

VERSION 3.0 2021

# DERF FUNDING GUIDELINES



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# 1 INTRODUCTION TO THE DANISH EMERGENCY RELIEF FUND

The Danish Emergency Relief Fund (DERF) is a funding mechanism established in 2017 by the Danish Ministry of Foreign Affairs (MFA). In the context of a shrinking humanitarian space and an unprecedented level of humanitarian needs, there is a necessity to engage as many actors as possible to meet these needs. The DERF objective is to give small and medium-sized CSOs in Denmark access to funding to respond to humanitarian crisis situations around the world.

The funding mechanism has been designed to be in line with current humanitarian trends, the Danish strategies for development and humanitarian aid, as well as international humanitarian principles, commitments, and standards, such as the Core Humanitarian Standard (CHS) and the commitments under the Grand Bargain.

The DERF was revised in 2021 and is managed by CISU – Civil Society in Development, in a consortium with SCD - Save the Children Denmark. Within this set-up CISU, the lead fund manager, provides complementarity to the DERF with other types of civil society funds and synergies between humanitarian and development programming.

When a humanitarian crisis occurs, Danish CSOs are through partner organisations in many cases active in the crisis area. Their presence and local knowledge put the organisation in a position to reach the people affected by the crisis and in a position to act fast and efficiently in responding to emergency needs. In doing so, the DERF becomes an important vehicle to enable local actors to meet the needs of affected populations.

The DERF has during the last four years demonstrated to be highly relevant for Danish CSOs without a strategic partnership with the MFA, enabling them to act rapidly and respond to humanitarian crises. By providing small and medium-scale emergency assistance the DERF has demonstrated that in partnership with local actors, Danish CSOs are able to provide humanitarian assistance to affected populations in a relevant and timely manner.

During the past decades, climate change has become an increasing global challenge and is now widely viewed as a key driver or amplifier of humanitarian crises. The consequences of climate change particularly affect already vulnerable populations. Droughts, floods, heatwaves, wildfires, cyclones, and landslides are happening more frequently than before, and their impacts more often lead to disastrous consequences.

The DERF responds to these events through a Rapid Response (RR) modality and through a new modality on Anticipatory Action (AA) in relation to the effects of natural hazards and climate change.

## **The Grand Bargain - A Shared Commitment to Better Serve People in Need**

The Grand Bargain, launched during the World Humanitarian Summit in 2016, is an agreement between some of the largest humanitarian organisations who have committed to get more means into the hands of people in need and to improve the effectiveness and efficiency of humanitarian action. Hereunder more transparency, harmonisation, and coordination are promoted, as well as a clear focus on strengthening localisation.

## **Some of the results of the DERF (2017-2019)**

- The DERF has allocated 93.5 million DKK to 74 grants.
- 26 different Danish organisations and their local partners implemented DERF interventions.
- DERF has responded to 33 crises in 20 different countries.
- 64% of the allocated funds responded to crises related to climate change.
- 58% of the crises the DERF responded to targeted refugees, internally displaced people and host communities.

## **1.1 Objectives of the DERF**

The objective of the DERF is to prevent the loss of life and escalation of suffering among people affected by acute humanitarian crises. This is done by establishing a mechanism that is rapid, effective, flexible, and relevant. The DERF enables Danish CSOs and their partners to respond to acute humanitarian crises and to reach affected populations by responding to their needs.

The DERF objective is to be achieved through localised humanitarian responses. The interventions of Danish CSOs with no strategic partnership with the MFA, can be supported if they have relevant access, capacities, and expertise, either with local or national implementing partners or through their own localised presence, to respond to the humanitarian needs of people affected by crises.

Rapid and flexible humanitarian funding of the DERF makes it possible for organisations to seek funding in a timely manner to respond to crises. DERF funding is for humanitarian responses in all countries eligible to receive official development assistance (OECD/DAC list) and without predetermined sectoral limitations. The allocation of funds is based on humanitarian principles and standards.

The DERF supports only lifesaving interventions through localised humanitarian responses and assists particularly vulnerable groups of people among populations at-risk of, or already affected by, an acute humanitarian crisis. This is reflected in the two humanitarian funding modalities.

### **Localised humanitarian response**

A response is considered localised when a local humanitarian responder is involved in the entire process of needs assessments, planning, implementation, and evaluation. How the DERF defines local responders is further described in chapter 2.2.2.

## 1.2 Funding modalities

The DERF can support lifesaving interventions through two modalities:

**a) Anticipatory Action in relation to natural hazards and climate change (AA).** This modality supports interventions addressing anticipated crises, mitigating against the effects such crises are predicted to have on particularly vulnerable populations. The anticipated crisis must be related to natural hazards and climate change, documented by recognised forecasting sources.

**b) Rapid Response to an acute humanitarian crisis (RR).** This modality addresses the humanitarian needs amongst particularly vulnerable populations during or immediately following a humanitarian crisis.

This could be disasters or crises related to climate change, as well as other natural or man-made hazards.

Both modalities are described in detail in chapter 3 and 4.

The largest part of the DERF is reserved for the Rapid Response modality, which can be activated through an alert / call system. Any user of the DERF may submit an alert about a particular humanitarian crisis. If an alert is assessed eligible, the DERF opens a call for proposals.

4 million DKK annually are set aside for the modality of Anticipatory Action. The modality is for small, rapid, flexible, and

innovative interventions. It can be applied on an ongoing basis without a call system. There is a particular focus on strengthening localisation through this modality. The Anticipatory Action modality can only be applied before a natural hazard or climate related crisis affects an area. When the crisis has occurred the Rapid Response modality is the one that applies.

Both modalities focus on the needs of particularly vulnerable people, including their protection needs. The Core Humanitarian Standard and its nine commitments are applicable under both modalities.

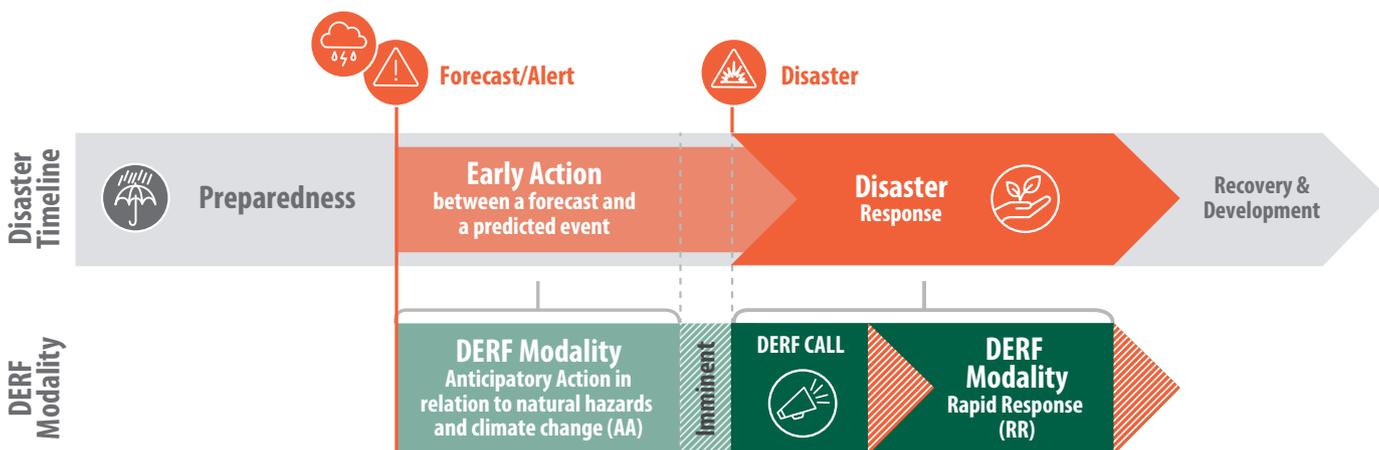


Figure 1: Humanitarian actions over time and the DERF modalities

## 1.3 Categories of humanitarian crises

The Rapid Response modality can be activated in the following categories of humanitarian crises:

### A slow onset humanitarian crisis

Examples are droughts as experienced in the Horn of Africa in 2019, leading to large-scale food insecurity.

### A rapid onset humanitarian crisis

Examples are the 2020 flooding events experienced in Sierra Leone, Niger, and Sudan, or the 2019 Cyclone Idai causing destruction of shelters and livelihoods in Mozambique.

### A spike in a protracted humanitarian crisis

An example could be the Syrian Refugee Crisis, where attacks in 2018 and 2019 caused a new spike in the protracted crisis, leading to affected persons fleeing to neighbouring countries.

Note that the DERF is not able to provide funds for protracted humanitarian crisis situations. With protracted we mean over a prolonged period of time. The mandate of the DERF is limited to interventions that start within a period of three months from the start of a crisis / spike in a crisis.

### Definition of humanitarian crisis

“A humanitarian crisis is an event or series of events that causes harm to the physical, mental, social, and economic well-being of a large group of people, exceeds their ability to cope using their own resources, and how complex it is to fill such gap by the humanitarian responders” (source: INFORM Severity Methodology)

## 1.4 Understanding the concepts of the DERF

The DERF provides rapid and flexible funds, while ensuring quality in fund management based on humanitarian principles and standards. The DERF is committed to strengthening the localisation agenda and ensure a strong focus on reaching the particularly vulnerable groups of crisis-affected populations. These concepts are elaborated further in the following.

### 1.4.1 Prioritising vulnerable groups

With the principle of “Leaving No One Behind”, the DERF funds humanitarian interventions which focus on assistance to particularly vulnerable groups among crisis-affected populations. This means to ensure that interventions are inclusive, gender-sensitive, and contribute towards addressing specific and differentiated emergency needs and/or protection challenges experienced by the affected persons to be assisted.

#### Examples of vulnerable groups

Vulnerable groups may include, but are not limited to extremely poor, people with disability, minorities, socially marginalised people, women, female headed households, pregnant and lactating women, children, elderly people, refugees, IDPs, host communities, and people living in hard-to-reach areas.

### 1.4.2 Supporting the localisation agenda

The DERF strongly supports the localisation commitment made as part of the Grand Bargain and supports lifesaving interventions through localised responses as follows:

- The Rapid Response funding modality can be activated through crisis alerts based on local information and national appeals.
- The Anticipatory Action linked to climate change funding modality promotes the inclusion of innovative approaches to further strengthen the localisation agenda.
- When applying either of the modalities, the description of the context and the needs of the affected population has to come from the implementing partner.
- The applying Danish CSO must work through implementing partner(s). Local or national actors must therefore be responsible for daily implementation of the intervention. The DERF only accepts self-implementation by Danish CSOs, if they can document to be the best placed, have access to the target group, and clearly enhance the involvement of local actors.
- The DERF only supports interventions based on existing partnerships. This enables the Danish CSO to act fast and to ensure direct access to the people affected by a humanitarian crisis.
- The DERF prioritises that at least 60% of allocated DERF funds benefit the crisis-affected population and that not less than 80% of allocated DERF funds are spent in the crisis area.
- The DERF requires that all interventions contribute to the strengthening of local capacities through and collaboration with local institutions and by working through local communities.
- The DERF promotes that implementing partners are part of the local and/or national coordination mechanisms. This participation is supported by the DERF applying an assessment criterion on coordination participation and by allowing budgeting of relevant coordination costs for the local partner(s).
- Participation of local actors, including the people affected by the humanitarian crisis, is a condition for receiving DERF funding. The DERF also encourages Danish CSOs to focus on participation and visibility of target groups when communicating about interventions.

#### The seven dimensions of localisation:

1. Relationship quality and partnerships
2. Participation revolution
3. Funding and financing
4. Capacity enhancement
5. Coordination, task forces, and collaborative capacities
6. Visibility
7. Disaster and humanitarian policies, standards, and plans

[Source: *The Start Network; startnetwork.org/locally-led-action*]

### 1.4.3 Applying the Core Humanitarian Standard (CHS)

The CHS provides the strategic foundation for DERF funding. It is centred on the four humanitarian principles: humanity, impartiality, independence, and neutrality.

The nine commitments of the CHS place communities and people affected by crises at the centre of humanitarian interventions and focuses on the needs of these people. To promote better quality and greater accountability, the CHS commitments are integrated throughout the DERF funding cycle, from the overall aim of the DERF, through the application criteria for grants, to the monitoring, evaluation, accountability and learning system of the DERF.

Please see the illustration of the CHS on the cover at the back of these guidelines.

### 1.4.4 Risk management and Safeguarding

The DERF supports the efforts of the Danish CSO and the local implementing partner(s) to manage risks associated with humanitarian action. This includes safeguarding the persons involved in the intervention and protecting the crisis-affected population from misconduct such as sexual exploitation, abuse, and harassment (PSEAH). The CISU Code of Conduct, which can be found on the DERF website, provides a framework on safeguarding requirements and obligations of organisations seeking funding from any of the CISU managed pools of funds, including the DERF. Requirements and obligations to prevent and respond to risks of misconduct are further specified in the DERF grant management guide, other relevant DERF publications, and the DERF website.

## 2 WHO IS ELIGIBLE TO APPLY FOR DERF FUNDING?

### 2.1 Overall eligibility

All Danish CSOs who do not have a strategic partnership with the MFA are eligible for DERF funding. Danish CSOs must demonstrate that they have relevant access, capacity, and expertise to assist people affected by crisis through partnerships with local or national implementers or in exceptional cases through their own organisation (self-implementing).

The Danish CSO and the implementing partner(s) must follow these DERF guidelines and their supporting guides. They must also elaborate on the adherence to the CHS commitments before, during and after the intervention. The CHS constitutes the foundation of both the DERF application and final report formats and is regarded as instrumental in realising the localisation ambitions set out in the Grand Bargain..

### 2.2 Requirements when applying for DERF funding

#### 2.2.1 Requirements for the Danish CSO

The DERF accepts applications from CSOs with roots in Denmark. This means that the following minimum requirements (laid down by the MFA) must be met:

- The organisation needs to be private and must have a legal and organisational domicile, as well as activities in Denmark.
- The chairperson or most members of its governing body must be Danish citizens or foreigners with residence permit and home address in Denmark.
- The organisation must have existed for at least one year.
- The organisation must have a minimum of 50 paying members or contributors in Denmark.
- The organisation must have a set of statutes and accounts subjected to an audit.

The governing body of the Danish CSO must be able to take on full responsibility for the application and for any subsequent grant.

#### 2.2.2 Requirements for the implementing partner

Implementing partners must follow the DERF definition of being a local or national organisation, which is in line with the global definition of a local actor within the Grand Bargain.

Local or national partners must form part of civil society in the crisis area concerned. These may be local non-governmental organisations (NGOs), community-based organisations (CBOs), citizens' groups, trade unions, networks, or social movements.

#### Who can be a local or national implementing partner?

The DERF follows the Inter-Agency Standing Committee (IASC) humanitarian financing localisation marker to determine who can be a local or national implementing partner. All local and national organisations operating in the crisis area, which are not affiliated with an international NGO may be an implementing partner. If a local partner maintains independent fundraising and governance systems, it is not considered to be affiliated with an international NGO merely because it is part of a network, confederation, or alliance.

#### 2.2.3 Requirements for the partnership

The humanitarian intervention must be carried out in collaboration between one or several CSOs from Denmark and one or several implementing partners from the crisis affected area, except in cases where self-implementation by Danish CSOs has been approved.

New partnerships cannot qualify for DERF funding. With the justification of starting interventions rapidly and knowing each other's capacities beforehand, the Danish CSO must already have experiences of collaborating with the proposed implement-

ing partner. This may either be experience with development and/or humanitarian interventions. However, additional implementing partners without DERF budget responsibilities may be part of an intervention partnership.

Funds are disbursed to the Danish CSO (the grantee), but an implementing partner must oversee/operate day-to-day management. It is important that the partnership between Danish CSOs and implementing partner(s) can support the achievement of the objective of the DERF. It is therefore expected that the Danish CSO, who holds the contract with the DERF, ensures that this is reflected in the partnership. The Danish CSO has overall responsibility of ensuring that the grant is managed and reported on according to the contract.

The Danish CSO must ensure that partners and others that receive part of the granted funds are not included on the UN's or EU's sanctions lists.

#### 2.2.4 Self-implementation by the Danish CSO

In exceptional cases, the Danish CSO can be eligible for self-implementation. To apply, the Danish CSO must live up to the following criteria:

- must have established access to crisis-affected populations through own localised presence in the area, where the intervention is to take place. This can be a country office, local branch or similar,
- must demonstrate that it is the best placed implementer of the particular intervention,
- must describe how involvement of local actors will be ensured and enhanced.

The DERF can fund self-implementation by a Danish CSO up to two times in the same country if the above criteria are assessed to have been fulfilled. This time limit is to provide the Danish CSO with reasonable opportunity to establish partnerships and increase the participation of local or national actors to promote localised response and capacities.

## 2.3 To qualify for DERF funding

The DERF assesses the organisational capacity of applicants to assess if the applied funding ceiling by the applicant is adequate. It is the capacity and experience of the Danish CSO which forms the basis of the funding ceiling assessment.

The organisational capacity of applicants is assessed when applying for an intervention. The pre-qualification system as it was known under the previous DERF guidelines no longer applies.

### Funding ceilings

The DERF caters for a wide range of organisations, from very small voluntary associations to large CSOs with professional staff. To give all a fair chance of funding support, the DERF operates with three funding ceilings, where the smallest ceiling requires only little previous experience and the highest ceiling more experience and thus more demanding standards. The ceilings are:

1. Below 200.000 DKK per intervention and maximum 1 million DKK per year.
2. Above 200.000 DKK per intervention and maximum 3 million DKK per year.
3. Above 1 million DKK per intervention and max 4 million DKK per year.

### 2.3.1 Funding ceilings and minimum requirements per ceiling

The table below describes the minimum requirements needed to qualify for a funding ceiling.

Funding ceilings	Below 200.000 per intervention and max. 1 million DKK per year	Above 200.000 per intervention and max. 3 million DKK per year	Above 1 million per intervention and max. 4 million DKK per year
Minimum requirements	<ul style="list-style-type: none"> <li>√ The Danish CSO must have documented experience with implementing at least one development and/or humanitarian intervention.</li> <li>√ The Danish CSO must fulfil CISU's financial minimum standards required for funding below 200.000 DKK.</li> <li>√ The Danish CSO must have a track record of having managed funds for interventions.</li> </ul>	<ul style="list-style-type: none"> <li>√ The Danish CSO must have documented experience with implementing more than one development and/or humanitarian intervention.</li> <li>√ The Danish CSO must fulfil CISU's financial minimum standards required for funding above 200.000 DKK.</li> <li>√ The Danish CSO must have a track record of managing funds above 200.000 DKK for interventions within the last financial year.</li> </ul>	<ul style="list-style-type: none"> <li>√ The Danish CSO must have documented experience with implementing humanitarian interventions.</li> <li>√ The Danish CSO must fulfil CISU's financial minimum standards required for funding above 1 million DKK.</li> <li>√ The Danish CSO must have a track record of managing external funds (donor funds or funding with the same requirements with regards to the level of financial management systems) above 1 million DKK within the last financial year.</li> </ul>

### 2.3.2 Assessment criteria for qualifying for DERF funding

When applying for a grant, the DERF (Grant Committee) assesses the organisational capacity of the Danish CSO before assessing the intervention itself. This is done by a) assessing the fulfilment of the minimum requirements per funding ceiling, and b) assessing the organisational data provided, applying the following assessment criteria:

1. The extent to which the applicant demonstrates relevant experience and expertise with development and/or humanitarian interventions. This includes organisational capacities such as financial standards as well as management of external funding.
2. The extent to which the applicant demonstrates that policies and systems for monitoring, evaluation, accountability, and learning are in place and applied.
3. The extent to which the applicant demonstrates systems, experience and expertise required to ensure risk management, as well as security and safety (including safeguarding) at the organisational level (all staff and/or volunteers included) and at the level of the target group (crisis-affected people and communities).

If an applicant is CHS verified or certified, the applicant automatically qualifies for DERF funding. The three assessment criteria do not apply. However, the applicant still needs to be fitted within a funding ceiling.

# 3 DERF FUNDING MODALITY: ANTICIPATORY ACTION

## 3.1 Purpose and content of the modality

The modality of Anticipatory Action in relation to natural hazards and climate change – or AA – is funding humanitarian interventions before a climate related crisis unfolds. Under this modality interventions:

- reduce the consequences of an expected climate change related disaster or crisis, and/or
- contribute to prevent that a natural hazard develops into a humanitarian crisis.

The DERF operates with a broad definition of scenarios related to the effects of climate change. Besides weather-related hazards (hydrological, climatological, and/or meteorological), the modality may also be applied in anticipation of other natural disasters with no direct causal links to climate change. This may for instance be a forecasted eruption of volcanoes (geophysical), or locust outbreaks (biological).

### Types of natural hazard

- geophysical (earthquakes, landslides, tsunamis and volcanic activity),
- hydrological (avalanches and floods),
- climatological (extreme temperatures, drought and wildfires),
- meteorological (cyclones and storms/wave surges) or
- biological (disease epidemics and insect/animal plagues).

[Source: EM-DAT, International Disaster Database]

Anticipatory Action is understood as a life-saving and crisis-averting modality and has per definition always a no-regret dimension, meaning that an intervention must be of value for the population most likely to be affected, also in the case that the anticipated crisis does not happen as expected.

### Examples of useful warning and forecast services / platforms:

- Start Network: [startnetwork.org/start-fund/alerts](http://startnetwork.org/start-fund/alerts)
- ACAPS: [acaps.org/countries](http://acaps.org/countries)
- Copernicus – EU: emergency: [copernicus.eu/emodata.html](http://copernicus.eu/emodata.html)
- IRI/LDEO Climate Data Library: [iridl.ldeo.columbia.edu/](http://iridl.ldeo.columbia.edu/)
- ThinkHazard! (GFDRR): [thinkhazard.org/en/](http://thinkhazard.org/en/)
- OpenStreetMap: [openstreetmap.org](http://openstreetmap.org)
- Integrated Food Security Phase Classification: [ipcinfo.org/](http://ipcinfo.org/)
- INFORM: [drmkc.jrc.ec.europa.eu/inform-index](http://drmkc.jrc.ec.europa.eu/inform-index)
- The Humanitarian Data Exchange (UN OCHA): [data.humdata.org/](http://data.humdata.org/)
- Global Risk Data Platform (UNEP): [preview.grid.unep.ch/index.php?preview=home&lang=eng](http://preview.grid.unep.ch/index.php?preview=home&lang=eng)

If anticipating a slow-onset crisis, it may be difficult to determine whether a response still is in anticipation of, or responding to, a humanitarian crisis. Therefore, interventions linked to a slow onset crisis may fall within either of the two modalities, depending on the particular context.

The AA modality is designed in order to act swiftly, also when the early signs of a disaster or crisis still are not fully documented. Recognised warning and forecasting services can help to improve predictability and to provide the needed information. In support of the localisation agenda, it is a requirement that the implementing partner writes the context analysis of the intervention. This includes forecasted and early warning scenarios, as well as the expected needs of the affected population and vulnerable groups.

Focus on innovation: The AA modality encourages applicants to use innovative approaches when planning and implementing their intervention. This may be new ways of supporting the localisation agenda or strengthen local ownership and collaboration. The extent to which the application includes and describes innovative approaches will have a positive effect on the assessment.

Danish CSOs can apply to the AA modality for interventions up to a maximum 300.000 DKK. Applications are received on an ongoing

basis and not through the call system established under the RR modality.

The period of an AA intervention from start to end of implementation may not exceed 6 months. Under certain circumstances an intervention may be extended with up to 3 months in order to ensure proper completion of implementation.

## 3.2 How to apply

Applications for interventions are submitted through the Vores CISU online platform. The following information is needed when applying:

- A. General information about the applicant** (must be checked for potentially needed updates since last time of applying for CISU/DERF grants). Also, general information and contact information about the local implementing partner(s) must be entered.
- B. Information about the planned intervention:**
  1. Basic information about the intervention must be entered in the online system.
  2. An application form with detailed information must be submitted through the system.
  3. Annexes to the application to be uploaded include a) a signed cover page, b) the context description written and signed by the implementing partner, and c) a budget.

### 3.3 Criteria for assessing applications

Applications will be assessed in two steps: first the capacity of the Danish CSO is assessed. This is done based on the criteria described in chapter 2.3.2 and results in a decision on the funding ceiling. This is applicable even though the total amount to apply may not exceed 300.000 DKK.

Thereafter, the intervention application is assessed. There are five assessment criteria to assess AA interventions. These are aligned with the nine CHS commitments. The criteria are:

Specific formats must be used, all of which are available on the DERF website.

#### 1. The intervention

Does the intervention contribute to reducing the likely impact of an expected climate change related disaster or crisis, and/or contribute to preventing that a natural hazard develops into a humanitarian crisis?

Is the intervention appropriate and relevant (CHS 1), considering the anticipated situation and needs described by the implementing partner? Is the context analysis relying on recognised warning and forecast services? Is the intervention effective and timely (CHS 2)? Are the resources managed and used in an effective, efficient and ethical manner (CHS 9)?

If the proposed intervention describes an innovative approach, for instance to support localisation (not a requirement), this will have a positive effect on the assessment of the application.

#### 2. The implementing partner

What is the capacity, experience, and expertise of the proposed implementing partners (CHS 8)?

Is it substantiated that the intervention elements can be delivered up to standard and to the needs of particularly vulnerable groups? Do organisational and financial capacities match the level of funding applied for? Does the organisational set-up ensure access to the people at-risk, including particularly vulnerable groups?

If the Danish CSO is proposing to self-implement, the following three additional criteria will be applied: a) whether the Danish CSO is best placed for this specific intervention

in this context; b) whether participation of local actors is enhanced through implementation; and c) whether the Danish CSO has access to the target group and particularly vulnerable groups.

#### 3. Local strengthening

Does the intervention strengthen local capacities and avoid negative effects (CHS 3) applying the principles of do no harm? Is the intervention beneficial for the target group, also in the unexpected event that the anticipated crisis does not arise? Are the local actors, including the affected population, informed and involved (CHS 4)?

Do at least 60% of the budgeted funds benefit the crisis-affected population (budget lines one to seven)? Are at least 80% of the budgeted funds spent in the crisis area (budget column "expenses in crisis area")?

#### 4. Monitoring, evaluation, accountability & learning

How do the Danish CSO and the implementing partner(s) apply monitoring, feedback, and accountability systems (CHS 5), which includes an adequate complaint mechanism? Are risk management systems appropriate to the context applied? How will learning and reflection be applied in terms of improving humanitarian action (CHS 7)?

#### 5. Coordination

Does the intervention contribute towards coordination and complementarity of humanitarian assistance (CHS 6)? This includes cooperation and coordination with relevant stakeholders and coordination mechanisms to ensure that particularly vulnerable people at-risk of being affected by the anticipated crisis do not experience avoidable gaps and overlaps in the humanitarian assistance.

### 3.4 Assessment and selection of applicants

When receiving an intervention application, the following steps are taken to assess the application:

1. The DERF grant management screens the application for administrative errors before forwarding it to an external assessment consultant.
2. An external consultant assesses the application, based on the described criteria, and formulates a recommendation for approval/rejection. This process

includes the assessment of the organisational capacity of the Danish CSO (for the funding ceiling) and the assessment of the intervention.

3. A Grant Committee external to the DERF grant management at CISU assesses the application and the recommendation by the assessment consultant. The Grant Committee takes the decision on the funding ceiling and on approval/rejection of the application.
4. The DERF grant management at CISU communicates the decision to the applicant.
5. If the Grant Committee gives conditions to be fulfilled before a final approval, the response from the applicant to those conditions is assessed by the external assessment consultant.

The assessment period from submission of an application until approval and signature of contract is approximately 12 workdays, not including the days where the DERF waits for an applicant to respond to conditions given upon approval. If the anticipatory action is needed within fewer days, the DERF cannot approve such application.

Anticipatory Action interventions must start implementation as soon as possible after receiving funds from the DERF. Contrary to the Rapid Response modality, there is no requirement of starting within 7 days.

# 4 DERF FUNDING MODALITY: RAPID RESPONSE

## 4.1 Purpose and content of the modality

The Rapid Reasons modality - or RR - funds humanitarian interventions responding to the impact of natural disasters or man-made crisis situations. The aim of the modality is to save lives based on localised humanitarian response and to support particularly vulnerable groups affected by crises.

The key trigger of the RR modality is the occurrence of either of the following three categories of humanitarian crises: a rapid onset crisis, a slow onset crisis, or a spike in a protracted crisis as described in chapter 1.3.

In support of the localisation agenda, it is a requirement that the implementing partner writes the context analysis of the intervention. This includes a description of crises scenarios and the expected needs of the affected population and vulnerable groups.

Danish CSOs can apply the RR modality for interventions up to 2 million DKK, depending on the funding ceiling their organisational capacity qualifies for.

The period of an RR intervention from start to end of implementation may not exceed 6 months. Under certain circumstances an intervention may be extended with up to 3 months in order to ensure proper completion of implementation.

See a list of examples of possible RR activities at the end of this guide.

## 4.2 Alerting the DERF to open a call for applications

The RR modality can only be activated through the DERF call system, enabling the DERF to open a call for applications within a short timeframe. A call is triggered in response to one of the following:

1. An international or national appeal from UN, governments or similar. The DERF assesses appeals to open a call.
2. An **alert** raised by a Danish CSO and their partner(s). This must be done by sending the DERF an alert through the *Vores CISU* platform. A guide on how to raise an alert can be found on the DERF website and the online alert system also includes guidance notes throughout the steps.

Alerts must be submitted timely through the *Vores CISU* platform to respond in a way that implementation of potential interventions can begin within 3 months of the start of a humanitarian crisis. This usually means that an alert must be raised within the first 4-6 weeks of a crisis / a spike in a protracted crisis.

The DERF assesses incoming alerts within 3 working days. From the day an alert is received, if an alert is assessed to be eligible for opening a call, a call will be opened within a week.

The following five criteria are used to assess whether the appeal or alert will activate the DERF to issue a call for applications:

1. Critical unmet emergency and/or protection needs exist.
2. Particularly vulnerable persons or groups exist among the crisis affected populations.
3. Timeliness of potential DERF funded interventions.
4. Significant funding gaps exist.
5. DERF fund availability.

Calls for applications are announced on the DERF website. Organisations can also subscribe to a mailing-list for receiving direct information when the DERF opens a new call – this is to be found on the DERF website, the DERF MyNewsDesk.

The call document will describe the crisis, the humanitarian needs and the vulnerable groups. Furthermore, the call document will specify how long the window for submitting applications is open. Calls are in average open for applications for 2-3 weeks, depending on the 3 months' timeframe.

Applications are assessed in the order they are received. With the argument of being a rapid funding mechanism, the DERF does not wait with approving applications until the closing date of a call window. This also means that applications are not compared with each other, but solely assessed based on the below mentioned criteria (chapter 4.4).



Illustration: The rapid response process

## 4.3 How to apply (responding to a call for applications)

Applications for interventions are submitted through the *Vores CISU* platform during the call period, being the time from the DERF opens a call until its closing date. The following information is needed when applying:

- A. General information about the applicant (must be checked for potentially needed updates since last time of applying for CISU/DERF grants). Also, general information and contact information about the local implementing organisation must be entered.
- B. Information about the planned intervention:
1. Basic information about the intervention must be entered in the online system.
  2. An application form with detailed information must be submitted through the system.
  3. Annexes to the application include a) a signed cover page, b) the context description written and signed by the implementing partner, and c) the budget.

Specific formats must be used, all of which are available on the DERF website.

## 4.4 Criteria for assessing applications

Applications will be assessed in two steps: first the capacity of the Danish CSO is assessed. This is done based on the criteria described in chapter 2.3.2 and results in a decision on the applicable funding ceiling.

Thereafter, the intervention application is assessed. There are five assessment criteria to assess Rapid Response interventions. These are aligned with the nine CHS commitments. The criteria are:

### 1. The humanitarian intervention

Is the intervention appropriate and relevant (CHS 1), considering the situation and the emergency and/or protection needs of the affected population and vulnerable groups, as described by the implementing organisation? Is the intervention proposed in an effective and timely way (CHS 2), ensuring that the affected population have access to the assistance they need when they need it? Are the resources managed and used in an effective, efficient and ethical manner (CHS 9)?

### 2. The implementing organisation

What is the capacity, experience, and expertise of the proposed implementing partner(s) (CHS 8)?

Is it substantiated that the RR can be delivered up to standard and to the needs of particularly vulnerable persons? Do organisational and financial capacities match the level of funding applied for? Does the organisational set-up ensure access to the people at-risk, including particularly vulnerable people?

If the Danish CSO is proposing to self-implement, the following three additional criteria will be applied: a) whether the Danish CSO is best placed for this specific intervention in this context; b) whether participation of local actors is enhanced through implementation; and c) whether the Danish CSO has access to the target group and particular vulnerable groups.

### 3. Local strengthening

Does the intervention strengthen local capacities and avoid negative effects (CHS 3) including building on existing local resources and are local actors including the target group involved and informed (CHS 4)?

Do at least 60% of the budgeted funds benefit the crisis-affected population (budget lines one to seven)? Are at least 80% of the budgeted funds spent in the crisis area (budget column "expenses in crisis area")?

### 4. Monitoring, evaluation, accountability & learning

How do the Danish CSO and the implementing partner(s) apply monitoring, feedback, and accountability systems (CHS 5), which includes an adequate complaint mechanism? Are risk management systems appropriate to the context applied? How will learning and reflection be applied in terms of improving humanitarian action (CHS 7)?

### 5. Coordination

Does the intervention contribute towards coordination and complementarity of humanitarian assistance (CHS 6)? This includes cooperation and coordination with relevant stakeholders and coordination mechanisms to ensure that particularly vulnerable people affected by the crisis do not experience avoidable gaps and overlaps in the humanitarian assistance.

## 4.5 Assessment and selection of applicants

When receiving an intervention application, the following steps are taken to assess the application:

1. The DERF grant management screens the application for administrative errors before forwarding it to an external assessment consultant.
2. An external consultant assesses the application, based on the described criteria, and formulates a recommendation for approval/rejection. This process includes the assessment of the organisational capacity of the Danish CSO (for the funding ceiling) and the assessment of the intervention.
3. A Grant Committee external to the DERF grant management at CISU assesses the application and the recommendation by the assessment consultant. The Grant Committee takes the decision on the funding ceiling and on approval/rejection of the application.
4. The DERF grant management at CISU communicates the decision to the applicant.
5. If the Grant Committee gives conditions to be fulfilled before a final approval, the response from the applicant to those conditions is assessed by an external assessment consultant.

The assessment period from submission of an application until approval and signature of contract is approximately 12 workdays, not including the days where the DERF waits for an applicant to respond to conditions given upon approval.

Rapid Response interventions must start implementing within 7 days of receiving funds.

# 5 IMPLEMENTATION, MONITORING, AND REPORTING

## 5.1 Responsibility of the Danish CSO

When a Danish CSO is awarded a DERF grant they become a DERF grantee. The grantee is obliged to comply with a series of conditions and requirements for management of funds, as described in the DERF Grant Management Guide and related guides. The way the organisation has managed, administered, and reported on previous interventions funded by the DERF and other CISU funds, will form part of the organisational track record and is part of the assessment of the organisational capacity.

The Danish CSO board carries full responsibility for the DERF grant being dutifully managed by the organisation and its implementing partner(s). This includes ensuring that partner organisations follow the regulations. The board has to ensure that funds are managed in accordance with the DERF regulations and the basis for approval. The board's responsibility includes to guard against corruption, irregularities and safeguarding the people involved in the intervention. Financial management procedures must follow the principles for good governance and accountability, including proper internal controls, bookkeeping, accounting and audit. This means that the Danish CSO must ensure financial monitoring of the intervention through the project period and that the grant accounts are subject to external auditing. For further details, please refer to the DERF Grant Management Guide and related guides.

## 5.2 Implementation

During implementation, Danish CSOs and the implementing partners shall be guided by the humanitarian principles, and specifically by the CHS. All are obliged to familiarise themselves with the standard.

Concerning administrative and managerial issues, the DERF Grant Management Guide describes the regulations that must be followed. The guide includes regulations for contact with the DERF grant management,

adjustments to an intervention, budget re-allocation, cooperation agreements, bank accounts, and payments. The guide and other related guides and formats on the DERF website must be read and understood prior to submission of an application to the DERF. All Danish CSOs and partners are obliged to ensure that they check for updates of these on a regular basis.

## 5.3 DERF's supervision and monitoring

DERF has the duty to supervise the management of DERF funds granted. This is undertaken primarily through review of reports, financial accounts, as well as the financial and managerial practices of Danish CSOs and partner(s). However, DERF is also obliged to conduct periodic monitoring visits to the Danish organisation, the implementing partner(s), and interventions, where possible. Furthermore, the DERF may engage in thematic evaluations as well as 3rd party monitoring.

### 5.3.1 DERF support to Danish CSOs

The DERF provides online support to users and grantees. For this, the DERF website is the entry point, where support can be requested through an online form. The website also includes a FAQ section, as well as links to interesting resource sites and different quality standards for inspiration.

### 5.3.2 DERF / CISU accountability and complaint mechanism

The DERF accountability system follows CISU regulations and is described in the CISU Code of Conduct, which can be found on the DERF website. The Code of Conduct includes details about prevention of corruption and fraud, safeguarding people against sexual harassment and exploitation, among other. The CISU/DERF complaint mechanisms are accessible through the DERF and CISU websites. Further information on how complaints are handled is to be found in the CISU Code of Conduct.

Reporting irregularities and complaints:  
The reporting of irregularities must be

submitted by mail to [derf@cisu.dk](mailto:derf@cisu.dk) with the grant reference number in the email subject heading.

It is mandatory upon the governing body of the Danish CSO to immediately notify CISU:

- If significant difficulties arise in the implementation of the intervention, including problems regarding compliance with the budget approved.
- If significant problems arise in the organisation's relationship with the recipient country's authorities, partner(s), or expatriate staff.
- If there is well-founded suspicion or detection of theft, fraud, corruption, misuse, or similar irregularities.
- If cases of safeguarding or PSEAH arise among any of the implementation partners.

You are very welcome to contact CISU if a project or an intervention runs into problems, enabling CISU to guide you on how to report the problems and how to pursue a solution.

The DERF/CISU maintains an online complaint mechanism for submitting complaints, reports of suspicion of abuse, safeguarding issues etc. related to DERF grants which is accessible through the website. Procedures for this are described on the website and in the CISU Code of Conduct. Procedures on how to file a complaint about the DERF or about decisions taken by the DERF Grant Committee are also described in the CISU Code of Conduct and must be submitted through the complaint mechanism on the DERF website.

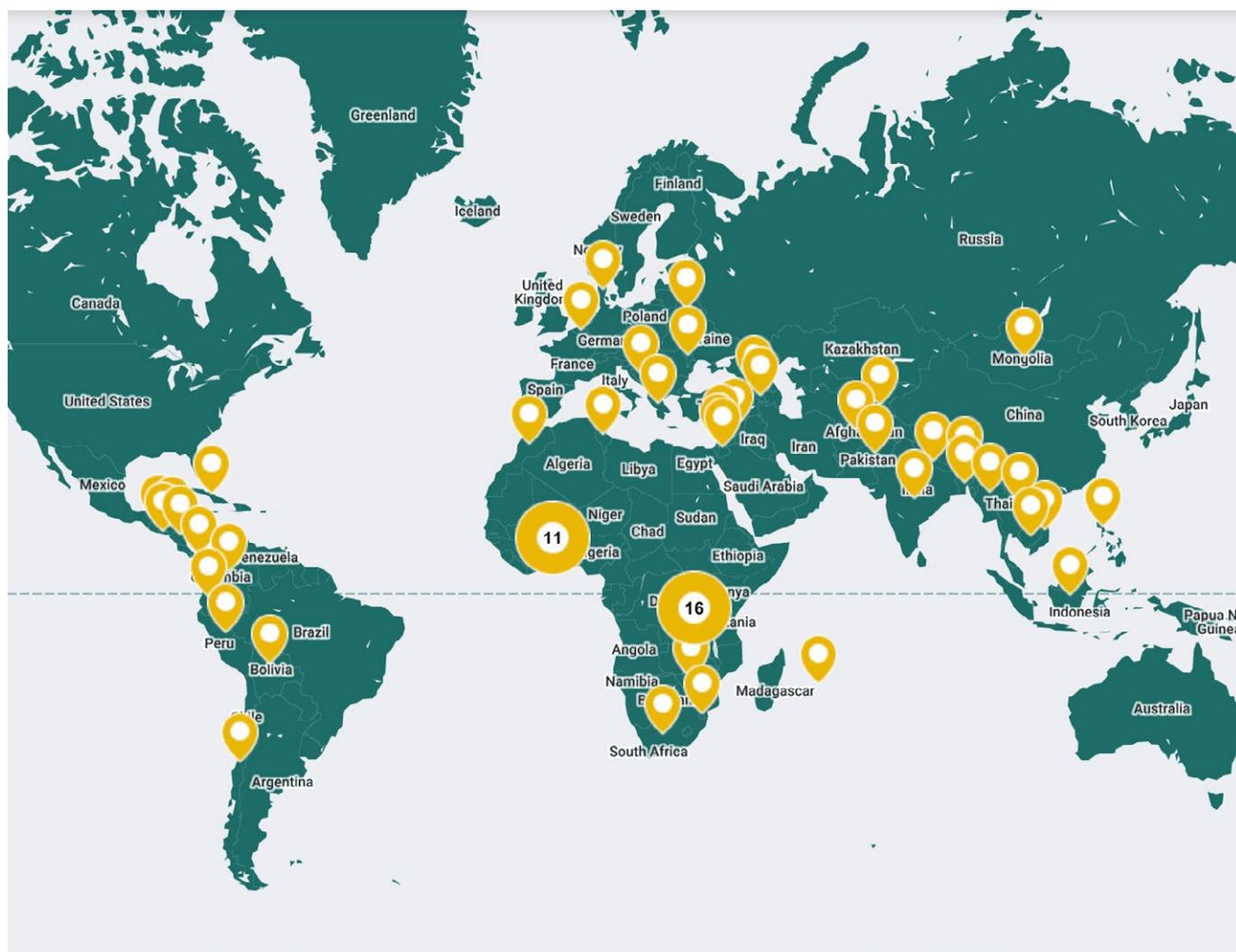
## 5.4 Reporting, learning, and evaluation

For all interventions, sufficient resources for monitoring, learning and evaluation must be included in the application and budget when applying for DERF funding.

Reports are submitted through the online platform Vores CISU. For all DERF grants, a final narrative report and the final audited

accounts must be submitted at the end of the intervention. Reports must include reflections on lessons learned and how such could be used to improve future humanitarian interventions as per the format. The final audited accounts must be submitted as per the formats and guidelines. All formats can be found on the DERF website, and the grantee is obliged to ensure that the current version from the website is used upon submission.

Experience sharing workshops are organised between grantees to review and capture lessons learned at grant level. Participation include the Danish CSOs and the implementing partners. Preparation, participation and follow up on these is mandatory for each grant.



Read more about interventions supported by the DERF and about the grantees and implementing organisations on the CISU world map on <https://worldmap.cisu.dk/>

# EXAMPLES OF LIFESAVING ACTIVITIES (ANTICIPATORY ACTION)

Illustrative examples of DERF anticipatory action activities adapted to the specific context within which the intervention is to take place. The illustration is adopted from the paper: UN FAO (Food and Agriculture Organization) Exploring Early Warning Early Action in conflict and mass migration settings.

## Anticipatory Action FLOODS



## Anticipatory Action DROUGHT



## EXAMPLES OF LIFESAVING ACTIVITIES (RAPID RESPONSE)

Guidance Note on Life-saving activities (non-exhaustive) which can be relevant in DERF interventions as adapted to the specific context within which the intervention is to take place. The list is adopted from the UN CERF (Central Emergency Response Fund) Life-Saving Criteria & Activities per sector. Ensuring DERF relevance based on DERF mandate, users & lessons.

HUMANITARIAN SECTOR	LIFE-SAVING ACTIVITIES	WHEN THESE CONDITIONS ARE PRESENT
<b>Agriculture in Emergencies</b>	Provision of inputs such as seeds, fertilizers, and tools in emergency contexts to restore food security and production capacity.	Agricultural activities which have a direct and immediate impact on restoring and protecting food availability and the livelihoods of particularly vulnerable people at-risk of, or affected by, the emergency.
	Survival of productive animals in emergency situations. Examples include emergency vaccination, initial re-stocking, de-stocking, and water and supplementary feeding for animals.	Applicable when animal husbandry is a primary source of livelihood and essential for nutrition, transport, and ploughing for particularly vulnerable people at-risk of, or affected by, the emergency.
	Flood and drought related response. Examples include emergency embankments, spot repair of agricultural infrastructure and other emergency inputs.	Time-critical interventions to protect or ensure food security of particularly vulnerable people at-risk of, or affected by, the emergency.
<b>Camp Co-ordination and Camp Management</b> In the case of rapid onset emergencies or where displacement leads to camps/sites, immediate set up of Camp Coordination and Camp Management functions to support a response.	Establishment of camps/communal settlements to support the stabilization of affected populations.	All communal setting resulting from a disaster or complex emergency. Should be coordinated with the relevant cluster/sector
	Initial profiling/registration of populations in communal settings including camps, collective centers and other sites.	Context of specific emergency response. Should be coordinated with the relevant cluster/sector.
	Advocate for humanitarian access to allow life-saving activities to be conducted in communal settings.	Should be coordinated with the protection cluster/sector
<b>Education in Emergencies</b> Interventions aiming at restoring and providing safe educational and recreational activities for children and adolescents during an emergency.	Provision of school tents, education, and recreation materials to establish safe spaces/ learning environments for children from different age groups	No recurrent costs funded
	Emergency repair of education facilities including the provision of adequate sanitation facilities and quantities of safe drinking water and water for personal hygiene at the learning site.	No recurrent costs funded
	Teacher's training in emergencies	Support establishment of initial teaching capacity only. No recurrent costs for training.
	Essential life-saving skills and support such as SGBV information, Mine/UXO risk education, HIV/AIDS, psychosocial, nutrition, health and hygiene.	

**EXAMPLES ON LIFESAVING  
ACTIVITIES  
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<p><b>Emergency Shelter including NFI</b> Immediate provision of temporary/semi-temporary shelter and basic utensils for victims of disaster including complex emergencies</p>	<p>Provision and distribution of shelter materials.</p>	<p>Only for temporary emergency shelter and based on the context.</p>
	<p>Construction/repair of temporary emergency shelter.</p>	<p>Tents or only basic building materials for immediate repair of buildings serving as temporary shelter.</p>
	<p>Basic provision of Non-Food items for affected populations and hosting families.</p>	<p>According to cultural and climatic context</p>
	<p>Basic infrastructure / shelter repair (including rubble removal, environmental clean-up, emergency rehabilitation of community infrastructure).</p>	<p>Context of specific emergency response</p>
	<p>Construction / reconstruction and repair of temporary or transitional structures that provide immediate shelter and repair of permanent structures when appropriate.</p>	<p>Context of specific emergency response</p>
<p><b>Food</b> Provision of minimum food requirements to people affected by emergencies</p>	<p>General food distribution and targeted distribution for most vulnerable groups (complement gaps).</p>	<p>Context of specific emergency response</p>
<p><b>Health in Emergencies</b> Activities that have an immediate impact on the health of population affected by an emergency</p>	<p>Collection, processing analysis and dissemination of critical health information including access to and availability of life saving health services.</p>	<p>Context of specific emergency response</p>
	<p>Ensuring equitable and timely access to Emergency Primary Health Care.</p>	<p>Context of specific emergency response</p>
	<p>Provision, distribution, and replenishment of quick turnover emergency stockpiles which have been used in an emergency context.</p>	<p>Context of specific emergency response</p>
	<p>Addressing life-threatening conditions related to communicable diseases (immunizations, outbreak control). Activities may include; establishment of emergency early warning and response systems for the early detection of and response to selected outbreaks of communicable diseases; training of health staff; supply of drugs and material; social mobilization and targeted health education; Reactive mass vaccination campaign; preparation of specific ad-hoc treatment units (e.g. cholera treatment center).</p>	<p>Context of specific emergency response</p>
	<p>Priority reproductive health emergency interventions: Activities may include supply of drugs and material.</p>	<p>Context of specific emergency response</p>

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	Medical (including psychological) support to survivors of sexual violence. Activities may include updating health staff on clinical management of sexual violence protocols; supply of drugs and material (including through interagency RH kits).	Context of specific emergency response
	Addressing life-threatening conditions related to chronic diseases which have been interrupted in an emergency context.	Context of specific emergency response
	Priority responses to HIV/AIDS. Activities include HIV/AIDS awareness information dissemination, provision of condoms, PMTCT, PEP, and standard precautions in emergency health care settings; emergency awareness and response interventions for high-risk groups; care and treatment for people with HIC whose treatment has been interrupted.	Context of specific emergency response
	Support the provision of Psychological First Aid – protect and care for people with severe mental disorders in communities and institutions.	Context of specific emergency response
<b>Logistics</b> Activities that provide immediate logistical support for the delivery of priority sectoral interventions in emergency response	Logistics activities devised to overcome logistics bottlenecks affecting the supply chain of multiple humanitarian organizations in a common humanitarian operation. E.g. emergency bridge or road repairs	Context of specific emergency response
	Nutrition screenings and surveillance to provide time critical information for identification of areas of urgent needs, or deterioration in the nutritional situation, and for identification of cases of acute malnutrition for referral for lifesaving treatment.	Context of specific emergency response
	Provision of life saving emergency food rations (e.g. BPs) to the general population, or as blanket to particularly vulnerable groups.	Only when general food ration quality is inadequate for the needs of the population or where distribution is not yet sufficiently addressed during an emergency and as a temporary measure to prevent further deterioration of the nutrition situation and loss of life. DERF funding targets particularly vulnerable groups.
	Management of severe and moderate acute malnutrition. Activities include support treatment for severe acute malnutrition as well as community mobilization /outreach to ensure communities can identify cases and access the services (i.e. community-based management of severe acute malnutrition); targeted and blanket supplementary feeding for children, pregnant and lactating women and other vulnerable groups.	Support for treatment of severe acute malnutrition should be provided wherever cases exist. Supplementary feeding should be considered where levels of acute malnutrition reach emergency thresholds. DERF only funds targeted supplementary feeding approaches to particularly vulnerable groups.

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<b>Protection and Human Rights</b>	Profiling, registration, and documentation of affected populations	Context of specific emergency response
	Identification and strengthening / set up of community-based protection mechanisms.	Context of specific emergency response
	Provision of life saving psychosocial support to person with special needs in particular for older persons.	In close coordination with the health cluster / sector
	Provision of life saving information to the affected population.	Context of specific emergency response
	Support measures to ensure access to justice with a special focus on IDPs, women and children. (e.g. assessments of justice and security needs; support to legal advice and paralegal services in conflict affected areas).	Context of specific emergency response
<b>Gender-Based Violence</b>	Strengthen and/or deploy GBV personnel to guide implementation of an inter-agency multi-sectoral GBV programme response including ensuring provision of accessible confidential, survivor-centered services to address GBV and to ensuring it is appropriately addressed across all sectors.	In an emergency context and as a first priority, support health service providers with relevant supplies and ensure a range of appropriate psychosocial interventions are in place and accessible.
	Identify high-risk areas and factors driving GBV in the emergency and (working with others) strengthen / set up prevention strategies including safe access to fuel resources (per IASC Task force SAFE guidelines).	Context of specific emergency response
	Improve access of survivors of gender-based violence to secure and appropriate reporting, follow up and protection, including to police (particularly women police) or other security personnel when available.	Context of specific emergency response
<b>Child Protection</b>	Identification, registration, family tracing and reunification or interim care arrangements for separated children, orphans and children leaving armed groups / forces.	Context of specific emergency response
	Ensure proper referrals to other services such as health, food, education, and shelter	Context of specific emergency response
	Identification, registration, referral, and follow-up for other extremely vulnerable children, including survivors of GBV and other forms of violence, children with no access to basic service and those requiring special protection measures.	Context of specific emergency response

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	Activities (including advocacy, awareness-raising, life-skills training, and livelihoods).	Context of specific emergency response
	Provision of psychosocial support to children affected by the emergency, e.g. through provision of child friendly spaces or other community-based interventions, return to school or emergency education, mental health referrals where expertise exists.	Context of specific emergency response
	Identification and strengthening, or establishment of community-based child protection mechanisms to assess, monitor and address child protection issues.	Context of specific emergency response
<b>Support Services</b>	Provision of common emergency telecommunications in support of the humanitarian community in an emergency.	Context of specific emergency response
<b>Water and Sanitation</b> Provision of minimum requirements of water, sanitation, and hygiene standards in emergency situations.	Provision of water for drinking, cooking, and personal hygiene (bathing/washing). Activities include extraction, transport, treatment, storage, distribution, and monitoring; repair, construction and maintenance; bulk and HH levels.	Context of specific emergency response
	Sanitation systems in emergency situations or situations with a foreseen emergency. Excreta disposal – shared, segregated household facilities. Solid Waste, Drainage.	Where there are public health risks or risks to other resources and facilities.
	Hygiene and sanitation supplies (including for women and girls) and awareness raising. Active participation of and accountability to affected populations in the prevention and mitigation of WASH related diseases: information /communication; optimize effective use of facilities; mobilization and participation; essential WASH related non-food items.	
<b>Coordination</b>	Provision of assistance to coordination efforts in humanitarian response	The DERF can fund participation of DERF implementing CSO in relevant cluster/sector coordination groups to enable contribution towards ensuring that crisis-affected people receive coordinated and complementary assistance. It must be part of and relevant to a DERF humanitarian intervention
<b>Multi-Agency Assessments</b>	Multi-agency needs assessments in new emergencies.	The DERF can fund participation of DERF implementing CSOs in multi-actor needs assessments where documented needs exist for new or updated data on humanitarian needs.



The Core Humanitarian Standard on Quality and Accountability (CHS)