"><li>● Environmental Health</li><li>● Hygiene Promotion</li><li>● Sanitation</li></ul>	<ul style="list-style-type: none"><li>● Water Supply</li><li>● WASH NFIs</li></ul>
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### Sample Interventions

#### Environmental Health

1. Solid waste management (e.g., household, community, municipal)
2. Community cleaning campaigns
3. Drainage (localized or small-scale)
4. Environmental control interventions for vector-borne disease

#### Hygiene Promotion

1. Hand washing
2. Hand washing materials
3. Latrine usage

4. Safe Water Chain
5. Household water transport, storage, and consumption
6. Food preparation, storage, and/or safety
7. Menstrual hygiene management
8. Intercepting other water/fecal-borne disease routes (e.g., animal waste, food, fomites)

### *Sanitation*

1. Latrines (e.g., household, institutional, communal)
2. Latrine maintenance and management
3. Other excreta management
4. Hand washing facilities
5. Bathing facilities
6. Washing slab (e.g., areas for washing laundry)
7. Menstrual hygiene management (MHM) facilities
8. Sewer system/network rehabilitation
9. Wastewater treatment

### *Water Supply*

1. Groundwater systems, such as hand-dug wells, boreholes, springs
2. Piped water networks rehabilitation
3. Water trucking and temporary water storage facilities
4. Water vendors/kiosks
5. Water lifting devices (e.g., hand pumps, motorized pumps)
6. Water point/system operation and maintenance
7. Water treatment (e.g., household, water point, system level)
8. Water quality testing (e.g., household, water point, system level)

### *WASH NFIs*

Distributions may include items such as:

1. Water transport and storage containers
2. Soap
3. MHM materials
4. Diapers, infant & adult
5. Other hygiene items

### **Strategy for Exit or Transition**

Every WASH intervention (both Emergency and DRR) must have a well-defined, viable strategy for exit or transition, or an explanation of why an exit strategy is not feasible or necessary at this time (e.g., likely continuation of conflict). Exit strategies should have a phase down, handover, or termination approach and should consider the following areas:

1. Clear and timely communication to beneficiaries and authorities regarding the end of the intervention(s);
2. Planning for governance and operation and maintenance (O&M) costs for water-sanitation infrastructure and services, or a justification for 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, or other organizations or stakeholders to continue WASH interventions (as required), or closure/decommissioning where appropriate; and
5. The necessary capacity, skills, materials, and available resources for the continuation of WASH interventions.

For DRR activities, exit or transition strategies should consider ways to promote the continuation of relevant interventions 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 shocks or displacement.
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 need assessments. Include assessment data as a summary table within the application or as an appendix. Specify dates and sources. A sample of the required WASH assessment data is available on the [BHA EAG page](#).

### Technical Design

1. Provide map(s) of the proposed intervention area(s). To the degree possible, also provide GPS coordinates (in decimal degrees) of the proposed sites for major infrastructure.
2. Describe the proposed intervention 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 youth, women, and men as key players in activity 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. Indicate if your intervention will adhere to existing WASH protocols and standards, including construction safety 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.

## 17.1. Sub-sector: Environmental Health

### Overview

The Environmental Health sub-sector focuses on community-level interventions aimed primarily at intercepting primary disease routes that result in increased disease burden through improved drainage, solid waste management, and vector control interventions. Proposed interventions must be evidence-based and clearly target identified public health risks. All emergency interventions must adhere to national emergency or [Sphere standards](#), 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 shocks, displacement, or other changes in the context that have exacerbated underlying problems with drainage at the household or community level.
4. Explain any new problems with vector control as a result of shocks or displacement, linking vectors to specific diseases of concern identified by community health data.

## 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 application stage, if possible. If they are not available at application stage, state in the narrative that designs and BOQs will be provided to BHA for approval prior to tendering/construction. For DRR activities, BHA requires more detailed technical designs.
3. If Market Based Programming modalities will be used, follow the guidance provided for the WASH sector in general and the relevant Keyword section (Cash and Voucher keywords in Section 18).
4. Explain how intervention locations were selected.
5. For all types of waste management interventions, describe the proposed intervention from generation through final disposal. If solid waste will be collected, 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 interventions, such as trash removal, will continue after the intervention ends or discuss an alternate exit strategy. BHA 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, BHA 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. Note that site-wide drainage, such as in camps, should be placed in the Shelter & Settlements sector.
8. For vector control interventions, describe any environmental modification, chemical usage, or personal protective measures. Use of pesticides and LLINs are restricted commodities that require additional approvals (see Section 9).
9. Describe safety procedures to ensure staff/workers are protected during activity interventions, especially when managing waste or chemicals.

## 17.2. Sub-sector: Hygiene Promotion

### Overview

The Hygiene Promotion sub-sector focuses on interventions intended to reduce or prevent disease transmission through enabling people to practice key hygiene behaviors (e.g., handwashing, bathing, proper water handling and storage, MHM, proper food preparation, and hygiene). Proposed

interventions 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 (e.g., handwashing, bathing, water handling and storage, MHM) 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 interventions, explain the selection criteria (e.g., community volunteers) for how intervention locations were selected. If water and sanitation beneficiaries are different from the hygiene promotion beneficiaries, provide justification for the differences in targeting.
3. Specify the priority hygiene related behavior(s) that will be included in the activity. Identify the motives for behavior change or the conditions required to enable existing behavior(s) based on current assessment information. Explicitly state the tools/approaches that will be used to further identify the priority behaviors and/or motives for change. The use of structured behavior change approaches (such as [WASH'Em](#) for handwashing) are encouraged.
4. Identify the specific audience(s) for each hygiene behavior(s) that will be included in the activity and the specific communication channel(s) that will be used to reach each audience. Describe how these interventions will be adapted to changes in the context or community feedback. Describe the contextual/cultural appropriateness of the proposed channels.
5. Describe who will facilitate the interventions included in the activity, the source for the technical content, and the frequency of interventions. 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 interventions will be coordinated with other sectors (e.g., health, nutrition, education) who may be working with the same target populations.

## 17.3. Sub-sector: Sanitation

### Overview

The Sanitation sub-sector focuses on 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 interventions 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 activity and describe 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 and standards.
2. In emergency programming, simple designs for each infrastructure activity are adequate. Infrastructure designs and BOQ should be provided at the application stage, if possible (See [BHA EAG page](#)). If they are not available at the application stage, state in the narrative that designs and BOQs will be provided to BHA for approval prior to tendering/construction. For DRR activities, BHA requires more detailed technical designs.
3. If Market Based Programming modalities will be used, follow the guidance provided for the WASH sector in general and the relevant Keyword section (Cash and Voucher keywords in Section 18).
4. For relevant interventions, explain the selection criteria for how intervention locations 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 activity, 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 either employ latrine attendants/cleaners to ensure latrine cleanliness and safety, or else support the organization of a voluntary maintenance organization. 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 hand washing interventions are more appropriate at the household level, 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. The [MHM in Emergencies Toolkit](#) is one recommended resource when considering how to integrate MHM into the design of a WASH program. Note that in displacement camp contexts, MHM must be addressed.
10. For interventions related to sludge disposal (e.g., desludging) or sludge management (e.g., septic tank construction, wastewater treatment sites), 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 interventions related to sewer network maintenance or rehabilitation, 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. In addition, explain how this work is coordinated with the relevant local authorities or other actors implementing similar interventions.
12. For demand-driven sanitation options, explain how community leaders/mobilisers will be selected and trained, and describe the interventions 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 activity. Note that community-led total sanitation (CLTS) and other demand-driven sanitation options face challenges in some emergency responses; therefore, you should provide justification for this type of intervention.

13. Describe efforts to mitigate potential contamination of the environment or of drinking water sources by proposed sanitation interventions.
14. Describe safety procedures to ensure staff/workers are protected during activity interventions. Include description of personal protective equipment (PPE) to be provided to staff/workers.
15. For DRR activities, sanitation technical designs and approaches (e.g., CLTS, subsidies) must be replicable and affordable for average community households and facilities (health/schools) where they are located.

## 17.4. 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 operation and maintenance of water supply infrastructure. In some contexts, this may include considerations for core breeding livestock. Proposed interventions 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, quantity, 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 level and explain 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 BOQ should be provided at the application stage (See [BHA EAG page](#)). If they are not available at the application stage, state in the narrative that designs and BOQs will be provided to BHA for approval prior to tendering/construction. For DRR activities, BHA requires more detailed technical designs.
3. If market-based programming modalities will be used, follow the guidance provided for the WASH sector in general and the relevant Keyword section (Cash and Voucher keywords in Section 18).
4. For relevant interventions, explain the selection criteria for how intervention locations were selected.

5. Propose water supply interventions that meet immediate needs but also demonstrate a cost-effective approach, as well as a consideration of transition and/or exit requirements.
6. Provide a consolidated water quality surveillance plan (in matrix format) that identifies each critical control point (e.g., source, storage tank, tanker truck, health facility, household) in the water supply chain where water quality will be monitored (one row per critical control point). For each critical control point, state which water quality parameters will be monitored (e.g., FRC, fecal coliforms, turbidity), how frequently they will be monitored, who will conduct the monitoring, the reporting protocol, and remedial actions to be taken should the parameter be outside acceptable limits. See the [BHA EAG page](#) for an example. Note that in health facilities, water for drinking or medical purposes must be chlorinated.
7. For rehabilitation and construction of new water supplies, test the water for physical and bacteriological parameters before and after interventions, as well as significant seasonal fluctuations. Testing for chemicals should be included as appropriate (e.g., arsenic, nitrates).
8. For temporary, emergency water supply systems (e.g., bladders, tanks, tap-stands, water treatment units), 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 person (including how water supply equity will be ensured), and if services/equipment will be decommissioned or handed over at the end of the activity.
9. For water trucking interventions, include a strong justification for trucking versus other water supply options, the current volume of water available per person per day, and an explanation as to how water trucking will ensure that minimum national or Sphere standards are met. Also provide the target volume per person per day, the proposed duration of trucking, the chlorination system, water quality monitoring (free residual chlorine), and the exit strategy. Note that BHA requires that all trucked water be chlorinated.
10. For groundwater sources, provide a summary of the rehabilitation or construction process, including site selection (e.g., rationale, hydrogeological data, yield, seasonality, community/local authorities engagement), the specific rehabilitation/construction works to be implemented, the volume of water to be provided per person, quality control (e.g., water quality testing, monitoring contractors), installation of water lifting technology (e.g., pumping tests, type of pumps, power supply for mechanized pumps), and handover plan to community/local authorities.
11. For solar powered systems, provide the technical justification for the selection of this option versus others, including a cost-benefit analysis. This should include a comparison of the capital and running costs of the proposed solar-powered system with a conventional generator- or electricity-driven system. For more information, refer to the Global Solar and Water Initiative's (GLOSWI) guidance on cost comparison analysis on the [BHA EAG page](#). In addition, please explain how you will meet technical standards from design to installation and provide BOQs and designs as per BOQ and Design Guidance on the [BHA EAG page](#). If the technical data is not available at the time of application submission, confirm it will be provided to BHA for approval prior to starting tendering/installation.
12. For piped water supplies (large and small systems), provide a summary of the rehabilitation or construction process, including site selection (e.g., rationale, production rates, community/local authorities engagement), specific rehabilitation/construction works to be implemented, the volume of water to be provided per person, chlorination, quality control (e.g., relevant water quality testing, monitoring contractors), installation of pumps and water storage (e.g., pumping tests, type of pumps, power supply), and handover to community/local authorities. If an 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.
13. For domestic water supply using surface water catchment and/or rainwater sources (e.g., surface water runoff, capture, and/or retention structures, rainwater harvesting), applicants must include a strong justification as to why this approach is the only option to increase water availability for the

targeted population. Due to the increased risk of contamination and thus increased risk of disease, BHA only supports these interventions for domestic water supply 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 activities. 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 (e.g., rationale, rainfall data, seasonality, community/local authorities engagement), the calculations used to determine storage volume/catchment size and expected yield (rain hydrographs must be provided at application 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.

14. For household water treatment, provide justification for household level treatment, the treatment product selected, the daily volume of water to be treated, the anticipated duration of product use, the recipient selection criteria, and distribution methodology. Include information on accompanying hygiene promotion and 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. BHA views household water treatment as a last resort intervention; therefore, the justification must explain why other options are not practical.
15. For all water supply interventions, 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 activity (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.
16. Describe how the community/pump mechanic/service provider will have sustained access to spare parts and other consumables (e.g., chlorine, diesel, oil for generators) and access to a higher-level maintenance service provider when needed (e.g., solar pump/panel suppliers).
17. 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.
18. Describe efforts to mitigate any negative environmental or social impacts as a result of this intervention such as exacerbation of aquifer depletion, over-usage of scarce water supplies, negative settlement patterns, conflict between users/communities, and harmful impacts regarding gender, livelihoods, and power inequity. Apply the conflict mitigation and dispute resolution keyword if applicable, only after careful review of the keyword definition and criteria to ensure appropriate use.

## **17.5. 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 (e.g., shampoo, razors, toothpaste, toothbrushes, nail clippers), MHM materials, diapers (infant and adult), and cleaning materials and products.

Whenever any type of “kit” is included in an application, 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 relevant requirements.

### 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 people's 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 activities 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, follow the guidance provided for the WASH sector in general and in the Keyword section (Cash and Voucher keywords in Section 18).
4. Provide a list of the WASH-related NFIs to be distributed (including specifications regarding unit and quantity) and describe 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 recipients' needs. Explain if consumable items will be provided in subsequent distributions (kits/vouchers/cash). For vouchers/cash, 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 recipient selection criteria and explain the process for selecting beneficiaries, or state 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 coordination plans to prevent overlap with distributions being implemented by other actors. Also, describe efforts to ensure kits distributed in the same geographic area by different actors contain similar contents for similar durations. For vouchers/cash, explain how the value was coordinated with other actors.
11. 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 or appropriate in the context and in relation to the items proposed.
12. If household water treatment products are included in the kit or cash/vouchers, add the Water Supply sub-sector and address the relevant requirements described in the needs assessment and technical guidance.
13. BHA requests that partners include questions related to recipient satisfaction with item quantities, quality, utility, and distribution modality in their post-distribution monitoring surveys for WASH related NFIs/vouchers/cash and share the results in their quarterly/annual reports. Include data regarding the number of households surveyed and the survey methodology.

## 18. Keywords Description and Guidance

A keyword is a specific thematic area, approach, focus, or target population that proposed interventions for any sub-sector may reflect. Keywords correspond to subject matter that BHA systematically tracks and monitors across all activities for reporting and other purposes.

Applications must list every applicable keyword for each sector in the Activity Summary Table. List only the relevant keywords. The keywords are used to flag non-sector-specific issues for review and tracking only; they do not influence BHA's determination of the application's technical merit.

To determine whether a keyword is relevant, review the following description of each of the keywords. If a keyword is relevant, list the keyword in the application summary and incorporate the guidance here into the technical description in the application narrative.

The Cash, In-Kind Food, and Vouchers keywords require indicators. If these keywords are relevant to your application, you must also include the indicators in the Indicator Tracking Table (ITT).

### 18.1. Cash

The Cash keyword indicates that cash is the modality proposed to achieve a sector-specific purpose. BHA defines cash transfers (definition adapted from the [CaLP glossary](#)) as the provision of assistance in the form of money to those affected by humanitarian crises. Cash is defined here to include any sort of money transfer to people, including but not limited to physical currency, checks or money orders, or electronic transfers such as direct deposits, debit cards, or mobile money.

When you propose a cash modality, you must address both the requirements below as applicable, as well as the relevant sub-sector requirements.

Your application should demonstrate a careful consideration of relevant standards, including the Sphere companion [Minimum Standard for Market Analysis \(MISMA\)](#) and the [Sphere Handbook](#) 2018 Appendix, Delivering Assistance through Markets.

BHA expects all partners to make informed modality selection choices as part of response analysis. The [Modality Decision Tool](#) for Humanitarian Assistance is a guide to applicants in the process of modality selection. The tool relies on context-specific information to justify the modality or mix of modalities used. In addition, the tool addresses four areas: market appropriateness, feasibility, programming and sector purposes, and cost. In alignment with that requirement, you should do the following:

1. Discuss how market conditions for the goods or services in question are appropriate for using cash, addressing factors such as availability (quantity and quality), prices, competition, trader capacity, and market power.
2. Discuss the feasibility of the use of cash, addressing timeliness, affected people's access to markets, overall security, financial service providers, operational capacity, and relevant policies.

3. Provide a detailed cash delivery plan, specifying how cash will be delivered in a risk-aware, convenient, secure, accountable, and cost-efficient manner that adheres to USAID’s electronic payment requirements. (If you will request an e-payment waiver, state and justify this in the narrative.) BHA encourages financially inclusive payment systems, in line with the [Barcelona Principles](#). You should also address beneficiary data management and data privacy and provide a plan to address risks.
4. Explain why cash is well suited to meet the activity purpose(s). This explanation should include a discussion of affected people’s preferences, gender dimensions, cultural appropriateness of the intervention, conflict sensitivity, and protection concerns. Additionally, discuss why people are likely to spend cash on the intended goods or services needed to meet the activity purpose(s). If achieving the purpose relies heavily on the quality of inputs to be procured with cash assistance, describe how you will measure and monitor the quality of inputs. Refer to the relevant BHA sector(s) for guidance on cash-specific quality control considerations.
5. Discuss any evidence to indicate the cost-efficiency or cost-effectiveness of cash relative to other options. If it is not the most efficient or effective, what considerations or tradeoffs did you consider?

Additionally:

1. Provide a calculation and justification for the value and frequency of the transfer, including if and how the value may be adjusted over the course of the intervention;
2. Offer evidence of coordination with other relevant cash-based programming in the immediate geographic vicinity;
3. Describe beneficiary selection and verification processes that address both inclusion and exclusion errors;
4. If applicable, describe what conditions or limitations will be tied to the cash assistance, how the conditions or limitations help to achieve the purpose, and how you will monitor the conditions or limitations; and
5. Outline post-distribution monitoring plans and a complaints-and-feedback mechanism. Guidance such as the Cash Learning Partnership (CaLP) “Monitoring4CTP” and MARKit Guide may be useful.

## **18.2. Climate**

Applicants should use the Climate keyword for proposed DRR interventions that specifically address impacts of climate and reduce vulnerability to climate-related hazards such as droughts, El Niño, and others.

## **18.3. Conflict Mitigation and Dispute Resolution**

Applications must include Conflict Mitigation and Dispute Resolution as a keyword when the proposed intervention, as part of a broader humanitarian response, is specifically designed to mitigate or prevent conflict in order to enable/facilitate delivery of humanitarian assistance. This activity should build on cross-cutting efforts in the Protection sector which, as a matter of good practice, ensure the protection

of vulnerable individuals and that all BHA-funded programs incorporate a conflict-sensitive or Do No Harm lens. Conflict mitigation is defined as efforts to reduce the threat or impact of violent conflict and promote peaceful resolution of differences, mitigate violence if it has already broken out, or establish a framework for peace and reconciliation that includes both males and females. BHA defines a dispute as a short-term disagreement that can result in the disputants reaching some sort of resolution; it involves issues that are negotiable. Dispute resolution is a process—either formal, informal, or traditional—for resolving differences between two or more parties or groups. It may involve moderation or mediation by a third party.

Conflict mitigation and dispute resolution efforts, as a distinct area of complementary programming, may provide direct support to or strengthen local capacity in inter- and intra-group dispute resolution and problem solving, negotiation around access and use of land and other resources, and, more broadly, strengthening group dynamics and social cohesion. Reasons for conflicts between individuals or groups are complex. Conflicts can arise from issues or groups of interests around land rights and uses; access to resources; place of origin; age, disability, nationality, race, ethnicity, health status, political affiliation, sexual orientation, gender identity; or any other characteristic that individuals or groups may use to define themselves. Dynamics of conflicts can also sit at various levels: local, regional; national; and international. While BHA does not support conflict mitigation as a sector, BHA recognizes that response-level efforts to address the causes and drivers of violence can contribute to increased resilience and protection of at-risk communities, strengthen systems for coping with conflict and violence, and enhance the delivery of humanitarian assistance.

Points to consider, when including the Conflict Mitigation and Dispute Resolution keyword:

1. Conflict mitigation and dispute resolution efforts should address drivers of conflict at the level of the response they are enhancing, and embody best practices from the Protection sector, such as building trust; assuring meaningful and inclusive participation and decision making from all groups represented in the community, especially the marginalized or excluded; and encouraging equitable access to services.
2. Responses engaging in conflict mitigation and dispute resolution should include a conflict analysis that informs programming, specifically on how social dynamics, group identities, and governance and decision-making structures affect the communities you are targeting, as well show unresolved disputes may increase certain risks.
3. Explain how humanitarian mediation and dialogue facilitation as tools for conflict mitigation and dispute resolution are inclusive of women, youth, or other minority groups, as applicable, and how this can lead to more durable, longer-term solutions. In addition, you should explain the community's awareness of and current use of these processes.
4. Explain how conflict mitigation and dispute resolution interventions build and preserve institutions, relationships, and patterns of individual and group behavior that form the foundation of social cohesion.
5. Include interventions that are specifically intended to provide mental health and psychosocial support (MHPSS) to individuals, families, and communities to improve coping skills and build community cohesion to address stressors or distress caused by conflict within the Health and Protection Psychosocial Support Sub-Sector (see those sub-sectors for guidance).

## 18.4. 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.

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 ([SFDRR Terminology](#), 2017).

Application including EWS should answer the following questions:

1. Which elements of the end-to-end EWS are you proposing?
2. How will the proposed element(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 the national level?
5. How will the proposed system be maintained and operated after the completion of the activity?
6. Who will be responsible for maintaining, repairing, and replacing the system and equipment if the application includes equipment, tools, and systems?
7. Who is the expected end user or beneficiary of the EWS intervention?
8. How are the needs or barriers of the end-user taken into account to ensure effectiveness?
9. How will the proposed activity meet the needs of vulnerable populations including, but not limited to, youth, women, persons with disabilities, persons with limited literacy and others?

The EWS keyword should not be used to refer to early warning infectious disease surveillance and response systems, including WHO’s Early Warning Alert and Response Network/Systems (EWARN/S). Refer to the [SFDRR Terminology](#) page if needed.

## 18.5. Education

Applications 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 BHA does not fund education as a sector, BHA recognizes that education and schools are important to disaster-affected populations 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, BHA frequently funds non-formal education activities, as well as assistance for schools to restart. Examples of education-related BHA programming include the following:

1. Safe spaces for children and adolescents to socialize, learn, develop, and be protected in a secure environment under trained adult supervision;
2. Skills training for adolescents, women, persons with disabilities, and older people;
3. Provision of temporary shelters to enable damaged schools to re-start classes;
4. DRR training and initiatives in schools;
5. Advocacy and material support for schools to enroll internally displaced children in schools in the place of displacement; and
6. Training for teachers in psychosocial support, landmine awareness, and child protection.

Applications 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.

### **18.6. First Aid Training and/or Search and Rescue Training**

If you are proposing First Aid training, Search and Rescue training, or related trainings within any given sector, use the First Aid Training and/or Search and Rescue Training keyword and address the following within the Technical Design:

1. What curriculum will be used? Internationally 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 of trainees.
3. Identify the instructors and the qualifications they possess.
4. What follow-up is planned with trainees regarding ongoing supervision, evaluation, and maintenance of knowledge and skills such as refresher training? Is there a feedback mechanism or resource available to beneficiaries after training completion?
5. If any commodities are used or pre-positioned (first aid kits, pharmaceuticals, medical supplies, and medical equipment) as part of training, provide a comprehensive list of such commodities and confirm that the training will include proper indication and use of these commodities. Refer to the Health Sector's Pharmaceutical and Other Medical Commodities subsector.

### **18.7. 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 or 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 you are proposing to rehabilitate a water source for both human consumption and aquaculture in the Water Supply sub-sector.

Applications including Fisherfolk as a keyword should address the criteria below, in addition to the relevant criteria in the BHA sector that aligns with the activity purpose.

1. Describe the fisherfolks' livelihoods pre- and post- disaster.
2. 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.
3. Explain how the proposed intervention will reduce the impacts of the disaster on fisherfolk or support resilient fisherfolk livelihoods.
4. 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 proposing multi-use water infrastructure, you should address the criteria below, in addition to the relevant criteria in the BHA sector that aligns with the activity purpose.

1. Explain how you determined output capacity to meet the needs of both human consumption and the needs of the intended fisherfolks' livelihoods. 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.
2. Describe what measures you will incorporate 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.

### **18.8. For-Training**

For-Training refers to interventions that condition the provision of a resource transfer on attendance at one or more training sessions. You will also need to use the appropriate keyword for the modality of the resource transfer, such as Cash, Vouchers, or In-Kind Food. BHA supports For-Training programming specifically when linking resource transfers with training has the potential to lead to better humanitarian outcomes than implementing the two interventions separately.

Any proposed For-Training interventions must explain the benefit of applying a conditionality between the need-based resource transfers and the training. You should cite any supporting evidence available to justify that linkage. Humanitarian for-training programming must be designed to support individuals/households with livelihood or survival deficits.

The description of the training must clearly articulate the number of sessions, the high-level topics to be covered, and the process for identifying which topics will be most appropriate to meet the needs of the affected population.

If the training design is focused on both meeting training needs and stabilizing food consumption through transfers, see the Conditional Food Assistance Sub-Sector.

### **18.9. For-Work**

For-work refers to “payments provided on the condition of undertaking designated work” ([CaLP Glossary](#)). It is a type of conditional programming that usually has dual objectives: providing income support to . . . vulnerable people through short-term, intensive, and unskilled [work] so they can meet

their essential needs; [and] . . . rehabilitat[ing] community assets and infrastructure “that support community life and livelihoods.”<sup>6</sup>

BHA often funds cash-for-work (CFW); that is, paying cash to the beneficiaries on the condition that they perform the work in question. BHA can also consider funding vouchers-for-work (VFW) or food-for-work (FFW) interventions.

For-Work interventions target beneficiaries based on need and vulnerability to do work that provides an added benefit to the beneficiaries’ community. For-Work is different from hiring casual workers as non-employee laborers for operational support. In contrast to For-Work beneficiaries, casual workers are hired to do needed tasks, according to their skills and availability, and paid at market rate.

The For-Work keyword indicates that paying community members to do work is the condition proposed to achieve a given purpose. You must utilize the For-Work keyword within the BHA sub-sector(s) that correspond(s) to your purpose.

Your application should demonstrate a careful consideration of the [Minimum Economic Recovery Standards](#) (MERS), a Sphere companion guide, with particular attention to Section 6, “Employment Standards”; and the [Sphere Handbook 2018 Appendix](#), “Delivering Assistance through Markets.”

See specific sectors, as well as the Structures, Natural Resource Management and Water Resource Management keywords, for guidance on what information is needed about the particular For-Work interventions.

You do not normally need to provide training to beneficiaries as a condition to receive cash, vouchers, or food; see sector-specific guidance for additional information.

For more information on the types of For-Work interventions that BHA supports, see the Cash for Work and Related Activities: Additional Guidance document on the [BHA EAG page](#). The target communities, including marginalized groups, should have a significant role in selecting the particular interventions. BHA only funds For-Work interventions that:

1. Benefit the whole community;
2. Have a demonstrated link to the impact of the disaster;
3. Do not incorporate work that people would normally do on their own, such as repair their own shelters or carry out their regular livelihoods;
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.

Applications including For-Work as a keyword must address the criteria below as applicable, in addition to relevant sub-sector requirements and the keyword requirements reflecting the modality of payment (Cash, Vouchers or In-Kind Food):

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<sup>6</sup>Closely adapted from Global Food Security Cluster, <https://reliefweb.int/sites/reliefweb.int/files/resources/gfsc-cmwg---cash-for-work-guidlines-july-2019-1.pdf>

1. Describe the selection process for the infrastructure/asset activities, including how you will engage communities, mitigate protection concerns, and solicit opinions from different segments of the community. BHA is supportive of community-led processes as long as the supported interventions meet BHA's technical requirements.
2. Provide an exhaustive list of possible types of activities to be performed. If this will be determined during implementation, include a confirmation in the application that you will obtain BHA's consent prior to beginning any interventions not mentioned in the application. Discuss how you will monitor tasks for quality assurance. Provide technical details of activities, if known at application stage.
3. Confirm that the proposed work activities do not cause harm to the natural environment. As appropriate, they should incorporate environmentally friendly and disaster risk-reducing materials or techniques, or build capacities of individuals and communities to manage and respond to future risks.
4. Provide a thorough description of who will be responsible for ongoing repair and maintenance of any infrastructure built or rehabilitated through For-Work, and explain how you will accomplish this transition, including women's management roles where feasible and appropriate.
5. Specify the modality of payment (cash, vouchers, or in-kind items) based upon the [Modality Decision Tool](#) for Humanitarian Assistance. In many instances, though not all, this will be cash. If you envision requesting Title II commodities, discuss this with regional BHA staff.
6. Provide the proposed CFW wage rate(s) (or equivalent for other modalities). You may propose either an hourly or daily rate or a task rate (e.g., paying per square meter). CFW wage rates should be set relatively low compared to the prevailing market wage for unskilled workers in the area for similar work, within the bounds of applicable wage and employment laws, and be coordinated with other humanitarian actors in the area. This is to prevent the distortion of local labor markets. You may budget appropriately higher rates for supervisors and skilled workers; however, For-Work is meant to mostly utilize unskilled labor.
7. Describe the beneficiary selection process, and number of beneficiaries, disaggregated by gender. Discuss how you will maximize the appropriate participation of women, persons with different levels of abilities, and others with unique considerations. If fewer than 50 percent of beneficiaries will be women, explain why, and discuss your intended efforts to ensure meaningful women's participation. BHA will allow a small percentage of vulnerable households without able-bodied labor to receive unconditional cash as part of a larger for-work intervention.
8. Explain the number of workdays the average For-Work beneficiary will work and the timing of For-Work interventions. How does this avoid undermining other labor needs in the community, or overburdening women or men?
9. 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, or gender or ethnic tensions that may arise or be exacerbated by For-Work interventions.
10. Outline post-distribution monitoring plans and a complaint-and-feedback mechanism for beneficiaries and non-beneficiaries.

## **18.9. Humanitarian Safety and Security Programming**

Proposed activities that address Humanitarian Safety and Security Programming typically fall under the Humanitarian Coordination, Information Management, Assessments sector or the Humanitarian Policy, Studies, Analysis, or Applications sector. BHA-funded humanitarian safety and security interventions 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:

1. Interventions designed to enhance the humanitarian community's ability to manage security must, to the extent possible, be open and accessible to all humanitarian organizations. Such activities must

- build—not replace—the capacity of humanitarian organizations to address their own operational security.
2. Safety and security training activities must identify and address the needs of both international and national staff and, where possible, local humanitarian organizations.
  3. Studies and research must build upon existing good practice in the realm of operational safety and security for both international and local humanitarian organizations.
  4. Studies that seek to statistically characterize humanitarian security incidents must be indexed (using rates), rather than stated in absolute terms alone.

## **18.10. Information Systems/Geographic Information Systems**

Proposed interventions with Information Systems/Geographic Information Systems (GIS) use a system or geographic data to assess needs and to plan, track, or report activity interventions. Systems may include new or existing applications that organize essential data. Geospatial data could include GPS coordinates, geo-referenced data, or satellite imagery.

You must include the information below if your application includes Information Systems/Geographic Information Systems as a keyword, in addition to the criteria in the BHA sector that aligns with the activity purpose:

1. Describe the proposed system or data and how it will support the activity purpose.
2. Explain how you will share the resulting data with 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.

## **18.11. In-Kind Food**

The In-Kind Food keyword applies when you have designated in-kind food commodities as the modality choice to achieve a sector-specific purpose. This keyword applies to:

1. Food commodities that the U.S. Government procures under the Title II authority and legally transferred over to you to distribute under an assistance award, which BHA refers to as “U.S. In-Kind.”
2. Food commodities you procure locally, regionally, or internationally under an assistance award for distribution to beneficiaries, which BHA refers to as Local, Regional, and International Procurement (LRIP).

### *Title II U.S. in-kind*

Title II U.S. in-kind food aid is the targeted provision of U.S. food commodities procured through the regular ordering process or drawn from pre-positioned stocks, as determined by BHA, with associated costs for distribution, transport and storage to food-insecure beneficiaries in the affected country. For U.S. in-kind food aid, applicants must request commodities on BHA’s commodity price list. Note that specialized food aid commodities, such as ready-to-use-foods (RUF) require specifically tailored interventions. BHA will consider requests for these specialized commodities on a case-by-case basis.

### *LRIP includes*

1. Local procurement: The targeted provision of food or specialized nutritious foods procured within a country affected by an emergency.
2. Regional procurement: The targeted provision of food or specialized nutritious foods procured from a country that is within the same continent.
3. International procurement: The targeted provision of food or specialized nutritious foods procured from a country that is not located within the same continent as the country in which the commodities will be used.

For Title II resources, see the additional guidance on the [BHA EAG page](#). Additionally, you should be in continuous discussion with BHA colleagues regarding the specific timing and requirements of procuring and managing Title II resources. Title II budgets must separately account for internal transportation, storage, and handling (ITSH) and Section 202(e) costs, as described in the [BHA EAG page](#) on eligible uses of Section 202(e). When using Title II U.S. in-kind food, you must comply with [22 CFR 211](#), which provides the standard terms and conditions applicable to Title II programs including packaging, entry into foreign ports, disposition, and reporting of commodity losses. If procuring commodities using Title II funding, you must also follow the guidance outlined in BHA FP 20-02: Procedure to Determine Compliance with the Conditions of the Bellmon Amendment.

For local, regional, or international procurement, BHA prioritizes procurement in developing countries. Consequently, for all local, regional, and international procurements, country of source and country of origin must be included within the “Lower Middle Income Countries and Territories” level or below on the Official Development Assistance (ODA) recipients list of the Organization for Economic Cooperation and Development’s (OECD) Development Assistance Committee (DAC) unless the country in which the commodities are to be procured is itself affected by the same crisis. You should use the [most recent DAC list](#). A commodity’s source is the country from which the seller ships the commodity, and origin is the country in which the commodity was produced. BHA also does not permit procurement from any prohibited source countries in the mandatory reference to [ADS Chapter 310](#).

See the [BHA EAG page](#) for further details on BHA’s policy on source and origin for LRIP. BHA will only approve international procurement under rare circumstances in which neither local and regional markets nor U.S. in-kind food are sufficient to meet the needs in an urgent crisis and will require specific justification. You should explicitly identify any deviation from this requirement in the application with justification for the requested waiver.

BHA expects all partners to make informed modality selection choices as part of the response analysis. The [Modality Decision Tool](#) for Humanitarian Assistance is a guide to applicants in the process of modality selection. The tool relies on context-specific information to justify the modality or mix of modalities used. The tool addresses four areas: market appropriateness, feasibility, programming and sector objectives, and cost.

In alignment with that requirement:

1. Provide evidence that source markets have adequate quantity and quality of supply of the commodities to be procured:
  - a. Describe how you have determined that in-kind food will not have a disruptive impact on the farmers or the local economy of the recipient country, in alignment with the requirements of Section 403(a) of the Food for Peace Act.
  - b. If procuring locally, regionally, or internationally (other than U.S. In-Kind), describe how you will conduct procurements in a manner that will not disrupt food access for non-beneficiaries in the source market and will ensure that the type and quality of food provided is appropriate for and acceptable to the affected population. In addition to immediate availability of stocks within the market, this description should include whether prices are stable or stabilizing relative to historical and seasonal trends, market competition, and degree of integration with larger regional or international markets for restocking if needed.
2. Discuss how logistical and access constraints have informed modality selection.
  - a. Discuss timeliness with regards to procurement lead-time.
  - b. Describe the state of transportation and storage infrastructure and how it affects plans for commodity management.
  - c. Describe the management of distribution sites. Specify the proposed roles and responsibilities of each party to distribution, including sub-awardees, contractors, local officials, and any other party with a formal role in the distribution process.
3. Provide analysis as to how each proposed modality and delivery mechanism incorporates specific needs and preferences of vulnerable people.
  - a. Describe how the modality choice and design of the “last mile” delivery—the last stage of the supply chain that involves delivery resource transfers to end beneficiaries—take into account any specific needs or references expressed by the community across age, gender, ethnicity, disability status, or other relevant social dynamics.
  - b. Consider protection concerns (e.g., intra-household dynamics, differences between men’s and women’s preference for food, protection concerns relating to the distribution, including location of distribution sites and weights and distances beneficiaries may be required to carry commodities) and beneficiary preferences.
  - c. Clarify to what extent you have already engaged with the community on activity design, and how members of the affected population will have opportunities to provide input and feedback over the course of implementation.
  - d. Include details about how the food assistance intervention may mitigate or exacerbate conflict dynamics at the community or household level, and how these factors have informed design.
4. Explain how you have factored cost considerations into modality and delivery decision-making. Level of detail on cost analysis must be appropriate to the phase of crisis. During rapid onset disasters, cost analysis should reflect data that can be gathered and analyzed quickly. Otherwise:
  - a. For local, regional, and international procurements, you must provide a comparison between planned commodity and freight costs to your main warehouse in-country and estimated U.S. in-kind commodity and freight costs using the BHA [commodity calculator](#).
  - b. If the proposed modality or delivery mechanism is not the most cost efficient, describe what other considerations or tradeoffs went into the decision to use it, such as in-country delivery costs or costs borne by the beneficiaries for one modality or delivery mechanism over another. If available, you may choose to cite any studies, pilots, evaluations, or other evidence relevant to the implementation country to support your decision.

5. Provide a detailed plan on how food will be delivered in a manner that takes key risks into account and is convenient, secure, accountable, and cost-efficient.
6. If you are proposing LRIP:
  - a. You must obtain commodity specifications and ensure compliance of these specifications with the local and recipient country standards, as well as USAID commodity requirements when applicable. To obtain commodity specifications and ensure compliance:
    - i. U.S. Government commodity specifications can be found under [Food Aid Product Descriptions](#) on the USAID website or on the [Farm Service Agency](#)'s website;
    - ii. In the absence of U.S. Government commodity specifications, obtain specifications from WFP and or local country bureau of standards provided that such specifications have gone through a validation process; and
    - iii. Jointly review specifications with suppliers to make sure there is clear understanding and expectations around quality, safety, and delivery terms when awards are made.
  - b. Food suppliers must provide Certificates of Analyses (CoAs) to demonstrate compliance at source. A CoA per lot of production being shipped out should be part of the awardee-vendor agreement.
  - c. Food vendors must go through annual food safety and quality audits. If several partners are procuring from the same food supplier, and similar commodities, BHA encourages these partners to coordinate among them to arrange for only one annual audit for common suppliers. Alternatively, in order to minimize cost, and given the fact that there is reciprocity between USAID and WFP in terms of food safety and quality compliance, if a partner is procuring the same commodities from the same suppliers as WFP, BHA can accept current WFP required valid audits if conducted within the past year of the intervention.
  - d. In addition to CoAs and annual audits, a partner must have its own third-party inspector verifying the loading of commodities onto trucks, at source, where possible, and arrange to take random samples for testing and cross-checking the level of quality and commodity integrity compliance. Exhaustive sampling and testing are not necessary if reliable CoAs are produced and satisfactory auditing reports are obtained. The scope of the third-party inspection from recognized service providers will depend on procured volumes and intensity of the procurement activity.
  - e. If you propose to procure commodities in extreme conflict conditions where access to manufacturing sites, warehousing and testing facilities is very limited or nonexistent, partners must obtain as much information as possible detailing how the product is produced (Good Manufacturing Practices) and handled. Partners must obtain samples of commodities and at least do the testing out of the extreme conflict area (i.e., in a neighboring country), even when testing happens after food has been distributed. Sampling and testing do not have to be of every lot produced, but at the very least you must collect significant numbers of samples to allow USAID to assess whether the food provided to people was safe and nutritious.

## 18.12. 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 (e.g., 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).

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 proposing a livestock market as one of several Market System Strengthening sub-sector activities, or when proposing to rehabilitate a water source for both human and livestock consumption in the Water Supply sub-sector.

You must address the criteria below if you are including livestock as a keyword in addition to the relevant criteria in the BHA sector that aligns with the activity purpose.

1. Describe livestock livelihoods pre- and post-disaster.
2. 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.
3. Describe how the proposed intervention will reduce the impact of the disaster on livestock keepers or support resilient livestock livelihoods.
4. 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 proposing multi-use water infrastructure, you should address the criteria below, in addition to the relevant criteria in the BHA sector that aligns with the activity purpose.

1. Describe how you determined that output capacity meets 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 provide water to 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.
2. Describe what measures you will incorporate 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, as well as measures to protect the water source from livestock.

### **18.13. Natural Resource Management**

Environmental degradation and natural resource depletion can also be underlying and contributing factors to humanitarian crises. Humanitarian crises often damage the natural resources found within an area and the associated ecosystem services. During a humanitarian crisis and into recovery, unsustainable use of natural resources can negatively impact livelihoods as well as food and water availability. Unsustainable use can increase competition for scarce resources, creating further exposure and vulnerability to natural disasters. This undermines early recovery efforts and self-reliance after disasters, in addition to increasing conflict risks. Use of the NRM keyword indicates that the applicant is proposing interventions to restore, improve, or protect natural resources.

BHA aligns with USAID's [Environmental and Natural Resources Management \(ENRM\) Framework](#), supporting NRM for sustainable human use which includes land, water, soil, plants, and animals. Additional references to consider, as appropriate, include the [Joint OCHA/Environment Unit \(JEU\) Environment in Humanitarian Action Fact Sheet](#), [Sphere Handbook Environment Thematic Sheet](#), and

[Flood Green Guide](#). Finally, [EHA Connect](#) is an online repository of tools and guidance on environment and humanitarian action.

BHA encourages creative and novel approaches to NRM, as well as efforts to mitigate and/or reduce the exploitation of natural resources in target areas. Applications including NRM interventions should meet all relevant sector and sub-sector requirements. Use the NRM keyword and address the following requirements, as appropriate:

1. Describe methods used for assessing the NRM needs. Indicate particular shock(s) damaging natural resources, as well as what challenges beneficiaries face as a result.
2. Describe organizational capacity to address the identified NRM issues and interventions, including organizational policies, strategies, and tools aimed at reducing or mitigating impacts to natural resources during implementation.
3. Provide contextual analysis of previous resource management practices (if any) that have succeeded or failed in the target area.
4. Explain how the proposed NRM activities will support the sub-sector needs and gaps identified, and describe how proposed NRM intervention(s) will restore, improve, and protect natural resources influencing the survival, recovery, and coping capacity of the targeted population.
5. Consider both structural (hard, soft, and nature-based) and non-structural (user groups, planning, policy implementation) interventions and their post-award sustainability.
6. Describe how you will ensure that beneficiaries using shared resources (e.g., land or water) have rights and capacity to access, addressing issues around conflict and/or competing agendas
7. Describe how relevant civil-society and government entities would be involved in the proposed intervention.

[ADS Chapter 204](#), Environmental Procedures, outlines requirements in emergencies (see 204.3.10, Environmental Review in International Disaster Scenarios). Most activities are exempt, but certain exceptions apply.

#### **18.14. 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 you propose to rehabilitate a water source 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 to that which is detailed in the Livestock keyword.

#### **18.15. Pesticide-Containing Materials**

Pesticide-containing materials and sprayers are USAID restricted goods, and their use, procurement, distribution, transport, management, and disposal require BHA approval. In this regard, applications 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, or other vector-borne diseases;
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 activities (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.

Applications that include the Pesticide-Containing Materials keyword must also address the following points:

1. Ensure that WHO and USAID recommend the proposed materials and that the materials 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. Explain how you will safely handle any necessary activities related to the disposal of the proposed materials or empty containers and packaging materials.
6. For more information and guidance, go to the links to USAID/PMI, BHA, and WHO documents available in the Pests and Pesticides sub-sector, Pesticide and LLIN sections in the Guidelines, as well as the [BHA EAG page](#).

## **18.16. Private Sector Engagement**

Proposed interventions that include Private Sector Engagement (PSE) feature elements of explicitly consulting, strategizing, aligning, collaborating, and implementing with the private sector for greater scale, sustainability, and effectiveness of humanitarian outcomes.

BHA supports its partners to engage with the private sector in line with the [USAID Private Sector Engagement Policy](#) (see the Policy for the definition of the “private sector”). As clearly stated in the Policy, “PSE is a means to an end,” not an end unto itself, and, thus, all PSE should contribute to the stated objectives of the application. You may use this keyword in any of the BHA sectors or sub-sectors.

This keyword should be used narrowly, for interventions that explicitly work with the private sector to:

1. Increase the efficiency, effectiveness, and/or sustainability of humanitarian response, recovery, and disaster risk reduction outcomes;
2. Influence the behavior of private sector entities operating in complex environments and disaster responses to ensure that actors employ the principle of Do No Harm; and

3. Facilitate an environment in which various actors from the humanitarian landscape, including private sector stakeholders, come together to create potential synergies.

This keyword should not be used for routine business interactions, such as procuring goods and services, or cash and voucher distributions. In addition, you should not use this keyword for interventions that provide business support to beneficiaries based on need (such as those that fall under the Economic Recovery and Market Systems sector).

All private sector engagement interventions should be consistent with humanitarian principles, including the [Guiding Principles for Public-Private Collaboration for Humanitarian Action](#).

PSE spans a spectrum of different types of relationships, ranging from fully donor-funded interventions to those in which private-sector entities take a lead or primary role in addressing challenges. Along this spectrum, BHA defines successful private sector engagement approaches as those that:

1. Hold the private sector accountable for making inclusive business investments that have a positive social and environmental impact on communities;
2. Include a strategic and dynamic mix of financial and non-financial approaches tailored to address specific humanitarian challenges;
3. May include a range of private-sector motivations. However, BHA prioritizes engagement with private sector entities' core businesses in interventions that make sense both for vulnerable communities and for companies;
4. Leverages U.S. Government funds effectively to reach humanitarian objectives; and
5. Yields benefits for all partners, including and especially for those most vulnerable to the risks of disaster.

In your application, in addition to relevant sub-sector requirements, address:

1. How exactly you plan to reach out to or engage with the private sector, including the nature and formality of the relationships that will be built. If specific businesses or sectors are known at this time, identify these.
2. The added value that you expect the PSE approach will bring to the proposed intervention, including any unique capabilities or opportunities.
3. How you have conducted (or will conduct, for entities not yet identified) due diligence<sup>7</sup> on private sector entities. Due diligence includes, at a minimum, assessing past performance, reputation, policies, and future plans of a private-sector partner. You should also carefully consider issues of additionality and shared ethics, including upholding responsible business practices, environmental protection and respect for human rights and humanitarian principles.
4. The potential for replication of interventions beyond the period of performance, including how interventions may be self-sustaining over the long term.
5. How the proposed interventions will result in measurable humanitarian outcomes for the most vulnerable populations.
6. How other community representatives have been or will be consulted and engaged in the planning and design of PSE-related interventions.

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<sup>7</sup> Closely adapted from USAID PSE Strategy.

### **18.17. Refugees**

A refugee is someone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion, or membership in a particular social group. Most likely, they cannot return home or are afraid to do so. A refugee can be located inside or outside of a camp or settlement.

BHA supports food assistance programming for refugees. You should use the Refugees keyword when the proposed activity or intervention will specifically support resource transfers to improve or maintain the food security of refugees, whether in part or in total. When using the Refugees keyword, you should include similar information in the Beneficiary Numbers of the application, even if it is an estimation.

### **18.18. Seeds and Seedlings**

For BHA, the Seeds and Seedlings keyword refers to all seed, cuttings, and seedlings for fruit, vegetable, grass, tree and grain and root crops. The Seeds and Seedlings keyword indicates that the use of seeds or seedlings is the input proposed to achieve the activity purpose within a BHA sector. You must utilize the Seeds and/or Seedlings keyword within the BHA sector that corresponds to your activity purpose. Below are some examples:

1. You must categorize seeds or seedlings used to improve nutrition by promoting school gardens or gardens adjacent to health centers, feeding centers, and similar facilities as a Health or Nutrition sector activity, using the Seeds and Seedlings keyword.
2. You must categorize seeds or seedlings used as part of for-work (e.g., pasture regeneration by planting seedlings) as an ERMS activity, using the Seeds and Seedlings keyword.
3. You must categorize seeds and seedlings used to support DRR (e.g., for reforestation or the planting of seeds and seedlings as a means to manipulate watersheds or waterflow) as a DRRPP activity, using the Seeds and Seedlings keyword.
4. You must categorize seeds and seedlings used to promote pasture regeneration or grow fodder for livestock under the Livestock sub-sector, using the Seeds and Seedlings keyword.

Applications including Seeds and Seedlings as a keyword must address the criteria below, in addition to the criteria in the BHA sector that aligns with the activity purpose.

1. Specify what seed assessment data justifies the provision of seeds and or seedlings and how you determined the modality of provision to be the most appropriate.
2. Explain how farmer preference for crop or variety and varietal characteristics plays a role in determining what seeds will be provided.
3. For all seed or 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, and pest infestation. You must maintain records of this analysis.
4. Provide a plan for maintenance and management of planted seedlings and 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 seeds or seedlings requires BHA approval prior to procurement.

## 18.19. Structures

### Overview

A structure is defined as any human-made arrangement of interconnected parts or elements, either free-standing or with necessary connections that creates assemblies, systems, or infrastructure. Structures are designed to inhabit, transport, contain, utilize, or otherwise augment the activity of humans, animals, or environmental forces.

You should utilize the structures keyword when proposing the provision, repair, rehabilitation (including improvement and expansion), operation, and maintenance of the horizontal or vertical structures, facilities, and infrastructure essential to the survival and recovery of populations affected by humanitarian disasters and crises. Applications for structures in Shelter and Settlements, WASH, and Natural Hazards and Technological Risks sectors do not need to utilize the Structures keyword and should follow the BHA Emergency Application Guidelines specific to those sectors. In addition, the Structures keyword does not apply to nature-based solutions or living structures.

BHA will only fund structural interventions associated with those efforts necessary to support the BHA mandate. Permitted efforts include repair and rehabilitation of structures that address identified humanitarian needs; are within humanitarian guidance (i.e., [Sphere Handbook](#), and USAID policy); have response-appropriate timelines and resource requirements; require limited technical and institutional capacities; and are consistent with current community construction practices.

The following efforts (unless necessary for functionality) do not need to use this keyword:

1. Cosmetic improvements, such as painting, carpeting, or plaster finish coats; and
2. For buildings: repairing or replacing physical non-load-bearing components of the same size, re-fixing loose non-loading bearing materials, or the replacement of non-load bearing parts (e.g., replacement of windows, doors).

### Guiding Principles

Local contextual conditions, the issues noted above, and the following guidance should inform the planning and provision of the proposed creation or rehabilitation of structures:

1. Construction of new structures must be indispensable (not just desirable) to achieve the proposed activity purpose and intended to be either emergency or transitional.
2. Provision or repair of structures intended to be either emergency or transitional in nature will be informed by a contextually-driven process of building that promotes a transition from short-term relief to longer-term development, in contexts where this is possible.
3. Alterations made to a structure or site must make it possible for persons to re-use the site for another purpose after the activity ends, or to carry out additional works to make a transitional structure permanent.

### Detailed Guidance

1. Explain the needs of the population expected to access and use the structure(s).

2. Estimate the number of beneficiaries (human or animal) within the target population that will derive physical, economic, or social benefits from accessing the services provided by the proposed structure(s).
3. For rehabilitation activities, describe the current level of disrepair of or damage to the structure(s). To do this, provide illustrative construction drawings, photographs, or field sketches.
4. Prior to considering new construction, assess the presence of existing structures in the proposed activity area that could be used to provide the needed services, even if those structures require repair and rehabilitation.
5. Assess the type and frequency of the common hazards that could threaten the structure(s), evaluate the level of exposure to hazards in target areas from proposed activities, identify any potential for creating new risks to communities in the vicinity of the target areas, and describe planned mitigation efforts to address these risks.
6. Assess implementing organization (e.g., NGO, contractor) capacity to carry out proposed activities. Focus on the personnel responsible for leading the activity assessment, design, and implementation and ensure that the implementing organization follows best practices to mitigate all safety and protection concerns of exploited persons.
7. If you are proposing for-work labor for construction, use the For-Work keyword, and describe any safety and construction training that will be provided to laborers.
8. Describe how the proposed activity will reduce adverse environmental and health impacts on target populations.
9. Assess existing community capacity to operate and maintain new and rehabilitated structure(s); describe strategies to ensure that the structure(s) will continue to function and meet the needs of the target population after the award ends, with special attention to economic, technical, and social aspects; and detail plans for operation and maintenance after the award by implementing partners, host country and local government authorities, local private sector actors, or target communities.
10. Establish procedures for inspection to verify compliance with activity specifications throughout the activity.

### *Technical Design Specifications and Budget Justification Requirements*

You should not begin work without having the necessary information per the requirements below. In certain contexts, however, this information may not be known at initial application submission (e.g., community asset identification will take place after receipt of award). In instances such as this, you should explain why the information is not available, provide best estimates of values and include a justification for the proposed budget. You must provide explanations to BHA and receive approval from BHA in advance of work beginning. In these instances, include a statement confirming that the applicant will submit this information for BHA concurrence before beginning work.

1. For proposed additions, renovations, and repairs, include the total area, length, and height (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).
2. For proposed new structure(s), include the total area, length, and height (in square or lineal meters) of new usable space.
3. Include an accurate estimate of the total activity budget to be spent on proposed construction activities.
4. Submit a Bill of Quantities that includes each construction item's description, unit of measurement, unit cost, complete number of units per structure, and complete cost of structure reflecting all of the inputs, units, unit costs, and line item costs needed to create or rehabilitate the proposed structure(s).

5. Submit working drawings and diagrams that will serve as the design and construction guide for implementation of the proposed structure(s), clearly identifying major physical site features and natural hazards. Annotate all dimensions and describe the materials to be used.
6. You must ensure that proposed activities reflect recognized humanitarian community accessibility standards for construction.

## 18.20. Vouchers

The Vouchers keyword indicates that vouchers are the modality proposed to achieve a BHA sector purpose. BHA defines a voucher (definition 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' conducted by the partner. Vouchers are, by definition, restricted transfers. For distinctions between value vouchers and commodity vouchers, see the [CaLP Glossary](#).

When you propose a voucher modality, you must address the requirements below, as applicable, as well as the relevant sub-sector requirements.

Your application should demonstrate a careful consideration of relevant standards, including the Sphere companion [Minimum Standard for Market Analysis \(MISMA\)](#) and the [Sphere Handbook](#) 2018 Appendix, Delivering Assistance through Markets.

BHA expects all partners to make informed modality selection choices as part of response analysis. The [Modality Decision Tool](#) for Humanitarian Assistance is a guide to applicants in the process of modality selection. The tool relies on context-specific information to justify the modality or mix of modalities used. The tool addresses four areas: market appropriateness, feasibility, programming and sector objectives, and cost. In accordance with that requirement:

1. Discuss how market conditions for the goods or services in question are appropriate for using vouchers, addressing factors such as availability (quantity and quality), prices, competition, trader capacity, and market power. Voucher interventions should be thoughtful about promoting healthy competition.
2. Discuss the feasibility of the use of vouchers, addressing timeliness, affected people's access to markets, overall security, operational capacity, and relevant policies.
3. Explain the details of voucher features and the voucher delivery and redemption process, taking key risks into account. These processes should be convenient for voucher recipients, secure, accountable, and cost efficient, and they should adhere to USAID's electronic payment regulations. You should indicate and justify any requests for e-payment waivers.
4. Explain why vouchers are well suited to meet the activity purpose(s). This should include a discussion of affected people's preferences, gender dimensions, cultural appropriateness, conflict sensitivity, and protection concerns.
5. Discuss any evidence to indicate the cost-efficiency or cost-effectiveness of vouchers relative to other options. If it is not the most efficient or effective, what considerations or tradeoffs did you consider?

Additionally:

1. Provide a calculation and justification for the value and frequency of the voucher, including if and how you may adjust the value over the course of the intervention;
2. Specify whether project beneficiaries will use vouchers or commodity vouchers, and include a list of allowed items or categories;
3. Describe how you will select and monitor vendors to promote sufficient competition, recipient choice, fair prices, and quality of commodities consistent with market offerings;
4. Describe strong recipient selection and verification processes that address both inclusion and exclusion errors; and
5. Outline post-distribution monitoring plans and a complaints-and-feedback mechanism.

### **18.21. WASH in Health Facilities**

Proposed interventions related to WASH in Health Facilities include those that address rehabilitation or construction of water supply/storage, water treatment, access to latrines, access to hand washing infrastructure, and waste management (including medical waste) 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 existing handwashing sinks, toilets, plumbing, or piped water supply.
2. Any new construction/installation, service provision, or any intervention beyond basic rehabilitation or repairs of latrines and toilets, plumbing systems and septic tanks, desludging facilities, hand washing facilities, water sources, water trucking, extensions of existing piped systems, water storage facilities, and water treatment facilities requires the inclusion of the relevant WASH sub-sector in the application. 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 applications 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 or supplies, and the justification for the selection of the health facility for WASH infrastructure and services.

### **18.22. Water for Productive Uses**

Proposed interventions related to Water for Productive Uses are those that aim to improve water supply for non-potable uses (i.e., 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 activities in the DRRPP or NHTR sector that propose to increase water for livelihoods use 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 water treated under your activity may also 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 the secondary purpose.

### 18.23. Water Resource Management (WRM)

You should use the water resource management (WRM) keyword for proposed interventions related to WRM that seek to restore, improve, mitigate, and protect water resources for the purpose of meeting targeted populations' integrated, multiple needs for water. Examples of permitted efforts include, but are not limited to, the provision, repair, or rehabilitation of small-scale WRM structures or systems to mitigate the impacts of natural disasters and complex emergencies. This guidance does not apply to domestic water service provision or the NHTR sector.

The following considerations should inform the planning and implementation of WRM:

1. Local context;
2. Management of water for multiple uses, particularly in populations threatened by natural disasters and complex emergencies (e.g., recurrent droughts or flooding); and
3. Both structural and nature-based approaches.

Applications including WRM as a keyword should address the criteria below, in addition to the relevant criteria in the BHA sector that aligns with the activity purpose:

1. Assess current water resources in the target area to ensure that proposed interventions meet water demands sustainably and do not stress or overtax existing water resources beyond the limits of recovery.
2. Describe any WRM structures or systems (e.g. hard, soft, nature-based, user groups, policy) in place in the target geography, including those affected by or contributing to the current shock or crisis. This includes describing the governance around water allocation and management.
3. Describe how the emergency event or context (including protracted crises or significant population shifts) has affected the existing WRM structure or system, as applicable. Describe how the proposed intervention addresses or will help the structure or system adapt to the identified impacts.
4. Evaluate and describe potential risks associated with the proposed intervention(s) to the target area and within the watershed. Describe the affected community's involvement in identifying and prioritizing risks to water supplies during assessments and how interventions were designed to address significant risks. Evaluate and describe potential risks associated with the proposed intervention(s) to the target area and within the watershed. Consider post-award sustainability of proposed interventions.
5. Where applicable, explain how you will design new infrastructure (e.g., ponds, reservoirs) to avoid the creation of vector habitats, in particular habitats for mosquitoes.
6. Describe how threatened or vulnerable populations will be connected to longer-term services or programs to reduce risk to shocks that are driven by poor water management and water insecurity.
7. Describe how stakeholders will address access constraints posed by prolonged crises and emergencies.
8. Account for the multiple uses of water, domestic (e.g., drinking, cooking, hygiene) and productive (e.g., irrigation, livestock, brick making) by different groups when undertaking WRM assessments and planning activities to understand the overall water demand.
9. For conditional assistance that includes WRM interventions (i.e., for-work interventions), provide an explicit description of WRM interventions and objectives.
10. For interventions that include structures, use the Structures keyword and follow the guidance provided.

## 18.24. Weather Station

A weather station is an instrument for measuring meteorological variables, such as rainfall, temperature, air pressure, wind, evaporation, and other atmospheric factors. 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 reflect fluctuations of weather conditions in the target location.

Partners proposing to install weather stations or other observation stations should use the Weather Station keyword and answer the following questions:

1. What type of station will you use in your intervention?
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 stakeholders utilize observations produced under your intervention?
6. What type of analysis will stakeholders develop using the weather station?
7. Who will be responsible for repairing, maintaining, and replacing the station after the activity is completed?
8. Will the proposed station be incorporated into a national hydrometeorological observation network? If not, explain why.

## 19. Acronyms

<b>ABA</b>	Architectural Barriers Act
<b>ADA</b>	Americans with Disabilities Act
<b>ADS</b>	USAID Automated Directives System
<b>ANC</b>	Antenatal Care
<b>AO</b>	Agreement Officer
<b>AOR</b>	Agreement Officer's Representative. The AOR is an BHA/W staff member authorized by the Agreement Officer, by policy or by regulation, to carry out specific aspects of contract or award administration.
<b>APS</b>	Annual Program Statement
<b>ARI</b>	Acute Respiratory Infection
<b>ART</b>	Awards Results Tracking system
<b>BCC</b>	Behavior Change Communication
<b>BEmONC</b>	Basic Emergency Obstetric and Newborn Care
<b>BHA</b>	Bureau for Humanitarian Assistance
<b>BHAFP</b>	Bureau for Humanitarian Assistance Functional Policy
<b>BOQ</b>	Bill of Quantities
<b>BPHS</b>	Basic Package of Health Services
<b>BSFP</b>	Blanket Supplementary Feeding Programs
<b>BS/MP</b>	Branding Strategy and Marking Plan
<b>CaLP</b>	Cash Learning Partnership
<b>CFW</b>	Cash-for-Work
<b>CFR</b>	Code of Federal Regulations
<b>CAHW</b>	Community Animal Health Worker
<b>CEmONC</b>	Comprehensive Emergency Obstetric and Newborn Care
<b>CHW</b>	Community Health Worker
<b>CLTS</b>	Community Led Total Sanitation

<b>CMAM</b>	Community Managed Acute Malnutrition
<b>COA</b>	Certificate of Analysis
<b>CP IMS</b>	Child Protection Information Management System
<b>CVA</b>	cash and voucher assistance
<b>DCHA</b>	USAID’s Bureau for Democracy, Conflict, and Humanitarian Assistance. DCHA was formerly the Bureau for Humanitarian Response (BHR)
<b>DHS</b>	Demographic Health Survey
<b>DRR</b>	Disaster Risk Reduction
<b>DUNS</b>	Data Universal Numbering System
<b>e.g.</b>	For example,
<b>EAG</b>	Emergency Application Guidelines
<b>ENRM</b>	Environment and Natural Resource Management
<b>EPHS</b>	Essential Package of Health
<b>EPI</b>	Expanded Program of Immunizations
<b>ERMS</b>	Economic Recovery and Market Systems
<b>EWS</b>	Early Warning System
<b>FAA</b>	Foreign Assistance Act of 1961, as amended
<b>FAO</b>	U.N. Food and Agriculture Organization
<b>FCS</b>	Food Consumption Score
<b>FDA</b>	U.S. Food and Drug Administration
<b>FEWS NET</b>	Famine Early Warning Systems Network
<b>FFW</b>	food for work
<b>FOG</b>	BHA <i>Field Operations Guide for Disaster Assessment and Response</i>
<b>FSP</b>	financial service provider
<b>GAM</b>	Global Acute Malnutrition
<b>GBV</b>	Gender-Based Violence
<b>GDP/GSP</b>	Good Distribution Practices/Good Storage Practices

<b>GIS</b>	Geographic Information System
<b>GPS</b>	Global Positioning System
<b>HCIMA</b>	Humanitarian Coordination, Information Management, and Assessments
<b>HF</b>	Health Facility
<b>HHS</b>	Household Hunger Scale
<b>HIV/AIDS</b>	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
<b>IASC</b>	U.N. Inter-Agency Standing Committee
<b>IDP</b>	Internally Displaced Person
<b>IEC</b>	Information, Education, Communication
<b>ILO</b>	International Labor Organization
<b>IMCI</b>	Integrated Management of Childhood Illnesses
<b>IMCNI</b>	Integrated Management of Childhood and Neonatal Illness
<b>IOM</b>	International Organization for Migration
<b>IPC</b>	Infection Prevention and Control
<b>IPPC</b>	International Plant Protection Convention
<b>ISDR</b>	U.N. International Strategy for Disaster Reduction
<b>ISPM</b>	International Standards for Phytosanitary Measures
<b>ITM</b>	Insecticide-Treated Materials
<b>ITPS</b>	Insecticide-Treated Plastic Sheeting
<b>ITSH</b>	Internal Transport, Storage and Handling
<b>IYCF</b>	Infant and Young Child Feeding
<b>JEU</b>	Joint UN OCHA/Environment Unit
<b>KAP</b>	Knowledge, Attitudes, and Practices
<b>LCS</b>	Livelihoods Coping Strategies
<b>LLIC</b>	Long-Lasting Insecticide-Treated Curtain
<b>LLIN</b>	Long-Lasting Insecticide-Treated Net

<b>LQAS</b>	Lot Quality Assurance Sampling
<b>LRIP</b>	Local, Regional, and International Procurement
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MAM</b>	Moderate Acute Malnutrition
<b>MAMI</b>	Management of At-risk Mothers and Infants
<b>MDT</b>	Modality Decision Tool
<b>MEB</b>	Minimum Expenditure Basket
<b>MERS</b>	Minimum Economic Recovery Standards
<b>MFI</b>	Microfinance Institution
<b>mhGAP-HIG</b>	WHO Mental Health Gap Action Program Humanitarian Intervention Guide
<b>MISMA</b>	Minimum Standard for Market Analysis
<b>MIYCN-E</b>	Maternal Infant and Young Child Nutrition in Emergencies
<b>MoH</b>	Ministry of Health
<b>MPC(A)</b>	multipurpose cash (assistance)
<b>MSNA</b>	multi-sector needs assessment
<b>MUAC</b>	Mid-upper Arm Circumference
<b>NATO</b>	North Atlantic Treaty Organization
<b>NCD</b>	Non-Communicable Disease
<b>NCAGE</b>	NATO Commercial and Governmental Entity
<b>NFI</b>	Non-Food Item
<b>NGO</b>	Non-Governmental Organization
<b>NICRA</b>	Negotiated Indirect Cost Rate Agreement
<b>NRM</b>	Natural Resource Management
<b>OCHA</b>	U.N. Office for the Coordination of Humanitarian Affairs
<b>OFAC</b>	U.S. Department of the Treasury's Office of Foreign Assets Control
<b>OIE</b>	World Organisation for Animal Health

<b>ORI</b>	Outbreak Response Immunizations
<b>ORS</b>	Oral Rehydration Salts
<b>OMB</b>	U.S. Office of Management and Budget
<b>PAL</b>	Pre-Award Letter. The PAL communicates any agreements, such as start dates, that may be reached with applicants prior to award.
<b>PDS</b>	Participatory Disease Surveillance
<b>PEA</b>	USAID Programmatic Environmental Assessment
<b>PENAPH</b>	Participatory Epidemiology Network for Animal and Public Health
<b>PEPFAR</b>	U.S. President’s Emergency Plan for AIDS Relief
<b>PHC</b>	Primary Health Care
<b>PHEIC</b>	Public Health Emergency of International Concern
<b>PHIS</b>	Public Health Information System
<b>PIO</b>	Public International Organization
<b>PIRS</b>	Performance Indicator Reference Sheet
<b>PMC</b>	Pharmaceuticals and other Medical Commodities
<b>PML</b>	Pre-Modification Letter. The PML communicates any agreements, such as start dates, that may be reached with applicants prior to modification of an award.
<b>PNC</b>	Postnatal Care
<b>PPE</b>	Personal Protective Equipment
<b>PRA</b>	Pest Risk Analysis
<b>PSE</b>	Private Sector Engagement
<b>R&amp;R</b>	Rest and Relaxation
<b>rCSI</b>	reduced Coping Strategy Index
<b>RDT</b>	Rapid Diagnostic Test
<b>RFA</b>	Request for Applications
<b>RH</b>	Reproductive Health
<b>ROSCA</b>	Rotating Savings and Credit Association

<b>RUTF</b>	Ready-to-Use Therapeutic Food
<b>S&amp;S</b>	Shelter and Settlements
<b>SA</b>	Settlements Approach
<b>SBC</b>	Social and Behavior Change
<b>SIA</b>	Supplemental Immunization Activities
<b>SMART</b>	Standardized Monitoring and Assessment of Relief and Transitions
<b>SNA</b>	Supplemental Nutrition Assistance
<b>SOW</b>	Statement of work
<b>SOS</b>	Shelter Opportunity Survey
<b>SPOG</b>	Senior Policy Operating Group
<b>SSSA</b>	Seed System Security Assessment
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>TBA</b>	Traditional Birth Attendant
<b>UN</b>	United Nations
<b>UNDP</b>	UN Development Program
<b>UNICEF</b>	U.N. Children's Fund
<b>UNOCHA</b>	UN Office for the Coordination of Humanitarian Affairs
<b>USAID</b>	United States Agency for International Development
<b>USAID/OAA</b>	USAID's Office of Acquisition and Assistance
<b>USD</b>	U.S. Dollar
<b>VFW</b>	Vouchers for Work
<b>VPMC</b>	Veterinary Pharmaceuticals and other Medical Commodities
<b>VSLA</b>	Village Savings and Loan Association
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WFH</b>	Weight for Height

**WFP**

World Food Program

**WHO**

U.N. World Health Organization