



**USAID**  
FROM THE AMERICAN PEOPLE

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

**GUIDELINES FOR PROPOSALS**

**APRIL 2017  
PARTIAL REVISION**



The following changes have been made to the *Guidelines* since the October 2012 release. Please incorporate these changes into your proposals. Most recent changes are listed first.

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

<b>Date of Change</b>	<b>Section</b>	<b>Change</b>	<b>Justification</b>
April 3 2017	Table of Contents	Clickable links and highlighting of sections changed	Ease of use
April 3 2017	II. B. (Pg. 8)	Revised organization chart	Restructuring
April 3 2017	III. D. (Pg. 10)	Reference Sendai Framework	Replaces Hyogo Framework
April 3 2017	VI. E. 3. (Pg. 42)	All fertilizer requires approval regardless of nation of origin	Formerly only required approval for imported fertilizer
April 3 2017	VI. E. 3. A. (Pg. 42)	Rewrite of Agricultural Commodities guidance	Revision of ADS 312.3.3.1
April 3 2017	VI. H. 2. (Pg. 51)	SAM registration is not required for sub-awardees	Clarification
April 3 2017	IX. B. 1. (Pg. 75)	Update Restricted Goods	Revision of ADS 312.3.3.1
April 3 2017	IX. B. 1. (Pg. 77)	Update Restricted Goods	Revision of ADS 312.3.3.1
April 3 2017	IX. B. 3 (Pg. 109)	Updated Pharmaceutical Annex titles	Revision
April 3 2017	IX. C. 1. (Pg. 183)	Electronic payments required. If requesting a waiver, note it in the proposal.	Change in USAID policy
March 1 2016	VI. A. (Pg. 38)	Removed pooled cost guidance	Pooled costs are a pre-audit/audit matter, not applicable to proposals.
March 1 2016	VI. A. (Pg. 38) & VI. H. 1. (Pg. 51)	Added cost sharing guidance. Cost sharing must be in U.S. Dollars	2 CFR 200.80, 2 CFR 200.307

March 1 2016	VI. A. (Pg.38)	If no NICRA, can charge a <i>de minimus</i> rate of 10% of MTDC	2 CFR 200.414(f)
March 1 2016	VI. A. (Pg. 38) & VI. H. 5. (Pg. 52)	Funded modification new budget must include unexpended funds from prior obligation.	Clarification
March 1 2016	VI. D. (Pg. 39, 41)	Advanced requirements for new applicants separated into two sections to include information on fixed-amount awards (formerly fixed-obligation grants)	Change from Fixed-obligation Grants to Fixed-amount Awards.
March 1 2016	VI. E. 2. (Pg. 42)	Ineligible Suppliers section provides websites for the three lists of ineligible suppliers of USAID-financed goods and services.	<a href="http://www.sam.gov">www.sam.gov</a> OFAC List UN Security Designation List
March 1 2016	VI. E. 4. (Pg. 47-8)	Prohibited sources expanded and clarified	22 CFR 228, 15 CFR 730, ADS-310
March 1 2016	VI. H. (Pg. 51)	Clarified that cost sharing amounts must be reported in U.S. Dollars, not percentages.	2 CFR 200.306, 2 CFR 700.1, ADS-303
March 1 2016	VII. G. (Pg. 58)	Changed reference to 2 CFR 308	2 CFR 308
March 1 2016	VII. G. (Pg. 58)	Clarification of official international travel and staff member dependents for over six months	2 CFR 200.474

# TABLE OF CONTENTS

<b>0. Record of Change</b> .....	<b>2</b>
<b>I. NOTICES</b> .....	<b>6</b>
<b>II. INTRODUCTION</b> .....	<b>7</b>
A. USAID/OFDA’s Role in Humanitarian Assistance .....	7
<b>B. USAID/OFDA Organizational Chart</b> .....	<b>8</b>
<b>III. GENERAL SUBMISSION INSTRUCTIONS</b> .....	<b>9</b>
A. Program Duration .....	9
B. Concept Papers .....	9
C. Proposal Review and Award Process .....	9
<b>D. Guidance for Proposals with Disaster Risk Reduction Components</b> .....	<b>10</b>
E. Checklist of Required Elements .....	14
<b>IV. RECOMMENDED PROPOSAL FORMATS</b> .....	<b>15</b>
A. Proposal Summary Template.....	15
Sub-sector Name:.....	17
B. Program Guidelines, Cost/Budget Guidelines, and Supporting Documentation....	18
C. Approved Sectors, Sub-sectors, Indicator Table, and Keyword List .....	19
1. Sector, Sub-sector, and Indicator Table .....	19
2. Keywords List.....	27
<b>V. PROGRAM GUIDELINES</b> .....	<b>28</b>
A. Justification .....	28
1. Problem Statement .....	28
2. Needs Assessment Summary and Justification for Intervention .....	28
B. Program Description .....	30
1. Program Overview .....	30
2. Sectors.....	30
C. Transition or Exit Strategy.....	34
D. Monitoring and Evaluation.....	34
1. Monitoring Plans .....	34
2. Evaluation Plans .....	35
<b>VI. COST/BUDGET GUIDELINES</b> .....	<b>37</b>
<b>A. Detailed/Itemized Budget</b> .....	<b>37</b>
B. Budget Narrative .....	39
C. SF-424.....	39
D. Advanced Requirements for New Applicants .....	39
1. Organization Has Never Received USG Funding .....	39
2. Organization Has Received USG Funding but Never from USAID .....	40
E. Ineligible and Restricted Goods, Services, and Countries .....	41
1. Ineligible Goods and Services .....	41
2. Ineligible Suppliers .....	42
3. Restricted Goods .....	42
4. Prohibited Source Countries, U.S. Economic Sanctions, U.S. Export Restrictions, and Other U.S. Legal Restrictions on Providing Assistance to Foreign Countries .....	47
F. Branding and Marking.....	48
1. Branding Strategy and Marking Plan .....	49
2. Presumptive Exceptions.....	49
3. Waivers.....	50
G. Certifications and Assurances.....	51
H. Financial Documentation .....	51

1. Cost Sharing and In-kind Contributions .....	51
2. Sub-award and Contractual Arrangements .....	51
3. USG Negotiated Indirect Cost Rate Agreement .....	51
4. Program Income .....	51
5. Pipeline Analysis (Award Modifications Only) .....	52
6. Self-certification for U.S. NGO Compliance with USAID Policies and Procedures .....	52
<b>VII. SUPPORTING DOCUMENTATION .....</b>	<b>53</b>
A. Safety and Security Plan.....	53
B. Code of Conduct.....	54
1. Code of Conduct .....	54
2. Localizing Paragraph .....	55
C. Disability Policy and Accessibility Standards.....	55
1. USAID Disability Policy .....	55
2. Accessibility Standards for the Disabled in USAID Awards Involving Construction.....	56
D. Trafficking in Persons Assistance .....	56
E. Voluntary Survey on Faith-based and Community Organizations.....	57
F. Structure and Performance Documentation .....	57
1. Organizational Structure .....	57
2. Past Performance References .....	57
<b>G. Budget and Program Revisions Requiring Prior Approval .....</b>	<b>57</b>
H. Funded Modifications.....	59
I. OFAC Certification, Reporting, and Record Keeping.....	59
<b>VIII. POST-AWARD REPORTING GUIDELINES AND REQUIREMENTS .....</b>	<b>60</b>
<b>IX. SECTOR REQUIREMENTS .....</b>	<b>61</b>
A. Mandatory Cross-sectoral Guidance on Gender Mainstreaming, Protection Mainstreaming, and Inclusion of Older People and People with Disabilities .....	61
1. Gender Analysis and Mainstreaming.....	61
2. Protection Mainstreaming.....	62
3. Inclusion of Persons with Disabilities and Older People .....	62
B. Sectors .....	65
1. Agriculture and Food Security .....	65
2. Economic Recovery and Market Systems .....	84
3. Health .....	98
4. Humanitarian Coordination and Information Management.....	113
5. Humanitarian Studies, Analysis, or Applications.....	117
6. Logistics Support and Relief Commodities .....	119
7. Natural and Technological Risks .....	124
8. Nutrition .....	130
9. Protection.....	142
10. Risk Management Policy and Practice .....	154
11. Shelter and Settlements .....	163
12. Water, Sanitation, and Hygiene.....	173
C. Keywords Description and Guidance .....	182
1. Cash and Vouchers.....	182
2. Cash-for-Work.....	183
3. Climate.....	184
4. Early Warning System.....	184
5. Education.....	185
6. Humanitarian Safety and Security Programming.....	185

7. Information Systems/Geographic Information Systems .....	186
8. Livelihoods .....	186
9. Livestock .....	187
10. Pastoralists .....	188
11. Stoves .....	188
<b>X. Glossary .....</b>	<b>189</b>
<b>XI. Acronyms .....</b>	<b>193</b>
<b>XII. General References .....</b>	<b>197</b>
<b>Appendix I: Checklist for Preparation of Branding Strategies and Marking Plans</b>	<b>200</b>
A. Branding Strategy .....	200
B. Marking Plan .....	202
C. Presumptive Exceptions .....	204
D. Waivers .....	205

## I. NOTICES

- Unless otherwise indicated, these *Guidelines* do not apply to public international organizations (PIOs)—including agencies of the United Nations (U.N).
- In the event that USAID/OFDA formally solicits applications through an Annual Program Statement (APS) or Request for Application (RFA), the guidance of the APS or RFA will prevail over these *Guidelines*.
- Prior to any proposal submission, check the USAID/OFDA website for updates to these *Guidelines* at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.
- USAID/OFDA has also revised its Resources website, which offers more tools for applicants and implementing partners, available at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.
- Submit suggested edits and improvements to the *Guidelines* to [proposalguidelines@ofda.gov](mailto:proposalguidelines@ofda.gov). For questions about your proposal, contact the appropriate regional team representative at the website below.
- USAID/OFDA prefers electronic proposal submissions; USAID/OFDA does not require hard copies by mail. Direct proposal submissions to the appropriate point of contact at USAID/OFDA headquarters in Washington, D.C. (USAID/OFDA/W). The current list of regional team representatives is available at <https://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources/usaid-ofda-regional-contacts>.

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

## II. INTRODUCTION

USAID's Office of U.S. Foreign Disaster Assistance (USAID/OFDA) has partially revised its *Guidelines for Proposals* in accordance with updated USAID requirements and the changing global humanitarian context in 2012. These *Guidelines* apply to new awards as well as to modifications of existing awards.

The *Guidelines* are designed to

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

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

The *Guidelines*, the Checklist of Required Elements, templates, and other reference material can be found on our website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

### A. **USAID/OFDA's Role in Humanitarian Assistance**

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

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

To fulfill its mandate, USAID/OFDA

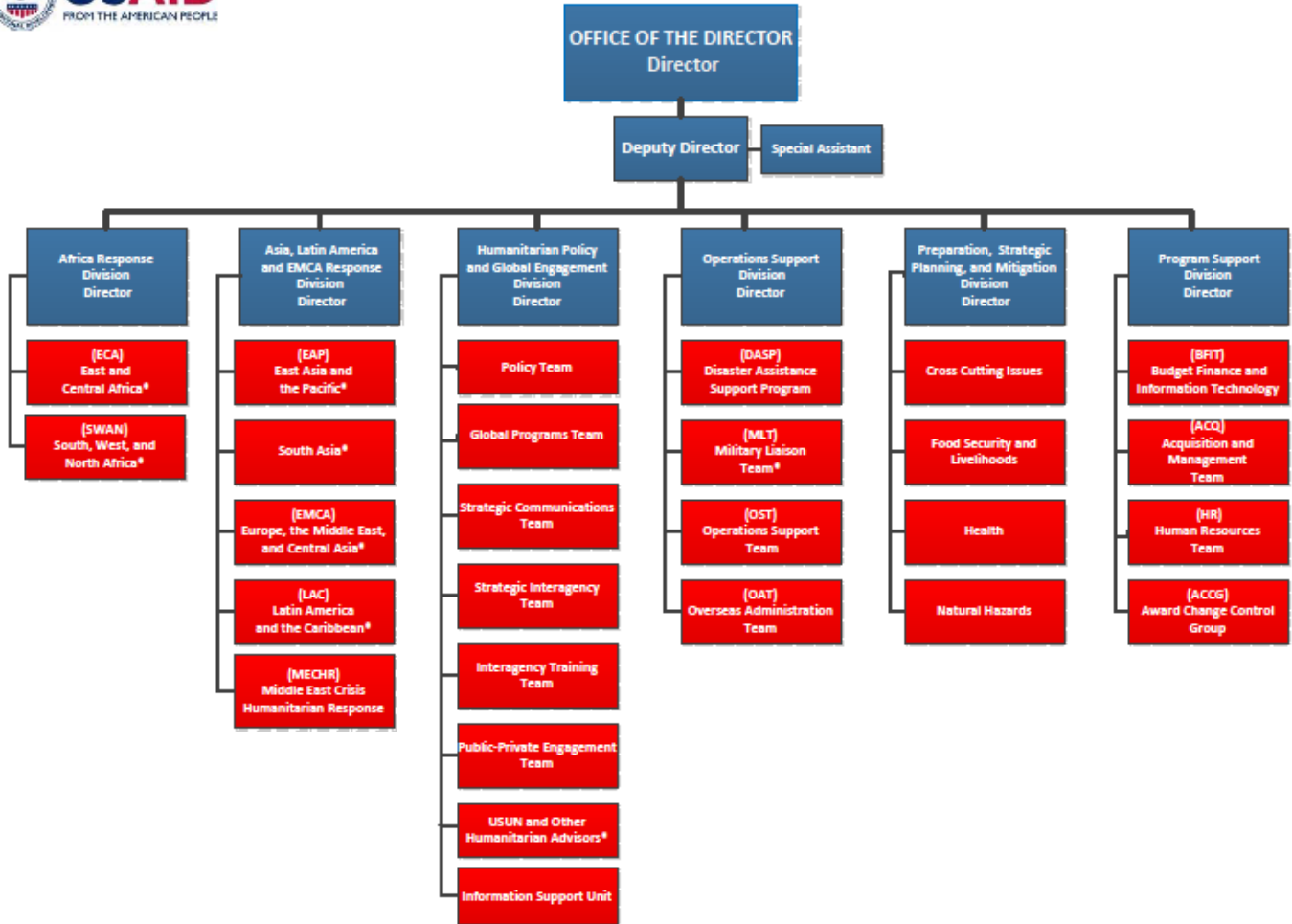
- Provides rapid, appropriate responses to requests for assistance;
- Strengthens the capacity of local, national, regional, and international entities on early warning of natural hazards;
- Integrates preparedness and mitigation with disaster response, early recovery, and transition to foster resilience;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

The mandate is achieved in coordination with affected countries, other USG agencies and offices, other donor governments, international organizations, U.N. relief agencies, and nongovernmental organizations (NGOs).

## B. USAID/OFDA Organizational Chart



### OFFICE OF U.S. FOREIGN DISASTER ASSISTANCE



\*Indicates OFDA staff presence both in OFDA headquarters in Washington, D.C., and overseas.

3/6/2017



### III. GENERAL SUBMISSION INSTRUCTIONS

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

#### A. Program Duration

Emergency programs are generally funded for up to **one year** at a time. Proposals should include discussion of any long-term planning needs.

USAID/OFDA may approve some disaster risk reduction (DRR) programs for multiple years and may provide funding in installments. USAID/OFDA encourages organizations interested in proposing multi-year DRR programs to contact USAID/OFDA program staff early in the proposal development process.

#### B. Concept Papers

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

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

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

#### C. Proposal Review and Award Process

1. USAID/OFDAW will confirm receipt of the proposal. **The proposal review and award process takes approximately 45 days. Plan program start dates accordingly.**
2. If USAID/OFDAW deems a submission complete, it will conduct a formal review of the proposal to consider programmatic, technical, and cost issues per *Guidelines* requirements.
3. USAID/OFDAW will communicate any issues raised during the formal proposal review to the applicant in an Issues Letter sent via e-mail. You may address these questions by providing additional justifications, clarifying technical details, or supplying other requested information. USAID/OFDAW cannot make a recommendation to fund a proposal until you address all concerns adequately.
4. If it is determined that all issues have been resolved, USAID/OFDAW will notify the applicant that the proposal has been recommended for funding.
5. If a proposal is rejected, USAID/OFDAW will notify the applicant in a formal letter sent via e-mail.

6. For proposals recommended for funding, USAID/OFDA/W will prepare and process the necessary documentation for the award and forward it to USAID's Office of Acquisition and Assistance (USAID/OAA). USAID/OAA must provide final approval for all awards. No communication from USAID/OFDA/W, written or verbal, constitutes final approval. Once awarded, USAID/OFDA will forward copies of the award document to your organization's headquarters point of contact. It is your organization's responsibility to ensure internal distribution, including to field staff.
7. At the request of the applicant, USAID/OAA may provide a pre-award letter (PAL) that communicates USAID/OFDA's expectations about the award. If desired, your headquarters may request a PAL by providing a justification on your organization's letterhead sent via e-mail to USAID/OFDA/W at the time of application. PALs are used in situations where the project must commence immediately and all programmatic and technical issues are resolved. Typically, a PAL will set forth the date from which an awardee will be reimbursed for program costs prior to the signature date of the award. The PAL is generally no more than 20 percent of the total program budget. USAID is under no obligation to reimburse such costs if for any reason the recipient does not receive an award or if the award is less than anticipated. Per 22 CFR 226.25(e) (1), PALs enable the recipient to incur allowable pre-award costs for up to 90 calendar days prior to award. If the award is not executed within the initial 90 calendar days, the recipient shall request USAID Agreement Officer's prior approval to continue incurring additional pre-award costs.
8. For modifications extending the duration or cost of an award, USAID/OFDA/W may issue a pre-modification letter (PML), informing the applicant that the application has been recommended for funding and that documentation has been forwarded to USAID/OAA for action. Unlike PALs, which establish an award start date, a PML merely states that, if the modification is executed, the existing end-date will be replaced by the new end-date. Modifications leave no time gap between expiration of the original award and execution of the modification. Applicants for modifications that receive PMLs are cautioned that in the event the modification is not executed, costs incurred after the expiration of the award will not be reimbursed.

#### ***D. Guidance for Proposals with Disaster Risk Reduction Components***

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

USAID/OFDA supports DRR programs aimed at saving lives; protecting livelihoods, assets, and infrastructure and increasing resilience to recurrent natural hazards. USAID/OFDA aligns its risk reduction activities along the **four priorities for action adopted in the Sendai Framework for Disaster Risk Reduction: 2015-2030 (SFDRR)**, available at <http://www.unisdr.org/we/inform/publications/43291>.

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

- Prioritizing and strengthening early warning, preparedness, mitigation, and prevention;
- Integrating preparedness and mitigation with disaster response, early recovery, and transition to foster resilience; and
- Supporting diversified, resilient livelihood strategies.

The core areas will be underpinned by the following three crosscutting commitments that reflect how USAID/OFDA and partners will approach the core areas, with different levels of emphasis depending on the context:

- Supporting capacity development and building local ownership at all levels;
- Taking appropriate actions at the appropriate time, thereby strengthening linkages between risk identification, monitoring, early warning, and early action; and
- Expanding partnerships and joint programming.

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

Note that while poverty, vulnerability, and disasters are clearly linked, USAID/OFDA support for DRR activities must be associated specifically with disaster risk and serve to reduce losses and/or speed recovery from these disasters. Addressing underlying poverty issues or economic growth requires long-term sustainable development investments beyond USAID/OFDA's mandate.

### **Stand-alone DRR Initiatives**

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

For all stand-alone DRR programs, one or more of USAID/OFDA's sectors must be selected based on the objectives of the program and guidance for those selected sectors must be followed. For example, a proposal to build capacity to reduce the impact of sanitation-related diseases during floods must follow the sector guidance and address the SRs of the Water, Sanitation, and Hygiene (WASH) Sector. Furthermore, all DRR activities under each sector must link to both a specific hazard and to the relevant HFA priority action (see below).

Recognizing the importance of activities including but not limited to capacity building, community mobilization, DRR policy advancement, and integration of DRR into educational systems, USAID/OFDA is introducing the Risk Management Policy and Practice Sector on page 154. You should choose this sector only if the proposed activities clearly fall within one of the identified sub-sectors. (If you are uncertain of where you should place the program, consult with the appropriate contact at USAID/OFDA.) As with all other sectors, you must follow guidance for DRR programs under this sector's SRs, link all DRR activities to a specific hazard(s), and identify the relevant HFA priority action.

### **Integrating DRR into Disaster Response Programs**

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

### **DRR and Gender Integration**

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

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

### **DRR and Safeguarding Environment and Natural Resources**

USAID considers **safeguarding** environment and **natural resources** to be of paramount importance, and thus all USAID/OFDA proposals should carefully consider the potential impacts of proposed program activities. The vast majority of DRR activities will fall clearly under a defined USAID/OFDA sub-sector (e.g., Health Systems and Clinical Support, Water Supply Infrastructure, etc.) outlined in these Guidelines, with specific environmental guidance provided in those relevant sub-sectors. There are also numerous resources freely available to the public such as the Environmental Guidelines for Small-Scale Activities in Africa <http://quest.usaid.gov/node/1910>, which outline the possible impacts of typical USAID programs as well as strategies **to lessen impacts**. Humanitarian

practitioners should consult the relevant section(s) of these resources during the design phase of all projects, and carefully consider the associated **reduction** techniques.

## ***E. Checklist of Required Elements***

1. Conform to a limit of 20 pages plus 2 pages per sub-sector, excluding the cost proposal, proposal summary, and supporting documentation. For example, a proposal with 3 sub-sectors could be 26 pages.
2. Be written in English or with English translations {Automated Directives System (ADS)-303.3.20}, and saved in Word 2000 and/or Excel 2000 or newer versions. USAID/OFDA does not accept zip files. Only submit PDF files for signed documents.
3. Include a proposal summary of approximately two pages (see Recommended Proposal Formats on page 15).
4. Incorporate page numbers and headers or footers that clearly identify the submission or revision date. You must label all documents as either an original or revised submission.
5. Submit proposal to USAID/OFDA/W from your organization's headquarters, which refers to the office with authority to sign the award.
6. Use sectors, sub-sectors, keywords, and indicators identified in the *Guidelines*. Find all approved sectors in the Approved Sector, Sub-sector, Indicator Table, and Keyword List on page 26, with further explanation in the SRs section beginning on page 61.
7. Address the SRs in the appropriate sections responding to each of the applicable technical questions outlined.
8. Clearly identify restricted goods or commodities and supply appropriate documentation as outlined in the SRs.
9. Submit a Branding Strategy and Marking Plan (BSMP) even if a waiver is in place (see Branding and Marking on page 48).
10. Provide a location-specific Safety and Security Plan for proposed program sites (see Supporting Documentation on page 53).
11. Submit your organization's Code of Conduct that is consistent with the U.N. Inter-Agency Standing Committee (IASC) Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises, plus a paragraph describing how you implement the Code of Conduct in the program location.
12. Attribute costs to specific line items, rather than including "pooled costs" (see Cost/Budget Guidelines on page 37).
13. Contain a detailed, itemized budget in U.S. Dollars (USD) in Excel format, a corresponding budget narrative, and a completed and signed Standard Form (SF) 424 (see Cost/Budget Guidelines on page 37).
14. Include all required signed Certifications and Assurances (see page 51).

**IV. RECOMMENDED PROPOSAL FORMATS**

**A. Proposal Summary Template**

USAID/OFDA **requires** a proposal summary of approximately two pages with each application. This summary must provide a brief overview of programmatic and financial data. USAID/OFDA strongly recommends the following summary template, also available at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

**Request to USAID/OFDA for a**

- New Award or**
- Modification to an Existing Award (#\_\_\_\_\_)**

<b>Applicant Organization Name:</b>	
<b>Headquarters Contact Information</b>	<b>Field Contact Information</b>
Contact Person:	Contact Person:
Mailing Address:	Mailing Address:
Telephone:	Telephone:
Fax:	Fax:
E-mail:	E-mail:

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

*For new awards:*  
 Proposed Start Date:  
 Proposed Program Duration:

*For modifications to existing awards:*  
 Original Award Start Date:  
 Original Award End Date:  
 Proposed Extension Duration:

Proposal requests USAID/OFDA funding for procurement of the following categories of restricted goods:

Restricted Goods	Applicable? Y/N
Agricultural Commodities*	
Fertilizer	
Pesticides and Pesticide-containing Materials, including LLINs, ITPSs**	
Pharmaceuticals—Human and Veterinary	
Purchase of vehicles not manufactured in the U.S. and leases greater than 180 days	
Used Equipment	
USG-owned Excess Property	

*\*Some agricultural commodities such as seeds are not technically considered “Restricted” but require USAID’s technical approval prior to procurement. \*\*Select yes if you are proposing USAID/OFDA funding for procurement, use, training, or distribution of commodities in this category.*

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

**Program Goal:**

Total Number of People Affected in the Target Area:  
 Total Number of People Targeted (Individuals):  
 Total Number of internally-displaced persons (IDP) People Targeted (Individuals) as subset of above:

**Executive Summary:**

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

**Sector Table:**

*Complete a separate Sector Table for each sector included in the proposal. Sector Tables summarize some of the information to be covered in the Program Description and Cost/Budget portion of the proposal. Find specifics needed to complete this table in the Approved Sectors, Sub-sectors, Indicators Table, and Keyword List on page 19 and the SRs section beginning on page 61. You must report against all indicators for each sub-sector unless otherwise indicated. You must strongly justify any requests to not report against a particular indicator (e.g., the proposed activity has no components corresponding to that indicator). The justifications will be discussed during the review process.*

<b>Sector Name:</b>	<i>Of the 12 possible sectors (see Summary Table on page 19 or SRs on page 61), list the first sector of the proposed intervention. Complete a separate table for <u>each</u> sector included in the proposal.</i>
<b>Objective:</b>	<i>Describe the aim of the proposed work in this sector. Do not include performance; you will list these under the performance monitoring plan.</i>
Dollar Amount Requested:	<i>Specify how much money this proposal is requesting from USAID/OFDA for activities in this sector.</i>
Number of People Targeted:	<i>Indicate the total number of people targeted for activities in this sector, including IDPs.</i>



Number of IDPs Targeted:	<i>Of the total number of people targeted for activities in this sector, note how many are IDPs. Both natural and human-made disasters can result in IDPs.</i>
Geographic Area(s):	<i>Identify the geographic area or areas where the planned work for this sector will occur. District-level identification is preferable.</i>
Keyword(s):	<i>List all keywords (see Keyword List on page 27 or Keyword Section on page 182) applicable to the proposed activities.</i>
Sub-sector Name:	<i>Of the possible sub-sectors available for <u>this</u> sector (see Summary Table on page 19 or SRs beginning on page 61), list the first sub-sector of the proposed intervention.</i>
Indicator 1:	<i>Copy the first indicator for <u>this</u> sub-sector (see Summary Table or SRs) to measure the success of planned activities.</i>
Indicator 2:	<i>Copy the second indicator for <u>this</u> sub-sector (see Summary Table or SRs) to measure the success of planned activities.</i>
Indicator 3:	<i>Copy the third indicator (if there is one) for <u>this</u> sub-sector (see Summary Table or SRs) to measure the success of planned activities.</i>
Sub-sector Name:	<i>Proposed interventions must work in at least one sub-sector for each sector, and can work in more than one. If there is a second sub-sector, list it here. Add rows as needed for any additional sub-sectors.</i>
Indicator 1:	<i>Copy the first indicator for <u>this</u> sub-sector (see Summary Table or SRs) to measure the success of planned activities.</i>
Indicator 2:	<i>Copy the second indicator for <u>this</u> sub-sector (see Summary Table or SRs) to measure the success of planned activities.</i>
Indicator 3:	<i>Copy the third Indicator (if there is one) for <u>this</u> sub-sector (see Summary Table or SRs) to measure the success of planned activities.</i>

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

Further information on Program Guidelines (page 28), Cost/Budget Guidelines (page 37), and Supporting Documentation (page 53) is available in the corresponding section of this document. Details on each program sector, sub-sector, and keyword are available in the SRs section beginning on page 61. See also the post-award guidance at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>. In keeping with the Sector Table (see above), you must present each proposed sector *together with its sub-sector information*, before moving to any additional sectors.

<b>PROGRAM GUIDELINES OUTLINE</b>	<b>COST/BUDGET GUIDELINES OUTLINE</b>	<b>SUPPORTING DOCUMENTATION OUTLINE</b>
<ul style="list-style-type: none"> <li>A. Justification                             <ul style="list-style-type: none"> <li>1. Problem Statement</li> <li>2. Needs Assessment Summary and Justification for Intervention</li> </ul> </li> <li>B. Program Description                             <ul style="list-style-type: none"> <li>1. Program Overview                                     <ul style="list-style-type: none"> <li>a) Goal</li> <li>b) Beneficiary Numbers</li> <li>c) Critical Assumptions</li> <li>d) Program Strategy</li> </ul> </li> <li>2. Sectors                                     <ul style="list-style-type: none"> <li>a) Sector Name and Objective</li> <li>b) Dollar Amount</li> <li>c) Beneficiary Numbers</li> <li>d) Geographic Areas</li> <li>e) Sector-level Coordination</li> <li>f) Keywords   <ul style="list-style-type: none"> <li>(1) Keyword Name</li> <li>(2) Keyword Integration</li> </ul> </li> <li>g) Technical Design   <ul style="list-style-type: none"> <li>(1) Sub-sector Name</li> <li>(2) Technical Description</li> <li>(3) Indicators</li> </ul> </li> </ul> </li> </ul> </li> <li>(Repeat for each sector)</li> <li>C. Transition or Exit strategy</li> <li>D. Monitoring and Evaluation                             <ul style="list-style-type: none"> <li>1. Monitoring Plans</li> <li>2. Evaluation Plans</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A. Detailed/Itemized Budget</li> <li>B. Budget Narrative</li> <li>C. SF-424</li> <li>D. Advance Requirements for New Applicants                             <ul style="list-style-type: none"> <li>1. Organization Has Never Received USG Funding</li> <li>2. Organization Has Received USG Funding but Never from USAID</li> </ul> </li> <li>E. Ineligible and Restricted Goods, Services, and Countries                             <ul style="list-style-type: none"> <li>1. Ineligible Goods and Services</li> <li>2. Ineligible Suppliers</li> <li>3. Restricted Goods                                     <ul style="list-style-type: none"> <li>a) Agricultural Commodities</li> <li>b) Fertilizers</li> <li>c) Pesticides and Pesticide-containing Materials   <ul style="list-style-type: none"> <li>(1) Agricultural Pesticides</li> <li>(2) Long-lasting Insecticide-treated Nets</li> <li>(3) Insecticide-treated Plastic Sheetting</li> </ul> </li> <li>d) Pharmaceuticals and Medical Commodities—Human and Veterinary   <ul style="list-style-type: none"> <li>(1) Human</li> <li>(2) Veterinary</li> </ul> </li> <li>e) Motor Vehicles</li> <li>f) Used Equipment</li> <li>g) USG-owned Excess Property</li> </ul> </li> <li>4. Prohibited Source Countries, U.S. Economic Sanctions, U.S. Export Restrictions, and other U.S. Legal Restrictions on Providing Assistance to Foreign Countries</li> </ul> </li> <li>F. Branding and Marking                             <ul style="list-style-type: none"> <li>1. Branding Strategy and Marking Plan</li> <li>2. Presumptive Exceptions</li> <li>3. Waivers</li> </ul> </li> <li>G. Certifications and Assurances</li> <li>H. Financial Documentation                             <ul style="list-style-type: none"> <li>1. Cost Sharing and In-kind Contributions</li> <li>2. Sub-award Arrangements</li> <li>3. USG Negotiated Indirect Cost Rate Agreement</li> <li>4. Program Income</li> <li>5. Pipeline Analysis (Award Modifications Only)</li> <li>6. Self-certification for U.S. NGO Compliance with USAID Policies and Procedures</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>A. Safety and Security Plan</li> <li>B. Code of Conduct                             <ul style="list-style-type: none"> <li>1. Code of Conduct</li> <li>2. Localizing Paragraph</li> </ul> </li> <li>C. USAID Disability Policy and Accessibility Standards                             <ul style="list-style-type: none"> <li>1. USAID Disability Policy</li> <li>2. Accessibility Standards for the Disabled in USAID Awards Involving Construction</li> </ul> </li> <li>D. Trafficking in Persons Assistance</li> <li>E. Voluntary Survey on Faith-based and Community Organizations</li> <li>F. Structure and Performance Documentation                             <ul style="list-style-type: none"> <li>1. Organizational Structure</li> <li>2. Past Performance References</li> </ul> </li> <li>G. Budget and Program Revisions Requiring Prior Approval</li> <li>H. Funded Modifications</li> <li>I. OFAC Certification, Reporting, and Record Keeping</li> </ul>

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

### 1. **Sector, Sub-sector, and Indicator Table**

This table lists the approved sectors, sub-sectors, indicators, and keywords from which you must choose in designing proposed interventions. Additional details are available in the SRs section of the *Guidelines*. The Sphere standards should be applied to all proposed activities for which there are Sphere standards whenever possible and appropriate ([www.sphereproject.org](http://www.sphereproject.org)). The standards are emphasized in specific indicators below where USAID/OFDA has noted problems with application of the standards. Non-adherence to the standards must be strongly justified in the proposal.

Note that this revision of the *Guidelines* requires strengthened tracking of information disaggregated by sex, as well as age in some cases.

SECTOR	SUB-SECTOR	INDICATORS
<b>Agriculture and Food Security</b>	<b>Fisheries</b>	<ul style="list-style-type: none"> <li>– Number of people trained in fisheries, by sex</li> <li>– Number of people benefiting from fisheries activities, by sex</li> <li>– Average number of kilograms of fish harvested per fisher in six-month period, by sex</li> </ul>
	<b>Livestock</b>	<ul style="list-style-type: none"> <li>– Number of animals benefiting from or affected by livestock activities</li> <li>– Number of people benefiting from livestock activities, by sex</li> <li>– Number of veterinary interventions (e.g., treatments, vaccinations, etc.)</li> <li>– Number of animals treated</li> </ul>
	<b>Pests and Pesticides</b>	<ul style="list-style-type: none"> <li>– Number and percentage of people trained in pest control practices, by sex</li> <li>– Number and percentage of people trained by USAID/OFDA partners practicing appropriate crop protection procedures, by sex</li> <li>– Estimated number and percentage of hectares protected against diseases and pests, (e.g., insects, rodents, birds, weeds)</li> <li>– Estimated amount and percentage of post-harvest produce protected against diseases and pests (e.g., insects, rodents, birds, etc.)</li> </ul>
	<b>Veterinary Medicines or Vaccines</b>	<ul style="list-style-type: none"> <li>– Number of veterinary interventions (e.g., treatments, vaccinations, etc.)</li> <li>– Number of animals treated or vaccinated</li> </ul>
	<b>Seed System Security</b>	<ul style="list-style-type: none"> <li>– Projected increase in number of months of food self-sufficiency due to seed systems activities/agricultural input for beneficiary households</li> <li>– Number of people benefiting from seed systems/agricultural input activities, by sex</li> </ul>

SECTOR	SUB-SECTOR	INDICATORS
<b>Agriculture and Food Security</b> (cont.)	<b>Improving Agricultural Production/Food Security</b>	<ul style="list-style-type: none"> <li>- Projected increase in number of months of food self-sufficiency due to distributed seed systems/agricultural input for beneficiary households</li> <li>- Number of people benefiting from seed systems/agricultural input activities, by sex</li> </ul>
	<b>Irrigation</b>	<ul style="list-style-type: none"> <li>- Number of hectares irrigated</li> <li>- Number of people benefiting from irrigation activities, by sex</li> <li>- Projected increase in number of months of food self-sufficiency due to distributed seed system/agricultural irrigation equipment activities</li> </ul>
<b>Economic Recovery and Market Systems</b>	<b>Livelihoods Restoration</b>	<ul style="list-style-type: none"> <li>- Number of people assisted through livelihood restoration activities, by sex</li> <li>- Percent of beneficiaries reporting their livelihoods restored within three to six months after receiving support</li> <li>- Total USD amount channeled into the program area through sub-sector activities</li> </ul>
	<b>New Livelihoods Development</b>	<ul style="list-style-type: none"> <li>- Number of people assisted through new livelihoods development activities, by sex</li> <li>- Number of new MSEs started</li> <li>- Percentage of people, by sex, continuing in their new livelihoods by program completion</li> <li>- Total USD amount channeled into the program area through sub-sector activities</li> </ul>
	<b>Market System Rehabilitation</b>	<ul style="list-style-type: none"> <li>- Amount of market infrastructure rehabilitated by type (e.g., miles of road, number of bridges, square meters of space, and other)</li> <li>- Total number of critical market actors (e.g., producers, suppliers, traders, processors) directly assisted through market system rehabilitation activities</li> <li>- Estimated number of vulnerable disaster-affected individuals indirectly assisted through market system rehabilitation</li> <li>- Total USD amount channeled into the program area through sub-sector activities</li> </ul>
	<b>Microfinance</b>	<ul style="list-style-type: none"> <li>- Number of people, by sex, or MSEs newly receiving financial services or continuing to receive financial services due to USAID/OFDA support</li> <li>- Percentage of financial service accounts/groups supported by USAID/OFDA that are functioning properly</li> <li>- Total USD amount channeled into the program area through sub-sector activities</li> </ul>
	<b>Temporary Employment</b>	<ul style="list-style-type: none"> <li>- Number of people employed through CFW activities, by sex</li> <li>- Average total USD amount per person earned through CFW activities</li> <li>- Total USD amount channeled into the program area through sub-sector activities</li> </ul>

SECTOR	SUB-SECTOR	INDICATORS
<b>Health</b>	<b>Health Systems and Clinical Support</b>	<ul style="list-style-type: none"> <li>- Number of health care facilities supported and/or rehabilitated by type (e.g., primary, secondary, tertiary)</li> <li>- Number of health care providers trained by type (e.g., doctor, nurse, community health worker, midwife, and traditional birth attendant), by sex</li> <li>- Number and percentage of health facilities submitting weekly surveillance reports</li> <li>- Number of consultations, by sex and age*</li> </ul>
	<b>Communicable Diseases</b>	<ul style="list-style-type: none"> <li>- Incidence and prevalence of high-morbidity rates by type (e.g., diarrhea, ARI, measles, and other), by sex and age*</li> <li>- Number and percentage of cases diagnosed and treated per standardized case management protocols, by sex and age*</li> <li>- Case fatality rates for diarrhea, ARI, measles, and other, by sex and age*</li> </ul>
	<b>Reproductive Health</b>	<ul style="list-style-type: none"> <li>- Number and percentage of pregnant women who have attended at least two comprehensive antenatal clinics</li> <li>- Number and percentage of women and newborns that received postnatal care within three days after delivery</li> <li>- Number and percentage of pregnant women in their third trimester who received a clean delivery kit</li> <li>- Number and percentage of pregnant women who deliver assisted by a skilled (not traditional) birth attendant by type (e.g., midwife, doctor, nurse) and location (e.g., facility or home)</li> <li>- Number of cases of sexual violence treated</li> </ul>
	<b>Non-communicable Diseases</b>	<ul style="list-style-type: none"> <li>- Incidence and prevalence of chronic and other diseases (e.g., trauma), by sex and age*</li> <li>- Number and percentage of people treated for mass-casualty or violence-related injuries, by sex and age*</li> </ul>
	<b>Community Health Education/ Behavior Change</b>	<ul style="list-style-type: none"> <li>- Number of CHWs trained and supported (total and per 10,000 population within project area), by sex</li> <li>- Number and percentage of CHWs specifically engaged in public health surveillance</li> <li>- Number and percentage of community members utilizing target health education message practices</li> </ul>

\* Age ranges are as follows: 0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+ years

SECTOR	SUB-SECTOR	INDICATORS
<b>Health</b> (cont.)	<b>Medical Commodities Including Pharmaceuticals</b>	<ul style="list-style-type: none"> <li>- Number of supplies distributed by type (e.g., medical kits, equipment, consumables)</li> <li>- Number of people trained, by sex, in the use and proper disposal of medical equipment and consumables</li> <li>- Number and percentage of health facilities, supported by USAID/OFDA, out of stock of selected essential medicines and tracer products for more than one week</li> </ul>
<b>Humanitarian Coordination and Information Management</b>	<b>Coordination</b>	<ul style="list-style-type: none"> <li>- Number of humanitarian organizations actively coordinating</li> <li>- Number of humanitarian organizations actively participating in the Inter-Agency coordination mechanisms (e.g., Humanitarian Country Team, clusters, etc.)</li> <li>- Number and percentage of humanitarian agencies participating in joint inter-agency assessments</li> <li>- Number of other key humanitarian actors (e.g., private sector, military) actively participating in humanitarian coordination mechanisms</li> </ul>
	<b>Information Management</b>	<ul style="list-style-type: none"> <li>- Number and percentage of humanitarian organizations utilizing information management services</li> <li>- Number and percentage of humanitarian organizations directly contributing to information products (e.g., situation reports, 3W/4W, digital tools)</li> <li>- Number of products made available by information management services that are accessed by clients</li> </ul>
<b>Humanitarian Studies, Analysis, or Applications</b>	<b>Applied Studies, Analysis, or Applications</b>	<ul style="list-style-type: none"> <li>- Proposal includes output and impact indicators specific to the activities proposed (Y/N)</li> <li>- Number of special studies, program evaluations, applied research activities (development or basic research), sector assessments, or feasibility studies completed and disseminated among relevant stakeholders</li> <li>- Number of studies, program evaluations, applied research activities, sector assessments, or feasibility studies used to inform or guide improved programming</li> </ul>
<b>Logistics Support and Relief Commodities</b>	<b>Non-food Items (NFIs)</b>	<ul style="list-style-type: none"> <li>- Total number and per item USD cost of NFIs distributed, by type (e.g., plastic sheeting, flash tarpaulin, blankets, hygiene kits, kitchen sets, water containers, other)</li> <li>- Total number and per item USD value of cash/vouchers distributed for NFIs, by type (e.g., plastic sheeting, flash tarpaulin, blankets, hygiene kits, kitchen sets, water containers, other)</li> <li>- Total number of people receiving NFIs, by sex and type (e.g., plastic sheeting, flash tarpaulin, blankets, hygiene kits, kitchen sets, water containers, other)</li> </ul>

SECTOR	SUB-SECTOR	INDICATORS
<b>Logistics Support and Relief Commodities</b> (cont.)	<b>Transport (Air/Land/Sea)</b>	<ul style="list-style-type: none"> <li>- Total USD cost of transport by type (e.g., commodities, personnel)</li> <li>- Total number of flights/trips provided by type (e.g., commodities, personnel)</li> <li>- Number of people transported, by transport type (e.g., land, sea, air)</li> <li>- Total kilograms of commodities transported by transport type (e.g., land, sea, air)</li> </ul>
<b>Natural and Technological Risks</b>	<b>Geological Hazards</b>	<ul style="list-style-type: none"> <li>- Number of people benefiting from geological disaster-related activities, by sex</li> <li>- Number of geological policies or procedures modified as a result of the activities to increase the preparedness for geological events</li> <li>- Number of people trained to reduce the impact of geological events, by sex</li> </ul>
	<b>Hydrometeorological Hazards</b>	<ul style="list-style-type: none"> <li>- Number of people who will benefit from proposed hydrometeorological activities, by sex</li> <li>- Number of hydrometeorological policies or procedures modified as a result of the activities to increase preparedness for hydrometeorological events</li> <li>- Number and percentage of people trained in hydrometeorological-related activities retaining knowledge two months after training, by sex</li> </ul>
	<b>Technological Hazards</b>	<ul style="list-style-type: none"> <li>- Number of people benefiting from technological disaster activities, by sex</li> <li>- Number of technological disaster policies or procedures modified to reduce risks to technological disasters</li> <li>- Number of people trained to respond to or prevent technological disasters, by sex</li> </ul>
<b>Nutrition</b>	<b>Infant and Young Child Feeding and Behavior Change</b>	<ul style="list-style-type: none"> <li>- Number and percentage of infants 0-&lt;6 mo. who are exclusively breastfed</li> <li>- Number and percentage of children 6-&lt;24 mo. receiving foods daily in 4 food groups</li> <li>- Number of people receiving behavior change interventions, by sex and age*</li> </ul>
	<b>Management of Moderate Acute Malnutrition (MAM)</b>	<ul style="list-style-type: none"> <li>- Number of sites managing MAM</li> <li>- Number of people admitted to MAM services, by sex and age*</li> <li>- Number of health care providers and volunteers trained in the prevention and management of MAM, by sex.</li> </ul>
	<b>Management of Severe Acute Malnutrition (SAM)</b>	<ul style="list-style-type: none"> <li>- Number of health care providers and volunteers trained in the prevention and management of SAM, by sex and age*</li> <li>- Number of sites established/rehabilitated for inpatient and outpatient care</li> <li>- Number of people treated for SAM, by sex and age*</li> <li>- Rates of admission, default, death, cure, relapse, nonresponse-transfer, and length of stay</li> </ul>

\* Age ranges are as follows: 0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+ years

SECTOR	SUB-SECTOR	INDICATORS
<b>Nutrition</b> (cont.)	<b>Nutrition Systems</b>	<ul style="list-style-type: none"> <li>- Number and percentage of health providers/officials trained in established/strengthened nutrition guidelines/policies/systems for the prevention and treatment of acute malnutrition, by sex</li> <li>- Nutrition information systems are established and functioning (Y/N), and if yes, number of nutrition systems established and functioning</li> <li>- A nutrition supply system is established (Y/N), and if yes, the supply system is functioning without disruption (Y/N)</li> </ul>
<b>Protection</b>	<b>Child Protection</b>	<ul style="list-style-type: none"> <li>- Number of people trained in child protection, disaggregated by sex;</li> <li>- At least one additional indicator to measure protection outcomes of the proposed activities, which captures a decrease in children’s vulnerability, a minimized threat, a reduction of risk, or an improvement in the well-being of children who have been harmed, exploited, or abused</li> </ul>
	<b>Prevention and Response to Gender-based Violence</b>	<ul style="list-style-type: none"> <li>- Number of individuals benefitting from GBV services, by sex;</li> <li>- Number of people trained in GBV prevention or response, by sex</li> </ul>
	<b>Psychosocial Support Services</b>	<ul style="list-style-type: none"> <li>- Number of people trained in psychosocial support, by sex</li> <li>- At least one additional indicator to measure protection outcomes of the proposed activities, which captures a change in the psychosocial well-being of the targeted population</li> </ul>
	<b>Protection Coordination, Advocacy, and Information</b>	<ul style="list-style-type: none"> <li>- Number of people trained in protection, by sex</li> <li>- At least one additional indicator to measure protection outcomes of the proposed activities, which captures a change in the protective environment for the affected population.</li> </ul>
<b>Risk Management Policy and Practice</b>	<b>Building Community Awareness/Mobilization</b>	<ul style="list-style-type: none"> <li>- Number of people participating in training, by sex</li> <li>- Percentage of people trained who retain skills and knowledge after two months</li> <li>- Percentage of attendees at joint planning meetings who are from the local community</li> <li>- Early warning system in targeted community is in place for all major hazards with appropriate outreach to communities (Y/N)</li> <li>- Percentage of community members who received at least one early warning message from at least one source prior to a disaster occurring</li> </ul>



SECTOR	SUB-SECTOR	INDICATORS
<b>Risk Management Policy and Practice</b> (cont.)	<b>Capacity Building and Training</b>	<ul style="list-style-type: none"> <li>- Number of people trained in disaster preparedness, mitigation, and management, by sex</li> <li>- Number of trainings conducted</li> <li>- Number of people passing final exams or receiving certificates, by sex</li> <li>- Percentage of people trained who retain skills and knowledge after two months</li> </ul>
	<b>Global Advocacy and Engagement</b>	<ul style="list-style-type: none"> <li>- Number of jointly organized events held</li> <li>- Number of attendees at jointly organized events</li> <li>- Number of joint publications</li> <li>- Number of documents, plans, or agreements modified to include DRR language</li> </ul>
	<b>Integration/Enhancement within Education Systems and Research</b>	<ul style="list-style-type: none"> <li>- Number of DRR curricula developed, by educational level (e.g., primary, secondary, post-secondary)</li> <li>- Number of students educated on DRR, by sex</li> <li>- Number of DRR-related programs established within educational institutions</li> </ul>
	<b>Policy and Planning</b>	<ul style="list-style-type: none"> <li>- Number of hazard risk reduction plans, strategies, policies, disaster preparedness, and contingency plans developed and in place</li> <li>- Number of people participating in discussions regarding national risk reduction strategies as a result of the program, by sex</li> <li>- Number of communities and stakeholders involved in the development of plans, policies, and strategies</li> <li>- National and local risk assessment, hazards data and vulnerability information is available within targeted areas (Y/N)</li> </ul>
	<b>Public-Private Partnerships</b>	<ul style="list-style-type: none"> <li>- Number of private sector businesses engaged in response or DRR-related activities as a result of the program</li> <li>- Targeted total number of individuals indirectly benefiting from DRR-related activities as a result of the program</li> <li>- Percentage of businesses in the target business category in the program area incorporated into project activities</li> <li>- Percentage of government disaster contingency plans that incorporate private-sector aspects</li> </ul>

SECTOR	SUB-SECTOR	INDICATORS
<b>Shelter and Settlements</b>	<b>Camp Design and Management</b>	<ul style="list-style-type: none"> <li>- Number of households in the program area receiving shelter in camps</li> <li>- Number of households in program area receiving shelter in camps pursuant to Sphere Project standards and FOG guidelines</li> <li>- Percentage of total affected population in the program area receiving shelter assistance in camps, by sex</li> <li>- Total USD amount and percentage of approved project budget for camps spent on goods and services produced in the affected host country economy</li> </ul>
	<b>Emergency/Transitional Shelter</b>	<ul style="list-style-type: none"> <li>- Number of households in the program area receiving emergency/transitional shelter</li> <li>- Number of households in the program area receiving emergency/transitional shelter pursuant to Sphere Project standards and FOG guidelines</li> <li>- Percentage of total affected population in the program area receiving emergency/transitional shelter assistance, by sex</li> <li>- Total USD amount and percentage of approved project budget for emergency/transitional shelter spent on goods and services produced in the affected host country economy</li> </ul>
	<b>Shelter Hazard Mitigation</b>	<ul style="list-style-type: none"> <li>- Number of shelters incorporating DRR measures</li> <li>- Number of settlements adopting DRR measures</li> <li>- Number and percentage of people retaining shelter and settlements DRR knowledge two months after training, by sex</li> </ul>
<b>Water, Sanitation, and Hygiene</b>	<b>Environmental Health</b>	<ul style="list-style-type: none"> <li>- Number of people benefiting from solid waste management, drainage, and/or vector control activities (without double-counting)</li> </ul>
	<b>Hygiene Promotion</b>	<ul style="list-style-type: none"> <li>- Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)</li> </ul>
	<b>Sanitation Infrastructure</b>	<ul style="list-style-type: none"> <li>- Number of people directly benefitting from the sanitation infrastructure program</li> </ul>
	<b>Water Supply Infrastructure</b>	<ul style="list-style-type: none"> <li>- Number of people directly benefitting from the water supply infrastructure program</li> </ul>

## 2. Keywords List

Applications **must** list every applicable keyword for each sector in the Proposal Summary. List only the relevant keywords. The keywords are used to indicate non-sector-specific issues for review and tracking only. They do not influence USAID/OFDA's determination of the technical merit of the proposal.

Descriptions of each keyword, along with relevant guidance, are available in this document starting on page 182. The application must include a description of the selected keywords' relevance in the technical description portion of the proposal narrative.

Cash and Vouchers

Cash-for-Work

Climate

Early Warning System

Education

Humanitarian Safety and Security Programming

Information Systems/Geographic Information Systems (GIS)

Livelihoods

Livestock

Pastoralists

Stoves

## V. PROGRAM GUIDELINES

You should carefully review the requirements in this section as well as the relevant SRs, described beginning on page 61 due only to their length. The SRs are integral to program design and represent current technological guidance of best practices and issues of concern to USAID/OFDA. They contain detailed sector, sub-sector, and keyword information to assist in program design, some of which is needed for you to complete the elements described here.

USAID/OFDA is developing additional guidance for programs focused on early recovery, transition out of emergency assistance, and/or building resilience among communities facing chronic risks. It will be posted at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

### A. *Justification*

#### 1. Problem Statement

Describe the following:

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

Provide a backdrop for the program being proposed, not a comprehensive history of the country or region or problems not germane to the proposed program.

#### 2. Needs Assessment Summary and Justification for Intervention

A compelling justification will clearly answer the following:

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

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

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

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

Assessments can serve as a useful baseline of quantitative and qualitative information. If quantitative baseline data cannot be provided in the proposal, it must be submitted no later than 90 days after the agreed upon start date if the award is for more than 6 months; if the award is for less than 6 months, the baseline data must be submitted no later than 30 days after the start date. Clearly describe plans for collecting the required performance baseline data in the monitoring and evaluation section of the proposal. Consult the needs assessment sections of the relevant SR for specific guidance on information to include.

Modification requests should include assessment updates and describe achievements reached during the last award period based on the previous proposal. This assessment should include any constraints that hindered achievement of previous objectives and an explanation of how these constraints will be addressed in the ongoing program.

The proposed program must clearly respond to one or more of the assessed needs. Based on assessment findings, the justification for intervention must illuminate why

- The current situation demands a humanitarian response or DRR intervention,
- The specific interventions proposed are the most appropriate to meet those needs, and
- The identified beneficiaries, sector(s), and sub-sector(s) have priority at this time.

You must

- Consult the justification sections of the relevant SR sectors for detailed guidance on information to include,
- Organize the justification for intervention by each proposed USAID/OFDA sector together with its applicable sub-sectors,

- Establish clear connections between the needs identified and the activities proposed, and
- Tie the proposed actions back to USAID/OFDA's mandate.

This section must also

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

You must include

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

Information may be summarized in the justification for intervention, with details included as an appendix.

## ***B. Program Description***

### **1. Program Overview**

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

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

### **2. Sectors**

Proposed program activities must fall under one or more of the sectors listed in the Sectors, Sub-sectors, and Indicators Table on page 19 and further described in the SRs section beginning on page 61. You should contact the appropriate USAID/OFDA

Regional Advisor (field-based) or Disaster Operations Specialist (Washington, D.C.) if desired activities do not correspond to a sector and sub-sector delineated in the *Guidelines*, or you have questions about which sector and sub-sector are the most appropriate.

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

**a) Sector Name and Objective**

Of the 12 possible sectors (see Summary Table or SRs), list one sector of the proposed intervention. Specify the USAID/OFDA sector name and the primary aim or intended outcome of working in this sector. Each proposed sector should have only one objective.

For example:

Sector name: Health

Objective: Improve the health of the IDP population

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

**b) Dollar Amount**

Indicate the dollar amount requested for activities in this sector. For details, refer to the Cost/Budget Guidelines on page 37.

**c) Beneficiary Numbers**

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

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

State how many individuals the program will target for assistance within this sector:

- Number of People Targeted (e.g., 5,000), and
- Of the above total, number of IDPs Targeted (e.g., 250).

The number of direct beneficiaries is required; organizations also including a figure for indirect beneficiaries must define how these individuals are indirectly benefiting.

**d) Geographic Areas**

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

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

For regional programs, provide the countries of planned activities.

Region	Countries
South Asia	Bangladesh, India

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

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

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

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

#### e) Sector-level Coordination

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

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

#### f) Keywords

##### (1) Keyword Name

Of the keywords available (see Keyword List) for the sector last described, list all keywords of the proposed intervention.

##### (2) Keyword Integration

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



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

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

### **g) Technical Design**

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

#### **(1) Sub-sector Name**

List one sub-sector of the proposed intervention. You can find the available sub-sectors in the summary table on page 18 or within each SR.

#### **(2) Technical Description**

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

You should clearly explain how the proposed activities will address demonstrated needs. In general, technical descriptions should include methodologies, processes, or steps you will undertake to implement each proposed activity within the requested time frame. You should also discuss any contingency plans to manage changes in critical assumptions. You are invited, but not required, to include time lines, charts, or other graphics for illustrative purposes.

As noted in the sector guidance, **technical descriptions must also address gender equality, protection mainstreaming, and inclusion of persons with disabilities and older people**. Additional details about these requirements are on page 61.

#### **(3) Indicators**

Indicators report on implementation, observe progress, and measure actual results compared with expected results. **Output indicators** measure a finite achievement during the implementation of the program, such as activities, services, events, products, or participation (e.g., number of people trained, the number of people who received hygiene kits, etc.). **Outcome indicators** measure medium- or long-term change or benefits resulting from program activities and outputs (e.g., percent of targeted children reporting an improvement in their sense of safety and well-being). **For all percentages, include a clearly defined numerator and denominator. You must list indicators and provide a measurable target value for each indicator.**

**USAID/OFDA Indicators**

Each SR sub-sector includes a section on indicators. **Unless otherwise indicated, you must select all required indicators to report on for each proposed sub-sector.** You must copy the exact indicator language used in the SR. Modification requests and new follow-on requests should use the achieved rates from previous program reporting as the new baseline for the current proposal. Modification and follow-on requests must also include the required sub-sector indicators or justification as to why required indicators are not included. **Applicants who request to not report against a specific indicator must provide strong justification in the proposal.** This requirement applies even for sub-sector indicators that were not included in the original award. Add relevant indicators not mandated by USAID/OFDA if such indicators provide good evidence of program outcome or impact. Include relevant baseline data for evaluation of such indicators and justification for its use. Many SR indicators now require some combination of data disaggregation by sex, age, and disability.

**Proposed Custom Indicators**

You may develop, use, and report on additional outcome indicators. Suggested indicators are available at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>. Outcome or impact indicators can be helpful for capturing programmatic results not depicted by USAID/OFDA standard indicators.

***C. Transition or Exit Strategy***

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

Transition strategies must describe

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

***D. Monitoring and Evaluation*****1. Monitoring Plans**

You must provide a monitoring plan for tracking the progress of program implementation that relates directly to the overall and sector-specific information provided in the Program Description, including the objectives, activities, and planned indicators. USAID/OFDA supports strong monitoring plans that facilitate timely and accurate reporting of quantitative data for indicator reporting and, where appropriate, qualitative data that contribute to understanding and reporting on program implementation and outcomes {ADS-201 to 203}. Additionally, monitoring and evaluation plans must include specific

methods for obtaining gender-specific data as well as information on how people with unique needs (e.g., older people, female- or child-headed households, and persons with disabilities) are being assisted.

The monitoring plan must specify the following:

- The source, method, and time-frame for data collection;
- The office, team, or individual identified to undertake monitoring-related tasks;
- The data quality assessment procedures that will be used to verify and validate the reported measures of actual performance;
- The known monitoring limitations, the impact such limitations may have on program implementation, and plans for addressing these limitations;
- The plans for data analysis, reporting, review, and use; and
- A list of proposed indicators, each with its own, realistic target using baseline data as a comparison.

Baseline data must be submitted no later than 90 days after the start date if the award is for more than 6 months and no later than 30 days after the start date if the award is for less than 6 months. Plans for collecting the required performance baseline data must be clearly described in the evaluation plan.

## 2. Evaluation Plans

USAID/OFDA recognizes the importance of internal as well as independent evaluations as a means to

- Examine program outcomes and assess the contribution of the intervention toward achieving the desired outcomes;
- Assess the effectiveness of activities and achievement of targets; and
- Determine lessons learned and document best practices.

USAID/OFDA will consider funding independent evaluations on a case-by-case basis. If USAID/OFDA funding is needed to fund evaluation work, then those evaluation costs must be included within the overall program costs for the award. Evaluation plans must identify the objectives, purpose, evaluation design and methods, and planned scope of the evaluation (e.g., focus on a single sectoral outcome, specific geographical area or population group, key evaluation questions, etc.).

USAID evaluation policy does not require an evaluation for each USAID-funded project. Any activity demonstrating new approaches that are anticipated to be expanded in scale or scope (e.g., pilot or innovative humanitarian assistance interventions) requires an evaluation. Pilot or innovative programs should integrate rigorous evaluation designs into the program implementation design.

In order to meet evaluation requirements as specified in the new *USAID Evaluation Policy*, available at

<https://www.usaid.gov/sites/default/files/documents/1870/USAIDEvaluationPolicy.pdf>, and

to ensure quality evaluations, applicants proposing internal or external evaluations must include the following:

1. A detailed scope of work of the proposed evaluation study design, methodology, data collection process, and analysis, including

- A description of the evaluation type to be conducted. Types of evaluations may include Real Time Evaluations, Mid-Term Evaluations, Final Evaluations or Ex-Post Evaluations. Partners should reference the *USAID Evaluation Policy* to determine if the evaluation will be a performance evaluation or impact evaluation. Recognize that an impact evaluation must include a comparison between people randomly assigned to either a treatment or control group. This methodology provides evidence of a relationship between the intervention and the outcome measured;
  - Sampling methods for quantitative baseline and/or post-intervention surveys (e.g., simple or systematic random sample, stratified sample, etc.);
  - Selection criteria for individuals and/or groups interviewed in qualitative data collection, if applicable. This includes details on equal inclusion of men and women and feedback from people with unique needs, such as persons with disabilities and older people;
  - Main features of data collection instruments (e.g., use of standard quantitative survey questionnaires or scales, qualitative study interview and/or observation guides, and other tools);
  - A brief statement of how the data collection methods will conform to the Common Federal Policy for Protection of Human Subjects in research evaluations (often called the “Common Rule;” {see 22 CFR 225, Annex B, part 1,} and <https://www.gpo.gov/fdsys/granule/CFR-2003-title22-vol1/CFR-2003-title22-vol1-part225>). Even those evaluation activities with a non-research determination should ensure ethical conduct of data collection involving human subjects;
  - Data analysis plans. Include not only which statistical or analytical packages will be used but also the specific analysis, such as cross-tabs, regression analysis, etc.; and
  - Measures taken to reduce the need for evaluator-specific judgments or biases.
2. A timeframe;
  3. Privacy measures and plans for ensuring protection and confidentiality during data collection;
  4. Plans for encouraging participation by national counterparts and evaluators in the design and conduct of the program evaluation;
  5. Inclusion of gender- and age-specific variables for analysis;
  6. Plans for disseminating the final product; and
  7. Existing and/or anticipated source of funding for the evaluation. If your organization will need USAID/OFDA funding to complete the evaluation(s), submit an evaluation plan budget line-item, as appropriate.

If an evaluation plan will be developed in coordination with an external consultant and/or in the course of the program implementation, you should describe how the evaluation plan will be developed. The evaluation plan should be developed using the criteria above.

## VI. COST/BUDGET GUIDELINES

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

USAID/OFDA will review the cost proposal in conjunction with the program proposal for purposes of cost realism. Cost realism analysis is the process of independently reviewing and evaluating specific elements of the proposed costs to determine whether the proposed cost elements are realistic for the work to be performed (as described in the technical proposal); reflect a clear understanding of the needs; and are consistent with the methods of performance and materials described in the technical proposal. Further information is available at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

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

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

For further information on costs considered allowable, allocable, and reasonable, refer to 2 CFR 230, *Cost Principles for Non-Profit Organizations*, which was formerly OMB Circular A-122 <http://www.whitehouse.gov/omb/circulars/index.html> and <http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>.

For further information on cost-sharing and program income, refer to 22 CFR 226.23 and 22 CFR 226.24, *Administration of Assistance Awards to U.S. Nongovernmental Organizations* <https://www.gpo.gov/fdsys/pkg/CFR-2010-title22-vol1/pdf/CFR-2010-title22-vol1-sec226-23.pdf>.

### A. Detailed/Itemized Budget

The detailed/itemized budget must list and account for individual line items within each *object class category* for each sector objective {22 CFR 226.12, FAA §611(a), ADS-201, ADS-303.3.12}. Object class categories are logical groupings of costs, such as staff salaries, fringe benefits, travel, capital equipment, supplies, and indirect costs. Samples of budgets itemized by object class category and organized by sector objective are available at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources> under *Sample Detailed/Itemized Budget for Primary Funding Recipient* and *Sample Detailed/Itemized Budget for Sub-Partner Funding Recipient*.

**These sample budgets are strictly illustrative; you must use your own dollar figures, rates, and cost allocation methodologies.**

*[Pooled costs information has been removed as it pertains to pre-audit/audit, not proposals.]*

Budgets must be provided in Excel. All proposed costs, including cost sharing, must be in compliance with OMB and USAID policies. Cost sharing must be expressed as an amount in US Dollars. You must justify in advance the proposed costs for each element of the program. If you expect to earn program income during the award period, the proposal must specifically state how the income will be applied. The definition of program income is located in 2 CFR 200.80 and income application suggestions can be found in 2 CFR 200.307.

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

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

MTDC excludes

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

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

***For funded modifications:***

**Submit a new budget reflecting only the funds requested through this modification.** The Detailed/Itemized Budget guidelines above apply to budgets for funded modifications.

Do not send the original budget with updates. A pipeline analysis is also required; see Section H, Financial Documentation below for details.

## **B. Budget Narrative**

The budget narrative justifies proposed expenses and explains how costs are estimated. You must provide their rationale for cost development, such as the methodology and assumptions used to determine individual costs such as engineering cost estimates, actual current costs incurred, costs obtained through tenders or bids, catalog prices, or published salary tables. A thorough budget narrative will expedite the cost proposal review and prevent NGO field staff from having to revisit the proposal and provide additional information following proposal submission. For ease of review, budget narratives should follow the order of line items in the detailed budget (top to bottom), rather than by objective (left to right). Sample budget narratives for primary and sub-partner funding awardees are available at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

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

## **C. SF-424**

The U.S. Office of Management and Budget (OMB) requires submission of a signed SF-424 *Application for Federal Assistance* package with all proposals {22 CFR 226.12, ADS-303.3.5.2, ADS-303.3.8}. This includes the

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

These documents can be found at

<http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

## **D. Advanced Requirements for New Applicants**

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

### **a) For Grants and Cooperative Agreements**

#### **1. Organization Has Never Received USG Funding**

- USAID/OFDA must conduct a pre-award qualification review. This review may take up to 60 days to schedule. You should take this into account and plan submissions and program performance periods accordingly. Contact an USAID/OFDA representative for additional guidance. A listing of USAID/OFDA regional representatives is available at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

- You must provide audited financial statements for the previous three fiscal years, which a Certified Public Accountant or other auditor satisfactory to USAID has performed; an organizational chart; and copies of applicable policies and procedures, such as accounting and financial management, purchasing, property management, travel, and personnel {ADS-303.3.9}.
- You must have a unique nine-digit Data Universal Numbering System (DUNS) Number {68 FR 38403-5 (OMB), ADS-303.3.8b}. Procedures for obtaining a DUNS number are contained in the Certifications and Assurances package, which can be accessed at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.
- You must have a current registration in the Central Contractor Registration (CCR) database. Registration procedures can be found at <https://www.SAM.gov/portal/public/SAM>. (Enable TLS 1.0 on your Internet browser's security options to access.) In order to receive payment from USAID/W, non-U.S. registrants must input or update their U.S. banking information (bank routing number, account number, etc.) via the tab entitled, "**Remittance**" in CCR. The USAID Chief Financial Officer receives registrant financial information from CCR and uses CCR information to make payments to recipients of USAID awards (awardees).
- Non-US organizations must also obtain a NATO Commercial and Governmental Entity (NCAGE) number prior to seeking CCR Registration. See [http://www.dlis.dla.mil/Forms/Form\\_AC135.asp](http://www.dlis.dla.mil/Forms/Form_AC135.asp). The USAID/OFDA Grants Unit will work with new non-US awardees to set up electronic payments into the awardee's local bank account.

## **2. Organization Has Received USG Funding but Never from USAID**

- You must include information demonstrating that the organization has the ability to meet various award conditions {ADS-303.3.9}:
  - Financial and program management systems that comply with 22 CFR 226.20-28;
  - System of internal controls is reasonable in accordance with applicable cost principles {2 CFR 230, formerly OMB Circular A-122, for non-profit organizations.} This includes the segregation of duties, handling of cash, contracting procedures, and personnel and travel policies;
  - Purchasing system and contracting procedures that comply with 22 CFR 226.40-49;
  - Property management system that complies with 22 CFR 226.30-37;
  - Personnel policy that complies with applicable USG cost principles and results in reasonable and allocable salary charges;
  - Travel policy that complies with the standard provision entitled "Travel and International Air Transportation" and applicable USG cost principles;
  - System of administering and monitoring sub-awards as required by OMB Circular A-133 for U.S. organizations, or by the USAID Inspector-General's Guidelines for Financial Audits Contracted by Foreign Recipients for non-U.S. organizations;
  - Reports and records that comply with 22 CFR 226.50-53; and
  - Sufficient absorptive capacity.
- You must also provide the following:



- Evidence that the organization has or can obtain adequate financial resources for performance of the award;
  - Proof that the organization has a satisfactory record of performance, including past performance references;
  - Information showing that the organization has a satisfactory record of integrity and business ethics;
  - Documentation establishing that the organization is otherwise qualified to receive an award under applicable laws and regulations; and
  - Contact information for the contracting or Agreement Officer at every USG agency from which your organization has received an award.
- You must have a U.S. bank account to receive payments from USAID. If you are a non-U.S. organization, you must provide the name and banking information for a correspondent U.S. bank that will receive funds on your behalf.

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

A fixed amount award is a type of assistance award where USAID provides a specific level of support and where payment is not based upon the actual costs incurred by the recipient.

For Fixed Amount Awards, you must include information demonstrating that your organization has the ability to meet various award conditions by addressing all pre-award risk assessment determination criteria listed under the *Fixed Amount Award Entity Eligibility Checklist* located at <http://www.usaid.gov/sites/default/files/documents/1868/303mak.pdf>.

Under a fixed amount award USAID pays your organization a set amount when it accomplishes a milestone. Milestones are for a verifiable product, task, deliverable, or goal of your organization. You must propose milestones that can objectively be verifiable regarding completion and quantity and within your organization’s span of management control to successfully complete as designed. The milestones will generally have three parts:

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

**E. Ineligible and Restricted Goods, Services, and Countries**

For more information on this subject than the summaries provided below, see the USAID ADS Major Functional Series 300: *Acquisition and Assistance, Chapter 312, Eligibility of Commodities* at <https://www.usaid.gov/sites/default/files/documents/1876/312.pdf>.

**1. Ineligible Goods and Services**

USAID/OFDA cannot fund

- Military equipment
- Surveillance equipment
- Abortion equipment and services

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

## 2. Ineligible Suppliers

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

1. Have active exclusions in the System for Award Management (SAM) ([www.sam.gov](http://www.sam.gov));
2. Appear on the Specially Designated Nationals (SDN) and Blocked Persons List maintained by the U.S. Treasury for the Office of Foreign Assets Control, sometimes referred to as the "OFAC List", <http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>; and
3. Are listed in the United Nations Security designation list, [http://www.un.org/sc/committees/1267/aq\\_sanctions\\_list.shtml](http://www.un.org/sc/committees/1267/aq_sanctions_list.shtml).

## 3. Restricted Goods

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

- Certain agricultural commodities;
- Fertilizer;
- Pesticides and pesticide-containing materials, including long-lasting insecticide-treated nets (LLINs) and insecticide-treated plastic sheeting (ITPS);
- Pharmaceuticals, both veterinary and human, including oral rehydration salts (ORS) and contraceptives;
- Motor vehicles that are not manufactured in the U.S., including leasing greater than 180 days per year;
- Used equipment; and
- USG-owned excess property.

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

### a) Agricultural Commodities

The October 26<sup>th</sup> 2015 revision of ADS 312.3.3.1 outlines procedures applicable to the procurement or financing of agricultural commodities under the authority of the Foreign Assistance Act of 1961, as amended (FAA), with the **exception** of emergency humanitarian assistance provided under International Disaster Assistance (IDA) authority (Section 491 of the FAA).

For USAID/OFDA IDA-funded programs, the procurement of agricultural commodities is not subject to the requirements of ADS 312.3.3.1 but USAID/OFDA continues to apply technical review and inspection to ensure that best practices for input quality and

appropriateness are maintained. This relates to procurement of seed, seedlings and livestock.

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

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

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

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

*Required Practices for Purchases of Livestock Breeding Stock:*

When requesting financing for livestock breeding stock, the awardee's request must include documentation affirming that:

1) The suppliers or agents providing the breeding animals have provided at least one verifiable reference of supplying healthy and productive livestock.

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

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

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

If possible, and especially for purchases of large numbers of animals, purchasers should verify, at the supplier farms, that the physical conditions of animals in the herd or flock are adequate, that there are records being kept and that the facilities are sanitary. Purchased breeding animals should be transported in a safe, humane manner in a properly ventilated vehicle to assure that they arrive at distribution points in good physical condition without

bodily injury. If traveling over long distances there should be 4 rest stops spaced every 8 to 12 hours to allow animals to disembark, rest and be fed and watered. Imported livestock should arrive at border crossings or airports accompanied by required documents verifying compliance with regulations. Receiving farms and organizations should have sufficient training from activity technical staff and have infrastructure in place to assure that the animals can be productive and generate the activity outcomes expected.

Although seeds for agricultural production are not a restricted commodity, they do require technical approval by USAID/OFDA. Seeds are subject to the USAID *Seed Grower Certification Requirement* (see <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>). In cases where a Seed Grower's Certificate is not available, for example in a seed fair situation, the awardee assumes responsibility for ensuring seed quality and must document what quality assurance practices were followed in lieu of certification. See the *Seed Grower's Certification Information Sheet*, available at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>, for a list of possible quality assurance practices that may be followed. Note that there is no waiver for seed quality. Either certified seed or quality assurance practices must be used. For direct distribution of seed, all efforts to provide certified seed should be made. Strong programmatic justification must be provided for provision of anything other than certified seed through a direct distribution. For procurement of seed directly or through use of a voucher the awardee must indicate the use of agricultural commodities within the proposal.

When USAID/OFDA funds a proposal that includes fertilizers, a special provision is included authorizing local purchase, and making the awardee responsible for compliance with the specifications in the *USAID Commodity Eligibility Listing*, to the extent there are requirements for the desired type of fertilizer.

#### **b) Pesticides and Pesticide-containing Materials**

Pesticides or pesticide-containing or incorporated materials, including long-lasting insecticide-treated nets (LLINs) and insecticide-treated plastic sheeting (ITPS) are classified as USAID restricted goods. USAID/OFDA usually does not finance the purchase, use, or distribution of pesticides and will only consider such actions in response to agricultural pest outbreaks and public health emergencies where such products are determined to be absolutely necessary and vital for the success of the projects.

Any proposal requesting approval for procurement, use, distribution, or disposal of pesticides or pesticide-containing materials will need to follow applicable USAID guidelines and procedures stipulated in the USAID Environmental Regulations, 22 CFR 216.3(b), Pesticide Procedures (<https://www.usaid.gov/our-work/environment/compliance/22cfr216>). Likewise the use of USAID/OFDA funds for provision of equipment for application of pesticides (e.g., knapsack or backpack sprayers) is subjected to the requirements of 22 CFR 216. Partners that wish to obtain such approval are required to prepare appropriate documentation as stipulated in 22 CFR 216.3. Such documentation must describe adequately

- The existing situation that requires the use of pesticides;
- The positive and negative impacts of the proposed action on the health and well-being of the target populations or beneficiaries;

- The positive and negative impacts of the proposed action on agricultural assets; including livestock, crops, and other beneficial organisms; and
- The positive and negative impacts of the proposed action on the environment, including aquatic habitat and grazing land.

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

- An initial environmental examination,
- A pesticide evaluation report, and
- A safer use action plan.

In consultation with USAID/OFDA technical advisors, refer to environmental documents referenced above for more specific guidance. Note that the process involved in the preparation and the approval of such documentations can significantly slow down implementation of the proposed activities. To the extent possible, USAID/OFDA encourages you to propose pesticides only when agricultural pest outbreaks threaten food security and undermine the economy of the host-country or for public health emergencies or DRR activities.

### **(1) Agricultural Pesticides**

USAID/OFDA at all times discourages direct involvement by farmers or pastoralists or unskilled persons in handling, application, distribution, storage, and disposal of synthetic chemical pesticides and prohibits inappropriate use of empty pesticide containers. USAID/OFDA requires that only skilled and experienced persons can handle and/or apply pesticides and that appropriate personal protective equipment and tools are employed during this time.

### **(2) Long-Lasting Insecticide-treated Nets**

Long-lasting insecticide-treated nets (LLINs) are USAID/OFDA restricted commodities. They may be purchased with USAID/OFDA funds; however, proper approval requests must be received as part of the original proposal submission. Refer to the *Request for Approval to Purchase, Use, and/or Distribute Long-Lasting Insecticide-Treated Nets—Health Annex A* for this information.

LLIN acquisitions must adhere to all relevant stipulations in the USAID Africa Bureau *Programmatic Environmental Assessment for Insecticide-Treated Materials in USAID Activities in Sub-Saharan Africa*. See <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

Additional information on appropriate purchase, use, distribution, and disposal of pesticide-containing materials is provided in the *Request for Approval to Purchase, Use, and/or Distribute Long-Lasting Insecticide-Treated Nets—Health Annex A* and the global *Programmatic Initial Environmental Examination* provided at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

### **(3) Insecticide-Treated Plastic Sheeting**

Insecticide-treated plastic sheeting (ITPS) is a relatively new development and has a limited research and application record. USAID/OFDA may consider inquiries on possible use under highly specific and controlled conditions. Contact the Shelter and Settlements and Hazard Mitigation Advisors for current information and the Senior Technical Advisor for Pesticides and Pests regarding restrictions related to ITPS.

#### **c) Pharmaceuticals and Medical Commodities—Human and Veterinary**

##### **(1) Human**

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

USAID/OFDA must be assured that any pharmaceuticals purchased with USAID/OFDA funds are safe, effective, and provided by duly certified vendors who adhere to internationally accepted standards: good distribution practices, good manufacturing practices, and good storage practices. Refer to the Medical Commodities Including Pharmaceuticals Sub-sector under the Health Sector on page 109 for complete information and instructions. USAID/OFDA has provided templates to help you address all conditions that must be met (available at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>).

##### **(2) Veterinary**

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

USAID/OFDA must be assured that any veterinary pharmaceuticals purchased with USAID/OFDA funds are safe, effective, and provided by duly certified vendors who adhere to internationally accepted standards: good distribution practices, good manufacturing practices, and good storage practices. Refer to the Medical Commodities Including Pharmaceuticals Sub-sector under the Health Sector on page 109 for complete information and instructions.

#### **d) Motor Vehicles**

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

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

310.3.1.1 <https://www.usaid.gov/sites/default/files/documents/1876/310.pdf> geographic codes and <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources> for further information).

**e) Used Equipment**

USAID/OFDA generally will not finance the purchase of used equipment, and any approval to purchase used equipment normally will require your assurances that program needs will be satisfied if the material purchased is used, rebuilt, or reconditioned; that economic considerations justify procurement of used, rebuilt, or reconditioned equipment; and that the price is reasonable. If the equipment is used, the justification must explain why it is not to be rebuilt or reconditioned. In addition, you must arrange for inspection and appraisal of the equipment by an inspector approved by USAID with the understanding that this cost will be eligible for reimbursement only if the used equipment is subsequently approved for USAID/OFDA financing. This is a time consuming and risky process; therefore, if possible, used equipment should not be proposed for USAID/OFDA funding.

**f) USG-owned Excess Property**

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

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

Countries which are designated as “Prohibited Sources” are not included in Geographic Code 935. Geographic Codes pertain to procurement of goods and services, and are described in more detail in the standard provision entitled “USAID Eligibility Rules for Goods and Services” {22 CFR 228 <https://www.gpo.gov/fdsys/granule/CFR-2012-title22-vol1/CFR-2012-title22-vol1-part228/content-detail.html> and ADS-310 <https://www.usaid.gov/sites/default/files/documents/1876/310.pdf>.} A list of Prohibited Source Countries can be found at <https://www.usaid.gov/sites/default/files/documents/1864/310mac.pdf>. Geographic codes can also be viewed at <https://www.usaid.gov/sites/default/files/documents/1868/260.pdf>. Funds provided under USAID/OFDA awards cannot be used for the procurement of commodities and services from prohibited sources without specific written approval from the Agreement Officer.

Prohibited sources means countries to which assistance is prohibited by the annual appropriations acts of Congress or other statutes, or those subject to other executive branch restrictions, such as applicable sanctions administered by the U.S. Treasury Department’s Office of Foreign Assets Control (OFAC). USAID maintains a list of prohibited sources, available in USAID’s ADS-310.

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

Moreover, the U.S. Department of Commerce administers the U.S. Export Administration Regulations found in 15 CFR 730, *et seq.* Further information about export restrictions may be found at <http://www.bis.doc.gov/licensing/exportingbasics.htm> and <https://www.bis.doc.gov/index.php/regulations/export-administration-regulations-ear>. It is your legal responsibility to ensure compliance with these regulations.

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

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

## **F. Branding and Marking**

You must use the latest USAID Standard Graphic Identity. Refer to 22 CFR 226.91, AAPD 05-11, and ADS-320. Also refer to <http://www.usaid.gov/branding>. You must use the USAID Identity, of a size and prominence equivalent to or greater than any other identity or logo displayed, to mark the following:

1. Programs, projects, activities, public communications, and commodities partially or fully funded by USAID;
2. Program, project, or activity sites funded by USAID, including visible infrastructure projects or other physical sites;
3. Technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities, promotional, informational, media, or communications products funded by USAID;
4. Commodities, equipment, supplies, and other materials funded by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs; and
5. Events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences and other public activities. If the USAID Identity cannot be displayed, the awardee is encouraged to otherwise acknowledge USAID and the support of the American people.



## 1. Branding Strategy and Marking Plan

USAID requires that applicants for awards submit a branding strategy and marking plan (BSMP). The Branding Strategy describes how the proposed program, project, or activity will be named and positioned, and how you will promote and communicate about the proposed program, project, or activity to beneficiaries and host country citizens. The Marking Plan details the public communications, commodities, activities, program materials, and other items that will visibly bear the USAID Standard Graphic Identity. The USAID Standard Graphic Identity is the official marking comprised of the USAID logo or seal and brandmark with the tagline that communicates the assistance is *from the American people*. USAID prefers that the tagline is written in the local language(s) of the geographic area of program implementation. A link to downloadable versions of translated taglines can be found at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

### **New Awards**

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

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

### **Award Modifications**

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

## 2. Presumptive Exceptions

You may request, and the USAID Agreement Officer may approve, a *Presumptive Exception* that relieves your organization from the general marking requirements for a *particular* USAID-funded public communication, commodity, program material, or other deliverable, or for a *category* of USAID-funded public communications, commodities, program materials, or other deliverables, which would otherwise be required to visibly bear the USAID Standard Graphic Identity {22 CFR 226.91, AAPD 05-11, ADS-320}.

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

1. Compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials. This could include election monitoring, ballots, and voter information literature; political party support or public policy advocacy or reform; independent media, such as television and radio broadcasts, newspaper articles, and editorials; and public service announcements or public opinion polls and surveys (Presumptive Exception [i]);
2. Diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent (Presumptive Exception [ii]);
3. Undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service

- announcements, or other communications better positioned as “by” or “from” a cooperating country ministry or government official (Presumptive Exception [iii]);
4. Impair the functionality of an item, such as sterilized equipment or spare parts (Presumptive Exception [iv]);
  5. Incur substantial costs or be impractical, such as items too small or otherwise unsuited for individual marking, including food in bulk (Presumptive Exception [v]);
  6. Offend local cultural or social norms, or be considered inappropriate on such items as condoms, toilets, bed pans, or similar commodities (Presumptive Exception [vi]); or
  7. Conflict with international law (Presumptive Exception [vii]).

You must provide detailed justification and supporting information in any request for a Presumptive Exception. The proposal also must indicate whether you will accept the award in the event the USAID Agreement Officer does not approve requested Presumptive Exceptions {22 CFR 226.91, AAPD 05-11, ADS-320}.

### 3. Waivers

You may request, and the USAID/OFDA Director may approve, at any time before or after award, a waiver, in whole or in part, of the marking requirement and Marking Plan for compelling political, safety, or security reasons, or if marking would cause adverse reaction in the host country {22 CFR 226.91, AAPD 05-11, ADS 320}. Implementing partners can submit waiver requests through the appropriate USAID/OFDA/W contact covering their respective country program. The request must describe the compelling political, safety, or security concerns, or adverse impacts, that necessitate a waiver, explain the circumstances and rationale for the waiver; detail the specific requirements to be waived, the specific portion of the Marking Plan to be waived, or the specific marking to be waived; and specify how or whether program materials would be marked in lieu of the USAID Identity.

The request should also provide a rationale for any use of the awardee’s own identity or logo, or that of a third party, on materials that will be subject to the waiver {22 CFR 226.91, AAPD 05-11, ADS-320}. Approved waivers may be limited in duration and are subject to review by the USAID/OFDA Director at any time, due to changed circumstances. **The BSMP must be prepared regardless of whether a waiver exists or is being requested {22 CFR 226.91, AAPD 05-11, ADS-320}**. Approved waivers apply to primary awardees as well as sub-awardees. The waiver may also include the removal of USAID markings already affixed, if circumstances warrant. Determinations regarding waiver requests are subject to appeal to the Assistant Administrator of USAID/DCHA. The awardee may appeal by submitting to the Assistant Administrator a written request to reconsider the USAID/OFDA director’s waiver determination. The proposal must also indicate whether your organization will accept the award in the event any requested waiver is not approved.

Checklists for BSMPs, Presumptive Exceptions, and Waivers are available in Appendix I. These checklists are intended as tools to assist NGOs in the preparation of BSMPs and requests for Presumptive Exceptions and Waivers, but must not be used as your actual BSMP or request for Presumptive Exception or Waiver; nor do they supersede any USAID policies or requirements related to branding and marking.

**Every proposal must include a BSMP regardless of whether a waiver has been approved. A revised BSMP must be submitted with modification applications if the modification includes new activities not covered in the original BSMP.**

## **G. Certifications and Assurances**

All proposals must include the complete, current, and signed Certifications and Assurances package {ADS-303.3.8}, which is available at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

## **H. Financial Documentation**

### **1. Cost Sharing and In-kind Contributions**

If applicable, give details of cost sharing (e.g., matching funds and in-kind contributions). {22 CFR 226.23, ADS-303.3.10, ADS-303.3.21}. **Cost sharing must be reported in USD and not percentages.** USAID/OFDA will view cost-sharing and in-kind contributions favorably during the cost proposal review.

### **2. Sub-award and Contractual Arrangements**

To the extent they are known at the time of proposal development, describe details of planned sub-awards and contracts {22 CFR 226.25(c)(8), ADS-303.3.12}.

Provide the

- Name of sub-awardee,
- Budget, and
- Scope of work of the sub-awardee.

The Primary awardee must

- Ensure the sub-awardee has a DUNS number, and
- Ensure the sub-awardee is not on the list of excluded parties at <https://www.sam.gov/portal/public/SAM/>. **SAM registration is not required for sub-awardees.**

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

### **3. USG Negotiated Indirect Cost Rate Agreement**

Include a copy of the organization's USG *Negotiated Indirect Cost Rate Agreement* (NICRA), if applicable {ADS-303.3.21 (Sub-awards)}. See <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources> for further information.

### **4. Program Income**

Program income refers to recovered costs or other revenues generated under the award, except for interest earned on USAID advances. If program income is anticipated, you must reflect the estimated amount in the budget. The budget narrative must describe how the program income is proposed to be treated, for example, as additive program funding, cost-sharing, or deductive, or a combination thereof (see 22 CFR 226.24,

*Administration of Assistance Awards to U.S. Nongovernmental Organizations*  
<https://www.gpo.gov/fdsys/pkg/CFR-2010-title22-vol1/pdf/CFR-2010-title22-vol1-sec226-24.pdf>).

## **5. Pipeline Analysis (Award Modifications Only)**

Request for award modifications must have a pipeline analysis that shows, by objective

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

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

## **6. Self-certification for U.S. NGO Compliance with USAID Policies and Procedures**

For U.S. organizations only, include a completed copy of the Self-certification for Compliance with USAID Policies and Procedures for Personnel, Procurement, Property Management, and Travel, available at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>. For additional information, refer to ADS-303.3.9 and ADS-303.5.j, Additional Help (Procurement Reform Documentation Requirement for Non-Profit Recipients (self-certification)).

## VII. SUPPORTING DOCUMENTATION

### A. *Safety and Security Plan*

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

**USAID/OFDA requires you to submit a location-specific safety and security plan for proposed operational areas.** Appropriate geographic units for contextual, threat, and vulnerability analysis may be as specific as a village, town, city, or neighborhood where project activities will occur. Submission of global security handbooks and/or policy documents does not satisfy USAID/OFDA requirements for safety and security plans. Safety and security plans must be demonstrably written for and apply directly to the areas where programs are being proposed. All personnel and operations funded under your USAID/OFDA project, including sub-awardees or other partners with substantive programmatic contributions, must be covered by a safety and security plan, whether yours or theirs.

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

- Contextual Analysis,
- Threat Analysis,
- Vulnerability Analysis,
- Contingency planning for relevant emergency situations, and
- Risk mitigation measures, which should address specific needs based on analysis of proposed program areas.

Definitions of these technical terms can be found in the Overseas Development Institute Humanitarian Practice Network's Good Practice Review 8, *Operational Security Management in Violent Environments*, December 2010, available at <http://odihpn.org/resources/operational-security-management-in-violent-environments-revised-edition/>.

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

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

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

Additional security resources to consider include

- Humanitarian Practice Network. Operational Security Management in Violent Environments. London: Overseas Development institute, 2010. Available at

<http://odihpn.org/resources/operational-security-management-in-violent-environments-revised-edition/>. Security Advisory Group;

- InterAction Minimum Operating Security Standards and Suggested Guidance for Implementation. Washington: InterAction, 2006. Available at [http://www.interaction.org/sites/default/files/MOSS\\_Implementation\\_May\\_2006.pdf](http://www.interaction.org/sites/default/files/MOSS_Implementation_May_2006.pdf); and
- The European Interagency Security Forum: <http://www.eisf.eu/resources/?f=1>.

## **B. Code of Conduct**

U.S. legislation stipulates that any organization receiving USAID/OFDA funds must adopt a Code of Conduct providing for the protection from sexual exploitation and abuse in humanitarian relief operations {H.R. 1268 (109<sup>th</sup>) §2110}. Among USAID/OFDA’s primary programming concerns is that beneficiaries are protected from sexual exploitation and abuse in humanitarian relief operations. Therefore, USAID/OFDA is introducing the following three new requirements relating to prevention of sexual exploitation and abuse:

1. You must submit a copy of your Code of Conduct and implementation paragraph as an annex to the proposal;
2. You must submit a paragraph describing how you implement the Code of Conduct in the area of operations; and
3. Sub-awardees receiving USAID/OFDA funds will be required to adopt a Code of Conduct. Awardees will be responsible for ensuring that sub-awardees have a Code of Conduct.

### **1. Code of Conduct**

Your organization’s Code of Conduct must be consistent with the Inter-Agency Standing Committee (IASC) Task Force on Protection from Sexual Exploitation and Abuse in Humanitarian Crises, which includes the following core principles:

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

## 2. Localizing Paragraph

The description of the Code of Conduct implementation must be specific to the country or region of the proposal. This description must consist of a paragraph or more describing the following:

- How employees are trained or otherwise made aware of the Code of Conduct,
- How violations of the Code of Conduct are reported and followed up,
- Whether or not beneficiaries are made aware of the Code of Conduct, and
- Whether or not there is a focal point in the country or regional office for the Code of Conduct.

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

For more information on Prevention of Sexual Exploitation and Abuse, see the following resources:

- The IASC Taskforce on Prevention of Sexual Exploitation and Abuse: <http://www.un.org/en/pseataskforce/>,
- InterAction: <http://www.interaction.org/sea>, and
- The Humanitarian Accountability Partnership: <http://www.hapinternational.org/projects/complaints-handling/building-safer-organizations.aspx>.

## C. Disability Policy and Accessibility Standards

### 1. USAID Disability Policy

The full text of the *USAID Disability Policy Paper* is available at [http://pdf.usaid.gov/pdf\\_docs/Pdabq631.pdf](http://pdf.usaid.gov/pdf_docs/Pdabq631.pdf). The policy has four primary objectives:

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

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

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

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

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

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

Implementing partners must comply with the host country or regional standards for accessibility in construction, when such standards result in at least substantially equivalent accessibility and usability to the standards in the Americans with Disabilities Act (ADA) of 1990 and the Architectural Barriers Act (ABA) *Accessibility Guidelines for Buildings and Facilities* of July 2004. Where no host country or regional standards for universal access exist, or where the host country or regional standards fail to meet the ADA/ABA threshold, the standard prescribed in the ADA and the ABA will be used.

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

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

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

### ***D. Trafficking in Persons Assistance***

#### **Organizations Eligible for Trafficking in Persons (TIP) Assistance (May 2007)**

USAID/OFDA will not fund projects promoting, supporting, or advocating the legalization or practice of prostitution.

To the degree permitted by law, USAID shares information on its proposed anti-trafficking awards and actions with the other primary grant-making agencies within the Senior Policy



Operating Group (SPOG). This is in accordance with Section 105(f)(4) of the 2003 Trafficking Victims Protection Reauthorization Act. SPOG includes the

- Department of State
- Department of Justice
- Department of Labor
- Department of Health and Human Services
- Department of Homeland Security

Information shared by the awarding SPOG member agency includes the name of the funding awardee, including sub-awardees; location of proposed project; proposed amount of the award; and a one or two sentence description of the project.

SPOG member agencies have the opportunity to comment on, but not to approve, any proposed USAID anti-trafficking award with respect to whether the proposed action

- Will duplicate anti-trafficking activities of other member agencies;
- Presents opportunities for partnership with anti-trafficking activities of other member agencies; or
- Is consistent with USG policies on combating trafficking in persons. This review and comment process may take 27 business days or longer.

### ***E. Voluntary Survey on Faith-based and Community Organizations***

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

A sample survey on Ensuring Equal Opportunity for Faith-Based and Community Organizations, which has been approved by OMB for this purpose, is accessible at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

### ***F. Structure and Performance Documentation***

#### **1. Organizational Structure**

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

#### **2. Past Performance References**

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

### ***G. Budget and Program Revisions Requiring Prior Approval***

Some activities require prior approval by the Agreement Officer. You can request approval of these activities as part of the proposal submission, reducing the need for

administrative follow-up during post-award implementation. Refer to **2 CFR 308** for instances when an Agreement Officer is needed. Costs that require prior approval are explained in 2 CFR 230, *Cost Principles for Non-Profit Organizations*, formerly OMB Circular A-122 <https://www.gpo.gov/fdsys/pkg/CFR-2012-title2-vol1/pdf/CFR-2012-title2-vol1-part230.pdf>.

Common expenditures requiring prior approval **or consent** that may be included in a proposal include

- Official international travel (defined as travel between two countries as a function of the award) **for meetings, conferences, and trainings outside of the host country.** USAID/OFDA is not required to give approval for entitlement travel such as rest and relaxation (R&R) and home leave travel so long as such travel is in line with your organization's published personnel and compensation manual. **Per 2 CFR 200.474, written consent is required for dependents of recipients' staff members to travel for a duration of six months or more.** Travel to project site from home of record and return to home of record at project end is considered "official business" and requires approval;
- The sub-award, transfer, or sub-contracting of any work under an award, unless the activity is described in the application and funded in the approved budget of the award. This provision does not apply to the purchase of equipment, materials, supplies, or general support services; and
- Capital equipment, defined as any article of tangible, non-expendable personal property having a useful life of more than 1 year and a per-unit acquisition cost of \$5,000 or more.

The complete list is detailed in 2 CFR 230. The Agreement Officer may give prior approval to these items by incorporating them into the signed award. You must identify the items in the proposal and budget at the time of submission in order for the Agreement Officer to approve them at the time of award signature.

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

Although prior written approval for these budget and program revisions must be provided by the Agreement Officer, except to the extent that an award may explicitly delegate such authority to the Agreement Officer's Representative (AOR), requests must be addressed to the AOR named in the AOR designation letter. Requests should be submitted separately from other routine correspondence, such as program updates or reports.

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

## **H. Funded Modifications**

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

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

- Pipeline analysis (see Cost/Budget Guidelines for further information),
- Revised program description {FAA §611(a), ADS-201, ADS-303},
- Revised budget showing only the budget information for the modification {FAA §611(a), ADS-201, ADS-303},
- Revised budget narrative {FAA §611(a), ADS-201, ADS-303},
- Signed and completed SF-424 package {22 CFR 226.12, ADS-303},
- Signed Certifications and Assurances if the modification increases the total estimated award amount,
- A revised BSMP if the modification includes new activities not covered in the original BSMP, and
- An updated safety and security plan that reflects any relevant changes in the programmatic operating environment.

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

## **I. OFAC Certification, Reporting, and Record Keeping**

If an OFAC license is required and issued for an award, it may direct the awardee to comply with specific certification, reporting, and record-keeping requirements (see Prohibited Source Countries, U.S. Economic Sanctions, U.S. Export Restrictions, and other U.S. Legal Restrictions on Providing Assistance to Foreign Countries on page 47).

## **VIII. POST-AWARD REPORTING GUIDELINES AND REQUIREMENTS**

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

## IX. SECTOR REQUIREMENTS

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

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

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

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

#### **1. Gender Analysis and Mainstreaming**

In early 2010, USAID adopted strengthened gender guidance. All entities that receive USAID funding must provide and apply a gender analysis to all proposals and applications. This analysis must inform the project design, implementation, monitoring, and evaluation. The gender analysis should address the following:

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

Provide more details of gender integration at the sub-sector level in your technical description. USAID/ODFA has provided specific guidance for gender mainstreaming in each sub-sector online at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

## 2. Protection Mainstreaming

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

- Minimizing any unintended negative effects of your intervention that can increase people's vulnerability to both physical and psychosocial risks and result in harm, exploitation, and abuse;
- Arranging for people's meaningful access to impartial assistance and services in proportion to need and without any barriers;
- Setting up mechanisms through which affected populations can measure the adequacy of interventions or address concerns and complaints; and
- Supporting the development of self-protection capacities of individuals and communities.

Assistance activities should mainstream protection by analyzing the protection risks confronting a disaster-affected population in relation to each specific programming sector. Risks are caused by a combination of increased threats and increased vulnerability (risk = threat x vulnerability). An analysis of the risks should inform how assistance is designed to minimize them.

Common protection risks for disaster-affected populations include

- Exploitation and abuse,
- Demands for sex in exchange for goods or services,
- Attacks against civilians by armed groups or criminals,
- Destruction or theft of property and assets,
- Rape and other forms of sexual violence, and
- Exclusion from or denial of assistance or services.

With this edition of the *Guidelines*, USAID/OFDA has included protection mainstreaming guidance in all sectors and requires all proposals to address protection issues and concerns in each sector. The SR for each sector lists specific questions to be addressed related to protection mainstreaming.

## 3. Inclusion of Persons with Disabilities and Older People

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

USAID/OFDA supports a two-part approach to protection and assistance for older people and people with disabilities:

1. Taking steps to include older people and people with disabilities in all programs by making assistance accessible and inclusive; and
2. Providing targeted assistance to meet the unique needs of older people and people with disabilities where necessary.

## Definitions

A person with a disability is someone who has difficulty

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

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

## Implementation Guidance

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

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

In order to identify persons with disabilities, humanitarian agencies can use the following questions based on functional ability:<sup>1</sup>

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

Involvement of Older People and Persons with Disabilities: Persons with disabilities and older people should not only be considered as individuals with unique needs; they are vital members of their communities and are a resource for assistance and protection in disaster settings. People with disabilities and older people are the most knowledgeable about their own needs and are generally the best source of expertise on what works for them. Disability organizations and older persons groups are a tremendous resource, both for planning purposes and in the event of an actual emergency. Inclusive projects are designed including people with disabilities as stakeholders, decision-makers, and beneficiaries at all stages and levels.

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<sup>1</sup> The Washington Group on Disability Statistics: [http://www.cdc.gov/nchs/washington\\_group.htm](http://www.cdc.gov/nchs/washington_group.htm)

**Monitoring for Inclusiveness:** To ensure that programs are accessible for older people and persons with disabilities, USAID/OFDA recommends that you collect disaggregated data as a part of program monitoring. Disaggregating beneficiary numbers by age and disability status allows for a comparison of beneficiary numbers and population estimates to see whether the expected percentage of older people and persons with disabilities are included in beneficiary numbers. For example, age-disaggregated data from program monitoring may reveal that 10 percent of the people benefiting from a program is age 60 and over, whereas census data may show that 20 percent of the population in the targeted area is age 60 and over. This may signal that obstacles exist for older people to access the given program, and corrective action should be taken. Similarly, programs can ascertain the number of beneficiaries with a disability using the six functional questions above. Comparison data for age disaggregation can be obtained from census figures. Data on the percentage of persons with disabilities within a population can be determined from the following sources:

1. Local organizations assisting persons with disabilities or associations of persons with disabilities;
2. Country-specific disability prevalence data provided in the World Health Survey (<http://www.who.int/healthinfo/survey/en/>) or the Global Burden of Disease ([http://www.who.int/topics/global\\_burden\\_of\\_disease/en/](http://www.who.int/topics/global_burden_of_disease/en/));
3. The global prevalence rate of 15 percent.

### **Information Resources**

1. Women's Commission for Refugee Women and Children (2008). *Disabilities among Refugees and Conflict-Affected Populations: Resource Kit for Field Workers* [http://www.womensrefugeecommission.org/docs/disab\\_res\\_kit.pdf](http://www.womensrefugeecommission.org/docs/disab_res_kit.pdf)
2. Handicap International. *Disability Checklist for Emergency Response*. [http://www.handicap-international.de/fileadmin/redaktion/pdf/disability\\_checklist\\_booklet\\_01.pdf](http://www.handicap-international.de/fileadmin/redaktion/pdf/disability_checklist_booklet_01.pdf)
3. HelpAge International (2012). *Older People in Emergencies: Identifying and Reducing Risks* <http://www.helpage.org/silo/files/older-people-in-emergencies--identifying-and-reducing-risks.pdf>
4. UNHCR, HelpAge International (2012). *Good Practice Guide: Protecting Older People in Emergencies* <http://www.helpage.org/download/4f2bcb851f1b4>
5. Overseas Development Institute (2005). *Protecting and Assisting Older People in Emergencies* [www.odihpn.org/documents/networkpaper053.pdf](http://www.odihpn.org/documents/networkpaper053.pdf)
6. The World Health Organization and the World Bank. *World Report on Disability (2011)*. [http://whqlibdoc.who.int/publications/2011/9789240685215\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789240685215_eng.pdf)



## **B. Sectors**

### **1. Agriculture and Food Security**

USAID/OFDA endorses the Sphere standards ([www.sphereproject.org](http://www.sphereproject.org)). You should apply these standards to all proposed activities and related indicators. If there are specific contextual situations in which it is not possible to achieve the Sphere standards, you should still strive towards these standards but provide brief but thorough justification explaining why Sphere standards are not achievable.

#### **Overview**

Agriculture and food security response initiatives supported by USAID/OFDA are designed to be timely and immediately useful for vulnerable populations in response to a specific crisis or a disaster. Response activities are designed to address immediate needs, enhance recovery, and prevent wide-scale food insecurity resulting from specific crises. If the intervention is addressing needs of a population that is chronically poor, identify the specific shock the intervention addresses. Identify why humanitarian response, as opposed to a development activity, is a priority for this sector at this time.

USAID/OFDA supports innovative response and risk-reduction programs in agriculture and food security and encourages piloting new methodologies, tools, and techniques. Interventions must be based on carefully assessed needs and should not constrain future development.

#### **Disaster Risk Reduction**

Proposed activities should either reduce the risk, frequency, or severity of a specific recurrent shock or shocks, or increase resilience of men, women, and children to withstand the impact of that shock over time, and to more quickly recover. Explain why the proposed activity constitutes DRR by referencing what specific risk or shock will be alleviated or how resilience of the population will be built and measured. The activities should address the underlying causes of agricultural crises, and/or increase the population's resilience to shocks. DRR activities must be designed to integrate with and facilitate longer-term programming afterwards.

The justification must indicate specifically why the proposed activities are appropriate for the assessed needs and why the situation cannot be addressed without outside assistance. This is particularly true if assistance is requested for the same activities in the same location over consecutive years.

If there is a DRR component proposed within this sector

1. Indicate which activities within the sector are DRR-related. Explain how the actions reduce risk or mitigate the impact of a hazard or event;
2. Explain with which HFA priority action(s) the activities are aligned and why; and
3. Select indicators for DRR-related activities from the list at the end of this sector guidance.

For this sector, DRR-related activities will only be considered for the following sub-sectors:

- Fisheries
- Livestock
- Pests and Pesticides

- Seed System Security
- Improving Agricultural Production/Food Security
- Irrigation

### **Protection Mainstreaming**

Proposals must demonstrate protection mainstreaming in the technical description.

Address the following questions:

1. How will you target people with special needs for assistance? Describe any measures designed to make assistance inclusive of female-headed households, persons with disabilities, and older people.
2. Was the workload of people with special needs considered when developing agricultural initiatives? If women are expected to participate in activities outside of the home, will child care be addressed in any way?
3. How will any safety considerations for people who participate in the proposed activities be addressed? Describe how activities will be timed and where they will be located to minimize safety concerns. For example, will distributions or fairs be timed to enable people to return to their homes during daylight hours?
4. Might provision of inputs (e.g., seeds and tools) over other types of assistance provide an incentive to plant in an insecure environment? How will this possibility be avoided?
5. What measures will you put in place to prevent sexual exploitation and abuse of people during distributions, fairs, or other agricultural/food security activities (e.g., trainings)?

### **Available Sub-sectors and Sample Activities**

#### *Fisheries (Capture or Aquaculture)*

- Provision of boats, fishing gear, or equipment for fish farming
- Training and education on the capture or raising of fish in artificial or natural environments
- Equipment and training for fish processing or marketing

#### *Livestock*

- Training/equipping community animal health workers
- Destocking
- Restocking
- Feed/water provision
- Grazing land and herd management

#### *Veterinary Medicines and Vaccines*

- Veterinary vaccination campaigns
- Disease surveillance, management, and control

#### *Pests and Pesticides*

- Mitigation, prevention, management, and control of crop pests and diseases
- Establishment and promotion of systems for surveillance/monitoring and assessment/control of crop pests and diseases
- Community-based pest/disease surveillance, monitoring, reporting, prevention, and control
- Establishment of safety protocols for pest and disease interventions, including the use of naturally occurring organic pesticides, biological pesticides, and synthetic products

- Training in safe handling, transport, use, distribution, storage, and disposal of safer and more effective pesticides
- Testing and improving efficacy and safety of
  - Naturally-occurring pesticides, including biological pesticides,
  - Indigenous pest and disease-control tools, and
  - Methods, skills, and tools
- Assessment and evaluation of benefits and costs of intervention actions

#### *Seed System Security*

- Comprehensive multi-agency seed system assessments
- Seed multiplication programs
- Improved seed storage

#### *Improving Agricultural Production/Food Security*

- Provision of seeds/seedlings/tools
- Kitchen gardens/home gardens/urban agriculture
- Organic fertilizer production
- Training in agricultural production techniques

#### *Irrigation*

- Provision of irrigation equipment
- Rehabilitation of existing irrigation infrastructure
- Training in irrigation technology

## **Sub-sector: Fisheries**

### **Overview**

The involvement of well-trained staff in fisheries science or management is critical to the success of fisheries programs. All fisheries initiatives should be targeted toward local populations. In areas where resources are scarce (e.g., land, water access, size of fish population), activities should not stimulate an expansion of the fishing industry. Address this issue in your proposal. Ideally, individuals who have not previously been involved in fisheries activities should not be included in fisheries programs. If this program targets such individuals, you must provide strong justification. In addition, note that fisheries programs will undergo rigorous environmental review.

### **Needs Assessment Summary**

Provide information related to why you are requesting funding for fisheries activities. Indicate how you assessed the needs of the population and your findings. Where possible, include baseline information that allows USAID/OFDA to understand how the population was involved in fisheries activities prior to the disaster that triggered this response. If this is part of a DRR activity, indicate how you have determined that the proposed activities are an important component of reducing disaster risk or building resilience.

As appropriate describe

1. The target population's involvement or participation in fisheries livelihoods and activities to date;

2. Your best estimate of the current sustainable fish harvest and production in the targeted area;
3. The current technical capacity of targeted people and why it needs to be improved;
4. The benefits of the proposed activity. How much will fish production/harvest/processing increase or improve as a result of this program?
5. If you are proposing to provide fishing equipment,
  - a. Where people normally source their equipment,
  - b. What kind of equipment is traditional in the region, and
  - c. Why they need more/replacements.
6. The current level of spoilage or loss of fish in post-harvest or post-production; and
7. How proposed improvements in transportation, marketing, and/or fish processing (e.g., drying, smoking, salting, fermenting) will reduce loss/spoilage.

### **Technical Design**

Provide sufficient information to allow reviewers to understand what you are proposing to do, how you will do it, and how you will mitigate possible negative impacts. As appropriate

1. Discuss land and water access and ownership where the activities will occur. If owned by someone other than the beneficiaries, how will access/use rights be negotiated?
2. Specifically describe how the proposed improved fishing techniques will be cost-effective and sustainable. How will marketing and processing activities reduce post-harvest losses?
3. If the proposed program provides fishing equipment (e.g., nets, boats, hooks, line, poles), these items should be sourced locally whenever possible using cash or vouchers as possible. If not, explain why.
4. Address whether the targeted population is already familiar with the activities, technologies, and techniques that you are proposing. If not, what changes will people need to successfully adapt? How will new approaches be communicated (e.g., training, demonstrations, etc.)?
5. Address how the social and economic tensions associated with the distribution of high-value items, such as engines, boats, and large nets, will be mitigated.
6. List the qualification of the fisheries personnel who will be hired to manage the proposed program. If applicable, how will they collaborate with local, regional, and national fisheries officers and specialists?
7. Address how the program will ensure equitable participation of men and women to the degree possible to mitigate against any reduction in the existing roles or status of women fishers, processors, or traders. How will women fit fisheries work or chores into their schedules and how will they benefit from participation? Describe steps that will be taken to ensure that women understand the labor implications of participation in the proposed activities and that they are not forced to participate.
8. Address how the intended activities will take into consideration the special needs of a household with disabled members. Ensure that technologies can be adapted to the needs and capacities of disabled individuals if necessary.
9. Address all potential negative impacts on local fish stocks and associated aquatic and terrestrial ecosystems, including (but not limited to) the following:
  - a. Address whether the intervention will increase the number of people who are fishing in an area. If so, explain whether ecosystem and the market can support the increased harvest/production. Explain how you will mitigate potential problems including over-harvesting or changes to the ecosystem resulting from these activities.

- b. If the equipment provided (e.g., bigger boats, bigger engines) will extend the fishing area and increase local capacity for fishing in an area with a limited or unknown fish population, explain how you will mitigate the impacts on fish stocks.
- c. In aquaculture systems, explain how you will control and monitor the potential introduction or spread of fish diseases.
- d. Indicate if distributed equipment is intended to target a specific species of fish/shellfish. Explain how you will minimize unintended capture of other species.
- e. In areas where people widely use insecticide-treated bednets, describe how you will discourage use of these nets for fishing.
- f. In areas of high agricultural pesticide use, or where toxic substances are present in the soil, explain how the proposed activities minimize inflow and exposure and thus ensure safety of the product.

### **Indicators**

1. Number of people trained in fisheries, disaggregated by sex;
2. Number of people benefiting from fisheries activities, disaggregated by sex; and
3. Average number of kilograms of fish harvested per fisher in six-month period, disaggregated by sex.

## **Sub-sector: Livestock**

### **Overview**

Restocking requests must be supported with a detailed analysis of the disaster impact on local herds and projections for future livestock production. Provision of emergency livestock health and vaccination programs in response to the disaster should target treatments or preventive vaccines of the breeding animals and replacements. Provision of veterinary medicines should attempt to include cost recovery measures. Free provision of veterinary vaccines and medicines must have a strong justification and detailed exit strategy. Outreach approaches such as using extension workers, community animal health workers, or the private sector are often an important component of livestock disaster rebuilding.

Note that veterinary medicines and vaccines are restricted goods (see Veterinary Medicines and Vaccines Sub-sector). The sub-sector must be used whenever you propose the purchase of veterinary vaccines or medicines. All other interventions related to animal health should be under the Livestock Sub-sector.

### **Needs Assessment Summary**

In this section, explain why you are requesting funds for livestock activities. Indicate how the needs of the population have been assessed and include results. Where possible, include baseline information that allows USAID/OFDA to understand how the population was involved in livestock activities prior to the disaster. If part of a DRR activity, indicate how the proposed activities are an important component of reducing risk or building resilience. Include or address the following:

1. Livestock summary with types (e.g., breeds, males/females) of livestock and numbers;

2. Livestock keeper types (e.g., pastoralists, agro-pastoralists, sedentary farmers, primarily crop farmers with livestock, and primarily non-agricultural livestock owners) with a brief analysis of the gender roles in the sector;
3. Livestock production benefits (e.g., milk, meat, wool/fibers, draft, others) with a brief analysis of who in the household controls/benefits from those assets;
4. Effect of the disaster on water resources, crops, livestock, livestock migration, and displacement of families;
5. Where women are involved in livestock activities, whether they been actively involved in the assessment and the livestock program planning;
6. Livestock nutritional needs and available feed, such as forage for grazing animals and harvested fodder;
7. Significant livestock diseases as a result of the disaster compared to normally occurring diseases of the region. Is an increased incidence of zoonotic disease anticipated?
8. Available and accessible veterinary resources, including government veterinary services, private veterinary services, and community-based animal health care workers. Analysis of accessibility of these resources for both men and women;
9. Safe and hygienic water sources available for livestock away from human water points;
10. Whether you anticipate destocking/restocking as a result of the disaster;
11. Status of traders, terms of trade, and livestock markets post disaster as compared to before; and
12. Coping mechanisms in use by livestock owners and how they differ from a “normal” year.

### **Technical Design**

1. For all livestock interventions, relate the proposed activities to carrying capacity and stocking rates in the region. How will carrying capacity estimates be measured and quantified?
2. Indicate how proposed activities could promote gender-balanced opportunities for decision-making and asset control.
3. For restocking requests, include data on traditional restocking mechanisms, whether they are still functioning, and why they should be disrupted or supported. Why is the particular livestock species and breed selected? What population of animals can reasonably be fed and watered with available crop production and water sources? Does the post-disaster market support this type of animal selection or can it be developed? Does animal husbandry and production training exist? Are animal health services available? Can the potential beneficiaries access feed, water, and veterinary care after the program support ends?
4. Provide a description of the proposed grazing lands available for local livestock. As applicable, explain how livestock might compete with local wildlife for water and food resources. Will newly introduced livestock species/breeds bring risks of disease transmission between local wildlife and livestock?
5. Indicate how the proposed intervention will help build a more sustainable livestock system, and how the program will fit into overall recovery and stability plans.
6. Address how severe is the depletion of feed and reserves. What are the plans for reestablishing or creating feed reserves? Often this will involve a forage development plan.
7. Address water access and availability for livestock. Provide details on how cross-contamination will be addressed where humans and livestock share water resources.

8. Disease intervention plans may involve quarantine, vaccination, education, and training. Describe each component with a justification, and explain its relationship to the overall proposed program.
9. For interventions focused on highly contagious diseases, zoonotic diseases, and some diseases which limit trans-boundary movement and marketing, contingency plans are needed for emergency situations. (For country-specific assistance, see <http://oie.int/animal-health-in-the-world/> for a list of diseases and technical descriptions. For country-specific disease information, see [http://web.oie.int/wahis/public.php?page=country\\_status](http://web.oie.int/wahis/public.php?page=country_status).) What are the contingency plans for such diseases during this and future disasters?
10. Explain how training will be incorporated across planned activities.
11. Describe how your organization is situated to implement the proposed program. Include the relationships and partnerships (e.g., government livestock services) that will enable direct interaction with beneficiaries.
12. Identify communities and individuals. Cite the criteria for selecting them.
13. Identify how the technical design will benefit the most vulnerable populations, including women and youth. Include guidelines for addressing major obstacles and possible alternative approaches.

### **Indicators**

1. Number of animals benefiting from or affected by livestock activities;
2. Number of people benefiting from livestock activities, disaggregated by sex;
3. Number of veterinary interventions (e.g., treatments, vaccinations, etc.); and
4. Number of animals treated.

## **Sub-sector: Pests and Pesticides**

### **Restricted Goods**

Pesticides and pesticide-containing materials are considered USAID Restricted Goods. USAID/OFDA usually does not finance the purchase, use, or distribution of pesticides. It will only consider such actions in response to agricultural pest outbreaks and public health emergencies where such products are determined absolutely necessary and vital for the success of the projects and not doing so could have detrimental impacts on the health, economy, and livelihoods of target populations as well as the environment. Any proposal requesting approval for procurement, use, distribution, or disposal of pesticides or pesticide-containing materials will need to follow applicable USAID guidelines and procedures stipulated in the USAID Environmental Regulations {22 CFR 216.3} available at [https://www.usaid.gov/our\\_work/environment/compliance/22cfr216](https://www.usaid.gov/our_work/environment/compliance/22cfr216) (see also Restricted Goods on page 44).

USAID/OFDA at all times discourages direct involvement by farmers, pastoralists, or unskilled persons in handling, application, distribution, storage, and disposal of synthetic chemical pesticides and prohibits inappropriate use of empty pesticide containers. USAID/OFDA requires that only skilled and experienced persons handle and/or apply pesticides and that appropriate personal protective equipment and tools are employed.

Note that USAID/OFDA expects that if you propose LLIN activities in this sub-sector you will also propose activities under the Health Sector.

**Needs Assessment Summary**

Any activities or programs that involve crop production (e.g., cereal, vegetables, fruits, etc.), fodder, pasture, must adequately assess the extent to which pests, diseases, or weeds can undermine production. For interventions addressing pests, diseases, weeds, or pesticides, address the potential impact of these elements on food security and livelihoods of vulnerable populations, their assets, and the environment.

1. Identify the types and life stages of crop pests (e.g., insect adults, larvae/hoppers), grain eating birds, rodents and plant diseases (e.g., wheat rust stripe, etc.) damage or spoil variety of crops/produce. Identify the most vulnerable growth stages of crops prone to pest and disease attacks, spoilage, or damage.
2. Describe the intensity of infestations/infection in a location and during a given time where produce and crops are threatened (e.g., estimated number of plants/parts infested/infected in the field). Provide the percentage of hectares or unit area infested/infected. If in post-harvest storage facilities, estimate percentage or number of unit measures of crops/produce infested/infected/spoiled or damaged.
3. Explain how pest/disease infestations/infections are impacting food security and livelihoods of vulnerable populations and communities. Describe the level of severity of the impacts or the damage that these elements have caused (e.g., number of kilograms of crops lost/damaged). Estimate the number and percentage of people affected as a result of pest infestations and/or disease infections/spoilage.
4. Describe the circumstances under which you would be compelled to procure, distribute, handle, or use pesticides.
5. When natural pesticides are proposed, indicate the type and any potential harmful effect of their use. Indicate what steps you will take to mitigate these effects and ensure safety.
6. If applicable, describe the type, quantity, location, and source of obsolete and unusable pesticides. Include the period over which they have been obsolete and the threats these materials pose to the communities and the environment. Explain the benefits and costs of taking action versus no-action on human health, economics, and the environment.

**Technical Design**

1. If non-chemical pest control tools are proposed, explain what they are and how the safety of humans, beneficial organisms, and the environment will be ensured.
2. If traditional tools and methods are being proposed for pest and disease control and prevention, describe their safety, efficacy, and acceptability among the target population. Explain how such methods or tools will be promoted for a wider acceptance and/or improved if need be.
3. If procurement, use, distribution, and transport of pesticides is vital for the success of the proposed project/program, describe the type(s) of pesticides that you intend to consider and why. These may include but are not limited to
  - a. Benign products such as garlic,
  - b. Pepper referred to by the U.S. Environmental Protection Agency as generally regarded as safe,
  - c. Biological pesticides, and
  - d. Safer synthetic chemical products, such as insect growth regulators.
4. If disposal of obsolete pesticides or empty pesticide containers is proposed, outline the safety procedures that you will follow. Under no circumstances can empty pesticide containers be used for storing food, water, or animal feed, or building materials such as roofing; instead they must be collected, triple-rinsed, punctured or crushed and stored in secure places until they are removed by qualified and



- authorized persons for final and safe disposal. If temporary storage or removal/disposal of obsolete, unusable, and dangerous pesticides and old empty pesticide containers is necessary, only qualified, skilled, and experienced persons should be allowed to engage in such activities.
5. Describe ways to create opportunities to share information regarding pests, diseases, and pesticides with
    - a. Local farmers;
    - b. Pastoralists;
    - c. Extension agents;
    - d. Crop protection staff;
    - e. Stakeholders operating in the country/region;
    - f. U.N. agencies such as the U.N Food and Agriculture Organization (FAO), U.N World Food Program, UNICEF, U.N. Development Program (UNDP), and the International Labor Organization; and
    - g. Other public international organizations and NGOs.
  6. Demonstrate coordination with other entities engaged in similar activities.
  7. Describe the criteria for selecting beneficiaries and ensuring gender equality and equity during this process.
  8. Provide the number or percentage of people or households that will receive technical and/or material assistance for pest/disease control and prevention through the proposed activities.
  9. Describe how the people's competence will be improved in understanding the importance of
    - a. Monitoring, controlling, and preventing pests and diseases,
    - b. Safe handling and use of pest/disease control tools, and
    - c. Use of organic and bio-rational pesticides.
  10. Describe how safety and security will be ensured during pest/disease control for
    - a. People and their assets,
    - b. Vulnerable communities including children, pregnant women, older people, and people with disabilities,
    - c. Natural resources, and
    - d. The local environment.
  11. Describe how the program will ensure safe management and disposal of obsolete pesticides, empty pesticide containers/packaging materials safely.

### **Indicators**

1. Number and percentage of people trained in pest control practices, disaggregated by sex;
2. Number and percentage of people trained by USAID/OFDA partners practicing appropriate crop protection procedures, disaggregated by sex;
3. Estimated number and percentage of hectares protected against diseases and pests, (e.g., insects, rodents, birds, weeds); and
4. Estimated amount and percentage of post-harvest produce protected against diseases and pests (e.g., insects, rodents, birds, etc.). Include unit of measurement employed for the amount estimated.

## Sub-sector: Veterinary Medicines or Vaccines

### **Restricted Goods**

Veterinary medicines and vaccines are restricted goods, requiring special approval for procurement with USAID/OFDA funds. This sub-sector must be used whenever you propose the purchase of veterinary vaccines or medicines. All other interventions related to animal health should be under the Livestock Sub-sector.

### **Overview**

Veterinary medical commodities, including pharmaceuticals and biologicals (vaccines) are essential components of a balanced animal health program. It is vital that all pharmaceuticals and veterinary medical commodities are safe, effective, quality products that can be procured at an acceptable cost.

Partners are encouraged to contact the USAID/OFDA Pharmacist and the USAID/OFDA Livestock and Animal Health Advisor with questions early in the proposal writing process regarding the purchase of veterinary pharmaceuticals and vaccines.

The following resources have been provided to expedite your proposal preparation, as well as USAID/OFDA review (see <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>).

- *Definitions—Pharmaceutical Annex A,*
- *Procedures to Purchase Human Medical Commodities Including Pharmaceuticals—Pharmaceutical Annex B*
- *Listing of Medical Commodities—Pharmaceutical Annex D*
- *Request for Approval to Purchase Veterinary Pharmaceuticals—Pharmaceutical Annex F*

### **Needs Assessment Summary**

1. Explain what are the primary livestock diseases requiring veterinary treatment and prevention.
2. Explain what pharmaceuticals and biologicals you require for treating the most prevalent livestock diseases.
3. Describe the current situation affecting the availability of veterinary commodities.
4. Describe local pharmaceutical manufacturing capacity and registration of pharmaceutical products in country.
5. Discuss the role of the ministry(ies) responsible for animal health and veterinary commodities.
6. Discuss any restrictions on the importation of pharmaceuticals, such as
  - a. Waivers from the government allowing the importation of pharmaceuticals, and
  - b. Written assurance from the government that the pharmaceuticals will not be quarantined, taxed, embargoed, or otherwise delayed from reaching the intended population.

### **Technical Design**

1. Provide the name and qualifications of your headquarters and field level individual(s) responsible for animal health programs and procurement of pharmaceuticals and biologicals.

2. Describe the predominant veterinary medical conditions to be treated or prevented and the essential medicines selected. What are the drug resistance patterns in the region?
3. Provide training for animal health workers in the management of veterinary commodities.
4. Describe how essential medicines and medical supplies will be distributed to the animal health workers.
5. Provide training on the proper ordering, shipment, receipt, storage, and distribution of pharmaceuticals and medical commodities to prevent loss, contamination, theft, or inappropriate use.
6. Describe the document management procedures related to the ordering, receipt, storage, and distribution of essential medicines.
7. Only quality, safe, and effective medicines, consumables, and equipment will be purchased and records must be able to support this. Legible copies of invoices, packing lists, and delivery notices must be immediately available. In addition, Certificates of Analysis must be available for each batch of every medicine purchased through a non-pre-qualified pharmaceutical wholesaler.

### **Indicators**

1. Number of veterinary interventions (e.g., treatments, vaccinations, etc.); and
2. Number of animals treated or vaccinated.

## **Sub-sector: Seed System Security**

### **Restricted Goods**

Agricultural inputs may include but are not limited to

- Seeds
- Seedlings
- Fertilizer, and
- Manure.

Agricultural inputs require USAID/OFDA technical review and must adhere to certain quality and safety standards. These commodities must also adhere to quality and safety standards when purchased with a voucher. For more information, see Ineligible and Restricted Goods, Services, and Countries under Cost/Budget Guidelines on page 41.

### **Overview**

Activities in this sub-sector may include but are not limited to comprehensive multi-agency seed system assessments, seed multiplication programs, and improved seed storage.

#### *Seed System Assessment*

For USAID/OFDA to consider funding a wide-scale Seed System Security Assessment, the process, transparency, and overall value to all stakeholders must be clear. You should not propose assessments primarily to inform the needs assessment section of a partner's subsequent proposal for agricultural assistance. The information must be of value to the humanitarian community in general.

#### *Seed Multiplication*

1. Seed production generated to satisfy demand from other humanitarian programs is not sustainable and will only be considered for funding with a strong market analysis and exit strategy.
2. Free distribution of any agricultural commodities, including storage units, must be strongly justified. Whenever possible, cost share for receipt of equipment/commodities is preferred.

#### *Seed Storage*

1. USAID/OFDA discourages the construction of seed, fodder, or cereal banks due to their inherent lack of sustainability once the implementing organization leaves the area.
2. Any materials used for post-harvest storage should be local and low cost. If outside storage units are to be purchased, ensure that a high market availability of these units exists.
3. You should not propose for USAID/OFDA funding storage methods that involve application of commercial chemical herbicides/fungicides/pesticides for treatment of seed/grain.

#### **Needs Assessment Summary**

In this section, indicate why funds are being requested to support activities related to seed system security. If this is proposed as a DRR program, indicate what you intend to achieve in building resilience through support of seed systems and how you will measure this.

#### *Seed System Assessment*

1. Clearly explain local seed systems 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. Detail what questions are to be answered through assessment of the system and what contribution the information will make to response or DRR.
3. Indicate how the target location has been selected and document that wide-ranging interest in the results of this assessment exists within the humanitarian community. Detail how the results will be shared with all humanitarian stakeholders and note how multiple agency involvement will be ensured. To the extent feasible, the execution of the seed system security assessment itself should be as collaborative as possible.
4. Provide specifics on the methodology to be used for the assessment as well as the analysis of data. For reference, see [http://www.ciat.cgiar.org/work/Africa/Documents/sssa\\_manual\\_ciat.pdf](http://www.ciat.cgiar.org/work/Africa/Documents/sssa_manual_ciat.pdf).

#### *Seed Multiplication*

1. Detail issues related to access and availability of the proposed type of seed. Also verify market demand for the produced seed.
2. Provide details on the proposed market for the seed. Is this for household use or for market? If the latter, what quality assurance skills will be promoted?

#### *Seed Storage*

1. For improved storage activities, document current levels of post-harvest loss and the main challenges to seed/grain preservation.
2. Provide information on how local methods currently in use are meeting the demand for seed/grain storage.

### **Technical Design**

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

#### *Seed System Assessment*

1. A detailed description must include the assessment method and plans for analyzing then sharing data.

#### *Seed Multiplication*

1. For seed multiplication activities, indicate the growing conditions and how farmers will be linked to the source of seed for multiplication in subsequent seasons.
2. Cite potential market effects of the program, and how vulnerable male and female farmers will be affected.
3. Explain who will be involved in the activities and who will benefit, disaggregated by sex.
4. Explain how you will achieve seed quality and long-term sustainability.
5. If multiplication plots are to be irrigated, discuss water availability and how any potential negative environmental consequences from additional water use will be mitigated.

#### *Seed Storage*

1. Communal seed/grain storage units will not be supported without strong evidence that both males and females prefer this, and that a detailed plan for long term sustainability is in place.
2. For improved storage, provide projections of the percentage decrease in post-harvest loss by crop.
3. For each promoted storage method, provide the cost to each beneficiary. USAID/OFDA strongly encourages low-cost, replicable solutions.

### **Indicators**

1. Projected increase in number of months of food self-sufficiency due to seed systems activities/agricultural input for beneficiary households; and
2. Number of people benefiting from seed systems/agricultural input activities, disaggregated by sex.

## **Sub-sector: Improving Agricultural Production/Food Security**

### **Restricted Goods**

Agricultural inputs may include but are not limited to

- Seeds
- Seedlings
- Fertilizer, and
- Manure.

Agricultural inputs require USAID/OFDA technical review and must adhere to certain quality and safety standards. These commodities must also adhere to quality and safety standards when purchased with a voucher. For more information, see Ineligible and Restricted Goods, Services, and Countries under Cost/Budget Guidelines on page 41.

### **Overview**

Proposed agricultural interventions should reflect farmer preference and maximize the opportunities for farmer feedback on preferred crops and varieties. Whenever possible, use planting methods that maximize sustainability such as enhanced water penetration and reduced erosion.

USAID/OFDA does not fund introduction of new crops or unfamiliar varieties to farmers in disaster situations. USAID/OFDA does encourage the introduction of improved varieties on a small scale allowing farmers to experiment with new varieties and reduce risk. Provision of inputs must cover less than 100 percent of estimated farmer need unless assessments show that farmers are currently 100 percent without the ability to plant.

Where possible, select beneficiary cost-sharing and market linkages (e.g., cash or vouchers) over fully-subsidized, direct distribution of inputs. Carefully consider tool distributions and justify them in conflict settings. Home gardens are commonly proposed to serve the dual purpose of increasing production while improving household nutrition and diversifying diets. Refer to the Nutrition Sector on page 130 for technical specifications.

USAID/OFDA encourages production by farmers of organic fertilizers, such as composting and animal manure. Inorganic fertilizers must adhere to USAID specifications (see Restricted Goods, Fertilizers on page 42).

### **Needs Assessment Summary**

1. Proposals to provide seeds must include an assessment of seed needs as distinct from immediate food needs. Food insecurity is insufficient evidence for provision of inputs.
2. Assessment must indicate how male and female farmers normally source their seed, how this has been disrupted, and a strong justification of why the proposed input provision method is appropriate.
3. Proposals to provide tools or other inputs must include an assessment of tool/input availability and details of previous input distributions.
4. Include limiting factors to agricultural productivity or storage in the region as a whole, and for the target population.
5. Identify stress the agricultural system is currently under as compared to normal times.
6. Include
  - a. Amount of land available for each farmer,
  - b. Information on differences in men's and women's plot sizes,
  - c. Distance from the land to their homes, and
  - d. Any potential for conflict.
7. For irrigation programs, identify the effects of proposed interventions on regional water tables, and potential for conflict with other populations who may be competing for scarce water resources.
8. For DRR programs proposing new methods or crops, include an analysis of the current practices and an estimation of the potential change as a result of the new methods/crops.

### **Technical Design**

Proposals must include general information on human and environmental considerations.

1. If female-headed households are targeted, indicate how availability of labor will be ensured. How are considerations of gender roles and responsibilities incorporated into the program design?
2. Analysis showing adequate land and labor must be available to target population prior to distribution of inputs.
3. Cite potential sources of conflict and farm access security concerns for men, women, and youth involved.
4. Explain how proposed activities might affect the ability of beneficiaries and non-beneficiaries to obtain agricultural inputs.
5. Confirm that any agricultural inputs (including pasture grasses/tree seedlings) are not invasive to the location proposed.

### *Seed and input provision*

Describe

1. Rationale, sustainability, and program impact over the long term;
2. Rationale for crop choices, data on market access and availability of appropriate seeds, and sources of the seeds to be provided;
3. How male and female choice of crop/variety will play a role in program design and interventions;
4. Effects of seed distribution on local markets and on seed sourcing for non-beneficiaries;
5. Beneficiary selection criteria for inputs, including seed/input need;
6. How distribution methods link directly to seed systems or needs assessments;
7. Strong justification for any non-local or hybrid seed purchases; Any proposals involving distribution of hybrid seeds require pre-approval by USAID/OFDA;
8. How quality and health of provided inputs will be tested and ensured; For provision of inputs prone to disease in areas of high disease incidence (e.g., cassava cuttings in areas infected with cassava mosaic disease); and
9. Verification of how quality of seed will be assured, for which there are no waivers. You must procure certified seed or you must assume responsibility for performing a variety of seed quality assurance practices. For more information, see the *Agriculture and Seed Security Annex, Seed Grower's Certification Information Sheet*, available at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

### *Kitchen gardens/home gardens/urban agriculture*

1. Indicate whether the purpose of production is to increase income, to improve nutrition, or both. Detail a plan to ensure those objectives are met. For income generation, include a market analysis. For health objectives, provide a detailed plan to ensure that foods are accepted and consumed.

### *Fertilizer*

1. For provision of any fertilizers, describe sustainability and environmental impact.
2. USAID/OFDA encourages production of organic fertilizers (e.g., compost) by farmers. Inorganic fertilizers must adhere to USAID specifications (see Restricted Goods on page 42).
3. If farmers do not normally purchase fertilizer, indicate how purchase in subsequent seasons will be ensured after the program ends for both male and female farmers.

4. USAID/OFDA will not fund use of human manure for agricultural interventions.

*Training in agricultural production techniques or increasing agricultural diversity*

1. Indicate what training programs will include, who will be involved, and why training is needed, especially if basic farming techniques are to be covered.
2. Discuss the likelihood of spontaneous adoption by neighboring farmers.
3. Discuss what the sustainability of the proposed methods/varieties is when the program ends.
4. Explain how you will achieve gender-balanced participation.

**Indicators**

1. Projected increase in number of months of food self-sufficiency due to distributed seed systems/agricultural input for beneficiary households; and
2. Number of people benefiting from seed systems/agricultural input activities, disaggregated by sex.

## **Sub-sector: Irrigation**

**Overview**

Ensure that the proposed intervention matches the identified need and goals of the activity and how the specific stressor will be most appropriately addressed using the proposed technologies or methodologies. Irrigation programs will undergo rigorous environmental review. All irrigation interventions should follow the “do no harm” principle, taking into consideration the potential adverse impacts on the social and physical environment.

With few exceptions, USAID/OFDA does not fund gray water irrigation. With a very strong justification, USAID/OFDA may fund very small household garden programs in water-scarce environments that use kitchen gray water if the water is not applied directly to the edible portion of the plant. USAID/OFDA will require seeing a design, explanation of how public health risks are mitigated, and a monitoring plan.

USAID/OFDA does not fund proposals for accessing deep aquifers for irrigation. Such activities can have major adverse impacts on regional water supplies. Generally USAID/OFDA will not fund mechanized irrigation systems. Clear justification for these systems will be required before USAID/OFDA will consider them.

**Needs Assessment Summary**

Provide information related to why you are requesting funding for irrigation activities. Explain how you assessed the needs of the population. Provide the assessment findings. Where possible, include baseline information that demonstrates how the population used irrigation systems prior to the disaster that triggered this response. If this is part of a DRR activity, indicate how you have determined that the proposed irrigation activities are an important component of reducing risk or building resilience.

1. Assessments must include an analysis of current crop watering methods in use, and why the proposed new technologies will be more successful.
2. Provide a history of water resource management in the region, including what has been successful and what has failed. If not, justify why such a history cannot be provided.



3. For all activities aimed at increasing agricultural production for income generation, provide a market analysis and business analysis to support this intervention, including considering the demand for increased production, and the cost-benefit of the irrigation system.
4. For all activities aimed at increasing nutritional status, provide details for how production and nutrition will be linked.

### **Technical Design**

Provide sufficient information to allow reviewers to understand what you are proposing to do, how you will do it, and how you will mitigate negative impacts.

1. As applicable, include a complete description of each phase of the irrigation system that you are proposing to address. Depending on the proposed activities, this may include
  - a. Source of water
  - b. Storage of water during dry season
  - c. Transport of water from source/storage to fields
  - d. Application of water to crops.
2. Describe the local market for replacement parts and technical capacity for repair of systems. Additionally, estimate the life-span of distributed equipment.
3. If you are proposing to introduce new technology, describe how you will incorporate capacity building and training programs into the program. This may include demonstration plots prior to roll-out of proposed technology, farmer field days or field site visits, and inclusion of a description of costs and benefits to male and female farmers.
4. Discuss the transition of the activity from NGO-supported interventions to communities, Ministries of Agriculture, etc., to ensure long-term sustainability of the program. Is the context (security, governance, etc.) conducive to maintaining the systems over the long term?
5. Given the extensive engineering requirements of irrigation systems, describe the engineering expertise of your organization or sub-awardee.
6. Explain how people will be selected, and how will the technology be shared with other non-beneficiary farmers. How will gender balance (appropriate to the context) be assured?
7. Describe how theft of inputs will be prevented.
8. Provide an analysis of labor availability at the household level and ensure that the proposed intervention will be appropriate for the labor force.
9. Regarding gender, ensure that the technology and training is appropriate for the targeted users. Training should be targeted at the users of the technology. Women must be comfortable with the activities that would be required of them for successful use or implementation.
10. Regarding disability, ensure that the labor analysis takes the special needs of a household with disabled members into consideration. Ensure that the technology is appropriate for those who have disabilities.
11. Address all potential negative impacts of the proposed programs, including, but not limited to, the following:
  - a. Estimate the amount of water to be provided through this technology. How much land will be irrigated per farmer? Are there any potential negative impacts on other water users who are not beneficiaries of this technology?
  - b. Address how the program will mitigate potential negative impacts on soil structure/quality and the potential for irrigation to increase erosion, especially for irrigated fields near rivers.

**Indicators**

1. Number of hectares irrigated;
2. Number of people benefiting from irrigation activities, disaggregated by sex; and
3. Projected increase in number of months of food self-sufficiency due to distributed seed system/agricultural irrigation equipment activities.

**Information Resources**

1. *Livestock Interventions: Important Principles for USAID/OFDA*. Provides further detail on what USAID/OFDA will fund, and under what circumstances. <http://www.livestock-emergency.net/userfiles/file/general/OFDA-2003.pdf>
2. World Fish Center is an international research organization devoted to improving the productivity and management of aquatic resources for the benefit of users and consumers in developing countries. <http://www.worldfishcenter.org/>
3. *The Livestock Emergency Guidelines and Standards*: <http://www.livestock-emergency.net>
4. USAID Assistance for Emergency Locust/Grasshopper Abatement: <https://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis/how-we-do-it/humanitarian-sectors/agriculture-and-food-security/pest-and-pesticide-monitoring>
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17. FAO Pesticide Disposal: <http://www.fao.org/agriculture/crops/obsolete-pesticides/fao-program/en/>

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## 2. Economic Recovery and Market Systems

### Overview

The third pillar of USAID/OFDA's mandate is to reduce the economic and social impact of disasters. Disasters can severely disrupt local economies and significantly alter people's livelihood patterns by destroying productive assets; damaging homes, shops, and marketplaces; blocking transportation routes; severing supply chains; and disrupting the flow of information. People may need assistance both to meet their basic needs immediately after a disaster and to recover their livelihoods or start new ones.

Economic Recovery and Market Systems (ERMS) interventions at household, community, or regional levels should help people increase their purchasing power and restore their livelihoods while supporting key market systems to return to full functionality.

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

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

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

All programs within the ERMS Sector should be based on a comprehensive understanding of relevant market dynamics and economic factors, and avoid negative market distortions. You should design proposed interventions in coordination with relevant authorities, other agencies, and the private sector. Activities should rely on local skills and capacities, and minimize harm to the natural environment and individuals, including taking into account conflict dynamics as well as sufficient analysis of the relevant market systems.

All ERMS programs must incorporate gender considerations at the sub-sector level. Examples of gender-related issues to address are included in the sub-sector descriptions below. You must (1) identify how men's and women's different roles in decision-making and access to resources might affect the program, and (2) describe how the program will make goods and services equally available and useful to both men and women to the degree possible.

ERMS programming must have a strong element of community consultation prior to determining the intervention. Pay special attention to ensuring meaningful representation by women, people with unique needs, and persons marginalized within the community. If you are proposing programs considered challenging for women's participation, make efforts to seek out women's opinions and maximize the potential for their participation. Programs should include a system through which people can provide feedback or complaints through a safe and effective mechanism.

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

### **Targeting and Indirect Interventions**

USAID/OFDA targets the most vulnerable disaster-affected populations in its programming. However, to sustainably restore livelihoods and promote increased incomes, often the best way to reach and help these people is by working with other actors that drive the economy. This might include, for example, working with medium-sized businesses to promote employment (thus creating jobs for disaster-affected people), or ensuring access to credit for buyers and wholesalers to ensure they can continue to purchase commodities from small producers. USAID/OFDA encourages these types of interventions, as long as the ultimate beneficiaries are the poorest and/or most vulnerable disaster-affected individuals, and that partners clearly design and monitor the benefits to the target population. Careful market and beneficiary analysis will indicate whether more traditional direct intervention or indirect intervention will have a more profound and lasting impact for the target population. USAID/OFDA also cautions that some extremely vulnerable individuals who cannot earn their own livelihoods are not appropriate direct beneficiaries for some ERMS interventions; social safety nets or other systems beyond the scope of USAID/OFDA-funded activities would be more appropriate.

### **Cash- and Voucher-based Interventions**

USAID/OFDA is a proponent of cash-based interventions when and where feasible and desired by people, as an alternative to direct distributions of commodities. See the Cash and Vouchers keyword description on page 182 for more information. Specifically regarding cash-for-work, see the Cash-for-Work keyword description on page 183 and the Temporary Employment sub-sector in this section on page 94.

### **Disaster Risk Reduction**

USAID/OFDA's DRR approach is based on the HFA. ERMS DRR interventions must follow all of the existing guidance for this sector and the relevant sub-sectors. For stand-alone ERMS DRR interventions, note the following:

1. The proposed intervention must target people whose livelihood strategies are particularly vulnerable to a specific, likely shock or shocks (whether acute or slow-onset), and whose existing coping strategies are not adequate to allow for recovery.
2. The proposed activities must clearly help people reduce, mitigate, or transfer the risk that the specific, likely shock(s) would pose to their livelihood strategies.
3. You must describe the relevant critical market system(s) and an analysis of the most critical disaster risks to those market systems as well as a description of how market systems and livelihood patterns would be likely to change or cope in the event of a disaster. A critical market system is one that played, plays, or could play a major role in affected populations' survival or livelihoods, per the *Emergency Market Mapping and Analysis* toolkit.
4. The proposed activities must build upon men's and women's own perspectives on the most serious risks to their livelihoods, their risk tolerance, and existing strategies for managing or reducing risk.
5. You must describe lessons learned from any past efforts at risk management in the program area, as well as any opportunities for partnership or coordination with existing efforts at DRR.

For DRR-related ERMS interventions, USAID/OFDA strongly encourages beneficiary/community contributions rather than full subsidy, and co-investment with local governments and the private sector for activities of mutual benefit.

If there is a DRR component proposed within this sector

1. Indicate which activities within the sector are DRR-related, and why those activities are reducing risk or mitigating the impact of a hazard or event;
2. Explain with which HFA priority action(s) the activities are aligned and why. USAID/OFDA anticipates that most ERMS DRR activities would relate to Priority Action #2, *improving risk information and early warning*, or #4, *reducing risks in key sectors*, although other priority actions may be considered;
3. Use the required indicators from the relevant sub-sector(s). If any indicators are not relevant to the proposed interventions, propose one or more indicators; and
4. DRR-related activities for ERMS may be categorized under any of the ERMS sub-sectors. USAID/OFDA will also consider baseline assessments of critical market systems as a disaster preparedness tool or to inform targeted DRR efforts, so long as the assessment is designed and executed collaboratively, and the results are shared freely and publicly.

### **Protection Mainstreaming**

Proposals must demonstrate protection mainstreaming in the technical description.

Address the questions provided here:

1. How will you target people with special needs for assistance? Describe any measures designed to make assistance inclusive of female-headed households, persons with disabilities, and older people. If the program is selecting specific new livelihoods activities for promotion, are these accessible for people with unique needs?
2. Have you considered the workload of people with special needs when planning activities? If you expect women to participate in activities outside of the home, will you address child care in any way?
3. Are there any safety considerations for people who participate in the proposed activities? Describe how activities will be timed and where they will be located to minimize safety concerns. For example, will distributions or cash-for-work activities be timed to enable people to travel to and from their homes during daylight hours? Will cash distributions use mechanisms that are as safe and secure for beneficiaries as possible (e.g., using banks or mobile phones instead of handing out physical cash, where possible)?
4. What measures will be put in place to prevent sexual exploitation and abuse of people during beneficiary selection, fairs, or distributions?

### **Available Sub-sectors and Sample Activities**

The following are meant to be an illustrative, not exhaustive, list of possible activities.

USAID/OFDA welcomes creative and innovative ERMS interventions beyond those listed below so long as they fall within USAID/OFDA's mandate and the ERMS sector guidance.

#### *Livelihoods Restoration*

This sub-sector includes interventions that assist people and businesses to return to productivity in the livelihoods they were practicing pre-disaster, including

- Replacement or rehabilitation of pre-existing livelihoods assets, inputs, and working capital through cash grants, vouchers, fairs, and/or direct distribution;
- Market facilitation (e.g., linking to new buyers; improving information flows) within existing livelihoods; and
- Capacity building to improve skills or production within existing livelihoods.

### *New Livelihoods Development*

This sub-sector involves interventions that assist affected populations to begin new livelihoods, when this is necessary due to the circumstances of the disaster and the economy, including

- Linking new entrants to existing market actors (e.g., producers to buyers, etc.);
- Skills training and capacity building;
- Facilitating the flow of market information;
- Supporting the provision of business services;
- Demand promotion; and
- Cash grants, vouchers, fairs, and/or direct distribution for business start-up and new productive assets.

### *Market System Rehabilitation*

This sub-sector includes interventions that restore or support the key actors, relationships, services, and infrastructure that allow market systems to function, including

- Restoration of transport, storage, cold chain, physical shops or market spaces, or other key services and infrastructure. (You must categorize activities related to financial services under the Microfinance Sub-sector).
- Directed support to market actors at key “bottlenecks” or constraint points in the market system. This must result in clear benefits for the target people.

### *Microfinance*

This sub-sector includes interventions that support the continued provision of financial services, or that offer new financial services that do not require capitalization from USAID/OFDA, including

- Grants or guarantee funds to support microfinance institutions (MFIs),
- Technical assistance for MFIs,
- Community savings and lending groups (e.g., Village Savings and Loan (VSL), or Rotating Savings and Credit Association (ROSCAs)),
- Savings accounts for individuals and/or micro and small enterprises (MSEs),
- Remittances and money transfers,
- Financial education, and
- Other financial services as appropriate.

### *Temporary Employment*

This sub-sector includes interventions that provide temporary work and therefore an income source to disaster-affected individuals, including CFW.

## **Sub-sector: Livelihoods Restoration**

### **Overview**

When disasters interrupt livelihoods patterns, affected populations often do not have sufficient resources to repair or replace key productive assets. The term *productive assets* refers to items that contribute directly to livelihoods activities, such as tools, supplies, or storage, and not to basic relief commodities. Women’s and vulnerable groups’ access to, or rehabilitation of, such resources may be particularly constrained. Livelihoods Restoration activities enable target people to reestablish those productive assets and thereby resume their livelihoods. Livelihoods Restoration seeks to help

affected people return to pre-disaster livelihoods. The New Livelihoods Development Sub-sector seeks to help people engage in new or alternative livelihoods.

### **Needs Assessment Summary**

Describe

1. How the disaster has negatively affected markets, livelihoods, and the economic environment at the household/enterprise, local, and regional/national levels;
2. Predominant pre-disaster livelihoods patterns of the target population, disaggregated by sex, and how the disaster has disrupted these livelihoods;
3. The state of relevant market systems and of men's and women's own perceptions, indicating that pre-existing livelihoods are still (or can quickly return to being) sustainable, and that needed inputs and support services for these livelihoods are available;
4. Efforts men and women are undertaking to restore their own livelihoods, and how proposed program activities will support these efforts; and
5. Why economic recovery assistance is necessary. If affected populations can resume their livelihoods in a reasonable timeframe on their own, assistance is probably not needed.

### **Technical Design**

Describe

1. How the proposed activities will directly support men's and women's livelihoods rehabilitation by remedying the major disruptions identified in the needs assessment;
2. If you will provide assets, how you identified these assets as essential for new livelihoods development, and how you will provide these assets to people (e.g., cash, vouchers, or direct distribution);
  - a. For direct distribution, why a market-based intervention is not viable, whether you can procure needed commodities locally in the quantities required, and how the most vulnerable will achieve access. If items are available nearby in sufficient quantities, and beneficiaries prefer cash or vouchers, this strongly suggests against direct distribution and towards a cash or voucher-based intervention, perhaps with incentives to suppliers to come to the program area. Strong justification would be necessary for a direct distribution in this case; and
  - b. How the proposed intervention will reduce, if possible, the likelihood of negative economic effects from future disasters and will build people's resilience to future shocks.
3. Beneficiaries, disaggregated by sex, and selection process; and
4. Men's and women's preferences for type of livelihoods restoration assistance (e.g., market linkages, technical assistance, asset replacement, in-kind versus cash or voucher, etc.).

### **Indicators**

1. Number of people assisted through livelihood restoration activities, disaggregated by sex;
2. Percent of beneficiaries reporting their livelihoods restored within three to six months after receiving support; and
3. Total USD amount channeled into the program area through sub-sector activities.



## **Sub-sector: New Livelihoods Development**

### **Overview**

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

Activities under this sub-sector assist populations in developing new economic assets and/or beginning new livelihoods strategies. Although new livelihoods development is necessary in some contexts, it is generally a longer-term undertaking, and is less well suited to USAID/OFDA's one-year period for response programs. Therefore, proposals must have a strong justification for how people will be able to adopt these new livelihoods strategies within the program period, and how they will be sustainable once assistance ends.

### **Needs Assessment Summary**

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

### **Technical Design**

The technical design must include the following:

1. An assessment of the relevant market system for the proposed livelihood(s). Show how the market system is favorable to beneficiaries' entry, with particular attention paid to
  - a. Input suppliers,
  - b. Men's and women's differential access to market opportunities,
  - c. Buyers of the product or service beneficiaries will produce;
  - d. Support services and infrastructure,
  - e. Market-system governance, and
  - f. Business-environment considerations.
2. Rationale for the proposed new livelihood(s), including how you selected it(them) and why it(they) is(are) the best option(s) in the current context. This must include direct beneficiary consultation/participation in selecting the livelihood(s), including reaching people with special needs;
3. Reasonable expectations on the start-up and continuing expenses, revenues, and profits (revenues minus costs) for the proposed new livelihood(s);
4. If group-based businesses are proposed, how this both meets people's stated preferences and habits, and makes sense from a business perspective (including generating sufficient profit per individual);
5. How development of a new livelihood is possible within the project period, and how it will be sustainable after the project is complete;
6. Details on any training and capacity-building activities, including how they will successfully prepare people for new livelihoods and how you will design them to maximize equitable access;

7. Discussion of the risks inherent in the new livelihood(s) and how people will be made aware of them;
8. Discussion of likely environmental impacts of the new livelihood(s) and how you will avoid or mitigate potential negative impacts. USAID/OFDA is supportive of livelihoods that encourage the sustainable use of natural resources so long as they are also deemed viable through market and livelihood analysis;
9. How the proposed intervention will reduce, whenever possible, the likelihood of negative economic effects from future disasters and will build people's resilience to future shocks. This includes the comparative disaster risks of the proposed new livelihood(s) compared to previous livelihood activities;
10. If you will provide assets, how you identified these assets as essential for new livelihoods development, and how you will provide these assets to people (e.g., cash, vouchers, or direct distribution);
11. Beneficiaries, disaggregated by sex, and selection process. This must include some element of beneficiary interest and aptitude in the selected livelihood(s); and
12. Men's and women's preferences for type of livelihoods assistance (e.g., market linkages, technical assistance, asset transfer, in-kind versus cash or voucher, etc.).

### **Indicators**

1. Number of people assisted through new livelihoods development activities, disaggregated by sex;
2. Number of new MSEs started;
3. Percentage of people, disaggregated by sex, continuing in their new livelihoods by program completion; and
4. Total USD amount channeled into the program area through sub-sector activities.

## **Sub-sector: Market System Rehabilitation**

### **Overview**

Disasters can destroy the critical market services and infrastructure of a region, paralyzing economic activity. Marketplaces may be damaged; key roads left impassable; storage areas destroyed. There may also be critical market actors (such as wholesalers, transporters, or other service providers) removed or hindered from performing vital functions to the market system. USAID/OFDA provides assistance to support local and regional economic activity through the rehabilitation of critical market systems.

### **Needs Assessment Summary**

Describe

1. Which market system(s), critical to the target population, were damaged;
2. The damage to market infrastructure and services due to the disaster, and to what degree the disaster interrupted economic activity. Explain why repairing the damage is important to restoring economic activity and why affected populations cannot repair or work around the damage on their own;
3. The key market actors that are non-functional or unable to perform critical functions; and
4. How local populations are dealing with the damage, and what solutions men and women are employing.

**Technical Design****Describe**

1. How the rehabilitation activities will be performed (e.g., by local contractors, with volunteer community labor, with CFW) and justification of this approach. Paid work opportunities should include a focus on the equitable participation of women and vulnerable populations;
2. Whether rehabilitation of market infrastructure will restore the pre-disaster state or go beyond the pre-disaster state;
3. Who (e.g., local government, community groups) will be responsible for the ongoing repair/maintenance of the rehabilitated market infrastructure. This must be an entity with the will, skill, and resources to do so. Efforts must include women participants and/or women's groups as appropriate;
4. If you will provide support to key market actors not typically within USAID/OFDA's direct beneficiary population, how the poorest and most vulnerable disaster-affected populations will ultimately benefit from the intervention. You must clearly design, demonstrate, and carefully monitor this;
5. How the rehabilitation activities will not harm 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 will, as appropriate, incorporate environmentally friendly techniques or aspects;
6. How the rehabilitation activities will, whenever possible, reduce the likelihood of negative economic effects from future disasters and/or build resilience to future shocks;
7. The infrastructure and why you selected it for rehabilitation. This must include consultation with the community and key market actors; they must prioritize the repair of this infrastructure as being critical to their recovery; and
8. If you will use CFW, beneficiary details as listed in the Temporary Employment Sub-sector, with information on the participation of women, older people, and persons with disabilities.

**Indicators**

1. Amount of market infrastructure rehabilitated by type (e.g., miles of road, number of bridges, square meters of space, and other);
2. Total number of critical market actors (e.g., producers, suppliers, traders, processors) directly assisted through market system rehabilitation activities;
3. Estimated number of vulnerable disaster-affected individuals indirectly assisted through market system rehabilitation activities (describe method of estimation); and
4. Total USD amount channeled into the program area through sub-sector activities.

**Sub-sector: Microfinance****Overview**

Financial services such as safe savings, remittances, money transfers, loans, insurance, financial education, and other services can play a crucial role in helping families, businesses, and economies recover from a disaster. However, successfully establishing new, sustainable financial institutions nearly always takes longer than USAID/OFDA's one-year program funding period. For this reason, ***new financial services operations are not appropriate for USAID/OFDA funding.*** The major exceptions to this position are the establishment of non-formal community-based savings groups (such as the VSL

model) and the provision of financial education, which are feasible within USAID/OFDA's timeframe.

USAID/OFDA will engage with microfinance institutions (MFIs) and organizations that partner with them in order to support the expansion of existing financial services. MFIs are often hard-hit by disasters, losing client data or information systems, experiencing liquidity crises, or attempting to meet the demand for increased or new financial services from disaster-affected clients. USAID/OFDA may support the provision of financial or technical support to otherwise sound MFIs in disaster-affected regions that

- Wish to be better prepared for disasters,
- Are experiencing legitimate disaster-caused liquidity problems, or
- Wish to expand to meet new needs created by the disaster.

Although USAID/OFDA recognizes the need for some MFIs to recapitalize their loan funds after a disaster, USAID/OFDA is not generally the appropriate donor for this. USAID/OFDA financial support to MFIs is a complex undertaking and rarely considered. Therefore USAID/OFDA strongly encourages you to discuss this possibility with USAID/OFDA regional staff before submitting a proposal.

The activities implemented under this sub-sector might vary widely and may include

- Community savings and lending groups,
- Savings accounts for individuals and/or MSEs,
- Loans/credit to individuals and/or MSEs,
- Remittances and money transfers,
- Financial education, or
- Microinsurance.

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

### **Needs Assessment Summary**

Describe

1. How the disaster has interrupted access to finance and how this affects men's and women's livelihoods and critical markets;
2. What impact you expect supporting financial services to have on men's and women's livelihoods, and the local economy within the program period;
3. What other donors or commercial investors are doing in support of access to finance and why USAID/OFDA is the appropriate donor to address the identified needs;
4. The prevailing security and economic environment and whether it is conducive to financial services activities. Include a focus on equitable opportunities for men, women, and disadvantaged individuals;
5. In general terms, financial services coverage and performance in the area; and
6. For new services or expansion of existing services, evidence of unmet demand in the community.

For support to existing financial services institutions, also include

1. The impact of the MFIs services on the local economy,
2. How the disaster has affected the MFI and its ability to provide financial services such that external assistance is necessary, and
3. The MFIs operational history, including
  - a. Outreach and financial performance figures for recent years,

- b. Adherence to social performance and transparency guidelines, and
- c. Capacity to expand services.

### **Technical Design**

#### **Provide**

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

For the establishment of community savings and lending groups, describe

1. Beneficiary interest in starting savings groups;
2. Group governance issues, including men's and women's free choice and self-selection into groups, and their ability to elect their own leaders and set their own rules;
3. What similar approaches (e.g., merry-go-rounds) already exist or have been tried in this geographic area, and their history;
4. Why this approach is preferable to the extension of commercially oriented financial services;
5. How often deposits, collections, and share-outs or rotations will occur;
6. Any cultural, gender, or security issues that may impede the success of the group and how you will address these; and
7. How you envision continued expansion/replication of the groups beyond the program period (if at all).

For support to established microfinance institutions, describe

1. Client assessment/selection mechanisms, with a focus on gender equity. USAID/OFDA supports established good practices on financial services client assessment and client protection, and does not encourage the extension of services (such as credit) to clients who cannot productively handle the service, even if they are poor and vulnerable;
2. Financial services that will be offered or supported with USAID/OFDA funding (e.g., credit, savings, money transfers, etc.) and brief information on each (i.e., fees, loan terms, interest rates, repayment enforcement, deposit rules); and
3. Information about the partner MFI
  - a. How and why you selected it,
  - b. History of generally sound institutional and financial practices,
  - c. History of adherence to good social performance and client protection practices,
  - d. Competition and other MFIs in the area, and
  - e. Any current or past relationship between your organization and the MFI.

### **Indicators**

1. Number of people, disaggregated by sex, or MSEs newly receiving financial services or continuing to receive financial services due to USAID/OFDA support;
2. Percentage of financial service accounts/groups supported by USAID/OFDA that are functioning properly\*; and
3. Total USD amount channeled into the program area through sub-sector activities.

\*Because of the wide range of financial services that applicants might propose under this sub-sector, the indicator is broad, and applicants must define it in each proposal. For example, for individual or group financial services loans, this would be the percent of

loans that are being repaid with no delinquency (or, 100 minus the portfolio-at-risk over-30-days rate, or PAR>30). For savings groups, this would be the percentage of savings groups holding regular meetings, collecting on-time member contributions, and experiencing on-time repayment of internal loans. For insurance policies, this would be the percentage of policies with full and on-time premium payments and adhering to policy. For money transfers, this would be the percentage of transactions completed without error.

## Sub-sector: Temporary Employment

### Overview

Temporary employment, that is cash-for-work (CFW), is a short-term income boost to disaster-affected populations. CFW aims to construct or rehabilitate communal infrastructure that can be sustainably maintained after the program ends. It can provide benefits for three separate groups:

- The people employed and their households, as they gain a needed short-term source of income. This temporarily increases or restores their purchasing power;
- The people living in the communities where CFW occurs, who regain access to needed goods and services and/or buyers for what they produce; and
- The wholesalers, transporters, service providers, retailers, and others involved in providing goods and services to these communities, who can again reach and engage in business with their customers.

Ideally, these benefits should together help to stimulate economic activity in the area.

The focus of CFW should therefore be on community or market-wide infrastructure, such as roads, bridges, canals, community centers, etc., which are vital to community and economic life. **USAID/OFDA will not fund CFW activities that pay people to engage in work they would normally do on their own, such as plant their crops and repair their homes.** Rarely, USAID/OFDA will consider funding community-based CFW on private property, depending on certain circumstances; however, this is the exception rather than the rule.

Temporary employment, by definition, is not sustainable. It is not appropriate for every situation and, if improperly designed, can hinder rather than facilitate the return of normal economic activity. However, USAID/OFDA encourages partners when possible to incorporate elements of sustainability into temporary employment interventions, such as providing financial literacy training to CFW participants or linking people to savings or other financial services.

While certain contexts are not conducive to women's participation in particular temporary employment activities, you must make efforts to seek out women's opinions on participation, and then maximize the potential for women's engagement if they have voiced a willingness/eagerness to participate.

### *Placing CFW within the Proper Sector and Sub-Sector*

CFW is a methodology that can achieve a variety of program objectives. When CFW is proposed, you must use the Cash-for-Work keyword. Whether the appropriate sub-sector is Temporary Employment or some other sub-sector (either within ERMS or another

sector) depends on the *main* objective of the overall project. Below are some examples to illustrate the point:

- Primary objective is to improve irrigation for agriculture; proposed activity is CFW to repair communal irrigation canals. In this example, CFW would be a keyword within the Agriculture and Food Security Sector, Irrigation Sub-sector;
- Primary objective is to restore market activity between villages; proposed activity is CFW to rehabilitate a damaged bridge on a key market route. In this example, CFW would be a keyword within the ERMS Sector, Market System Rehabilitation Sub-sector; and
- Primary objective is to increase purchasing power of affected population so they can meet their daily needs; proposed activity is CFW to clear disaster debris. In this example, CFW would be a keyword within the ERMS Sector, Temporary Employment Sub-sector.

This guidance may be of use when planning any type of CFW intervention, regardless of the objective.

### **Needs Assessment Summary**

Describe

1. Why people need an infusion of cash and how temporary employment can expedite the recovery process;
2. Whether cash is an appropriate intervention and if markets are generally functioning, will affected populations be able to buy what they need;
3. CFW opportunities for women and other disadvantaged individuals;
4. Other labor needs in the communities during the program duration (e.g., planting season, shelter repairs). If people are otherwise engaged in more pressing tasks, CFW must be carefully designed to ensure it supports, rather than supplants, people's own efforts to rebuild their lives and livelihoods;
5. Current wages for comparable work for skilled and unskilled workers in the area (casual labor wage rates are generally more relevant than formal-sector rates);
6. Volunteer labor systems practiced in the community. CFW must be designed carefully so as not to discourage or displace these practices, and in some cases CFW may not be an appropriate intervention; and
7. Men and women community members' perspectives on necessary work projects that would be a good fit for CFW.

### **Technical Design**

Explain

1. What work people will accomplish through CFW, and how this responds to stated men's, women's, and community needs and priorities;
2. How the work performed does not cause harm to the natural environment, and where appropriate, incorporates environmentally friendly aspects and/or aspects that reduce the risk of damage from future disasters;
3. Why the proposed employment is temporary in nature, and what output the CFW beneficiaries will produce. Note that due to its temporary nature, ***CFW is not well suited for regular maintenance or ongoing labor needs*** (except in certain camp situations). Work that is extraordinary in nature—particularly work required to repair significant damage due to the disaster—is a good fit for CFW;
4. The proposed CFW wage rate(s). To prevent the distortion of local labor markets, and to encourage self-targeting, CFW wage rates should be set slightly lower than the prevailing wage rates in the area for similar work and should be coordinated with other

- humanitarian actors in the area. Note that USAID/OFDA generally does not support vouchers-for-work and will not fund food-for-work;
5. Whether the intervention includes linkages to more sustainable outcomes, such as financial literacy or savings promotion;
  6. How you will ensure work safety and how you will mitigate any security hazards. For example, discuss any conflict in the area, safeguarding of cash received, distance between the work sites and people's homes, gender or ethnic tensions regarding working together;
  7. Who will be responsible for ongoing repair and maintenance of the infrastructure built or rehabilitated through CFW, and how you will accomplish this transition, including women's management where feasible and appropriate;
  8. The number of work days/work weeks the average CFW employee will work;
  9. Timing of CFW, and how this does not draw away labor from other labor needs in the community or overburden women or men;
  10. Payment mechanism (e.g., physical cash handout, payment through banks, m-transfers) and frequency (e.g., weekly, every other week) and how this meets people's preferences for security and convenience while respecting cost concerns; and
  11. Beneficiary population with selection rationale and criteria, disaggregated by sex. Note that USAID/OFDA will allow for a small percentage of vulnerable households without able-bodied labor to receive unconditional cash as part of a larger CFW project. USAID/OFDA also encourages you to identify appropriate CFW tasks for persons with disabilities.

### **Indicators**

1. Number of people employed through CFW activities, disaggregated by sex;
2. Average total USD amount per person earned through CFW activities; and
3. Total USD amount channeled into the program area through sub-sector activities.

### **Information Resources**

1. Cash Learning Program (CaLP) website: <http://www.cashlearning.org>
2. *Cash-Transfer Programming in Emergencies: A Practical Guide* by Pantaleo Creti and Susanne Jaspars. Oxfam, 2006. <http://publications.oxfam.org.uk/oxfam/display.asp?isbn=0855985631>
3. *Cash Transfer Programming in Emergencies: Good Practice Review 11* by Paul Harvey and Sarah Bailey. Humanitarian Practice Network/ Overseas Development Institute, 2011. <http://www.odihpn.org/>
4. *Emergency Market Mapping and Analysis* by Mike Albu et al. Practical Action Publishing and Oxfam GB, 2010. <http://www.emma-toolkit.org>
5. *The Household Economy Approach: A Resource Manual for Practitioners* by J. Seaman, et al. Save the Children Fund, London, 2000.
6. *Local Economic Recovery in Post-Conflict: Guidelines*. Geneva: International Labour Organization. 2010. [http://www.ilo.org/wcmsp5/groups/public/---ed\\_emp/documents/instructionalmaterial/wcms\\_141270.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_emp/documents/instructionalmaterial/wcms_141270.pdf)
7. "Market development in crisis-affected environments: Emerging lessons for achieving pro-poor economic reconstruction." Market Development Working Group Paper by Nourse, T., T. Gerstle, A. Snelgrove, D. Rinck, and M. McVay (2007). Washington, DC: The SEEP Network, <http://www.bdsknowledge.org/dyn/bds/docs/591/SEEP,%20Mkt%20Dev%20In%20Crisis-Affected%20Environs,%202007.pdf>
8. *Microfinance Gateway* website. CGAP: <http://www.microfinancegateway.org>



9. *Minimum Economic Recovery Standards*. The SEEP (Small Enterprise Education and Promotion) Network. 2<sup>nd</sup> edition, 2010.  
[http://www.seepnetwork.org/filebin/Minimum Econ Recovery Standards2\\_web.pdf](http://www.seepnetwork.org/filebin/Minimum_Econ_Recovery_Standards2_web.pdf)  
Companion to the *Sphere Handbook*.
10. Sustainable Livelihoods *Guidance* Sheets, U.K. Department for International Development (DFID). [http://www.livelihoods.org/info/info\\_guidancesheets.html](http://www.livelihoods.org/info/info_guidancesheets.html)
11. USAID Microlinks website: <http://microlinks.kdid.org>

### 3. Health

USAID/OFDA endorses the Sphere standards ([www.sphereproject.org](http://www.sphereproject.org)). You should apply these standards to all proposed activities and related indicators. If there are specific contextual situations in which it is not possible to achieve the Sphere standards, you should still strive towards these standards but provide brief but thorough justification explaining why Sphere standards are not achievable.

#### **Overview**

USAID/OFDA-supported health interventions should be based on internationally recognized, evidence-based strategies with proven track records for achieving the highest public health impact (see Information Resources below). Programs should address the major causes of morbidity and mortality according to the local epidemiologic context.

Program activities to consider include

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

All health programs must incorporate gender, religious, political, and cultural considerations at the sub-sector level. You must identify how you will tailor the program to men's and women's roles in decision-making and access to resources. Describe how the program will make health services equally available and useful to both men and women, as possible. Describe how community, political, and other key leadership will be made aware of the advantages of health programming. Careful attention should also be paid to the possible adverse environmental impacts resulting from USAID/OFDA health interventions. This includes specific considerations pertaining to hazardous waste management and infrastructure development (see relevant sub-sectors below).

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

#### **Disaster Risk Reduction**

Health programs often naturally focus on issues critical to enhancing the resilience of populations over time. USAID/OFDA-supported programs should function to improve overall community health status and strengthen health systems. If there is a DRR component proposed within this sector, provide the following information:

1. Indicate which activities within the sector are DRR-related and why those activities are reducing risk or mitigating the impact of a hazard or event;

2. Explain with which HFA priority action(s) the activities are aligned and why;
3. Choose the correct indicators for DRR-related activities from those provided at the end of this sector guidance; and
4. Within this sector, DRR-related activities will only be considered for the Health Systems and Clinical Support Sub-sector.

### **Protection Mainstreaming**

Proposals must demonstrate protection mainstreaming in the technical description.

1. Describe what measures you will take to ensure that health care facilities and staff are safely accessible for all affected populations. For example, are facilities located in safe areas? Are health care workers balanced in terms of gender and ethnicity to facilitate access for a diverse population?
2. Describe how health care workers are or will be trained to assist patients who have experienced physical or sexual abuse or violence. Are health facilities equipped to provide appropriate clinical management of rape? Describe any referral services that are available, such as legal aid or psychosocial support, as well as confidentiality protocols.
3. Describe how health care workers are or will be trained in knowledge and skills relevant to working with children at the health facility (HF). For example, how will health care workers respond to children who may be separated from their parents or experiencing exploitation or abuse?
4. Describe how health care will be made accessible to persons with disabilities, including any outreach activities that may target this group.
5. Describe how health care workers are or will be trained in knowledge and skills relating to working with older people.
6. Describe how the program will coordinate and use the talents of other agencies in child protection and family re-unification such as Red Cross and Office of the U.N. High Commissioner for Refugees protection officers.

If you are not able to provide comprehensive health services in all six sub-sectors, you must provide substantive justification and/or detail as to how these needs are being met and which other agencies will be providing those unaddressed services.

If the reporting indicators in any sub-sector are not appropriate or relevant for a given program, you must provide justification for exclusion or modification.

## **Sub-sector: Health Systems and Clinical Support**

### **Overview**

USAID/OFDA primarily supports interventions that strengthen national health system support for comprehensive primary health care (PHC). In exceptional circumstances such as in the acute phase of conflict or in the immediate aftermath of a large-scale earthquake, USAID/OFDA will consider secondary/tertiary level and surgical/trauma care interventions.

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

1. USAID/OFDA prefers to support *free* access to at least primary care for all patients, including medications and basic laboratory testing.
2. Proposals must not request support for construction of new health facilities. USAID/OFDA supports facility *rehabilitation* for sites where clinical services are currently provided.
3. Program descriptions and subsequent program reports must include GPS mapping of all proposed and currently supported HF sites (see Geographic Areas on page 31).
4. Proposals must include descriptions of proposed or current referral systems for urgent cases such as those associated with infectious diseases and emergency obstetrical care.
5. Program descriptions must provide plans for addressing water, waste, and hazardous/biologic materials management at all supported facilities (see Information Resources below).
6. Narratives must include worker safety provisions and consideration of additional environmental risks, specifically related the use and disposal of sharps/needles.

### **Needs Assessment Summary**

Assessments must address how the current crisis has affected each of the main pertinent components of respective health systems such as

1. Access to treatment for acute illnesses,
2. Capacities to address reproductive health needs,
3. Referral systems for severely ill patients,
4. Medical supply chains and logistics,
5. Status of relevant facility and community based medical personnel, and
6. Staff capability, both pre- and post-emergency.

As part of the needs assessment, clinical service benchmarks must be included:

1. Average population per functioning HF, by type of HF and by administrative unit;
2. Number of hospital beds per 10,000 population (inpatients and maternity), by administrative unit; and
3. Number of health workers (medical doctor, nurse, and midwife) per 10,000 population, by administrative unit (also percentage male and female).

Narratives must also include the human, financial, and commodity resources needed to address identified gaps, and how you will ensure a continuous supply of medical assets and resources. Descriptions must also describe elements such as immunization coverage rates for pertinent diseases, leading causes of morbidity and mortality, description of what other health agencies have and are planning on providing to the population, and the role of traditional healers and how well they are integrated into the health system.

Justification narratives must include information (primary or secondary) on baseline health services and pertinent public health information elements of the affected population prior to the crisis and intervention such as

1. System for financing the health sector, including staff salaries;
2. Health information system data collection, analysis, and dissemination;
3. Key components of national or local health policies, plans, protocols, and guidelines;
4. Coordination system for the health sector and/or cluster and assessment of its effectiveness;
5. Summary of secondary data including when the assessments were conducted, where, and by whom (including methodologies);

6. Planned future assessments or surveys and how they will fill information gaps (including methodologies);
7. Transition initiatives for the health sector, including health system strengthening; and
8. Summary of main health indicators, including Crude and Under-5 mortality rates, and proportional morbidities among the target population, disaggregated by sex and age when possible.

### **Technical Design**

Address the following elements in the narrative:

1. How the program proposes to fill service gaps based on assessments of how health care access has changed as a result of the disaster;
2. How you will establish, strengthen, and/or rehabilitate HFs. Provide precise details of the specific rehabilitation each facility requires to be functional;
3. How you will improve service delivery at each facility and how you will ensure staffing and supplies;
4. What plans are for mobile clinics (if applicable), including how they will extend and not replace existing services and how will they eventually be integrated and maintained in the PHC system;
5. What human resources (men and women) will be available to deliver health care for the program;
6. What additional training is required and how it will be achieved;
7. How personnel will be compensated;
8. How the proposed program's health information/early warning surveillances systems will integrate into those coordinated by the Ministry of Health (MoH) or other relevant Health Cluster, and whether health information will be managed through existing or improved systems;
9. How you will involve the MoH and how the intervention will work within the health sector coordination system, or Health Cluster if applicable, to avoid duplication or gaps in service provision;
10. How the program will attempt to overcome barriers such as cost, gender inequities, age, ethnicity, religion, and refugee/returnee/IDP status; and
11. How these emergency humanitarian interventions will integrate with and transition to previously existing services once the crisis begins to abate.

### **Indicators**

1. Number of health care facilities supported and/or rehabilitated by type (e.g., primary, secondary, tertiary);
2. Number of health care providers trained by type (e.g., doctor, nurse, community health worker, midwife, and traditional birth attendant), disaggregated by sex;
3. Number and percentage of health facilities submitting weekly surveillance reports; and
4. Number of consultations, disaggregated by sex and age (0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, 60+ years).

## **Sub-sector: Communicable Diseases**

### **Overview**

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

Activities in this sub-sector must incorporate a holistic approach and be linked closely with activities in the Health Education and Behavior Change Sub-sector, the Nutrition Sector, and the WASH Sector. Assessment, justification, and program description narratives must describe how you will take age and gender differences into account.

Due to USAID/OFDA's mandate for focusing on emergency-specific interventions and based on global-level guidance, best practices, and evidence, special considerations for the following interventions should take into account that funding should be accessed via regional or national plans supported by other entities:

- Routine tuberculosis (TB) management
- HIV/AIDS testing
- Voluntary counseling and testing centers
- Treatment programs with antiretrovirals

You can seek funding through The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and The Global Fund to Fight AIDS, Tuberculosis, and Malaria. Programs which include prevention education and clinical screening and referral are appropriate. Re-integration of disaster-affected HIV and TB patients into long-term treatment programs may be appropriate.

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

### **Needs Assessment Summary**

Information related to this sub-sector must include

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

**Technical Design**

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

1. Prevention and treatment of the most common causes of morbidity and mortality (e.g., malaria, diarrhea, and pneumonia) at both the facility and community level. Including
  - a. References to relevant international and national treatment protocols with confirmation of all malaria cases with at least rapid diagnostic testing, and provision of zinc for cases of acute diarrhea;
  - b. How the program integrates with the MoH community-based health education outreach and vector/environmental control programs; and
  - c. Vaccine activities (if appropriate) such as SIA and ORI for measles or other relevant diseases.
2. Use of community-based interventions such as basic medical treatments for communicable diseases via CHW if appropriate (see Community Health Education/Behavior Change Sub-sector);
3. Disease early warning and surveillance systems
  - a. Including a description of the system, and how the proposed program contributes to its function, and
  - b. A description how the system and agency report on outbreak alerts to local and national health authorities;
4. HIV/AIDS and TB prevention education and referral.

**Indicators**

1. Incidence and prevalence of high-morbidity rates by type (e.g., diarrhea, acute respiratory infection (ARI), measles, and other), disaggregated by sex and age\*;
  2. Number and percentage of cases diagnosed and treated per standardized case management protocols such as IMCNI, disaggregated by sex and age\*;
  3. Case fatality rates for diarrhea, ARI, measles, and other, disaggregated by sex and age\*;
- \*0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+ years.

**Sub-sector: Reproductive Health****Overview**

USAID/OFDA funds interventions to decrease maternal and neonatal morbidity and mortality in the setting of humanitarian emergencies. Reproductive health (RH) activities should not be isolated, stand-alone activities but rather integrated into a comprehensive PHC package. Comprehensive RH programming addresses the needs of men and boys as well as women and girls; therefore, include a description of program elements targeted to both sexes.

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

1. USAID/OFDA supports the Minimum Initial Standard Package (MISP) as the primary blueprint for RH activities in emergencies (see Information Resources below). All RH programming must follow the essential objectives of the MISP comprehensively. For activities of the MISP that are not included in the technical design, you must provide

- justification as well as a description of how that unmet need will be filled. You must provide a description and sourcing information of commodities related to MISP implementation (see Medical Commodities Including Pharmaceuticals Sub-sector);
2. USAID/OFDA supports the integration of family planning services into RH programming and will assist in providing education and relevant commodities. While condom distribution is an important part of a family planning strategy, condoms themselves must be obtained from USAID's Global Health Office of Population and Reproductive Health (see Medical Commodities Including Pharmaceuticals Sub-sector); and
  3. Services for victims of sexual and gender-based violence (SGBV) must include essential and compassionate RH services. USAID/OFDA supports MISP-based care for victims of SGBV and encourages coordination of programs between the Health Sector and Protection Sector.

### **Needs Assessment Summary**

Include the following data

1. Specifically account for the following elements as part of the needs assessment summary:
  - a. Number of health facilities with Basic Emergency Obstetric Care/500,000 population, by administrative unit;
  - b. Number of health facilities with Comprehensive Emergency Obstetric Care/500,000 population, by administrative unit; and
  - c. Percentage of HFs with clinical management of rape survivors, emergency contraception, and post-exposure prophylaxis available.
2. Maternal mortality and neonatal mortality rate;
3. Status of MISP implementation and existence of national RH policy;
4. Coverage rates and quality of antenatal and post-natal care including pertinent vaccines, treatment for relevant diseases, and education;
5. Description of birthing location preferences (home versus facility);
6. Obstacles preventing women from obtaining essential obstetric services;
7. Service provision for safe and clean delivery at all HF levels including access to skilled birth attendants, referral services for complicated deliveries;
8. Basic emergency obstetric care at the HF level, and comprehensive emergency obstetric care at the hospital level;
9. Births attended by a skilled provider (e.g., midwife, nurse, or doctor) or by a trained provider, such as a traditional birth attendant (TBA). Needs for additional training or support;
10. Existing community-level prevention programs for the active management of the third stage of labor and pre-referral management of complications;
11. Provision and quality of specialized and essential care for newborns, including hygienic cord care and resuscitation;
12. Early warming/thermal care and early and exclusive breastfeeding (0-6 months of age);
13. Postnatal care quality and coverage rates;
14. Family planning availability and coverage rates including the following information:
  - a. Whether current services were established with the participation of refugees or IDPs, with the male community, and with an assessment of attitudes; and
  - b. Programs in place for the gender-sensitive medical and mental health management of GBV.



### **Technical Design**

Include in your technical design

1. A narrative formatted in a way that reflects each component of the MISP including
  - a. Coordination and implementation of the MSIP;
  - b. Prevention and management of sexual violence;
  - c. Reduction of HIV transmission;
  - d. Prevention of excess maternal and neonatal morbidity and mortality rates, to include provision of clean delivery kits, provision of midwife kits and establishment of an obstetrics referral system; and
  - e. Planning for integration of comprehensive RH into PHC activities.
2. Descriptions of training and assistance planned for skilled (not traditional) birth attendants and efforts to ensure a presence of female service providers that are trained and available;
3. Community-level interventions for the active management of the third stage of labor, or pre-referral management of complications such as postpartum hemorrhage;
4. Essential neonatal and postnatal care;
5. Family planning availability or access;
6. Gender-balanced SGBV management, HIV prevention, and STI prevention and treatment including
  - a. Emergency contraception,
  - b. STI prevention and treatment,
  - c. Post-exposure HIV prophylaxis, and
  - d. Comprehensive physical exam including injury care, hepatitis B, and tetanus vaccinations.
7. Description of the links between these programs and other services for survivors, such as social and legal services. (See also Protection Sector).

### **Indicators**

1. Number and percentage of pregnant women who have attended at least two comprehensive antenatal clinics;
2. Number and percentage of women and newborns that received postnatal care within three days after delivery;
3. Number and percentage of pregnant women in their third trimester who received a clean delivery kit;
4. Number and percentage of pregnant women who deliver assisted by a skilled (not traditional) birth attendant by type (e.g., midwife, doctor, nurse) and location (e.g., facility or home); and
5. Number of cases of sexual violence treated.

## **Sub-sector: Non-communicable Diseases**

### **Overview**

USAID/OFDA supports non-communicable disease (NCD) interventions occurring in humanitarian emergencies, particularly in countries with high pre-emergency burden of NCDs. These interventions may include services for those with traumatic injuries (subsequent to natural disasters or conflict) and chronic illnesses and mental health needs (in certain settings).

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

1. With respect to management of chronic diseases, the priority in acute emergencies is the provision of continued access to pertinent medications, or preferably the re-integration of chronic disease patients back into their treatment programs;
2. USAID/OFDA may support such programs if the proportional morbidity/mortality from such diseases is relatively higher than that of other causes (such as infectious diseases). Initiatives for providing chronic disease care need to take into account USAID/OFDA's relatively short-term mandate and timeframes for interventions. When viewed from a "first, do no harm" perspective, initiation of therapy for certain diseases may not be appropriate (and in fact may be harmful) for short-term interventions when intense and long term follow-up cannot be guaranteed;
3. USAID/OFDA advocates for a holistic psychosocial support for victims of natural disasters or conflict. You must coordinate these services with Protection Sector services including specific needs by gender (see also Protection Sector, Psychosocial Support Services Sub-sector);
4. In humanitarian settings, USAID/OFDA supports mental health programming that is in keeping with IASC clinical guidelines on the provision of mental health care (see Information Resources below); and
5. When appropriate, USAID/OFDA supports acute care and short-term rehabilitation for trauma-related injuries in the setting of natural disasters or conflict. However, agencies with longer-term mandates and funding will need to support longer-term rehabilitation and care (including prosthetics and orthotics).

### **Needs Assessment Summary**

Provide the following information

1. In the case of mass casualties and injuries from violent conflict or natural disaster
  - a. Describe the number of deaths and injuries (actual or estimated). Provide sex disaggregated data when possible; and
  - b. Describe baseline emergency response capacities in place for trauma management including what trauma-specific capabilities are operational (e.g., personnel, supplies, facilities, etc.).
2. Report baseline prevalence of pertinent chronic diseases such as diabetes, hypertension, coronary artery disease, chronic kidney disease, and mental health disorders and how the current emergency has affected care for those with these chronic disorders; and
3. Specify existing and needed programs for management of mental health and psychosocial care (see also Protection Sector, Psychosocial Support Services Sub-sector) including specific needs by gender.

### **Technical Design**

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

1. Unmet needs for emergency trauma and medical support,
2. Programs to address acute and chronic mental health needs and mitigate against psychological stress consistent with IASC guidelines and appropriate for short-term programs,
3. Medical and referral care for chronic diseases at the PHC level in a manner appropriate for short-term programs, and

4. Continued access for pertinent medications for those patients previously undergoing treatment for long-term NCDs.

### **Indicators**

1. Incidence and prevalence of chronic and other diseases (e.g., trauma), disaggregated by sex and age\*; and
2. Number and percentage of people treated for mass-casualty or violence-related injuries, disaggregated by sex and age\*.

\*0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+ years.

## **Sub-sector: Community Health Education/Behavior Change**

### **Overview**

USAID/OFDA supports health education and behavior change activities—implemented by community health workers (CHW) —as they integrate with health programs. These interventions are intended to inspire CHWs to fully engage in their duties, effect healthy behavior changes among target populations, and to ultimately improve basic population-based health indicators. CHWs may be supported to provide basic clinical interventions only when you have provided significant justification for such a need, and the ability of the CHWs to carry out such duties. Assessment, justification, and program description narratives must also describe how age and gender differences will be taken into account.

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

1. CHWs should be chosen from and by the community, with no consideration for political position or relationship
  - a. You should ensure gender balanced CHW recruitment and staffing, and
  - b. You should maintain ongoing, intensive community engagement and consultation.
2. You should limit and explicitly define roles and responsibilities for CHWs. Attempting to achieve too many goals at once can dilute effectiveness;
3. CHWs must be amenable to making home visits on a repeat basis, especially for at-risk patients or those from highly vulnerable demographic groups (e.g., pregnant women, children, older people, persons with disabilities, etc.);
4. Stand-alone community health education programs are discouraged:
  - a. Efforts are more effective when intimately integrated into existing health services, and
  - b. CHWs must not be considered replacements for facility-based clinicians but simply extensions;
5. CHW messages should take into account literacy rates and be reinforced through additional media (e.g., radio, text message, etc.);
6. Training for CHWs should be both didactic and practical methods, focusing on specific knowledge and skills. Provide detail on efforts for ongoing refresher training for CHWs; and
7. Incentives (monetary or otherwise) should be provided for all CHWs if not done so prior to program implementation.

### **Needs Assessment Summary**

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

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

### **Technical Design**

The following elements must be addressed in the narrative:

1. How you will now address priority needs and gaps not addressed by current CHW outreach;
2. What human resources are available and will be needed to provide community-level health education messages such as
  - a. Number and type of CHWs needed,
  - b. Details on future training programs for CHWs,
  - c. Details on future health education campaigns including what messages will be provided, and
  - d. Comprehensive description of all CHW activities among the target population.
3. IEC and BCC materials and activities;
4. Supervisory systems including a clear linkage with the HF for reporting, supervision, and ongoing mentorship and training;
5. How effectiveness will be measured at various levels such as
  - a. Improvement in knowledge and skills of CHWs,
  - b. Change in behavior among sensitized populations, and
  - c. Improvement in population-based indicators relevant to the proposed community health education program.
6. If CHWs are to provide basic clinical services, identify what training (for which relevant diseases) and quality control measures will be used to ensure effective interventions.

### **Indicators**

1. Number of CHWs trained and supported (total and per 10,000 population within project area), disaggregated by sex;
2. Number and percentage of CHWs specifically engaged in public health surveillance; and
3. Number and percentage of community members utilizing target health education message practices.

## Sub-sector: Medical Commodities Including Pharmaceuticals

### Overview

Medical commodities, including pharmaceuticals, vaccines, ORS, and Rapid Field Diagnostic Tests, are essential components of a balanced health program. It is absolutely vital that all pharmaceuticals and other medical commodities, human and veterinary, are safe, effective, quality products that can be procured at an acceptable cost and conform to the legal requirements of the host country.

Due to the special challenges and complexities involved in medical supply chain management, USAID/OFDA recommends that you identify dedicated staff at the headquarters and field levels who will be responsible for all aspects of proper pharmaceutical ordering, shipping, receipt, storage, and distribution to dispensaries. Additional information and technical assistance is available from the USAID/OFDA pharmacist. Partners are encouraged to contact the USAID/OFDA pharmacist with questions early in the proposal writing process. Note that although the requirements are similar, LLINs are covered under the Agriculture and Food Security Sector, Pests and Pesticides Sub-Sector.

USAID/OFDA designates pharmaceuticals (including vaccines and ORS) as restricted items and requires special requesting and reporting requirements in order to be procured with USAID/OFDA funds. The following resources have been provided to expedite your proposal preparation, as well as USAID/OFDA review (see <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>).

- *Definitions – Annex A*
- *Procedures to Purchase **Human Medical Commodities Including** Pharmaceuticals – Annex B*
- ***Instructions and Template** to Purchase Pharmaceuticals and Kits **(that include pharmaceuticals)** – Annex C*
- ***Listing of Medical Commodities** – Annex D*
- ***Instructions to Purchase Pharmaceuticals and Kits (that include Pharmaceuticals) from a Non-USAID/OFDA Prequalified Pharmaceutical Wholesaler – Annex E***
- ***USAID/OFDA Prequalified Pharmaceutical Wholesalers – Annex G***

### Needs Assessment Summary

Describe the current situation affecting the pharmaceutical supply chain.

In accordance with IASC Global Health Cluster indicators

([http://www.who.int/hac/network/global\\_health\\_cluster/iasc\\_global\\_health\\_cluster\\_core\\_indicators\\_9apr10.pdf](http://www.who.int/hac/network/global_health_cluster/iasc_global_health_cluster_core_indicators_9apr10.pdf)), account for the following elements as part of the needs assessment summary:

1. Percentage of HF without stock out of a selected essential drug in four groups of drugs, by administrative unit;
2. Description of the essential medicines procurement process;
3. Role of the MoH in pharmaceutical procurement activities;
4. Restrictions on the importation of pharmaceuticals;
5. Local pharmaceutical manufacturing capacity;
6. Availability of the medicines requested in the local market;
7. Registration of pharmaceutical products in country;
8. Whether you have obtained a waiver from the government allowing the importation of pharmaceuticals;

9. Whether you have obtained written assurance from the government that the pharmaceuticals will not be quarantined, taxed, embargoed, or otherwise delayed from reaching the intended population;
10. Information on the essential medicines and medical commodities and quantities that may be needed to treat the identified healthcare needs; and
11. MoH Essential Medicines formulary or, if absent, the WHO Essential Medicines List with the proposed essential medicines to be purchased clearly marked.

### **Technical Design**

1. Provide the name and qualifications of the headquarters level individual responsible for procurement of pharmaceuticals and document management related to the ordering, receipt, storage, and distribution of essential medicines.
2. Provide the name and qualifications of the field-level individual responsible for the management of the ordering, receipt, storage, and dispensing of essential medicines.
3. Provide a map of the country and indicate the locations of healthcare facilities, pharmaceutical stores, and supply routes.
4. Provide training for staff such as a pharmacist in the management of medical commodities.
5. Provide training on the proper ordering, shipment, receipt, storage, and distribution of pharmaceuticals and medical commodities to prevent loss, contamination, theft, or inappropriate use.
6. Describe the predominant medical conditions to be treated and the essential medicines selected. What are the drug resistance patterns in the region?
7. Address whether you will use standardized emergency health kits such as the Interagency Emergency Health Kit, Italian Trauma Kits, Interagency Diarrheal Kits, or U.N. Population Fund Reproductive Health Kits (and type). If yes, how many will you purchase?
8. Describe how essential medicines and medical supplies will be distributed to the clinics/health centers.
9. Describe how you will establish and maintain affordable and reliable sources of essential medicine throughout the project period.
10. Describe how you will safely and securely store the essential medicines, consumables, and equipment to protect stocks from theft, environmental damage, and infestation by pests.
11. Describe how you will maintain prescription records for each patient.
12. Describe how you will assure all beneficiaries access to essential medicines and treatment, regardless of gender, age, political affiliation, health status, tribal origin, etc.
13. Describe how you will assure the confidentiality of medical information.
14. Describe how you will properly maintain medical equipment with correct replacement parts, service agreements, and properly trained technicians.
15. Provide information on how you manage supply and demand to avoid stock rupture or overstocking and expired drugs.
16. Purchase only quality, safe, and effective medicines, consumables, and equipment. Records must be able to support this. Legible copies of invoices, packing lists, and notices of delivery must be immediately available. In addition, Certificates of Analysis must be available for each batch of every medicine purchased through a non-qualified pharmaceutical wholesaler.

### **Indicators**

1. Number of supplies distributed by type (e.g., medical kits, equipment, consumables);

2. Number of people trained, disaggregated by sex, in the use and proper disposal of medical equipment and consumables; and
3. Number and percentage of health facilities, supported by USAID/OFDA, out of stock of selected essential medicines and tracer products for more than one week.

### **Information Resources**

1. *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Disaster Response*. The Sphere Project. Geneva, 2011. <http://www.sphereproject.org>
2. *Communicable disease control in emergencies: A field manual*. WHO, Geneva 2005. [http://whqlibdoc.who.int/publications/2005/9241546166\\_eng.pdf](http://whqlibdoc.who.int/publications/2005/9241546166_eng.pdf)
3. *Integrated Management of Childhood Illness (IMCI)*. WHO, Geneva 2005. [http://www.who.int/child\\_adolescent\\_health/topics/prevention\\_care/child/imci/en/](http://www.who.int/child_adolescent_health/topics/prevention_care/child/imci/en/)
4. *Malaria control in complex emergencies: an inter-agency field handbook*. WHO, Geneva 2005 (revision in process). [http://whqlibdoc.who.int/publications/2005/924159389X\\_eng.pdf](http://whqlibdoc.who.int/publications/2005/924159389X_eng.pdf)
5. *Reproductive Health in refugee situations: an inter-agency field manual*. Interagency Working Group on Reproductive Health in Crisis, Geneva 2010. [http://www.iawg.net/resources/field\\_manual.html](http://www.iawg.net/resources/field_manual.html)
6. *Minimum Initial Service Package for Reproductive Health in Crisis Situations* advocacy sheet. Interagency Working Group on Reproductive Health in Crisis, Geneva 2009. <http://iawg.net/resources/MISP%20Advocacy%20Sheet%20-%20IAWG%20FINAL%20Nov09.pdf>
7. *Interagency Reproductive Health Kits for Crisis Situations*. Interagency Working Group on Reproductive Health in Crisis, Geneva 2011. <http://www.iawg.net/resources/rhkits.html>
8. *Integrated Management of Pregnancy and Childbirth: WHO Recommended Interventions for Improving Maternal and Newborn Health*. 2<sup>nd</sup> edition WHO, Geneva 2009. [http://whqlibdoc.who.int/hq/2007/WHO\\_MPS\\_07.05\\_eng.pdf](http://whqlibdoc.who.int/hq/2007/WHO_MPS_07.05_eng.pdf)
9. *Guidelines for HIV/AIDS interventions in emergency settings*. UNAIDS, Geneva 2010. [http://data.unaids.org/Publications/External-Documents/IASC\\_Guidelines-Emergency-Settings\\_en.pdf](http://data.unaids.org/Publications/External-Documents/IASC_Guidelines-Emergency-Settings_en.pdf)
10. *Tuberculosis care and control in refugee and displaced populations: an interagency field manual*. 2<sup>nd</sup> ed. WHO, Geneva 2007. [http://whqlibdoc.who.int/publications/2007/9789241595421\\_eng.pdf](http://whqlibdoc.who.int/publications/2007/9789241595421_eng.pdf)
11. *Reducing excess mortality from common illnesses during an influenza pandemic: WHO guidelines for emergency health interventions in community settings*. WHO, Geneva 2009. [http://www.who.int/diseasecontrol\\_emergencies/common\\_illnesses2008\\_6.pdf](http://www.who.int/diseasecontrol_emergencies/common_illnesses2008_6.pdf)
12. WHO integrated disease surveillance programme. WHO, Geneva accessed 2012. <http://www.who.int/csr/labepidemiology/projects/surveillance/en/index.html>
13. *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. IASC, 2007. <http://www.icva.ch/doc00002621.pdf>
14. *Behaviour Change Communication in Emergencies: A Toolkit*. UNICEF, Nepal 2006. [http://www.unicef.org/ceecis/BCC\\_full\\_pdf.pdf](http://www.unicef.org/ceecis/BCC_full_pdf.pdf)
15. Regulations governing the procurement of pharmaceuticals using USAID funds. USAID, Washington DC, accessed 2012. <http://www.usaid.gov/policy/ads/300/312.pdf>
16. *The Interagency Emergency Health Kit: Medicines and medical devices for 10,000 people for approximately 2 months*. WHO, Geneva 2006.
17. *The WHO Model Lists of Essential Medicines*. WHO, Geneva 2011. <http://www.who.int/medicines/publications/essentialmedicines/en/index.html>
18. *International Health Regulations (IHR)*. WHO, Geneva 2005. <http://www.who.int/ihr/9789241596664/en/index.html>

19. *Environmental Guidelines for Small-Scale Activities*. ENCAP/USAID, Washington DC 2007. <http://www.encapafrica.org/egssaa.htm>



## 4. Humanitarian Coordination and Information Management

### **Overview**

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

For these reasons, all proposed programs must address coordination at the program and sector levels (see Sector-level Coordination on page 32). In addition, proposals that include specific activities related to coordination or information management must follow the guidance in this section.

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

### **Disaster Risk Reduction**

If there is a DRR component proposed within this sector, provide the following information:

1. Indicate which activities within the sector are DRR-related, and why those activities are reducing risk or mitigating the impact of a hazard or event; and
2. Explain with which HFA priority action(s) the activities are aligned and why.

### **Protection Mainstreaming**

Proposals must demonstrate protection mainstreaming in the technical description:

1. Describe any plans to include protection concerns in information to be gathered, analyzed, and disseminated. Is there a safe way for individuals to report cases of harm, abuse, or exploitation?
2. Describe measures designed to disseminate accurate and reliable information to all affected populations. If information is to be collected or disseminated by community-based groups, are these groups representative? What measures have you taken to ensure that they are not biased?
3. Describe how you will properly code and safeguard sensitive information, such as personally identifiable information, from misuse.
4. Describe any measures to communicate with affected populations about their right to receive assistance and the code of conduct to prevent sexual exploitation and abuse.

### **Available Sub-sectors and Sample Activities**

#### *Coordination*

- Activities that enhance liaisons with U.N. coordinating mechanisms
- Coordination of sector or cluster activities
- Coordination of security activities

#### *Information Management*

- Coordination of general information
- Web-based or other systems to assist response planning and information-sharing across organizations
- Information management services to enable or improve coordination within and/or among sectors or clusters

- Information provided to people to raise awareness on specific humanitarian issues and/or resources

## **Sub-sector: Coordination**

### **Needs Assessment Summary**

#### **Describe**

1. Current systems of coordination (e.g., what meetings are taking place, how they are organized, who organizes and attends them);
2. Shortcomings in the existing system of coordination. Outcomes of current efforts and why they are insufficient;
3. Current country-level or regional coordination among humanitarian actors;
4. Coordination among multiple NGOs or agencies to address specific topics of importance;
5. How existing coordination gaps hamper the delivery of effective humanitarian assistance;
6. Proposed system of coordination and how it will address these gaps;
7. Expected outcomes of proposed intervention; and
8. Positive and negative impacts of the intervention at 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, with details on efforts to achieve gender-balanced access;
2. Explain how the program will strengthen existing international or host government coordination mechanisms;
3. Demonstrate that proposed activities do not duplicate other efforts, including those of the host government and other local and international organizations;
4. Describe direct and indirect beneficiaries of the proposed activity and how you will target them. Explain how each group will benefit; and
5. Explain how the proposed intervention will assist disaster-affected populations, including details on efforts to assist men, women, boys, and girls equally according to their specific needs.

### **Indicators**

1. Number of humanitarian organizations actively coordinating;
2. Number of humanitarian organizations actively participating in the Inter-Agency coordination mechanisms (e.g., Humanitarian Country Team, clusters, etc.);
3. Number and percentage of humanitarian agencies participating in joint inter-agency assessments; and
4. Number of other key humanitarian actors (e.g., private sector, military) actively participating in humanitarian coordination mechanisms.

## **Sub-sector: Information Management**

### **Needs Assessment Summary**

1. Describe and provide the purpose of current information systems, tools, and related services used by your organization or the organizations to be supported;
2. Explain how existing information gaps hamper the delivery of effective humanitarian assistance;
3. Describe the proposed system of information coordination and how it will address these gaps;
4. Provide expected outcomes of the proposed intervention;
5. Explain how the proposed activity will support
  - a. Tracking of humanitarian needs and activities to meet those needs, by location;
  - b. Planning and reporting, and
  - c. Data collection, processing, and analysis.
6. Explain how you will share the resulting data across the humanitarian community for coordination purposes;
7. Explain positive and negative impacts of the intervention at global, regional, or country levels, as appropriate; and
8. Discuss sustainability of the proposed activity, including continued use of the system or service and transfer to a government or other organization, if appropriate.

### **Technical Design**

1. Explain how you will incorporate training and capacity building into the proposed program;
2. Explain how you will share data and information as widely as possible throughout the humanitarian community;
3. Describe how you will design data and information systems to include information on gender-specific needs and issues, as well as environmental changes resulting from the disaster and/or intervention, where possible;
4. Demonstrate that proposed activities do not duplicate other efforts, including those of the host government and other local and international organizations;
5. Describe direct and indirect beneficiaries of the proposed activity and how you will target them. Explain how each group will benefit, with details on efforts to achieve gender-balanced access;
6. Explain how the intervention will assist disaster-affected populations; and
7. Describe how organizations and disaster-affected people will gain access to program services and products.

### **Indicators**

1. Number and percentage of humanitarian organizations utilizing information management services;
2. Number and percentage of humanitarian organizations directly contributing to information products (e.g., situation reports, 3W/4W, digital tools); and
3. Number of products made available by information management services that are accessed by clients.

### **Information Resources**

1. *Making humanitarian relief networks more effective: operational coordination, trust, and sense making* by Max Stephenson. *Disasters* 29 (4):337-350, 2005.  
<http://www.odi.org.uk/hpg/papers/ochacoordination.pdf>  
<http://onlinelibrary.wiley.com/doi/10.1111/j.0361-3666.2005.00296.x/abstract>
2. *Humanitarian Coordination: Lessons from Recent Field Experience* by Nicola Reindorp and Peter Wiles. 2001. ODI. <http://www.odi.org.uk/resources/docs/4186.pdf>
3. *The Application of Geographic Information Systems and Global Positioning Systems in Humanitarian Emergencies: Lesson Learned, Programme Implications and Future Research* by Kaiser, et al. *Disasters* 27(2):127-140, 2003.  
<http://www3.interscience.wiley.com/journal/118841153/abstract?CRETRY=1&SRETRY=0> or <http://onlinelibrary.wiley.com/doi/10.1111/1467-7717.00224/abstract>
4. *An Evaluation of Humanitarian Information Centers, including Case Studies of HICs for Iraq, Afghanistan, and Liberia* by Lewis Sida and Chris Szpak. 2004. Funded by USAID/OFDA and the U.K. Department for International Development (DFID).  
<http://reliefweb.int/report/world/evaluation-humanitarian-information-centers-including-case-studies-hics-iraq>

## 5. Humanitarian Studies, Analysis, or Applications

### **Overview**

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

USAID/OFDA has designed this sector for global, regional, or local humanitarian research or activities of general interest that, while they may have a particular focus in a technical sector, are generally broader than a specific disaster response or program evaluation.

Proposed activities must

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

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

### **Protection Mainstreaming**

Proposals must demonstrate protection mainstreaming in the technical description.

1. Describe how you will incorporate protection concerns into the design of the study, analysis, or application. Address whether the program will result in improved protection for individuals and/or communities.
2. Explain whether the program addressed the needs and priorities of persons of concern. Explain whether the program design and implementation addressed the specific common protection problems relevant to that particular context.
3. Explain whether persons of concern were consulted and participated in the design, implementation, monitoring, and evaluation of the program. Explain whether the program strengthened local capacity and encouraged local ownership.
4. Describe whether the program aimed to combat discrimination and further inequality by building the capacity of certain individuals and groups such as women, children, older people, persons with disabilities, and/or minorities.

### **Available Sub-sector and Sample Activities**

*Applied Studies, Analysis, or Applications*

- Policy studies, including humanitarian trends or effects;
- Metrics development (e.g., indicators, benchmarks, measurements of success or impact);
- Monitoring methodologies;
- Evaluation methodologies;
- Integration of good practices and lessons learned;
- Results of humanitarian law, human rights, or justice initiatives;
- Security studies or activities;
- Integration of conflict resolution or peace building into disaster-response planning and implementation;
- Disaster transition and recovery management; and
- Other global, regional, local, thematic, or topical research and analysis.

## **Sub-sector: Applied Studies, Analysis, or Applications**

### **Needs Assessment Summary**

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

### **Technical Design**

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

### **Indicators**

1. Proposal includes output and impact indicators specific to the activities proposed. (Y/N);
2. Number of special studies, program evaluations, applied research activities (development or basic research), sector assessments, or feasibility studies completed and disseminated among relevant stakeholders; and
3. Number of studies, program evaluations, applied research activities, sector assessments, or feasibility studies used to inform or guide improved programming.

## 6. Logistics Support and Relief Commodities

USAID/OFDA endorses the Sphere standards ([www.sphereproject.org](http://www.sphereproject.org)). You should apply these standards to all proposed activities and related indicators. If there are specific contextual situations in which it is not possible to achieve the Sphere standards, you should still strive towards these standards but provide brief but thorough justification explaining why Sphere standards are not achievable.

### **Overview**

The types of relief commodities and manner of delivery should be tailored to the disaster context to avoid causing tensions, wasted resources, or duplication of efforts. Note that USAID/OFDA encourages cash or voucher-based mechanisms, in lieu of direct non-food item (NFI) distributions, whenever local market conditions and the beneficiary profile indicate these would be appropriate. For more guidance see the Cash and Vouchers keyword section on page 182.

Whenever any type of “kit” is included in a proposal, you must provide a complete itemized contents list with specifications, quantities, and cost in USD. Ensure that restricted commodities, including LLINs, ORS, pharmaceuticals, or pesticides, are not included in these kits. You must include the cost of the kits on a separate budget line in the cost proposal.

### **Protection Mainstreaming**

Proposals must demonstrate protection mainstreaming in the technical description.

1. Describe how you have assessed the relief commodity needs of vulnerable groups and how they will be met. For example, have you considered the unique needs of women and girls in determining the relief commodity package?
2. Describe how you will design the distribution to ensure access for people with unique needs, such as female-headed households, child-headed households, older people, or persons with disabilities. Will these households and individuals receive separate distributions, or preferential treatment during a general distribution?
3. Address whether there is a way for individuals to correct errors in registration lists for distributions. Is information about that process widely available?
4. Address any safety considerations for people receiving a distribution. Describe how you will time distributions and where you will locate them to minimize safety concerns.
5. Describe what measures you will put in place to prevent sexual exploitation and abuse during beneficiary selection or distributions.
6. Describe how you will disseminate information about the distribution to the affected populations, including their right to receive assistance and the code of conduct to prevent sexual exploitation and abuse.
7. Explain whether there is a mechanism to manage potential conflicts between recipients and non-recipients.

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

### **Available Sub-sectors and Sample Activities**

#### *Non-food Items*

Acquisition, distribution, and storage of NFIs

#### *Transport (Air/Land/Sea)*

Air, sea, or land transport of NFIs and/or personnel

## **Sub-sector: Non-food Items**

### **Overview**

Proposals must justify why you propose NFIs in the Logistics Support and Relief Commodities Sector as opposed to being part of more holistic approach to programming in other sectors. Any NFIs supporting Agriculture and Food Security, Economic Recovery and Market Systems, or Nutrition must be included in those specific SRs, not in the Logistics Support and Relief Commodities Sector.

### **Needs Assessment Summary**

Describe

1. What commodities are needed and why;
2. Total number of individuals requiring assistance, by sex;
3. Adequacy, in numbers and skills, of potential labor force for commodities handling and storage;
4. Factors influencing the potential beneficiaries' ability to access local markets for commodities
  - a. Whether markets are generally functioning;
  - b. Whether the needed items are, or will be, available; and
  - c. Beneficiary proximity to and familiarity with local markets, including gender-specific issues (e.g., restricted access for women, etc.).
5. Factors informing the choice of distribution method (e.g., direct distribution of imported items, distribution of locally sourced items, cash distribution, vouchers)
  - a. Relative speed and cost of different distribution methods,
  - b. Relative safety and security of different distribution methods, and
  - c. Quality control concerns of local commodities or use of restricted commodities.

### **Technical Design**

1. Indicate if the NFIs will support any of the following sectors: Health, Shelter and Settlements, or WASH.
2. Details about the commodities to be distributed:
  - a. For imported commodities, whether these items are normally imported; whether proposed imports will compete with locally manufactured goods; cultural acceptability of the proposed goods; what steps you will take to prevent disruption of the local economy and markets; anticipated effects on men's and women's employment; relevant government regulations and restrictions concerning commodity importation; any similar items that can be made locally; analysis of local manufacturing costs versus imports plus transportation; whether commodities can be replenished locally or through normal import channels following the disaster response; and whether they can be replaced affordably;
  - b. For cash distributions, supply of items likely purchased and any inflationary concerns; amount of the transfer and justification; how the cash will be transferred; safety and security concerns; and accountability (see Cash and Vouchers keyword on page 182.);
  - c. For vouchers, type of voucher (e.g., cash or commodity); restrictions on items; amount of the voucher and justification; accountability practices; and
  - d. For locally sourced commodities, 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.
3. Provide a detailed distribution plan for the commodities, explaining how many commodities you will distribute and to whom.
  4. Whether the proposed commodities, and the distribution method selected, are appropriate and accessible for both men and women; explain how you consulted both men and women as to the type and quantity of items they need and the distribution method they prefer.
  5. Whether the proposed commodities are common or foreign to the culture or norms of the country. If they are foreign to the target populations, explain how you will sensitize people to their uses and benefits.
  6. Measures taken by implementing partners to ensure that commodities are appropriately used.
  7. Measures taken by implementing partners to reduce potential corruption and fraudulence in the distribution efforts.
  8. Describe any alternatives considered to meet needs more affordably, have a lesser impact on the affected area, better utilize local labor, move more money into the local economy, or be more sustainable. Explain why you discarded these alternatives.
  9. If environmentally friendly alternatives (e.g., biodegradable, fuel-efficient, sustainable sources) exist, provide a detailed justification if you do not select these alternatives.
  10. Availability of transport for commodities to distribution sites.
  11. Ability of people to safely transport commodities from distribution sites to their homes or places of use.
  12. Adequacy of storage facilities and capacity, including how you will keep commodities secure until they are distributed.
  13. Sphere or other proposed standards that will be used to measure quantities.
  14. Coordination plans to prevent overlap with distributions being implemented by other NGOs or partners.
  15. If clothing is being considered, describe in detail the type, to whom it will be distributed, and why.
  16. If plastic sheeting and/or tarpaulins are being considered, provide detailed specifications, and confirm definitively that specifications are equivalent or superior to USAID/OFDA plastic sheeting specifications (see *Plastic Sheeting Comparison—Logistics Annex A* available at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>).
  17. If plastic sheeting and/or tarpaulins are being considered, provide a detailed discussion of how you will use the sheeting/tarps in the response, and how you will support the sheeting/tarps to create sufficient covered living space consistent with Sphere guidelines, including culture-and gender-specific preferences and needs. Identify any framing materials (e.g., bamboo, wood, metal, plastic, rope, etc.) needed to create sufficient covered living space, if needed, and discuss whether you will provide framing materials as part of proposed actions or they will be provided in-kind by other entities, by beneficiaries, or some combination thereof. If framing materials are to be provided by beneficiaries, discuss whether these materials are readily available at no monetary cost or available for purchase. If the latter, identify the price if purchased locally by beneficiaries, and what impacts this purchase might have on beneficiary household incomes. Ascertain that beneficiary households have sufficient labor skills to use the sheeting effectively. Provide a Bill of Materials of framing materials, as well as sketches or diagrams of sufficient detail and with correct dimensions to permit a clear and unambiguous understanding of proposed actions.

18. For commodities that are technical and/or require servicing or maintenance, the availability of parts and personnel to support operation in the short and long terms.
19. Operational plans must also include a means for disposing expendable items and/or associated packing, and partners should describe efforts to reduce discarded waste. Operational plans should also include
  - a. Number of people, by sex, and communities to be targeted including the selection criteria and methods to be used;
  - b. How people are expected to use the proposed NFIs, and what guidance will be provided in a timely manner to ensure people use NFIs as intended;
  - c. Evidence that the selected NFIs are acceptable to the target people;
  - d. If distributions will be partial, explain how potential tensions between NFI-recipients and non-recipients will be managed; and
  - e. If introducing an imported item, how potential social and cultural constraints or ramifications will be mitigated.

### **Indicators**

1. Total number and per item USD cost of NFIs distributed, by type (e.g., plastic sheeting, flash tarpaulin, blankets, hygiene kits, kitchen sets, water containers, other);
2. Total number and per item USD value of cash/vouchers distributed for NFIs, by type (e.g., plastic sheeting, flash tarpaulin, blankets, hygiene kits, kitchen sets, water containers, other); and
3. Total number of people receiving NFIs, by sex and type (e.g., plastic sheeting, flash tarpaulin, blankets, hygiene kits, kitchen sets, water containers, other).

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

### **Overview**

Transportation requests call for a full explanation of the transport needs and uses. If the organization is operational at the time of the proposal and is requesting additional transportation support for its operations, USAID/OFDA requires a justification for new or additional support.

### **Needs Assessment Summary**

1. Describe transport needs, whether for commodities, personnel, or both, and why these needs are not met currently.
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.

### **Technical Design**

1. Identify proposed transport modes, origin, destination, and personnel;
2. Identify commodities and/or personnel to be transported. Provide details showing that all personnel and commodities are to be moved for humanitarian purposes;
3. Explain whether all commodities have a designated consignee at points of arrival, or will be transported to secure storage facilities;
4. Explain safety and security records and protocols of the transport mode for personnel; and
5. Describe any cost-sharing arrangements and how you will manage them:
  - a. Who will benefit from the transport of commodities or personnel, disaggregated by sex, and selection criteria;

- b. How you will prioritize commodities or personnel in case of competing demand for transport services; and
- c. Protocols, processes, or procedures for personnel access to the transport.

**Indicators**

1. Total USD cost of transport by type (e.g., commodities, personnel)
2. Total number of flights/trips provided by type (e.g., commodities, personnel)
3. Number of people transported, by transport type (e.g., land, sea, air)
4. Total kilograms of commodities transported by transport type (e.g., land, sea, air)

**Information Resources**

1. *Field Operations Guide for Disaster Assessment and Response*. USAID/OFDA and the U.S. Department of Agriculture's Forest Service, 2005.  
<http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.
2. *The Sphere Project: Humanitarian Charter and Minimum Standards in Disaster Response* handbook. Geneva, 2011. <http://www.sphereproject.org>
3. *Cash-Transfer Programming in Emergencies: A Practical Guide* by Pantaleo Creti and Susanne Jaspars. Oxfam, 2006.  
<http://publications.oxfam.org.uk/oxfam/display.asp?isbn=0855985631>
4. *Cash and Vouchers in Emergencies* by Paul Harvey. HPG report 4. ODI HPN, London, 2007.

## 7. Natural and Technological Risks

Note that for activities closely aligning to another technical sector, that sector should be used instead of Natural and Technological Risks. For example, categorize a proposal to help farmers better withstand droughts and floods under Agriculture and Food Security, not Natural and Technological Risks.

### **Overview**

Perhaps the single most important cause of natural disaster casualties and economic losses is the vulnerability of people living in risk-prone areas. Population growth, increased settlement in marginal lands, environmental degradation, gender inequities, and unstable socioeconomic conditions make populations extremely vulnerable to the impacts of natural disasters. Technological advances and large modern infrastructures increase the economic impact of disasters while exposing populations to additional hazards. Risk identification, reduction, and management are vital for increasing the resilience of vulnerable populations to potential disasters, and ultimately for supporting sustainable development.

As part of its mandate to save lives, alleviate suffering, and reduce social and economic impacts of disasters, USAID/OFDA's strategic plan includes support for the adoption of mitigation measures in countries at greatest risk for natural and human-caused disasters. USAID/OFDA supports preparedness and mitigation activities worldwide by implementing a variety of programs on natural hazard mitigation; technological disaster preparedness, prevention, and mitigation; and multi-hazard disaster preparedness and management. USAID/OFDA accomplishes this by working with all levels of government, international and regional organizations, NGOs, and local communities. Through fostering multi-sectoral linkages that improve understanding and implementation of hazard management, USAID/OFDA helps reduce the vulnerability of men, women, and children to potential disasters (see also Risk Management Policy and Practice Sector on page 154).

### **Disaster Risk Reduction**

USAID/OFDA will only consider stand-alone DRR-related activities for the Geological Hazards Sub-sector and the Hydrometeorological Hazards Sub-sector. If there is a DRR component proposed within this sector, provide the following information:

1. Indicate which activities include a DRR component and explain why those activities are reducing risk or mitigating the impact of a hazard or event; and
2. Explain with which HFA priority action(s) the activities are aligned and why.

### **Protection Mainstreaming**

Proposals must demonstrate protection mainstreaming in the technical description.

1. Describe any measures to ensure that access to information and warnings will be provided to all groups, and training and other related opportunities will be based on merits without discrimination of age, gender, disability, ethnicity, religion, and political affiliation.
2. Describe any measures to build capacity for protection in disaster situations, such as prevention of family separation, understanding of protection standards, and addressing the special needs of vulnerable people where applicable.

**Available Sub-sectors and Sample Activities***Geological Hazards*

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

*Hydrometeorological Hazards*

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

*Technological Hazards*

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

**Sub-sector: Geological Hazards****Overview**

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

**Needs Assessment Summary**

1. Describe related interventions being implemented by local and national governments, communities, international and regional entities, NGOs, or community groups;
2. Address current unmet needs and gaps; and
3. Describe current systems, capabilities, tools, data, and resources of target population in the proposed location. Include physical, social, environmental, and economic vulnerabilities.

**Technical Design**

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

**Indicators**

1. Number of people benefiting from geological disaster-related activities, disaggregated by sex;
2. Number of geological policies or procedures modified as a result of the activities to increase the preparedness for geological events; and
3. Number of people trained to reduce the impact of geological events, disaggregated by sex.

**Sub-sector: Hydrometeorological Hazards****Overview**

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

steps for the development of strategies and policies, and implementing measures to reduce risks.

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

**Needs Assessment Summary**

1. Current systems, capabilities, tools, data, and resources of target population in the proposed location, as well as physical, social (including gender-specific), environmental, and economic vulnerabilities;
2. Local, national, international, and regional capacities for early warning, forecasting, or other relevant applications;
3. Related interventions being implemented by local and national governments, communities, international, and regional entities or NGOs; and
4. Current unmet needs and gaps.

**Technical Design**

1. Explain how proposed activities relate to the USAID/OFDA mandate;
2. Explain how the proposed activities will address the needs and gaps identified, addressing gender-specific considerations;
3. Explain how the proposed intervention will improve existing systems, capacities, tools, resources, and data;
4. Explain how activities will reduce vulnerability to hydrometeorological hazards and increase resilience of the population at risk;
5. Describe how mitigation objectives will be fulfilled in the short, medium, or long terms;
6. Describe involvement of local entities, communities, regional and international organizations, and all levels of government in developing proposed program;
7. Describe how you will apply an integrated approach, taking into account the upstream and downstream consequences of proposed activities and social and gender equity measures to prevent conflict over natural resources:
  - a. Include potential effects on relevant sectors such as agriculture, livestock, natural resource management, health, settlement, energy, and tourism. Describe how you will coordinate proposed activities with relevant sectors to optimize benefits and minimize adverse impact;
  - b. Describe how the intervention will link with existing programs at the local, national, regional, and international levels. Include potential program impacts on current systems and capacities, both positive and adverse; and
  - 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.
8. Describe how you will share real-time and historical data and information nationally, regionally, and internationally;
9. Describe the cost-effectiveness of implementing proposed activities;

10. Explain how you will transfer systems developed to communities and local, national, or regional authorities to enable sustainability following program completion, with an emphasis on equitable participation of both men and women;
11. Explain why these risks or vulnerabilities cannot be addressed without outside assistance;
12. Explain why specific DRR interventions are necessary for the target location;
13. Describe how the proposed intervention will include or improve people's decision-making processes or capacities while reaching those most in need. (USAID/OFDA supports interventions that reflect the decision-making dynamics of target populations and foster participation at all levels and of all genders to develop strategies and improve decision-making processes.);
14. Explain how the interventions will help people support themselves and enhance their capacity to maintain or improve their way of life.
15. Include how the program will address any social and gender equity issues and prevent potential conflicts over resources.

### **Indicators**

1. Number of people who will benefit from proposed hydrometeorological activities, disaggregated by sex;
2. Number of hydrometeorological policies or procedures modified as a result of the activities to increase preparedness for hydrometeorological events; and
3. Number and percentage of people trained in hydrometeorological-related activities retaining knowledge two months after training, disaggregated by sex.

## **Sub-sector: Technological Hazards**

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

### **Overview**

Hazards may originate from technological or industrial conditions and include accidents, dangerous procedures, or specific human activities, which may cause loss of life, injury, or illness. Examples of technological hazards may include nuclear radiation, toxic wastes, and chemical spills. Natural disasters may also lead to technological risks, directly or indirectly. USAID/OFDA only supports disaster response activities under this sub-sector when there is direct threat to human life due to technological hazards.

### **Needs Assessment Summary**

Describe

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



**Technical Design**

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

**Indicators**

1. Number of people benefiting from technological disaster activities, disaggregated by sex;
2. Number of technological disaster policies or procedures modified to reduce risks to technological disasters; and
3. Number of people trained to respond to or prevent technological disasters, disaggregated by sex.

**Informational Resource**

1. USAID/OFDA DRR Programs webpage:  
[http://transition.usaid.gov/our\\_work/humanitarian\\_assistance/disaster\\_assistance/publications/prep\\_mit/index.html](http://transition.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/publications/prep_mit/index.html) or <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>

## 8. Nutrition

USAID/OFDA endorses the Sphere standards ([www.sphereproject.org](http://www.sphereproject.org)). You should apply these standards to all proposed activities and related indicators. If there are specific contextual situations in which it is not possible to achieve the Sphere standards, you should still strive towards these standards but provide brief but thorough justification explaining why Sphere standards are not achievable.

### **Overview**

USAID/OFDA supports emergency nutrition programs that focus on the prevention and treatment of moderate acute malnutrition (MAM), severe acute malnutrition (SAM), and micronutrient deficiencies in humanitarian emergencies. Programs should use evidence-based approaches such as community-managed acute malnutrition (CMAM) that decrease morbidity and mortality from malnutrition, micronutrient deficiencies, and health conditions exacerbated by malnutrition.

USAID/OFDA supports nutrition interventions that integrate with health systems and build system capacity to address acute malnutrition in a sustainable manner during non-emergency times, with an emphasis on supporting the national MoH at all levels, as well as communities, in their efforts to address the malnutrition crisis. USAID/OFDA favors community-based approaches over health center-based approaches.

Nutrition education and support of appropriate infant and young child feeding (IYCF) are integral to the prevention and treatment of malnutrition in emergencies. USAID/OFDA will support the prevention and management of micronutrient deficiencies as part of an intervention for the treatment of MAM and/or SAM. Such programs should ensure people have access to micronutrient-fortified foods. You should incorporate the intervention with PHC services and not propose stand-alone programs when providing micronutrient supplementation to a population at high risk of micronutrient deficiencies, or specific micronutrient supplementation to an affected population. This is the case for scurvy, pellagra, beriberi, and ariboflavinosis.

To simplify reporting, USAID/OFDA requires reporting against indicators listed under each sub-sector. In addition, USAID/OFDA requires provision of global acute malnutrition (GAM) prevalence and mortality rates for every nutrition sub-sector. You must also provide impact and program quality indicators particularly for programs addressing the management of moderate and severe acute malnutrition. These indicators may include

- Cure rates,
- Default rates,
- Death rates,
- Non-responder rates separated by transfers to therapeutic feeding,
- Failure of treatment,
- Coverage rate, and
- Length of stay in the program.

For each indicator included in the proposal, you must establish targets to measure impact. Targets should adhere to universally accepted standards such as Sphere standards (see Information Resources). Details are provided in each sub-sector description below.

**Disaster Risk Reduction**

For this sector, DRR-related activities will only be considered for the following sub-sectors: IYCF and Behavior Change, Management of MAM, and Nutrition Systems. Nutrition programs focus on issues critical to enhancing the resilience of populations over time. Programs should function to improve overall community nutrition practices and strengthen nutrition systems. If you propose a DRR component within this sector, provide the following information:

1. Indicate which activities within the sector are DRR-related, and why those activities are reducing risk or mitigating the impact of a hazard or event;
2. Explain with which HFA priority action(s) the activities are aligned and why; and
3. Choose the correct indicators for DRR-related activities from those provided at the end of this sector guidance.

**Protection Mainstreaming**

Proposals must demonstrate protection mainstreaming in the technical description.

1. Describe what measures you will take to ensure that nutrition facilities and staff are safely accessible for all affected populations. For example, are facilities located in safe areas? Are nutrition workers balanced in terms of gender and ethnicity to facilitate access for a diverse population?
2. Describe how nutrition workers are or will be trained in knowledge and skills relevant to working with children at the HF. For example, how will nutrition workers respond to children who may be separated from their parents or experiencing exploitation or abuse?
3. Describe how you will make nutrition services accessible to persons with disabilities, including any outreach activities that may target this group.
4. Describe any measures to be put in place to prevent sexual exploitation and abuse of people seeking nutrition services.

**Available sub-sectors and sample activities***Infant and Young Child Feeding (IYCF) and Behavior Change*

- Infant feeding interventions and complementary feeding initiatives;
- Breastfeeding promotion; and
- For nutrition education interventions lasting more than a year, conduct Knowledge, Attitude, and Practice (KAP) surveys to assess impact.

*Management of Moderate Acute Malnutrition (MAM)*

- Targeted supplementary feeding programs,
- Blanket supplementary feeding programs, and
- Promote community outreach and integration into PHC systems.

*Management of Severe Acute Malnutrition (SAM)*

- Use of community-based management of acute malnutrition (CMAM) methods;
- Train community nutrition workers, community health workers, and/or community members, including traditional healers and religious leaders;
- Develop or reproduce IEC materials focusing on malnutrition prevention and treatment;

*Nutrition Systems*

- Build national, sub-national, local, and community capacity to prevent and treat acute malnutrition;
- Establish, improve, or expand nutrition information system, including early warning and surveillance;
- Create or strengthen nutrition supply systems, such as means of delivering nutrition products to health facilities; and
- Conduct operational research to advance best practices in the prevention and treatment of malnutrition.

## **Sub-sector: Infant and Young Child Feeding and Behavior Change**

**Overview**

Support of appropriate infant and young child feeding (IYCF) and behavior change are integral to the prevention and treatment of malnutrition in emergencies. Support for breastfeeding and assistance with appropriate complementary feeding protects the youngest and most vulnerable from malnutrition and disease in times of crisis. USAID/OFDA recognizes that critical behavior change must occur among people and their communities to improve IYCF practices adequately. Other behavior change activities are intended to achieve tangible modifications in target population's behavior for both prevention and treatment of malnutrition.

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

- USAID/OFDA prefers that all nutrition programs, even those with more therapeutic focus, should include an IYCF Sub-sector as a proposed activity;
- USAID/OFDA supports the role of CHWs in providing key multi-sectoral education messaging. If CHWs are being utilized, describe activities (health, nutrition, WASH) and messaging frequency to avoid duplication;
- USAID/OFDA encourages agencies with appropriate and relevant capabilities to propose field-based, operational research projects to help improve humanitarian response in the nutrition sector. Proposed studies may or may not be integrated into additional activities. IYCF research priorities include validating methods and delivery mechanisms for effective behavior change in that cultural or regional environment. Additional funding for such research may be available (see Humanitarian Studies, Analysis, or Applications on page 117); and
- Indicator-based reporting on behavior change (including exclusive breastfeeding) which contributes to improved nutritional status must initially occur within six months of the start of the program. You must do this evaluation with a KAP survey and include all methodologies in the report as an annex. You must provide baseline information to give context.

**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) at

<http://www.enonline.net/pool/files/ife/cfe-review-enn-&ife-core-group-oct-2009.pdf>

You should base the proposed nutrition intervention on assessed needs through a nutrition and mortality survey when possible, including a causal analysis of malnutrition, or through assessments, surveillance data, and a detailed analysis of factors aggravating the nutritional status of the population. Proposals must include clear data on mortality and malnutrition and description of how the data were collected. All data must be sex-disaggregated when relevant. Specifically, you must provide the following information for all nutrition programs:

1. Baseline data obtained through surveys must include
  - a. Estimates of prevalence of GAM and SAM based on weight for height Z scores,
  - b. Stunting and underweight prevalence,
  - c. Mid-upper arm circumference (MUAC) for estimating patient case load, and
  - d. Confidence intervals.
2. Details on methodologies used or planned for all assessments and surveys, and
3. All activities proposed in regions with chronic nutrition crises and/or protracted humanitarian emergencies must provide detailed root cause analysis of malnutrition.

Examples of issues to include in IYCF programs follow:

1. Baseline nutrition data, by age for 0–<6 months, 6–<12 months, and 12–<24 months;
2. Predominant feeding practices, including the early initiation of breastfeeding, exclusive;
3. Breastfeeding, feeding techniques and hygiene practices, and appropriateness of complementary feeding;
4. Key cultural or religious issues that frame local IYCF and breastfeeding practices;
5. Presence of national IYCF policy and whether such a policy is in keeping with Infant Feeding in Emergencies standards;
6. Problems feeding infants and young children, especially factors disrupting breastfeeding and poor access to appropriate complementary foods for infants and young children;
7. Security situation, mothers' workloads, and psychosocial status, and how these factors may affect feeding and caring practices for infants and young children. This is particularly important if you are also planning to implement CFW programs targeting women;
8. Conspicuous availability of breast-milk substitute, milk products, bottles, and teats and current patterns of usage in beneficiary populations;
9. Available data regarding the extent of desired behaviors in the community, for example, rates of exclusive breastfeeding;
10. Role of the MoH, nutrition bureau, and other ministries in providing nutrition education and behavior change;
11. Human resources available to provide community-level nutrition education and behavior change messages. Describe the degree to which this resource is gender-balanced and number and type of health and nutrition workers and volunteers, disaggregated by sex;
12. Training workers and volunteers have received. Include when, for how long, and type;
13. Nutrition messages that have been provided to the community, including delivery methods, time frames, and locations, such as health centers, markets, schools, community gatherings, and their acceptability;
14. Available and needed IEC materials; and
15. Barriers that mothers may face in implementing the recommended behaviors and how the proposed program could assist them in overcoming these obstacles.

**Technical Design**

Describe how the proposed intervention will

1. Train humanitarian staff to support mothers and caregivers in appropriately feeding their infants during the emergency situation, including education and support for re-lactation;
2. Monitor infant feeding practices. Specifically, address how the program will monitor behavior change among pregnant and lactating women in regards to breastfeeding and how such progress will be measured;
3. Ensure health services in emergency situations include a focus on infant care, and encourage early and optimal breastfeeding, i.e., exclusive for six months and continued for two or more years. Describe how the program will complement existing or proposed health programs;
4. Incorporate breastfeeding promotion and education into partner programs;
5. Improve access to and promote consumption of appropriate nutrient-dense foods among children ages 6–<24 months;
6. Target pre-pregnant, pregnant, and lactating women with nutritious foods;
7. Monitor distributions of breast-milk substitute, other milk products, bottles, and teats;
8. Monitor adherence to the *International Code of Marketing of Breast-milk Substitutes* (see Information Resources below);
9. Implement program and demographic data collection for monitoring, evaluation, and planning purposes; present data by age groups (0–<6 months, 6–<12 months, and 12–<24 months) and gender as appropriate;
10. Assist the MoH to develop, establish, or disseminate policies on IYCF in emergencies as appropriate;
11. Involve community leaders, men’s and women’s groups, grandmothers/mothers-in-law, traditional healers, religious leaders, and men in the protection of breastfeeding and implementation of appropriate complementary feeding and caring practices throughout the emergency;
12. Detail nutrition education sessions. Include how often they will be conducted, where, by whom, and topics to be covered;
13. Employ sound standards and protocols, including IEC materials, for training and implementing nutrition education and behavior change. Include compelling justification if these methods differ from government standards and protocols;
14. Link or integrate with health education and hygiene education initiatives;
15. Coordinate with nutrition development programs in the intervention area and how the proposed program will coordinate with and eventually transition to them, if possible;
16. Numbers of direct beneficiaries, by type (e.g., mothers, men, communities);
17. Numbers of indirect beneficiaries, by age group (0–<6 months, 6–<12 months, and 12–<24 months); and
18. Beneficiary selection criteria.

**Indicators**

For each indicator included in the proposal, you must establish targets to measure impact. Targets should adhere to universally accepted standards such as Sphere standards (see Information Resources).

1. Number and percentage of infants 0-<6 months of age who are exclusively breastfed;
2. Number and percentage of children 6-<24 months of age who receive foods daily from 4 or more food groups (to achieve minimum dietary diversity); and
3. Number of people receiving behavior change interventions, by sex and age (0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+ years).

## **Sub-sector: Management of Moderate Acute Malnutrition**

### **Overview**

The use of national nutrition protocols is strongly recommended for the management of MAM. If national protocols are unavailable or outdated, you must use internationally accepted protocols. Attach the protocol to be followed for the proposed intervention as an appendix or provide a web link. Interventions should take into account the following:

- CMAM programs are the preferred intervention to reach the optimal number of people as well as providing nutrition education at a household level; and
- Programs in MAM should report not only on USAID/OFDA indicators but on program performance indicators such as Sphere standards.

### **Needs Assessment Summary**

Provide relevant data on nutrition and mortality among children under age five from surveys conducted in the past three to six months. You must base the proposed nutrition intervention on assessed needs through a nutrition and mortality survey when possible, including a causal analysis of malnutrition, or through assessments, surveillance data, and a detailed analysis of factors aggravating the nutritional status of the population.

Proposals must include clear data on mortality and malnutrition and description of how you collected the data. All data must be sex-disaggregated when relevant. The following information must be provided for all nutrition programs:

1. Baseline data obtained through surveys must include
  - a. Estimates of prevalence of GAM and SAM based on weight for height Z scores,
  - b. Stunting and underweight prevalence.
  - c. MUAC for estimating patient case load and
  - d. Confidence intervals.
2. Details on methodologies used or planned for all assessments and surveys, and
3. All activities proposed in regions with chronic nutrition crises and/or protracted humanitarian emergencies must provide detailed root cause analysis of malnutrition.

Examples of specific MAM issues to include

1. Morbidity information on prevalent diseases, such as measles outbreak, diarrhea, ARIs, malaria, HIV/AIDS, and maternal health;
2. Summary of the WASH situation and how it may affect nutritional status;
3. Ongoing nutrition programs, by intervention type; implementing agency; number of children, pregnant, and lactating women treated; changes in admission numbers and the reasons; ration type, size, and frequency; and referral systems among programs;
4. Health care system, including the existence of functioning HFs; availability of trained staff; capacity of health system to provide the national essential basic package of care and to handle the number of malnourished children in the community;
5. Household and community food security, including changes in eating behavior, such as quality, variety, quantity, and frequency of meals; last and upcoming harvest; availability of food on local markets; presence of local cultural taboos about eating behaviors; and ability of the target population to purchase food;
6. Availability of food aid; types of food; quantities provided; frequency of distributions; and beneficiary selection. Include details on the systems available to link families of moderately malnourished children into food aid programs;
7. Availability of nutrition commodities to be used in the proposed program, by type, quality, acceptability, and quantity available in the region; and
8. Data on malnutrition of women of reproductive age.

### **Technical Design**

Technical design must include the following:

1. Numbers of direct beneficiaries under age 5, by age group: 6–<12 months, 12–<24 months, 24–<60 months;
2. Number of direct beneficiaries who are pregnant and lactating;
3. Percentage of children who actually need assistance and are benefiting by this intervention, disaggregated by sex;
4. Beneficiary descriptions and selection criteria;
5. Number and location of supplementary feeding sites and specific activity at each site;
6. Ration composition, amounts to be provided, and eligibility to receive rations by target group;
7. Program admission and discharge criteria;
8. Distinction in admissions and discharges between moderately malnourished people admitted to the program and people admitted from therapeutic feeding for follow up;
9. Follow-up on the following exit groups as percentages and totals of exits: recovered, defaulted, died, non-responded (failure to treatment and referred to hospital for further investigation). Additional information: referred to outpatient care for SAM (because of deterioration of status) and relapse;
10. Community mobilization and screening;
11. Training plan, including what training will be conducted; where, how, and who will be trained, including a note on the degree to which inclusion of family members or care givers of both genders could be achieved;
12. Whether a support food ration will be provided to the family of the moderately malnourished patient and rationale for support food rations;
13. How the program will be designed to minimize adverse impacts, i.e., not to increase the opportunity costs for families of malnourished children and pregnant and lactating women, or lead to displacement of populations, or increase mothers' workloads;
14. How the program will use or develop referral systems between supplementary and therapeutic feeding programs, and between supplementary feeding, food distribution programs, and IYCF;
15. How this program will coordinate with and eventually transition to nutrition development interventions, if possible; and
16. How proposed activities will help improve the resilience and well-being of the target population.

### **Indicators**

For each indicator included in the proposal, you must establish targets to measure impact. Targets should adhere to universally accepted standards such as Sphere standards (see Information Resources).

1. Number of sites managing MAM;
2. Number of people admitted to MAM services disaggregated by sex and age (0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, and 60+ years); and
3. Number of health care providers and volunteers trained in the prevention and management of MAM, disaggregated by sex.



## **Sub-sector: Management of Severe Acute Malnutrition**

### **Overview**

USAID/OFDA strongly recommends the use of national nutrition protocols for the management of SAM. If national protocols are unavailable or outdated, you must use internationally accepted protocols. Attach the protocol to be followed for the proposed intervention as an appendix or provide a web link. Due to USAID/OFDA's mandate for focusing on emergency-specific interventions and based on global level guidance, best practices, and evidence, special considerations for these interventions should take into account the following:

- CMAM programs are the preferred intervention to reach the optimal number of people as well as providing nutrition education at a household level;
- USAID/OFDA prefers that SAM programs function as a critical part of an overall nutrition referral system. Proposals must describe in detail how such referral systems operate in the target area and how the program will strengthen or build referral systems in a sustainable manner; and
- Programs in SAM should report not only on USAID/OFDA indicators but on program performance indicators such as Sphere standards. These indicators, including program cure rate, default rate, death rate, and relapse rates should be reported on with relevant baseline indicators given.

### **Needs Assessment Summary**

You must base the proposed nutrition intervention on assessed needs through a nutrition and mortality survey when possible, including a causal analysis of malnutrition, or through assessments, surveillance data, and a detailed analysis of factors aggravating the nutritional status of the population. Include clear data on mortality and malnutrition and description of how you collected the data. All data must be sex-disaggregated when relevant. The following information must be provided for all nutrition programs. Baseline data obtained through surveys must include

1. Edema and weight-for-height Z-score with estimates of prevalence of GAM and SAM;
2. MUAC for estimating patient case load and confidence intervals;
3. Details on methodologies used or planned for all assessments and surveys should include information such as to whether they are based on Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology, 30x30 cluster, and/or Lot Quality Assurance Sampling (LQAS);
4. All activities proposed in regions with chronic nutrition crises and/or protracted humanitarian emergencies must provide detailed root cause analysis of malnutrition. This analysis describes additional information, such as health, WASH, displacement patterns, conflict, disease, and food security analysis;
5. Specific issues to include for SAM programs;
6. Any data on nutrition and mortality among those under age five from surveys conducted in the past six months. Data on aggravating factors which, if left unaddressed, will lead to deterioration in nutrition status;
7. Morbidity information on prevalent diseases, such as measles outbreak, diarrhea, ARIs, malaria, and HIV/AIDS;
8. Summary of the WASH situation and how it affects nutritional status;
9. Ongoing nutrition programs, by intervention type
  - a. Implementing agency,
  - b. Number of children and adults treated,
  - c. Changes in admission numbers and the reasons,
  - 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 health system to provide the national essential basic package of care, and to treat severely malnourished children, ability of the MoH to handle financing for ready-to-use therapeutic food (RUTF), and monitoring and supervising of nutrition interventions;
- 11. Household and community food security, including changes in eating behavior, such as quality, variety, quantity, and frequency of meals; last and upcoming harvest; availability of food on local markets; and ability of the target population to purchase food; and potentially harmful food taboos;
- 12. Availability of food aid, types of food, quantities provided, frequency of distributions; and beneficiary selection. Include details on the system available to link families of severely malnourished children into food aid programs; and
- 13. Availability of nutrition commodities to be used for the treatment of SAM, by type, quality, acceptability, and quantity available in country.

### **Technical Design**

1. Proposed number and location of outpatient care sites and inpatient care sites;
2. Separate information on targeted age groups (under 6 months of age, 6-<12 months, 12-<24 months, 24-<60 months);
3. Program admission and discharge criteria;
4. Distinction in admissions and discharges between severely malnourished people admitted to the program and people admitted from supplementary feeding programs;
5. Follow-up on the following exit groups as percentages and totals of exits: recovered, defaulted, died, non-responded (failure to treatment and referred to hospital for further investigation), and relapse;
6. Community mobilization and screening using appropriate CMAM methodologies;
7. Training plan, including what training will be conducted, where, how, and who will be trained, and the degree to which a gender balance will be sought;
8. Whether a general food ration or supplementary food will be provided to the family of the severely malnourished patient;
9. Details about how you will design the program minimize adverse impacts, for example, not to increase the opportunity costs for families of malnourished children, lead to displacement of populations, or increase mothers' workloads;
10. Details about how the program will use or develop referral systems between therapeutic and supplementary feeding programs, between outpatient and inpatient treatment in therapeutic feeding programs, and between therapeutic feeding programs and hospitals;
11. Where practical development interventions focusing on nutrition and how this program will coordinate with and eventually transition to them;
12. For inpatient care, numbers of targeted direct beneficiaries under age 5, by age group: 0-<6 months, 6-<12 months, 12-<24 months, 24 <60 months;
13. For outpatient care, numbers of targeted direct beneficiaries under age 5, by age group: 6-<12 months, 12-<24 months, 24-<60 months;
14. Beneficiary descriptions and selection criteria; and
15. Percentage of children needing assistance targeted to benefit from this intervention.

**Indicators**

For each indicator included in the proposal, you must establish targets to measure impact. Targets should adhere to universally accepted standards such as Sphere standards (see Information Resources).

1. Number of health care providers and volunteers trained in the prevention and management of SAM, disaggregated by sex and age\*;
2. Number of sites established/rehabilitated for inpatient and outpatient care;
3. Number of people treated for SAM, disaggregated by sex and age\*, and
4. Rates of admission, default, death, cure, relapse, nonresponse-transfer, and length of stay.

\* 0-11 months, 1-4 years, 5-14 years, 15-49 years, 50-60 years, 60+ years.

**Sub-sector: Nutrition Systems****Overview**

USAID/OFDA recognizes that effective nutrition programming must complement and enhance existing nutrition systems to build resilience and maximize impact. Support of existing nutrition stakeholders including communities and MoHs and coordination among all relevant entities are vital to the success of any program. In order to support strong evidence-based programming, the following issues should be considered:

- Nutrition commodities and supply chains are critical systems in developing and executing programs. Proposals must include an assessment of pipelines, a description of how the program will utilize and improve the pipeline, and discussion of impediments in the system. Note that therapeutic milks (F75, F100) and RUTF are not considered pharmaceuticals and do not require a waiver for procurement with USAID/OFDA funding. However, medicines needed to treat malnourished children must follow the rules and regulations outlined under restricted goods in order to be purchased with USAID/OFDA funds (see Health Sub-sector Medical Commodities Including Pharmaceuticals on page 109);
- You must address several key components specifically. Propose the following with an adequate timeline:
  - At what point programs will be referred to the health system,
  - What specific numbers and types of personnel will transfer to local NGOs and/or MoH, and
  - Description of concrete program benchmarks that will mark the time for transition to development strategies.

Although USAID/OFDA recognizes that self-sufficient programs might not always be realistic, advocacy alone is not sufficient for a transition/exit strategy.

**Needs Assessment Summary**

Describe

1. Existing nutrition systems at national and proposed intervention levels, including operational role, budget, and policy role;
2. Number, type, quality, and location of nutrition programs and facilities;
3. Quantity and quality of health care providers trained in the prevention and treatment of malnutrition, including their level and training, disaggregated by sex;
4. Types of therapeutic and supplementary foods, such as F75, F100, RUTF, and supplementary foods that are available locally either from the MoH, UNICEF, or local producers. Describe regulations and taxes that could hinder importation and utilization of these products;

5. Existing and needed policies, plans, protocols, and guidelines for the prevention and treatment of acute malnutrition;
6. National protocols for assessments and surveys;
7. Coordination systems or mechanisms for the nutrition sector and whether a cluster approach is present;
8. Existing and needed health and nutrition information systems, including data collection, analysis, and dissemination;
9. Presence or absence of a nutrition early warning system. If such a system was in place before the current crisis, describe how well it worked and how it could be improved; and
10. Existing and needed operational research to advance best practices in the prevention and treatment of malnutrition.

### **Technical Design**

Proposals must demonstrate

1. Whether and how the proposed program will create or strengthen nutrition supply systems and how the program will avoid risks of undermining long-term programs;
2. Any activities to assist the government in nutrition guideline and policy establishment, revision, dissemination, training, monitoring, and utilization;
3. Whether and how the program will establish, improve, or expand the nutrition information system, including early warning and surveillance. Include plans for short- and long-term maintenance of these systems;
4. Any operational research you will conduct for advancement of best practices in the prevention and treatment of malnutrition;
5. Nutrition development programs in the intervention area and how the proposed intervention will coordinate with and eventually transition to them, if possible;
6. How the proposed intervention will build MoH capacity to conduct nutrition assessments and surveys, to collect and analyze data, to write reports, and to design and implement nutrition programs;
7. Plans to support MoH policy development, revision, and dissemination for acute malnutrition prevention and treatment and plans for standardization of assessment and survey methodologies;
8. Training to be conducted for affected community members as well as MoH staff at national, regional, and local levels in the management of acute malnutrition, monitoring and evaluation, and program communication and coordination;
9. How activities will strengthen community-based nutrition systems through training health and nutrition workers and community volunteers;
10. Number of direct beneficiaries targeted;
11. Number of indirect beneficiaries; and
12. Beneficiary selection criteria.

### **Indicators**

For each indicator included in the proposal, you must establish targets to measure impact. Targets should adhere to universally accepted standards such as Sphere standards (see Information Resources).

1. Number and percentage of health providers/officials trained in established/strengthened nutrition guidelines/policies/systems for the prevention and treatment of acute malnutrition, disaggregated by sex;
2. Are nutrition information systems established and functioning (Y/N)? If so, number of nutrition systems established and functioning; and

3. Is a nutrition supply system established (Y/N)? If so, is the supply system functioning without disruption (Y/N)?

### **Information Resources**

1. *Harmonized Training Materials Package* addressing nutrition in emergencies. IASC Nutrition Cluster, 2011.  
[http://www.unscn.org/en/gnc\\_http/howto-htp.php#howtousehtp](http://www.unscn.org/en/gnc_http/howto-htp.php#howtousehtp)
2. *Indicators for Assessing Infant and Young Child Feeding Practices: Conclusions of a consensus meeting held 6-8 November 2007 in Washington D.C., USA*. WHO, 2008.
3. *WHO Child Growth Standards: Methods and development – Length/height-for-age, weight-for-age, weight-for-length, weight-for-height, and body mass index-for-age*. 2006. [http://www.who.int/childgrowth/standards/technical\\_report/en](http://www.who.int/childgrowth/standards/technical_report/en)
4. *The Sphere Project: Humanitarian Charter and Minimum Standards in Disaster Response* handbook. Geneva, 2011. <http://www.sphereproject.org>
5. *Management of severe malnutrition: a manual for physicians and other senior health workers*. WHO, Geneva, 1999. <http://whqlibdoc.who.int/hq/1999/a57361.pdf>
6. *International Code of Marketing of Breast-milk Substitutes*. WHO, Geneva, 1981. [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)
7. *Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers*. IFE Core Group, February 2007. <http://www.enonline.net/pool/files/ife/cfe-review-enn-&-ife-core-group-oct-2009.pdf>
8. *WHO, UNICEF, and SCN Informal Consultation on Community-Based Management of Severe Malnutrition in Children* meeting report. Geneva, November 2005. <http://whqlibdoc.who.int/hq/2005/a91065.pdf>
9. *Standardized Monitoring and Assessment of Relief and Transitions: Protocol and Methods*. <http://www.smartindicators.org/protocol.htm>
10. *Field Operations Guide for Disaster Assessment and Response*. USAID/OFDA and U.S. Department of Agriculture's Forest Service, 2005. <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>
11. *Food-security assessments in emergencies: a livelihoods approach* by H. Young, et al. The Overseas Development Institute's Humanitarian Practice Network, London, 2001. <http://www.odihpn.org/documents/networkpaper036.pdf>
12. *Toolkit for Addressing Nutrition in Emergency Situations*. IASC Nutrition Cluster, June 2008. [http://onerresponse.info/GlobalClusters/Nutrition/Documents/Global\\_Nutrition\\_Cluster\\_Nutrition\\_Emergencies\\_Toolkit\\_June\\_2008.pdf](http://onerresponse.info/GlobalClusters/Nutrition/Documents/Global_Nutrition_Cluster_Nutrition_Emergencies_Toolkit_June_2008.pdf)

## 9. Protection

USAID/OFDA endorses the Sphere standards ([www.sphereproject.org](http://www.sphereproject.org)). You should apply these standards to all proposed activities and related indicators. For protection sector programs, refer to the information resources at the end of this section, as USAID/OFDA expects proposals to adhere to relevant humanitarian standards and good practices for protection programs.

### **Overview**

USAID/OFDA supports activities that promote the protection of populations affected by disasters. USAID/OFDA defines protection as activities that minimize risks for and address effects of harm, exploitation, and abuse for disaster-affected populations. USAID/OFDA supports protection in two ways: by mainstreaming protection into other assistance programs and through stand-alone protection programs.

### **Protection Mainstreaming**

With this edition of the *Guidelines*, protection mainstreaming guidance has been included in all sectors, and USAID/OFDA requires all proposals to address protection issues and concerns in each sector. Additional guidance is also available on the USAID/OFDA Partner Resources website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

### **Protection Sector Programs**

Distinct from protection mainstreaming, the primary objective of Protection Sector programs is the promotion of the protection of disaster-affected people. You should propose these programs under the Protection Sector, informed by the guidance provided here.

Disaster situations are often characterized by increased risks for harm, exploitation, and abuse for the affected populations. Risks are caused by a combination of increased *threats* and increased *vulnerability* (risk = threat x vulnerability). Threats may arise from, for example, non-compliance with international humanitarian law or human rights law during armed conflict, or the breakdown of law and order in the aftermath of a natural disaster. Vulnerabilities include characteristics such as family separation, gender inequalities, age, disability, or ethnicity. The combination of threats and vulnerabilities leads to increased risk to the lives and well-being of individuals, for example

- Exploitation and abuse of children,
- Demands for sex in exchange for goods or services,
- Forced recruitment into armed groups,
- Trafficking of persons,
- Attacks against civilians by armed groups or criminals,
- Destruction or theft of property and assets,
- Rape and other forms of sexual violence,
- Internal displacement, and
- Invisibility, exclusion, and denial of assistance or services.

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

unable or unwilling to meet their obligations, humanitarian actors may offer assistance and services designed to help minimize risks by mitigating threats, reducing vulnerabilities, and alleviating effects of, harm, exploitation, and abuse. Whenever possible, humanitarian actors should strive to support the government in fulfilling its responsibility to the extent possible. Communities and individuals also play a central role in their own protection. Whenever possible, protection programs should employ a community-based approach, which builds on existing positive coping mechanisms and strategies and engages communities in analyzing and addressing the protection concerns that they face.

Protection problems exist in many situations even apart from a disaster. For USAID/OFDA to support protection activities, the risks being addressed must be either caused or exacerbated by a disaster. For example, a natural disaster may cause family separation, making children, youth, persons with disabilities, or older people more vulnerable to abuse and exploitation. A conflict may lead to increased threats for sexual violence or forcible recruitment for men and women, boys and girls. Proposals with a protection objective must explicitly state the protection risks to be addressed and describe how the disaster situation exacerbates those risks.

### **Disaster Risk Reduction**

If the proposal includes a DRR component for protection, provide the following information:

1. Indicate which activities within the sector are DRR-related and why those activities are reducing risk or mitigating the impact of a hazard or event, and
2. Explain with which HFA priority action(s) the proposed activities are aligned and why.

Protection DRR activities should take a holistic approach to analyzing and addressing all possible protection risks in the given context, including for example, gender-based violence (GBV), child protection, and psychosocial needs. Therefore, protection DRR activities must be proposed under the Protection Coordination, Advocacy, and Information Sub-sector.

### **Available Sub-sectors**

USAID/OFDA supports a variety of protection activities. The available sub-sectors for protection are

- Child protection,
- Prevention and response to GBV,
- Psychosocial support, and
- Protection coordination, advocacy, and information.

For more detailed guidance on the types of activities that USAID/OFDA will support, see the sub-sector descriptions below.

## **Sub-Sector: Child Protection**

### **Overview**

Children, defined as persons under the age of 18, face increased risks in disaster situations due to their age and developmental stage. Children may be made more vulnerable in a disaster situation due to disruptions in normal caregiving practices, interrupted schooling, or other factors. Children with disabilities are doubly vulnerable and particularly exposed to violence, exploitation, and abuse. Disasters may also introduce

new threats or exacerbate existing threats to children, such as disaster debris that may lead to physical harm or increased risks for trafficking or exploitation.

USAID/OFDA will consider funding interventions designed to prevent or respond to well-defined child protection concerns in disaster situations. Proposals must articulate clear linkages between identified risks, proposed activities, and expected impacts. Programs should focus on addressing child protection problems that have emerged or been exacerbated as a result of disaster. Programs should also recognize that protection risks, and appropriate prevention, response, and participation strategies, differ as children age. For instance, in any emergency, adolescents have needs and capabilities that are different from those of younger children and adults.

Examples of activities that USAID/OFDA may support include, but are not limited to

- Safe sites for children to play, learn, and socialize under trained adult supervision;
- Identification, documentation, tracing, and reunification for children who have been separated from their parent or habitual guardian during a disaster;
- Alternative care for unaccompanied children awaiting family reunification;
- Community-based protection initiatives for disaster-affected children, including children with disabilities;
- Training or other support for parents and other caregivers of vulnerable children; and
- Support for schools to restart following a disaster or to enroll displaced children in school.

USAID/OFDA recognizes that behavior change is an important component of addressing child protection concerns and expects that programs may include a behavior change component. However, USAID/OFDA will not support behavior change as a stand-alone activity for child protection.

### **Needs Assessment Summary**

Describe

1. How the disaster context has either created or exacerbated child protection risks (e.g., family separation, exploitation and abuse, etc.);
2. The risks in terms of the nature of the threats facing children and children's vulnerability to these threats, in keeping with the analytical framework: risk = threat x vulnerability;
3. The children who are most vulnerable, and potential differences between the needs and vulnerabilities of boys and girls;
4. The prevalence of the specific child protection problem to be targeted (if known). References to pre-emergency baselines are acceptable;
5. What resources are already available locally for child protection (e.g., social workers, community child protection committees);
6. How you consulted children, caregivers, and community members in the needs assessment, and what they identified as their primary concerns;
7. Lessons learned from past child protection interventions in the given context, if any; and
8. Any potential obstacles for program implementation in the affected area including environmental, physical, communication, and possible attitudinal barriers impeding the involvement of target beneficiaries.



### **Technical Design**

The technical design must describe the nature and purpose of proposed child protection activities. A clear, logical link must exist between the activities proposed and the objective in terms of minimizing risks for children or assisting children who have experienced harm, exploitation, or abuse. The proposal must state the expected outcomes for boys and girls benefiting from the proposed activities, be informed by the principle of “do no harm,” and be in the best interests of the child.

The following issues must also be addressed within the technical design.

#### *Beneficiary Description and Involvement*

1. Describe the children who will benefit from the proposed activities, including number, age range, sex, and type(s) of vulnerability.
2. Describe how you involved or will involve the targeted population, including children themselves, in the design of the program.
3. Describe the level of inclusiveness of the proposed activities for children with disabilities.

#### *Data Collection and Confidentiality*

1. Describe any plans for data collection in the proposed program, including the tools to be used to collect and store data.
2. Describe how you will safeguard sensitive information from misuse, including the identity of vulnerable children. How will you communicate confidentiality expectations to people?
3. Indicate whether the proposed program will share information with a Child Protection Information Management System (CP IMS). How will the CP IMS ensure data protection and confidentiality?

#### *Referrals*

1. If children will be referred to other service providers in the proposed program, describe the services and service providers that are available.
2. Describe how children with ongoing needs will be monitored (e.g., children in interim care).
3. Describe how confidentiality and data protection will be maintained within the referral system.

#### *Staff, Community, and Government Capacity*

1. Describe how staff working with children will be selected, trained and monitored to ensure the safety of children participating in the program.
2. Describe the government’s involvement in the proposed activities. Will government or communities continue any of the proposed activities after the close of the program?
3. Describe the technical standards or guidance you will utilize to inform the program design. (See Information Resources below.)
4. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.
5. Describe what role, if any, other organizations, including NGOs, U.N. agencies, or government, will have in developing or delivering the content of the training, as well as follow-up efforts.

**Indicators**

1. Number of people trained in child protection, disaggregated by sex;
2. At least one additional indicator to measure protection outcomes of the proposed activities. This indicator should measure and capture a decrease in children's vulnerability, a minimized threat, a reduction of risk, or an improvement in the well-being of children who have been harmed, exploited, or abused; for example,
  - a. Percentage of targeted children reporting an improvement in their sense of safety and well-being at the close of the program, disaggregated by sex (numerator = children demonstrating improvement; denominator = total number of children participating in the program); and
  - b. Percentage of separated or unaccompanied children reunified with a parent or guardian at the close of the program, disaggregated by sex (numerator = number of children reunified; denominator = total number of separated or unaccompanied children identified).

**Sub-Sector: Prevention and Response to Gender-based Violence****Overview**

Research indicates that levels of domestic and sexual violence increase in the aftermath of many natural disasters. Additionally, gender-based violence (GBV) is a pervasive problem in conflict settings. Vulnerable populations often face increased risks due to the presence of armed actors, as well as the generalized breakdown or failure of protective community and state infrastructure. Individuals with disabilities may be particularly vulnerable, as they may be unable to escape or call for help. Individuals with intellectual impairment, sensorial impairment, and mental illness may also not be aware that a situation is inappropriate. USAID/OFDA will consider funding interventions designed to address well-defined GBV problems in disaster situations. Proposals must articulate clear linkages among identified problems, proposed activities, and expected impacts. Programs must focus on addressing GBV problems that have emerged or been exacerbated as a result of disaster. A population's vulnerability to GBV must increase or the threat of GBV must change or increase.

In this guidance, GBV refers to any form of violence or abuse that targets individuals or groups on the basis of their sex and that results in physical, sexual, or psychological harm to men, women, or children (defined as persons under the age of 18 years). Women and girls are often the primary victims. Unequal power relations between males and females significantly contribute to GBV. GBV is often intended to maintain gender inequalities or reinforce traditional gender roles for men, women, or children. 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.

Possible GBV activities may include, but are not limited to

1. Medical, psychosocial, or economic support or services for GBV survivors;
2. Capacity building of local actors, institutions, or community groups with a role to play in preventing/responding to GBV; and
3. Prevention activities that will be effective within the proposed timeframe and targeted to the disaster-related aspects of GBV threats or vulnerabilities, for example, ensuring safe access to cooking fuel and establishing community watch and accompaniment mechanisms in a displacement camp.

Target populations may include men and boys as well as women and girls, community leaders, health and social service workers, public officials, or other relevant actors. USAID/OFDA recognizes that behavior change is an important component of addressing GBV and expects many GBV programs to include a behavior change component. However, USAID/OFDA will not support behavior change as a stand-alone activity.

### **Needs Assessment Summary**

The needs assessment and justification for intervention must discuss how the disaster context has either created or exacerbated threats or vulnerabilities for GBV.

Discuss

1. The nature of the GBV problems (e.g., sexual violence, sexual exploitation, domestic violence, etc.);
2. The risks in terms of the nature of the threats and vulnerability to these threats, in keeping with the analytical framework: risk = threat x vulnerability;
3. Who is most vulnerable to GBV and who are the primary perpetrators;
4. The prevalence of the specific GBV problem to be targeted (if known). References to pre-emergency baselines are acceptable;
5. What resources are already available locally to prevent or respond to GBV;
6. Lessons learned from past interventions to address GBV in the given context, if any; and
7. Potential obstacles for program implementation in the affected area including environmental, physical, communication, and possible attitudinal barriers impeding the involvement of target beneficiaries.

### **Technical Design**

The technical design must describe the nature and purpose of proposed GBV activities. A clear, logical link must exist between the activities proposed and the objective in terms of minimizing threats of GBV, reducing vulnerability to GBV, or addressing the effects of GBV. All proposed interventions should adhere to best practices as identified by the *IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings (2005)* (see Information Resources below).

The following issues must be addressed within the technical design.

#### *Beneficiary Description and Involvement*

1. Describe the populations or individuals who will benefit from the proposed activities, including number, age range, sex, and type(s) of vulnerability.
2. Describe how you involved the targeted population in the design of the program.
3. Indicate how the wishes, choices, and dignity of the people will be respected throughout the proposed program.
4. Describe the level of inclusiveness of the proposed service for persons with disabilities.

#### *Data Collection and Confidentiality*

1. Describe any plans for data collection in the proposed program, including the tools to be used to collect and store data.
2. Describe how you will safeguard sensitive information from misuse, including the identity of GBV survivors. How will you communicate confidentiality expectations to people?
3. Indicate whether the proposed program will share information with a GBV Information Management System.

### *Referrals*

1. If GBV survivors will be referred to other service providers in the proposed program, describe the services and service providers that are available, including the quality of these services.
2. Address how confidentiality and data protection will be maintained within the referral system.

### *Staff, Community, and Government Capacity*

1. Describe the technical standards or guidance you will utilize to inform the program design (see Information Resources below).
2. Describe the involvement of government or community groups in the proposed activities. Will government or communities continue any of the proposed activities after the close of the program?
3. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.
4. Describe what role, if any, other organizations, including NGOs, U.N. agencies, or government, will have in developing or delivering the content of the training, as well as follow-up efforts.

### **Indicators**

1. Number of individuals benefitting from GBV services, disaggregated by sex;
2. Number of people trained in GBV prevention or response, disaggregated by sex.

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

### **Overview**

USAID/OFDA may fund psychosocial support programs as a protection intervention in situations where a disaster has led to high levels of distress for the affected population and where psychosocial services are desired to strengthen social support systems. Examples of activities that USAID/OFDA may support under this sub-sector include, but are not limited to

- Structured activities for children, youth, women, men, older people, or persons with disabilities to foster stability and supportive social connections;
- Training for CHWs, teachers, service providers, or aid workers in recognizing trauma and basic psychosocial support skills such as psychological first aid; and
- Provision of care for people with special needs, such as persons with disabilities or older people.

You cannot propose specialized services, such as in-depth individual counseling or treatment, under the Protection Sector but can under the Health Sector, as these services are classified as mental health interventions. You must propose individual counseling or treatment by a psychologist or psychiatrist as a mental health activity, not a psychosocial activity.

### **Needs Assessment Summary**

The needs assessment and justification for intervention must describe how you identified psychosocial support needs and explain the nature of the needs. This section must also provide information about how the local community typically responds to trauma and psychosocial distress. The proposal must also

1. Briefly summarize lessons learned from past interventions in the given context, if any; and
2. Discuss any potential obstacles for program implementation in the affected area including environmental, physical, communication, and possible attitudinal barriers impeding the involvement of target beneficiaries.

### **Technical Design**

The technical design must describe the nature and purpose of proposed psychosocial support activities. A clear, logical link must exist between the activities proposed and the objective in terms of improving psychosocial well-being. All activities must be socially and culturally grounded, addressing gender-and disability-specific needs and vulnerabilities. Program design should reach large numbers of affected people, including vulnerable or less visible populations. This includes 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 (2007)* (see Information Resources below). You must also address the following issues:

#### *Beneficiary Description and Involvement*

1. Describe the populations or individuals who will benefit from the proposed activities, including number, age range, sex, and type(s) of vulnerability.
2. Describe the criteria and process for beneficiary selection and targeting.
3. Describe how you involved the targeted population in the design of the program.
4. Indicate how the wishes, choices, and dignity of the people will be respected throughout the proposed program.
5. Describe how you will incorporate local customs, beliefs, and traditional coping strategies into the design of the proposed activities.
6. Describe the level of inclusiveness of the proposed activity for persons with disabilities (e.g., information, physical access, etc.).

#### *Data Collection and Confidentiality*

1. Describe how you will safeguard sensitive information from misuse, including the identity of individuals in need of referrals. How will you communicate confidentiality expectations to people?

#### *Referrals*

1. If people will be referred to other service providers in the proposed program, describe the services that are available.
2. Describe how confidentiality and data protection will be maintained within the referral system.

#### *Staff, Community, and Government Capacity*

1. Detail how program staff will be selected, trained, and monitored.
2. Describe the government's involvement in the proposed activities. Will government or communities continue any of the proposed activities after the close of the program?
3. Describe the technical standards or guidance you will utilize to inform the program design (see Information Resources below).
4. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.

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

### **Indicators**

1. Number of people trained in psychosocial support, disaggregated by sex; and
2. At least one additional indicator to measure protection outcomes of the proposed activities. This indicator should capture a change in the psychosocial well-being of the targeted population (e.g., percentage of people reporting improvements in their feelings of well-being and ability to cope at the end of the program, disaggregated by sex (numerator = number of people in sample reporting improvements; denominator = total number of people sampled)).

## **Sub-Sector: Protection Coordination, Advocacy, and Information**

### **Overview**

Recognizing that humanitarian actors are unable to fully protect an affected population, and that protection is the responsibility of national governments, USAID/OFDA supports protection coordination and advocacy activities that are designed to improve the protective environment. These activities may be designed to strengthen the capacity of responsible government actors or other humanitarian actors. They may also be designed to advocate for improved response from government or other humanitarian assistance providers.

Examples of activities for this sub-sector include

- Advocating for solutions to protection problems with national or local government authorities and other actors;
- Advice or training for other humanitarian actors in recognizing and addressing general or specific protection risks;
- Strengthening the capacity of government actors to fulfill their responsibility to protect disaster-affected populations;
- Sharing information about landmines or other explosive remnants of war with the affected population, along with training/public information services on how to avoid harm;
- Support for disaster-affected populations to access legal resources, such as documentation, and justice systems; and
- Protection Cluster or sub-cluster leadership and other support for Protection Cluster activities.

This sub-sector is intentionally broad in order to allow flexibility in proposing programs that respond to protection risks in a variety of contexts that do not easily fit into the other protection sub-sectors.

Protection DRR programs include activities implemented outside of a disaster context designed to improve the protection response to a disaster on the part of government authorities, local actors, or other humanitarian actors. Protection DRR programs should take a holistic approach to protection, addressing the full range of protection risks from child protection to GBV to psychosocial needs and other risks.

### **Needs Assessment Summary**

The needs assessment and justification for intervention must discuss how the disaster context has either created or exacerbated threats or vulnerabilities leading to specific

protection risks. The risks should be described in terms of the nature of the threats and vulnerability to these threats, in keeping with the analytical framework: risk = threat x vulnerability. The proposal must also describe the existing coverage of protection activities and the actors engaged in protection. Explain why the proposed activities/services are needed in this context.

### **Technical Design**

The technical design must describe the proposed activities, making an explicit link between the activities and an improvement in the protective environment, or a reduction of the risks described in the needs assessment. The proposal must also describe the expected protection outcomes of the proposed activities.

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

#### *Beneficiary Description and Involvement*

1. Describe the primary beneficiaries of the proposed activities. These may be other humanitarian actors or government officials.
2. Describe the disaster-affected populations whose protection will be promoted through the proposed activities. These populations may include IDPs, women, children, youth, ethnic or religious groups, returnees and host communities, persons with disabilities, older people, or other groups.

#### *Data Collection and Confidentiality*

1. Describe how you will safeguard sensitive information about individuals or groups from misuse and how you will explain confidentiality to people.

#### *Referrals*

1. If people will be referred to other service providers in the proposed program, describe the services that are available.
2. Describe how confidentiality will be maintained within the referral system.

#### *Staff, Community, and Government Capacity*

1. Describe the technical standards or guidance that you will utilize to inform the program design (see Information Resources below).
2. Describe the government's involvement in the proposed activities. Will government or communities continue any of the proposed activities after the close of the program?
3. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.
4. Describe what role, if any, other organizations, including NGOs, U.N. agencies, or government, will have in developing or delivering the content of the training, as well as follow-up efforts.

### **Indicators**

1. Number of people trained in protection, disaggregated by sex;
2. At least one additional indicator to measure protection outcomes of the proposed activities. This indicator must capture a change in the protective environment for the affected population (e.g., number of policies, procedures, or practices changed in accordance with protection principles).

### **Information Resources**

Proposals should reflect current standards for protection programming. The list below identifies some key resources but is not definitive and may not include all the most recent publications. USAID/OFDA encourages NGOs to utilize a range of internal and external resources, such as those listed, in order to stay abreast of developments in and ensure that proposals reflect best practices.

1. Global Protection Cluster website:  
<http://onerresponse.info/GlobalClusters/Protection/Pages/default.aspx>
2. ICRC. *Professional Standards for Protection Work Carried Out by Humanitarian and Human Rights Actors in Armed Conflict and Other Situations of Violence*. 2009.  
<http://www.icrc.org/eng/resources/documents/publication/p0999.htm>
3. Global Protection Cluster Working Group. *Handbook for the Protection of Internally Displaced Persons*. 2010.
4. <http://onerresponse.info/GlobalClusters/Protection/Pages/Handbook%20for%20the%20Protection%20of%20IDPs.aspx>
5. IASC. *IASC Operational Guidelines on the Protection of Persons in Situations of Natural Disasters Minimum Agency Standards for Incorporating Protection into Humanitarian Response*. 2011.  
<http://www2.ohchr.org/english/issues/idp/docs/OperationalGuidelines.pdf>
6. World Vision UK. *Minimum Standards for Protection Mainstreaming (2012)*.  
[http://reliefweb.int/sites/reliefweb.int/files/resources/Full\\_Report\\_3752.pdf](http://reliefweb.int/sites/reliefweb.int/files/resources/Full_Report_3752.pdf)
7. Global Protection Cluster Child Protection Working Group website:  
<http://cpwg.net/>
8. Global Protection Cluster Child Protection Working Group. *Minimum Standards for Child Protection in Humanitarian Response*. (Due for release, late 2012). Upon release, a link to the standards will be posted to <http://cpwg.net/resource/>
9. Inter-Agency Guiding Principles on Separated and Unaccompanied Children. 2004.  
<http://cpwg.net/wp-content/uploads/2011/09/Inter-Agency-Guiding-Principles-on-Separated-and-Unaccompanied-ChildrenENG.pdf>
10. United Nations. *Guidelines for Alternative Care of Children*. 2010.  
<http://www.crin.org/docs/Guidelines-English.pdf>
11. Global Education Cluster, CPWG, INEE, and IASC. *Guidelines for Child friendly Spaces in Emergencies (Field Testing Version)*. 2011.  
[http://www.unicef.org/protection/Child\\_Friendly\\_Spaces\\_Guidelines\\_for\\_Field\\_Testing.pdf](http://www.unicef.org/protection/Child_Friendly_Spaces_Guidelines_for_Field_Testing.pdf)
12. Inter-Agency Network for Education in Emergencies. *INEE Standards for Education in Emergencies*. 2010.  
[http://www.ineesite.org/post/know\\_updated\\_inee\\_minimum\\_standards\\_handbook/](http://www.ineesite.org/post/know_updated_inee_minimum_standards_handbook/)
13. Inter-Agency Working Group on Separated and Unaccompanied Children. *Alternative Care in Emergencies Toolkit*. 2011.  
[http://cpwg.net/wp-content/uploads/2011/10/ACE-Toolkit\\_2011.zip](http://cpwg.net/wp-content/uploads/2011/10/ACE-Toolkit_2011.zip)
14. Population Council. *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources*. 2005.  
<http://www.popcouncil.org/pdfs/horizons/childrenethics.pdf>
15. Global Protection Cluster Gender-Based Violence Prevention and Response website:  
<http://onerresponse.info/GlobalClusters/Protection/GBV/Pages/default.aspx>
16. UN Inter-Agency Standing Committee. *IASC Guidelines for Gender-Based Violence Interventions in Humanitarian Settings*. IASC: 2005.  
<http://onerresponse.info/GlobalClusters/Protection/GBV/Documents/Guidelines%20for%20Gender-based%20Violence%20Interventions.pdf>



17. Reproductive Health Response in Crises Consortium. *Gender-Based Violence Tools Manual*. RHRC: 2007. [http://www.rhrc.org/resources/gbv/gbv\\_tools/manual\\_toc.html](http://www.rhrc.org/resources/gbv/gbv_tools/manual_toc.html)
18. United Nations High Commission for Refugees. *Handbook on the Protection of Women & Girls*. 2008. <http://www.unhcr.org/protect/PROTECTION/47cfae612.html>
19. World Health Organization. *WHO ethical and safety recommendations for research, documenting and monitoring sexual violence in emergencies*. 2007. [http://whqlibdoc.who.int/publications/2007/9789241595681\\_eng.pdf](http://whqlibdoc.who.int/publications/2007/9789241595681_eng.pdf)
20. IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings website: [http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsi-tf\\_mhps-default](http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsi-tf_mhps-default)
21. UN Inter-Agency Standing Committee. *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. 2007. <http://www.icva.ch/doc00002621.pdf>
22. World Health Organization. *Psychological First Aid: Guide for Field Workers*. 2011. [http://whqlibdoc.who.int/publications/2011/9789241548205\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241548205_eng.pdf)

## 10. Risk Management Policy and Practice

### **Overview**

You should choose the Risk Management Policy and Practice (RMPP) Sector only for those programs that are not related to a specific technical sector. Activities must fit clearly into one of the sub-sectors listed below. If programs have technical components that fall into any other sector in the SRs, you must choose that sector and follow the specific guidance for DRR programs within that sector, including appropriate indicators. You may choose the RMPP Sector in addition to those sectors, if some of the activities proposed are broader in scope and fall outside of those technical areas.

Investments in DRR programming are designed to reduce loss of lives and livelihoods, safeguard land and infrastructure, increase resilience, and lessen economic disruptions. These investments are an integral part of USAID/OFDA's mandate. This support may include activities on local, national, regional, or global levels that mitigate impacts of natural hazards or activities that help populations prepare for, prevent, or plan for disasters. USAID/OFDA works with all levels of government, international and regional organizations, NGOs, local communities, and the private sector. Through fostering linkages across sectors and across organizations, and by improving understanding and implementation of hazard management, USAID/OFDA helps reduce people's vulnerability to potential disasters.

For activities relating only to the RMPP Sector that might involve changes to the environment or ecosystem, consult the broad array of environmental impact mitigation resources that are freely available to the public such as the *Environmental Guidelines for Small-Scale Activities in Africa* (see Information Resources below), which outline the possible impacts of typical USAID programs as well as mitigation strategies.

### **Protection Mainstreaming**

Proposals must demonstrate protection mainstreaming in the technical description. Describe any measures to build capacity for protection in disaster situations, such as prevention of family separation, understanding of protection standards, and addressing the special needs of vulnerable people.

### **Available Sub-sectors and Sample Activities**

*Capacity Building/Training (not related to specific technical sectors)*

- Training on DRR
- Building capacity of community, local, national, and regional organizations or entities on effective disaster preparedness and response

*Building Community Awareness/Mobilization*

- Public awareness campaigns and drills
- Dissemination of risk reduction policies and plans to communities
- Sensitization of communities to disaster risks, including risk identification and reduction activities

*Public/Private Partnerships*

- Building relationships between the private sector and other stakeholders in the area of risk reduction
- Promoting private-sector engagement in DRR
- Facilitating private-sector investments in DRR

### *Policy and Planning*

- Development or strengthening of national risk-reduction strategies, policies, and plans
- Development and/or implementation of policies and plans at local or community levels
- Facilitation or evaluation of adapting national strategies, policies, and plans to the local level

### *Integration/Enhancement of DRR within Education and Research Programs*

- Research related to DRR such as cost-benefit analyses
- Institution-based capacity building programs
- Incorporation of DRR components into university-level training
- Development of DRR curricula for primary, secondary, and/or higher education

### *Global Advocacy and Engagement*

- Support for international entities for raising awareness on and promotion of DRR in relevant agendas and initiatives
- Support for international entities for improving disaster preparedness and response

## **Sub-sector: Building Community Awareness/Mobilization**

### **Needs Assessment Summary**

1. Explain how you assessed needs in the proposed area of work and how that information fed into the proposed intervention.
2. Explain why the proposed area of work requires outside assistance to address current needs or gaps and how this assistance will enhance local/community/national level engagement.
3. Describe the current capabilities of target entities.
4. Explain why the target location or community (or specific sub-groups within that community) needs the specific proposed activities.
5. Describe the current vulnerabilities, capabilities, resources, and systems of the target population (gender-specific when possible) related to hazard identification and mitigation, as well as community engagement and mobilization.
6. Describe any ongoing relevant programs related to the proposed activities. Include programs implemented at all levels of government, by communities, NGOs, and by international entities.
7. Discuss current unmet needs and gaps and how you determined them. If the proposed activity does not fill all of these gaps, explain how that will affect the outcome.

### **Technical Design**

1. Describe how you will design the program, and what hazards or vulnerabilities the program addresses within the community.
2. Describe how the proposed intervention will help build needed capacities, resources, and systems, and meet assessed, gender-specific needs and gaps.
3. Describe how proposed programs will increase awareness and understanding of disaster preparedness, mitigation, and management at regional, national, local, or community levels.
4. Describe how the program will prepare communities and local, national, and regional entities to respond efficiently to potential hazards in the target region.

5. Describe how you will integrate relevant governmental and emergency response agencies into the program.
6. Discuss how you will disseminate and institutionalize successful interventions and lessons learned within training programs at all levels.
7. Discuss the cost-effectiveness of implementing proposed activities.
8. Discuss the potential for replication of interventions beyond the program period.
9. Describe how the program may be self-sustaining over the long-term.
10. Explain who will participate in the program and why. Discuss how you will take gender, age, and disability considerations into account when selecting beneficiaries.
11. Given that the participants in many exercises like these should represent a broad cross-section of society, discuss how people will be held accountable for sharing what they have learned to the wider community.
12. Explain how the proposed program will help people support themselves and enhance their capacity to maintain or improve their way of life. Describe how you will blend activities with people's own coping strategies to reach those most in need and gain their participation in strategy development and decision making.

### **Indicators**

1. Number of people participating in training, disaggregated by sex;
2. Percentage of people trained who retain skills and knowledge after two months;
3. Percentage of attendees at joint planning meetings who are from the local community;
4. Early warning system in targeted community is in place for all major hazards with appropriate outreach to communities (Y/N); and
5. Percentage of community members who received at least one early warning message from at least one source prior to a disaster occurring.

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

### **Needs Assessment Summary**

1. Explain how you assessed needs in the proposed area of work and how that information fed into the proposed intervention.
2. Explain why the proposed area of work requires outside assistance to address current needs or gaps and how this assistance will enhance local/community/national level engagement.
3. Describe the current capabilities of target entities.
4. Explain why the target location or community (or specific sub-groups within that community) needs the specific proposed activities.
5. Describe the current vulnerabilities, capabilities, resources, and systems of the target population related to DRR and disaster response. Address any gender-specific differences and issues.
6. Describe any ongoing relevant programs related to the proposed activities. Include programs implemented at all levels of government, by communities, NGOs, and by international entities.
7. Discuss current unmet needs and gaps and how you determined them. If the proposed activity does not fill all of these gaps, explain how that will affect the outcome.
8. Explain how proposed activities will link to and enhance current DRR strategies or plans at local and national levels.

### **Technical Design**

1. Describe how the proposed intervention will help build needed capacities, resources, and systems, and meet assessed needs and gaps.
2. Describe how you will design the training/capacity-building program, who will participate, and how you will achieve gender-balanced participation. How do you expect the program to increase the ability of participants to cope with or prepare for disasters?
3. Describe how the proposed program will increase awareness and understanding of disaster preparedness, mitigation, and management at regional, national, local, or community levels.
4. If applicable, describe how training will improve organizational and management capacities.
5. Explain how the program, including replication of training efforts, will prepare communities, local, national, and regional entities to respond efficiently to potential hazards in the target region.
6. Explain how you will design the proposed projects, products, or information for access by, and transfer to, the target population.
7. Describe how you will integrate relevant governmental and emergency response agencies into the program.
8. Discuss how you will disseminate and institutionalize successful interventions and lessons learned within training programs at all levels.
9. Discuss the cost-effectiveness of implementing proposed activities.
10. Discuss the potential for replication of interventions beyond the program period.
11. Describe how the program may be self-sustaining over the long-term.
12. Explain who will participate in the program and why. Discuss how you will take gender, age, and disability considerations into account when selecting beneficiaries.
13. Given that the participants in many trainings and capacity-building exercises should represent a broad cross-section of society, discuss how people will be held accountable for sharing what they have learned to the wider community.
14. Explain how the proposed activities will help people reduce the impact of shocks or improve preparedness for and mitigation of potential disasters. Describe how you will blend activities with people's own coping strategies to reach those most in need and gain their participation in strategy development and decision making.

### **Indicators**

1. Number of people trained in disaster preparedness, mitigation, and management, disaggregated by sex;
2. Number of trainings conducted;
3. Number of people passing final exams or receiving certificates, disaggregated by sex; and
4. Percentage of people trained who retain skills and knowledge after two months.

## **Sub-sector: Global Advocacy and Engagement**

### **Needs Assessment Summary**

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

### **Technical Design**

1. Describe the relevant agenda or initiative for which this program will address or advocate.
2. Describe how the proposed intervention will help raise awareness of and/or promote DRR within the defined agenda/initiative.
3. Discuss how the proposed program will support international entities in improving disaster preparedness or response.
4. Address how the program will ultimately prepare communities and local, national, and regional entities to become more engaged in reducing risks and vulnerabilities, including those related to gender.
5. Explain how you will coordinate among partner agencies.
6. Discuss how this program will serve to strengthen national and regional linkages among relevant risk management entities.
7. Explain how you will integrate relevant governmental and emergency response agencies into the program.
8. Explain how you will integrate the proposed activities into development plans and agendas.
9. Explain how you will choose entities for engagement.
10. Explain how you will identify and target decision-makers for participation.

### **Indicators**

1. Number of jointly organized events held;
2. Number of attendees at jointly organized events;
3. Number of joint publications; and
4. Number of documents, plans, or agreements modified to include DRR language.

## **Sub-sector: Integration/Enhancement within Education Systems 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, (gender-specific when possible) related to the current educational system.
4. Describe any ongoing relevant programs related to the proposed activities that are being implemented at other universities.

5. Discuss current unmet needs and gaps and how you determined them. If the proposed activity does not fill all of these gaps, explain how that will affect the outcome.
6. Where applicable, describe existing curricula or ongoing research activities that include DRR.

### **Technical Design**

1. Describe how the proposed intervention will help build needed capacities, resources, and systems, and meet assessed needs and gaps.
2. Discuss how you will develop and implement DRR curricula that are gender-sensitive at all proposed educational level(s).
3. Explain how you will integrate proposed DRR curricula development into educational systems. Address how these activities will be sustained following program completion.
4. If applicable, discuss how the program will help to prepare communities, local, national, and regional entities to respond efficiently to potential hazards in the target region.
5. Explain how you will integrate relevant governmental and emergency response agencies into the program, including serving as expert advisors, if appropriate.
6. Discuss how you will coordinate programs with other universities and identify potential collaborative opportunities.
7. Discuss how you will disseminate successful interventions and lessons learned to other universities or educational systems in the region.
8. Discuss the cost-effectiveness of implementing the proposed activities.
9. Describe the potential for replication of interventions beyond the program period.
10. Where applicable, discuss how you will field-test and operationalize DRR research.
11. Describe how you will determine participants in the program. Discuss how you will take gender, age, and disability considerations into account when selecting beneficiaries.
12. As appropriate, describe how you will determine participation by universities or other educational systems.
13. Explain how beneficiaries of education or funding will be held accountable for sharing what they have learned with the wider population, or for using the funding appropriately within the research community.

### **Indicators**

1. Number of DRR curricula developed, by educational level (e.g., primary, secondary, post-secondary);
2. Number of students educated on DRR, disaggregated by sex; and
3. Number of DRR-related programs established within educational institutions.

## **Sub-sector: Policy and Planning**

### **Needs Assessment Summary**

1. Explain how you assessed needs in the proposed area of work and how that information fed into the proposed intervention.
2. Explain why the proposed area of work requires outside assistance to address current needs or gaps and how this assistance will enhance local/community/national level engagement.

3. Describe the current capabilities, resources, and systems related to DRR policies and strategies.
4. Describe any ongoing relevant programs related to the proposed activities. Include programs that are being implemented at all levels of government, by communities, NGOs, and by international entities.
5. Discuss current unmet needs and gaps and how you determined them. If the proposed activity does not fill all of these gaps, explain how that will affect the outcome.

### **Technical Design**

1. Describe how the proposed intervention will help build needed capacities, resources, and systems, and meet gender-specific assessed needs and gaps.
2. Explain how this program will serve to strengthen risk management policies and plans, or lead to strategies for risk reduction on any/all levels.
3. Explain how you will disseminate devised plans to national, regional, local, or community levels (as appropriate).
4. Explain how the proposed program will prepare national, regional, local, and community entities to respond efficiently to potential hazards in the target region.
5. Describe how you will integrate relevant governmental and emergency response agencies into the program.
6. Discuss whether a cost-benefit analysis has informed the program design.
7. Discuss the potential for replication of plans and methodologies beyond the program period, and potentially to other nearby countries or regions.
8. Describe how you will ensure full participation from communities and stakeholders in the development of policies, plans, and strategies.
9. Discuss how adoption of policies, plans, and strategies will take place.
10. Describe how you will determine who participates in the program. Discuss how you will take gender, age, and disability considerations into account when selecting people and community-level participants.

### **Indicators**

1. Number of hazard risk reduction plans, strategies, policies, disaster preparedness, and contingency plans developed and in place;
2. Number of people participating in discussions regarding national risk reduction strategies as a result of the program, disaggregated by sex;
3. Number of communities and stakeholders involved in the development of plans, policies, and strategies; and
4. National and local risk assessment, hazards data and vulnerability information is available within targeted areas (Y/N).

## **Sub-sector: Public-Private Partnerships**

### **Overview**

For purposes of this sub-sector, USAID/OFDA defines the “private sector” as non-government-owned, for-profit entities (i.e. businesses). Under this sub-sector USAID/OFDA is also interested in multi-stakeholder partnerships which bring together private businesses and public-sector (government) entities as well as NGOs, civil society organizations, academia, research institutions, or other entities as relevant. USAID/OFDA recognizes that the private sector has a critical role to play in reducing and managing risks



around the globe. By working hand-in-hand with local organizations and the international community, private businesses and corporations can prepare and equip the communities in which their employees, customers, and suppliers live and work. This reinforces their own continuity of operations and helps vulnerable communities.

USAID/OFDA defines a successful public-private partnership (PPP) as one that leverages USG funds effectively, that yields benefits for all partners as well as for those most vulnerable to the risks of disaster, and that can continue to yield benefits in a sustainable manner over the long term. PPPs should go beyond attracting “corporate social responsibility” or charity funds to finding initiatives that make sense both for vulnerable communities and for companies’ bottom line.

### **Needs Assessment Summary**

1. Explain how you assessed needs in the proposed area of work and how that information fed into the proposed intervention.
2. Describe the current vulnerabilities, capabilities, resources, and systems of the target population (gender-specific where possible) related to DRR.
3. Describe the current level of collaboration between the public and private sectors (civil society groups and corporate entities), and other entities as appropriate.
4. Describe the current level of engagement of the private sector in humanitarian assistance and/or risk reduction.
5. Describe any ongoing relevant programs related to the proposed activities. Include programs implemented at all levels of government, by communities, NGOs, private companies, and by international entities.
6. Discuss current unmet needs and gaps and how you determined them. If the proposed activity does not fill all of these gaps, explain how that will affect the outcome.
7. As applicable, broadly describe the current capacities of the private sector.

### **Technical Design**

1. Describe the proposed activities to build or strengthen partnerships between the public and private sectors. Explain why the activities are critical to DRR in the targeted region or community.
2. Describe how the proposed intervention will help build needed capacities, resources, and systems. Discuss how assessed needs and gaps will be met.
3. Explain how the program will prepare public and private sector entities to respond efficiently to potential hazards in the target region.
4. Describe how you will integrate relevant governmental and emergency response agencies into the program.
5. Discuss the cost-effectiveness of implementing proposed activities.
6. Discuss the potential for replication of interventions beyond the program period.
7. Describe how the program may be self-sustaining over the long-term.
8. Discuss how you will disseminate successful interventions and lessons learned to other local and international businesses and to the public sector entities in the region.
9. Describe the direct and indirect beneficiaries of the proposed activities. If the proposed activities include support to private companies, explain how this will result in DRR outcomes for the most vulnerable. You must take gender, age, and disability considerations for the ultimate beneficiaries into account.
10. Explain whether you targeted international businesses, the local business community, or both, for partnerships. Explain how you will achieve their participation.

11. Explain how participants from different levels of government, the private-sector, and/or civil society will be held accountable for sharing what they have learned or spreading the benefits of the intervention to those most vulnerable to disaster risks (e.g., their constituents, producers or employees, partners, the general population).

### **Indicators**

1. Number of private sector businesses engaged in response or DRR-related activities as a result of this program;
2. Targeted total number of individuals indirectly benefiting from DRR-related activities as a result of the program;
3. Percentage of businesses in the target business category in the program area incorporated into project activities; and
4. Percentage of government disaster contingency plans that incorporate private-sector aspects.

### **Information Resources**

1. Hyogo Framework for Action (HFA) 2005-2015: Building the Resilience of Nations and Communities to Disasters. <http://www.unisdr.org/we/coordinate/hfa>
2. HFA Country Progress Reports: <http://www.preventionweb.net/english/hyogo/gar/2011/en/hfa/reports.html>
3. Prevention Web: <http://www.preventionweb.net/english/>
4. U.N. International Strategy for Disaster Reduction (ISDR): <http://www.unisdr.org/>
5. Global Facility for Disaster Reduction and Recovery (GFDRR) Knowledge Center: <http://www.gfdr.org/gfdr/node/57>
6. 2011 Global Assessment Report on Disaster Risk Reduction: <http://www.preventionweb.net/english/hyogo/gar/2011/en/home/executive.html>
7. Benson, C. and Twigg J. "Tools for Mainstreaming Disaster Risk Reduction." IFRC/Prevention Consortium: [http://www.preventionweb.net/files/1066\\_toolsformainstreamingDRR.pdf](http://www.preventionweb.net/files/1066_toolsformainstreamingDRR.pdf)
8. UNISDR, UNDP. "Making Disaster Risk Reduction Gender Sensitive." [http://www.preventionweb.net/files/9922\\_MakingDisasterRiskReductionGenderSe.pdf](http://www.preventionweb.net/files/9922_MakingDisasterRiskReductionGenderSe.pdf)
9. "Environmental Guidelines for Small-Scale Activities in Africa." <http://www.encapafrika.org/egssaa.htm>
10. Emergency Capacity Building Project. "Disaster Risk Reduction and Climate Change Adaptation Practitioner's Guide." <http://www.ecbproject.org/practitioners-guide-to-drr--cca>

## 11. Shelter and Settlements

USAID/OFDA endorses the Sphere standards ([www.sphereproject.org](http://www.sphereproject.org)). You should apply these standards to all proposed activities and related indicators. If there are specific contextual situations in which it is not possible to achieve the Sphere standards, you should still strive towards these standards but provide brief but thorough justification explaining why Sphere standards are not achievable.

### **Overview**

The objective of humanitarian Shelter and Settlements (S&S) assistance is to ensure access to safe, habitable, and appropriate living spaces and settlements where affected households are able to resume critical social and livelihoods activities. This assistance facilitates a process of sheltering that focuses on both immediate and short-term economic, social, and physical vulnerability reduction of disaster-affected households and their communities. Simultaneously, the assistance lays the foundation for longer-term recovery.

Quality S&S assistance shares the following characteristics:

- **Consistency with Relevant Standards, Guidelines, and Principles:** Consistency with recognized guidelines such as the Sphere Project, Pinheiro Principles, USAID/OFDA Field Operations Guide (FOG), local building practices, etc. S&S activities include the provision of minimally adequate covered living space, whenever possible, for example, minimum “covered living space” per capita of 3.5 square meters, and 45 square meters per capita of space in camp settings;
- **Integration of DRR Measures:** See DRR section below; and
- **Reflection of Beneficiary Needs:** Incorporation of the particular needs of affected households, especially those with unique needs (e.g., older people, persons with disabilities, women- or child-headed, etc.). This is based in part on their participation in decision-making and is particularly true of those unable to self-build their own shelters. It is a priority to use building materials and site plans that provide adequate privacy, security, and dignity to the people. Where possible and appropriate, support the arrangements selected by affected populations prior to the arrival of humanitarian actors. Finally, new settlements (camps) are not considered a default response, but rather a last resort only when other options have been exhausted. A detailed market, damage, and needs assessment is required before creating a new settlement. When constructed, camps will be sited at an appropriate distance from areas of conflict, ecologically sensitive areas, and national borders. Proposed activities in settlements, whether a new (camp) or existing will be designed with consideration to
  - Promoting a sense of community;
  - Creating recreational spaces that can be used as inputs to DRR initiatives, or even gathering spaces during emergencies;
  - Adopting acceptable aesthetics;
  - Mitigating economic and environmental impacts on surrounding settlements; and
  - Minimizing threats to safety and security, including those arising from tribal, ethnic, gender, and religious tension.

### **Disaster Risk Reduction**

USAID/OFDA’s DRR approach is based on the HFA. S&S DRR interventions must follow all of the existing guidance in this sector and for the relevant sub-sectors. Promotion of S&S DRR will primarily feature adoption of non-structural actions to reduce risks including

1. Watershed management,

2. Clean-up of waterways to better handle flood waters,
3. Hazard-based sites and settlements planning,
4. Locating and securing objects in homes and workplaces to mitigate damage and injury, and
5. Evacuation of buildings and settlements during earthquakes, tsunamis, and other natural events.

The following are also appropriate under S&S DRR:

1. Incorporation of structural measures in shelters to reduce identified hazard risks (e.g., earthquake, flood, high winds, etc.),
2. Training support to promote adoption of structural measures,
3. Promotion of structured technical assistance and rapid capacity building targeting local authorities, which can be linked to larger recovery planning and DRR initiatives (e.g., at urban-wide level), and
4. Inclusive public awareness and capacity building activities to ensure that populations learn to live with contextual hazard risk.

Proposed S&S DRR activities must either reduce the risk or frequency of a particular hazard, or increase the resilience of men, women, and children to withstand the impacts of that hazard over time. Explain why the proposed activity constitutes DRR by referencing what specific hazard risk will be alleviated or how resilience of the population will be built and measured. Proposed activities must focus on addressing the underlying causes of vulnerability to hazard risks in affected settlements, and/or increasing the population's resilience to hazard impacts. You must design DRR activities to integrate with and facilitate longer-term programming afterwards.

The justification for S&S DRR must indicate specifically why the proposed activities are an appropriate response to assessed needs, and why the situation requires outside assistance. This is particularly true if you are requesting assistance for the same activities in the same location over consecutive years.

If a DRR component is proposed within this sector, provide the following information:

1. Indicate which activities within the sector are DRR-related, and why those activities can reduce risk or mitigate the impact of a hazard or event.
2. Explain with which HFA priority action(s) the activities are aligned and why. USAID/OFDA anticipates that most S&S DRR activities will relate primarily to Priority Action #4, *reducing risks in key sectors*, or #2, *improving risk information and early warning*, although other priority actions may be considered.
3. Use the required indicators from the relevant sub-sector(s). If any indicators are not relevant to the proposed interventions, you must propose one or more indicators.
4. You may categorize DRR-related activities for S&S under any of the S&S sub-sectors.

USAID/OFDA will also consider proposals that include baseline assessments critical to appropriate S&S programming (e.g., damage, hazards, needs, inputs, etc.) as a disaster preparedness tool or to inform targeted DRR efforts. The results of the assessment must be shared freely and publicly. You must clearly demonstrate how the most vulnerable will benefit from the assessment.

Applications for an extension to a current program must also include

1. Achievements to date,
2. Progress through tracking of indicators from baseline to the end of the existing grant,

3. Clear rationale for continuing the program,
4. Explanation of why targets were not met,
5. Whether additional needs have emerged in the program area in the course of project activity, and
6. How additional time and/or funding would enable achievement of the proposed results.

### **Protection Mainstreaming**

Proposals must demonstrate protection mainstreaming in the technical description.

1. Describe how you will accommodate people with unique needs in site location and shelter design. For example, will shelters be accessible for persons with disabilities? How will security be addressed in camps and settlements?
2. Describe how you have consulted people with unique needs on site location and shelter design.
3. Explain how security will be addressed in the shelters.
4. Address whether the location of the shelter considered ease and safety of access to water and sanitation services; fuel services; and social facilities including health care, schools, places of worship, and employment or livelihood opportunities for vulnerable populations.
5. Address whether separate living areas in the proposed shelters or settlements are available to groups such as single women, people with disabilities, and unaccompanied children, and how these areas are protected from targeting of abuse or violence.
6. Describe any measures to be put in place to prevent sexual exploitation and abuse of people seeking shelter construction or shelter allocation.

### **Available Sub-sectors and Sample Activities**

Humanitarian S&S assistance encompasses three sub-sectors: Camp Design and Management, Emergency/ Transitional Shelter, and S&S Hazard Mitigation.

#### *Camp Design and Management*

- Systems/procedures/activities to improve camp design and function
- Systems/procedures/activities to improve camp management

#### *Emergency/Transitional Shelter*

- Provision of shelter materials
- Construction of shelters, rooms, or hosted family accommodations

#### *Shelter and Settlements Hazard Mitigation*

- Training in building techniques and standards
- Training in hazard-resistant construction
- Provision of construction inputs to reduce disaster risk
- Environmental health initiatives
- Salvaging and removing rubble related to shelter provision
- Technical assistance in settlements planning to enhance local capacities to promote DRR-based plans and programs

## **Sub-sector: Camp Design and Management**

### **Needs Assessment Summary**

1. Assessments must include analysis of key housing market characteristics in affected areas. A better understanding of pre-disaster housing will provide insights into
  - a. The numbers and attributes of people living in affected areas,
  - b. Sociocultural, gender, and economic practices influencing how they live,
  - c. Who builds their housing,
  - d. How it is built,
  - e. How long it takes to build a typical unit,
  - f. What building materials are used,
  - g. The source and composition of these materials,
  - h. The availability and cost of local materials,
  - i. Options available to address both disaster response and mitigation concerns, and
  - j. What are the findings of this analysis, particularly with regard to the need for camps?
2. Assessments must include a detailed analysis of the prevalent housing typologies in the target area as well as the damage inflicted to each typology by the disaster.
3. Address what assessments, surveys, and discussions are informing program design. Needs should not be derived or assumed based on damage assessments alone, but also determined through interaction with men, women, and children in affected populations.
4. Include main constraints and opportunities faced by the disaster-affected population to access housing without relying on external assistance.
5. Explain the cause of housing damage and the likelihood it will be repeated in the foreseeable future.
6. Define the area affected (e.g., a portion of a city, a town or city, several settlements, a region). Cite physical size of affected settlements, if possible.
7. Include how many people lived in the affected area prior to the disaster.
8. Provide the average number of people residing in a typical dwelling unit prior to the disaster. Explain how pre-event levels may have changed, and why.
9. Discuss any groups of individuals who did not form typical households or with household sizes considered atypical. This includes unaccompanied children, older people, persons with disabilities, or specific minority groups.
10. Provide the number and percentage of households and individuals who sustained damage to their homes.
11. Give approximate number and percentage of damaged or destroyed private dwellings, by type (e.g., single family, attached, low-rise and high-rise multiple family units). List by village, city, or region affected.
12. Provide a damage profile, to the extent possible, cataloguing the varying degrees of housing damage from undamaged to destroyed, using U.N. Office for the Coordination of Humanitarian Affairs (OCHA) or other recognized damage classification methods.
13. Provide the number, location, and percentage of total households with no shelter or inadequate shelter.
14. Provide the number of damaged dwellings that are habitable without immediate repair, habitable only after repair, uninhabitable, and requiring destruction.
15. Explain whether the need for shelter is temporary, such as a few weeks, or whether a displaced population requires shelter for an indeterminate time.
16. Describe the shelter delivery system prior to the disaster, and relevance to the disaster response.

17. If relevant, provide the extent of damage to non-housing structures, such as shops and offices, schools, places of worship, and hospitals that might serve as potential resources for shelter provision. Include in assessment access to sanitation, water, and other basic housing necessities.
18. Describe any program-related household and livelihood support activities that typically took place in and around dwelling units that could be reestablished in a camp setting.
19. Provide the percentage of dwellings owned by their residents prior to the disaster.

**Technical Design**

Describe

1. Host country and humanitarian community support for the proposed camp intervention;
2. Details on proposed camp sites and camp development characteristics, including camp management;
3. How the program will ensure camp design, development, and management are consistent with recognized humanitarian guidelines (e.g., Sphere and FOG);
4. Cultural preferences or behaviors that you might need to address to tailor the camp to local needs;
5. Beneficiaries and selection criteria;
6. How assessments and activities reflect the needs of the most vulnerable. Include those located on hazard-prone lands, poor households, squatters, renters, young, older people, persons with disabilities, and displaced. Describe how men and women in these groups have participated in the design of survey work and damage assessments, and the identification of proposed responses;
7. How you will introduce and convey activities to people, including the most vulnerable. If self-help is emphasized, for example, explain how you will assist those least able to help themselves;
8. How the program will incorporate livelihood activities and measure impacts on livelihoods;
9. Any training activities to be conducted, who will be involved, selection criteria, how you will achieve gender-balanced participation to the degree possible, and how you will measure effectiveness;
10. Opportunities and constraints posed by current patterns of land ownership, land usage, drainage, and sanitation, and the availability of vacant and underutilized land;
11. A key objective of any S&S intervention should be the timely provision of shelter that is safe, secure, private, and habitable, as well as the incorporation of any relevant DRR measures. To achieve this often requires concerted efforts and interactions among donors, NGOs, local and national governments, and affected populations. Explain how these interwoven demands are addressed.
12. How the proposed intervention will coordinate with complementary activities being implemented by other donors and organizations, and with relevant activities in other sectors;
13. How the program will conform to internationally recognized guidelines (e.g., Sphere, FOG);
14. For any proposed shelter, a detailed listing of the resources required to address identified needs, including a bill of materials, detailed costing of listed materials, materials specifications, and drawings of sufficient scale, number, and quality to convey specifically what is being proposed.
15. Define important terms (e.g., houses, dwelling units, households, shelter, families, and homeless). Use them clearly and consistently throughout all documents.

**Indicators**

1. Number of households in the program area receiving shelter in camps;
2. Number of households in program area receiving shelter in camps pursuant to Sphere Project standards and USAID/OFDA Field Operations Guide (FOG) guidelines;
3. Percentage of total affected population in the program area receiving shelter assistance in camps, disaggregated by sex; and
4. Total USD amount and percent of approved project budget for camps spent on goods and services produced in the affected host country economy.

**Sub-sector: Emergency/Transitional Shelter****Overview**

Transitional shelter is a shelter intervention designed intentionally to jump-start or accelerate longer-term reconstruction. As such, transitional shelter could feature greater reliance on permanent and/or salvaged building materials as a complement to more conventional emergency shelter inputs like plastic sheeting. USAID/OFDA discourages deforestation as a means to procure additional building materials.

“Program area” is considered the physical area of proposed activities. This could be defined in administrative, geographic, social, or economic terms. The intent of program area identification is coverage of need. Ideally, proposed activities will include all those in need of assistance in a given program area. If not the case, explain the discrepancy between proposed actions and 100 percent coverage of identified needs.

**Guidance on Hosting Support**

When disasters and crises strike and homes are lost, people do not always wait for governments and international humanitarian agencies to lend a hand, but instead often rely on those close to them: family and friends. Provision of assistance to host and displaced families to sustain hosting arrangements will reduce strains on relations and finances. Hosting is most often socially defined, based on family, friends, and neighbors, and usually commences before humanitarian actors arrive in affected areas. It is a cost-effective, flexible means of sheltering and buys time for longer-term solutions to emerge; it often transitions to permanent shelter.

Assistance could entail a range of activities, including creation of new shelter space, improvement of existing space, and livelihoods-based assistance. After household-level assessments are conducted to identify hosting arrangements, a notional package of needs-based assistance can be developed, based on the cost of any needed basic physical repairs or WASH upgrades, or on the needs for additional mattresses/bedding, kitchen pots and utensils, food, fuel, etc. Costs are assigned to the total package, and the package is applied on an as-needed basis rather than on a one-size-fits-all basis. For host communities, repairs and upgrades can mitigate hosting-related impacts on schools, markets, health posts, water systems, and other settlements services.

**Needs Assessment Summary**

1. Assessments must include analysis of key housing market characteristics in affected areas. A better understanding of pre-disaster housing will provide insights into
  - a. The numbers and attributes of people living in affected areas,
  - b. Sociocultural, gender, and economic practices influencing how they live,
  - c. Who builds their housing,



- d. How it is built,
  - e. How long it takes to build a typical unit,
  - f. What building materials are used,
  - g. The source and composition of these materials,
  - h. The availability and cost of local materials,
  - i. Options available to address both disaster response and mitigation concerns, and
  - j. The overall findings of this analysis, particularly with regard to the need for camps.
2. Assessment must include a detailed analysis of the prevalent housing typologies in the target area as well as the damage inflicted to each typology by the disaster.
  3. Address what assessments, surveys, and discussions are informing program design. Needs should not be derived or assumed based on damage assessments alone, but also determined through interaction with men, women, and children in affected populations.
  4. Include main constraints and opportunities faced by the disaster-affected population to access housing without relying on external assistance.
  5. Explain the cause of housing damage and the likelihood it will be repeated in the foreseeable future.
  6. Define the area affected (e.g., a portion of a city, a town or city, several settlements, a region). Cite physical size of affected settlements, if possible.
  7. Include how many people lived in the affected area prior to the disaster.
  8. Provide the average number of people residing in a typical dwelling unit prior to the disaster. Explain how pre-event levels may have changed, and why.
  9. Discuss any groups of individuals who did not form typical households or with household sizes considered atypical. This includes unaccompanied children, older people, persons with disabilities, or specific minority groups.
  10. Provide the number and percentage of households and individuals who sustained damage to their homes.
  11. Give approximate number and percentage of damaged or destroyed private dwellings, by type (e.g., single family, attached, low-rise and high-rise multiple family units). List by village, city, or region.
  12. 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.
  13. Provide the number, location, and percentage of total households with no shelter or inadequate shelter.
  14. Provide the number of damaged dwellings that are habitable without immediate repair, habitable only after repair, uninhabitable, and requiring destruction.
  15. Explain whether the need for shelter is temporary, such as a few weeks, or whether a displaced population requires shelter for an indeterminate time.
  16. Describe the shelter delivery system prior to the disaster, and relevance to the disaster response.
  17. If relevant, provide the extent of damage to non-housing structures, such as shops and offices, schools, places of worship, and hospitals that might serve as potential resources for shelter provision. Include in assessment access in these structures to sanitation, water, and other basic housing necessities.
  18. Describe any program-related household and livelihood support activities that typically took place in and around dwelling units that could be reestablished in a camp setting.
  19. Provide the percentage of dwellings owned by their residents prior to the disaster.

**Technical Design****Describe**

1. Shelter to be provided by the proposed intervention;
2. Percentage of total affected population to receive shelter assistance through this initiative as well as through other humanitarian programs;
3. How the program will incorporate appropriate DRR measures and how the program will assess their effectiveness;
4. How the program will readily integrate activities into existing housing markets and settlement systems;
5. Any constraints posed by the onset of seasonal changes, such as the arrival of winter or monsoon season, which might necessitate a more expeditious response;
6. Government support for the proposed intervention and involvement in program design;
7. Consultation and coordination on activities, strategies, and plans with NGO and other humanitarian agencies, sector, or cluster organizations;
8. Cultural preferences or behaviors that the program might need addressed to tailor the shelter design to local needs;
9. How data will be shared across the humanitarian community for analysis and coordination purposes;
10. A detailed plan for long-term sustainability. Discuss whether host country authorities, other donors and organizations are willing to recognize and accept this program once USAID/OFDA funding ends; and
11. How the program will address/mitigate environmental concerns. Include potential impacts to local forest and water resources (especially as related to over-extraction and waste).

**Indicators**

1. Number of households in the program area receiving emergency/transitional shelter;
2. Number of households in the program area receiving emergency/transitional shelter pursuant to Sphere Project standards and FOG guidelines;
3. Percentage of total affected population in the program area receiving emergency/transitional shelter assistance, disaggregated by sex; and
4. Total USD amount and percent of approved project budget for emergency/transitional shelter spent on goods and services produced in the affected host country economy.

**Sub-sector: Shelter and Settlements Hazard Mitigation****Needs Assessment Summary**

1. Assessments must not focus exclusively on housing structures, but include analysis of key settlements-based housing market characteristics in potential or actual affected areas. A better understanding of housing will provide insights into
  - a. The numbers and attributes of people living in target areas,
  - b. Sociocultural, gender, and economic practices influencing how they live,
  - c. Who builds their housing,
  - d. How it is built,
  - e. How long it takes to build a typical unit,
  - f. What building materials are used,
  - g. The source and composition of these materials,
  - h. The availability and cost of local materials, and
  - i. Options available to address both disaster response and risk reduction concerns at both the structure and settlements levels.

2. Explain the findings of this analysis, particularly with regard to any presumed need for camps.
3. Assessment must include a detailed analysis of the prevalent housing typologies in the target area as well as the damage inflicted to each typology by the disaster.
4. Address what assessments, surveys, and discussions are informing program design. Needs should not be derived or assumed based on damage assessments alone, but also determined through interaction with men, women, and children in affected populations.
5. Include main constraints and opportunities faced by the disaster-affected population to access housing without relying on external assistance.
6. Explain the cause of housing damage and the likelihood it will be repeated in the foreseeable future.
7. Define the area affected (e.g., a portion of a city, a town or city, several settlements, a region). Cite physical size of affected settlements, if possible.
8. Identify how many people live in the proposed program area (if different from the affected area).
9. Provide the average number of people residing in a typical dwelling unit prior to the disaster. Explain how pre-event levels may have changed, and why.
10. Discuss any groups of individuals who did not form typical households or with household sizes considered atypical. This includes unaccompanied children, older people, people with disabilities, or specific minority groups.
11. Provide the number and percentage of households and individuals who sustained damage to their homes.
12. Approximate number and percentage of damaged or destroyed private dwellings, by type (e.g., single family, attached, low-rise and high-rise multiple family units). List by village, city, or region.
13. 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.
14. Provide the number, location, and percentage of total households with no shelter or inadequate shelter.
15. Provide the number of damaged dwellings that are habitable without immediate repair, habitable only after repair, uninhabitable, and requiring demolition.
16. Explain whether the need for shelter is temporary, such as a few weeks, or whether a displaced population requires shelter for an indeterminate time.
17. Describe the shelter delivery systems prior to the disaster, including relevant market systems for shelter items and services, and relevance to the disaster response.
18. If relevant, provide the extent of damage to non-residential buildings, such as shops and offices, schools, places of worship, and hospitals that might serve as potential resources for shelter provision. Include in assessment access in these buildings to sanitation, water, and other basic housing necessities.
19. Describe any program-related household and livelihood support activities that typically took place in and around dwelling units that could be expeditiously and effectively reestablished.
20. Provide the percentage of dwellings in the target area owned by their residents prior to the disaster.
21. Assessments must include detailed analysis of the prevalent hazards in the target area including their anticipated impacts over housing and critical infrastructure such as schools, clinics, water and sanitation systems, etc.

### **Technical Design**

Identify hazard risk to be reduced, and specific structural and/or non-structural measures designed to reduce identified risk to reasonable levels. Non-structural measures can include provision of technical assistance and capacity building related to DRR, to include support of settlements-based planning efforts to reduce identified hazard risks (see S&S Sub-sector on Emergency/Transitional Shelter).

### **Indicators**

1. Number of shelters incorporating DRR measures;
2. Number of settlements adopting DRR measures; and
3. Number and percentage of people retaining shelter and settlements DRR knowledge two months after training, disaggregated by sex.

### **Information Resources**

1. USAID/OFDA Shelter and Settlement specialists e-mail: [ofdasherter@usaid.gov](mailto:ofdasherter@usaid.gov)
2. *The Sphere Project: Humanitarian Charter and Minimum Standards in Humanitarian Response* handbook. Geneva, 2011. Of particular relevance is chapter titled, "Minimum Standards in Shelter, Settlement, and Non-Food Items."  
<http://www.sphereproject.org/handbook/>
3. *Field Operations Guide for Disaster Assessment and Response*. USAID/OFDA and the U.S. Department of Agriculture's Forest Service, 2005.  
<http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>
4. *A Description of Humanitarian Shelter and Settlements Assistance*. USAID/OFDA, 2012.  
[http://transition.usaid.gov/our\\_work/humanitarian\\_assistance/disaster\\_assistance/sectors/shelter.html](http://transition.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/sectors/shelter.html)
5. *The USAID/OFDA Approach to Shelter and Settlements Sector Activities*. USAID/OFDA, 2008.  
[http://transition.usaid.gov/our\\_work/humanitarian\\_assistance/disaster\\_assistance/sectors/files/Approach\\_Shelter\\_Settlements\\_Sector\\_Activities.pdf](http://transition.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/sectors/files/Approach_Shelter_Settlements_Sector_Activities.pdf)
6. *Basic Elements of a Good Shelter Proposal*. USAID/OFDA, 2009.  
[http://transition.usaid.gov/our\\_work/humanitarian\\_assistance/disaster\\_assistance/sectors/files/Basic\\_Elements\\_Good\\_Shelter\\_Proposal.pdf](http://transition.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/sectors/files/Basic_Elements_Good_Shelter_Proposal.pdf)
7. *Transitional Settlement Displaced Populations* by Tom Corsellis and Antonella Vitale. University of Cambridge Shelter Project, Oxfam, 2005.  
<http://www.sheltercentre.org/library/transitional-settlement-displaced-populations-tsdp>
8. *The Economic Impact of Shelter Assistance in Post-Disaster Settings*. CHF International, 2005. Funded by USAID/OFDA.  
<http://www.chfinternational.org/node/37134>
9. *Guidelines for Rapid Environmental Impact Assessment in Disasters* by Charles Kelly. Benfield Hazard Research Center and CARE International, 2005.  
[http://transition.usaid.gov/our\\_work/humanitarian\\_assistance/ffp/rea\\_guidelines.pdf](http://transition.usaid.gov/our_work/humanitarian_assistance/ffp/rea_guidelines.pdf)
10. *Hosting Support: An Overlooked Humanitarian Shelter Solution*, by Charles A. Setchell, in *Monthly Developments*, Jan/Feb 2012 (Vol. 30, No. 1/2), pp. 17-18,  
<http://www.monthlydevelopments.org/issue/jan2012>

## 12. Water, Sanitation, and Hygiene

USAID/OFDA endorses the Sphere standards ([www.sphereproject.org](http://www.sphereproject.org)). You should apply these standards to all proposed activities and related indicators. If there are specific contextual situations in which it is not possible to achieve the Sphere standards, you should still strive towards these standards but provide brief but thorough justification explaining why Sphere standards are not achievable.

### **Overview**

Interventions under the Water, Sanitation, and Hygiene (WASH) Sector aim to reduce morbidity and mortality associated with diseases and hazards resulting from deficient environmental health conditions.

### **Emergency Relief WASH Interventions**

1. Must be based upon findings from rapid assessments. Include assessment data summary table within the proposal, or as an appendix. Specify dates and sources. You can find a sample of the required WASH baseline data table at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.
2. Must describe the shock and be able to justify a subsidized approach towards WASH service provision.
3. Must compare current conditions to normal baseline conditions for non-camp settings as part of the justification.
4. Must describe and justify the expected duration of subsidized WASH services.
5. Must justify how the proposed approach leads to the most viable exit strategy.
6. Must be implemented as a comprehensive program, including hygiene promotion, water supply, and sanitation, or clearly identify who will perform those components not included in the proposed project.
7. Must follow “best-practices” to ensure that emergency activities are rapid, effective, meet objectives, and address critical public health risks associated with poor environmental health conditions.
8. Must meet Sphere standards or clearly explain why Sphere standards cannot be met.
9. For camp-based interventions, quality and maintenance are the full responsibility of the implementing organization. For example, ensuring emergency latrine maintenance and cleanliness are the ultimate responsibility of the implementer.
10. Must be accompanied by active WASH Cluster participation or participation in whatever coordination mechanisms exist.
11. Should be seen as the first step, transitioning to early recovery as soon as possible and laying out a clear and achievable exit strategy.

### **DRR and Early Recovery Programming**

USAID/OFDA’s DRR approach is based on the HFA. WASH DRR and early recovery interventions must follow all the existing guidance for this sector and the relevant sub-sectors. WASH DRR and early recovery interventions

1. Require robust baseline data and risk analysis. Include assessment data summary table within the proposal or as an appendix. Specify dates and sources. You can find a sample of the required WASH baseline data table at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.
2. Require more substantial justification than emergency response programs.

3. Must justify how the program will result in sustainable improvements and describe how males and females will be incorporated into all aspects of the project, from planning through completion.
4. Must justify the selection of technology and its appropriateness for the context, including a description of existing markets for spare parts and maintenance services.
5. Must justify how activities will be aligned with national strategies of the host country government. If this approach varies from a standardized national strategy, justify the rationale.
6. Must justify how the proposed intervention(s) will integrate with other projects and initiatives.
7. Are by definition conducted in non-emergency settings. Therefore, ensure that sufficient justification is provided for your proposed intervention. Do not rely solely on Sphere standards. Explain why USAID/OFDA is an appropriate donor for this project.
8. Must provide a clear description of all existing WASH infrastructure, usage data, and baseline data; for example, provide a water usage rate study that includes all existing water sources regardless of distance or quality. Describe the full range of existing practices.
9. May include a component of innovation. However, pilot projects must include a robust evaluation component to determine success or failure, and should have a sufficiently long program timeline to evaluate long-term success and sustainability.
10. Ensure transition and DRR activities are well coordinated with host country government policies, systems, and structures. Justify any variations.
11. Recommend and provide justification for proposed project duration. The proposed timeframe for the project must allow adequate time to achieve proposed objectives.
12. Must incorporate sustainability into all activities.
13. Must describe if the proposed project fits within a larger strategy or if it is a stand-alone project. Identify other activities and funding sources that are intended to complement this project.
14. Must contain hygiene promotion or clearly identify a partner agency who will implement hygiene promotion in a complementary manner.
15. Must clearly identify goals and indicators that are appropriate and sustainable within the context, rather than strictly adhering to Sphere indicators.
16. Must clearly describe potential negative environmental and social impacts and how they will be mitigated; for example, cite potentially harmful impacts regarding gender, livelihoods, power inequity, depletion of natural resources, and negative settlement patterns.

### **Exit Strategy Guidance for DRR and Early Recovery**

Every WASH activity must have a well-defined, viable exit strategy. Exit strategies must consider the following areas:

1. Sustainability of operation and maintenance costs associated with infrastructure,
2. Actions taken to ensure hygiene promotion activities/behaviors are sustainable,
3. Potential for follow-on funding to continue WASH activities,
4. Potential for handover to local government actors or other organizations to continue WASH activities, and
5. Termination of services where necessary.

### **Protection Mainstreaming**

Proposals must demonstrate protection mainstreaming in the technical description.

1. Describe how you will design water sources and latrines to be safely accessible for vulnerable groups, including women, children, older people, and persons with

- disabilities. For example, communal latrines and bathing areas must be gender separated, in safe locations, and with lockable doors.
2. Describe how you have consulted people with unique needs on the design and location of the toilet and washing facilities.
  3. Address whether people with unique needs and ethnic minorities are represented on any water and/or sanitation committees, to ensure that their concerns are heard and addressed.
  4. Address whether adequate space exists for women to be able to clean, dry, and dispose of sanitary materials with privacy and dignity.
  5. Describe how hygiene messages will be targeted to persons with disabilities, including any outreach activities that may target this group.
  6. Describe any measures to be put in place to prevent sexual exploitation and abuse of people seeking access to water or sanitation facilities.

### **Available Sub-sectors and Sample Activities**

#### *Environmental Health*

- Community participation
- Debris cleanup
- Drainage
- Livestock waste management
- Solid waste management (community or municipal)
- Environmental control activities for vector-borne disease

#### *Hygiene Promotion*

- Hand washing
- Latrine maintenance and management
- Latrine usage
- Food preparation
- Water point maintenance
- Water transport, storage, and consumption
- Water treatment, point of use
- Water quality testing, household drinking water quality

#### *Sanitation Infrastructure*

- Bathing facilities
- Hand washing facilities
- Latrines (household, institutional, or communal)
- Excreta management
- Wastewater treatment
- Solid waste management (household)

#### *Water Supply Infrastructure*

- Rainwater systems
- Surface water systems
- Water distribution systems
- Water lifting devices, such as hand pumps, motorized pumps
- Water point construction or rehabilitation
- Water transport and storage systems
- Water treatment, at water point

- Water quality testing, at water point
- Ground water systems, such as hand-dug wells, boreholes, springs

## **Sub-sector: Environmental Health**

### **Overview**

The Environmental Health Sub-sector focuses on community-level interventions aimed primarily at drainage, solid waste management, and vector control activities. Proposed activities must be evidence-based and clearly target identified public health risks. All emergency interventions should adhere to Sphere standards, while recovery and DRR interventions should utilize approaches appropriate for the context.

### **Needs Assessment Summary**

1. Provide public health risk assessment and analysis related to drainage, livestock waste, solid waste, and other disease transmission vectors;
2. Provide available morbidity and mortality data associated with identified risks; and
3. Provide information on existing local practices (including relevant gender-specific behaviors) and capacity to reduce risks.

### **Technical Design**

1. In emergency programming, simple sketches/maps for each infrastructure activity are adequate. For recovery or DRR programs, USAID/OFDA requires more detailed technical designs.
2. For recovery and DRR programs, describe a reasonable exit strategy to facilitate community's continuation of mitigation activities to obtain a sustainable impact.
3. Explain your strategy for ensuring appropriate involvement of both women and men as key players in program development and implementation. Address the unique needs of persons with disabilities and older people.
4. For waste management, describe entire process from generation through final disposal.
5. For vector control activities, describe any environmental modification, chemical usage, or personal protective measures.
6. Describe safety procedures to ensure staff/workers are protected during project activities, especially when chemicals are proposed.
7. Describe the demographic characteristics of the target population, disaggregated by sex where possible.
8. Explain your beneficiary selection criteria.
9. Identify setting (e.g., IDP camp, host community, urban neighborhood, or traditional village).
10. Include the average household size.
11. For waste management, explain how regularly occurring activities (such as trash removal) will continue after project end. Note USAID/OFDA does not support paying individuals (e.g., using CFW) to routinely clean communal spaces or remove waste, except in managed camps.



**Indicator**

1. Number of people benefiting from solid waste management, drainage, and/or vector control activities (without double-counting).

USAID/OFDA strongly encourages the inclusion of additional indicators for this sub-sector. Consult the WASH section of the Partner Resources website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

**Sub-sector: Hygiene Promotion****Overview**

The Hygiene Promotion Sub-sector focuses upon interventions intended to reduce disease transmission through improved personal hygiene behaviors and management of infrastructure. Proposed activities must be evidence-based and clearly target identified public health risks. All emergency interventions should adhere to Sphere standards, while recovery and DRR interventions should follow evidence-based and culturally appropriate hygiene promotion methodologies.

**Needs Assessment Summary**

1. Provide public health risk assessment and analysis related to current hygiene practices, including human excreta disposal, hand washing, and safe water handling.
2. Provide available morbidity and mortality data associated with identified hygiene risks.
3. Provide information on existing local practices and access to hygiene materials such as soap, safe water containers, and feminine hygiene materials.
4. Cite current capacity to manage existing and proposed infrastructure, including financial management, operation, and maintenance.
5. List current condition of existing infrastructure, including analysis of past maintenance efforts.

**Technical Design**

1. Explain your strategy for ensuring appropriate involvement of both women and men as key players in program development and implementation. Address the unique needs of persons with disabilities and older people.
2. Describe existing institutions such as clinics, schools, churches/mosques, and men's, women's, or community groups that could be used to deliver hygiene messages or manage infrastructure.
3. Describe how hygiene promotion for behavior change or infrastructure management will be sustained throughout the project to ensure adequate uptake. Include a description of all approaches to be used, such as group sessions, house-to-house campaigns, institutional messaging, and/or mass media.
4. Describe activities that ensure community committees formed for infrastructure maintenance are transparent and accountable and capable of conducting good financial management, operation, and maintenance.
5. Describe how the community will have sustained access to spare parts, staff training, and access to a higher level maintenance service provider when needed.
6. Describe the demographic characteristics of the target population, disaggregated by sex where possible.
7. Explain your beneficiary selection criteria.
8. Identify setting (e.g., IDP camp, host community, urban neighborhood, or traditional village).

9. Include the average household size.
10. Describe if your project will adhere to existing hygiene promotion protocols 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.

### **Indicator**

1. Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting).

USAID/OFDA strongly encourages the inclusion of additional indicators for this sub-sector. Consult the WASH section of the Partner Resources website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

## **Sub-sector: Sanitation Infrastructure**

### **Overview**

The Sanitation Infrastructure Sub-sector focuses upon infrastructure for the safe disposal of human excreta. Activities related to the management of sanitation infrastructure fall under the Hygiene Promotion Sub-sector. All sanitation projects must therefore be accompanied with the Hygiene Promotion Sub-sector. Proposed activities must be evidence-based and clearly target identified public health risks. All emergency interventions should adhere to Sphere standards, while recovery and DRR interventions should utilize approaches appropriate for the context.

For temporary, emergency latrines, an exit strategy must clearly describe if latrines will be decommissioned or handed over for community management. For temporary, emergency communal latrines, you must employ latrine attendants and cleaners to ensure cleanliness, use, and safety of sanitation infrastructure.

### **Needs Assessment Summary**

1. Provide public health risk assessment and analysis related to current human excreta disposal practices, especially evidence of open defecation in proximity to water sources, households, and public gathering spaces.
2. Provide available morbidity and mortality data that may be linked to existing excreta disposal practices.
3. Provide information on historic and current local practices. This includes open defecation, cat method, pit latrine, pour flush latrine, flush toilet, etc. Identify relevant gender-specific behaviors.
4. Cite current structural condition of existing infrastructure.
5. Identify current methods of household solid waste and garbage disposal.

### **Technical Design**

1. In emergency programming, simple sketches/maps for proposed sanitation infrastructure activities are adequate. For recovery and DRR programs, USAID/OFDA requires more detailed technical designs.
2. For recovery and DRR programs, sanitation technical designs must be replicable and affordable for average community households.
3. Explain your strategy for ensuring appropriate involvement of both women and men as key players in program development and implementation. Address the unique needs of persons with disabilities and older people.

4. For designs requiring off-site wastewater/sludge disposal, describe entire process from generation through final disposal.
5. Describe safety procedures to ensure staff/workers are protected during project activities.
6. Describe efforts to mitigate potential contamination of the environment, or of drinking water sources, by proposed sanitation infrastructure.
7. For recovery and DRR projects, justify that project objectives can be accomplished within the proposed project timeframe.
8. Describe the demographic characteristics of the target population, disaggregated by sex where possible.
9. Explain your beneficiary selection criteria.
10. Identify setting (e.g., IDP camp, host community, urban neighborhood, or traditional village).
11. Include the average household size.
12. Provide a clear and achievable exit strategy. Describe if services will be terminated/decommissioned or handed over to another organization to operate and maintain.

#### **Indicator**

1. Number of people directly benefitting from this sanitation infrastructure program.

USAID/OFDA strongly encourages the inclusion of additional indicators for this sub-sector. Consult the WASH section of the Partner Resources website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

## **Sub-sector: Water Supply Infrastructure**

#### **Overview**

The Water Supply Infrastructure Sub-sector focuses upon infrastructure for the provision of safe drinking water for human consumption, though it may include multi-use water sources. Hygiene promotion must accompany all water supply infrastructure projects. Activities related to the management of water supply infrastructure fall under the Hygiene Promotion Sub-sector.

Proposed activities must be evidence based and clearly target identified public health risks. All emergency interventions should adhere to Sphere standards, while recovery and DRR interventions should utilize approaches appropriate for the context.

#### **Needs Assessment Summary**

1. Provide public health risk assessment and analysis related to current drinking water practices, from source to handling practices to consumption, including relevant gender-specific behaviors.
2. Provide available morbidity and mortality data that may be linked to existing drinking water practices (source to handling practices to consumption).
3. Provide any recent water-related disease outbreaks in the region.
4. Describe any water treatment efforts being practiced either at the water point or household.
5. Describe all existing water sources and their uses, regardless of distance or quality.

6. Estimate daily water usage rates of target population in liters per person per day. This should be as representative as possible and preferably based on household surveys or interviews.
7. Describe the type of surface and groundwater resources (alluvial, basement complex, sedimentary) available in the area and their recharge capacity.
8. Include relevant data from existing water resource studies.
9. Identify current structural condition of existing infrastructure.
10. Describe availability of spare parts and historic maintenance practices.

### **Technical Design**

1. In emergency programming, simple sketches/maps for proposed water supply infrastructure activities are adequate. For recovery or DRR programs, USAID/OFDA requires detailed technical designs.
2. Explain your strategy for ensuring appropriate involvement of both women and men as key players in program development and implementation. Address the unique needs of persons with disabilities and older people.
3. Describe efforts to ensure any developed/rehabilitated water sources are protected from contamination.
4. Describe the proposed water quality testing program, including parameter, testing equipment, frequency, and location.
5. Justify the installation of mechanical water lifting devices in terms of sustainability.
6. Indicate if the program will utilize equipment that is common or typical in the region and the availability of spare parts or replacements (and distance to obtain spare parts). If diverging from commonly used equipment, explain the rationale for the selection.
7. Provide the estimated daily production rate for developed or rehabilitated water sources.
8. Water trucking must include a strong justification based upon human health indicators and water usage rates and have a clear and time-bound exit strategy.
9. If multi-use water supply infrastructure is proposed, quantify daily requirements by category (e.g., livestock, agriculture, household, construction).
10. Describe efforts to mitigate against exacerbating aquifer depletion and over-usage of scarce water supply.
11. Describe efforts to mitigate any negative environmental or social impacts as a result of this project. For example, cite potentially harmful impacts regarding gender, livelihoods, power inequity, and negative settlement patterns.
12. Describe existing water markets and livelihoods based upon selling of water in the program area (market analysis of water) and any negative or positive impacts of the project upon these markets.
13. Describe the demographic characteristics of the target population, disaggregated by sex where possible.
14. Explain your beneficiary selection criteria.
15. Identify setting (e.g., IDP camp, host community, urban neighborhood, or traditional village).
16. Include the average household size.
17. Provide a clear and achievable exit strategy. Clearly describe if services will be terminated/decommissioned or handed over to another organization to operate and maintain.
18. Describe the consultative process with the beneficiary population during your assessment and how the proposed intervention incorporates beneficiary input.

### **Indicator**

1. Number of people directly benefitting from this water supply infrastructure program.

USAID/OFDA strongly encourages the inclusion of additional indicators for this sub-sector. Consult the WASH section of the Partner Resources website at <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>.

### **Information Resources**

1. *Field Operations Guide for Disaster Assessment and Response*. USAID/OFDA and the U.S. Department of Agriculture's Forest Service, 2005. <http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>
2. *The Sphere Project: Humanitarian Charter and Minimum Standards in Disaster Response* handbook, 3<sup>rd</sup> Edition. Geneva, 2011. <http://www.sphereproject.org/>
3. *WHO Technical Notes for Emergencies*. Water, Engineering and Development Centre, Loughborough University. [http://wedc.lboro.ac.uk/knowledge/notes\\_emergencies.html](http://wedc.lboro.ac.uk/knowledge/notes_emergencies.html)
4. *Environmental Guidelines for Small-Scale Activities in Africa* by USAID Africa Bureau <http://www.encapafira.org/egssaa.htm>
5. *Engineering in Emergencies, 2<sup>nd</sup> Edition* edited by Jan Davis and Robert Lambert, Practical Action 2002.
6. *Guidelines for Rapid Environmental Impact Assessment in Disasters* by Charles Kelly. Benfield Hazard Research Center and CARE International, 2005. [http://www.preventionweb.net/files/8267\\_bhrcgen30apr1.pdf](http://www.preventionweb.net/files/8267_bhrcgen30apr1.pdf)
7. *Improving Health through Behavior Change: A Process Guide on Hygiene Promotion*. USAID Environmental Health Project, 2004. [http://www.ehproject.org/PDF/Joint\\_Publications/JP007-CIMCIProcessGuideWeb.pdf](http://www.ehproject.org/PDF/Joint_Publications/JP007-CIMCIProcessGuideWeb.pdf)
8. *Water Safety Plan Manual: Step-by-Step Risk Management for Drinking Water Suppliers* by WHO and the International Water Association [http://whqlibdoc.who.int/publications/2009/9789241562638\\_eng.pdf](http://whqlibdoc.who.int/publications/2009/9789241562638_eng.pdf)
9. *IASC Guidelines on Gender Based Violence Interventions in Humanitarian Settings* <http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsidi-f-gender-gbv>
10. *Public Health Guide for Emergencies, 2<sup>nd</sup> Edition* by Johns Hopkins and IFRC, 2008. [http://www.jhsph.edu/research/centers-and-institutes/center-for-refugee-and-disaster-response/publications\\_tools/publications/CRDR\\_ICRC\\_Public\\_Health\\_Guide\\_Book/Forward.pdf](http://www.jhsph.edu/research/centers-and-institutes/center-for-refugee-and-disaster-response/publications_tools/publications/CRDR_ICRC_Public_Health_Guide_Book/Forward.pdf)
11. Global WASH Cluster: <http://www.washcluster.info/>
12. Community-led Total Sanitation: [www.communityledtotalsanitation.org/](http://www.communityledtotalsanitation.org/)

## C. *Keywords Description and Guidance*

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

To determine whether or not a keyword is relevant, review the following description of each of the keywords. If a keyword is relevant, list the keyword in the proposal summary and incorporate the guidance here into the technical description in the proposal narrative.

### 1. **Cash and Vouchers**

Proposed interventions with **Cash and Vouchers** activities (also known as cash-based interventions) provide assets to people through physical cash, cash or commodity vouchers, electronic funds transfers, mobile money, or other means. This allows people to purchase items necessary for relief and recovery. When done correctly and under the appropriate circumstances, cash-based interventions can provide benefits both for the direct beneficiaries and indirectly, by stimulating the local economy and supporting local vendors.

Cash and vouchers can be used in many USAID/OFDA sectors: seed vouchers for an Agriculture and Food Security activity; cash grants for people to buy needed household goods under Logistics Support and Relief Commodities; vouchers to buy shelter supplies under S&S; or cash grants to start or restart a small business under ERMS. You should categorize cash-based interventions under the sector that best responds to the program objective. Proposals for food vouchers, or cash grants intended overwhelmingly for the purchase of food, are not generally considered for USAID/OFDA funding as these are under the mandate of USAID's Office of Food for Peace.

You should use a rapid market analysis tool to determine the most appropriate form of assistance. Cash-based interventions are generally appropriate when adequate supplies of needed commodities are available in the region and markets are functioning, but affected individuals lack purchasing power. In all cases, men's and women's preferences for cash-based versus in-kind assistance should be a critical factor.

When choosing between cash and vouchers, you should consider the program objective, beneficiary profile, and surrounding context. Vouchers may be preferable to cash when the program objective depends on people using funds in a certain way, when elite or intra-household capture is a risk, when inflation or insecurity makes effective cash transfers impossible, when quality control is critical, or when visibility of the program is a high priority. Cash is generally preferred in other situations to maximize beneficiary choice and flexibility. If you determine that vouchers are appropriate, you must also choose between cash and commodity vouchers. Cash vouchers have a designated value that can be exchanged for an array of commodities up to that amount and may allow people greater choice and an opportunity to bargain. Commodity vouchers are valid for a fixed quantity of specific commodities and provide protection from unreasonable profit margins and high inflation.

Proposals including Cash and Vouchers must provide

- An analysis of whether markets for the goods in question are functioning and accessible, including consideration of any associated risks, such as inflation or shortages;
- Evidence of coordination with other cash-based programs, including CFW, that are being implemented in the immediate geographic vicinity;
- Strong beneficiary targeting information, as cash may be attractive to everyone; and
- A detailed plan on how cash will be delivered in a manner that is convenient and secure for beneficiaries, secure for staff, allows for good accountability, and respects cost-efficiency concerns. As of August 2014, USAID requires electronic payments when transferring funds. OFDA partners are eligible for a waiver in some circumstances. If requesting a waiver, please note this in the proposal and include a justification.

### **Information Resources**

1. Cash Learning Partnership: [www.cashlearning.org](http://www.cashlearning.org).
2. "Cash Transfer Programming in Emergencies" (Good Practice Review 11) by Paul Harvey and Sarah Bailey, Humanitarian Practice Group, Overseas Development Institute (ODI HPN) London, 2011. <http://www.odihpn.org/download/gpr11.pdf>
3. *Cash-Transfer Programming in Emergencies: A Practical Guide* by Pantaleo Creti and Susanne Jaspars. Oxfam, 2006. <http://publications.oxfam.org.uk/oxfam/display.asp?isbn=0855985631>
4. *Cash and vouchers in emergencies* by Paul Harvey. HPG report 4. ODI HPN, London, 2007.
5. *Emergency Market Mapping and Analysis* by Mike Albu et al. Practical Action Publishing and Oxfam GB, 2010. <http://www.emma-toolkit.org>
6. "A Market Analysis and Decision Tree Tool for Response Analysis: Cash, Local Purchase, and/or Imported Food Aid? The Decision Tree Tool." By Christopher B. Barrett, Erin C. Lentz, and Daniel G. Maxwell for CARE, 2007. <http://www.cashlearning.org/downloads/resources/tools/mifira-decision-tree-tool.pdf>

## **2. Cash-for-Work**

Proposed interventions with **Cash-for-Work (CFW)** activities distribute cash to people in exchange for their work on a project of communal benefit. This is not the same thing as hiring casual workers as non-employee laborers; CFW projects target people in need rather than hiring workers as available.

CFW programs generally serve two purposes: providing people with a short-term source of much-needed cash and completing work that creates, repairs, or improves community assets. The focus of CFW must be on community or market-wide infrastructure that benefit the entire community, such as roads, bridges, canals, community centers, etc., **USAID/OFDA will not fund CFW activities that pay people to engage in work they would normally do on their own, such as plant their crops and repair their homes.** (USAID/OFDA will occasionally consider funding community-based CFW on private property, depending on certain circumstances; however, this is the exception rather than the rule.) USAID/OFDA will not fund CFW for tasks that communities should handle themselves, such as trash pickup, except in camp situations.

CFW can be used in many USAID/OFDA sectors and sub-sectors; applications must

always use the Cash-for-Work keyword if CFW is proposed. The appropriate sector and sub-sector will depend on the primary objective of the project. Below are some examples to illustrate the point:

- Primary objective: Improve irrigation as an agricultural intervention. Proposed activity: CFW to repair communal irrigation canals. CFW would be a keyword within the Agriculture and Food Security Sector, Irrigation Sub-sector;
- Primary objective: Restore access between villages. Proposed activity: CFW to rehabilitate a damaged bridge on a key market route. CFW would be a keyword within the ERMS Sector, Market Infrastructure Rehabilitation Sub-sector; and
- Primary objective: Increase purchasing power of affected population so that people can meet their daily needs. Proposed activity: CFW to clear disaster debris. In this example, CFW would be a keyword within the ERMS Sector, Temporary Employment Sub-sector.

### **Information Resources**

1. USAID/OFDA ERMS SRs, Temporary Employment sub-sector, page 94.
2. “Cash Transfer Programming in Emergencies” (Good Practice Review 11) by Paul Harvey and Sarah Bailey, Humanitarian Practice Group, Overseas Development Institute (ODI HPN) London, 2011. <http://www.odihpn.org/download/gpr11pdf>
3. *Cash-Transfer Programming in Emergencies: A Practical Guide* by Pantaleo Creti and Susanne Jaspars. Oxfam, 2006. <http://publications.oxfam.org.uk/oxfam/display.asp?isbn=0855985631>

## **3. Climate**

Use the **Climate** keyword for proposed DRR interventions that specifically address impacts of climate and weather-induced extremes such as floods, droughts, cyclones, extreme temperatures, and secondary hazards such as storm surges and landslides, in addition to integration of DRR to climate change adaptation.

### **Information Resource**

1. U.N. World Meteorological Organization-Climate Risk Management: [http://www.wmo.int/pages/themes/climate/risk\\_management.php](http://www.wmo.int/pages/themes/climate/risk_management.php)

## **4. Early Warning System**

Proposed interventions with **Early Warning System** (EWS) components support implementation at community, local, national, regional, and international levels. EWS can be defined as the set of capacities needed to generate and disseminate timely and meaningful warning information to enable individuals, communities, and organizations threatened by a hazard to prepare and to act appropriately and in sufficient time to reduce the possibility of harm or loss (ISDR, 2009).

An effective EWS should provide sufficient lead time to prepare for and respond to extreme natural events. EWS should integrate various components that include

- Observing and monitoring,
- Modeling and predicting,
- Advising decision-makers,
- Disseminating information to users and populations at risk, and



- Action-taking by users and populations at risk to reduce the impact. Each component in this process is critical in reducing the adverse impacts of hazards and providing essential lead time to aid decisions. Failure of one component would lead to the failure of the overall goal of risk reduction. Feedback from decision makers, sector users, and communities to data collection, research, modeling, and forecasting components is vital to address users' needs, provide useful information, and reduce vulnerability.

### **Information Resource**

1. ISDR Terminology, 2009.  
[http://www.unisdr.org/files/7817\\_UNISDRTerminologyEnglish.pdf](http://www.unisdr.org/files/7817_UNISDRTerminologyEnglish.pdf)

## **5. Education**

Proposals must include **Education** as a keyword when the proposed intervention includes elements designed to improve access to education for disaster-affected populations. Access to education includes both formal and non-formal education opportunities, ranging from primary and secondary school to skills training and other learning opportunities. While USAID/OFDA does not support education as a sector, USAID/OFDA recognizes that education and schools are important to populations affected by disasters and that safeguarding and restarting educational opportunities are valuable normalizing activities that help communities cope with and recover from disasters. As part of its disaster response and DRR programming, USAID/OFDA frequently supports non-formal education activities as well as assistance to schools to re-start. Examples of education-related USAID/OFDA programming include the following activities:

- Child-friendly spaces to provide children with opportunities for safe, supervised play and informal learning;
- Skills training for adolescents, women, persons with disabilities, and older people;
- Provision of temporary shelters to enable damaged schools to re-start classes;
- DRR training and initiatives in schools;
- Advocacy and material support for schools to enroll internally displaced children to enroll in schools in the place of displacement; and
- Training for teachers in psychosocial support, landmine awareness, and child protection.

Proposals that include these or other activities that support access to education must identify education as a relevant keyword. Technical descriptions must clearly state how the proposed intervention will support access to education.

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

Proposed programs that address **Humanitarian Safety and Security Programming** typically fall under the Humanitarian Coordination and Information Management Sector and/or the Humanitarian Studies, Analysis, or Applications Sector. USAID/OFDA-funded humanitarian safety and security activities associated with disaster mitigation and response should simultaneously address the safety and security of aid workers and enable humanitarian activities. Specifically, you should be aware of the following:

- Programs designed to enhance the humanitarian community's ability to manage security should, to the fullest extent possible, be open and accessible to all

humanitarian organizations. Such programs should build the capacity of humanitarian organizations to address their own operational security, not replace it.

- Safety and security training programs should identify and address the needs of **both** international and national staff needs and, where possible, local humanitarian organizations.
- Studies and/or research should build upon existing good practice in the realm of operational safety and security for both international and local humanitarian organizations.
- Studies that seek to statistically characterize humanitarian security incidents must be indexed (using rates), rather than stated in absolute terms alone.

### **Information Resources**

1. InterAction Minimum Operating Security Standards (MOSS). InterAction. 2006. <http://www.eisf.eu/resources/item.asp?d=1612>
2. Guidance for Implementing InterAction's Minimum Operating Security Standards. InterAction 2006. <http://www.interaction.org/document/suggested-guidance-implementing-interaction%E2%80%99s-minimum-operating-security-standards-moss>
3. Saving Lives Together: A Framework for Improving Security Arrangements among IGOs, NGOs, and U.N. in the Field. IASC. 2006. <http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-search-fastsearch&query=saving%20lives%20together>
4. *Operational security management in violent environments*; ODI, Humanitarian Practice Network's Good Practice Review 8: December 2010. [http://www.odihpn.org/documents%2FGPR\\_8\\_revised2.pdf](http://www.odihpn.org/documents%2FGPR_8_revised2.pdf)
5. European Interagency Security Forum resources/publications: <http://www.eisf.eu/resources/category.asp?dc=131>

## **7. Information Systems/Geographic Information Systems**

Proposed interventions with **Information Systems/Geographic Information Systems (GIS)** activities use a system or geographic data to assess needs, plan, track, or report program activities. Such data could include GPS coordinates, geo-referenced data, or satellite imagery.

### **Information Resource**

1. *The Application of Geographic Information Systems and Global Positioning Systems in Humanitarian Emergencies: Lesson Learned, Programme Implications and Future Research* by Kaiser, et al. *Disasters* 27(2):127-140, 2003. <http://onlinelibrary.wiley.com/doi/10.1111/1467-7717.00224/abstract>

## **8. Livelihoods**

Proposed interventions with **Livelihoods** activities support the capabilities and assets people use to access the goods they need to survive. Generally speaking, a livelihood strategy is how people use what they have to get what they need. The Sustainable Livelihoods framework notes five types of assets that people use to support their livelihood pattern:

1. **Physical assets:** The infrastructure, tools, and goods people need to be productive;

2. **Human assets:** The skills, knowledge, health, and infrastructure people use to work;
  3. **Social assets:** The way personal relationships and interactions are leveraged to acquire needed resources;
  4. **Financial assets:** The ways people access cash, save and borrow money, and other financial means; and
  5. **Environmental assets:** How natural resources are utilized.
- These assets, and the way that people combine and use them to meet their needs, often change during and after disasters.

The Livelihoods keyword must be used when applicants propose activities that support livelihood strategies but are not categorized under the ERMS Sector. For example, activities aimed at helping people earn income through crop production or livestock rearing would be categorized under the Agriculture and Food Security Sector with the Livelihoods keyword. Livelihoods strategies should be a good fit both with people's skills, interests and assets, and with market dynamics.

### **Information Resources**

1. USAID/OFDA ERMS SRs, page 84.
2. DFID Sustainable Livelihoods resource center: <http://livelihoodsrc.dfid.gov.uk/>
3. Livelihoods Connect: creating sustainable livelihoods to eliminate poverty. Institute of Development Studies. <http://www.livelihoods.org>

## **9. Livestock**

Proposed interventions with **Livestock** address the critical needs of food-producing animals in order to maintain their well-being, growth, and productivity. The desired outcome of programs with livestock interventions is to support enough animals through the crisis so that the core herd can repopulate when the conditions improve.

An early and thorough assessment of the nature and severity of the emergency will determine the needs for outside nutritional supplementation (feed and water), disease prevention and treatment, and husbandry (e.g., animal sheds, special care, etc.). When livestock numbers exceed the capacity to care for the animals, then targeted interventions may support destocking of animals. This can be done early in slow-onset disasters by working with market vendors and in fast-onset or complex emergencies with emergency slaughter programs.

Companion and food-producing animals as well as wildlife can be sources of diseases transmitted between people and animals (zoonotic diseases). Emergency vaccination or depopulation of these sources of infection is a part of good public health practice. The appropriate initial response and interactions with livestock will serve the post-emergency livelihoods of the families by retaining the right balance of animals maintained and protected from those that required depopulation. Maintaining core breeding herds will aid in the recovery and enhanced resilience of disaster-affected vulnerable populations.

### **Information Resources**

1. "LEGS: Livestock Emergency Guidelines and Standards" provides guidance on the identification of appropriate livestock responses, on destocking, veterinary services, provision of feed and water livestock shelter, and restocking. <http://www.livestock-emergency.net/resources/download-legs/>

2. Emergency Prevention System Global Animal Disease Information System is a web-based application designed to support veterinary services with global disease information. <http://empres-i.fao.org/eipws3g/#h=0>
3. The Merck Veterinary Manual is a comprehensive electronic reference for animal disease descriptions and care information. <http://www.merckvetmanual.com>
4. Vetvac is an international online database of livestock vaccines. [www.vetvac.org](http://www.vetvac.org)

## 10. 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. Proposed interventions with activities for pastoralists could include veterinary assistance, health assistance, and restocking or destocking animals. Activities may also include herd or pasture management or management of natural resources to improve grazing lands used by pastoralists. Any activities targeting pastoralist water sources must be carefully considered in terms of potential for conflict between different water stakeholders and hygienic separation between human and animal water points. These activities must be fully examined for sustainability and potential negative impacts on the natural resource base.

### Information Resources

1. Pastoralism: NRI Research, Advisory and Consultancy Projects. Natural Resources Institute. <http://www.nri.org/projects/pastoralism/pastoralism.htm>
2. *Global Drylands Imperative Challenge Paper: Pastoralism and Mobility in Drylands*. [http://www.unep.org/training/programmes/Instructor%20Version/Part\\_2/Activities/Economics\\_of\\_Ecosystems/Land/Supplemental/The\\_Global\\_Drylands\\_Imperative.pdf](http://www.unep.org/training/programmes/Instructor%20Version/Part_2/Activities/Economics_of_Ecosystems/Land/Supplemental/The_Global_Drylands_Imperative.pdf)

## 11. Stoves

Proposed interventions with activities involving fuel-efficient **Stoves** can have objectives ranging from combatting deforestation and desertification to reducing the risks of GBV faced by women and children who gather fuel wood to mitigating tensions between displaced populations and host communities. Effective stove programs require trained technical staff and considerable sensitization and training of stove manufacturers and users. All stove programs must reference the USAID/OFDA *Fuel-Efficient Stove Programs in Humanitarian Settings: An Implementer's Toolkit* to ensure that the design and implementation are technically sound (see Information Resources below). Programs that include stove distribution as part of an NFI distribution must also select the Stoves keyword. The *Toolkit* provides guidance on which sector and sub-sector to select for stove programs.

### Information Resources

1. *Fuel Efficient Stove Programs in Humanitarian Settings: An Implementer's Toolkit*. USAID and the Academy for Educational Development. USAID, 2010. [http://transition.usaid.gov/our\\_work/humanitarian\\_assistance/disaster\\_assistance/publications/FES\\_Toolkit/USAID\\_FES\\_Toolkit\\_July\\_2010.pdf](http://transition.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/publications/FES_Toolkit/USAID_FES_Toolkit_July_2010.pdf)

## X. Glossary

<b>Affected Area (Disaster Area)</b>	The physical locations directly impacted by the hazard event, or the areas where damage caused by a hazard event is most concentrated. For DRR activities, affected area is the area of hazard event potential (e.g., flood plains, tsunami inundation areas, etc.). Affected areas can, and should, be identified via place names, maps, and appropriate geographic land area units (e.g., square kilometers, hectares, square miles, etc.).
<b>Annual Program Statement</b>	A form of solicitation used to generate competition for new awards where USAID/OFDA intends to support a variety of approaches by partners that are in keeping with USAID/OFDA's objectives.
<b>Assessment (Needs Assessment)</b>	The process of determining the impact or potential impact of a crisis or event prior to, during, and/or after the crisis or event. An assessment determines the need for immediate emergency measures to save and sustain lives and reduce suffering of affected populations, and calculates the possibilities for expediting recovery. It also evaluates the capacity of local populations to cope with the crisis. The assessment process can range from formal and scientific to anecdotal and impressionistic and should continue via monitoring and adjustment throughout the duration of the program.
<b>Assessment Area</b>	The area assessed by the prospective implementing partners. Although strongly recommended by USAID/OFDA, the assessment area need not necessarily coincide with "project area" (see below).
<b>Context-Specific Programming</b>	An approach to programming that reflects the combination of variables that distinguish the context of a disaster, such as gender roles, the environment, and social and political networks.
<b>Coping Mechanisms</b>	The set of behaviors or activities that people engage in to survive a crisis, such as consuming wild foods or selling assets such as livestock, property, jewelry, tools, and household furnishings.
<b>Cost Sharing</b>	In appropriate instances, USAID may require that a specified percentage of a program's funding come from non-federal sources. Cost sharing may be cash or in-kind, and may be from the applicant's own funds or from third-parties. For types of contributions that may be considered for the purposes of cost sharing, see 22 CFR 226.23, <a href="http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&amp;tpl=/ecfrbrowse/Title22/22cfr226_main_02.tpl">http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&amp;tpl=/ecfrbrowse/Title22/22cfr226_main_02.tpl</a> and <a href="http://www.access.gpo.gov/nara/cfr/waisidx_06/22cfr226_06.html">http://www.access.gpo.gov/nara/cfr/waisidx_06/22cfr226_06.html</a> .
<b>Critical Assumptions</b>	General conditions that are outside the control or influence of an organization but, if changed, may affect the ability to successfully implement a program.

<b>Direct Beneficiaries</b>	The members of an affected population who receive humanitarian assistance.
<b>Disaster Risk Reduction</b>	The concept and practice of reducing disaster risks through systematic efforts to analyze and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events.
<b>Disaster Assistance Response Team (DART)</b>	The team of first responders deployed to a disaster area by USAID/OFDA. In addition to USAID/OFDA personnel, a DART may include members of USAID's Office of Food For Peace; USAID's Office of Transition Initiatives; U.S. Department of State Bureau of Population, Refugees, and Migration; and other USAID bureaus and USG agencies.
<b>Goal</b>	The overall purpose of the program.
<b>Hazard</b>	A source of potential harm.
<b>Hyogo Framework for Action</b>	The Hyogo Framework for Action (HFA) is a ten-year plan to make the world safer from natural hazards adopted by 168 Member States of the United Nations in 2005 at the World Disaster Reduction Conference.
<b>Indicator</b>	A measurement used to demonstrate change resulting from a particular intervention. Indicators help monitor progress toward achieving performance targets.
<b>Indirect Beneficiaries</b>	Members of an affected population who do not receive direct assistance but who nonetheless benefit from assistance being given to their relatives, neighbors, friends, market connections, or community.
<b>International Standard</b>	An accepted measure for a humanitarian assistance commodity or service delivery recommended by relevant international organizations.
<b>In-kind Contribution</b>	The value of non-cash contributions to a program provided by the applicant/awardee or any non-USG party, including counterpart contributions from host country institutions. In-kind contributions may be in the form of space, equipment, supplies, expendable property, and the value of goods and services directly benefiting and specifically identifiable by an organization. See 22 CFR 226.23, <a href="http://ecfr.gpoaccess.gov/cji/t/text/text-idx?c=ecfr&amp;tpl=/ecfrbrowse/Title22/22cfr226_main_02.tpl">http://ecfr.gpoaccess.gov/cji/t/text/text-idx?c=ecfr&amp;tpl=/ecfrbrowse/Title22/22cfr226_main_02.tpl</a> .
<b>Livelihoods</b>	The means by which an individual or a part of a society sustains its existence.

<b>Measurable</b>	Describes an outcome that can be determined and reported quantitatively or qualitatively, and used as a basis for comparison.
<b>Mitigation</b>	The lessening or limitation of the adverse impacts of hazards and related disasters.
<b>Objective</b>	A subset of the goal that more specifically categorizes program activities according to needs to be addressed. Refer to the list of USAID/OFDA’s approved sectors.
<b>Performance Baseline Data</b>	Description of the prevailing conditions at the onset of the applicant’s proposed intervention. Performance baseline data should be both quantitative and qualitative. It is imperative to have a realistic picture of the starting point for any program in order to measure progress accurately.
<b>Performance Target</b>	Performance targets measure the specific, planned result(s) to be achieved within an explicit time frame and can be qualitative or quantitative.
<b>Preparedness</b>	The knowledge and capacities developed by governments, professional response and recovery organizations, communities, and individuals to effectively anticipate, respond to, and recover from the impacts of likely, imminent, or current hazard events or conditions.
<b>Prevention</b>	The outright avoidance of adverse impacts of hazards and related disasters.
<b>Program Area/ Project Area/ Target Area</b>	Area where proposed interventions would occur if project is approved.
<b>Qualitative Data</b>	Descriptive observations often expressed in reference to behavior, attitudes, beliefs, and personal experiences.
<b>Quantitative Data</b>	Data expressed numerically that may include qualitative information.
<b>Resilience</b>	The ability of a system, community, or society exposed to hazards to resist, absorb, accommodate to, and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions.
<b>Risk</b>	The probability that a loss will occur as the result of an adverse event. The level of risk is a factor of hazard and vulnerability.
<b>Risk Management</b>	The systematic approach and practice of managing uncertainty to minimize potential harm and loss.

<b>Sphere Project</b>	A broad collaborative effort initiated in 1997. Its aim is to reach common minimum standards for emergency activities on the basis of humanitarian principles covering essential “life-saving” sectors: WASH promotion; food security, nutrition, and food aid; shelter, settlement, and relief commodities; and health services. Publishes the <i>Humanitarian Charter and Minimum Standards in Disaster Response</i> handbook. <a href="http://www.sphereproject.org">http://www.sphereproject.org</a>
<b>Targeted Population</b>	Intended beneficiaries chosen for assistance based on anthropometric or socioeconomic criteria.
<b>Time Line</b>	The set of planned actions from the beginning to the end of an intervention that includes preparatory and post-program planning and evaluation.
<b>USAID Regulation 26</b>	“Administration of Assistance Awards for U.S. Nongovernmental Organizations.”
<b>Vulnerability</b>	The extent to which a community is at risk from disasters.



## **XI. Acronyms**

<b>AA/DCHA</b>	Assistant Administrator for USAID’s Bureau of Democracy, Conflict, and Humanitarian Assistance
<b>ABA</b>	Architectural Barriers Act
<b>ADA</b>	Americans with Disabilities Act
<b>ADS</b>	USAID Automated Directives System
<b>AOR</b>	Agreement Officer’s Representative. The AOR is an USAID/OFDA/W staff member authorized by the Agreement Officer, by policy, or by regulation to carry out specific aspects of contract or award administration.
<b>APDR</b>	Additional Program Description Requirement, now termed Sector Requirement (SR)
<b>APS</b>	Annual Program Statement
<b>ARI</b>	Acute Respiratory Infection
<b>BCC</b>	Behavior Change Communications
<b>BSMP</b>	Branding Strategy and Marking Plan
<b>CFW</b>	Cash-for-Work
<b>CFR</b>	Code of Federal Regulations
<b>CHW</b>	Community Health Worker
<b>CMAM</b>	Community Managed Acute Malnutrition
<b>CP IMS</b>	Child Protection Information Management System
<b>DCHA</b>	USAID’s Bureau for Democracy, Conflict, and Humanitarian Assistance. DCHA was formerly the Bureau for Humanitarian Response (BHR).
<b>DRR</b>	Disaster Risk Reduction
<b>DUNS</b>	Data Universal Numbering System
<b>e.g.</b>	For example
<b>EPI</b>	Expanded Program of Immunizations
<b>ERMS</b>	Economic Recovery and Market Systems

<b>FAA</b>	Foreign Assistance Act of 1961, as amended
<b>FAO</b>	U.N. Food and Agriculture Organization
<b>FDA</b>	U.S. Food and Drug Administration
<b>FOG</b>	USAID/OFDA <i>Field Operations Guide for Disaster Assessment and Response</i>
<b>GAM</b>	Global Acute Malnutrition
<b>GBV</b>	Gender-based Violence
<b>GIS</b>	Geographic Information System
<b>GPS</b>	Global Positioning System
<b>HF</b>	Health Facility
<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>IMCNI</b>	Integrated Management of Childhood and Neonatal Illness
<b>ISDR</b>	U.N. International Strategy for Disaster Reduction
<b>ITM</b>	Insecticide-treated Materials
<b>ITPS</b>	Insecticide-treated Plastic Sheeting
<b>IYCF</b>	Infant and Young Child Feeding
<b>KAP</b>	Knowledge, Attitude, and Practice
<b>LLIN</b>	Long-lasting Insecticide-treated Net
<b>LQAS</b>	Lot Quality Assurance Sampling
<b>MAM</b>	Moderate Acute Malnutrition
<b>MFI</b>	Microfinance Institution
<b>MISP</b>	Minimal Initial Service Package
<b>MoH</b>	Ministry of Health

<b>MSE</b>	Micro- and Small Enterprise
<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>	Nongovernmental Organization
<b>NICRA</b>	Negotiated Indirect Cost Rate Agreement
<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>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>PEA</b>	USAID Programmatic Environmental Assessment
<b>PEPFAR</b>	The U.S. President's Emergency Plan for AIDS Relief
<b>PHC</b>	Primary Health Care
<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>R&amp;R</b>	Rest and Relaxation
<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>SAM</b>	Severe Acute Malnutrition
<b>S&amp;S</b>	Shelter and Settlements
<b>SGBV</b>	Sexual and Gender-based Violence
<b>SIA</b>	Supplemental Immunization Activities
<b>SMART</b>	Standardized Monitoring and Assessment of Relief and Transitions
<b>SPOG</b>	Senior Policy Operating Group
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>TBA</b>	Traditional Birth Attendant
<b>TIP</b>	Trafficking in Persons
<b>U.N.</b>	United Nations
<b>UNICEF</b>	U.N. Children's Fund
<b>USAID</b>	United States Agency for International Development
<b>USAID/OAA</b>	USAID's Office of Acquisition and Assistance
<b>USAID/OFDA</b>	USAID's Office of U.S. Foreign Disaster Assistance
<b>USAID/OFDA/W</b>	USAID's Office of U.S. Foreign Disaster Assistance headquarters in Washington, D.C.
<b>USD</b>	U.S. Dollar
<b>USG</b>	U.S. Government
<b>VSL</b>	Village Savings and Loan
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WHO</b>	U.N. World Health Organization

## **XII. General References**

### **USAID/OFDA**

USAID/OFDA Homepage

[http://transition.usaid.gov/our\\_work/humanitarian\\_assistance/disaster\\_assistance](http://transition.usaid.gov/our_work/humanitarian_assistance/disaster_assistance)  
<http://www.usaid.gov/what-we-do/working-crises-and-conflict/responding-times-crisis>

USAID/OFDA Partner Resources

<http://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources>

USAID/OFDA *Field Operations Guide for Disaster Assessment and Response* (FOG)

[http://transition.usaid.gov/our\\_work/humanitarian\\_assistance/disaster\\_assistance/resources/#fog](http://transition.usaid.gov/our_work/humanitarian_assistance/disaster_assistance/resources/#fog)

Performance Monitoring Plan (PMP) based on general USAID guidance

[http://pdf.usaid.gov/pdf\\_docs/pnadw107.pdf](http://pdf.usaid.gov/pdf_docs/pnadw107.pdf)

### **OTHER OFFICES IN USAID AND THE U.S. GOVERNMENT**

USAID Policy and Procedures: the Automated Directives System (ADS)

<http://www.usaid.gov/policy/ads/>

22 CFR 226: (Regulation 26)

<http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_06/22cfr226\\_06.html](http://www.access.gpo.gov/nara/cfr/waisidx_06/22cfr226_06.html)

U.S. Office of Management and Budget (OMB) Circulars

<http://www.whitehouse.gov/omb/circulars/index.html>

OMB Standard Forms (SF-424, et al.)

[http://www.whitehouse.gov/omb/grants/grants\\_forms.html](http://www.whitehouse.gov/omb/grants/grants_forms.html)

USAID Office of Inspector General Fraud Prevention Handbook

[https://oig.usaid.gov/sites/default/files/other-reports/oig\\_fraud\\_prevention\\_handbook\\_082016.pdf](https://oig.usaid.gov/sites/default/files/other-reports/oig_fraud_prevention_handbook_082016.pdf)

Annual Program Statements (APs)

<http://www.grants.gov/>

Requests for Applications (RFAs)

<http://www.grants.gov/>

Federal Acquisition Regulation (FAR)

<https://www.acquisition.gov/far/>

USAID Acquisition Regulation (AIDAR)

<http://www.usaid.gov/policy/ads/300/aidar.pdf>

Contract Information Bulletins (CIBs)/A&A Policy Directives (AAPDs)

[http://transition.usaid.gov/business/business\\_opportunities/cib/](http://transition.usaid.gov/business/business_opportunities/cib/)

22 CFR 228: (Source/Origin/Supplier Nationality)

<http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>

[http://www.access.gpo.gov/nara/cfr/waisidx\\_06/22cfr228\\_06.html](http://www.access.gpo.gov/nara/cfr/waisidx_06/22cfr228_06.html)

USAID Commodity Eligibility Listing

<http://www.usaid.gov/policy/ads/300/31251m.pdf>

Restricted Goods (ADS-312)

<http://www.usaid.gov/policy/ads/300/312.pdf>

NGO Grants/Awards (ADS-303)

<http://www.usaid.gov/policy/ads/300/303.pdf>

Public International Organization (PIO) Grants (ADS-308)

<http://www.usaid.gov/policy/ads/300/308.pdf>

Guidelines for Financial Audits Contracted By Foreign Recipients

<http://www.usaid.gov/policy/ads/500/591maa.pdf>

Standard Provisions for U.S. Recipients

<https://www.usaid.gov/ads/policy/300/303maa>

Standard Provisions for Non-U.S. Recipients

<https://www.usaid.gov/ads/policy/300/303mab>

Domestic (U.S.) Per Diem Rates

<http://www.gsa.gov/portal/category/21287>.

Foreign Per Diem Rates

[https://aoprals.state.gov/web920/per\\_diem.asp](https://aoprals.state.gov/web920/per_diem.asp)

Overseas Allowances

[http://aoprals.state.gov/Web920/default.asp?menu\\_id=95](http://aoprals.state.gov/Web920/default.asp?menu_id=95)

List of Parties Excluded from Federal Procurement and Non-procurement Programs

<https://www.sam.gov/portal/public/SAM/>

Specially Designated Nationals and Blocked Persons (OFAC)

<http://www.treasury.gov/resource-center/sanctions/SDN-List/Pages/default.aspx>

Central Contractor Registration (CCR)

<https://www.sam.gov/portal/public/SAM>

## **INTERNATIONAL**

The Geneva Conventions (International Red Cross and Red Crescent Movement)

<http://www.icrc.org/Web/Eng/siteeng0.nsf/html/genevaconventions>

The Sphere Project: Humanitarian Charter and Minimum Standards in Disaster Response  
<http://www.sphereproject.org>

Disaster Grant-making: A Practical Guide for Foundations and Corporations  
[http://www.cof.org/files/Documents/International\\_Programs/disasterguide.pdf](http://www.cof.org/files/Documents/International_Programs/disasterguide.pdf)

World Watch Institute  
<http://www.worldwatch.org/>

United Nations Centre for Human Settlements (Habitat)  
<http://www.unchc.org/>

Global Economic Prospects and the Developing Countries - World Bank (PovertyNet)  
<http://www.worldbank.org/poverty/data/trends/income.htm>

U.S. National Weather Service  
<http://www.nws.noaa.gov/>

National Hurricane Center  
<http://www.nhc.noaa.gov/>

Joint Typhoon Center  
<http://www.usno.navy.mil/JTWC/>

International Research Institute for Climate and Society  
<http://iri.columbia.edu/>

Geographic Information Support Team  
<http://gist.itos.uga.edu/>

Worldwide Disaster Database - Center for Research on the Epidemiology of Disasters  
<http://www.cred.be/>

Climate Information Project  
<http://www.climate.gov/#climateWatch>

Famine Early Warning System Network  
<http://www.fews.net/>

## **PUBLICATIONS**

*Operational Security Management in Violent Environments* by Koenraad Van Brabant.  
Good Practice Review Number 8, The Overseas Development Institute's Humanitarian Practice Network, London, 2000.

## Appendix I: Checklist for Preparation of Branding Strategies and Marking Plans

The following checklist is intended as a tool to assist NGOs in the preparation of Branding Strategies and Marking Plans (BSMPs) and requests for Presumptive Exceptions and Waivers. It must not be used as the Branding Strategy or Marking Plan or as a request for Presumptive Exceptions or Waivers, nor does it supersede any USAID policy or requirements related to branding and marking.

**USAID Identity** means the official marking for USAID, comprised of the USAID logo or seal and new brandmark, with the tagline that clearly communicates that USAID’s assistance is “From the American People.” The USAID Identity is available on the USAID website at <http://www.usaid.gov/branding> and USAID provides it without royalty, license, or other fee to awardees of USAID-funded NGOs and sub-awardees.

### A. Branding Strategy

A branding strategy describes how the program, project, or activity is named and positioned, and how it is promoted and communicated to beneficiaries and host country citizens. It identifies all donors and explains how they will be acknowledged. The USAID Identity must be of a size and prominence equivalent to or greater than the NGO’s, other donor’s, or any other third party’s identity or logo.

#### Branding Strategy

√ or N/A	Content
<b>1. Positioning</b>	
	Intended name of this program, project, or activity is identified. Note that USAID prefers to have the USAID Identity included as part of the program or project name, such as a “title sponsor,” if possible and appropriate. It is acceptable to co-brand the title with USAID’s and the NGO’s identities.
	If the USAID Identity will not be included as part of the program or project name, explanation is given as to why it would be inappropriate or impossible to brand the project in accordance with the USAID Identity.
	If USAID Identity will not be included as part of the program or project name, explanation and indication is given as to how the NGO intends to showcase USAID’s involvement in publicizing the program or project. Note that USAID prefers “made possible by [or with] the generous support of the American People” next to the USAID Identity in acknowledging its contribution, instead of the phrase, “funded by.” USAID prefers local language translations.
	Explanation as to whether a program logo will be developed and used consistently to identify the program
	If a program logo will be developed and used to identify the program, a copy of the logo is attached. Note that USAID prefers to fund projects that do NOT have a separate logo or identity that competes with the USAID Identity.
<b>2. Program Communications and Publicity</b>	
	Primary and secondary audiences for this project or program are identified. Note that direct beneficiaries and any special target segments or influencers should be identified. (e.g., Primary audience: school girls age 8-12; Secondary audience: teachers and parents, specifically mothers.)



√ or N/A	Content
	Communications or program materials to be used to explain or market the program to beneficiaries are identified. Note that these include training materials, posters, pamphlets, public service announcements, billboards, websites, etc.
	Main program message(s) is/are identified. (e.g., "Have your child inoculated.")
	Indication is given as to whether the NGO plans to incorporate USAID's primary message—that the aid is "from the American people"—into the narrative of program materials. Note that this is optional; however, marking with the USAID Identity is required.
	Indication and explanation is given as to whether the NGO will publicly announce and promote the program or project to host country citizens. Note that incorporating the message "USAID—From the American People" and the USAID Identity is required.
	If the NGO will publicly announce and promote this program or project to host country citizens, indication is given as to what press and promotional activities are planned. Note that these may include media releases, press conferences, public events, etc.
	Additional ideas are provided about how to increase awareness that the American people support the project or program. Note that this is optional. One of USAID's goals is to ensure that both beneficiaries and host-country citizens know that the aid that USAID is providing is "from the American people."
<b>3. Acknowledgements</b>	
	Indication is given as to whether there will be any direct involvement from a host government ministry.
	If there will be any direct involvement from a host government ministry, the ministry(ies) is/are identified.
	Indication is given as to whether the NGO will acknowledge the ministry as an additional co-sponsor. Note that it is perfectly acceptable and often encouraged for USAID to co-brand programs with host government ministries.
	Indication is given as to whether there are any other groups whose logo or identity the NGO will use on program materials and related communications. Note that indication should be given as to whether they are also a donor, or why they will be visibly acknowledged, and if they will receive the same prominence as USAID. USAID generally requires equal or greater prominence.

## B. Marking Plan

A marking plan details the public communications, commodities, and program materials and other items that will visibly bear the USAID Identity.

### Marking Plan

√ or N/A	Content
<b>1. Size and Prominence of USAID Identity and Other Identifications/Logos</b>	
	Size and prominence of USAID identity is identified. Note that the USAID Identity must be of a size and prominence equivalent to or greater than the NGO's, other donor's, or any other third party's identity or logo. If USAID is the majority donor, consideration should be given to whether the USAID Identity should be larger and more prominent.
	Indication is given as to whether the host government's identity will be larger and more prominent. Note that consideration should be given as to whether circumstances warrant, depending on the audience, program goals, and materials produced.
	Indication is given as to whether NGO will mark with its own identity or logo. Note that consideration should be given as to whether the USAID Identity should be used even if the NGO does not choose to mark with its own identity or logo.
<b>2. Description of the public communications, commodities, and program materials that will be produced as a part of the award</b>	
	Includes a description of program, project, or activity sites funded by USAID, including visible infrastructure projects or other programs, projects, or activities that are physical in nature, and whether they will comply with USAID marking requirements. Note that they must be marked with the USAID Identity unless a Presumptive Exception or Waiver is approved. The NGO should erect temporary signs or plaques early in the construction or implementation phase. When construction or implementation is complete, the NGO must install a permanent, durable sign, plaque, or other marking.
	Includes a description of technical assistance, studies, reports, papers, publications, audio-visual productions, public service announcements, Web sites/Internet activities, and other promotional, informational, media, or communications products funded by USAID, and whether they will comply with USAID marking requirements. Note that they Must be marked with the USAID Identity unless a Presumptive Exception or Waiver is approved.
	Includes a description of events financed by USAID, such as training courses, conferences, seminars, exhibitions, fairs, workshops, press conferences, and other public activities, and whether they will comply with USAID marking requirements. Note that they Must be marked with the USAID Identity unless a Presumptive Exception or Waiver is approved. Unless directly prohibited and as appropriate to the surroundings, NGOs should display additional materials, such as signs and banners, with the USAID Identity. In circumstances in which the USAID Identity cannot be displayed visually, the NGO should otherwise to acknowledge USAID and the American people's support.

√ or N/A	Content
	Includes a description of all commodities financed by USAID, including commodities or equipment provided under humanitarian assistance or disaster relief programs, and all other equipment, supplies, and other materials funded by USAID, and their export packaging, and whether they will comply with USAID marking requirements. Note that they must be marked with the USAID Identity unless a Presumptive Exception or Waiver is approved.
<b>3. Pre-Production Review</b>	
	Indication is given as to whether USAID will perform pre-production review of USAID-funded public communications and program materials. Note that consideration should be given as to whether USAID’s pre-production review of USAID-funded public communications and program materials for compliance with the Marking Plan should be obtained.
<b>4. Public Communications (as defined in 22 CFR 226.2)</b>	
	Indication is given that all USAID-funded public communications will include an appropriate acknowledgement and disclaimer. Note that any public communications, the content of which has not been approved by USAID, must contain the following acknowledgement and disclaimer: <i>“This study/report/audio/visual/other information/media product (specify) is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of [insert awardee name] and do not necessarily reflect the views of USAID or the United States Government.”</i>
<b>5. Sub-Awards</b>	
	Indication is given as to how the marking requirements will “flow-down” to sub-awardees. Note that the NGO must include the following provision in any USAID-funded sub-award: <i>“As a condition of receipt of this sub-award, marking with the USAID Identity of a size and prominence equivalent to or greater than the awardee’s, sub-awardee’s, other donor’s, or third party’s is required. In the event the awardee chooses not to require marking with its own identity or logo by the sub-awardee, USAID may, at its discretion, require marking by the sub-awardee with the USAID Identity.”</i>
<b>6. A Table Specifying:</b>	
	The program deliverables that the NGO will mark with the USAID Identity.
	The type of marking and what materials the NGO will use to mark the program deliverables with the USAID Identity.
	When in the performance period the NGO will mark the program deliverables and where the NGO will place the marking.
<b>7. If Applicable, Another Table Specifying:</b>	
	The program deliverables that will not be marked with the USAID Identity.
	Rationale for not marking these program deliverables.

### C. Presumptive Exceptions

NGOs may request approval of Presumptive Exceptions to marking requirements. The USAID Agreement Officer approves or disapproves Presumptive Exceptions.

#### Request for Presumptive Exception

√ or N/A	Content
	<b>Presumptive Exception 1: Compliance with USAID marking requirements would compromise the intrinsic independence or neutrality of a program or materials where independence or neutrality is an inherent aspect of the program and materials, such as election monitoring or ballots; voter information literature; political party support or public policy advocacy or reform; independent media, such as television and radio broadcasts, newspaper articles, and editorials; and public service announcements or public opinion polls and surveys.</b>
	Identification is made of the USAID Strategic Objective, Interim Result, or program goal furthered by an appearance of neutrality, and explanation is given as to why the program, project, activity, commodity, or communication is “intrinsically neutral.”
	Identification is made, by category or deliverable item, of program materials for which this Presumptive Exception is requested by the NGO.
	<b>Presumptive Exception 2: Compliance with USAID marking requirements would diminish the credibility of audits, reports, analyses, studies, or policy recommendations whose data or findings must be seen as independent.</b>
	Identification is made of the data, studies, or other deliverables, and explanation is given as to why such data, studies, or deliverables must be seen as credible.
	<b>Presumptive Exception 3: Compliance with USAID marking requirements would undercut host-country government “ownership” of constitutions, laws, regulations, policies, studies, assessments, reports, publications, surveys or audits, public service announcements, or other communications better positioned as “by” or “from” a cooperating country ministry or government official.</b>
	Identification is made of the item(s) or media product(s), and explanation is given as to why each such item or product, or category of item and product, is better positioned as an item or product produced by the cooperating country government.
	<b>Presumptive Exception 4: Compliance with USAID marking requirements would impair the functionality of an item (e.g., sterilized equipment, spare parts).</b>
	Identification is made of the item or commodity, or categories of items or commodities, and explanation is given as to how marking would impair each such item’s or commodity’s functionality.
	<b>Presumptive Exception 5: Compliance with USAID marking requirements would incur substantial costs or be impractical, such as items too small or otherwise unsuited for individual marking (e.g., food in bulk).</b>
	Explanation is given as to why marking would not be cost-beneficial or practical.
	<b>Presumptive Exception 6: Compliance with USAID marking requirements would offend local cultural or social norms, or be considered inappropriate on such items (e.g., condoms, toilets, bed pans, similar commodities).</b>

√ or N/A	Content
	Identification is made of the relevant cultural or social norm, and explanation is given as to why marking would violate that norm or otherwise be inappropriate.
<b>Presumptive Exception 7: Compliance with USAID marking requirements would conflict with international law.</b>	
	Identification is made of the applicable international law violated by marking.

### **D. Waivers**

NGOs may request approval of Waivers to the marking requirements reflected in the Marking Plan. No marking is required while a waiver determination is pending. The USAID/OFDA Director may approve or disapprove Waiver requests, in whole or in part.

Waivers may be approved if USAID-required marking would pose compelling political, safety, or security concerns, or when marking would have an adverse impact in the host country. Waivers may be approved for a program, project, activity, public communication, or commodity; or, in exceptional circumstances, for a region or country.

The USAID/OFDA Director may authorize the removal of USAID markings already affixed, if circumstances warrant.

Approved waivers are not limited in duration but are subject to the USAID/OFDA Director’s review at any time, due to changed circumstances.

The USAID/OFDA Director’s disapproval may be appealed by the NGO to the AA/DCHA.

#### **Request for Waiver**

√ or N/A	Content
	Describes why compliance with USAID-required marking would pose compelling political, safety, or security concerns, or would have an adverse impact in the host country.
	Details the circumstances and rationale for the waiver.
	Detail the specific requirements to be waived, or specific marking to be waived.
	Include a description of how program materials will be marked (if at all) if the USAID Identity is removed.
	Provides a rationale for any use of the NGO’s own identity/logo or that of a third party on materials that will be subject to the waiver.