RAPID Fund Sectoral Guidelines

March 2019

The sectoral guidelines adopted from USAID-OFDA Proposal Development Guidelines are available on https://www.usaid.gov/what-we-do/working-crises-and-conflict/crisis-response/resources/guidelines-proposals. These guidelines are not intended to replace or fully cover the USAID-OFDA sectoral guidelines and must be considered for sub-grant proposal to RAPID Fund only.

The flood affected beneficiaries in district Sohbat Pur, Balochistan using the transitional shelter provided by RAPID-sub-grantee through USAID-OFDA funding. The shelter provided in 2014 and still in use due to periodic mud coating by beneficiaries.

Contents

RAPID Fund- An Overview 3

Mandatory Cross-Sectoral Guidance 3

RAPID Sectors for Sub-Grants 5

Sector: Health 6

Sector: Multipurpose Cash Assistance 12

Sector: Shelter and Settlements (S&S) 15

Sector: Water, Sanitation, and Hygiene (WASH) 21

Sector: Economic Recovery and Market Systems 31

Sector: Agriculture and Food Security 35

Sector: Nutrition 41

Sector: Protection 46

Sector: Humanitarian Coordination and Information Management 54

Guidance on Cash, Cash for Work (CFW), Voucher 57

Document Structure and Use

This document includes guidelines for sector level needs assessment, technical design/description, sample activities and indicators for all sectors covered under RAPID Fund.

After a brief overview of RAPID, the document provides a description of mandatory cross-sectorial guidance, detail of sectors and sub-sectors eligible for application/proposal to RAPID, followed by detailed guidelines for each sector and respective sub-sectors. The document includes all of RAPID's nine sectors; however, the applicant may focus on guidelines in the sector of proposed intervention with cross-reference to other relevant sectors for integration and careful understanding/compliances to cross-sectorial guidances (mainstreaming of cross cuttings).

For the interventions including Cash, Voucher and Cash for Work (CFW) approaches; in addition to guidance under each sub-sector, the applicant must also consider the guidelines given at the end of this document.

RAPID understands that for certain rapid onset disasters it may be challenging to meet all requirements as well as understand the limited resources and restricted humanitarian access in a certain context. Applicant must ensure minimum standards/requirements to ensure quality programing with accountability to affected people and stakeholders involved in humanitarian response.

RAPID Fund- An Overview

Concern Worldwide is a non-governmental, international, humanitarian organization dedicated to the reduction of suffering and working towards the ultimate elimination of extreme poverty in the world's poorest countries. Concern is implementing the RAPID Fund program in Pakistan with the support of the United States Agency for International Development's Office of U.S. Foreign Disaster Assistance (USAID-OFDA). Established under a cooperative agreement between Concern Worldwide and USAID-OFDA, RAPID is a mechanism that seeks to address the urgent relief and early recovery needs of natural and human-induced disaster-affected populations in Pakistan by sub-grants to non-governmental organizations (NGOs). RAPID aims to complement the efforts of the Government of Pakistan towards relief and recovery assistance to disaster-affected populations.

The objective of RAPID is to assist the most vulnerable populations in the aftermath of any natural or human induced disaster across the country. In close coordination with the relevant clusters, I/NGOs, target communities, Disaster Management Authorities (DMAs) and working alongside existing humanitarian mechanism, RAPID provides timely, flexible, effective, and needs-based sub-grants to national and international NGOs through a systematic short-term small grants mechanism. In addition to sub-grants for disaster response, RAPID includes targeted support activities for both national NGOs and DMAs to improve their disaster management capabilities and nurture lasting national capacities in Pakistan.

For further details about the sub-grant process, management, guidelines and template visit RAPID Fund web page.

Mandatory Cross-Sectorial Guidance

The proposed interventions must prioritize gender and protection mainstreaming, and ensure inclusion of older people and Person with Disabilities (PWDs). RAPID will use IASC Gender with Age Marker (GAM), 2018 tool as well as protection guidelines during the appraisal of sub-grant needs assessments/proposals, ongoing monitoring, and evaluations of sub-grant projects. The applicant must ensure that the program priorities identified by the affected community, beneficiary selection criteria is inclusive, and the affected communities are involved in project design, implementation, monitoring and evaluation. The proposed implementation strategy, deliverables, and Bill of Quantities (BoQs) consider the specific needs of vulnerable or marginalized populations, and that budgets include measures for accessibility and full participation of all community members.

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

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

Applicant can refer to IASC Gender with Age Marker (GAM), 2018 tool[1]: https://interagencystandingcommittee.org/other/content/iasc-gender-age-marker-gam-2018.

[1] The GAM is much more than a gender marker with a monitoring phase as well as a design phase. It examines levels of accountability, protection and addresses the concept of "leaving no one behind".

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:

1. Prioritizing the safety and dignity of people and minimizing unintended negative effects of the intervention that can increase people's vulnerability to both physical and psychosocial risks and result in harm, exploitation, and abuse.
2. Arranging for people's meaningful access to impartial assistance and services in proportion to need and without any barriers and paying particular attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.
3. Ensuring that affected populations can safely provide feedback on the assistance being provided and/or address concerns and complaints.
4. Supporting the development of self-protection capacities of individuals and communities and assisting and empowering people to claim their rights.

Assistance activities should mainstream protection by analyzing the protection risks confronting a disaster-affected population in relation to each specific programming sector. An analysis of the risks should inform how assistance is designed to minimize them. RAPID also has a standalone protection sector (see guidelines below), the program targeting other sectors must mainstream key protection principles during design, implementation and monitoring of humanitarian program across all sectors. RAPID has included protection mainstreaming guidance in all sectors and requires all proposals to include a separate paragraph within each proposed sector that addresses protection issues and concerns and how they will be mitigated. The guidelines for each sector lists specific questions to be addressed related to protection mainstreaming.

Inclusion of Person with Disabilities and Older People: RAPID recognizes that persons with disabilities and older people often face constraints in accessing humanitarian assistance. Therefore, RAPID requires implementing partners to take steps to ensure that programs reach older people and people with disabilities within the target population. RAPID supports a two-part approach to protection and assistance for older people and persons with disabilities:

1. Taking steps to include older people and persons with disabilities in all programs by making assistance accessible and inclusive; and

2. Providing targeted assistance to meet the unique needs of older people and persons with disabilities where necessary.

Definitions

A person with a disability is someone who has difficulty

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

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

Proposals should include descriptions of how disaster response 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.

<u>Identifying Older People and Persons with Disabilities:</u> 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.

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

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

RAPID Sectors for Sub-Grants

All proposals to the RAPID Fund must be in response to disasters/conflicts in Pakistan and aimed at addressing the needs in any of the sectors listed below:

#	Sector Name [2]	Sub-Sectors
1	Health	1. Health Systems and Clinical Support 2. Communicable Diseases 3. Reproductive Health 4. Community Health
2	Multipurpose Cash Assistance	1. Multipurpose Cash Assistance
3	Shelter and Settlements	1. Shelter 2. S&S Disaster Risk Reduction 3. S&S Non-Food Items
4	Water, Sanitation and Hygiene (WASH)	1. Environmental Health 2. Hygiene Promotion 3. Sanitation 4. Water Supply 5. WASH Non-Food Items (NFIs)
5	Economic Recovery and Market Systems (ERMS)	1. Livelihoods Restoration 2. Temporary Employment
6	Agriculture and Food Security	1. Improving Agricultural Production/Food Security 2. Livestock 3. Irrigation
7	Nutrition	1. Infant and Young Child Feeding in Emergencies (IYCF-E) 2. Management of Acute Malnutrition
8	Protection	1. Child Protection 2. Prevention and Response to Gender-Based Violence 3. Psychosocial Support Services
9	Humanitarian Coordination and Information Management	1. Coordination 2. Information Management

[2] The sectors are **not** in order of priority

These sectors are included in RAPID based on Concern's experience of managing multiple humanitarian situations across the country and pre-approved by USAID-OFDA. There are certain sub-sectors under each sector; the proposed project in a sector must select one or more sub-sectors based on assessed needs and proposed interventions. RAPID is for emergency response, not for the development or chronic issues and provides assistance in response to humanitarian problems caused by natural and human induced disasters; therefore proposal to RAPID must comply with the guidelines, interventions supported by RAPID and sector specific triggers explained below.

RAPID received applications for the sectors that are included in on-going Call for Proposals. If there are justified needs for a sector not included in the Call, applicants can submit an unsolicited application strongly justifying the proposed intervention. However, RAPID prioritizes sectors included in the Call for Proposals and those that meet sectorial response triggers explained under each sector below.

Due to short duration of the projects, RAPID prefers that the applicants submit an application targeting one sector; however depending on needs, applicant capacity, the applicant NGO can submit multi-sectorial applications. RAPID encourages integrated sectorial response; however the applicant must consider the short duration of a project, its previous working experience and past profile of managing multi-sector similar short-term projects.

Sector: Health

Objective: To complement the Ministry of Health's efforts to meet the health needs of disaster-affected populations

Triggers: Health sector response trigger will be based on the emergency situation analysis confirming inadequate capacities of the Government health system and substantial public health consequences indicating the need for response.

RAPID supported health interventions should be based on internationally recognized, evidence-based strategies, global guidance, and best practices. Programs should address the major causes of morbidity and mortality according to the local epidemiologic context.

Applicant must include the mandatory standard indicators provided under each sub-sector. If a mandatory indicator is not used, the applicant must justify and provide reasons for not including the mandatory indictor. In addition, one or more custom outcome indicators relevant to the proposed activities must be included in M&E Plan and Logical Framework. The applicant can develop additional relevant indicators for the proposed intervention that are reasonable and measurable. Indicators should be disaggregated by sex and age, where applicable.

The applicant should ensure the involvement of women, men, children and vulnerable groups, such as persons with disabilities, the elderly, minorities, female-headed householders, etc., throughout the project, including needs assessment, planning, implementation and monitoring. This inclusive approach should be demonstrated in needs assessment, proposal and project implementation strategy.

Protection Mainstreaming: Proposals must demonstrate protection mainstreaming by addressing the following topics/questions:

1. Describe how you will ensure that health facilities, including both the infrastructure and location, are safely accessible for vulnerable groups, including women, adolescents, children, older people, and persons with disabilities.
2. Describe how health care workers are or will be trained in knowledge and skills relevant to working with populations with unique needs, e.g. women, adolescents, children, persons with disabilities, and older people.
3. Describe how you will ensure that staff representative of relevant gender and ethnic differences are available to provide services. Describe how health care will be made accessible to persons with disabilities and/or limited mobility, including any outreach activities that may target these

groups.

4. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, and/or ensured their representation on any program committees so that their concerns are heard and addressed to avoid community tensions.
5. Describe the measures for beneficiary selection or distributions you will put in place to prevent sexual exploitation and abuse of people seeking access to health facilities and services.
6. Describe the mechanism being used to establish a safe and effective feedback/complaint system for beneficiaries and non-beneficiaries.
7. Describe how you will monitor protection issues and how you will use that information to reduce existing and newly identified risks.
8. Describe how you will tailor the program to men's and women's roles in decision-making and access to resources. Describe how key program stakeholders will be made aware of the advantages of health programming.

Sub-Sector: Health Systems and Clinical Support

The focus under this sub-sector will be the provision of health services to disaster-affected communities. Applicants must work in coordination with other key health actors to ensure that beneficiaries have improved access to primary health centers and community-based health programs. This sub-sector is targeted towards Primary Health Care (PHC) at the community level either in Internally Displaced Person (IDP)/refugee camps or off camps. The proposed interventions should be designed in line with the findings of the Needs Assessment Report as well as protocols of the Pakistan Ministry of Health and the World Health Organization (WHO). The RAPID encourages its sub-grantees to strengthen existing health structures in the areas. Under this sub-sector RAPID support emergency health clinics (mobile and static) to fill the critical gaps in provision of free access to PHC (consultations, treatment, medicines and referral). In addition, RAPID also support the refurbishment of Government basic health units and dispensaries through minor repairs, basic equipment, medical supplies and furniture. As medicines are restricted items, sub-award proposals will be encouraged to get medicines and associated storage/safety trainings from WHO and/or Health department, whereas Concern will provide the management and staff costs of the projects.

Needs Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. How has the current crisis affected each of the main components of respective health systems including access to treatment for acute illnesses, referral systems for severely ill patients requiring a higher level of care, status of relevant facility and community-based medical personnel, staff capability, both pre-and post-emergency.
2. Provide details regarding existing clinical service benchmarks including average population per functional HF, number of hospital per 10,000 population (inpatients and maternity), and number of health workers (medical doctor, nurse, and midwife) per 10,000 population, by administrative unit; and disaggregated by sex.
3. Provide current details about the human, financial, and commodity resources needed to address identified gaps.
4. The leading causes of morbidity and mortality
5. Justification narratives must include information (primary or secondary) on baseline health services and pertinent public health information of the affected population prior to the crisis and intervention.

Technical Design: The proposal should consider the following components/points in the design of health systems and clinical support activities:

1. How the proposed project fill service gaps based on assessments of how health care access has changed as a result of the disaster;
2. The number, names and types of Health Facilities (HFs), including mobile clinic, proposed for support;
3. How you will establish and/or rehabilitate HFs. Provide precise details for the specific

rehabilitation each facility requires to be functional with Bill of Quantities (BoQs); RAPID support minor repairs (e.g. door and windows repairs, painting, etc.) that do not entail changing structure size or structural alterations;

4. How the project will improve service delivery at each facility and ensure staffing and supplies;
5. Plans for mobile clinics (if applicable), including how they will extend and not replace existing services, how they will be supervised, and how they will be eventually be integrated and maintained in the PHC system;
6. Plans for addressing infection prevention and control (IPC), and water, waste, and hazardous/biological materials management at all supported facilities;
7. WASH related basic rehabilitation such as replacing hand-washing sinks should be including in this sub-sector. However any new construction/rehabilitation, service provision, or rehabilitation/repair of the following types: latrines/toilets, plumbing systems/septic tanks, desludging, hand washing facilities, water sources, water trucking, extension of existing piped system, water storage, and water treatment, requires the inclusion of the relevant WASH sub-section in the proposal. (See WASH sector guidelines for further details);
8. Plan for worker safety provision and consideration of additional environmental risks, specifically related the use and disposal of sharps/needles;
9. Proposed or current referral systems for urgent cases, such as infectious diseases and emergency obstetrical care;
10. What additional training of health care personnel is required and how it will be achieved;
11. How the proposed program's health information/early warning surveillances systems will integrate into those coordinated by the Ministry of Health or health cluster and whether health information will be managed through existing or improved systems;
12. How the program will attempt to overcome barriers such as cost, gender, age, ethnic, and religious inequities, and refugee/returnees/IDPs status; and
13. How these emergency humanitarian interventions will integrate with and transition to previously existing services once the crisis begins to abate.

Sample Activities:

1. Establishment/operation of mobile/static health camps;
2. Refurbishment of health structure including minor repair, provision of basic medical equipment's, supplies, furniture's etc.;
3. Referral services (ambulance) for complicated health cases; and
4. Provision of health staff for the additional burden of displaced communities in HFs for a specific time.

Indicators:

<u>Mandatory</u>

1. Number of health facilities supported
2. Percentage of total weekly surveillance reports submitted on time by health facilities
3. Number of outpatient consultations

<u>Additionally required for partners providing rehabilitation of health facilities</u>

4. Number of health facilities rehabilitated

<u>Additionally required for partners providing any healthcare worker training</u>

5. Number of health care staff trained

Sub-Sector: Communicable Disease

RAPID supports high-impact interventions that decrease morbidity and mortality from commonly encountered communicable diseases, particularly those that are most likely to disproportionately affect populations affected by a given emergency or disaster and those with epidemic potential. The spread of communicable diseases with high mortality and morbidity rate will trigger a response. The major focus of this sub-sector is to preserve the health of disaster-affected populations by predicting and, to whatever extent possible, lessening the impact of possible outbreaks of disease.

Needs Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on

RAPID web page.

1. Crude and under-five 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; and
5. Description of diseases of local endemic and epidemic significance;
6. Background and outcomes of recent pertinent epidemics, including case fatality rates;
7. National protocols and guidelines being used; and
8. Baseline rates of coverage for immunization for pertinent diseases, and other preventive initiative.

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

1. Prevention and treatment of the most common causes of morbidity and mortality (e.g. malaria, diarrhea, and acute respiratory infection) at both the facility and community level including references to relevant international and national treatment protocols/guidelines, how the program integrates with health department community-based health education outreach and vector/environmental controls programs and Vaccine activities (if appropriate).
2. Methods for ensuring the effective management of communicable diseases;
3. Disease early warning and surveillance systems, including a description of the system and how the proposed program contributes to its function; and
4. A description of how to report on outbreak alerts to local and national health authorities.

Sample Activities:

1. Support for primary care and mobile health facilities, when appropriate.
2. Early diagnosis and treatment of a variety of communicable diseases,
3. Increasing coverage of vaccination programs,
4. Training of staff on standardized guidelines for diagnosis and treatment of the most common infectious diseases.
5. Prevention and treatment of communicable diseases.

Given the short timeframe for the interventions under the RAPID, the activities should focus on preventative measures in concentrated displaced populations. However, provision of treatment services to support the Government health department when their systems overwhelmed by the additional displaced caseload could also be an appropriate intervention. Applicants need to focus on treatment programs for common communicable (e.g. measles, diarrhea, pneumonia, tuberculosis, influenza, etc.) in the target areas. The interventions should be designed to be implemented at different levels: through mobile or outreach services; static clinics; and at the community level with the aim of increasing access to products and services in a culturally appropriate manner. These activities need to complement preventive measures, including awareness and practices. Applicants can coordinate with the Expanded Programme on Immunization (EPI) teams in the target areas for the vaccinations. Please note RAPID does not fund for Long Lasting Insecticidal Net (LLIN) being restricted item under USAID-OFDA however the applicant are encouraged to coordinate with other health partners to ensure provision of LLIN if required.

Indicators:

<u>Mandatory</u>

1. Number of communicable disease consultations
2. Case fatality rates for communicable diseases

Sub-Sector: Reproductive Health

This sub-sector supports 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. The emergency situations resulting in high maternal mortality due to inadequate access to reproductive health services

will trigger a response. Interventions will focus on improving maternal health and access to reproductive health services through the adoption of a "Minimum Initial Service Package" (MISP). All RH programming must follow the five essential objectives of MISP. Condoms, contraceptives and other family planning commodities not funded under RAPID being restricted commodities under USAID-OFDA. RAPID promotes access to safe and compassionate services for the Clinical Management of Rape (CMR) for survivors of sexual violence as part of the MISP with adequate training for the service providers including sensitive medical response to survivors of sexual violence, as appropriate and referral to mandated organizations. Non-clinical case management, safety planning, psychosocial support, and other social and legal services should be categorized under the Protection Sector if implemented as part of this project.

Needs Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Maternal mortality and neonatal mortality rate;
2. Coverage rates and quality of antenatal and post-natal care, including pertinent vaccines, treatment for relevant diseases and education;
3. Description of birthing location and preferences, including barriers to receiving emergency obstetric services;
4. Proportion of births attended by a skilled provider (e.g. midwife, nurse, or doctor) and practice of early and exclusive breastfeeding (0-6 month of age) and early warming/thermal care;
5. Percentage/number of HFs providing safe and clean delivery, including access to Skilled Attendants at Birth (SABs) and referrals for complicated cases;
6. Availability of RH related service provision in HFs;
7. How the current crisis has affected RH service provision, gaps in services delivery and current needs; and
8. Status of MISP implementation, including the system of RH coordination, and existence of national RH policy.

Technical Design: The proposal should consider the following components/points in the design of reproductive health activities:

1. Outline how the project addresses each component of the MISP including coordination and implementation of MSIP, prevention and management of sexual violence, reduction of HIV transmission, prevention of excess maternal and neonatal morbidity and mortality and planning for integration of comprehensive RH into PHC activities;
2. Provide a description and sourcing information of commodities related to MISP implementation;
3. Describe the package of RH services that will be provided, including antenatal and postnatal care, promotion of exclusive breastfeeding and Infant and Young Child Feeding (IYCF) practices, vaccination, the distribution of safe delivery kits, and/or syndromic treatments of Sexually Transmitted Infections (STIs);
4. 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;
5. Describe community-level interventions for the active management of the third stage of labor and pre-referral management of complications, such as postpartum hemorrhage; and
6. How CMR services will be provided any training required or in case CMR component is not included in proposed project outline referral pathways to available services.

Sample Activities:

1. Antenatal and post-natal services in camps/static health centers;
2. Provision of clean delivery kits; distribution of Midwife Delivery Kits;
3. Provision of skilled birth attendants to assist in delivery and establishing a referral system for high risk/complicated pregnancies;
4. Training/sensitization of PHC staff on reproductive health issues; and
5. Sensitive medical response to survivors of sexual violence and referral pathway for complicated cases

Indicators:

Mandatory

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

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

4. Number of cases of sexual violence treated

Additionally required for partners providing clean delivery kits

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

Sub-Sector: Community Health

Community health interventions include activities implemented by Community Health Workers (CHWs), as well as health education and behavior change activities. The focus of this sub-sector is to develop an effective and comprehensive Behavior Change Communications (BCC) strategy. The BCC strategy aims to ensure provision of health education at different levels through relevant topics (linked with the trend of diseases in the target areas to reduce the communicable diseases) for disaster-affected population. The BCC strategy aims to ensure that health education provided at different levels and on relevant topics to the different stakeholders (i.e. displaced individuals, household members, community representatives and health facility providers). BCC messages being delivered should be simple, each conveying one lifesaving practice to prevent or manage illness that is clear, accurate, acceptable, relevant and perceived as feasible. Partners should ensure that messages reinforce health practices and education/messages promoted by the government of Pakistan's Ministry of Health and UNICEF and indicate how they will coordinate with all relevant actors in the region to ensure messages are harmonized.

Community health interventions must consider that CHWs chosen from and by the community, with no consideration for political position or relationship, gendered-balanced with clear roles and responsibilities. Stand-alone community health project are discouraged, considering that the efforts are more effective when integrated into existing health services, and CHWs must not be considered replacements for facility-based clinicians, but rather a link to HFs.

Needs Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Impact of the disaster/crisis and needs of activities under this sub-sector;
2. Previously existing health education programs; priority needs and gaps for health education;
3. Number of CHWs per 10,000 population, by administrative unit;
4. Current and potential human resources available to provide community-level health education messages including number of type of CHWs, details on recent training programs for CHWs, details on recent health education campaigns (if any), details on current capacities CHWs have to provide clinical interventions (if relevant) and previously available and currently needed IEC and BCC materials and activities.
5. Key barriers to people adopting the recommended behaviors and how you have identified these barriers.
6. Review of existing research on behavior change efforts for the proposed interventions, with citation of methods and results.
7. Whether or not local CHWs are assigned to provide clinical care per the relevant government health department and a description of the care CHWs are allowed to provide, including for which diseases, and their access to supplies.

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector:

1. Outline how you will address priority needs and gaps not addressed by current CHW outreach;

2. Human resources (both those available and needed) to provide community-level health education messages, training for CHWs and incentives (monetary otherwise) for CHWs in consistent with other on-going program/cluster/government guidelines.
3. Describe all CHW activities among the target population;
4. Detail health education campaigns, including what messages will be provided. Messages must be clear and concise; informed by the community's baseline knowledge, attitudes, and practices; tailored to identified knowledge gaps and needs; and coordinated with WASH and Nutrition sectors. Activities, staff, and messaging must be coordinated and harmonized with any community-based activity in the WASH and/or Nutrition sectors to maximize efficiency, avoid duplication, and minimize the burden on CHWs and beneficiaries.
5. Consider that the CHW messages are culturally appropriate and take into account literacy rates;
6. How the messages will be reinforced and what platforms/mode to be used.
7. Describe the proposed IEC and BCC materials and activities.
8. Ensure supervisory systems include a clear linkage with the HF for reporting, supervision, and on-going mentorship and training.
9. Linkages between BCC topics and hardware activities (e.g. linking personal hygiene, safe drinking water and sanitation with the reconstruction of hand pumps, latrines and water supply schemes).
10. Describe how effectiveness will be measured including improvement in knowledge and skills of CHWs, change in behavior and improvement in population-based indicators relevant to the proposed community health education program.
11. If CHWs are to provide basic clinical services, specify what type of care and treatment they will provide, identify the training (for which relevant diseases), list what quantity control measures will be used to ensure effective interventions, and clarify how they will access needed supplies.

Sample Activities:
1. Health sessions conducted through different methodologies.
2. Adaptations of IEC materials.
3. Engage CHWs to disseminate culturally appropriate health messages and IEC materials to the target communities especially focusing on mothers, grandmothers and caregivers of children.

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

Additionally required for partners implementing ICCM
4. Number of children under five years of age who received community-based treatment for common childhood illnesses

Sector: Multipurpose Cash Assistance

Objective: To meet basic relief needs of disaster affected population by providing Multipurpose Cash Assistance.

Triggers: The trigger for a response under this sector will be a humanitarian situation wherein a lack of cash is the primary barrier for the affected households to meet their basic needs. MPCA is targeted at the most affected populations and meant to cover emergency needs on a one-off or short-term basis.

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

Applicant must include the mandatory standard indicators provided under each sub-sector. If a mandatory indicator is not used, the applicant must justify and provide reasons for not including the mandatory indictor. In addition, one or more custom outcome indicators relevant to the proposed activities must be included in M&E Plan and Logical Framework. The applicant can develop additional relevant indicators for the proposed intervention that are reasonable and measurable. Indicators should be disaggregated by sex and age, where applicable.

The applicant should ensure the involvement of women, men, children and vulnerable groups, such as persons with disabilities, the elderly, minorities, female-headed householders, etc., throughout the project, including needs assessment, planning, implementation and monitoring. This inclusive approach should be demonstrated in needs assessment, proposal and project implementation strategy.

Protection Mainstreaming: Proposals must demonstrate protection mainstreaming by addressing the following topics/questions:

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

Sub-sector: Multipurpose Cash Assistance (MPCA)

MPCA is an important tool for humanitarian actors to rapidly meet a variety of needs and to give beneficiaries the dignity of choice in prioritizing their most immediate needs. Applicant organizations must consult target communities/households, local markets, service providers and coordinate with relevant DMAs, cash working groups/focal organizations to determine Minimum Expenditure Basket (MEB), as well as the frequency and duration of cash transfer. It also needs to be ensured that affected communities are participants in the planning/needs assessment. By applying an age, gender and diversity lens to assessments, targeting, design, implementation, monitoring and accountability, it should be ensured that people with specific needs and protection risks are identified and their basic needs are addressed. This is ensure that the needs planned to be met by MPCA can be appropriately met with cash given the context and that the information on whose needs are being met is reported back to sector-based coordination mechanism to avoid gaps and duplication. MCPA differs from social safety nets; MCPA is targeted at the most affected populations and meant to cover emergency needs on a one-off short-term basis.

Needs Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Describe the disaster's impact on the ability of households to meet their basic, recurring needs;
2. Provide an itemized list of the MEB contents by category (e.g. rent, transportation, water, household NFIs), including prices;
    a. For certain rapid-onset disasters, an MEB may not yet be defined. In this case, provide a comparable illustrative list of the goods and services that comprise a household's basic

needs. Indicate whether an MEB development process is ongoing or anticipated and if future adjustments may be needed.

   b. Describe the level of technical engagement from relevant sectors in the development of the MEB, as well as coordination with other humanitarian actors.
   c. Specify what percentage of the MEB or equivalent you are proposing to cover, based on assessed needs and gaps.
   d. Provide the calculations used to determine the value of products in the MEB

3. For each good or service to be funded by RAPID and included in the MEB, provide evidence that it is available and accessible in adequate quantity and quality in local markets (e.g. by vendors or through utility companies) and/or by the local authorities as applicable, in accordance with Sphere standards, for the duration of the MPCA intervention.
   a. For certain rapid-onset disasters, full information may not be available for every item. In this case, focus on key representative items.
   b. If rent or shelter costs are included in the MEB, pay particular attention to rental markets.
   c. Provide data in particular on the quantity and quality of water available and on accessibility of WASH products and services. For example, if water storage capacity is needed, do beneficiaries have sufficient storage?
   d. If the good or service is not available in sufficient quantity and quality, omit this item from the MPCA transfer amount and consider alternate ways to meet this need.
4. Provide analysis of why providing cash will in fact meet people's humanitarian needs, i.e. why lack of access to cash is the primary or sole barrier to beneficiaries' use of these goods and services. For example, soap may be affordable in markets but people may not often use it, or water storage capacity may be insufficient. Indicate if cash is not the only barrier and you plan to implement complementary activities in other USAID/OFDA sectors or with other donor funding; and
5. Outline whether beneficiaries have indicated a preference for cash to meet these needs, breaking down data on preference by sex.
6. Whether the most vulnerable such as women, children, PWDs, elderly can purchase/visit market to use cash for basic needs and alternative options without exclusion of such groups.

Technical Design: Applicant's proposal should consider the following components/points in the design of MPCA activities:

1. Justify the value of MPCA transfer: What percentage of the MEB do you intend to meet, and how will people meet the rest of their needs? The amount of transfer must be clearly based on the expenditure gap between estimated basic needs and households' ability to meet those needs.
2. Describe and justify the frequency and duration of the transfer: Explain why you expect that people will be better able to meet their own needs at the end of the transfer period.
3. Outline strong beneficiaries' selection and verification process, including inclusion and exclusion errors, as unconditional cash transfers may be of interest of everyone.
4. Indicate whether the MPCA interventions will cover all or a portion of the people in needs in the target areas. If the latter, discuss possible unintended consequences and possible mitigation actions, including coordination.
5. Demonstrate coordination with other MPCA and cash based programs and relevant inter-cluster cash coordination mechanism.
6. Explain the delivery mechanism proposed. Provide a detailed, comprehensive plan on how cash will be delivered in a manner that takes key risks into account, and is convenient, secure, accountable and cost-efficient.
7. Explain how information and reporting on sector specific humanitarian needs, gaps and results will flow from the MPCA activity to relevant clusters (e.g. shelter/NFI, WASH food security etc.) to ensure a complete picture of what need are being met.
8. Describe output, process and outcome monitoring plan, including complaint response mechanism for beneficiaries.
9. The applicant also can refer to Cash Learning Partnership (CaLP) guidelines; http://www.cashlearning.org/about-us/overview

Sample Activities: RAPID will consider funding MPCA for any combination of the following basic needs:

1. Shelter costs (rent, utilities, fuel for various purposes);
2. NFIs (personal and household goods);
3. WASH costs (Water, Sanitation and WASH NFIs);
4. Transportation; and
5. Other expenses that are part of an established MEB may be supported, based on context.

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

RAPID distinguishes between MPCA – which meets a verity of basic needs and is based on the MEB and cash for a sector-based objective (e.g. cash for livelihoods restoration/inputs recovery, cash for hygiene, shelter repair etc.). If you propose to use cash to meet a sector specific objective, please follow guidance under that sector. RAPID will not fund certain basic needs through MPCA, such as USAID/OFDA restricted commodities or for health and nutrition related commodities (e.g. pharmaceuticals) or services**.**

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

Sector: Shelter and Settlements (S&S)

Objective: To ensure safe, habitable and appropriate living spaces and settlements for disaster affected population.
Triggers: Affected people without adequate shelter and related NFIs due to displacement or disaster will trigger a response under this sub-sector.

The Shelter and Settlements sector primarily aimed at providing very basic and suitable shelter solutions for disaster-affected communities including displaced population and whose houses have been fully/partially damaged due to conflict or natural disaster(s). Any proposals submitted under this sector must integrate the Sphere standards into the shelter design and be aligned with the relevant Shelter Cluster Guidelines OR Working Group Guidelines in case of no active cluster. Applications/Proposals to the RAPID for this sector must be within the sub-sectors given below.

Applicant must include the mandatory standard indicators provided under each sub-sector. If a mandatory indicator is not used, the applicant must justify and provide reasons for not including the mandatory indictor. In addition, one or more custom outcome indicators relevant to the proposed activities must be included in M&E Plan and Logical Framework. The applicant can develop

additional relevant indicators for the proposed intervention that are reasonable and measurable. Indicators should be disaggregated by sex and age, where applicable.

The applicant should ensure the involvement of women, men, children and vulnerable groups, such as persons with disabilities, the elderly, minorities, female-headed householders, etc., throughout the project, including needs assessment, planning, implementation and monitoring. This inclusive approach should be demonstrated in needs assessment, proposal and project implementation strategy.

Protection Mainstreaming: Proposals must demonstrate protection mainstreaming by addressing the following topics/questions: Protection mainstreaming needs to be informed by an analysis of the real and potential protection risks that may arise in shelter sector of protection mainstreaming during the course and at the end of the project.

1. Describe how you will design shelters and settlements including both the shelter and its location, to be safely accessible by vulnerable groups, including women, adolescents, children, older people, and persons with disabilities.
2. Describe how you have consulted people with unique needs on the design and location of shelters and on the allocation of materials to ensure that their concerns are heard and addressed. Describe how you will ensure that the location and design of settlements allow all categories of beneficiaries, particularly persons with disabilities and/or limited mobility, to access basic services and educational, livelihood, religious, and recreational facilities within the settlement.
3. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, and/or ensured their representation on any program committees so that their concerns are heard and addressed and to avoid community tensions.
4. Address whether separate living areas in the proposed shelters or settlements are available to groups such as single women, people with disabilities, and unaccompanied children, and how these areas maintain their privacy and are protected from stigmatization or targeting of abuse or violence.
5. Describe any measures for beneficiary selection or distributions to be put in place to prevent sexual exploitation and abuse of people seeking shelter and services.
6. Describe the mechanism being used to establish a safe and effective feedback/complaint system for beneficiaries and non-beneficiaries.
7. Describe how to monitor protection issues and how that information will be used to reduce existing and newly identified risks.

Additional Guidance for Cash and Vouchers: Cash-based approaches (cash or vouchers) can be used in many Shelter & Settlements activities. Follow the relevant sub-sector guidance, as well as all of the guidance provided in the Guidelines for Modality, Cash, Vouchers, and/or CFW in last section of this document.

Applicant must ensure that cash transfers supporting shelter repairs, improvements, construction, or related activities provided in combination with technical assistance such as skilled labor, supervision, and oversight.

In addition to other basic information needed to design proposed activities, the following should be incorporated into the needs assessment and technical design for cash-based programming:

1. State how you made the determination to use a cash-based response modality over other modalities.
2. Describe how the program will engage or has engaged key stakeholders, including beneficiaries, on the selected modality and transfer value.

3. State and justify the value, frequency and duration of the transfer, including calculations, assumptions, and the household size upon which it is based. For areas with wide variation in household size, discuss any additional accommodations. Please note that WASH-related shelter costs (e.g. solid waste management fees) should be described under the WASH sector.
4. State whether the transfer value and frequency are harmonized with other actors providing cash-based responses to S&S needs (this is strongly preferred).
5. Describe the technical support available to help recipients achieve high-quality works (e.g. repairing, upgrading, and providing shelter) with available assistance.
6. Describe in the proposal any other activities necessary, such as technical or legal support, to ensure the cash or vouchers achieve the program objective for the most vulnerable.
7. Requirements when using cash or vouchers to provide shelter-related NFIs are described in the Shelter NFIs sub-sector
8. The Multipurpose Cash Assistance sector must be used when proposing the inclusion of shelter-related goods or services (e.g. rent or NFIs) as part of a multipurpose cash transfer.
9. Discuss how the program approach could be adjusted if price or supply monitoring indicates the need to do so.

Sub-Sector: Shelter

Shelter assistance includes the provision of technical advice and oversight, as well as financial and in-kind support to promote access to covered living spaces that protect the health and well-being of disaster-affected populations, while contributing to the process of jump-starting the longer-term recovery of those populations. During initial relief phase, where re-construction is not possible, RAPID support emergency shelter and/or Shelter NFIs to save lives. Immediately after the relief phase or may be in early recovery phase (is needs are justified), focus on repair/reconstruction of damaged shelters with appropriate hazard-specific DRR measures. Shelter assistance may also include support for temporary dislocated people returned families, disaster affected peoples through shelter/housing rehabilitation, retrofitting operations, emergency and/or transitional shelter support as per pre-defined selection criteria.

Needs Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Impact of disaster/crisis and how the affected population currently coping with the situation without assistance in this sub-sector.
2. List the priority needs of the disaster-affected population, identify ongoing and planned efforts to meet needs in settlements of proposed activities, and disclose the source of information provided (Primary or secondary information etc.).
3. Define the pre-disaster and post-disaster characteristics (e.g. size, population, households, household size, access to affected settlements, security).
4. Discuss the standard housing typologies in the settlement(s) of proposed activity, as well as the damage inflicted to each typology by the disaster (applicable on damages due to natural disasters/conflict/crisis).
5. Estimate the number of individuals and households affected by the disaster, and the number of people in need of shelter support in the settlements of proposed activity. Please list your assumptions and provide the calculations made to estimate those figures.
6. Explain whether shelter needs are short-term or whether a displaced population needs accommodation for a longer and uncertain period.
7. Population vulnerability of future disasters and impact on activities under this sector.
8. If survey data were used to inform the assessment, please provide the sample size, methodology, briefly describe the main findings of the study, and disclose when and which organization surveyed the affected population.
9. Discuss key marketing characteristics like the quality, availability, and accessibility of the inputs (e.g. skilled labour, construction materials and rental units) required for the success of a humanitarian shelter program in the relevant settlements.
10. Describe the criteria and the approach used to identify the vulnerable groups, and discuss how those individuals accessed shelter before the disaster and how they are dealing with the lack of

accommodations.

11. List the factors (e.g. insecurity, weather variations, and seasonal work and migrations) that could impact the ability of the beneficiaries to cope with the lack of shelter and recover from it, and discuss how each factor could foster/constrain the capacity of the most vulnerable households to access adequate shelter.
12. Describe how the proposed shelter response will be acceptable to targeted population as shelter solution, how the point of view of targeted population is incorporated in the shelter design during assessment process.

Technical Design: Applicant's proposal should consider the following components/points in the design of proposed sub-sector activities:

1. Proposed shelter type/design must be economical and appropriate bearing in mind type of response, local practices, climate, etc. and potential environmental impacts e.g. no harm to local forests, water sources, etc. as well factors related to safety, thermal comfort (to possible level) durability and acceptability to beneficiaries
2. Proposed shelter solution must be well coordinated with relevant cluster or endorsed from local authorities and/or the district-level shelter cluster (if exists any), or other coordination mechanisms
3. Where possible, the provision of minimally adequate covered living spaces of 3.5 square meters per capita or otherwise (if the Sphere standards are not met, provide the reason)
4. Where possible, the provision of minimally 4.5 to 5.5 square meters of leaving space per person in cold climates are urban setting where internal cooking space and bathing and/or sanitation facilities are included by carefully considering the potential of adopting the minimum calculated space (3.5 square meters per person, 4.5-5.5 square meters in cold climates in consent for any adaptation with partners (relevant stake holders such as cluster/working group), moving towards the minimum as quickly as possible for all
5. Ensures access to covered living space that is easy to clean, well ventilated, lit, safe from rain/drainage water and provides a reasonable degree of privacy and comfort;
6. Include detailed Bill of Quantities (BOQ), drawings with dimensions noted (if applicable) and the assumptions and calculations made to estimate the value of the assistance package if the plan is to repair, rehabilitate, retrofit, or construct shelters
7. Discuss the process used to develop the beneficiary selection criteria and the approach that will be used to identify and target the recipients and most vulnerable households
8. Discuss in detail the implementation strategy like identification of key stake holder, committee formation and its role, beneficiaries selection process, mode of delivery, role of beneficiaries
9. Discuss the quality, availability, and accessibility of the inputs (e.g. skilled labor, construction materials, and rental units) required for project implementation in the settlements of proposed activities
10. Describe how the program will coordinate with other stakeholders to avoid duplicating efforts and create synergies in humanitarian assistance, making sure to mention how to protect the identity and privacy of the beneficiaries
11. Describe the mechanism in place to ensure the program is accountable to the primary stakeholders, especially the beneficiaries and their fellow community members.
12. If the proposed project includes the distribution of sheeting or tarpaulins to create shelter space please provide the technical specifications of the tarpaulins and confirm they meet the specifications of the material distributed by large international humanitarian organizations (e.g. IOM, UNHCR, IFRC, and USAID/OFDA).
13. Describe how the program will monitor the security situation to adjust its implementation approach if the security situation deteriorates, please provide alternative strategy/contingency plan.

Sample Activities:

1. Provision of emergency Shelter (Note: Tents not encouraged; viewed as "last resort" and not "default response").
2. Repair/Reconstruction of damaged shelter
3. Provision of tools & shelter materials (roofing kit, Plastic tarpaulin sheets, bamboos etc.)
4. Transitional Shelters (Materials and skilled labour services)
5. Cash transfers in combination with technical assistance (skilled labor, supervision, oversight) for shelter repairs, improvement and construction.

Indicators:
Select three indicators from choices below relevant to proposed activities.
1. Number of targeted households with access to shelter
2. Number of targeted households with access to shelter pursuant to relevant guidance appearing in the Sphere Project Handbook
3. Number and percentage of households having received shelter assistance
4. Total PKR amount and percent of the approved project budget spent on goods and services produced in the host country economy

Sub-Sector: Disaster Risk Reduction (S&S DRR)

The objective of this sub-sector is to promote DRR activities that make shelter and settlements both safer and more habitable. DRR activities can thus be integrated into proposed shelter, settlements, infrastructure and services, shelter-related NFI, and cash-transfer efforts.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page. As this sub-sector correlate to Shelter sub-sector, therefore most of the points for need assessment are same as for sub-sector Shelter, specific points given below:
1. Discuss the standard housing typologies in the settlement(s) of proposed activity, as well as the damage inflicted to each typology by the disaster
2. Assessments must not focus exclusively on individual households but include analysis of key settlements-based housing market characteristics in potential or actual disaster/crisis-affected areas.
3. Key information given below will provide better understanding of housing:
   a. The numbers of people living in settlements of proposed activity;
   b. Who builds housing in settlements of proposed activity and how housing is built
   c. How long it takes to build or repair/retrofit a typical housing unit in the affected area
   d. What building techniques and materials are used and source and composition of these materials as well availability and cost of local materials
4. Needs should not be derived or assumed based on damage assessments alone, but also determined through interaction with affected populations, especially those considered most vulnerable
5. Identify and discuss the cause(s) of housing damage in affected settlements, and the likelihood that it will be repeated in the foreseeable future
6. Provide the number and percentage of households and individuals who sustained damage to their homes
7. 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
8. Describe the shelter delivery systems before the disaster, including relevant market systems for shelter items and services, and relevance to DRR provision

Technical Design: Applicant's proposal should consider the following components/points in the design of proposed sub-sector activities. Applicant's proposal should consider the following components/points in the design of proposed sub-sector activities:
1. Describe how the proposed program will help beneficiaries to access shelter, and explain the extra support (e.g. technical, financial, in-kind assistance) that will be available to most vulnerable recipients so they can also access shelter in a timely manner
2. Include a demonstrative/detailed BOQ and field diagrams/sketches/drawings (with dimensions noted) if beneficiaries will be assisted via repair, rehabilitation, retrofitting, or building activities and the assumptions and calculations made to estimate the value of the assistance
3. Describe the technical support needed and available to help recipients achieve high-quality works (e.g. repair, upgrade, and build shelter) with the assistance provided
4. Identify hazard risks (e.g. from floods, landslides, earthquakes, hurricanes, etc.) to be reduced, and particular structural and non-structural measures designed to reduce identified risks to safer levels. Please reflect measures in diagrams or field sketches if proposing shelter-level DRR, clearly identify specific DRR measures, and submit detailed BoQ and budgets
5. Non-structural measures can include the provision of technical assistance and capacity building related to DRR, to include support of settlements-based planning efforts to reduce identified hazard risks

Sample activities:

1. Repair/retrofitting of shelters partially damaged due to disasters
2. Provision of training support to promote the adoption of structural DRR measure as guidelines of relevant clusters/working group or leading UN agency
3. Provision of trainings capacity building of disaster prone communities on non-structural DRR measures
4. Incorporating DRR measures in proposed shelter project such as:
    a. Suitable site selection: During site selection avoid river banks, areas exposed to erosion, seasonal water ways and areas exposed to landslides
    b. Elevated platforms: Construction of shelters on elevated platforms for flood-prone areas must be included with well compacted beds
    c. Selection of materials: Water resilient material using water proofing materials or materials resilient to specific disasters
    d. Resilience against weather impacts: Structural measures to reduce the impact of winds, rains earth quack (which ever applicable)

Indicators:

Mandatory

1. Number of people and households benefiting from shelters incorporating DRR measures in settlements of proposed activity
2. Number of people and households benefiting from settlements adopting DRR measures
3. Number and percentage of people in settlements of project activity retaining shelter and settlements DRR knowledge two months after training

Sub-Sector: S&S Non-Food Items (NFIs)

A humanitarian situation causing large-scale displacement and/or losses to household items triggers a response in this sub-sector. The assistance includes the provision of in-kind NFIs support to vulnerable groups during the initial phase of disaster/displacement. Depending on local market conditions and beneficiary profiles, RAPID encourage use of cash or voucher modalities.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. A description of the type of commodities that are required for men, women, boys and girls in the target communities and why.
2. Total number of individuals requiring assistance, by sex
3. 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.).
4. 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.
5. Justifying the description of commodities actually needed and suitable for the beneficiaries keeping in view their culture and norms.

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector.

1. Description of how the types of relief commodities and modes of delivery are tailored to the specific geographic, cultural and disaster-related context;
2. Detailed description of the contents of the proposed kits including their specifications, quantity and break-up of estimated unit price of a single kit.
3. Information on the NFI procurement plan (note: NFIs must be procured locally assuming that there continues to be sufficient capacity within Pakistan to support the volume of required

commodities). Describe how existing capacity within the local market or country can support the volume of commodities needed without depleting the supply required for normal use; anticipated effects on supply and demand; and the potential for price increases that local residents cannot afford.

4. The kit contents aligned with sphere and relevant cluster standards and tailored to the needs of affected people, their family type (size, age, sex etc.), local environment, culture and norms. Ensure that the kits are gender and age sensitive with the inclusion of items depending on the priorities and needs identified through community consultations.
5. Provide a detailed distribution plan for the commodities, explaining how many commodities you will distribute and to whom. Select multiple times and locations, based on assessments, for distributions in proposed project settlements to promote improved beneficiary access. Ensure that beneficiary households know in advance the NFI kit bulk and weight, possible need for transport assistance, and distribution times and locations.
6. Explain whether the proposed commodities, and the distribution method selected, are appropriate and accessible for both men and women; explain how you consulted both men and women as to the type and quantity of items they need and the distribution method they prefer.
7. Describe measures taken by implementing partners to reduce potential corruption and fraudulence in the distribution efforts and describe measures taken to ensure that commodities are appropriately used.
8. Assess ability of people to safely transport commodities from distribution sites to their homes or places of use.

Note: Applicants proposing the provision of NFIs through vouchers must also read the guidelines for ERMS sector.

Sample activities:

1. Lights (solar, battery, hand-crank, etc.) and Light Search and Rescue (SAR) tool kits
2. Household Kitchen Sets
3. Cooking/heating stoves and Cooking/heating fuel
4. Bedding and Clothing kits
5. Winter kits

Indicators:

Select three indicators from choices below relevant to proposed activities.

1. Total number and per item PKR cost of NFIs distributed, by type (e.g., mats, blankets, kitchen sets, other)
2. Percentage of identified beneficiary household NFI needs supported through use of cash/vouchers
3. Number and percentage of households receiving NFIs
4. Number and percentage of people reporting satisfaction with the quality of the NFIs they received

Sector: Water, Sanitation, and Hygiene (WASH)

Objective: To ensure that the disaster-affected populations have adequate access to clean water, sanitation and improved knowledge of hygiene practices.

Triggers: A situation indicating public health risks associated with non-availability of drinking water due to damages to water infrastructure and lack of sanitation facilities trigger a response under this sector.

Interventions under the Water, Sanitation, and Hygiene (WASH) sector aim to reduce morbidity and mortality associated with an increase in WASH-related diseases and environmental health risks resulting from a shock or displacement. WASH activities based on finding of assessment, must be implemented as a comprehensive program, including hygiene promotion, water supply, and sanitation, or provide justification for the exclusion of one or more of the sub-sectors. Sphere standards must be applied to all proposed activities and related indicators. If there are specific contextual situations in which it is not possible to achieve the Sphere standards, you should still strive towards these standards

but provide brief but thorough justification explaining why Sphere standards are not achievable. The applicant must follow "best-practices" to ensure that emergency activities are rapid and effective, meet objectives, and address critical public health risks associated with the shock or is placement. Innovative approaches must be justified and appropriate for the context.

Applicant must include the mandatory standard indicators provided under each sub-sector. If a mandatory indicator is not used, the applicant must justify and provide reasons for not including the mandatory indictor. In addition, one or more custom outcome indicators relevant to the proposed activities must be included in M&E Plan and Logical Framework. The applicant can develop additional relevant indicators for the proposed intervention that are reasonable and measurable. Indicators should be disaggregated by sex and age, where applicable.

The applicant should ensure the involvement of women, men, children and vulnerable groups, such as persons with disabilities, the elderly, minorities, female-headed householders, etc., throughout the project, including needs assessment, planning, implementation and monitoring. This inclusive approach should be demonstrated in needs assessment, proposal and project implementation strategy.

Cash, Voucher and Cash for Work (CFW): Cash- and voucher-based approaches can be used across all of the WASH sub-sectors. Please follow the specific sub-sector guidance outlined below, as well as addressing the following points:

1. Explain how quality standards will be ensured (e.g. ensuring chlorinated water is provided through water trucking voucher schemes, solid waste services will continue to collect waste at the agreed frequency, etc.) and how the availability/accessibility of the service or product will be monitored throughout the duration of the project.
2. State and justify the value of the transfer and the household size upon which it is based. For areas with wide variation in household size, discuss any additional accommodations.
3. Follow the relevant sub-sector guidance, as well as all of the guidance provided in the Guidelines for Modality, Cash, Vouchers, and/or CFW in last section of this document.
4. When using CFW as a modality to implement water or sanitation activities, the narrative must describe the specific unskilled tasks for which CFW will be used, how skilled labor will complement unskilled labor, and how the work will be monitored by the relevant technical WASH staff. Also see the *Temporary Employment* sub-sector for additional guidance on CFW (including beneficiary selection).
5. The Multipurpose Cash Assistance sector must be used when proposing the inclusion of WASH services/products in MPCA transfers

Protection Mainstreaming: Proposals must demonstrate protection mainstreaming by addressing the following topics/questions:

1. Describe the mechanism being used to establish a safe and effective feedback/complaint system for beneficiaries and non-beneficiaries.
2. Describe how protection issues will be monitored and how that information will be used to reduce existing and newly identified risks.
3. Describe how you will design WASH facilities, including both the infrastructure and location, to be safely accessible by vulnerable groups, including women, children, older people, and persons with disabilities.
4. Describe how you have consulted with people with unique needs on the design and location of toilet and washing facilities to ensure that their concerns are heard and addressed.
5. Describe how you have consulted with people of diverse age, gender, ethnic, religious, and socio-economic groups, including displaced and host communities, and/or ensured their representation on any program committees so that their concerns are heard and addressed and to avoid community tensions.
6. Address whether adequate space exists for women to clean, dry, and dispose of sanitary materials with privacy and dignity.
7. Describe how hygiene promotion interventions will be targeted to persons with disabilities and/or limited mobility, including any outreach activities that may target these groups.

8. Describe the measures to be put in place to prevent sexual exploitation and abuse of people seeking access to WASH facilities and services.

Sub-Sector: Environmental Health

Emergency situation analysis indicating public health risks associated with weak drainage, solid waste management, and livestock waste and disease transmission vectors will trigger the response in the sub-sector. The focuses will be on community-level interventions aimed primarily at drainage, solid waste management, and vector control activities. Proposed activities must be evidence-based and clearly target identified public health risks. All emergency interventions must adhere to national emergency standards/cluster guidelines and/or Sphere standards, where applicable and appropriate. RAPID consider this sub-sector application during early stages of emergency and does not cover the infrastructure/system damaged due to poor maintenance or long-term un-attendance.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Provide an analysis of the current public health risks resulting from the disaster.
2. Based upon findings in rapid need assessment (RNA) provide available morbidity and mortality data as well as data on recent WASH-related disease in target area, provide dates and source.
3. Discuss the current methods of solid waste management at the household, communal, health facility (which ever relevant) in context of disaster's impacts.
4. Explain any new problems with drainage as a result of the disaster or changes in the context that have exacerbated underlying problems with drainage (household or community level).

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector.

1. Provide Infrastructure designs/drawings and BOQ, if not possible provide indicative BOQs at proposal stage with clearly narrating in the proposal that after real time assessment actual BOQs and infrastructure designs will be available for RAPID approval prior to any procurement or initiating any activity.
2. For all types of waste management activities, describe the proposed intervention from generation through final disposal. If solid waste will be collected, please explain how the volume of collection containers and/or transport vehicles, as well as frequency of waste collection, was calculated to demonstrate that the proposed approach will be sufficient to collect the waste being generated.
3. For waste management, explain how regularly occurring activities, such as trash removal, will continue after project end or explain the exit strategy. RAPID does not support paying individuals (e.g. using CFW) to participate in periodic community or household level cleaning campaigns.
4. For drainage, describe how the locations were selected for intervention, the specific improvements proposed, and the planned outlet for the drainage.
5. For vector control activities, describe any environmental modification, chemical usage, or personal protective measures. Use of pesticides and LLINs are restricted commodities.
6. Describe safety procedures to ensure staff/workers are protected during project activities, especially when managing waste or chemicals.

Sample activities:

1. Solid waste management (household, community, municipal)
2. Community cleaning campaign
3. Drainage system re-activation
4. Environmental control activities for vector-borne disease

Indicators:

<u>Mandatory</u>

1. Number of people receiving improved service quality from solid waste management, drainage, or vector control activities (without double-counting)

Select at least two indicators from choices below relevant to proposed activities

2. Average number of community clean-up/debris removal activities conducted per community targeted by the environmental health program
3. Average number of communal solid waste disposal sites created and in use per community targeted by the environmental health program
4. Percent of households targeted by the WASH promotion program that are properly disposing of solid waste
5. Average number of persistent standing water sites eliminated via drainage interventions per community targeted by the environmental health program
6. Average number of vector control activities conducted per community targeted by the environmental health program

Sub-Sector: Hygiene Promotion

The Hygiene Promotion sub-sector focuses upon interventions intended to reduce or prevent disease transmission through enabling people to practice key hygiene behaviors. As part of integrated WASH program, Hygiene Promotion activities will be included specifically if the situation analysis indicate disease transmission due to lack of hygiene education. Proposed activities must be evidence-based, culturally and contextually appropriate, and target specific public health risks resulting from a shock or displacement. All emergency interventions must adhere to Sphere standards or national emergency standards.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Provide an analysis of the current public health risks resulting from the disaster.
2. Based upon findings in rapid need assessment (RNA) please provide available morbidity and mortality data as well as data on recent WASH-related disease in target area, provide dates and source.
3. Explain how current hygiene behaviors (hand washing, bathing, water handling and storage, Menstrual Hygiene Management (MHM), etc.) are different from practices prior to the shock/displacement.

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector.

1. For relevant activities, explain the beneficiary selection criteria or how locations for intervention were selected. If water and sanitation beneficiaries are not the same as the hygiene promotion beneficiaries, please provide justification for the differences in targeting.
2. Specify the priority hygiene related behavior(s) that will be included in the project. Identify the motives for behavior change or the conditions required to enable existing behavior(s). Explicitly state the tools/approaches that will be used to identify the priority behaviors and/or motives for change. Bases for the targeting number of beneficiaries, key hygiene messages, frequency and complete hygiene promotion process.
3. Identify the specific audience(s) for each hygiene behavior(s) that will be included in the project and the specific communication channel(s) that will be used to reach each audience. Describe the contextual/cultural appropriateness of the proposed channels.
4. Describe who will facilitate the activities included in the project, the source for the technical content, and the frequency of activities. If community volunteers will be engaged, explain the volunteer selection criteria, their roles/responsibilities, the number and ratio of volunteers to people/households, the training and materials they will receive, and incentives (if applicable).
5. Describe how WASH hygiene promotion activities will be coordinated with other sectors (e.g. health, nutrition, education) who may be working with the same target populations.

Sample activities:
Hygiene Promotion activities for disaster affected population in camps/schools/community with focusing on topics such as:

- Hand washing
- Hand washing materials
- Latrine usage
- Safe Water Chain
- Household water transport, storage, and consumption
- Food preparation

(Please note that all proposed approaches/hygiene promotion strategies must relevant to emergency contexts and not development oriented).

Indicators:
Mandatory

1. Number of people receiving direct hygiene promotion (excluding mass media campaigns and without double-counting)

Select at least two indicators from choices below relevant to proposed activities

2. Percent of people targeted by the hygiene promotion program who know at least three (3) of the five (5) critical times to wash hands
3. Percent of households targeted by the hygiene promotion program with soap and water at a designated hand-washing location
4. Percent of households targeted by the hygiene promotion program who store their drinking water safely in clean containers
5. Percent of households targeted by the hygiene promotion program with no evidence of faeces in the living area
6. Percent of people targeted by the hygiene promotion program who report using a latrine the last time they defecated

Sub-Sector: Sanitation

The trigger for emergency response in this sub-sector will be identified public health risks due to lack of sanitation infrastructure. The Sanitation sub-sector focuses upon infrastructure, as well as operation and maintenance, for the safe disposal of human excreta. It also focuses on access to other types of infrastructure, such as MHM facilities, bathing spaces, and washing slabs. Proposed activities must be evidence-based and clearly target identified public health risks resulting from a shock or displacement. All emergency interventions must adhere to national emergency or Sphere standards.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Describe the condition of existing infrastructure and an assessment of damage to sanitation infrastructure (including type of latrines and level of damages due to disaster.
2. The current needs are as result of disaster/crisis rather development or chronic issue.
3. Explain how current practices are different from practices prior to the shock/displacement. Highlight evidence of open defecation in proximity to water sources, households, and public gathering spaces.
4. Discuss how previous practices may impact the use, operation, and maintenance of excreta disposal infrastructure/services proposed in the project and priority actions to mitigate any negative impacts.
5. Discuss the needs and preferences related to MHM that women and girls have identified.

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector.

1. Provide Infrastructure designs/drawings and BOQ for the proposed sanitation activities.

2. Infrastructure design must consider the local context, acceptable and such that local community can reflect it by their own in future course.
3. Emergency or temporary latrine designs and the choice of construction materials should demonstrate a cost-effective approach both for the duration of the program, as well as a potential transition or exit (as relevant).
4. For temporary, emergency communal latrines or communal latrines in a camp setting where the risk of diarrheal disease is elevated, you must employ latrine attendants/cleaners to ensure cleanliness, use, and safety or support the organization of a voluntary structure. De-sludging, repairs/upgrades, and decommissioning are also the responsibility of the constructing organization. Hand-over arrangements must be clearly defined prior to construction if another organization will manage these maintenance issues.
5. For all latrine construction, ensure access to hand washing facilities is integrated into design and latrine operation and maintenance. If hand washing interventions are more appropriate at the household level, please provide justification and describe the alternative approach proposed.
6. Describe how MHM will be integrated into latrine, bathing space, washing slabs, or other infrastructure designs. Note that in camp contexts, MHM must be addressed.
7. For construction of bathing units and washing slabs, explain how the drainage of wastewater will be managed.
8. If soil permeability tests cannot be conducted, the distance between contaminant facilities and water sources should be at least 30 meters, and the bottom of pits should be at least 1.5 meters above the ground water table.
9. For activities related to sludge disposal (e.g. de-sludging) or sludge management (septic tank construction, wastewater treatment sites, etc.), describe the disposal/management process and the monitoring system to ensure proper disposal/management of sludge or effluent, including water quality testing as relevant. Ensure the entire process is described through final disposal.
10. For activities related to sewer network maintenance or rehabilitation, please explain how locations were selected and include an analysis of how the proposed work will impact the rest of the system, including disposal of effluent. Please also explain how this work is coordinated with the relevant local authorities or other actors implementing similar activities.
11. Describe efforts to mitigate potential contamination of the environment or of drinking water sources by proposed sanitation activities.
12. Subsidized approaches towards sanitation; must be low cost, replicable and affordable for average community households in the target area.

Sample activities:

1. Latrines including household, institutional, communal (Communal only in camp set up)
2. Latrine maintenance and management and other excreta management
3. Hand washing facilities
4. Bathing facilities
5. washing slabs, e.g. areas for washing laundry
6. Menstrual hygiene management (MHM) facilities
7. Sewer system/network rehabilitation

Indicators:

<u>Mandatory</u>

1. Number of people directly utilizing improved sanitation services provided with OFDA funding

<u>Select at least two indicators from choices below relevant to proposed activities</u>

2. Proportion of men, women, boys and girls who last defecated in a toilet (or whose faeces was last disposed of in a safe manner)
3. Percent of households targeted by latrine construction/promotion program whose latrines are completed and clean
4. Average number of users per functioning toilet
5. Percent of latrines/defecation sites in the target population with hand washing facilities that are functional and in use
6. Number of people per safe bathing facility completed in target population

7. Percent of excreta disposal facilities built or rehabilitated in health facilities that are clean and functional
8. Percent of hand washing stations built or rehabilitated in health facilities that are functional
9. Percent of MHM facilities constructed in target population that are currently in use

Sub-Sector: Water Supply

The emergency response trigger will be public health risks related to non-availability of drinking water due to large-scale damages to water infrastructures and/or water related disease outbreaks. The Water Supply sub-sector focuses on ensuring access to and availability of safe drinking water for human consumption including operations and maintenance of water supply infrastructure. Proposed activities must be evidence-based and clearly target identified public health risks resulting from a shock or displacement. All emergency interventions must adhere to national emergency or Sphere standards and National Water Policy.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Explain how water sources and their uses have changed as a result of a shock or displacement. Include all water sources used by the household, regardless of source quality or distance.
2. Describe how water usage rates, including availability and accessibility, have changed as a result of the shock or displacement. Estimate previous and current daily water usage rates of target population in liters per person per day. This must be as representative as possible considering the phase of the response and preferably based on household surveys or interviews.
3. Describe any water treatment efforts being practiced either at the water point/system level or household and how these may have changed as a result of a shock or displacement.
4. Provide damages data of water sources in the affect target area and justification for the selection of targeted water sources for rehabilitation

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector.

1. Provide infrastructure designs/drawings and BOQs, if not possible provide indicative BOQs and clearly narrate in proposal that after real time assessment actual BOQs and technical designs will be provided for RAPID approval prior procurements. Incorporate DRR measures (where appropriate and applicable) in the design where appropriate as well as the design should ensure measures for safe and easy access for vulnerable groups including women, elderly and PWDs.
2. The choice of water supply interventions must meet immediate needs but should also demonstrate a cost-effective approach, as well as a consideration of transition and/or exit requirements.
3. For **temporary, emergency water supply systems** (bladders, tanks, tap-stands, water treatment units, etc.), describe the water source, the treatment required to ensure safe water (including consumable supply chain), the system operators, water quality monitoring, the distribution system, the volume of water to be provided per beneficiary (how equity will be ensured), and if services/equipment will be decommissioned or handed over at the end of the project.
4. For **water trucking**, include a strong justification for trucking versus other water supply options, current volume of water available per person per day, and how water trucking will ensure minimum national or Sphere standards are met, the target volume per person per day, the duration of trucking, the chlorination system, water quality monitoring (free residual chlorine), and the exit strategy. Note USAID/OFDA requires that all trucked water be chlorinated.
5. As Sphere standards, minimum of 15 litres per person per day is established practices, it is never a "maximum" and may not suite all contexts or phase of the response e.g. it is not appropriate where people may be displaced for many years. In the acute of a drought, 7.5 litres per person per day may be appropriate for a short time.
6. For **groundwater sources**, provide a summary of the rehabilitation or construction process, including site selection (rationale, hydrogeological data, yield, seasonality, community/local

authorities engagement, etc.), the specific rehabilitation/construction works to be implemented, the volume of water to be provided per beneficiary, quality control (water quality testing, monitoring contractors, etc.), installation of water lifting technology (pumping tests, type of pumps, power supply for mechanized pumps, etc.), and handover to community/local authorities.

7. For **piped water supplies** (large and small systems), provide a summary of the rehabilitation or construction process, including site selection (rationale, production rates, community/local authorities engagement, etc.), specific rehabilitation/construction works to be implemented, the volume of water to be provided per beneficiary, chlorination, quality control (relevant water quality testing, monitoring contractors, etc.), installation of pumps and water storage (pumping tests, type of pumps, power supply, etc.), and handover to community/local authorities. If extension of an existing system is proposed, provide data to demonstrate that there is sufficient pressure/water quantity in the system to ensure functionality of an extension.
8. For **solar powered borehole pumps,** provide the following Technical information. If the technical data is not available at the time of proposal submission, please confirm it will be provided to RAPID for approval prior to starting tendering/installation. (RAPID will further elaborate/discuss technical requirements with potential applicants during review/finalization stage based on context and proposed target area).
   a) Provide data on the expected number of users and the total daily water demand.
   b) For existing boreholes that will be converted to solar power, please provide current or historical pumping rates of the existing infrastructure (liters per hour and liters per day) versus expected output of the solar pumping system (liters per hour and liters per day). Provide data to demonstrate that the proposed pumps are sized properly.
   c) Justification for the installation of solar powered pumps versus other options. Include a cost-benefit analysis which compares the capital and running costs of the proposed solar-powered system with a conventional generator- or electricity-driven system.
   d) Describe the proposed water storage structure, including volume, height, and location relative to the borehole and distribution point(s), and explain the calculations made to determine the appropriate storage volume.
   e) Provide detailed Operation & Maintenance (O&M) requirements, the frequency for each requirement, who will be responsible for O&M, and the possibility of a service agreement with a local solar installation company to assist with portions of the O&M requirements.
   f) Describe what security features will be included, whether physical deterrents and/or community guarding of the panels and other installations
   g) Describe design features that will ensure adherence with "Do No Harm Principles" such as over-exploitation of natural ground water reservoirs which can compromise the capacity of future generation in terms of access to natural re-sources
9. For **surface water runoff capture and retention structures and rainwater harvesting**, include a strong justification as to why this approach is the only option to increase water availability for the targeted population. Please note that RAPID only supports this infrastructure in very specific circumstances for emergency response (e.g. rainwater catchment as a drought response in areas which are subject to brief, high intensity rainfall). These interventions are viewed as more appropriate in DRR programs. Please provide a summary of the rehabilitation or construction process, including the volume of water required per person per day, the expected uses of the water, site selection (rationale, rainfall data, seasonality, community/local authorities engagement, etc.), the calculations used to determine storage volume/catchment size and expected yield (rain hydrographs must be provided at proposal stage), specific structural works to ensure the highest level of water quality, maintenance requirements (including access to spare parts), and handover to local community/authorities. Note that in health facilities, water for drinking or medical purposes must be chlorinated.
10. For all water supply activities, explain the water management structure and water user fee system OR any other mechanism that will be developed to ensure continued functionality of water systems after the end of the project and describe how accountability and transparency in the management of funds will be promoted (if relevant)

11. Provide details on the responsibilities, composition, and training that will be provided to the water management structure/committees like O&M trainings and tool kits etc.
12. Describe efforts to mitigate any negative environmental or social impacts as a result of this project. For example, exacerbating aquifer depletion, over-usage of scarce water supplies, harmful impacts regarding gender, livelihoods, power inequity, and negative settlement patterns.
13. Maintaining a safe water chain, a risk assessment of the water chain, from the water source to the drinking water storage container, includes:
    i. Sanitary survey of the water point
    ii. Observation of use of separate containers for water collection and storage
    iii. Observation of clean and covered drinking water containers and
    iv. Water Quality tests (Do not neglect the analysis of chemical parameters such as fluoride and arsenic levels that can lead to long-term health issue, even if E-Coli is not found, water is prone to re-contamination without a residual disinfectant)

Sample activities:

1. Provision of water trucking (for a limited time as last resort during early days of displacement/acute emergency situation)
2. Rehabilitation of groundwater systems, such as hand-dug wells, boreholes, springs
3. Rehabilitation of Piped water networks
4. Rehabilitation/installation of Water lifting devices (hand pumps, motorized pumps)
5. Water point/system operation and maintenance
6. O&M trainings and tool kits
7. Water treatment (household, water point, system level)
8. Water quality testing (household, water point, system level)

Indicators:

Mandatory

1. Number of people directly utilizing improved water services provided with OFDA funding

Select at least two indicators from choices below relevant to proposed activities

2. Average liters/person/day collected from all sources for drinking, cooking, and hygiene Estimated safe water supplied per beneficiary in liters/person/day.
3. Percent of households targeted by WASH program that are collecting all water for drinking, cooking, and hygiene from improved water sources.
4. Percent of households whose drinking water supplies have 0 faecal coliforms per 100 ml sample.
5. Percent of households whose drinking water supplies have a free residual chlorine (FRC) > 0.2 mg/L.
6. Percent of households receiving point-of-use chlorine products whose water supplies have free residual chlorine (FRC) present.
7. Percent of water points developed, repaired, or rehabilitated with 0 faecal coliforms per 100 ml sample.
8. Percent of water points developed, repaired, or rehabilitated with free residual chlorine (FRC) > 0.2 mg/L.
9. Percent of water user committees created and/or trained by the WASH program that are active at least three (3) months after training.
10. Percent of water points developed, repaired, or rehabilitated that are clean and protected from contamination.
11. Percent of water committees actively using Water Safety Plans that have been created for water points developed, repaired, or rehabilitated by the water supply program.

Sub-Sector: WASH NFI

The WASH NFI sub-sector includes the direct distribution of NFIs to enable water, sanitation, or hygiene related behaviors or the provision of cash or vouchers to obtain these items. Examples of WASH NFIs include (but are not limited to) water transport/storage containers, soap, materials for

anal cleansing, miscellaneous hygiene items (shampoo, razors, toothpaste, toothbrushes, nail clippers, etc.), MHM materials, diapers, cleaning materials and products. Whenever any type of "kit" is included in a proposal, you must provide a complete itemized contents list with specifications, quantities, and cost in PKR. Ensure that restricted commodities, including pesticides, LLINs, or pharmaceuticals (e.g. oral rehydration salts, anti-lice shampoo, vitamins, antibiotics, medicated topical creams), are not included in these kits.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Include the WASH sector-wide need assessment requirements with justifications for the proposed WASH NFIs
2. Describe how access to WASH-related NFIs has changed as a result of the shock or displacement.
3. Provide assessment data related to beneficiary preferences, contextual analysis, and market assessments to justify the proposed modality for ensuring access to NFIs.

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector.

1. Include the sector-wide technical design requirements.
2. Provide a list of the WASH-related NFIs to be distributed (including specifications such as unit, quantity, etc.) and how the proposed quantities compare to national or Sphere standards. Explain why the proposed items were prioritized for distribution or inclusion in cash/vouchers calculations.
3. The customized kits contain items that are locally acceptable and informed by local market assessments and beneficiaries' profile.
4. State the duration for which NFIs are expected to meet beneficiary needs. Explain if consumable items will be provided in subsequent distributions (kits/vouchers/cash). For vouchers/cash, please state how the value of the vouchers/cash was calculated.
5. State the total number of WASH-related NFI kits/vouchers/cash that will be distributed, the estimated number of beneficiaries, and the projected distribution date (or timeframe).
6. Provide the beneficiary selection criteria and explain the process for selecting beneficiaries or if blanket distributions will be implemented.
7. Describe the measures to be put in place to prevent sexual exploitation and abuse of people seeking NFI kits/vouchers/cash.
8. Describe the measures to reduce potential corruption and fraud in the provision of NFIs.
9. Explain the coordination plans to prevent overlap with distributions being implemented by other actors. Please also describe efforts to ensure kits distributed in the same geographic area by different actors contain similar contents for similar durations. For vouchers/cash, please explain how the value was coordinated with other actors.
10. Please explain how hygiene promotion regarding the intended use of the kit contents/vouchers/cash will accompany the distribution. Any partner proposing to distribute WASH NFIs without providing relevant hygiene promotion must justify why messaging is not necessary in the context and in relation to the items proposed.
11. If household water treatment products are included in the kit or cash/vouchers, please add the Water Supply sub-sector and address the relevant requirements described in the needs assessment and technical guidance.

Sample activities:

1. WASH NFIs (Plastic Tanks, Jerry Cans etc.)
2. Hygiene Kits (Kit composition must be as per WASH Cluster recommendations and/or as per Sphere Standards)

Indicators:

<u>Mandatory</u>

1. Total number of people receiving WASH NFIs assistance through all modalities (without double-counting)

Select at least two indicators from choices below relevant to proposed activities

2. Percent of households reporting satisfaction with the contents of the WASH NFIs received through direct distribution (i.e. kits) or vouchers
3. Percent of households reporting satisfaction with the quantity of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash
4. Percent of households reporting satisfaction with the quality of WASH NFIs received through direct distribution (i.e. kits), vouchers, or cash

Sector: Economic Recovery and Market Systems

Objective: To assist the disaster-affected populations in meeting their immediate subsistence as well as livelihoods/economic recovery needs.

Triggers: A situation after the disaster or crisis where the local market system dysfunctional, damaged communal schemes require short-term cash injection to stimulate economic activity and where the recent disaster/crisis affected the existing livelihoods sources and affected populations cannot resume their livelihoods in a reasonable time.

Economic Recovery and Market Systems (ERMS) interventions at household, community, or regional levels help people restore or improve their livelihoods. All programs within the ERMS sector must be based on a comprehensive understanding of relevant market dynamics and economic factors and avoid negative market distortions. Activities should rely on local skills and capacities and minimize harm to the natural environment and individuals, including taking into account conflict dynamics, as well as sufficient analysis of the relevant market systems. ERMS programming must have a strong element of community consultation prior to determining the intervention. Your proposal must demonstrate a careful consideration of the relevant standards and indicators in the Minimum Economic Recovery Standards, a Sphere companion guide[3].

Within the ERMS sector, RAPID encourages the use of market-based modalities, including cash and vouchers, to ensure that livelihood interventions and assets are appropriate to local conditions and meet people's needs and preferences. However, direct distribution may be more appropriate under some circumstances. Cash and vouchers modalities can be used to achieve program objectives in many sectors, not only ERMS. See the guidance provided in the Guidelines for Modality, Cash, Vouchers, and/or CFW in last section of this document. Multipurpose cash transfers must not be categorized as ERMS; instead, please see the Multipurpose Cash Assistance sector

Applicant must include the mandatory standard indicators provided under each sub-sector. If a mandatory indicator is not used, the applicant must justify and provide reasons for not including the mandatory indictor. In addition, one or more custom outcome indicators relevant to the proposed activities must be included in M&E Plan and Logical Framework. The applicant can develop additional relevant indicators for the proposed intervention that are reasonable and measurable. Indicators should be disaggregated by sex and age, where applicable.

The applicant should ensure the involvement of women, men, children and vulnerable groups, such as persons with disabilities, the elderly, minorities, female-headed householders, etc., throughout the project, including needs assessment, planning, implementation and monitoring. This inclusive approach should be demonstrated in needs assessment, proposal and project implementation strategy.

Protection Mainstreaming: Proposals must demonstrate protection mainstreaming by addressing the following topics/questions:

1. How does the program make goods and services equally available and useful to both men and women to the degree possible? If you are proposing programs considered challenging for

[3] https://seepnetwork.org/Initiatives-Post/The-Minimum-Economic-Recovery-Standards-MERS

women's participation, make efforts to seek out women's opinions and maximize the potential for their participation.

2. How will you target people with special considerations (e.g. female-headed households, persons with disabilities, youth, and older people) and address barriers to their participation? RAPID cautions that some extremely vulnerable individuals who cannot earn their own livelihoods are not appropriate direct beneficiaries for some ERMS interventions.
3. What safety and protection concerns exist for participants (e.g. timing and receipt of cash, intra-household risks to women from participation in livelihood activities, etc.), and how you will mitigate them?
4. What measures exist or will you put in place to prevent sexual exploitation and abuse of people during program activities?
5. Provide details of a safe and effective feedback/complaint system for beneficiaries and non-beneficiaries.
6. How will you monitor protection issues and how will that information be used to reduce existing and newly identified risks?

Sub-Sector: Livelihoods Restoration

The trigger for response will be when the affected populations cannot resume their livelihoods in a reasonable time, dependent on external assistance and using negative coping mechanisms. Livelihood Restoration activities assist disaster-affected people to repair or replace key productive assets negatively impacted by the disaster, to enable the resumption or expansion of pre-existing livelihoods. The term productive asset refers to items that contribute directly to livelihoods, such as business inputs, supplies, or storage, and not to basic relief commodities. The target population for Livelihood Restoration activities already has experience and skills relevant to the proposed livelihoods. Interventions that focus on agricultural livelihoods must be categorized under the relevant Improving Agriculture/Food Security sub-sector.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Describe the predominant pre-disaster livelihoods patterns of the target population, disaggregated by sex and age group;
2. Describe how the disaster has disrupted these livelihoods and market systems and key obstacles to their resumption. Please determine damages in terms of type of enterprise/small business/occupation, partially or fully, value of losses etc.
3. Assessments should include discussions with the potential users of an asset, especially focusing on preferences (such as size of cash grant or type of equipment) that might prevent an individual from using the asset.
4. Describe men's and women's preferences for type of livelihoods restoration assistance (e.g. market linkages, technical assistance, asset replacement, in-kind assistance versus cash or vouchers, etc.).
5. Identify preferably small enterprises which are primary source of income of the family and are also crucial for communal services (e.g. water mill or grocery shop etc.) in the villages/hamlet. Preferably, a list of damaged enterprise/occupation shall be required with the assessment report.

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector.

1. Describe how the proposed activities will directly support the restoration of men's and women's livelihoods;
2. List the known or anticipated types of livelihoods that will be restored;
3. Explain the current market viability of each livelihood activity, including beneficiary perceptions. If a wide variety of livelihoods will be supported, describe how you will determine viability during the project;

4. Provide a simple cost/benefit analysis comparing the cost of inputs and maintenance of the provided assets with the expected profit (revenue minus costs) for each livelihood activity. Provide additional justification for the provision of high-value productive assets or the improvement of assets beyond pre-disaster quality.
5. If you will provide, replace, or repair productive assets, identify the modality you will use to transfer the assets (i.e. in-kind distribution, vouchers, cash): Indicate the value of the assets and how you determined this, if utilizing a direct distribution modality, justify why a market-based intervention is not viable. Describe how the target population will be able to repair or replace the asset in the future if it is not available in the market; and if utilizing cash transfers or vouchers also comply with the guidance provided in the Guidelines for Modality, Cash, Vouchers, and/or CFW in last section of this document.
6. Explain the beneficiary selection process. If targeting people other than the most vulnerable, describe how benefits will ultimately flow to the most vulnerable;
7. Explain what supporting or complementary activities you will conduct to support the target beneficiaries to restore their livelihoods and what monitoring and follow-up support you will provide; and
8. If you are responding to a recurrent shock, describe how you will assist beneficiaries to mitigate the risks that this shock poses to these livelihoods, to the extent possible.

Sample activities:

1. Provision of grants for revival of small businesses affected by disaster/crisis.
2. Trade specific toolkits along with training on tool-specific instruction and safe use, as appropriate

Indicators:

Mandatory

1. Number of people assisted through livelihood restoration activities
2. Percentage of beneficiaries reporting net income from their livelihood

Sub-Sector: Temporary Employment

The trigger for emergency response will be when, after a recent disaster, the local market systems becomes dysfunctional and damaged communal schemes require short-term cash injection to stimulate economic activity. The primary objective is to provide temporary employment through CFW activities as well as contribute to local economic recovery through the rehabilitation of damaged communal infrastructure such as foot tracks, pedestrian bridges on key market routes and farm-to-market roads etc. RAPID will appraise all CFW infrastructure proposed in terms of relevance to community needs, technical viability with proper Disaster Risk Reduction (DRR) measures, impact on local economic activity, and community ownership and sustainability.

The primary objective of CFW is a short-term income boost to disaster-affected populations. RAPID only funds CFW projects that (1) benefit the whole community; (2) have a demonstrated link to the impact of the disaster; (3) do not complete work that people would normally do on their own, such as repair their own shelters; (4) do not complete tasks that are reoccurring responsibilities of the community, such as trash pickup; and (5) have a realistic plan in place for sustainable maintenance. RAPID also does not fund cash-for-training.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Describe how the disaster has impacted purchasing power and why affected populations need an infusion of cash at this particular time and for this particular duration.
2. Describe other labor needs in the communities during the program duration (e.g. planting season, shelter repairs). If people are otherwise engaged in more pressing tasks, CFW must be carefully

designed to ensure it supports, rather than supplants, people's own efforts to rebuild their lives and livelihoods.

3. Explain current wages for comparable work for skilled and unskilled workers in the area, as well as CFW rates offered by other humanitarian programs in the program area (including any harmonized rates set by coordinating bodies).
4. Demonstrate consideration of existing volunteer labor systems within a community, so that CFW does not discourage or displace these practices.
5. If CFW is for repair/rehabilitation of communal infrastructure(s), provide specific damages details of each target communal physical infrastructure(s) and impact on local population

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector.

1. Provide an exhaustive list of the types of possible CFW projects, including technical details, a discussion of how oversight and quality will be ensured, and a description of how this project will help the community recover from disaster.
2. Describe the CFW project selection process, including how you will engage communities, mitigate protection concerns, and solicit opinions from a variety of community members. RAPID is supportive of the community selecting CFW projects that meet RAPID's technical guidance on CFW; please include a confirmation in the proposal that you intend to obtain RAPID's consent prior to beginning CFW projects not mentioned in proposal.
3. Confirm the work performed does not cause harm to the natural environment, and where appropriate, incorporates environmentally friendly aspects and/or aspects that reduce the risk of damage from future disasters
4. Provide a strong description of who will be responsible for ongoing repair and maintenance of the infrastructure built or rehabilitated through CFW, and how you will accomplish this transition, including women's management where feasible and appropriate.
5. Provide the payment rate and duration of CFW, and a justification for each.
6. Describe the beneficiary selection process, and number of beneficiaries, disaggregated by sex.
7. Discuss how you will maximize the participation of women, persons with disabilities, and others with unique considerations. Examples include modifying the CFW schedule to allow women the time needed to complete other tasks, designating certain types of CFW tasks for different levels of ability, or providing childcare on site.
8. RAPID will allow a small percentage of vulnerable households without able-bodied labor to receive unconditional cash as part of a larger CFW project.

Sample activities:

1. Provide temporary employment through CFW activities on damaged communal infrastructure such as foot tracks, pedestrian bridges on key market routes and farm-to-market roads etc.
2. Where appropriate, small quantities of reconstruction materials /tools for CFW activities on targeted damaged communal infrastructures.

Indicators:

<u>Mandatory</u>

1. Number of people participating in CFW activities

Sector: Agriculture and Food Security

Objective: To support the re-establishment of agricultural-based livelihood and food security of disaster-affected populations.

Triggers: Trigger for response will be loss of crops, seeds stocks, damages to irrigation system and diminished purchasing power of affected population to restore their agro-based livelihood. Regarding livestock sub-sector, the loss of livestock due to lack of fodder, livestock diseases, diminished purchasing power and distress selling of livestock for low prices trigger a response.

Agriculture and food security sector aims to address immediate critical agricultural needs, enhance recovery, and build resilience with the goal of preventing wide-scale food in-security for vulnerable populations. Interventions must be based on carefully assessed needs and must not constrain future development or undermine agricultural market systems. The interventions under this sector must target individuals with prior experience such as farming and livestock keeping. If your program targets individuals without prior experience, you must provide strong justification.

Applicant must include the mandatory standard indicators provided under each sub-sector. If a mandatory indicator is not used, the applicant must justify and provide reasons for not including the mandatory indictor. In addition, one or more custom outcome indicators relevant to the proposed activities must be included in M&E Plan and Logical Framework. The applicant can develop additional relevant indicators for the proposed intervention that are reasonable and measurable. Indicators should be disaggregated by sex and age, where applicable.

The applicant should ensure the involvement of women, men, children and vulnerable groups, such as persons with disabilities, the elderly, minorities, female-headed householders, etc., throughout the project, including needs assessment, planning, implementation and monitoring. This inclusive approach should be demonstrated in needs assessment, proposal and project implementation strategy.

Protection Mainstreaming: Proposals must demonstrate protection mainstreaming by addressing the following topics/questions:

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

Sub-sector: Improving Agricultural Production/Food Security

The trigger for response will be loss of crops, seeds stocks and diminished purchasing power of affected population to restore their agro-based livelihood. RAPID supports response and recovery interventions that enhance smallholder vulnerable farmers' efforts to improve agricultural

production and ensure food security. All proposed activities must strongly attempt to incorporate farmers' preferences and be based on intensive consultation with targeted beneficiaries and/or knowledge of local farming systems. To ensure program success, RAPID expects interventions to consider sustainability as a central component of program design. Collaboration with local agriculture/extension, seed certification department/officials and other I/NGOs working in target areas is essential to determine the critical gaps, inputs specification for response and avoid duplications. Fertilizer is restricted; in exceptional case, RAPID encourages production of organic fertilizer (e.g. compost) by farmers.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report: In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Proposals to provide seeds must include an assessment of seed needs distinct from immediate food needs. Food insecurity is insufficient evidence for provision of inputs.
2. Assessment must indicate how male and female farmers normally source their seed by crop and how the current disaster has disrupted the process. If seed provision aims to reach a nutrition or income generating goal, the assessment must support the use of seed as a means to fill those gaps. Input provision could consider direct methods (e.g. direct seed distribution) or other methods (e.g. use of vouchers or other means to ensure access).
3. If you propose use of new/improved seed varieties, the needs assessment must document a clearly expressed demand on the part of the farmers for the varietal traits proposed. The needs assessment must document that the proposed seed can grow in the agro-ecological zone under beneficiary farmer management, not under only ideal growing conditions plus inputs
4. If input provision has been ongoing for more than three consecutive seasons, the needs assessment and technical design must support that the free provision of seed is the best option to address seed insecurity.
5. Proposals to provide tools or other inputs must include an assessment of tool/input availability and details of previous input distributions, especially when you are proposing consecutive years of tool distribution to the same beneficiary population.
6. Include limiting factors to agricultural productivity or storage in the region as a whole and for the target population.
7. Identify the stress the agricultural system is currently under as compared to normal times. Focus particularly on access to planting land and access to and availability of resources such as water, fuel, or agricultural inputs.
8. Discuss the probability that planted seeds will reach harvest due to disruption or displacement.
9. For irrigation programs, identify the effects of proposed interventions on regional water tables and the potential for conflict with other populations who may be competing for scarce water resources. For technical requirements, refer to the *Irrigation* sub-sector.

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector.

1. Provide details on how the quantities of certified seeds (open pollinated verities) of target crops or/and vegetables to be procured was determined, provide quantity per unit of planting land, and provide seeds technical specifications and certification. Must procure certified seed and describe procedures for seed quality assurance practices.
2. Provide quality assurance practices, including certification of seeds, safe storage and inspections.
3. Justify the distribution method selected to address a seed security gap. Describe how the proposed method will best meet needs and is possible given the context. E.g. If a voucher program is proposed, how has seed supply been verified?
4. Explain how proposed activities might affect the ability of non-beneficiaries to obtain agricultural inputs. Will the program purchase all available seed or drive prices up?
5. Explain how the intervention might affect the current seed system, including other market channels whether formal or informal.

6. Confirm that any agricultural inputs, including pasture grasses/tree seedlings, are not invasive to the location proposed.
7. Explain how farmer choice is incorporated, even in direct distribution situations.
8. When proposing a voucher activity for input provision, discuss whether and how the program intends to create linkages between farmers and future sources of seed.
9. *In case of Kitchen gardens/home gardens/urban agriculture;* Indicate whether the purpose of production is primarily to increase income, to improve nutrition, or both and detail a plant to ensure those objectives are met. If for income, address the requirements under livelihood sub-sector. If for food, provide evidence that foods are accepted and consumed by beneficiary populations.
10. *Training in agricultural production techniques or increasing agricultural diversity:* Indicate what topics and methodologies the training programs will include, who will be involved, and why training is needed; discuss the likelihood of spontaneous adoption by neighboring farmers; discuss ways to cascade down trainings to increase the coverage of beneficiaries; discuss the potential sustainability of the proposed methods/varieties when the program ends

Sample activities:
1. Provision of agricultural inputs (e.g. certified Open Pollinated Varieties seeds), seasonal kitchen gardening.
2. Provision of farming toolkits
3. Training in Agricultural production techniques or increasing agriculture diversity.

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

Optional
4. Percentage of households with access to sufficient seed to plant

Sub-sector: Livestock

The trigger for emergency response will be loss of livestock due to lack of fodder, livestock diseases, diminished purchasing power and distress selling of livestock for low prices. The proposed activities must meet Livestock Emergency Guidelines and Standards (LEGS)[4] best practices. Applicant should coordinate with local livestock department, respective cluster/working group and other I/NGOs to determine what and where the support is required, promote synergies and avoid duplication.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report. The LEGS handbook and website provide tools for assessing an emergency and identifying responses. In addition, refer to needs assessment guidelines and template available on RAPID web page.
1. Impact of the disaster/crisis on proposed needs/activities under this sub-sector.
2. How the assessment was carried out, including engagement with local and traditional customary authorities, and community involvement by gender.
3. Livestock kept pre- and post-disaster by species, breed, large, small, and number per household and in total for the target area, and their post-disaster condition.
4. Pre-disaster production system and integration into other agricultural activities including gender roles and asset ownership and control.
5. Animal health services availability and accessibility by provider type and wealth group (e.g. public, private, community-based, agro-vet shops, etc.)

[4] https://www.livestock-emergency.net/

6. Pre-crisis animal health input supply mechanisms and the impact of the crisis
7. Impacts of the disaster on resources (e.g. water, forage, fodder, feeds, infrastructure, etc.), including pre-and post-disaster carrying capacities and calculations showing how they were derived
8. Trending changes to the production system due to the disaster, including coping mechanisms
9. Livestock and zoonotic diseases endemic to the area and new diseases resulting from the disaster
10. Livestock market system, drivers, and status (e.g. terms of trade, traders, livestock marketplaces, etc.).

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector.

1. The objective of the activity, e.g. to improve animal health, to rapidly reconstitute household herds, etc.
2. Criteria and justification for beneficiary selection
3. Involvement of different actors and stakeholders (e.g. government livestock services, private sector, etc.)
4. Training plans, including number of trainees, curriculum, number of days, timing during intervention, etc.
5. The contribution of the activity towards a more sustainable livestock system, and how the program will fit into overall recovery and stability plan.
6. The impacts of the activity on the most vulnerable populations, including women, older people and youth, and how negative impacts will be mitigated
7. Your commitment to keep on record letters obtained from suppliers, government veterinary services, or other entities that provide certificates or quality assurances
8. If your proposal include livestock feeds and feeding, then please ensure the following in technical description: (**a)** Describe the nature and severity of the depletion of feed and reserves; (**b)** Justify the type and number of animals that will be included in total and per household, targeting the most valuable breeding stock; (**c)** Provide details on how the amount of fodder and/or supplements to be procured was determined, based on length of intervention, number of animals by species and age range, daily maintenance requirements, percent of daily requirement to be met by the intervention, and quantity of fodder and/or supplements needed to meet those requirements, fodder/feed's ingredients and their technical specification. If only a portion of the daily requirement will be met, discuss how the remainder will be met; (**d)**.Describe quality assurance practices, including good manufacturing certifications for supplements, safe transport, and inspections**. (e)** Describe fodder/feeds procurement modality and field distribution mechanism**.** Local procurement of supplies and inputs is highly encouraged.
9. If your proposal include veterinary services, then you can choose any one or combination of interventions such as quarantine, vaccination, treatment, education/training etc. Pharmaceuticals (e.g. drugs, vaccines, and orally administered parasite treatments) and topically applied pesticides are restricted goods thus not funded under RAPID. Applicant has to provide assurance and narrate in the technical description about from where pharmaceuticals will be arranged (e.g. from government veterinary office etc.), engaging livestock department for vaccination and developing community linkages with them for routine vaccination. Applicant can provide support cost such as transportation, per diem etc. for livestock vaccination, treatment activities. For interventions focused on highly transmissible diseases, zoonotic diseases, and some diseases which limit trans-boundary movement and marketing, contingency plans are needed for emergency situations. The OIE website[5] provides technical information on OIE priority diseases. Interventions should be closely coordinated with and carried out through the competent national veterinary authorities. For Community Animal Health Workers (CAHW) training, please provide training curriculum, duration, fee structures, training institute, trainer qualification and vet kit content, must be coordinated under the Agriculture and Food Security Cluster Livestock Working Group.
10. If proposal include Rehabilitation water infrastructure for livestock, provide a full technical description of how rehabilitated infrastructure will serve the needs of livestock, including

[5] http://www.oie.int/

technical designs for livestock specific infrastructure (e.g. troughs and piping), and calculations justifying infrastructure capacity and design based on current and projected demand by species. Per the LEGS guidelines, include mechanisms to protect public health by separating livestock from the water source. Water sources in livestock keeping communities can be single or multi-use, e.g. serving the needs of both animals and people. When water infrastructure is being rehabilitated or built for livestock only, fully describe the activity in the *Livestock* sub-sector. When dual purpose water infrastructure is being proposed, fully describe the activity in the *Water Supply* sub-sector. If this rehabilitation is through CFW, follow the relevant guidelines in relevant sub-sector of ERMS and relevant guidelines in the last section of this document.

Sample activities:
1. Provision of livestock Fodder/feed
2. Delivery of livestock management session
3. Livestock Vaccination through Government livestock department
4. Rehabilitation of water infrastructure of livestock

Indicators:
Mandatory
1. Number of people benefiting from livestock activities
2. Number of animals benefiting from livestock activities

Optional
3. Number of people trained in livestock

Sub-sector: Irrigation

Irrigation based response will ensue if any disaster damages irrigation systems thereby affecting agro-based livelihoods. RAPID support in rehabilitation of damaged community small irrigation infrastructures affected by disaster/crisis but not when needs result from a lack of routine maintenance. Irrigation programs will undergo rigorous environmental review.

All irrigation interventions must follow the "do no harm" principle, taking into consideration the potential adverse impacts on the social and physical environment. RAPID does not fund gray water irrigation, as well does not fund proposals for accessing deep aquifers for irrigation. Generally, RAPID will not fund mechanized irrigation systems; RAPID will require clear justification for these systems before considering them. RAPID supports solar- and/or wind-powered pumps only when a number of conditions are met. The use of solar pumps for irrigation purposes would normally only be acceptable when the costs of investment are justified by a cost-to-benefit analysis and you can prove that the technical services for maintenance are available locally. RAPID encourages rehabilitation of communal irrigational channels through CFW.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report. In addition, refer to needs assessment guidelines and template available on RAPID web page.
1. Provide the assessment findings, damages details of each target irrigation infrastructure and its impact on the local population and agro-based livelihoods. Describe how you assessed the needs of the population. Where possible, include baseline information that demonstrates how the population used irrigation systems prior to the disaster that triggered this response.
2. Include an analysis of crop watering methods currently in use and explain why the proposed interventions will be successful.
3. 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.
4. Include information on water availability and seasonal fluctuations, with particular attention to gauging water supply in the dry season.
5. Provide a brief cost-benefit analysis of the irrigation system for each target infrastructure.

6. For all activities aimed at increasing nutritional status, provide details for how production and nutrition will be linked.
7. Ensure that beneficiaries of irrigation projects with shared water sources have rights to access or have already arranged access to the water source.
8. In case of shared water/irrigation schemes, ensure that communities have clear rules for water management, including operation, distribution and maintenance. Internal regulations and bylaws are a plus.

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector.

1. As applicable, include a complete description of each phase of the irrigation system that you are proposing to address. Depending on the proposed activities, this may include: a. Source of water, b. Storage of water during dry season, c. Transport of water from source/storage to fields, and d. Application of water to crops.
2. Provide technical details/working of each target irrigation infrastructure including bill of quantities (BoQ), work scope and drawing, households land under irrigation coverage.
3. Describe the local market for replacement parts and technical capacity for repair of systems. Additionally, estimate the life-span of distributed equipment (if provided-included in project).
4. Employ participatory design, i.e. irrigation systems must be designed together with farmers. Implement irrigation systems together with farmers, i.e. accompaniment.
5. Promote clear rules to avoid competition between human consumption and irrigation when systems provide water for both human consumption and irrigation. Human consumption must be favored.
6. If proposing dual-purpose water infrastructure (human and agricultural use), fully describe the activity in the WASH sector's *Water Supply* sub-sector.
7. Describe the existence of clear norms for farmers regarding their rights and obligations in the use of water and the irrigation system. This will ensure its sustainability.
8. Ensure long-term sustainability of the program by addressing transition of the activity from NGO-supported interventions to communities and Government line department (where appropriate).
9. Indicate in your plans why current repairs are beyond the capacity of users to support.
10. Confirm that your proposal provides support and a maintenance plan that meet the number of users.
11. Address all potential negative impacts of the proposed activities including, Estimate the amount of water to be provided through this technology/activity, How much land will be irrigated per farmer? What are the potential negative impacts on other water users who are not beneficiaries of this technology? Address how you will mitigate potential negative impacts on soil structure/quality and the potential for irrigation to increase erosion, especially for irrigated fields near rivers.
12. When irrigation is proposed, it must be accompanied by climate smart agricultural measures used to cope with water scarcity.
13. In irrigation systems that require intensive use of labor, CFW schemes could be used, but there must be a balance between incentive and the appropriation of the infrastructure by the farmers. In many systems, the farmers gain rights to water use based on the number of days they worked on constructing the system. A CFW scheme could create conflict if no water rights are created for water usage.
14. In the same way as is done for systems of water usage for human consumption, promote water analysis for irrigation needs to ensure that irrigation water does not produce environmental damage in the soil, including salination, sodification, or deposit of heavy metals such as mercury or lead.

Sample activities:

1. Repair/desilting of minor distributary and watercourses,
2. Repair/rehabilitation of damaged parts of pipe irrigation and pipe culverts,
3. Repair and rehabilitation of river crossing structures, restoration of water channels heads (only for community channels in mountainous/hilly areas).

Indicators:
Mandatory
1. Number of hectares under irrigation
2. Number of people directly benefiting from irrigation activities
3. Length of irrigation system implemented

Sector: Nutrition

Objective: To improve the nutritional status of children under 5 years of age and pregnant and lactating women
Triggers: The trigger for emergency response will be the high Global Acute Malnutrition (GAM) rate (>15%).

RAPID supports emergency nutrition programs that focus on Prevention and treatment of acute malnutrition, including severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), Micronutrient deficiency prevention and control, and Infant and young child feeding practices. Programs must use evidence-based approaches, such as community-based management of acute malnutrition (CMAM). RAPID does not support the use of cash or vouchers to achieve specific objectives related to reducing the prevalence of global acute malnutrition (GAM) in a population. Treatment of acute malnutrition should be provided free of charge through all treatment facilities and programs.

RAPID requires GAM prevalence and mortality estimates for the areas of proposed intervention. These estimates may be based on recent secondary or primary data. RAPID will support the prevention and management of micronutrient deficiencies as part of an intervention for the management of acute malnutrition. Such programs should ensure that people have access to appropriate micronutrient interventions: fortification, supplementation, and/or BCC to improve dietary quality. You must incorporate the intervention with PHC services and not propose stand-alone programs when providing micronutrient supplementation to a population at high risk of micronutrient deficiencies, or specific micronutrient supplementation to an affected population. Any proposed micronutrient supplements, which would be considered pharmaceuticals, must be planned in consideration of the food security situation. This is the case for Vitamin A deficiency, iron deficiency, iodine deficiency, scurvy, pellagra, beriberi, and ariboflavinosis. All nutrition programs, even those with a therapeutic focus, must include an IYCF sub-sector as a proposed activity, unless IYCF needs are being comprehensively met through other agencies and donors.

RAPID encourage Integrated Programming for Nutrition, Health, and WASH. Proposals for integrated health, WASH, and nutrition programming must adhere to each sector's guidelines, including the use of all relevant indicators, by sub-sector.
1. Specify the geographic overlap of each sector's activities by specifying which types of services or activities will be provided in each supported catchment area.
2. Specify which activities within each sector will be delivered and supported at each level of program implementation, e.g. facility, community, and household.
3. At the health facility level, programs must address WASH infrastructure, chlorination and water quality monitoring in support of health and nutrition activities, integrated nutrition screening and treatment, and health/WASH/Nutrition IEC.
4. At the community level, WASH activities related to integrated WASH/Health/Nutrition programming must be targeted to areas with the highest nutritional vulnerability, in general, and should specifically target the households of malnourished persons. Where CHWs, /community mobilizers, /and hygiene promoters are engaged, ensure details of the Health sector and WASH sector are provided, including how messages will be integrated and harmonized. Describe if CHWs will provide any acute malnutrition screening and treatment, if they will receive training to perform MUAC, and how household visit schedules will be coordinated to decrease burden on households.

5. At the household level, describe take-home rations, including any WASH NFIs, and include information on related training and messaging. CHWs/mobilizers/hygiene promoters should encourage follow-up visits and provide appropriate, harmonized messaging to prevent attrition from therapeutic and supplemental feeding programs.
6. Explain how monitoring efforts will be integrated across the three sectors.

Applicant must include the mandatory standard indicators provided under each sub-sector. If a mandatory indicator is not used, the applicant must justify and provide reasons for not including the mandatory indictor. In addition, one or more custom outcome indicators relevant to the proposed activities must be included in M&E Plan and Logical Framework. The applicant can develop additional relevant indicators for the proposed intervention that are reasonable and measurable. Indicators should be disaggregated by sex and age, where applicable.

The applicant should ensure the involvement of women, men, children and vulnerable groups, such as persons with disabilities, the elderly, minorities, female-headed householders, etc., throughout the project, including needs assessment, planning, implementation and monitoring. This inclusive approach should be demonstrated in needs assessment, proposal and project implementation strategy.

RAPID normally sub-grants 3-6 months projects, however considering the nature of activities and efforts required the sub-grant duration for nutrition projects can be for nine months.

Protection Mainstreaming: Proposals must demonstrate protection mainstreaming by addressing the following topics/questions:

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

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

Support of IYCF practices through contextually appropriate social and behavior change communication are integral to the prevention and treatment of malnutrition in emergencies. Social and behavior change communication for nutrition should be integrated with health and WASH activities wherever possible. Counseling and support for breastfeeding and assistance with appropriate complementary feeding protects the youngest and most vulnerable from malnutrition and disease in times of crisis. Due to RAPID's mandate to focus on emergency-specific interventions and based on global level guidance, best practices, and evidence, IYCF interventions must take into account the role of CHWs in providing key multi-sectorial education messaging. If you plan to use CHWs, describe activities (health, nutrition, WASH) and messaging frequency to avoid duplication.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report. In addition, refer to needs assessment guidelines and template available on

RAPID web page. 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)[6]. Also refer to the IYCF-E Toolkit[7].

1. Baseline nutrition data, by age for children 0–<6 months, 6–<12 months, and 12–<24 months;
2. Predominant feeding practices, including the prevalence of early initiation of breastfeeding, prevalence of exclusive breastfeeding, feeding techniques and hygiene practices, and appropriateness of complementary feeding
3. Key cultural or religious issues that frame local IYCF and breastfeeding practices
4. Presence of national IYCF policy and whether such policy conforms to Infant Feeding in Emergencies standards
5. Problems feeding infants and young children, especially factors disrupting breastfeeding and poor access to appropriate complementary foods for infants and young children
6. Micronutrient status of target beneficiaries, if known, and information regarding specific micronutrient deficiencies to be addressed
7. Security situation and mothers' workloads and psychosocial status, and how these factors may affect feeding and care practices for infants and young children. This is particularly important if you are also planning to implement CFW programs targeting women
8. Human resources available to provide community-level nutrition education and behavior change messaging. Describe the degree to which the potential workforce is gender-balanced, and provide the number and type of health and nutrition workers and volunteers, disaggregated by sex
9. Human resources available to provide community-level nutrition education and behavior change messaging. Describe the degree to which the potential workforce is gender-balanced, and provide the number and type of health and nutrition workers and volunteers, disaggregated by sex
10. Barriers that mothers may face in implementing the recommended behaviors, and how the proposed program could assist them in overcoming these obstacles

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector. If you will not include all components in IYCF-E, you must explain how the Nutrition Cluster or other actors is addressing these areas.

1. Train humanitarian staff to support mothers and caregivers in appropriately feeding their infants during the emergency situation, including education and support for re-lactation
2. Monitor infant feeding practices. Specifically, address how the program will monitor behavior change among pregnant and lactating women in regards to breastfeeding and how such progress will be measured
3. Ensure health services in emergency situations include a focus on infant care, and encourage early and optimal breastfeeding, i.e., exclusive for six months and continued for two or more years. Describe how the program will complement existing or proposed health programs.
4. Incorporate breastfeeding promotion and education
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. Assist the relevant Government department to develop, establish, or disseminate policies on IYCF in emergencies as appropriate
8. 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
9. Support an enabling environment and/or space (e.g. baby friendly tents/spaces, mother to mother support groups) for lactating women
10. Provide micronutrient supplements or household fortificants to specific target groups for a specific frequency and duration. Micronutrient supplements are pharmaceuticals; being restricted

[6] http://files.ennonline.net/attachments/2671/Ops-G_2017_WEB.pdf
[7] https://sites.google.com/site/stcehn/documents/iycf-e-toolkit

commodities under USAID-OFDA, RAPID does not fund for this, applicants are encouraged to coordinate with relevant actors (UNICEF) to get relevant supplements.

11. Provide a detailed description of nutrition education sessions. Include where, how often, and by whom they will be conducted, the target audience(s), and the topics to be covered
12. Employ sound standards and protocols, including IEC materials, for training and implementing nutrition education and BCC.
13. Describe how IYCF activities will be coordinated with other sectors (e.g. health, WASH, food security) which may be working with the same target populations. Coordinate with nutrition development programs in the intervention area and plan how the proposed program will coordinate with and eventually transition to them, if possible.

Sample activities:

1. IYCF-E activities in line with Pakistan IYCF E guidelines
2. Behavior Change Communication (BCC) messages on nutrition, health and WASH to the communities.
3. Provision of Micronutrient supplements

Indicators:

Mandatory

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

Additionally required for interventions supporting micronutrient supplementation activities

4. Number of people receiving micronutrient supplement (type specified)

Sub-sector: Management of Acute Malnutrition

Management of Acute malnutrition include treatment of both severe and moderate malnourished children of 6 – 59 months age group and pregnant & lactating women. The use of national nutrition protocols is strongly recommended for the management of acute malnutrition. If you will not include all components in the management of acute malnutrition, you must explain how the Nutrition Cluster or other actor is addressing these areas.

Pharmaceuticals required to treat malnourished children (e.g. antibiotics, micronutrients, iron, ORS, etc.) are restricted under USAID-OFDA thus RAPID does not fund Pharmaceuticals. Proposal must include information on how these pharmaceuticals will be obtained and supplied. Note that therapeutic milks (F75, F100) and ready-to-use therapeutic food (RUTF) are not considered pharmaceuticals. RAPID encourages the use of UNICEF and WFP-supported pipelines for nutritional commodities; however, partner-procured buffer stocks may be considered with substantial justification.

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

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

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report. In addition, refer to needs assessment guidelines and template available on RAPID web page. Provide relevant data on nutrition and mortality among children younger than five years of age from surveys conducted recently. All data must be disaggregated by sex when appropriate. Include information on the following elements.

1. Edema and weight-for-height Z-score and/or MUAC estimates of prevalence of GAM and SAM;
2. MUAC for estimating patient case load and confidence intervals
3. Details on planned or implemented methodologies for all assessments and surveys, including information such as whether they are based on SMART methodology, 30x30 cluster, and/or Lot Quality Assurance Sampling (LQAS)
4. All activities proposed in regions with chronic nutrition crises and/or protracted humanitarian emergencies must provide detailed root cause analysis of malnutrition through assessments, surveillance data, and a detailed analysis of factors aggravating the nutritional status of the population. This analysis should describe additional information, such as food security, health, and WASH conditions, displacement patterns, and conflict
5. Data on aggravating factors which, if left unaddressed will lead to deterioration in nutrition status
6. Data on mortality and malnutrition and description of how you collected the data
7. Morbidity information on prevalent diseases, such as measles outbreak, diarrhea, acute respiratory infections, malaria, and HIV/AIDS
8. Summary of the WASH situation and how it affects nutritional status
9. Ongoing nutrition programs, by intervention type
10. Health care system, including existence of functioning HFs; availability of trained staff; capacity of the health system to provide the national essential basic package of care and to treat severely malnourished children; and ability of the MoH to finance RUTF and commodities to treat MAM and to monitor and supervise nutrition interventions.
11. Household and community food security, including changes in eating behavior, such as quality, variety, quantity, and frequency of meals; condition of the most recent and the next upcoming harvests; availability of food on local markets; ability of the target population to purchase food; and potentially harmful food taboos
12. Availability of food aid, types and quantities of food aid provided, frequency of distributions, and beneficiary selection processes. Include details on the system available to link families of severely malnourished children to food aid programs
13. Availability of nutrition commodities to be used for the treatment of acute malnutrition, including type, quality, acceptability, and quantity available in country
14. Data on malnutrition of women of reproductive age;
15. Donors supporting commodities in the country. This may include USAID/FFP or other donors

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector.

1. Number and location of management of acute malnutrition sites and specific activity at each site (outpatient therapeutic feeding sites, targeted supplementary feeding sites, and stabilization centers for inpatient care).
2. Separate information on targeted age groups (under 6 months of age, 6-<12 months, 12-<24 months, 24-<60 months); number of direct beneficiaries who are pregnant or lactating.
3. Program admission and discharge criteria, including whether it is possible to expand SAM admission criteria in places where no MAM treatment is possible
4. Follow-up on the following exit groups as percentages and total number of exits: recovered, defaulted, died, non-responded (failure of treatment and referred to hospital for further investigation), and relapse.
5. Community mobilization and screening using appropriate CMAM methodologies
6. Training plan, including what training will be conducted, where and how it will be conducted, who will be trained, and the degree to which a gender balance will be sought
7. Details on how you will design the program to minimize adverse impacts (e.g. increasing the opportunity costs for families of malnourished children, generating population displacement, or increasing mothers' workloads).
8. Details on how the program will use or develop referral systems between therapeutic and supplementary feeding programs, between outpatient and inpatient treatment in therapeutic feeding programs, and between therapeutic feeding programs and hospitals
9. Where practical, explain links to development interventions focusing on nutrition and how this program will coordinate with and eventually transition to them.

10. Supply chain and pipeline for all proposed therapeutic foods, including RUTF for the management of SAM, specialized nutritious foods for the management of MAM, and any discharge rations. Note the expected duration of treatment and how supplies align with national guidelines.

Sample activities:
1. Treatment of both severe and moderate malnourished cases.
2. Establishment of static Outpatient Therapeutic Program (OTP) site
3. Targeted Supplementary Feeding Program (TSFP) site for treatment and counselling services for SAM/MAM cases.
4. Referral of medical complications to a Nutrition Stabilization Centre (NSC)
5. Provision of SFP and OTP supplies.

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

Additionally required for partners providing rehabilitation of acute malnutrition facilities
4. Number of Management of Acute Malnutrition sites rehabilitated

Additionally required for partners providing community based programming
5. Number of people screened for malnutrition by community outreach workers

Sector: Protection

Objective: To promote the protection of disaster-affected populations from harm, exploitation and abuse.

Triggers: A sudden onset disaster or conflict resulting in displacement that creates or exacerbates child protection risks, results in the breakdown or failure of protective community and state infrastructure may exacerbate threats or vulnerabilities for GBV and a situation where disaster leads to a high level of distress for the affected population will trigger a response under this sector.

RAPID supported protection interventions should be based on internationally recognized, evidence-based strategies that reinforce protection as central to any disaster response. This includes stand-alone life-saving protection activities. RAPID defines protection as all activities that seek to prevent, mitigate, and respond to harm, exploitation, and abuse for crisis- and disaster-affected populations, prioritizing the most vulnerable. Such activities should respond to both actual and potential risk and to the effects of harm, exploitation and abuse. In many cases, protection programming will intersect with, and complement, programming in other sectors and sub-sectors, both internal and external to protection. In those cases, ensure that references to the relevant complementary sector are included in the narrative, including referrals, coordination, or harmonized messaging.

Applicant must include the mandatory standard indicators provided under each sub-sector. If a mandatory indicator is not used, the applicant must justify and provide reasons for not including the mandatory indictor. In addition, one or more custom outcome indicators relevant to the proposed activities must be included in M&E Plan and Logical Framework. The applicant can develop additional relevant indicators for the proposed intervention that are reasonable and measurable. Indicators should be disaggregated by sex and age, where applicable.

The applicant should ensure the involvement of women, men, children and vulnerable groups, such as persons with disabilities, the elderly, minorities, female-headed householders, etc., throughout the project, including needs assessment, planning, implementation and monitoring. This inclusive approach should be demonstrated in needs assessment, proposal and project implementation strategy.

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

Protection Sector Programs: Programs in this sector are distinct from protection mainstreaming in that the primary objective of Protection sector programs is the protection of disaster-affected people. Disaster situations are often characterized by increased risks for violence, harm, exploitation, and abuse for the affected populations. In the aftermath of a conflict or natural disaster, threats may arise from non-compliance with international humanitarian law or human rights law or from the breakdown of law and order. The vulnerability of an individual or population can be impacted or reinforced by gender inequalities, age, disability, ethnicity, separation of families, or severely compromised livelihoods and living conditions. The combination of threats and vulnerabilities leads to increased risk to the lives and well-being of individuals, and will likely increase their exposure to Sexual exploitation and abuse (often of children and women), Forced recruitment into armed groups, Forced labor, Selling or trafficking of children and women, Attacks against civilians by armed groups or criminals, Destruction or theft of property and assets, Rape and other forms of sexual violence, Intimate partner violence, Depression, anxiety, and compromised ability to function, and Invisibility, exclusion, and denial of assistance or services.

National governments are responsible for ensuring the safety and well-being of populations affected by disaster, including protection from harm, exploitation, and abuse. Humanitarian actors should strive to support the government in fulfilling its responsibility to the extent possible, but should also be positioned to address any programmatic or geographic gaps in meeting this responsibility. Communities and individuals also play a central role in their own protection. Whenever possible, protection programs should employ a community-based approach, which builds on existing positive coping mechanisms and resilience, and support and empower communities in analyzing and addressing the protection concerns that they face.

Protection problems exist in many situations even, during times of stasis and stability. For RAPID to support protection activities, the risks being addressed must be either caused or amplified by a disaster. Proposals with a protection objective must explicitly state how the disaster situation has contributed to or exacerbated protection issues and risks, and further describe how the proposed protection intervention will address and mitigate the risks to be addressed.

Sub-Sector: Child Protection

A sudden onset disaster or conflict resulting in displacement that creates or exacerbates child protection risks, including family separation, exploitation and abuse will trigger a response under this sector. Children, defined as persons under the age of 18, face increased risks in disaster situations due to their age and developmental stage. Children and adolescents are often made more vulnerable in a disaster situation due to disruptions in normal caregiving practices, interrupted schooling, inability of families to apply positive coping strategies, and weakened child protection systems. The disruption of family and community life, in addition to the chaos of an emergency, can expose children and adolescents to violence, exploitation, and abuse.

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

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report. In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. How the disaster context has either created or exacerbated child protection risks.
2. The nature of the threats or risks children and adolescents face as result of disaster/conflict.
3. Which children and adolescents are most vulnerable to the risks identified above, and potential differences between the needs and vulnerabilities of boys and girls.
4. The pervasiveness of the specific child protection problems to be targeted and the contexts in which they occur.
5. Existing child protection systems and community based protective factors/capacities that are already available locally for child protection (e.g. existing case management services, social workers, community child protection committees, youth groups, schools, religious institutions).
6. The effectiveness of the child protection system in the country and any gaps.
7. How children, adolescents, caregivers, and community members were consulted in the needs assessment, and what they identified as their primary concerns.
8. Lessons learned from past child protection interventions in the given context, if any.
9. Any potential obstacles for program implementation in the affected area, including environmental, physical, communication, normative frameworks, and possible attitudinal barriers impeding the involvement of target beneficiaries.
10. Coordination with other child protection humanitarian actors and linkages with inter-sectorial protection assessments and other joint or multi-sectorial assessments.

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector. 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.

1. Describe the children and adolescents who will benefit from the proposed activities, including number, age range, sex, and type(s) of vulnerability.
2. Describe how target populations will be involved, including children and adolescents, in the design of the program.
3. Describe the level of inclusiveness of the proposed activities for children and adolescents with disabilities.
4. Describe the technical standards or guidance utilized to inform the program design.
5. Describe how staff working with children will be selected, trained and supervised to ensure the safety of children participating in the program.
6. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.
7. If children will be referred to other service providers in the proposed program, describe the referral mechanisms in place and the services and service providers that are available.
8. If case management is a component of the proposed program, describe how children with ongoing needs will be monitored (e.g., children in interim care).
9. Describe how confidentiality and data protection will be maintained within the referral system.
10. Explain how best interest determinations and/or "do no harm" analyses will be conducted and coordinated through existing working groups or coordination structures.
11. If this program is for child survivors of GBV, describe how GBV actors will contribute to the case management of the child or adolescent.
12. Describe any plans for data collection in the proposed program, including the tools to be used to collect and store data.
13. Describe how you will safeguard sensitive information from misuse, including the identity of vulnerable children. How will you communicate confidentiality expectations to people?

14. Indicate whether the proposed program will share information with a Child Protection Information Management System (CPIMS). How will the CPIMS ensure data protection and confidentiality?
15. How Accountability to Affected Populations ensured including involvement of community and Governments in proposed activities, feedback mechanism, how the preference and dignity of affected people will be ensured, how the proposed activities align and complement with other similar program and broader humanitarian strategic plans.

Sample activities:

1. Identification, documentation, tracing, and reunification for children who have been separated from their parent or habitual guardian during a disaster;
2. Alternative care for unaccompanied children awaiting family reunification;
3. Reintegration support for unaccompanied children or children formerly associated with armed forces or armed groups;
4. Community-based protection initiatives for disaster-affected children, including children with disabilities;
5. Training or other support for parents and other caregivers of vulnerable children;
6. Support for schools to restart following a disaster or to enrol displaced children in school;
7. Safe spaces for children and adolescents to socialize, learn, develop, and be protected in a secure environment under trained adult supervision.

Indicators:

Mandatory

1. Number of individuals participating in child protection services
2. Number of dollars allocated for child protection programming

At least one additional custom indicator to measure protection outcomes of the proposed activities.

This indicator should measure and capture a decrease in children's vulnerability, a minimized threat, a reduction of risk, or an improvement in the well-being of children who have been harmed, exploited, or abused; for example,

3. Percentage of targeted children reporting an improvement in their sense of safety and well-being at the close of the program.
4. Percentage of separated or unaccompanied children reunified with a parent or guardian at the close of the program.

Sub-Sector: Prevention and Response to Gender-Based Violence

A disaster context which results in the breakdown or failure of protective community and state infrastructure and may exacerbate threats or vulnerabilities for GBV will trigger an emergency response. During a humanitarian crisis, many factors can exacerbate GBV-related risks. These include—but are not limited to—increased militarization, lack of community and state protections, displacement, scarcity of essential resources, disruption of community services, changing cultural and gender norms, disrupted relationships, and weakened infrastructure.

USAID/OFDA defines GBV per the IASC *Guidelines for Integrating GBV Interventions in Humanitarian Action (2015)*[8], as "an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty."

Proposals must articulate clear linkages among identified problems, proposed activities, and expected impacts. Programs must focus on addressing GBV risks that have emerged or have been exacerbated

[8] https://interagencystandingcommittee.org/gender-and-humanitarian-action/documents-public/guidelines-integrating-gender-based-violence

as a result of disaster. A population's vulnerability to GBV must increase or the threat of GBV must change or increase, as a result of the disaster. Any Clinical Management of Rape (CMR) or medical intervention to address GBV should be included under the Health sector's *Reproductive Health* sub-sector, and not within the Protection sector. However, in consideration of the complementarities between these two types of interventions, you should describe programmatic linkages highlighting referrals between, and coordination with, any health response provided beyond their proposed GBV protection intervention.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report. In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. How the disaster context has either created or exacerbated GBV.
2. The nature of GBV threats or risks as result of disaster/conflict.
3. Which types of GBV have been prioritized for intervention, and why.
4. Factors contributing to the increased likelihood of GBV, or factors that further gender-based vulnerabilities.
5. Populations most vulnerable to GBV and the situations in which they may find themselves most vulnerable.
6. Most pervasive risks faced by vulnerable groups.
7. Barriers to beneficiaries accessing current or proposed services.
8. Existing community-based resources and resiliencies addressing GBV.
9. Potential obstacles for program implementation in the affected area, including environmental, physical, communication, and possible attitudinal barriers and challenges.
10. Functionality of GBV coordination mechanisms and/or referral processes.

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector. A clear, logical link must exist between the activities proposed and the objective of minimizing threats of GBV, reducing vulnerability to GBV, or addressing the effects of GBV. All proposed interventions should adhere to best practices as identified by the GBV Area of Responsibility, in alignment with the *Call to Action on the Protection from GBV in Emergencies*, and promote adherence to the GBV guiding principles of confidentiality, safety, dignity/respect, and non-discrimination.

1. Describe the populations or individuals who will benefit from the proposed activities (women of all ages, adolescent boys and girls, young girls, young boys, etc.), and how these considerations will inform program design.
2. Describe how you involved the target population in the design of the program.
3. Describe the level of inclusiveness of the proposed service for persons with disabilities.
4. Describe the technical standards or guidance you will utilize to inform the program design.
5. Describe how you intend to ensure appropriate technical oversight, particularly for those programs that are being implemented by partners, or managed remotely.
6. Describe any case management process that will be implemented, including those targeting child and adolescent survivors. Describe how staff will access case management supervision and staff care resources.
7. Describe the proposed group-based activities and the intended GBV intervention (i.e. improved coping skills, increased social cohesion, etc.)
8. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.
9. Describe any case management process that will be implemented, including those targeting child and adolescent survivors.
10. How will referrals be managed and coordinated (including across sectors)? Describe the services and service providers that are available, including the quality of these services. What quality assurance actions will be applied to ensure survivors are being referred to safe services and providers?
11. Address how confidentiality and data protection will be maintained within the referral system.

12. In the case of child survivors, how will these efforts be coordinated with child protection actors (including best interest determination, engagement with appropriate adult/guardian, and "do no harm" analysis)?
13. Describe any plans for data collection in the proposed program, including how the data will be used, the tools used to collect and store data, etc.
14. Describe how you will safeguard sensitive information from misuse and ensure safety and confidentiality of GBV survivors.
15. Indicate how any data collection, management, or dissemination will be aligned with the Gender-Based Violence Information Management System (GBVIMS), if in place, or the three elements of the GBVIMS (intake forms, database, and information sharing protocols).
16. How Accountability to Affected Populations ensured including consultation with the community adequate feedback mechanism and Indicate how the wishes, choices, and dignity of the people assisted will be respected throughout the proposed program.

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

Indicators:
<u>Mandatory</u>
1. Number of individuals accessing GBV response services
2. Number of dollars allocated for GBV programming

<u>At least one additional custom indicator to measure protection outcomes of the proposed activities</u>. This indicator should measure and capture a decrease in the vulnerability of those who have experienced GBV or an increase in the protection environment of those who are most vulnerable to GBV; for example,

3. Percentage of survivors of GBV able to access support services
4. Number of individuals accessing GBV risk mitigation activities

Sub-Sector: Psychosocial Support Services

The emergency response trigger will be a situation where disaster leads to a high level of distress for the affected population and where psychosocial services are desired to strengthen social support systems. Psychosocial support builds a community's social and psychological resiliency to survive extreme shock and exposure to traumatic events, to overcome their impact, and to strengthen competencies in dealing with recurring events. Activities may support strengthening positive coping strategies which become critically important when dealing with the loss of life, losing family members, loss of property, loss of community ties and other stressors.

Under the protection sector, partners should not propose specialized mental health services aimed at the diagnosis and treatment of mental health disorders, as these services are classified as medical

interventions. RAPID's PSS-related Protection interventions primarily fall within the bottom three categories of the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007)*[9]: basic services and security, community and family support, and focused, non-specialized supports.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report. In addition, refer to needs assessment guidelines and template available on RAPID web page. The justification for intervention and needs assessment must describe how you identified psychosocial support needs and explain the nature of the needs. This section must provide information on how the local community typically responds to psychosocial distress and on exposure of populations to traumatic events.

1. Describe the most critical psychosocial support issues in the target population that the project aims to address (among both displaced and host populations).
2. Describe how the disaster has created or exacerbated acute distress among the target population.
3. Describe what multi-layered support systems currently do or do not exist. These can be formal or informal systems in place before the emergency or systems created by the humanitarian response community. Describe what Mental Health (MH) services may be included in any referral process.
4. Describe how the emergency has disrupted community and family cultural norms such as traditional rites, marriages and funerals
5. Describe how the target population has been consulted in identifying psychosocial needs and solutions.

6. Describe any PSS assessment tools that are used to assess psychosocial issues in the target population.
7. Describe the status and functionality of any existing Mental Health and Psychosocial Support (MHPSS) working group or coordination body, and any other clusters or working groups that will be engaged in a coordinated response.
8. Discuss any potential obstacles for program implementation or for beneficiaries to access services.

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector. The technical design must describe the nature and purpose of proposed psychosocial support activities. A clear, logical link must exist between the activities proposed and the objective in terms of improving psychosocial well-being. All activities must be socially and culturally grounded, addressing gender-and disability-specific needs and vulnerabilities. Program design should reach large numbers of affected people, including vulnerable or less visible populations, such as marginalized ethnic/religious groups or social classes and those with physical and mental disabilities. All proposed interventions should adhere to best practices as identified by IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings[10].

1. Describe the populations or individuals who will benefit from the proposed activities, including number, age range, sex, and type(s) of vulnerability.
2. Describe the criteria and process for beneficiary selection and targeting. Describe how the PSS activities will establish or compliment already existing or community-based protection mechanisms
3. Describe how local customs, beliefs, and traditional coping strategies will be incorporated into the design of the proposed activities.
4. Describe the level of inclusiveness of the proposed activity for persons with disabilities or unique needs (e.g. information, physical access, etc.).
5. Describe how psychosocial workers or social workers will be supervised, including a description of any in-service training. Detail how program staff will be selected, trained, and supervised.

[9] https://interagencystandingcommittee.org/product-categories/mental-health-and-psychosocial-support
[10] https://www.who.int/mental_health/emergencies/9781424334445/en/

6. For case management activities, describe how long the case management services will last and what kinds of psychosocial related issues the case management is intended to address. Is the proposed case management targeting the family unit or individuals?
7. Describe how staff will access case management supervision and staff care resources.
8. Describe the proposed group-based activities and the intended PSS outcome (i.e. improved coping skills, increased social cohesion, etc.).
9. Describe the technical standards or guidance you will utilize to inform the program design.
10. Describe the content of any training to be implemented, as well as monitoring and other follow-up plans.
11. If the program proposes to train or engage non-protection staff (such as CHWs) in the provision of service, ensure all activities are appropriately coordinated across sectors, and fall appropriately within the remit and technical capacity of each sector staff.
12. If beneficiaries will be referred to other service providers in the proposed program, describe the services that are available.
13. Describe any linkages that the PSS programs will have to MH services such as referral pathways.
14. Describe what coordination mechanisms has been established for the response and how this project will engage with that system, including which sectors/subsectors are actively engaged in MHPSS coordination.
15. Discuss how the proposed activities complement and support any existing MHPSS response strategy.
16. Describe any plans for data collection in the proposed program, including the tools to be used to collect and store data.
17. Describe how you will safeguard sensitive information from misuse, including the identity of vulnerable beneficiaries. How will you communicate confidentiality expectations to beneficiaries?
18. How Accountability to Affected Populations ensured including involvement of the community in design and implementation, adequate feedback mechanism and indicate how the wishes, choices, and dignity of the people assisted will be respected throughout the proposed program.

Sample activities:

1. Center-based social activities which foster stability and supportive social connections.
2. Expressive activities (dramas), re-established traditional rituals, sports, literacy, non-formal education, and social group-based and age-appropriate activities.
3. Training for teachers, service providers, or aid workers in recognizing social and emotional distress; basic psychosocial support skills; and identification of appropriate MHPSS referral pathways.
4. Provision of care for people with special needs, such as persons with disabilities or older people;
5. Focused individual counseling, case management or group based interventions by supervised social workers or psychosocial workers.
6. Psychological First Aid (PFA cannot be a substitute of comprehensive PSS programming)

Indicators:

<u>Mandatory</u>

1. Number of individuals participating in psychosocial support services

<u>At least one additional custom indicator to measure protection outcomes of the proposed activities</u>. This indicator should capture a change in the psychosocial well-being of the targeted population; for example

2. Percentage of people reporting improvements in their feelings of well-being and ability to cope at the end of the program

Sector: Humanitarian Coordination and Information Management

Objective: To facilitate strengthening of humanitarian coordination and information's management mechanisms for effective humanitarian response.

Triggers: A large-scale humanitarian response with multiple actors facing challenges in humanitarian coordination and limited humanitarian needs/gaps information available with Disaster Management Authorities (DMAs) will trigger a response under this sub-sector.

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

RAPID seeks to support and strengthen coordination between local governments, the National Disaster Management Authority (NDMA)/Provincial Disaster Management Authority (PDMA), international NGOs coordinating bodies, local NGOs, and United Nations (UN) coordinating agencies to share humanitarian information in a cohesive and successful manner.

Applicant must include the mandatory standard indicators provided under each sub-sector. If a mandatory indicator is not used, the applicant must justify and provide reasons for not including the mandatory indictor. In addition, one or more custom outcome indicators relevant to the proposed activities must be included in M&E Plan and Logical Framework. The applicant can develop additional relevant indicators for the proposed intervention that are reasonable and measurable. Indicators should be disaggregated by sex and age, where applicable.

The applicant should ensure the involvement of women, men, children and vulnerable groups, such as persons with disabilities, the elderly, minorities, female-headed householders, etc., throughout the project, including needs assessment, planning, implementation and monitoring. This inclusive approach should be demonstrated in needs assessment, proposal and project implementation strategy.

Protection Mainstreaming: Proposals must demonstrate protection mainstreaming by addressing the following topics/questions:

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

Sub-sector: Coordination

A large scale humanitarian response with multiple actors and shortcomings in existing coordination mechanisms will trigger a response under this sub-sector. RAPID support interventions that seek to enhance humanitarian response coordination to the benefit of both the affected communities and the wider humanitarian coordination system

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report. In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Explain the current systems of coordination (e.g., what meetings are taking place, how they are organized, who organizes and attends them, etc.).
2. Shortcomings in the existing system of coordination and any outcomes of current efforts.
3. How existing coordination gaps hamper the delivery of effective humanitarian assistance
4. Coordination among multiple NGOs, donors, or other humanitarian stakeholders to address specific topics of importance.
5. Proposed system of coordination and how it will address these gaps.
6. Expected outcomes of the proposed intervention.
7. Expected positive and negative impacts of the intervention at the global, regional, or country levels, as appropriate.

Technical Design: The proposal should consider the following components/points in the design of activities under this sub-sector.

1. Explain how the proposed intervention will make services available as broadly as possible across the humanitarian community, including details on efforts to achieve gender-balanced access.
2. Explain how the program will strengthen existing coordination mechanisms.
3. Demonstrate that proposed activities do not duplicate other efforts, including those of the government and other local and international organizations.
4. Describe direct and indirect beneficiaries of the proposed activity and how you will target them. Explain how each group will benefit.
5. Explain how the proposed intervention will assist disaster-affected populations, including details on efforts to assist men, women, boys, and girls equally according to their specific needs.
6. Explain how you will encourage the sharing of data and information as widely as possible throughout the humanitarian community.
7. Explain how coordination meetings will be scheduled and how areas of responsibilities will be tracked.
8. Describe how you will engage with the cluster system (if there are activated clusters) and how you will share information with all humanitarian stakeholders, including clusters and local communities and as a part of inter-cluster coordination.

Sample activities:

1. Support relevant district level DMAs/local administration in the establishment of a coordination mechanism at the district level.
2. Support Provincial DMAs in coordination of humanitarian response
3. Support National DMAs in coordination of humanitarian response
4. Support existing other humanitarian coordination mechanism

Indicators:

Select three indicators from choices below relevant to proposed activities.

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

Sub-sector: Information Management

The trigger for response will be limited to humanitarian needs/gaps information available with the DMAs hindering humanitarian organization to make informed decision. RAPID may support initiatives aimed at strengthening disaster information management that promote efficient use of available disaster response resources and public dissemination of available information and data. Activities may include developing and promoting international humanitarian information management standards; developing or strengthening existing platforms and tools, with a particular focus on utility and improved service delivery to affected communities; and targeting multi-sector needs assessments for difficult-to-access locations.

Need Assessment: Proposals in this sub-sector should include the following information in the Needs Assessment Report. In addition, refer to needs assessment guidelines and template available on RAPID web page.

1. Describe and provide the purpose of current information systems, tools, and related services used by your organization or the organizations to be supported, and include available data sources, analytical processes, and information products that inform the coordination systems.
2. Explain how existing information gaps hamper the delivery of effective humanitarian assistance
3. Describe the proposed system of data and/or information coordination and how it will address these gaps
4. Explain how the proposed activity will support the tracking of humanitarian needs and activities (by location) as well as planning, reporting, data collection, processing and analysis.
5. Explain how you will share the resulting data across the humanitarian community for coordination purposes.
6. 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: The proposal should consider the following components/points in the design of activities under this sub-sector.

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

Sample activities:

1. Support DMAs at district level with trained human resource to conduct needs assessment
2. Support DMAs in improvement in information sharing mechanism through 3W/4W or other electronic tools and strengthening of joint planning mechanisms.
3. Provision of services like mapping, information management, and information dissemination to stakeholders
4. Support DMAs Web-based or other platforms and systems that assist in response planning and

data- and information-sharing analysis across organizations.

Indicators:
Select three indicators from choices below relevant to proposed activities.
1. Number of humanitarian organizations actively coordinating in the proposed area of work
2. Number of humanitarian organizations actively participating in the Inter-Agency coordination mechanisms
3. Number and percentage of humanitarian agencies participating in joint assessments
4. Number of other key humanitarian actors (e.g., private sector, military, donor) actively participating in humanitarian coordination mechanisms
5. Number of humanitarian organizations receiving joint assessment information
6. Number of assessments coordinated with other clusters, agencies, or work groups

Guidance on Cash, Cash for Work (CFW), Voucher

In addition to the relevant sub-sector guidance, the applicant must consider following guidelines if activities include cash-based and voucher approaches.

Modality Decision Tool for Humanitarian Assistance: The purpose of the Modality Decision Tool (MDT) is to provide harmonized guidance to selecting among modalities (cash, vouchers, in-kind) across humanitarian assistance programs. The guidance reflects the context-driven approach which starts from a modality neutral position (i.e. "even playing field"). The needs and preferences of affected people, and the mandate to provide an efficient and effective response, are paramount. The tool relies on context-specific information to justify the modality or mix of modalities used. We recognize that flexibility and complementarity are key: a combination of humanitarian response options are often best suited to meeting programming objectives and beneficiary needs.

This tool is recommended for partners conducting response analysis and program design for humanitarian assistance programs. This involves starting with all modality response options for a given need, and evaluating them against four key questions.

Question 1: Is the modality appropriate for the sector given the market conditions?
- Supply: Is there adequate supply of the needed items or services, in the quantity and quality required, both now and through the program time frame?
- Competition and market power: Are there a variety of vendors who can meet the need for the relevant goods/services? What are the relevant market power dynamics?
- Prices: Are prices stable or stabilizing relative to historical and seasonal trends?
- Market integration: Are markets well integrated to adjust to fluctuations in supply and demand, with market actors able to restock as necessary? Are there any significant barriers to trade?

Question 2: Does the proposed modality and delivery mechanism have a reasonable chance of success considering the context, infrastructure and programming risks?
- Timeliness: Will the modality allow for a timely response to the humanitarian needs?
- Delivery mechanism: What are the available financial service providers (FSPs), including mobile money providers? What are their capacities, coverage, reliability, and ability to meet program needs? Is the target population able to meet applicable "Know Your Customer" (KYC) requirements? How do beneficiaries prefer to receive money? What delivery options are safest, most convenient, and most accountable, including data protection concerns?
- Market accessibility: Do target populations have regular and safe access to markets? Are they within a reasonable distance?
- Security: Given security risks and humanitarian access, is the proposed modality feasible?
- Market infrastructure: What is the state of the transportation and storage infrastructure?
- Risk mitigation: Are there adequate risk mitigation measures in place (risk mitigation plan, accountability mechanisms)?

- Operational Capacity: Is there adequate operational support and staff to effectively utilize the chosen modality? Is there adequate technical expertise and capacity to successfully deploy the selected modality?
- Political environment: Is the modality permitted and/or acceptable to relevant authorities?

Question 3: Is the modality best suited to meet programming and sector objectives?

- Preference: Has the modality considered beneficiary preferences?
- Protection: Are there specific modalities which could mitigate or exacerbate protection concerns at both the intra-household and community levels? Have potential impacts been assessed from an inclusive perspective (age, diversity, gender, disability)?
- Gender: Are there concerns regarding impact on gender dynamics or resource allocation?
- Vulnerable Populations: Are specific concerns of vulnerable populations addressed through the modality?
- Conflict Sensitivity: How might resource transfers mitigate or exacerbate conflict dynamics at community or household levels?
- Program Objectives: Is the modality an effective means to achieving sector-specific objectives? What are the consumption habits, cultural behaviors, or other dynamics which should be considered? Could restrictions or conditionalities help to better achieve program objectives?

Question 4: Is the modality cost-efficient and/or cost-effective relative to others?

- Cost-Efficiency: Is the proposed modality cost-efficient relative to other modalities?
- Cost Effectiveness: Is there evidence to indicate one modality is more cost-effective than another?

Cash: Cash can be an effective modality to meet objectives under many RAPID sectors. For Example; Cash transfers to purchase shelter NFIs or shelter materials must be categorized under the Shelter & Settlements sector, Cash transfers to buy hygiene items must be categorized under the WASH sector and Cash transfers to restart a small business must be categorized under the ERMS sector. RAPID does not fund cash for USAID restricted commodities or for health and nutrition services or other medical commodities.

- Proposals including cash must address the criteria below to demonstrate that cash is an appropriate modality to achieve the program objective, in addition to the relevant criteria in the RAPID sector that aligns with the program objective.
- Provide an analysis of whether markets for the goods in question (e.g. NFIs, rental market, business inputs, etc.) are functioning, accessible, and appropriate for cash assistance, including consideration of any associated market-level risks, such as inflation, shortages, or trader capacity.
- Offer justification and calculation for the value and frequency of the transfer
- Explain why people are likely to spend cash on the intended goods/services needed to meet the program objective
- Offer evidence of coordination with other cash-based programs (including CFW) in the immediate geographic vicinity
- Describe strong beneficiary selection and verification processes that address both inclusion and exclusion errors
- Provide a detailed plan on how cash will be delivered in a manner that takes key risks into account; is convenient, secure, accountable, and cost-efficient.
- Consider protection concerns (e.g. intra-household dynamics, differences between men's and women's preference for cash, protection concerns relating to the delivery mechanism, etc.) and beneficiary preference for cash

- If applicable, describe what conditions will be tied to the cash assistance, how the conditions achieve the program objective, and how they will be monitored
- If achieving the program objective relies heavily on the quality of inputs to be procured with cash assistance, describe how quality of inputs will be assured and monitored. Refer to the relevant RAPID sector(s) for guidance on cash-specific quality control considerations.
- Outline post-distribution monitoring plans and a complaints and feedback mechanism for beneficiaries to utilize

In addition to the required sub-sector indicators, all cash interventions must include the following indicator:

- Total PKR amount of cash transferred to beneficiaries.

Cash for Work (CFW): CFW refers to "cash payments provided on the condition of undertaking designated work" (CaLP Glossary). It is a type of conditional cash programming.

CFW is a program intervention targeting beneficiaries based on need and vulnerability, providing less than market rate for projects that provide a communal benefit. CFW is different than hiring casual workers as non-employee laborers for operational support. In contrast, casual workers are hired to do needed tasks, according to their skills and availability, and paid at market rate.

RAPID only funds CFW projects that: benefit the whole community; have a demonstrated link to the impact of the disaster; do not complete work that people would normally do on their own, such as repair their own shelters; do not complete tasks that are recurring responsibilities of the community, such as trash pick-up; and have a realistic plan in place for sustainable maintenance.

Proposals including Cash-for-Work must address the criteria below, in addition to the criteria in the RAPID sector that aligns with the program objective.

1. Provide the proposed CFW wage rate(s). You may propose either an hourly/daily rate or a task rate (e.g. paying per square meter excavated). To prevent the distortion of local labor markets and to encourage self-targeting, CFW wage rates must be set slightly lower than the prevailing wage rates in the area for similar work and must be coordinated with other humanitarian actors in the area. Note that RAPID does not support vouchers-for-work and will not fund food-for-work.
2. Describe the beneficiary selection process, and number of beneficiaries, disaggregated by sex. RAPID encourages you to identify appropriate CFW tasks and hours to maximize the participation of women and of persons with different levels of abilities.
3. Explain the number of workdays the average CFW beneficiary will work and the timing of CFW, and how this does not draw away labor from other labor needs in the community or overburden women or men.
4. Describe how you will ensure work safety and how you will mitigate any protection risks. For example, discuss any conflict in the area, distance between the work sites and people's homes, and gender or ethnic tensions regarding working together.
5. Provide an overview of the selected payment mechanism and a detailed cash delivery plan, outlining how cash will be delivered in a way that is convenient, secure, and accountable.
6. Outline post-distribution monitoring plans and a complaint and feedback mechanism for beneficiaries.

In addition to the required sub-sector indicators, all cash-for-work interventions must include the following indicator:

- Total USD amount of cash transferred to beneficiaries as CFW payments.

Vouchers: Voucher defined (adapted from the CaLP Glossary) as a paper, token, or electronic voucher that can be exchanged for a set quantity or value of goods, denominated either as a monetary value, a quantity of predetermined commodities or services, or a combination thereof. They are redeemable with preselected vendors or in 'fairs' created by the partner. Vouchers are, by definition, a restricted transfer. Vouchers can be an effective modality to meet objectives under many sectors. RAPID distinguishes between value vouchers and commodity vouchers.

- Value vouchers have a designated monetary value that can be exchanged with participating vendors for goods or services up to that value. Value vouchers tend to provide relatively greater flexibility and choice than commodity vouchers. For example, a value voucher may be redeemed

for a variety of hygiene-related NFIs in any combination and quantities that people desire, up to a maximum amount, under the WASH sector. (RAPID does not use the term "cash vouchers.").

- Commodity vouchers are valid for a fixed quantity and quality of specified goods or services at participating vendors. They are more restrictive than value vouchers but may have benefits for quality and price control. For example, a commodity voucher might be for specific quantities of particular shelter materials under the Shelter and Settlements sector.

Proposals including *Vouchers* should address the criteria below to demonstrate that vouchers are an appropriate modality to achieve the program objective, in addition to the relevant criteria in the RAPID sector that aligns with the program objective.

1. Provide an analysis of whether markets for the goods in question (e.g. NFIs, seeds) are functioning, accessible and appropriate for vouchers, including consideration of any associated risks, such as inflation, shortages, or trader capacity.
2. Explain why vouchers will best meet the program objective, based upon security, quality control, and/or beneficiary preference.
3. Specify whether value vouchers or commodity vouchers will be used, why this was chosen, what the voucher will be worth, the frequency of distribution, and how this has been coordinated with other actors.
4. Describe a strong beneficiary selection and verification process.
5. Explain the vouchers features and the delivery and redemption processes that take key risks into account. These processes should be convenient, secure, accountable, and cost-efficient.
6. Describe how vendors will be selected and monitored to promote sufficient competition, beneficiary choice, fair prices, and quality of commodities consistent with market offerings.
7. Consider protection concerns, e.g. intra-household dynamics, differences between men's and women's preference for vouchers, protection concerns relating to the delivery mechanism, etc.
8. Outline post-distribution monitoring plans and a complaints and feedback mechanism for beneficiaries.

In addition to the required sub-sector indicators, all vouchers interventions must include the following indicator:

- Total USD value of vouchers redeemed by beneficiaries.