



**2022
PROGRESS
REPORT
TO THE
NORWEGIAN
MFA**



NORWEGIAN CHURCH AID
actalliance

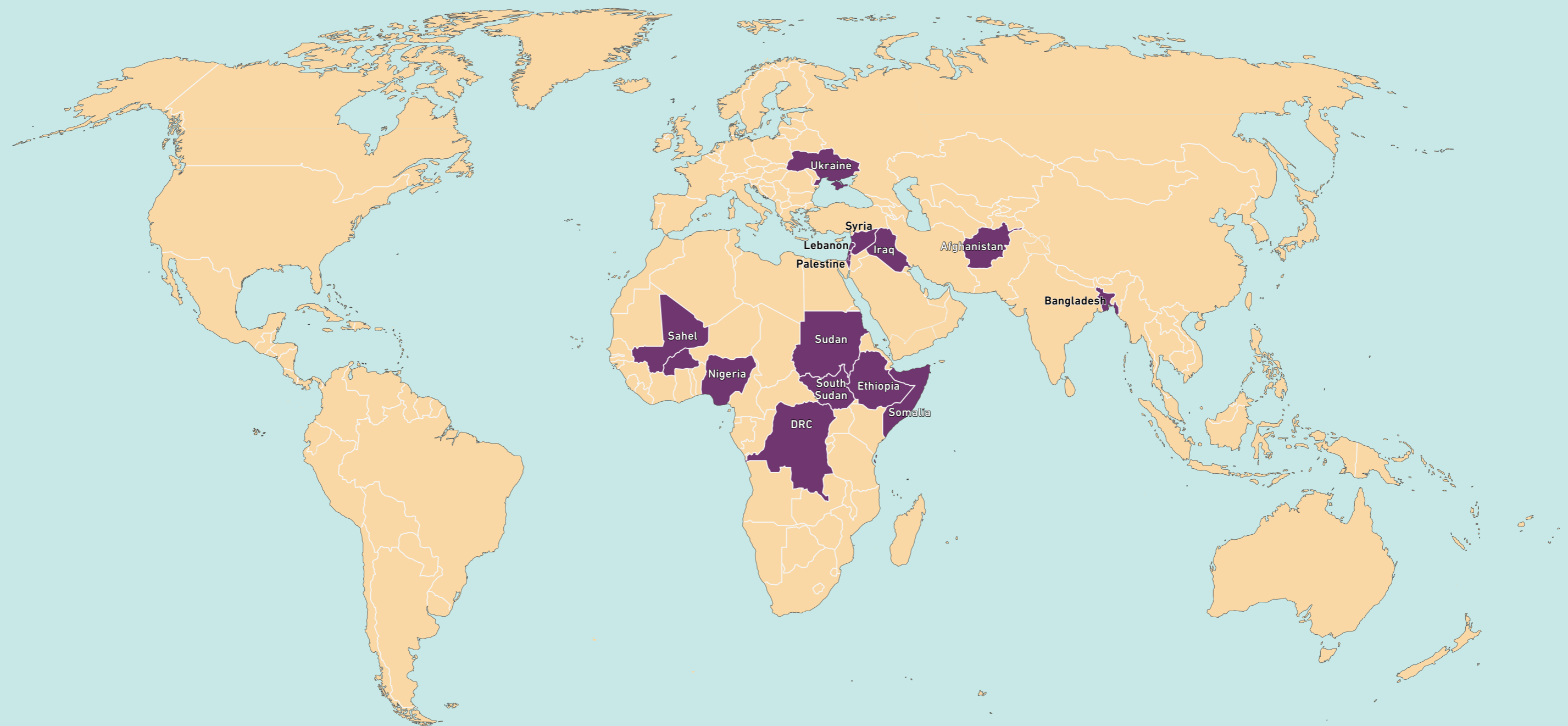
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Cover photo: Siby village in Burkina Faso has received water through NCA. Both wells and toilets are built to be shared equally between host communities and refugees, and water committees have members from both sides so that conflicts might be avoided.
Photo: Håvard Bjelland/Norwegian Church Aid

NCA'S MFA PORTFOLIO COUNTRIES



INTRODUCTION AND HIGHLIGHTS



Abibou collects safe water outside Boromo, Burkina Faso.
Photo: Håvard Bjelland/Norwegian Church Aid

In 2022, NCA responded in both new and protracted crises across 14 countries, against a backdrop of increased insecurity, political unrest, and with severe economic uncertainty on national and global levels. Humanitarian responses in Ethiopia were integrated into the 2020–2024 Strategic Partnership Agreement (SPA) as a one-year response following the Tigray flexible funds response in 2021. In addition, NCA's re-

sponse in Ukraine was added into the SPA in 2022, through a specific addendum to the SPA agreement. Predictable funding for new emerging crises through the flexible funding mechanism has again proven to be a key factor for NCA to respond in a timely manner. In 2022, NCA initiated rapid responses in Afghanistan, Democratic Republic of Congo (DRC), Pakistan, Sahel, Somalia, and Syria.

RAPID RESPONSES FINANCED BY FLEXIBLE FUNDING IN 2022

Country	Response	Sectors	Budget (MNOK)
Afghanistan	Earthquake Response to the affected families in Khost and Paktika	CASH, GBV, Protection, WASH	7.5
Sahel	Emergency multi-sectoral (GBV/ASRH/WASH) response for the needs of IDP & Host community populations of Menaka	ASRH, GBV, WASH	3.8
Somalia	Integrated Drought Emergency	CASH, GBV, WASH	9
Democratic Republic of Congo (DRC)	Response in Gedo Region	ASRH, GBV, WASH	5
Pakistan	M23 Crisis Response (to be reported on in 2023)	SHELTER/NFIs, WASH	7
Syria	Emergency WASH assistance to flood-affected people of Khyber Pakhtunkhwa, Punjab and Sindh provinces (to be reported on in 2023)	WASH	6.2

RAPID RESPONSES FINANCED BY FLEXIBLE FUNDING IN 2021, REPORTED IN 2022

Country	Response	Sectors	Budget (MNOK)
Afghanistan (2021/2022)	Taliban takeover	WASH	4
Afghanistan (2021/2022)	Economic crisis from the Taliban takeover	WASH	4.2
Ethiopia (2021)	Tigray crisis – cross-border Ethiopia/East Sudan	ASRH, GBV	6
South Sudan (2021/2022)	Recurrent violent conflict	WASH, GBV	7

NCA also updated the SPA results framework in 2022 with a new, regular output to reflect the increased focus on multi-purpose cash assistance (MPCA). Most humanitarian responses were implemented on time, and all country offices show important progress towards reaching the targets set for the SPA and strengthening NCA's aim to become a key and relevant sector expert in the three prioritised thematic areas, water, sanitation and hygiene (WASH), sexual and gender-based violence (SGBV), and adolescent sexual and reproductive health (ASRH).

Localisation continues to be a key priority for NCA in its humanitarian responses. In line with its commitments to Charter4Change (C4C) and Grand Bargain, NCA aims to implement humanitarian responses with and through local partners. NCA country offices report that between 30-50% or more of funding has been transferred to local partners. However, the operation-

al environment, level of civil society presence, need for technical expertise, and security concerns might, in some cases, lead to NCA being operational (Iraq), semi-operational (for example, in Nigeria) or implement largely through international partners (Ukraine). NCA continues to maintain an active role in coordination bodies, especially on national and subnational levels. In 2022, NCA held a total of 15 leadership positions in national or sub-national coordination bodies. In addition, NCA partners also played increasingly active roles in coordination bodies within their sectors.

NCA also continues to focus on innovation in humanitarian responses and develops and tests innovative and improved solutions to both local and global emerging challenges. In 2022, NCA implemented six WASH pilots in SPA operations, and developed or improved on five toolkits and best practice methodologies for SGBV, ASRH and child protection.

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PROGRESS IN 2022

KEY FIGURES	15 national or sub-national coordination bodies that NCA is leading (technical or otherwise)	859,712 women, girls, men and boys reached with WASH services
63,302 SGBV survivors access lifesaving, specialised SGBV service appropriate and relevant to their immediate needs	400,063 women, girls, men and boys with access to safe, user-friendly and gender appropriate sanitation facilities and/or services	241,552 women, girls, men and boys with safe, equitable and sustainable access to a sufficient quantity of safe water for drinking, cooking and personal hygiene
85% of women, girls, men and boys reported satisfaction with hygiene materials	469,404 women, girls, men and boys reached through hygiene promotion activities	457 GBV caseworkers trained on quality GBV case management services
41,291 women and girls used women and girls' safe spaces to meet their needs	13,041 women and girls received dignity kits, and/or cash and voucher assistance to reduce GBV risk and promote safety, dignity and skills training	239,345 women, girls, men and boys reached through SGBV outreach activities to address harmful social norms and systemic gender inequality
33,170 adolescents reached through ASRH services	39 health facilities with adolescent-responsive health services	4,425 pregnant adolescent women with access to safe delivery facilities
32,111 children and young people in situations of crisis and conflict reached with enhanced protection activities	2,406 children and young people accessed community-supported child-friendly spaces	272,075 women, girls, men and boys reached through quick impact projects and flexible funding



Norwegian Church Aid's partner in Syria has rehabilitated toilets and sinks in schools on the outskirts of Damascus.
Photo: Håvard Bjelland/Norwegian Church Aid

OUTCOME 1: People affected by crisis access lifesaving integrated protection and assistance appropriate and relevant to their immediate needs

RESULTS TABLE

100% of NCA responses were supported by NCA Head Office Emergency Response Team personnel, humanitarian thematic advisors, and humanitarian support functions	86% of humanitarian operations were based on robust assessment and needs analysis	272,075 women, girls, men and boys reached through quick impact projects and flexible funding	16 roster members deployed for emergency responses	Three evaluations of humanitarian responses were carried out
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COUNTRIES REPORTING: 14

Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria and Ukraine.

RESULTS ANALYSIS

Prioritised activities under this outcome continues to focus on improving the quality and effectiveness of humanitarian responses. In 2022, NCA added a new output under this outcome, formalising our efforts to provide multipurpose cash assistance (MPCA) to vulnerable populations in need. The NCA Emergency Response Team (ERT), humanitarian thematic specialists and support functions continue to be instrumental to plan and implement effective responses, and 100% of NCA's responses in 2022 were supported by these. The flexibility provided by the flexible funding mechanism has continued to be crucial to respond in a timely manner and meet the immediate needs of crises-affected populations in new and escalated emergencies.

OUTPUT 1.1 EMERGENCY RESPONSES ARE BASED ON AN IMPARTIAL ASSESSMENT OF NEEDS, VULNERABILITY AND RISKS OF AFFECTED WOMEN, GIRLS, MEN AND BOYS

86% of emergency responses in 2022 reported that the emergency responses were based on impartial assessments of needs, vulnerability, and risks of the affected populations. In some countries, as in the Ukraine, it has proved challenging to conduct full scale needs assessments, due to high security and safety risks for staff. The project needs have therefore often been pre-defined ahead of the response, based on reported needs from the coordination structures, from different stakeholders and from the country HRPs, and then subsequently confirmed by on-site needs assessments to update and better inform emergency responses. NCA finalised the development of an integrated multisectoral rapid needs assessment tool in 2022, for both rapid needs assessments and full-scale needs assessments.

OUTPUT 1.2 AFFECTED POPULATION ACCESS TIMELY, LIFESAVING ASSISTANCE IN SUDDEN ONSET OF CRISIS

Globally, NCA and partners reached 272,075 people (82,901 girls, 58,639 boys, 71,519 women, 59,016 men) in 2022 with access to timely, lifesaving assistance in sudden onset crises through responses financed by flexible funding. Some of these numbers pertain to emergency responses that were started through flexible funding in 2021 (Afghanistan, Ethiopia, South Sudan). In 2022, the release of funding enabled NCA to respond rapidly to meet the prioritised needs of crises-affected people with emergency responses in Afghanistan, DRC, Sahel, Pakistan, Somalia, and Syria. Some of these responses (DRC, Pakistan, Syria) started in the autumn of 2022 and will be reported together with 2023 results.

OUTPUT 1.3 RESPONSE OPERATIONS ARE PREDICTABLE AND EFFECTIVE THROUGH NCA SURGE CAPACITY AND EMERGENCY SUPPLIES

NCA had a fully functional roving ERT team within the humanitarian division of the NCA head office throughout 2022, with expertise within the sectors of water, sanitation, and hygiene (WASH), sexual and gender-based violence (SGBV), adolescent sexual reproductive health (ASRH), humanitarian coordination and cash and voucher assistance (CVA). The ERT ensured rapid mobilisation of the necessary capacity needed for humanitarian responses. In 2022, NCA deployed ERT staff to South Sudan (SGBV, WASH), Sudan (SGBV), Nigeria (ASRH) and Ukraine (WASH, humanitarian coordination) for assignments related to new or current responses, and to provide necessary support to country offices. The roving personnel also supported responses remotely in DRC, Ukraine, Sahel and Somalia. In addition to the ERT, NCA has an emergency preparedness roster with 94 specialised and trained personnel covering a wide range of sectors. In 2022, 16 roster members (6 women, 10 men) were deployed to support NCA humanitarian responses in Afghanistan, Burkina Faso, DRC, Malawi, Mali, Nigeria, Somalia, South Sudan, Sudan, Syria, Tanzania and Ukraine.

NCA further improved its roster management in 2022 and launched an improved digital roster management platform, Molnix RPM. The platform allows for streamlined planning and management of roster members and deployment and collects data to generate relevant statistics. The platform has helped improve the efficiency of deployments.

The process to deplete the bulk emergency stock of WASH materials and kits was started in 2022, and almost all stocks were shipped to implementing zones. Most of the material was shipped to South Sudan to support responses there. The South Sudan country office also purchased a mobile water treatment unit to improve timely response to recurring emergencies related to flooding in hard-to-reach areas. Going forward, emergency materials will be procured locally as a main rule, to ensure better cost efficiency and reduce carbon emissions.

OUTPUT 1.4 HUMANITARIAN RESPONSES ARE IMPROVED BY LEARNING AND EVALUATIONS

NCA has not organised in-person emergency gatherings in 2022, however conducted two digital meetings with experience exchange sessions and trainings. The roving humanitarian coordinator has also conducted trainings in the use of the integrated multisectoral rapid needs assessment tool. 6 women and 4 men from the roster team attended HEAT trainings in 2022. Despite of this, there are still gaps in security training from the travel restrictions during the pandemic. Three evaluations of humanitarian responses were carried out in 2022: in Sahel (Mali and Burkina Faso), Somalia and South Sudan.

OUTPUT 1.5 PEOPLE AFFECTED BY CRISIS MEET THEIR PRIORITISED BASIC NEEDS THROUGH MULTIPURPOSE CASH ASSISTANCE

This output was added to the MFA SPA results framework in 2022, partly as a result of the Ukraine response, however MPCA is also a response modality that is increasingly being planned into other country programmes under the SPA, among others in Lebanon, Palestine, Somalia and Ethiopia. Consolidated results will be reported with 2023 results.

DEVIATIONS

There are no significant deviations from the implementation plan for this outcome for 2022. 86% of humanitarian operations were based on needs assessments, down from 96% in 2021. Although it is a priority for NCA to ensure that needs assessments exist prior to responses, the reality of our humanitarian operations, with the related access and budget constraints, shows that this is not always possible. This is mitigated through ensuring that needs analysis is updated on-site at the start of responses.

OUTCOME 2: Humanitarian responses are improved through system-wide quality coordination and advocacy

RESULTS TABLE

Seven coordination mechanisms supported by NCA through technical input and leadership	Two global advocacy initiatives NCA actively engages with	Four global technical working groups NCA actively engages with	15 national or sub-national coordination bodies led by NCA
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COUNTRIES REPORTING: 9

DRC, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan and Sudan.

RESULTS ANALYSIS

The 2022 implementation plan focused on narrowing but deepening the scope of our support to global coordination bodies. In particular, NCA committed to stronger support of the IAWG ASRH sub-working group. NCA also continued with its strong commitment to localisation and expanding engagement in local coordination efforts. NCA undertook to grow its engagement in coordination at the local level in recognition that these bodies often have the biggest impact on the quality of aid reaching beneficiaries and yet the largest gap in adequate coordination and adherence to standards. This increased commitment to “localised” coordination did entail an accompanying reduction in resources dedicated to supporting global coordination bodies, however NCA maintained support to key actors in its sectors of expertise, GBV and WASH.

OUTPUT 2.1 NCA INFLUENCES GLOBAL INITIATIVES THAT SEEK TO IMPROVE THE QUALITY OF HUMANITARIAN EFFORTS

NCA continued to engage actively in global humanitarian initiatives in 2022, especially those related to our sectors of expertise. For International Menstrual Hygiene Day 2022, ten NCA country offices mobilised with the project “Period with Dignity” to engage women, men, girls, boys, youth champions, and religious leaders with the campaign message that “all women and girls should be able to manage their menstruation with dignity.” Activities stretched from panel discussions with ministries to educational plays in refugee camps (Ethiopia) and training for community and religious leaders in IDP camps (Nigeria). Following its attendance at the Nordic Conference on MHPSS in Fragile and Humanitarian Settings, NCA signed the *2022 Copenhagen Declaration on MHPSS in Fragile and Humanitarian Settings and version 1 of the 2022–2030 Nordic Road Map on MHPSS in Fragile and Humanitarian Settings*.

OUTPUT 2.2 NCA SUPPORTS IMPROVED QUALITY AND COORDINATED HUMANITARIAN EFFORTS AT GLOBAL LEVEL

NCA continued to support improved quality of humanitarian efforts at global level through secondments to lead agencies in our sectors of expertise. NCA’s support for UNHCR through secondment of expert staff continued through the first half of 2022. Building on the work undertaken through this position to improve UNHCR’s strategy and practice on WASH in institutional spaces in 2021, in 2022 NCA’s secondee provided expert technical input to UNHCR’s guidance for implementation of the Operational Strategy for Climate Resilience and Environmental Sustainability 2022–2025. She subsequently designed and delivered training modules for the guidance.

NCA also continued its support to the Global Protection Cluster’s (GPC) Gender-Based Violence Area of Responsibility (GBV AoR) in the area of Mental Health and Psychosocial Support (MHPSS) with secondment



*Psychosocial Support Session in Sinoni, Iraq.
Photo: Saeed Haji/Norwegian Church Aid, Iraq*

of a Chair for the GBV-MHPSS Task Team. Through its role as co-chair of the Policy and Advocacy Reference Group (PARG), NCA contributed to integration of GBV in emergencies across other sectors, such as supporting the Menstrual Hygiene Management in Emergencies (MHMiE) working group to develop an operational brief; drafting of briefs on the crises in Ukraine, Yemen and West Africa; ensuring that GBV was a priority within key GPC activities including high-level meetings in New York and Washington; and offering advice and support to advocacy efforts in multiple countries.

In 2022 NCA launched a two-year commitment to support the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) to advance the work of the Adolescent Sexual and Reproductive Health and Rights (ASRHR) sub-working group. MFA funding, through NCA, supported training of trainers on ASRH in emergencies in both Anglophone and Francophone African countries. It also supported the initial work to develop a youth-led companion guide to the 2020 ASRH Toolkit for Humanitarian Settings. This guide is being developed by a team composed primarily of young people, and the target audience is youth-led organisations in humanitarian settings. Preliminary work to develop the guide was completed in 2022 and further work will continue through 2023.

OUTPUT 2.3 NCA SUPPORTS THE EFFECTIVENESS AND QUALITY OF HUMANITARIAN RESPONSE AT NATIONAL AND SUB-NATIONAL LEVEL THROUGH COORDINATION AND PLANNING

NCA country offices reported a total of 15 leadership positions in national or sub-national coordination bodies in 2022. These coordination positions were principally in NCA’s sectors of expertise, namely WASH and GBV. For example: in DRC, NCA was elected as the co-lead of the WASH cluster; maintained its status as co-lead of the WASH cluster in South Kivu; and led the WASH, Health and Nutrition sub-cluster in Baraka. In Iraq, NCA co-chaired the GBV sub-cluster and the Ninevah GBV

working group. In the Sahel, NCA is the co-facilitator of the GBV sub-cluster in the Boucle du Mouhoun region of Burkina Faso and in Bankass region of Mali and is also part of the pool of trainers on GBV case management in both countries. In Nigeria, NCA is the lead for the WASH sector and GBV sub-sector in Pulka and co-lead of the Sanitation Technical Working Group of the WASH sector at Borno State level. In South Sudan, NCA co-leads the WASH and NFI clusters in Warrap State.

NCA also continued to contribute to the Field Support Team of the Global WASH Cluster, thereby directly supporting operational surge capacity to national coordination bodies through in-country deployments, remote and virtual support. NCA’s team member undertook deployments first to Somalia and then, critically, to the national WASH cluster coordination in Ukraine. From March 2022 this deployment supported the pivot of the WASH cluster from a focus conflict-affected areas in the East of the country to multiple new areas, including interventions for IDPs.

DEVIATIONS

NCA actively engaged in two global advocacy initiatives in 2022, down from the four in 2021, which was also the target for 2022. Further, NCA actively engaged in four global working groups, which was lower than the target set for 2022, but up from three in 2021 (both under Output 2.2). Both results reflect the partial shift in focus to support the effectiveness and quality of humanitarian response at national and sub-national level (Output 2.3). Here, the result was three times the target for 2022. This deviation was the result of substantial increased engagement in national and sub-national coordination, beginning in 2021. This result can only be considered as a positive outcome that enhanced NCA’s ability to support the effectiveness and quality of humanitarian response at national and sub-national level. In its implementation plan for 2022, NCA expected to undertake research on quality HDP nexus programming. This work has been postponed to 2023 due to staffing absence in 2022 (parental leave).

OUTCOME 3: Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs

RESULTS TABLE

859,712 women, girls, men and boys reached with WASH services	77% of targeted women, girls, men and boys reported washing hands with soap at least 3 critical times	469,404 women, girls, men and boys reached through hygiene promotion activities	400,063 women, girls, men, and boys accessed safe, user-friendly, and gender appropriate sanitation facilities and/or services
241,552 women, girls, men and boys with safe, equitable and sustainable access to a sufficient quantity of safe water for drinking, cooking and personal hygiene	32,774 targeted women and girls of reproductive age accessed appropriate materials and information, ensuring dignified menstrual hygiene management	67% of women and girls of reproductive age are satisfied and feel safe when using the WASH facilities during menstruation	6,661 people with incontinence accessed appropriate materials, facilities and information to manage incontinence in a dignified manner.

COUNTRIES REPORTING: 13

Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria and Ukraine

RESULTS ANALYSIS

In 2022, NCA continued to support women, men, girls, and boys affected by crisis with access to lifesaving WASH services, preventing outbreak of communicable diseases and ensuring people a life with dignity and in healthy communities across 14 countries. NCA and partners have provided 859,712 crisis-affected population with access to safe and context-appropriate WASH services across IDPs and host communities, in camps, communities and institutions. In line with the NCA WASH strategy, NCA strives to provide people with access to the full WASH package, ensuring access to water, sanitation and hygiene services for an increased impact. At the same time, NCA focuses to complement activities of other actors and fill gaps in WASH needs as determined by the situation. Furthermore, NCA continued to cement its commitment to integrating protection, through SGBV and ASRH, across its WASH projects and activities.

OUTPUT 3.1 WOMEN, GIRLS, MEN AND BOYS ARE ENABLED TO IMPROVE HYGIENE PRACTICES AND HAVE ACCESS TO HYGIENE ITEMS TO PROTECT AGAINST WASH RELATED HEALTH RISKS

Across 2022, NCA and partners conducted hygiene promotion activities and awareness raising in communities through a variety of approaches and communication channels, as appropriate in the context. These included house to house visits, community sessions, radio jingles, Facebook posts and printed materials, to mention some. The key messages involve handwashing at critical times, safe water chain, personal, domestic, and

environmental hygiene, and cholera prevention. There continues to be a high risk of cholera outbreak in many NCA's countries of intervention, and cholera outbreaks have been responded in several of locations, including in DRC and in Syria. NCA and partners reached a total of 469,404 with hygiene promotion activities in 2022, against a target of 261,883. The share of targeted affected households surveyed where soap and water are available for handwashing increased from 73% in 2021 to 79% in 2022, while 77% of women, girls, men and boys report satisfaction with hygiene materials, against a target of 74%.

OUTPUT 3.2 WOMEN, GIRLS, MEN AND BOYS ACCESS SAFE, APPROPRIATE AND HYGIENIC SANITATION SERVICES, INCLUDING ENVIRONMENTAL SANITATION (I.E. EXCRETA MANAGEMENT, WASTE MANAGEMENT, VECTOR CONTROL)

NCA and partners provided access to safe and gender-sensitive latrines and bathing shelters in camps, communities and institutions such as schools and health centres. In urban settings, NCA and partners rehabilitated sewer systems, such as in the Syria response. Ensuring safe access to all, including women and girls, elderly, and people with disabilities (PWD) has been a priority. Furthermore, NCA and partners have increasingly focused on clean and healthy living environments to minimise risks of disease. Solid waste management systems, with waste collection and safe disposal of waste, were established in Bangladesh and Sudan. Moreover, recycling of plastics and other relevant waste fractions has become a focus across country offices, including DRC, Ethiopia, and Palestine, through community sensitisation and income generating activities. NCA and partners reached 400,063 women, girls, men and boys with access to safe, user-friendly and gender appropriate sanitation facilities and/or services, up from the 367,796 people that were reached in 2021 and significantly above the 2022 target of 236,504.

OUTPUT 3.3 WOMEN, GIRLS, MEN AND BOYS ACCESS SAFE, EQUITABLE AND SUSTAINABLE QUANTITY OF WATER FOR DRINKING, COOKING, AND PERSONAL HYGIENE

A central part of NCA and partner work in most of our humanitarian operations is to provide crisis-affected people with safe, equitable and sustainable access to water meeting the daily need for consumption, personal and domestic use. In emergency settings, water has been provided through water trucking (e.g., Nigeria and through flexible funds in Mali), distribution of water bottles to people on the move (e.g., Ukraine) and operation of mobile water treatment plants (e.g., South Sudan). In more stable and/or protracted crisis contexts, NCA and partners have constructed and rehabilitating water supply systems, including boreholes, spring intakes, pipeline extension and gravity supply systems. Where feasible, solar powered water systems have been established. In 2022, 241,552 people were ensured access to water. This is somewhat down from the 317,310 reached in 2021 and the 329,320 set as a target for 2022.

OUTPUT 3.4 WOMEN AND GIRLS OF REPRODUCTIVE AGE, AND WOMEN, GIRLS, MEN AND BOYS WITH INCONTINENCE, HAVE ACCESS TO APPROPRIATE HYGIENE SUPPLIES AND WASH FACILITIES THAT SUPPORT THEIR DIGNITY AND WELLBEING

NCA and partners provided crisis-affected people with access to essential hygiene items to be able to maintain personal hygiene through in-kind or CVA approach. In 2022, NCA continued the focus on providing women and girls of reproductive age with access to information and material for menstrual hygiene management (MHM). NCA and partners have focused efforts on raising awareness and improved the knowledge about menstruation to tackle myths and break taboos, both with women and girls as well as local communities. Moreover, NCA has provided women and girls with access to context-appropriate sanitary products, either through in-kind distribution, e-voucher or making products available in the local market through pad production business groups. NCA and partners reached 32,774 women and girls with such activities in 2022, against a target of 22,265. NCA increased its efforts to support people living with incontinence in its humanitarian responses. Activities have been implemented in Afghanistan, South Sudan, and Ukraine, where a total of 6,661 people were reached, slightly shy of the target of 6,791 but above the 2021 result of 3,590.

DEVIATIONS

A negative deviation from the planned target can be noted for output 3.3 (safe access to water). On a more positive note, achievements above target were noted on output 3.2 (sanitation) and 3.1 (hygiene promotion activities). The reason for this varies from context to context, however, is guided by the priority needs identified as well as other actors responding. In addition, a planned pilot project for Nigeria on real time remote monitoring was initiated but delayed due to difficulties faced in customs for imports of key equipment. The project will continue until February 2023 and be reported on with 2023 results.

OUTCOME 4: SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs

RESULTS TABLE

63,302 survivors of sexual and gender-based violence accessed services	198 health care providers in referral health facilities were trained on the clinical management of rape	28,615 women, girls, men and boys used mental health and psychosocial services
413 SGBV staff trained to provide quality, age-appropriate, focused psychosocial support to women and girls	457 SGBV case workers were trained on quality SGBV case management services	239,345 women, girls, men and boys reached through SGBV outreach activities

COUNTRIES REPORTING: 13

Afghanistan, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria and Ukraine.

RESULTS ANALYSIS

In 2022, 63,302 survivors of SGBV accessed lifesaving specialised SGBV services, including clinical care, mental health and psychosocial support, case management, and material support, including cash and vouchers, tailored to individual needs based on assessments carried out together with survivors and women and girls at risk of violence. The NCA SGBV programme continued to focus on implementing SGBV activities in hard-to-reach locations, often integrating these with WASH and other emergency responses. The development of toolkits and pilots, training of key SGBV personnel, and strengthening contextual understanding and implementation approaches continue to be priorities for the programme.

OUTPUT 4.1 SGBV SURVIVORS ACCESS QUALITY, SURVIVOR-CENTRED AND PROFESSIONAL CLINICAL CARE FOR SEXUAL VIOLENCE AND ALL FORMS OF SGBV

In 2022, focus was geared towards ensuring that service provision was in alignment with minimum standards, maintaining the safety, dignity, and respect of SGBV survivors. This was done through country offices conducting assessments and gap analyses on existing service provisions. As a result, in Syria, medical service providers which met the criteria were contracted through the project period, ensuring continuity of dedicated capacity. In DRC, seven facilities were assessed in the two health zones of Masisi and Kalehe. All were deemed suitable for providing care to SGBV survivors, however capacity training of staff was deemed necessary going forward. NCA continued to support the capacity building of health care providers through the provision of trainings pertaining to the clinical management of rape, with a total of 198 trained across 2022.

OUTPUT 4.2 SGBV SURVIVORS SAFELY ACCESS QUALITY, SURVIVOR-CENTRED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOCUSED ON HEALING, EMPOWERMENT AND RECOVERY

Globally, NCA and partners have witnessed a sharp rise in mental health and psychosocial needs due to protracted and emerging crises that threaten the safety and wellbeing of individuals, families and communities. NCA and partners provide specialised MHPSS services to survivors and those at risk of SGBV, with trained case workers assessing the needs of survivors and referring them to psychologists for individual psychological counselling, psychoeducation, and psychiatric services as needed. These services were provided by psychologists and psychiatrists within NCA/partner teams or externally with other humanitarian or governmental actors, depending on the unique context of each country. In addition, community members, often family members of SGBV survivors, at risk of suicide or suffering from war-related trauma or other psychiat-

ric conditions were reached through project activities. 8,973 girls, 1,959 boys, 16,424 women and 1,259 boys (total of 28,615) were reached with MHPSS services in 2022. NCA and partners also raised awareness among communities about mental health symptoms and coping mechanisms. NCA has also provided training on integrating therapeutic interventions in GBV case management to equip case managers in identifying psychosocial needs and safely referring survivors and those at risk to services as needed. In person trainings were provided in Iraq, Lebanon (with attendees from the Syria office) and Romania (with attendees from Romania, Moldova and Ukraine – this training was funded by NCA own funds).

OUTPUT 4.3 GBV SURVIVORS ACCESS APPROPRIATE, QUALITY CASE MANAGEMENT SERVICES INCLUDING COORDINATED CARE AND SUPPORT TO NAVIGATE AVAILABLE SERVICES

NCA and partners have provided a range of response services, including GBV case management, legal counselling, referrals to specialised services, setting up and running women and girls' safe spaces (WGSS), and distributing cash and dignity kits. Dedicated efforts to build the capacities of frontliners on providing response services was also a focus in 2022. GBV case management trainings took place in several country offices (including Iraq, Syria, Lebanon, Somalia and more), and ongoing capacity building efforts took place to ensure the proper running of WGSS. A total of 457 caseworkers were trained, against 209 in 2021.

In WGSS, women and girls were able to access services ranging from psychosocial care, group and individual support, economic empowerment activities and referral to specialised services. A total of 41,291 women and girls were reached through WGSS in 2022. 13,041 women and girls received support through dignity kits and/or CVA to reduce SGBV risks and promote empowerment of survivors. While NCA has made significant progress in addressing GBV, country offices and partners have also identified a need for continued services and support that are specific to the SGBV risks in each context. This includes continued programming to address intimate partner violence, sexual violence (including conflict-related sexual violence), early marriage, and female genital mutilation (FGM). In 2023, NCA plans to address these needs by providing more tailored services and technical support for frontliners across country offices.

OUTPUT 4.4 SGBV PROGRAMMING ADDRESSES HARMFUL SOCIAL NORMS AND SYSTEMIC GENDER INEQUALITY AND INFORMS COMMUNITIES ABOUT AVAILABLE SERVICES

In 2022, NCA country offices conducted awareness raising initiatives through both digital and non-digital modalities. Established outreach activities acted as entry points to raise awareness on SGBV issues, both through established committees and the utilisation of religious/community leaders' platforms. Sessions were contextualised to fit the country operation context, and included topics related to women rights, FGM, child early and forced marriage, SGBV risks including causes and consequences to the individual and community, gender equality, and women's participation in decision making. 239,345 people were reached through these types of outreach activities in 2022, 80,962 of these were boys and men. NCA's added benefit of working with faith-based actors proved essential to address harmful social norms and gender inequality within communities, as religious actors collaborated with programme efforts to facilitate community participation and acceptance of the activities. An area of priority in 2022 was the capacity building of NCA staff and partner staff on topics related to GBV guiding principles and core package, case management and other related topics. 816 staff, volunteers and community workers were trained in 2022, against 496 in 2021.

DEVIATIONS

Although capacity building of staff and frontline workers has been a focus of 2022, only training of GBV caseworkers on case management services outperformed the target. Training for health care providers on clinical management of rape and training of GBV staff in PSS, while outperforming 2021 results, were just shy of targets set for 2022. 13,041 women and girls received dignity kits and/or CVA to reduce SGBV risks, not reaching the target set of 16,441 and below the 2021 achievements. In 2022, it was hoped that learning from NCA's Innovation Norway grant on "Virtual Reality to Promote Resilience, Social Connection and Empowerment to GBV Survivors", could be replicated and scaled up within case management of NCAs GBV programmes. However, the Innovation Norway grant period is until October 2023, and within 2022, implementation was still pending.

OUTCOME 5: Adolescent girls and boys adopt sexual and reproductive health behaviour protecting themselves from health risks

RESULTS TABLE

33,170 adolescents reached through ASRH services	4,425 pregnant adolescents were provided access to safe delivery facilities	26,922 adolescents were supported with access to comprehensive sexuality education and modern family planning
12,774 adolescents were empowered through involvement in the project cycle	15,019 adolescents accessed adolescent-friendly spaces	7,506 adults participated in the parents' groups

COUNTRIES REPORTING: 5

Bangladesh, the Democratic Republic of the Congo, Nigeria, Sahel (Mali and Burkina Faso) and Sudan

RESULTS ANALYSIS

In 2022, NCA focused on improving the technical skills of providers and adherence to international ASRH standards. NCA focused on strengthening the integration of ASRH responses within SGBV services, mostly through WGSS, and the referral pathways to health care structures. There was also a focus on engaging parents to improve adolescent access to ASRH information and services, also showing promising results from a pilot conducted in Nigeria. A total of 33,170 adolescents were reached through projects providing ASRH services in five countries.

OUTPUT 5.1 ADOLESCENTS OF REPRODUCTIVE AGE ACCESS ACCEPTABLE, AFFORDABLE, EQUITABLE, EFFECTIVE AND EFFICIENT AGE-APPROPRIATE QUALITY REPRODUCTIVE HEALTH SERVICES

NCA strengthened the access to quality ASRH services through targeted Minimum Initial Service Package (MISP) trainings for identified healthcare providers, increasing service providers' capacity to ensure improved, non-discriminatory access. To improve safe deliveries, NCA focused on providing medical supplies to health facilities after identifying stock shortfalls. Supplies included delivery and post-exposure prophylaxis (PEP) kits. NCA's contribution to increasing the availability of essential supplies differed, depending on the context. DRC focused on paying delivery costs and servicing maternity equipment (delivery tables, delivery kits), while Nigeria supported procuring relevant medical supplies. In Bangladesh, NCA-DCA utilised

two tom-toms (popular chargeable battery vehicles), to allow emergency transport for complicated or at-risk deliveries from the camp clinics to the hospital. A total of 4,425 pregnant adolescents were provided with access to safe delivery facilities, overshooting the target of 1,092 and the 2021 result of 2,438.

To ensure the sustainability of adequate and safe service delivery, the Sahel programme entered a Memorandum of Understanding (MoU) with the District MoHs in Bankass and Boromo, allowing NCA to build the capacity of 40 district service providers (18 in Bankass and 22 in Boromo) on the MISP targeting to increase adolescent responsive services within the health service delivery and to provide SRH services at WGSS. Globally, a total of 39 health facilities were ensured adolescent-responsive health services to provide better access and services to adolescents in needs.

OUTPUT 5.2 ADOLESCENT GIRLS AND BOYS DEVELOP ADOLESCENT-ADULT PARTNERSHIPS IN THEIR COMMUNITIES

Throughout the programme in 2022, NCA and partners continued to focus on the empowerment of adolescents through increasing their capacity, skills and knowledge on relevant themes and issues concerning them. This was conducted by including adolescents in programme design and ensuring access to adolescent-friendly spaces suitable to the context. Information shared and discussed in the spaces included reproductive health and sexual violence, STIs including HIV, and prevention of STIs and unwanted pregnancies. Adolescent-friendly spaces allow adolescents to highlight challenges facing them in their communities and propose ways for collective improvement. In DRC, adolescents were empowered by forming groups responsible for project management and defining activities. Adolescents were also responsible for conducting widespread community awareness-raising sessions and sensitising their peers about identified relevant issues.

In 2022, NCA Nigeria piloted the ASRH engaging parents pilot project, which aimed to build parents' and caregivers' capacity on sexual and reproductive health, including its impact on adolescent physiological, cognitive, social, and emotional development, enabling them to meet their adolescent children's need more effectively. The project developed parents' skills to communicate respectfully with adolescents and employ positive non-violent discipline techniques that rely on communicating expectations and setting parameters around adolescents' behaviour. The project also empowered adolescent parents to create safe environments by reducing exposure to risks and assisting their adolescent children to access support services.

DEVIATIONS

Achievements were largely on target, and some surpassed targets and 2021 results considerably, such as the number of adolescents accessing adolescent friendly spaces. This is largely attributed to efforts made to integrate appropriate spaces for adolescent outreach, either in community gathering spaces (boys and young men) and in WGSS (girls and young women). NCA and partner staff undertook considerable work to change mindsets and forge partnerships with local healthcare providers to ensure adolescents needs were given more priority.

After conducting a feasibility study in Nigeria on the use CVA to increase the uptake of ASRH services, NCA decided not to initiate the project as several negative risk factors were identified: the camp setting for CVA to youth and women was not favourable, especially since the pilot project was intended to support only certain specific target groups; further the women interviewed preferred kits to cash. As such, the pilot project did not seem to have the necessary community support at the time, and the funds were re-directed towards the development and pilot of the assessment tool, undertaken in Mali. A pilot for the integration of CVA into ASRH is still planned, and another feasibility study is planned for the Sahel, along with a pilot in 2023.

OUTCOME 6: Enhanced protection of children and young people in situations of crisis and conflict

RESULTS TABLE

32,111 children and young people in situations of crisis and conflict reached	5,434 girls and boys enrolled in supported schools	2,406 children and young people accessed community-supported child-friendly spaces	15,329 malnourished children under 5 accessed safe and appropriate care	11,184 pregnant and lactating women received supplementary food
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COUNTRIES REPORTING: 4

Afghanistan, Ethiopia, Iraq and Sudan

RESULTS ANALYSIS

32,111 children and young people in situations of crisis and conflict were reached through activities in 2022, mainly through increasing their access to schooling, alleviating malnutrition and providing vital access to child-friendly spaces. Target groups include those among refugees, IDPs and host communities, improving on the provision of primary health care and development of healthy coping mechanisms, as well as improved awareness around the need for protection of women and children who are at risk of human trafficking and organised prostitution.

OUTPUT 6.1 SCHOOL AGED GIRLS AND BOYS FROM AFFECTED POPULATIONS SUPPORTED TO ACCESS SAFE EDUCATION OPPORTUNITIES

The targeted population under output 6.1 focused on vulnerable groups, including girls and refugees. To enhance the learning environment, identified schools, both in communities and camp settings, were provided with scholastic materials and furniture. Throughout the implementation period, vulnerable girls were targeted to increase their continued participation in school. In Ethiopia, menstruation was identified as a factor affecting school attendance, and identified vulnerable girls, including those with disabilities, were provided with both sanitary pads and scholastic materials. School officials reported an increase in continual attendance due to this initiative. A total of 5,434 individuals in Ethiopia and Sudan were reached under this output.

OUTPUT 6.2 CHILDREN ARE PROTECTED FROM ABUSE, NEGLECT, EXPLOITATION AND VIOLENCE

Throughout the implementation period, child safe spaces focused predominantly on strengthening the positive coping skills and resilience of children affected by displacement, trauma, abuse, and violence. Through the creation of a platform where skill development and interaction with peers was encouraged, children engaged in tailored sessions aimed at fostering open dialogue on relevant topics. In addition, child safe spaces provided an arena for children to explore their creativity through offering recreational activities such as music and drama clubs, storytelling, health education and handcrafts. In addition, in Iraq NCA engaged the children's caregivers under activities linked to the SGBV programme. This dualistic approach ensured that the needs of both the child and caregiver were simultaneously addressed. In 2022, 1,463 girls and young women and 943 boys and young men (total 2,406) accessed community-supported child-friendly spaces and activities.

OUTPUT 6.3 CHILDREN UNDER 5 AND THEIR CAREGIVERS (I.E. PREGNANT AND LACTATING WOMEN) IMPROVE THEIR NUTRITIONAL STATUS

Programming in 2022 concentrated on the prevention of malnutrition in both Ethiopia and Sudan. In collaboration with health facilities and offices, Supplementary feeding programmes (SFPs) and outpatient programmes (OTPs) for the treatment of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) were established to reach refugees, host communities and IDPs. Food assistance, including emergency food relief, were provided in the implementation period to children under 5, as well as pregnant and lactating women. Training was provided to relevant staff including medical assistants, nurses, and nutritionists to enhance their overall capacity in community-based management of acute malnutrition (CMAM), covering the identification, admission, and discharge of children with acute malnutrition using mid-upper arm circumference (MUAC) tape. Health facilities and community-based outpatient nutrition treatment programmes were strengthening by NCA partner staff through the provision of technical support and identified materials.

Under this output, 15,329 malnourished U5 children were provided with access to safe and appropriate care, and 11,184 pregnant and lactating women received supplementary food critical to survival. Results achieved included activities through the flexible funds project in Afghanistan after the earthquake in June 2022. This output is not part of Afghanistan's planned activities, however due to the urgent needs identified, NCA and partners were able to negotiate with the De Facto Authorities (DfA) to be able to provide emergency support to malnourished U5 children and pregnant and lactating women.

OUTPUT 6.4 ENHANCED PROTECTION OF WOMEN AND CHILDREN WHO ARE AT RISK OF HUMAN TRAFFICKING, AND ORGANISED PROSTITUTION

Activities undertaken in Ethiopia within the implementation period focused on raising community awareness and capacity building of various relevant stakeholders. To ensure optimal reach, community conversations

were integrated into already established community structures within GBV, WASH and Climate and environmental programming. Based on findings from contextual analysis, NCA Ethiopia's awareness sessions were tailored and targeted towards the most vulnerable members of the community, women, and youth. 65 community awareness raising sessions focused on the prevention of trafficking were held in Ethiopia in 2022. Evidence of positive community impact was reported, as community member communicated discussing risks and consequences with their children after participation in awareness raising sessions.

Further, tailored trainings were developed and provided to local government officials, media representatives, teachers, and schoolgirls. One such training provided in Ethiopia led to the involved stakeholders reinitiated a previous dissolved anti-trafficking committee and committing to stronger coordinated in their efforts to prevent trafficking in Person.

DEVIATIONS

Results were in line with targets for 2022, although less children and young people were accessed with community-supported child-friendly spaces (2,406 children and youth reached versus a target of 4,189). As mentioned, the number of malnourished U5 children reached was much greater than the planned target, as the post-earthquake flexible funds project in Afghanistan integrated this activity into their response.

Due to the humanitarian situation in Mali and the capacity limitations resulting from prioritisation of the response, Mali was unable to conduct a training for staff on trafficking in persons (TIP). This training will be conducted in May 2023 by IOM and will focus on increasing the capacities of NCA staff and partner staff to effectively raise awareness and integrate TIP into existing thematic programmes. Appropriate avenues for integrating TIP activities into WASH and GBV programming will be identified, with a strong focus on ensuring a holistic approach at country level and increasing reach.

OUTCOME 7: NCA's humanitarian response operations are environmentally sustainable and in line with humanitarian and accountability principles

RESULTS TABLE

100% of humanitarian responses that have applied the Core Humanitarian Standards	55% of country offices included a cash and voucher assistance (CVA) component in their response	97% of NCA humanitarian partners are involved in humanitarian coordination platforms at the national or global level	300 NCA and partner staff trained on financial management, procurement policies, human resource management, and field-based accountable monitoring	36% of humanitarian operations that conducted a gender and conflict analysis
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COUNTRIES REPORTING: 14

Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria and Ukraine

RESULTS ANALYSIS

In 2022, NCA developed time-bound targets and action plans towards fulfilling the commitments of the Climate and Environment Charter for Humanitarian Organizations, signed in 2021. NCA is continuing to scale up the use of environmental assessments in humanitarian programming. Progress on rolling out the NEAT+ across country offices has been delayed and is planned for 2023. The Core Humanitarian Standards were applied across all humanitarian responses implemented in 2022, this is above the target of 90% and the 2021 result of 92%.

OUTPUT 7.1 NCA OPERATIONS ARE ACCOUNTABLE TO AFFECTED POPULATION IN LINE WITH A PRINCIPLED RESPONSE

Throughout the implementation period, accountability measures adopted by NCA country offices included ensuring the availability and accessibility of responsive and confidential complaints and feedback mechanisms to the affected population. These mechanisms increased the provision of tailored activities through incorporating feedback into programmatic activities. NCA held trainings for partners in several countries, focused on core humanitarian principles and PSHEA. 78% of response locations had functional complaints and reporting mechanisms to prevent sexual exploitation and abuse in 2022, down from 98% in 2021.

NCA country offices continued to participate in national coordination platforms, particularly within the sectors of GBV and WASH. NCA strongly encourages partners to participate in these coordination platforms on an equal footing as NCA. In 2022, 97% of NCA humanitarian partners were involved in humanitarian coordination platforms in 2022, up from 94% in 2021.

An area for improvement highlighted in 2021 was the conduction of gender and conflict analysis. In some countries however, such as Lebanon and Somalia, resource limitations resulted in no individual gender or conflict analysis being conducted. NCA Lebanon did integrate a gender and conflict analysis as part of each project or proposal. Despite resource limitations a total of 36% of NCA humanitarian operations conducted either a gender or a conflict analysis as part of humanitarian projects in 2022, up from 15% in 2021.

OUTPUT 7.2 NCA'S HUMANITARIAN OPERATIONS PROMOTE SUSTAINABLE AND MORE ENVIRONMENTALLY FRIENDLY SOLUTIONS

In 2022 NCA continued to follow up on recommendations from environmental assessments made in 2021, and as such conducted fewer environmental assessments in 2022 (only 29% reported using the basic environmental assessment tool as opposed to 92% in 2021). In Somalia, one of the recommendations was to avoid stagnant water leading to vector breeding. This was re-

solved by ensuring proper backfilling of all areas excavated during implementation. In South Sudan, NCA and partners encouraged the communities to establish tree nurseries beside the water points constructed through NCA's programmes. Fruit and timber trees were selected as the community rely on the natural forest to build their shelters. In Lebanon, the absence of electricity and shortage of fuel for transportation led NCA Lebanon to coordinate with partners to transfer experience from WASH projects to the SGBV programming, ensuring that solar power installations were fitted to women and girls' safe spaces to ensure continuity of activities and to contribute to a greener response. Solar energy installations also improved operations in several other countries, especially for WASH activities and in connection to services provided at schools, hospitals, and waste management facilities.

OUTPUT 7.3 NCA'S HUMANITARIAN OPERATIONS ARE COMPLIANT WITH FINANCIAL AND PROCUREMENT POLICIES AND GUIDELINES

Capacity building activities in 2022 focused on increasing overall compliance with financial and procurement policies and guidelines. Tailored trainings were conducted on financial management while partner staff received regular support and guidance in the areas of financial and procurement compliance. Regular support allows for in depth discussion on potential challenges, areas for improvement and best practices, which in turn improves overall compliance with relevant standards.

300 NCA and partner staff trained on financial management, procurement policies, human resource management, and field-based accountable monitoring.

Figures for the share of humanitarian response funding channelled to national/local agencies are not yet available for our 2022 activities, but the overall proportion of funds implemented in partnership with local and national civil society organisations is expected to be lower than last year (40%) because NCA's Ukraine response is primarily in cooperation with international ACT Alliance partners.

DEVIATIONS

Only roughly one in three of NCA humanitarian operations had conducted a gender and conflict analysis in 2022, with the poor rate explained partly by budget constraints. However, gender and conflict analyses are on a general level integrated into programmatic and security assessments and mainstreamed into NCA humanitarian programming, to ensure support to accountability and principled response.

29% of humanitarian operations had undertaken at least a basic environmental assessment, against a target of 100% for 2022. This is partly explained by the fact that many of the country offices had incorporated significant learnings and proposals from 2021 environmental assessments. NCA has identified the NEAT+ tool as the most effective tool, and planned capacity building of the tool in 2022 has been delayed to 2023.



Rights-holders in line for safe water.
Photo: Norwegian Church Aid, Somalia

GLOBAL PROJECTS

As part of NCA's strategic initiatives in humanitarian responses, global projects are implemented each year in the form of pilots, tools development and testing, and strengthening of best practice initiatives across NCA offices. These global projects are managed and supported by technical advisors within the fields of WASH, SGBV, ASRH, protection and humanitarian response, and are intended to improve programmatic quality, innovation and learning within the relevant thematic sectors.

NCA develops and tests innovative and improved solutions to both local and global emerging challenges to humanitarian response. Testing tools such as new methodologies and assessments are a priority for the MFA SPA global outcomes, especially because it offers the opportunity to use and develop best practice tools in specific contexts, and it facilitates learning across the organisation. In 2022, six WASH pilots were implemented in diverse contexts, and five toolkits and best practice methodologies were developed for SGBV, ASRHR and child protection



A pilot involving production of briquettes from faecal sludge and aimed at tackling the challenge of environmental pollution in IDP camps in Borno state and at the same time create income generating activities.
Photo: Arthur Laigret/Norwegian Church Aid, Nigeria

SGBV

GBVIE TOOLKIT

In 2022, NCA GBV technical advisors developed and disseminated the gender-based violence in emergencies (GBViE) toolkit as a further resource for staff designing or implementing GBV prevention and response programmes in emergency contexts. The toolkit is divided into four key areas, with links to key NCA and external resources, including further specialised toolkits, training material, webinars, guidelines, and manuals – regularly updated to ensure up to date information on best practices. The objective of the toolkit is to provide NCA GBV staff globally with technical knowledge to implement quality programming in line with best practices and global standards. Whilst the toolkit is intended for GBV staff, some parts can be used for non-GBV staff working on GBV risk reduction/mitigation strategies and GBV mainstreaming more broadly.

ENGAGE TOOLKIT

NCA continued to pilot 'ENGAGE: Enhancing Girls Agency and Gender Equality' in Iraq and Somalia with the aim to prevent, mitigate and respond to child, early and forced marriages (CEFM) in humanitarian settings. Resulting from piloting, the end of 2022 saw the completion of the global ENGAGE

toolkit as well as the contextualised and adapted Somali and Iraqi versions. A series of learning briefs were developed, highlighting lessons learned throughout the process of development, implementation and finalisation. This process involved collaboration with CEFM actors in both Iraq and Somalia and collaboration with a Technical Advisory Group consisting of representatives from CARE, UNICEF, PLAN, IRC, WRC, Girls Not Brides and Save the Children.

CVA AND CASE MANAGEMENT

NCA worked on integrating cash and voucher assistance (CVA) within case management service provision in Somalia in 2022. As part of this process, the NCA Somalia GBV team held extensive consultations with the GBV case management teams across NCA and local partner CeRID. Further, global tools were contextualised to make them more relevant for the Somali context before they were integrated into the case management processes. Implementation of the updated CVA and case management processes will start in early 2023. Following this, NCA has planned to conduct a learning process to document feedback and develop a package of resources and 'how to' for use by other country offices.



WASH

THE MENSTRUAL CUP PILOT (MALI)

NCA in Sahel continued to provide ground-breaking local innovation through pilot projects in menstrual hygiene management, scaling up and replicating the menstrual cup pilot from Mopti in 2021 to Mountougoula outside of Bamako, an area characterised by a mix of host communities and IDPs. The project was strategically set up in the same area where the Norwegian NGO Strømmestiftelsen is implementing a value for waste and education project. NCA and local partner AMSS reached just shy of 6,000 people with awareness raising sessions, distribution of menstrual hygiene kits, and the construction of latrines, a shower and gender-appropriate laundry area in two schools.



The Menstrual Cup pilot project in Mali also provided income generating activities to women's groups through the training of production and marketing of the reusable pads that were introduced through the projects, effectively integrating WASH, SGBV and sustainability of action for local communities.

Photo: Norwegian Church Aid, Mali

THE VALUE FOR WASTE (V4W) PILOT (DRC)

In Bukavu, NCA and partner Caritas established a small business enterprise for recycling of plastic and paper waste from the city, reducing the plastic waste in the living environment and creating employment for vulnerable people in the community. 100 waste collectors were trained and deployed to collect waste. Two asso-

ciations were established to process plastic and paper waste. The groups were provided with training in entrepreneurship and financial management. Furthermore, a cooperative of associations was established for the production of final products from the collected plastic and products were sold on the local market. The pilot improved the socio-economic situation of households and a clean urban living environment.

THE VALUE FOR WASTE (V4W) PILOT (PALESTINE)

In the Gaza Strip, NCA and partner Women Affairs Center piloted an innovative environmentally friendly solution to address the problem of the plastic waste and secure income opportunities for women by providing cash for plastic collection. Two female entrepreneurs were supported to establish their own businesses to collect and shred plastic waste to be sold as input to manufacturing of plastic projects. An additional 300 vulnerable women were trained and linked with the female entrepreneurs as plastic waste collectors, and the community was sensitised on recycling and environmental issues. An app was developed to monitor the progress and implementation of plastic collection. A shredding machine, the first prototype in Gaza, was constructed and operated by the female entrepreneurs and opera-



Women in communities were trained as plastic waste collectors and sensitised on environmental issues. They were further linked with the women-led businesses. The photo shows a female entrepreneur inside the shredder workshop with the final plastic product to sell in the market.

Photo: Women's Affairs Center

tors who gained stable income through the business. The pilot showed that a community-based recycling initiative is feasible in a humanitarian context and led to the first female-led green plastic recycling enterprise in Palestine was established.

THE VALUE FOR WASTE (V4W) PILOT (NIGERIA)

Based on a feasibility study conducted in 2021, a faecal sludge management (FSM) pilot was implemented in Maiduguri, Nigeria. The pilot involved production of briquettes from faecal sludge and aimed at tackling the challenge of environmental pollution in IDP camps in Borno state and at the same time create income generating activities. Faecal matter from latrines was treated using conventional technology requiring only natural energy sources, and treated sludge was used for briquette production, a process consisting of carbonisation and compression. The pilot involved comprehensive sensitisation of the communities and the produced briquettes were made available at the local market.



These briquettes are efficient, affordable, have less environmental impact and a positive economic impact on the wider community, including job creation and development of small and medium sized enterprises (SMEs). Furthermore, access to briquettes will reduce the SGBV risks women face when collecting firewood.

Photo: Arthur Laigret/Norwegian Church Aid, Nigeria

THE REAL TIME REMOTE MONITORING PILOT (NIGERIA)

In Pulka, Nigeria, a real time remote monitoring pilot was initiated. The pilot aimed at monitoring key indicators on WASH services, including water quality and quantity, as well as beneficiary satisfaction. This close and real time monitoring will enable NCA to make informed decisions and changes to the projects and hence improve service delivery. An international consultant was engaged to provide training and support the installation of sensors and gateways and customise the digital monitoring dashboard. The pilot will be finalised in 2023.

THE PWD FRIENDLY SANITATION PILOT (ETHIOPIA)

In Jewi refugee camp in Gambella, Ethiopia, NCA implemented a PWD friendly sanitation pilot. The was implemented through a community approach, and 90 households with at least one person with disability in the household were selected and provided with latrines and bathing shelters with inclusive access, accommodating the particular disability in question. In addition, the households received conditional cash to support the need of additional hygiene items. The pilot provided improved hygiene practice and dignified access to sanitation facilities of the targeted households.

INCONTINENCE MAPPING SURVEY

An external consultant was engaged to map the current engagement of NCA and humanitarian actors globally in humanitarian responses, to provide guidance on how NCA can strengthen the integration of incontinence and to encourage other actors to increase their engagement at scale. A launch of the report is planned in 2023. Furthermore, tools and guidance for strengthening integration of incontinence in future humanitarian WASH interventions based on the recommendations in the report, will be developed in 2023.

ASRH

ASRH ASSESSMENT

A joint pilot project across head office and the NCA Mali office was undertaken in 2022 to develop an ASRH assessment tool for subsequent implementation. The tool was developed to fill gaps in existing ASRH assessments, and the assessment undertaken in the areas of Menaka and Bankass helped to explore the knowledge, attitudes and perceptions on ASRH of adolescents, parents and community members. Further, the assessment reviewed available SRH services, their capacity, quality, and how they were adapted to the needs of adolescents in the contexts and identified gaps in service provision and the barriers faced by adolescents in accessing SRH services. A report was developed at the end of 2022, as well as an action plan for improved ASRH interventions and recommendation for resource mobilisation to fill gaps in service provision and quality. The results of the report and the action plan will be presented beginning of 2023 in a workshop in Bamako with government officials, clusters, UN agencies and donors.

TOOLKIT FOR ENGAGING PARENTS WITH ASRH

A joint pilot across head office and the NCA Nigeria office was undertaken in 2022 to develop and implement a toolkit for engaging parents with ASRH services. Parents' attitudes, beliefs, behaviours, knowledge, and values influence how adolescents seek information and services. The project and toolkit enabled parents to increase their knowledge of SRH and empowered them to create a safe environment with open communication with adolescents on their needs. Through improved dialogues with their parents, adolescents were able to increase their access to support services and reduce their exposure to health risks related to sexual and reproductive health. Parents especially expressed appreciation for the contribution the project had made to easing difficult conversations with adolescents on sexual and reproductive health issues.

PROTECTION OF CHILDREN AND YOUNG PEOPLE IN CRISIS AND CONFLICT

In 2022, NCA's Inter-sectoral Community Awareness Toolkit on the prevention and mitigation of trafficking was translated into Arabic, facilitating the integration of trafficking in persons (TIP) activities into NCA Lebanon's 2023 programmatic activities.

The toolkit aims to increase community knowledge on trafficking and its associated risks, reducing the vulnerability of target groups and ensuring a sustainable community response.



*Psychosocial support for children in a community center outside Latakia, Syria.
Photo: Håvard Bjelland/Norwegian Church Aid*

3

CROSS-CUTTING ISSUES



*Drought and hunger hits Somalia. Grandmother Harima with her grandchildren.
Photo: Håvard Bjelland/Norwegian Church Aid*

RISK MANAGEMENT

NEW RISK FACTORS IN 2022

2022 was marked by a steep increase in prices of food, fuel, and other commodities worldwide, caused by the post-pandemic economic factors and the war in Ukraine, deepening the humanitarian needs in the countries where NCA and partners operate. Exchange rate fluctuations and the weak Norwegian Krone exacerbated this situation. Country offices revised their plans and budgets to cover increased activity costs in most of our SPA programmes.

Notable risks emerging from the Taliban takeover in Afghanistan in 2021 continued with restrictive De Facto Authorities (DfA) policies, particularly against activities involving women, which resulted in the ban of women working in NGOs. The significant delays these policies caused in some activities were managed by coordination through the NGO coordination body in Afghanistan (ACBAR) and with the UN. NCA planned its activities based on the local context, as restrictions on women varied from region to region.

The COVID-19 pandemic continued to present certain restrictions to activities across several countries during the first months of 2022. More localised disease

outbreaks, such as monkeypox in the Gedaref camps in Sudan and cholera outbreaks across Syria, also partly hampered NCA and partner activities. In the Gedaref case, staff and partners revised implementation plans to ensure alternative implementation methodologies. In Syria, NCA and partners responded with rapid response interventions through MFA flexible funds.

MATERIALIZED RISKS AND MITIGATION MEASURES

NCA worked in increasingly volatile security situations and related risks caused various levels of difficulties and delays in implementation. In Palestine, the military escalation in August 2022 and the closure of crossing points caused delays in project implementation and increased humanitarian needs. The jointly managed NCA-DCA office ensured project staff and beneficiaries' safety by suspending some activity implementation. In Burkina Faso, political instability worsened in 2022 with two coups d'état and increased risks from armed groups, increasing the frequency of NCA's surveillance of project areas to ensure adequate staff security. In DRC, M23 re-emerged and took control over a large part of the North Kivu province in 2022, displacing more than 500,000 people and causing fear of attacks on the provincial capital, Goma. In Sudan, WASH projects were



*Sanitation facilities enable PWDs access by providing ramps in Pulka IDP camp, Nigeria.
Photo: Arthur Laigret/Norwegian Church Aid, Nigeria*

impacted by vandalism and theft at water facilities. Such episodes were reported to local authorities, and communities mobilised to protect the facilities in their localities.

The continued presence of armed groups and other criminal actors created dangerous situations for NCA staff, partners, and beneficiaries in terms of being exposed to fighting, crossfire and activities such as kidnappings and robbery. NCA mitigated these risks by conducting staff training on context-specific safety risks, training in crisis management for managers, updating safety routines, and through conducting systematic and frequent safety assessments of field locations and routes.

Several countries, including Sudan, Mali, and DRC, saw increasing unrest with strikes and violent demonstrations, in some cases directed against UN peacekeeping missions and other international interventions. NCA's Global Safety and Access Manager supported handling these situations per Duty of Care policies. Also, there was close coordination with other international NGOs to share information about what NCA and other actors do, and to advocate for humanitarian access. Physical access to project areas was a challenge in 2022. In DRC, degraded roads, infrastructure, and adverse weather conditions such as heavy rain impeded physical access, as did perpetual flooding in South Sudan.

RISK-RELATED TO CROSS-CUTTING ISSUES

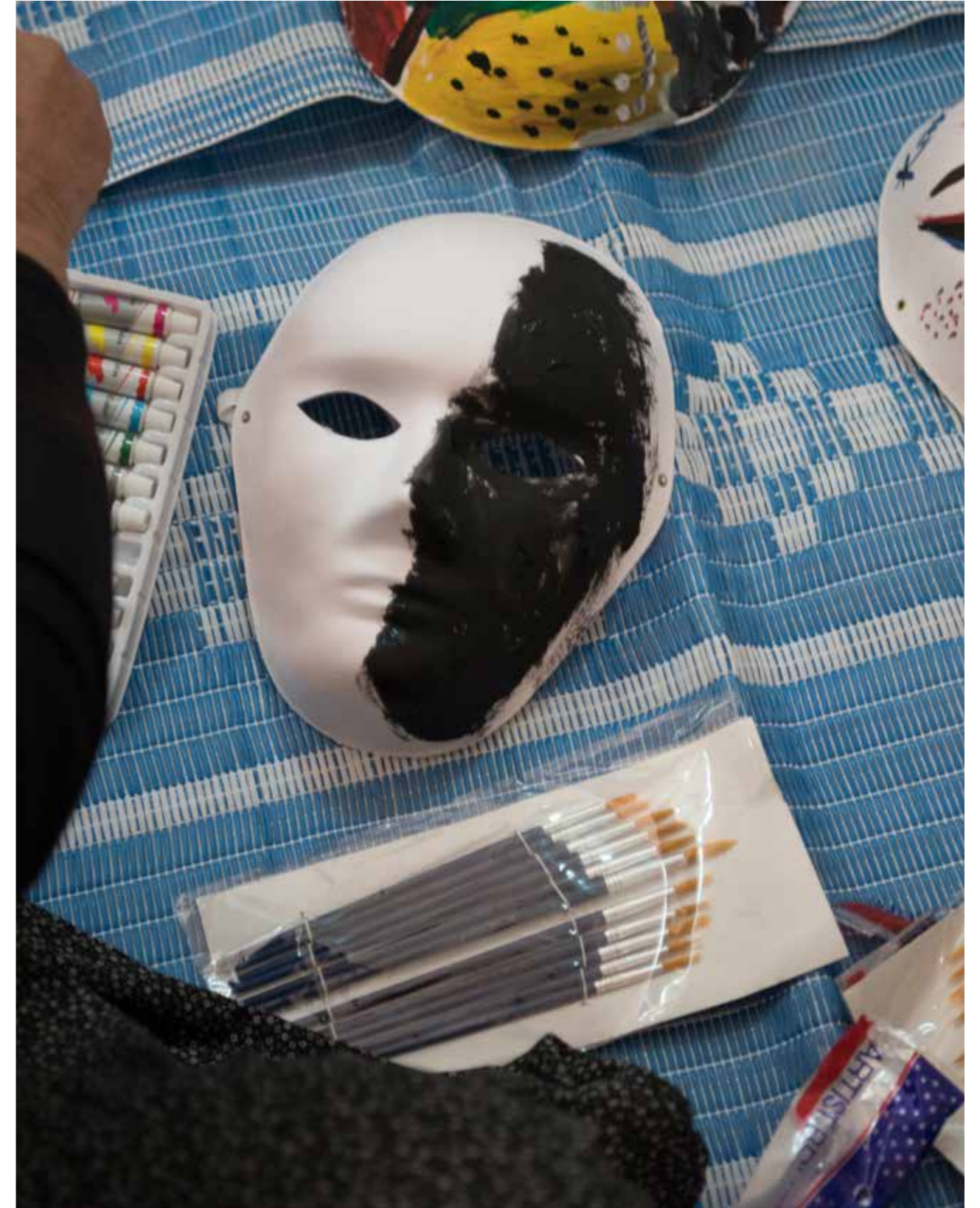
NCA maintains a zero-tolerance policy on fraud and corruption, an ongoing challenge in humanitarian contexts with high financial risks. Financial risks, fraud, and corruption continue to be managed through NCA's financial management systems, policies and tools focusing on regular and joint monitoring of responses with partners. In 2022, NCA continued to inform and train its staff and partners on Code of Conduct, anticorruption and CHS. Complaints mechanisms were reviewed and improved in Mali, Burkina Faso, and DRC with improved information to beneficiaries on filing complaints. In DRC, the number of complaints received and treated by NCA increased substantially, leading to improved cash distribution routines.

Global economic instability and the effects of the war in Ukraine affected NCA's intervention zones negatively. Inflation and currency devaluation eroded the value of cash, and considerable increases in staple goods and fuel prices affected refugee and community members where NCA has humanitarian responses. This further increased the use of negative coping mechanisms, such as forced child labour, early child marriage, a decrease in food intake, and deprioritising health needs.

Consequences of environmental and climate change continue to impact programmes. In Iraq, the increased risk of desertification and environmental degradation led the country office to increase the focus on climate and environmental risks in programmatic planning and implementation by improving staff understanding at the country and field office levels. Integrating greenhouses as part of the Women and Girls Safe Spaces provided women and girls with a safe way to generate income without polluting the environment in Sinjar city.

2022 saw a backlash against gender equality and sexual and reproductive health rights. The setbacks in sexual and reproductive health rights are of deep concern and pose threats also to humanitarian action. Some countries have reversed their commitments, impeding access to crucial healthcare services. Risks to women's rights and gender equality continued to be addressed through NCA programming to ensure that responses were designed in an inclusive, gender-sensitive and culturally appropriate way and implemented in line with international standards for SGBV programming. In Mali and Burkina Faso, needs assessments showed that women and girls could not access basic social services because men were prioritised, but also because of the absence of women among service providers. In Somalia, quarterly consultations were held so women and girls could give feedback about safe space activities and areas of improvement.

NCA continuously works to improve how human rights risks are highlighted and mitigated in our humanitarian responses, especially related to participation and non-discrimination. When implementing projects, the needs of vulnerable groups, such as PWDs, are integrated and addressed. For WASH, this means ensuring that WASH facilities enable PWDs access by providing ramps and enlarged doors. Participation and non-discrimination are also essential enablers to creating ownership with local communities, if done in a conflict-sensitive way. In its humanitarian operations, NCA prioritises undertaking conflict sensitivity analysis to enable conflict-sensitive responses that do not fuel existing tensions and worsen crises. In locations with mixed communities, NCA provides WASH facilities and supports setting up local management structures to serve host communities and IDPs alike. In Bangladesh, NCA and partners have undertaken community assessments incorporating information on existing conflicts and tensions to improve how projects align with the Do No Harm principle. Working at our core with the rights-based approach (RBA), our engagements with duty-bearers integrate the importance of accountability, where and when possible.



A GBV survivor expressing herself in a psychosocial support activity, "Art Therapy", Iraq.
Photo: Håvard Bjelland/Norwegian Church Aid

HUMANITARIAN ACCESS

Compared with 2021, humanitarian access in Afghanistan remained constrained yet stable in 2022. Although the security environment improved, interference and obstruction of humanitarian programming were reported following DfA's new procedures to coordinate with humanitarian actors, which heavily affected NCA's SGBV and women-led activities.

Sporadic attacks in Iraq, Nigeria, Palestine, and Syria continued to hamper humanitarian operations and temporarily suspended activities. In Mali, Somalia and DRC, the presence and increase in activities of armed groups impeded or restricted the movement of personnel and goods and caused delays or relocation of activities. Restrictions to humanitarian access were mitigated in different ways. In DRC and South Sudan, NCA increased implementation through local partners, who were able to maintain access. In Sahel, NCA established local focal points to increase intel on key local dynamics impeding access. In Iraq, NCA used its role as co-chair of the GBV sub-sector to advocate for stable access to beneficiaries to provide lifesaving SGBV services. In Ukraine, coordination with local authorities, and in their absence, local volunteer organisations, has been imperative.

HUMANITARIAN PRINCIPLES

Throughout 2022, NCA maintained efforts to build local partners' capacity in humanitarian principles and practices. Efforts included building a robust M&E framework for oversight and incorporating the principles in the design and implementation of interventions. Participatory project monitoring systems, including complaints and feedback mechanisms, effectively addressed the risk of aid diversion and detected changes that may compromise humanitarian principles.

In Ukraine, the ACT Alliance encountered challenges regarding supporting the Russian Orthodox Church's Department for External Church Relations (ROC-DECR), as they undertake humanitarian work in Russia and non-government-controlled areas in Ukraine. Ultimately, the ACT Alliance decided that the Russian Orthodox Church was not compliant with the Code of Good Practice and censured the ROC-DECR, effectively blocking ACT funding from being used to support Russian Orthodox Church humanitarian response activities until they fully comply with Humanitarian Principles.

In Afghanistan, NCA put a particular emphasis on the principle of impartiality following the Taliban takeover concerning the selection of beneficiaries, and transparent selection criteria were adopted based on need. The principle of independence was challenged in north-east Nigeria, where NCA and other humanitarian actors

heavily depend on the government to access IDPs and cannot fully adhere to the principle.

Needs assessments, including participatory assessments where possible, contributed to NCA's ability to assess potential risks and their respective mitigation measures and the increased focus on humanitarian principles in planning and implementing project activities. In Somalia, NCA remained autonomous from external pressure when identifying target locations and beneficiaries despite pressure from the government and opinion leaders to support areas where they had interests. This was done by using data from needs assessments and linking up with line ministries to share lists of hot spots. In Burkina Faso, NCA collaborated with the Ministry of Social Action in Balé to define vulnerability criteria to select beneficiaries for dignity and menstrual hygiene kits.

UNSCR 1325

NCA is strongly committed to the four pillars of UNSCR 1325 and advocates for the inclusion of women across all its programming, reaffirming women's vital role in preventing and resolving conflicts, peace negotiations, peacebuilding, and peacekeeping. In most countries where NCA operates, the focus is on including women and girls in all aspects of humanitarian response, from local decision-making committees to giving voice and space in national and international arenas.

NCA has observed a setback for women's rights and access to decision-making tables across 2022. In particular, Afghanistan stands out, as the curtailment of Afghan women's enjoyment of their rights is uniquely severe. Restrictions targeting women and girls impact many areas of their lives, limiting their freedom of movement and access to essential services and livelihoods, with negative economic, social, physical, and psychological consequences. Within the broader humanitarian access environment, Afghan women and staff participation in the humanitarian response has deteriorated since August 2021. The December 2022 directive barring women from working with national and international NGOs has devastatingly impacted millions across the country and will prevent millions of vulnerable women and girls from receiving services and lifesaving assistance. The same decree banning women from working with NGOs also suspended women-led activities in all target locations.

In Iraq, NCA is the national GBV sub-cluster co-coordinator. NCA's coordinator won the Women in Conflict Fellowship on UNSCR 1325 in 2022, as she actively participated in regional events focusing on the Iraq Action Plan. NCA participated heavily as the Iraq Humanitarian Country Team developed the Humanitarian Transition



Hygiene awareness triggering, Afghanistan.
Photo: Norwegian Church Aid, Afghanistan

Strategy to ensure continuity of support to the Government of Iraq and the Kurdistan Regional Government and their coordination of response to the remaining humanitarian needs in 2023. NCA further co-led the GBV sub-cluster with UNFPA to support increased participation and representation of women in local and national peacebuilding processes.

In Palestine, NCA supported partners to advocate for women's participation at the decision-making level through the advocacy activities on localisation of the 1325 resolution, through capacity building on the Women Peace Security agenda and establishing a network with women-led CBOs "women for change" to focus on the implementation of the 1325 resolution.

COORDINATION

NCA remained intensely engaged with coordination mechanisms at all levels in 2022. All country offices noted consistent engagement in relevant national, sub-national and local coordination bodies, including humanitarian structures (i.e. cluster/sector), governmental mechanisms, and INGO/LNGO bodies.

At the national/sub-national level, NCA country offices reported 15 leadership positions in national or sub-national humanitarian coordination bodies in 2022 in NCA's sectors of expertise, namely WASH and GBV. Please see Outcome 2 for more details. In addition to participating in coordination mechanisms, NCA supported its partners to engage in coordination mechanisms. In Afghanistan, implementing partners participated in the GBV and WASH cluster meetings at the national and provincial levels. In DRC, NCA's partner ASPLC is co-lead of the GBV sub-cluster.

NCA also engaged with NGO and civil society coordination groups, including the ACT Alliance system of national for a across 2022. In Lebanon, NCA is an active member of the Humanitarian INGO Forum, and has served several times on the steering committee, and is currently leading the localisation and partnership management team. NCA and its partner MECC are members of the ACT Lebanon forum, and NCA was the co-convenor of the GBV Community of Practice of the MENA ACT forum. In Nigeria, NCA and its partners CCN and EYN participate in relevant ACT fora. NCA is also part of the ACT Alliance coordination mechanism in South Sudan. This platform has focused on reviewing the humanitarian situation and improving a coordinated humanitarian response through ACT appeals.

LOCALISATION

NCA prioritises empowering local and national partners to deliver humanitarian aid. NCA also strives to comply with its Charter4Change commitments by cooperating with and strengthening local/national organisations in humanitarian responses to the extent possible. According to the CHS' 2023 audit of NCA, "Key strengths in this cross-cutting issue (localisation) are NCA's consistent agreements with partners; ensuring that the humanitarian response complements that of others, (and) its use of existing risk assessments; and how NCA builds on local capacities."

Between 30–35% of NCA's humanitarian funding has been transferred directly through partners, with some country offices transferring as much as 80% of humanitarian funds. In 2021, approximately 40% of MFA-SPA funds were transferred through partners. Figures for 2022 are not yet available, but the overall proportion of funds implemented in partnership with local and national civil society organisations is expected to be lower than in the past because NCA's Ukraine response is primarily in cooperation with international ACT Alliance partners.

Generally, NCA's local partners participate actively in programme design, from the needs assessment to the identification of beneficiaries. NCA encourages local partners to participate in humanitarian coordination mechanisms. In several countries, partners have been fully engaged in humanitarian coordination with the WASH and protection clusters and other UN coordination bodies, including as co-facilitators in DRC, Lebanon, Palestine, and Sahel.

There are numerous other examples of NCA's commitments to the localisation agenda. For instance, in Lebanon, NCA represents the INGO forum in their preparation of a country-wide localisation strategy. In Palestine, NCA-DCA coached partners about financial, procurement and result-based monitoring procedures while ensuring accountability measures, including PSEA and complaints-handling systems. In Mali, NCA was identified by local and national organisations at the National Forum for Localisation of Aid and awarded a prize for its long-term work on localisation, especially through local partner capacity building.



Registration of rights-holders receiving hygiene kits in Danan District of the Somali Region.
Photo: Kedija Sefa/Norwegian Church Aid, Ethiopia

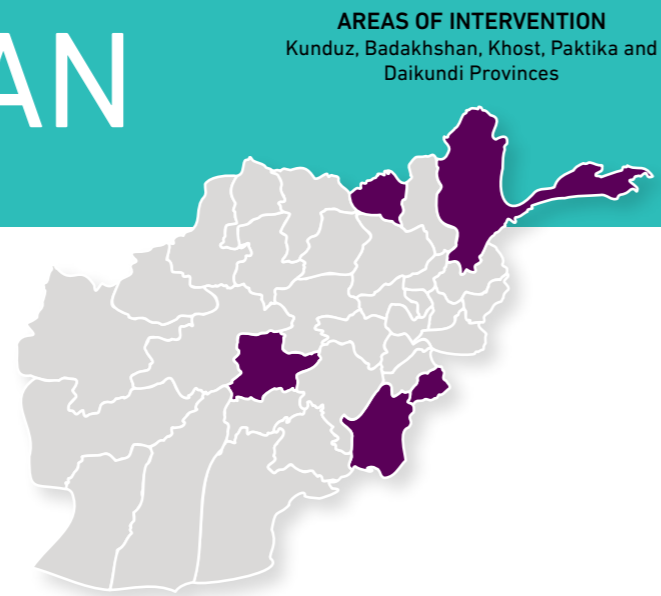
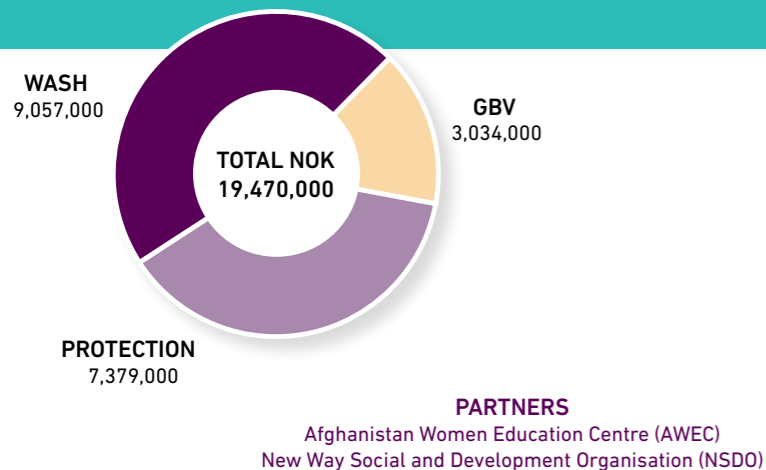
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COUNTRY-BY-COUNTRY RESULTS



Hygiene information by a clinic, Darfur.
Photo: Håvard Bjelland/Norwegian Church Aid

AFGHANISTAN



CONTEXT IN BRIEF

The fall-out from the Taliban takeover in 2021 continued well into 2022, rendering the operational context extremely precarious. The De Facto Authorities (DfA) introduced policies that severely curtailed women's rights, starting with an indefinite ban on female secondary education. This was followed by restrictions on women's mobility in public spaces, the ban of female students in public and private universities, and the prohibition on women to pursue their professional careers. As a result, most of NCA's and partner organisations' female staff were confined to their homes. Severely impacting implementation, this also presented a challenge regarding adherence to the humanitarian principles. In protest to DfA policies, most international organisations either fully or partially suspended operations, including NCA. The economic downturn compounded existing challenges and further eroded already crippled basic services. Access to basic WASH and psycho-social services (PSS) remained a sizable challenge in the target areas.

In 2022, Afghanistan was hit by natural calamities including an earthquake and flooding, hitting remote areas the hardest, and affecting people already struggling to cope. NCA, together with partners, responded with projects through the MFA flexible funds mechanism to cover the additional needs arising in the aftermath of the earthquake.

MFA SPA PROGRAMMING IN THE CONTEXT

The MFA SPA programme in Afghanistan focuses on integrated WASH, Nutrition, and SGBV response to IDPs and vulnerable host communities affected by conflict

and natural disasters. The high level of uncertainty impacted the target areas differently, and overall NCA and partners were able to navigate the substantially uncertain context partly through work to negotiate a space for women's inclusion. Important in this regard was adherence to humanitarian principles and to ensure female partner staff were able to go into the field for outreach to women. After a contextual appraisal and risk assessment of the possibilities for SGBV programming in the current context, a careful entry approach into target communities was adopted through the use of female WASH committees as a conduit for PSS services to meet the sharp increase in protection needs, effectively freezing sensitive SGBV activities.

The limited operational room and interference from DfA had a direct impact on coordination. Some of the interference had to do with influencing beneficiary selection, and project sites. Key lessons learned in negotiating space for project activities include to ensure clear lines of communication with partners, involvement of community members and timely advocacy with the DfA, striking a balance between their demands and compliance to the humanitarian principles.

NCA and partners completed three emergency interventions through the flexible funding mechanism in the period 2021–2022: two related to the Taliban takeover and economic effects and one to respond to the earthquake in June 2022, reaching a total of 42,285 (10,602 girls, 10,529 boys, 10,451 women, 10,703 men). Given the scale of the humanitarian needs, NCA and partners were able to negotiate access and inclusion of women in the projects, which is particularly difficult in Khost and Paktika, some of the most conservative areas in the region.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: Under this outcome, 33,465 people (6,615 girls, 5,198 boys, 10,868 women, 10,784 men) were reached with WASH services. 12,180 individuals (1,864 girls, 1,492 boys, 4,476 women, 4,348 men) from IDP communities in both provinces received hygiene awareness sessions. 1,230 hygiene kits were distributed to the most vulnerable beneficiaries. 9,749 individuals (1,492 girls, 1,193 boys, 3,583 women, 3,481 men) were provided access to safe water. 5,301 women and adolescent girls received menstrual hygiene management (MHM) training and distributed MHM kits. 2,580 community members were provided with short-term employment through cash for work activities. As part of the CLTS approach adopted in 2021, 19 Family Health Action Groups and 19 WASH committees were established in 2022 to ensure community ownership, and 265 households were assisted to construct sanitation facilities in their homes. The CLTS approach was instrumental in declaring target areas free for open defecation.

Interventions through flexible funds ensured lifesaving humanitarian assistance via NFIs, cash and WASH services. The post-earthquake response focused particularly on female-headed households and persons with disabilities. Key results through the flexible funds projects include 24,280 IDPs and host communities receiving cash assistance and 3,276 pregnant and lactating women received supplements in Khost and Daikundi (outcome 6, output 6.3). This last activity was only possible after substantial advocacy with the DfA regarding the urgent humanitarian needs.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: The SGBV programme continues to be suspended, including especially sensitive activities such as training health workers on clinical management of rape, GBV Core Package training and SGBV case management. However, the programme in Afghanistan was able to integrate essential PSS services with WASH activities where possible, reaching 3,746 women and girls.

Under flexible funds, 3,998 women and girls were reached with PSS services and 4,136 dignity kits were distributed among women and girls, to the extent that the context allowed.

DEVIATIONS

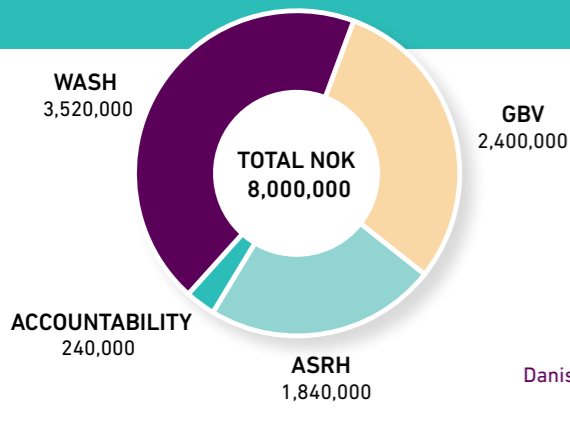
The suspension of substantial parts of the GBV programming resulted in the reallocation of these unused funds to WASH activities, in particular hygiene awareness and distribution of MHM kits. NCA and partners continue to carefully assess the situation and possibilities to meet the protection needs of the local population while manoeuvring the restrictions of the DfA. Although outcome 6 was not planned as an outcome for Afghanistan in 2022, the programme responded to needs of malnourished children U5 and pregnant and lactating women during the flexible funds project in Khost and Daikundi.



*Distribution of dignity and hygiene kits.
Photo: Norwegian Church Aid, Afghanistan*

BANGLADESH

AREAS OF INTERVENTION
Cox's Bazar in Chittagong Division



PARTNERS
Danish Church Aid (DCA) and implementing partners:
Friendship Bangladesh
NGO Forum for Public Health



CONTEXT IN BRIEF

With no possibility to return to Myanmar, around one million Rohingya refugees in Bangladesh continue to live in the largest refugee settlement in the world. The vast majority live in 34 extremely congested camps, including the largest single site, the Kutupalong-Balukhali Expansion Site, which is host to more than 635,000 Rohingya refugees. The prolonged displacement and uncertainty about the future of the Rohingya refugees is feeding despair and stirring serious tensions with host communities. Access to basic services like WASH and protection continues to be a challenge. Safety in the camps has deteriorated as armed Rohingya groups and criminal gangs target Rohingya camp leaders. In addition, refugees are prohibited to pursue education or employment opportunities outside the camps and have not yet been granted refugee status. Bangladeshi authorities regulate strict access in and out of the camps. However, the strict restrictions related to COVID-19 were eased early in 2022.

MFA SPA PROGRAMMING IN THE CONTEXT

The start of 2022 continued with some difficulties, as the programme experienced setbacks due to COVID-19 lockdowns and restricted movement. Access to camps were at times denied by the local authorities. Implementing partners followed up with Camp in Charge (CiC) and with the Refugee Relief and Repatriation Commissioner Office (RRRC), after which access to camps were regranted. NCA and partners also experienced challenges related to the inclusion of women and girls in project activities due to the rising insecurity in the caps. Implementing partner advocated with camp leaders and strengthened measures for safe inclusion of women and girls, for example through changing the timing of activities and assessing the safety of the relevant activity locations. Coordination with key counterparts such as CiC and RRRC continued to be integral to addressing several challenges related to access and implementation, as well as with the Deputy Commissioner (DC) and Upazila Nirbahi Officer (UNO) to navigate the challenges for approvals and access during project implementation.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: A total of 26,392 individuals (7,423 girls, 7,309 boys, 6,242 women, 5,418 men) were reached via WASH ser-



Information sign in Bengali raising awareness about WASH.

Photo: Jonas Halvorsen/Norwegian Church Aid



Hygiene promotion staff of NGOF raising awareness at door to door.

Photo: Jonas Halvorsen/
Norwegian Church Aid

vices, ensuring provision of lifesaving services. 3,406 individuals were reached with safe, equitable and sustainable quantity of water for domestic use through the continued operation of four boreholes, the repairing of six tube wells and installation of a surface water treatment plant. 8,257 women and adolescent girls received MHM kits and information to ensure dignified menstrual hygiene management. 2,722 people have access to safe, user friendly and gender-appropriate sanitation facilities, through the installation or rehabilitation of twin-pit latrines (TPLs), in addition to routine desludging of faecal sludge. The management of a recycling unit, supported by volunteers, has contributed to Camp 25 being declared one of the cleanest in Cox's Bazar. It has ensured the distribution of 2,700 kg of manure fertiliser to beneficiaries for use in backyard gardening.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: Throughout 2022, partners reported an overall improvement in community acceptance of SGBV and ASRH services. Due to the ongoing awareness raising and provision of protection services, they note a decrease in stigma and fear of accessing these relevant services. SGBV case management and PSS were provided to survivors or those at risk, and data were reported in GBVIMS. MHPSS were provided to 1,280 people (470 girls, 160 boys, 540 women, 110 men), whereas 13,471 (2,297 girls, 1,672 boys, 5,665 women, 3,837 men) participated in outreach and awareness raising sessions related to gender. A total of 1,101 women and girls (421 girls, 680 women) used WGSS to meet their needs, attending either recreational or PSS sessions, and a total of 1,200 women and girls received dignity kits and assistance to reduce risks of SGBV and improve their safety and dignity.

Outcome 5

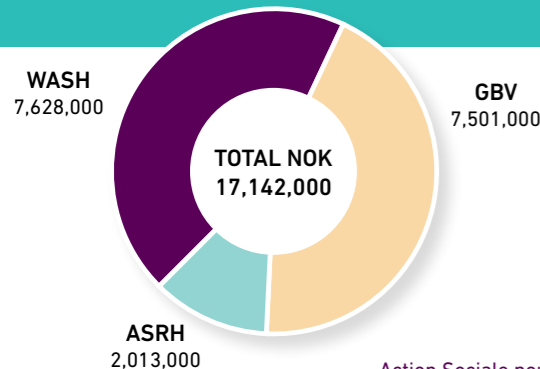
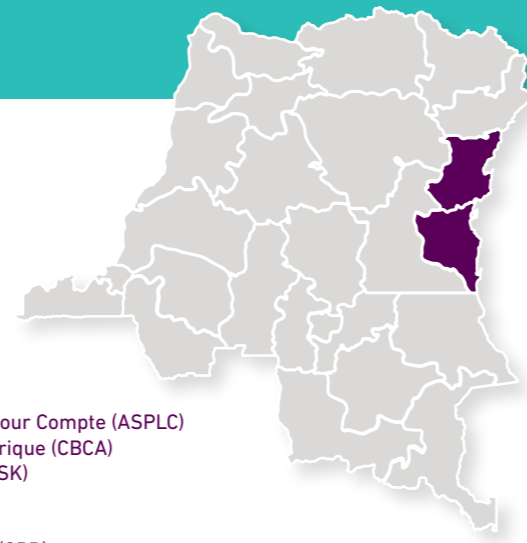
Adolescent girls and boys adopt sexual and reproductive health behaviour protecting themselves from health risks: 3,495 adolescents (3047 girls and 448 boys) were reached through ASRH services. 1,235 adolescents (887 girls, 153 boys, 167 women, 28 men) accessed comprehensive sexuality education and family planning, and 602 adolescents accessed adolescent-friendly spaces provided through the projects. 110 adolescent girls were provided with access to safe delivery facilities.

DEVIATIONS

Project activities were largely implemented on target and overall reached slightly higher results than those projected. Notably, under outcome 4, a larger number was reached through SGBV outreach activities to address harmful social norms and systemic gender inequality, and to inform of available services. Similar for outcome 5, where adolescents reached were substantially over target (3,495 reached versus target of 2,220), and more adolescents used adolescent-friendly spaces (602 reached versus target of 240). This can largely be contributed to the change in attitudes observed across the communities, and modifications to programming to meet the increase in demand. As for outcome 3, an artificially high target was unintentionally set for 2022, especially for hygiene promotion activities (3.1.4) and sanitation services (3.2.1). Hence, a substantial negative deviation can be noted although achievements are in line with overall year-on-year programming.

Democratic Republic of the CONGO

AREAS OF INTERVENTION
Nyiragongo, Rutshuru, Mweso, Masisi and Bambo in North Kivu
Kalonge, Fizi, Nyantende, Nundu and Kalehe in South Kivu



PARTNERS
Action Sociale pour la Promotion des Laissés pour Compte (ASPLC)
Communauté Baptiste au Centre de l'Afrique (CBCA)
Croix rouge RDC Sud Kivu (CRSK)
Fondation Panzi (FP)
YME Grands lacs (YME GL)
Caritas Bukavu Développement (CBD)

CONTEXT IN BRIEF

2022 continued to be marked by persistent armed and inter-communal conflicts, particularly in the east. Of the more than 5.7 million displaced persons in DRC, more than 80% are displaced due to armed attacks and clashes, 97% of which took place in the east of the country. Following the progress made by the M23 group in North Kivu, a large increase in IDPs fled to areas surrounding Goma, significantly increasing the pressure on host communities and infrastructure. The lack of appropriate WASH facilities put IDPs at risk of cholera and other waterborne diseases, demanding urgent intervention to curb risks and large-scale outbreaks. The insecurity and volatility of the current conflict is effectively also a severe protection crisis, with more than 2 million fleeing their homes since January 2022 and women and girls the primary victims with heightened risks of SGBV.

MFA SPA PROGRAMMING IN THE CONTEXT

A key focus for the 2022 SPA programming in DRC was the colocalisation of different thematic activities, to ensure improved synergies and the possibility to respond to identified needs with a more holistic and integrated approach. Humanitarian access was a serious concern with the re-emergence of M23, with persistent insecurity, restrictions in movements and sabotage of humanitarian aid operations. Mitigation measures employed included increasing implementation through local partners with access, where this was possible. This mandated a different way of working with and monitoring of partners. In some cases, it was necessary to change target areas for certain interventions through coordination with relevant clusters. In addition to difficulties related to access, beneficiary needs sharply increased, making it imperative to do more with less, and in some

instances re-organise activities to meet the needs of an increasing number of people, for example related to water and hygiene. This was done in coordination with the WASH cluster and enabled the programme to meet the needs of more people, however at the risk of compromising the quality of services provided to each individual. Going forward, these risks need to be better incorporated into the planning of projects, including how to mitigate these through increased flexibility in updating projects to fit contextual changes. NCA continued to strengthen its role in the coordination of humanitarian activities in DRC and was elected co-lead of the WASH cluster at the national level. It also maintains roles as co-lead of the WASH cluster in South Kivu and lead of the WASH-Health cluster and Nutrition sub-cluster in Baraka.



Newly constructed latrines.
Photo: Yahona Kadhafi/Norwegian Church Aid, DRC



The ongoing conflict in DRC has displaced many people. NCA is on the ground with humanitarian response. Kanyaruchinya, DRC.
Photo: Yahona Kadhafi/Norwegian Church Aid, DRC

NCA and partners started an emergency, quick response project in December 2022 to respond to lifesaving needs of the displaced population from the M23 crisis. These will be reported on together with 2023 results.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: A total of 61,511 people were provided access to WASH services, against a target of 22,158 targeted. This overachievement is explained by an influx of displaced persons in the project areas, but also the extension of cholera response activities in several areas. The results were reached through projects in Fizi, where NCA and partners provided assistance to communities that had experienced cholera epidemics, and in Kalonge, where interventions supported communities forced to flee due to clashes between armed groups. In total 78,167 people were reached through hygiene promotion activities and 72,037 individuals were reached with access to water.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: In 2022, a total of 2,374 survivors of SGBV were admitted to the specialised structures set up by NCA through this project, and were provided survivor-centred services, including medical services, PSS and case management. Due to the challenges in accessibility, mobile clinics were set up and enabled projects to reach approximately 500 SGBV survivors in particularly hard to reach areas. A to-

tal of 33,692 girls, 26,669 boys, 59,128 women and 27,500 men (146,989 individuals) were reached through SGBV outreach activities.

Outcome 5

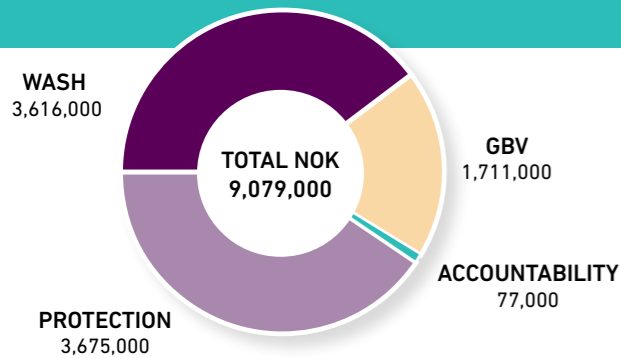
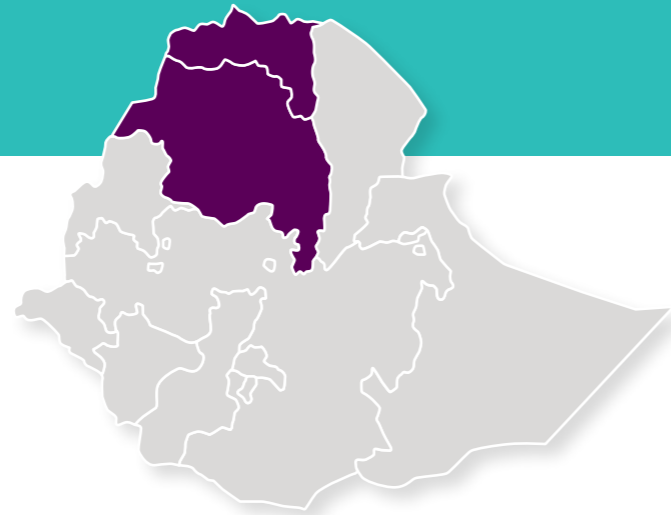
Adolescent girls and boys adopt sexual and reproductive health behaviour protecting themselves from health risks: ASRH services were provided to adolescents through NCA and partner projects connected to 16 health structures. A total of 2,286 adolescents were reached with comprehensive sexual education and modern family planning, as well as adolescent-friendly spaces. 167 pregnant girls and women (91 girls and 76 women) were provided with access to safe delivery services, representing more than triple the number of those supported with such activities in the previous year.

DEVIATIONS

NCA reached an unprecedented number of people in the target zones across 2022, resulting in achievements well beyond the targets for number of people, across all outcomes. However, when looking at indicators measuring the quality and sustainability of WASH activities, these show decreasing values. A reported 72% of people reached report washing their hands with soap at critical times, down from 80% in 2021. Likewise, 75% of people reached report being satisfied with the hygiene materials, down from 80%. Going forward, it is important to ensure that the consequence to quality is minimised in the face of increased pressure to meet the needs of additional people in need.

ETHIOPIA

AREAS OF INTERVENTION
Semien and North Shewa Zone in Amhara Region
South Eastern Zone of Tigray Region



PARTNERS

Ethiopia Orthodox Church Development and Inter Church Aid Commission (EOC-DICAC)
The Ethiopian Evangelical Church Mekane Yesus Development and Social service commission (EECMY DASSC)
Relief Society of Tigray (REST)

CONTEXT IN BRIEF

The region of Tigray remained largely inaccessible throughout 2022 due to the ongoing conflict, resulting in multiple challenges for NCA partners. The peace agreement between the Federal Government of Ethiopia and the Tigray Liberation Front (TPLF) mediated by the African Union (AU) in November 2022 gave renewed hope for peace and improved access to the northern regions of Afar, Amhara and Tigray. As a result, additional corridors for humanitarian supplies were opened, providing relief to people in need. Some public services such as telecommunication, banking services and electricity supplies, as well as water supply systems, resumed in several towns across the regions. Violence in Oromia region resulted in casualties, destruction of property and displacement, as well as political polarisation and unrest. Recent droughts affected pastoral and agro-pastoral regions in the country, and large price increases in food and non-food key staples have contributed to the continued overall deterioration of the already volatile situation across the country.

MFA SPA PROGRAMMING IN THE CONTEXT

The introduction of MFA funding for humanitarian response in Ethiopia started when NCA responded to the Tigray crisis in 2021 through the flexible funding mechanism, and Ethiopia was also a pilot country for the Trafficking in Persons (TIP) prevention and mitigation in 2021. Continuing into 2022, NCA together with partners have provided lifesaving response, prioritising the needs of women and girls through safe access to WASH services, and strengthening services to provide protection, prevent and respond to SGBV, as well as undertaken activities to enhance the protection of children and young people in situations of crisis and conflict.

Safety and security remain a high concern and priority throughout the programming. There is still limited access to key project areas, impeding development in some key areas. Further to this, the hyperinflation has sharply increased the costs of vital input, making it difficult to plan and budget for activities.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: A total of 182,668 people (60,256 girls, 38,401 boys, 43,755 women and 40,256 men) were reached with WASH services across 2021 and 2022, mostly reached through the flexible funds project implemented in 2021, reported on together with the 2022 activities. In 2022, 19,000 people (5,075 girls, 3,535 boys, 5,300 women, 5,090 men) were reached with hygiene promotion activities, while 1,200 people (341 girls, 252 boys, 349 women, 258 men) were provided safe, user-friendly and gender appropriate sanitation facilities. In contrast, the flexible funds response project provided 31,317 people (7,460 girls, 6,905 boys, 10,395 women, 6,557 men) with access to sanitation facilities and services.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: 72 girls and 80 women (total 152) survivors of SGBV accessed appropriate services, care and support, including MHPSS services. 98 girls and 102 women (total 200) received dignity kits and/or CVA to reduce GBV risk. Under the flexible funds project in



Distribution of hygiene kits.
Photo: Kedija Sefa/Norwegian Church Aid, Ethiopia

2021, 223 people (57 girls, 33 boys, 81 women, 52 men) used MHPSS services and 4,970 women and 2,030 girls used safe spaces to meet their needs, whereas 1,998 women and 1,000 girls received dignity kits and/or CVA to reduce GBV risk. 46 health care providers (19 women, 27 men) in referral health facilities were trained on clinical management of rape.

Outcome 6

Enhanced protection of children and young people in situations of crisis and conflict: 3,073 children and young people were reached with activities to enhance protection in situations of crisis and conflict. 360 children and young people (145 girls, 35 boys, 180 women) were enrolled in supported schools and 1,025 malnourished children (519 girls, 506 boys) were provided with access to safe and appropriate care. The flexible funds project in 2021 reached a total of 6,722 people with activities to enhance protection in situations of crisis and conflict, including ensuring that 3,785 malnourished children (1,292 girls, 2,393 boys) had access to safe and appropriate care. 3,833 pregnant and lactating women received supplementary food.

(outcome 4) were reached or slightly surpassed. Equally, the projects surpassed targets related to protection of children and young people (outcome 6). As the programme continues into 2023, it will continue to try to find new solutions for the provision of quality WASH and GBV services in the target regions.



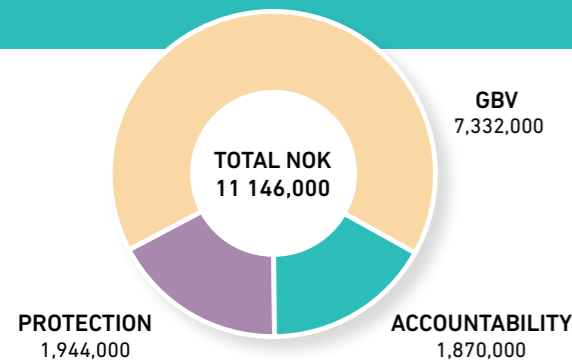
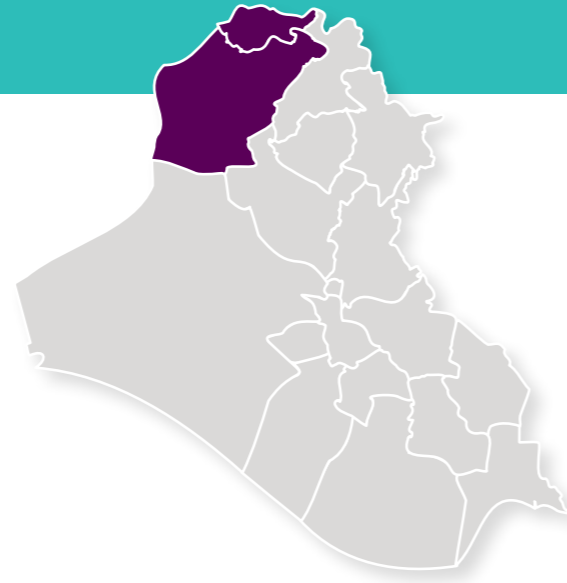
In Guba Lafto District of North Wollo Zone, Ethiopia, the "Fikir" coffee corner group meets weekly to discuss gender-based violence, how to report cases, and where to find legal, psycho-social, and health services.
Photo: Kedija Sefa/Norwegian Church Aid, Ethiopia

DEVIATIONS

While most targets for WASH (outcome 3) and GBV (outcome 4) were largely underachieved, due to access and price inflation hindering costly installations such as water points and sanitation facilities, targets related to training of GBV caseworkers and health care providers

IRAQ

AREAS OF INTERVENTION
Sinjar Mountain, Sinjar City, Sinune, Alqush
and Mosul in Ninevah Province
Office in Duhok



PARTNERS
NCA is self-implementing

CONTEXT IN BRIEF

Although still facing a number of protracted and inter-linked crises, the humanitarian coordination structure in Iraq worked on a process to phase out across 2022, as the country is steadily recovering and transitioning out of several years of humanitarian crisis. At the end of 2022, 4,989,852 people were recorded as returnees, mostly to Ninevah governorate, with the highest concentration in Mosul, Sinjar and Tilkef (IOM Iraq DTM dashboard). Still, over one million IDPs were recorded, and tens of thousands of vulnerable families, both displaced and returnees, remained in need of protection and assistance. Needs related to SGBV especially remain high, and registered domestic violence cases soared by 226% compared to 2020. The GBV information system (GBVIMS) showed that out of the reported incidents, 26% related to forced marriage and another 7% to early marriage. In addition, structural and legal obstacles continue to marginalise and hamper the social inclusion of women. 16% of female-headed household reported lacking at least one core legal documents, and many women continued to report restricted and limited access to protection, livelihoods, shelter, education and specialised mental health and legal assistance.

MFA SPA PROGRAMMING IN THE CONTEXT

NCA continued its programming in Iraq to address SGBV and conflict-related sexual violence, with services targeting vulnerable IDPs, returnees, host communities and affected non-displaced populations in Ninevah governorate. NCA continued to improve on effective response mechanisms, based on the involvement of community members including faith actors and community leaders and volunteer committees, women groups and

adolescent girls committees. With the increasing number of reported cases of early and forced marriage, NCA piloted and expanded the ENGAGE toolkit: Enhancing Girls Agency and Gender Equality project in Sinune and Sinjar Mountain aimed to prevent, mitigate and respond to child, early and forced marriages (CEFM) in humanitarian settings. Further, NCA extended its SGBV interventions through a mobile bus ('Dream Bus') and women and girls safe spaces (WGSS) to accommodate the rising numbers of returnees and provide necessary services such as case management, MHPSS and cash for protection, among others. The programme continues to face challenges in humanitarian access related to SGBV activities. Safety and security were an issue in Sinjar Mountain, and varied access to core beneficiaries (women and girls) also posed challenges, due to social barriers and lack of community acceptance. It should also be noted that the shift from a humanitarian-focused approach in the country to a more development and durable solutions poses some challenges to humanitarian programming. NCA has been vocal in providing input to the discussion on obstacles to humanitarian access and continues to be a key actor for technical and advocacy matters through its role as co-chair of the GBV sub-cluster and the Ninevah GBV working group.

KEY RESULTS

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: 13,495 people (3,505 girls, 664 boys, 7,900 women, 1,426 men) were reached with lifesaving, culturally sensitive and comprehensive SGBV services in 2022.



Case worker Jaleelah Murad Sulaiman conducting an awareness raising campaign about combating gender inequality and violence against women at a Family Support Center in Sinjar.
Photo: Bakeza Khiro Shaafan/Norwegian Church Aid, Iraq

MHPSS services were provided to a total of 461 women and girls (31 girls, 430 women), and 4,098 women and girls (1,451 girls, 2,647 women) used the WGSS for recreational and psychosocial sessions. 18 girls and 482 women were supported with dignity kits and/or CVA to reduce GBV risks. This is lower than what was planned for 2022, however this was complemented by GBV CVA interventions financed by other donors in the period. The piloted ENGAGE toolkit showed promising signs on how to work to eliminate social stigmas and promoting integrated community efforts to address CEFM in humanitarian settings. In addition, a total of 8,888 individuals (2,036 girls, 664 boys, 4,762 women, 1,426 men) were reached through outreach activities on harmful social norms and systemic gender inequality. 23 staff members underwent training, including case management and the integration of therapeutic techniques into GBV case management and 'Women Rise'.

DEVIATIONS

The programme in Iraq dealt with high fluctuations in exchange rate and therefore had to refocus and re-assess certain targets, notably for training of health care providers of clinical management of rape (output 4.1), CVA assistance (output 4.3) and child-friendly spaces (output 6.2). Trainings of health care providers of clinical management of rape were undertaken, however not under MFA funding. Dignity kits and CVA was also provided with alternative funding sources, through projects funded under UNICEF and Iraq Humanitarian Fund (IHF). Positive deviations were experienced on targets such as outreach activities (output 4.4), with a result of 8,888 versus the target of 3,600, and on the use of WGSS (output 4.3), with a result of 4,098, well above the target of 2,100.

Outcome 6

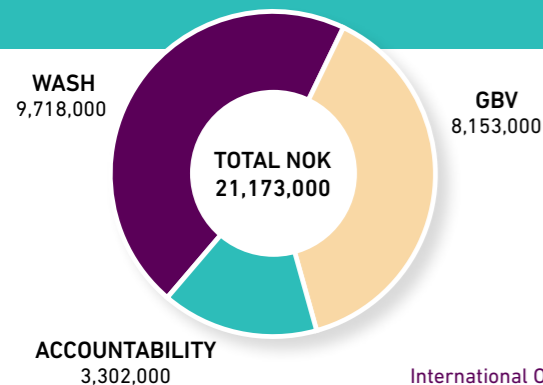
Enhanced protection of children and young people in situations of crisis and conflict: Vital MHPSS and life skills services were provided to 1,690 children and adolescents (1,088 girls, 602 boys) who had experienced displacement, trauma, abuse and violence in crisis and conflict-affected areas. Activities such as adolescent/youth clubs increased attendance and participation, while involving caregivers and as such gave an entry point to inform about vital services.



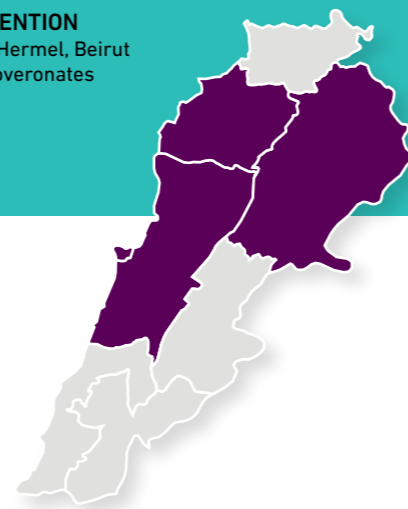
GBV survivors picking watercress leaves in NCA greenhouse in Sinjar Town.
Photo: Najia Abdulrahman/Norwegian Church Aid, Iraq

LEBANON

AREAS OF INTERVENTION
North Lebanon, Baalbeck-Hermel, Beirut
and Mount Lebanon Governorates



PARTNERS
International Orthodox Christian Charities Lebanon (IOCC)
Rene Moawad Foundation (RME)
ABAAD Resource Centre for Gender Equality
The Middle East Council of Churches (MECC)



CONTEXT IN BRIEF

Lebanon continues to grapple with multi-faceted challenges that have driven and multiplied humanitarian needs across 2022. The country's capacity to handle these challenges continues to weaken, as the deepening economic crisis deteriorates along with a worsening energy crisis, influx of Syrian refugees, cholera outbreak and the impact of the war in Ukraine. Key infrastructures, such as water, sanitation, and waste treatment plants, are barely functioning due to electricity costs and high fuel prices. 26% of the Lebanese population was found to have humanitarian needs in more than one sector (OCHA 2022). An increase in urgent WASH needs was reported, further put in evidence by the cholera outbreak. Protection needs are further augmented by the economic crisis as well as social unrest. Women and children continue to be severely impacted, as domestic violence, child labour and early marriage are increasingly employed as coping mechanisms. One in ten refugee households report children with mental health symptoms (UNHCR protection monitoring 2022). The removal of government subsidies on essentials items like food, fuel and medicine makes it virtually impossible for many to afford basic items. As a result, there is a competition to access utilities and services that has become an increasingly salient tension factor between refugees and host communities in particular.

MFA SPA PROGRAMMING IN THE CONTEXT

NCA and partners faced an array of operational challenges in 2022, navigating an extremely fragile context of frail social cohesion and tension between refugees and host communities, while also making difficult ad-

justments to activities due to the hyper inflation and high input costs. Do no harm principles guided every mitigation measure, as needs were reassessed. The WASH programming was focused on implementing cost-effective sanitation and hygiene activities in communities with existing access to safe water. SGBV programming was integrated with MPCA to mitigate the increase in negative coping mechanisms perpetuating SGBV. All cash transfer modalities strictly abided by the Inter-agency's cash-based intervention (CBI) Standard Operating Procedures (SOPs). Initiatives to expand the use of solar panels from WASH services to also be installed in WGSS and in public institutions were guided by environmental considerations, as well as providing a solution to power shortages.

Procurement, logistics and coordination was challenged by the crippled local markets, limited operation hours of most public institutions, and the continuous security incidents in the banking sector. New solutions for cash assistance were explored to lessen the dependency on a functioning banking system. Coordination with relevant clusters and line ministries, as well as diverse members of the local communities, continues to be vital. NCA is currently leading the Localisation and Partnership Management team of the Humanitarian INGO Forum.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: 144,366 people (34,072 girls, 31,718 boys, 49,848 wom-

en, 28,728 men) were reached with lifesaving WASH services across communities and public institutions. Responses ensured equal inclusion of refugees and host communities in need. Solar panels to run water distribution systems were installed and prioritised for health, educational and solid waste management facilities to address challenges related to power shortages and high fuel prices. 91,875 were provided access to clean and safe drinking water, and 37,126 were reached through hygiene promotion activities. 100% of the respondents reported washing their hands with soap at critical times. This high rate of positive change in behaviour is owed to targeted and comprehensive awareness raising campaigns during the COVID-19 pandemic. 39,500 people were provided with access to appropriate and gender appropriate sanitation facilities. 3,365 women and girls (2,164 girls, 1,201 women) were provided with materials and information to manage menstrual hygiene in a dignified manner.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: 7,767 people (638 girls, 714 boys, 5,141 women, 1,274 men) were reached through SGBV prevention and response activities including survivor care, MHPSS via safe spaces and multi-purpose cash transfers. 1,246 women and girls used safe spaces to meet their PSS needs, and 185 men and boys were reached through

PSS services. 264 women and girls were provided with dignity kits, and 3,241 received cash assistance. 44 women and girls were provided with medical services, including clinical management of rape, gynaecological examinations, STI testing, and forensic care. GBV programme quality and staff competence building remained in focus, and 26 staff members (25 women, 1 man) were trained to offer quality PSS assistance whereas 20 staff (18 women, 2 men) were trained on quality GBV case management.

DEVIATIONS

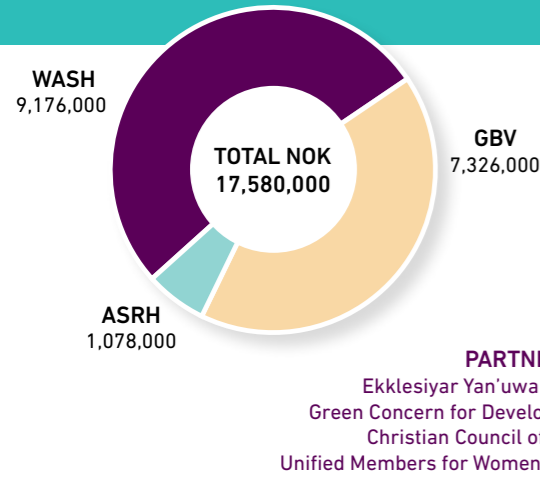
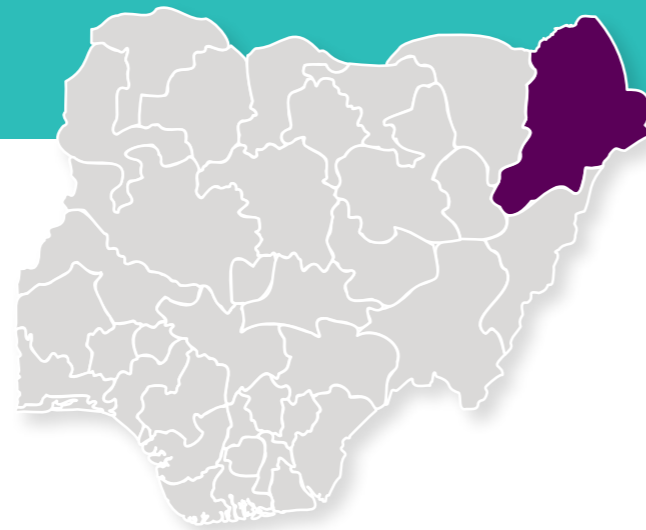
The adaptation of WASH responses to accommodate and integrate programming with cost-efficient principles saw the programme reaching more beneficiaries with WASH services. Similar positive deviation is noted for GBV component where 7,767 people were reached against a planned target of 6,168. The main reason for this deviation is related to the increased demand for access to services and MHPSS considering the socio-economic crisis affecting the country. In addition, an increased need of MHPSS services has been registered. An increased number of individuals were also reached by incorporating MPCA. Lastly, the target for outreach (output 4.2) was underachieved due to high transportation costs and the inability to gather people at community centres (health centres, schools, etc.) for outreach activities.



Sarah is a GBV coordinator for NCA's partner MECC in Lebanon. At the health and work training centre she provides vital assistance and hope for a better future for refugees and vulnerable people. Photo: Håvard Bjelland/Norwegian Church Aid

NIGERIA

AREAS OF INTERVENTION Maiduguri, Monguno, Pulka and Dikwa in Borno State



CONTEXT IN BRIEF

The conflict stemming from the insurgency of non-state armed groups (NSAGs) in north-east Nigeria continued through 2022, with 8.4 million people, including 2.2 IDPs, in need of humanitarian aid in the states of Borno, Adamawa and Yobe (BAY states). Humanitarian access and operations remained challenging and high-risk with limited supply routes. Adding to this, 2022 was marked by heavy flooding, further impacting access and with severe impacts on access to safe water, sanitation and hygiene and accompanying high rates of acute watery diarrhoea. Indeed, WASH needs increased over the course of the year, from 3 million to 5.1 million people in Borno, Adamawa and Yobe (BAY) states. Disease outbreaks, especially cholera, have been prevalent in host communities where a lack of water and sanitation remains acute, and unprioritised for response due to the urgency of IDP needs. SGBV remains a significant protection concern facing IDP women and girls in the north-east, often finding themselves trapped in a vicious cycle of violence, exacerbated by pre-existing gender inequalities. Like Burkina Faso and Mali, soaring prices of staple goods and import dependency, further aggravates vulnerability factors.

MFA SPA PROGRAMMING IN THE CONTEXT

In October 2022, AOGs infiltrated Monguno, with fighting breaking out with Nigerian army next to the NCA guest house. Staff were evacuated to Maiduguri, and contingency plans were updated to ensure safety and security of staff and continuity of programme activities. Despite sporadic attacks, project locations in Pulka, Dikwa, Monguno and Maiduguri remained largely accessible to NCA and local partners. Integration of re-

sponses with holistic approaches across WASH, SGBV and PSHEA was a focus in 2022, as well as coordination with other key actors. At the Borno State level, NCA is the co-lead of the Sanitation Technical Working Group in the WASH Sector. NCA also plays a key role in WASH and GBV working groups, facilitating monthly meetings to review the status of activities, avoid duplications, share lessons learned and identify gaps in assistance. Key learnings from 2022 programming reflect on the increased community acceptance of women's skills acquisition, however it also becomes apparent that there is a need to include men in these activities, as the lack of livelihood opportunities and related vulnerabilities are seen to also increase for men.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: 15,751 people (4,883 girls, 3,938 boys, 3,780 women, 3,150 men) were provided with access to WASH services, with construction of boreholes to mitigate against unsustainable water trucking to respond to water shortages in hard-to-reach areas such as Pulka and Dikwa. 88% of targeted women, girls, men and boys reported that they washed hands with soap at least at three critical times, up from 73% in 2021. 19,720 people (6,010 girls, 4,710 boys, 4,860 women, 4,140 men) were reached with safe and gender-appropriate sanitation facilities and services. 1,524 women and girls (769 women, 755 girls) accessed appropriate materials and information to ensure dignified menstrual hygiene management. As part of the focus on integrated



Latrine desludging in Pulka IDP camp.
Photo: Arthur Laigret/Norwegian Church Aid, Nigeria

programming, GBV awareness raising are included in WASH trainings and promotion of general hygiene and menstrual hygiene management is included in WGSS under the SGBV component.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: A total of 704 SGBV survivors accessed lifesaving SGBV services, including GBV case management and psychological first aid either through permanent WGSS or through the GBV call centre supported by the programme. A total of 13,854 women and girls accessed WGSS to meet their needs, and 646 girls and 1,178 women received dignity kits to reduce GBV risks and promote safety, dignity and skills training. At community level, SGBV prevention activities aimed at addressing harmful social norms and systemic gender inequality and informing communities about available services. A total of 18,809 individuals (4,284 girls, 3,732 boys, 6,559 women, 4,234 men) were reached through different approaches such as 'SASA! Together', 'Male Engaged', 'Girl Shine' as well as working with interfaith community leaders. 154 GBV programme staff, volunteers and community workers (64 women, 90 men) were trained on GBV guiding principles and the GBV core package.

Outcome 5

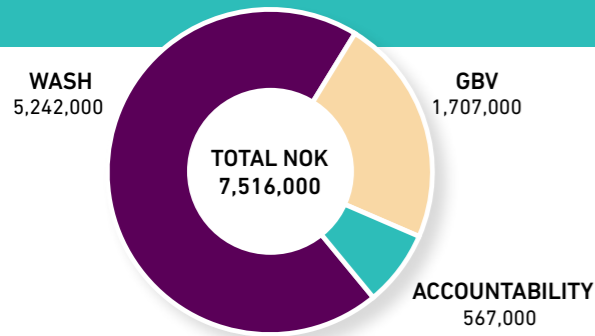
Adolescent girls and boys adopt sexual and reproductive health behaviour protecting themselves from health risks: 4,217 adolescents (2,988 girls, 380 boys, 849 women) were reached through ASRH services, such as access to safe delivery facilities and STI treatment in various health facilities in Monguno, Dikwa and Pulka LGAs. 7,501 adolescents accessed adolescent-friendly spaces and 1,204 adolescents were actively involved and empowered through project cycle participation during planning, assessments, implementation, and monitoring. Further, 1,794 adults participated in parents' groups, supporting the health development of adolescent-adult partnerships.

DEVIATIONS

Most targets set for the 2022 Nigeria programme were surpassed. This is largely explained by the far-reaching needs in the IDP camps responded to by NCA and partner, and an influx of IDPs, mainly to Pulka. A negative deviation was noted for the planned training of health care providers in referral health facilities. The activity had targeted 72 providers, however only 28 (21 women, 7 men) were trained as the training location was moved to Maiduguri for staff security reasons.

PALESTINE

AREAS OF INTERVENTION
West Bank and Gaza



PARTNERS
DanChurchAid (DCA)
MAAN development Centre (MAAN)
Women Affairs Centre (WAC)



CONTEXT IN BRIEF

The acute humanitarian needs continue to worsen because of the longstanding conflict in the occupied Palestinian territories (OPT). 2.1 million Palestinians across OPT were estimated to need humanitarian assistance as a direct result of the policies taken by the occupying power in violation to Geneva conventions. Access to already stretched services is worsening because of demolitions, forced displacements, movement restrictions and air attacks. More than 60% of the people in need are unable to freely access basic services because of restrictions on movement and military checkpoints. 2022 has been the deadliest year since 2005 where 209 Palestinians, including 36 children, lost their lives. Violations of International Humanitarian Law were seen as likely to increase with the rise of the far-right in Israel. 38% of households, a majority of those in Gaza, are identified as living in 'catastrophic', 'extreme' or 'severe' conditions. NCA/DCA's needs assessment conducted in 2021 revealed high needs within WASH and SGBV sectors in the target areas. There sanitation services seem to be much worse than anticipated, as 91.3% of families did not have proper sanitation facilities, exposing communities to health hazards. 47.8% of the families have insufficient water storage capacity either as part of domestic or communal drinking water. Needs assessment found evidence of widespread SGBV where 94.9% of respondents were seen to be subjected to violence regularly.

MFA SPA PROGRAMMING IN THE CONTEXT

WASH and protection needs were prioritised by the NCA/DCA response in OPT based on the 2021 needs assessment. There were several operational risks that were encountered and mitigated accordingly. In August, there was a military escalation resulting in the closure of crossing points and subsequent delays and periodic suspension of project activities. After the air strikes halted, a swift market assessment was conducted to as-

sess availability and prices of materials needed for rehabilitation of WASH services. Activities and work plans were adjusted to mitigate the delays and to cover additional needs for the damages caused by the air attacks. The market assessment also served in the adjusting of activities budgets to currency fluctuations and high inflation. To manage security risks and access issues, DCA/NCA employed a security focal point to monitor the situation on a daily basis, and safety protocols were put in place in coordination with relevant stakeholders. NCA/DCA are active members of the relevant clusters and participated regularly in coordination meetings with other agencies. DCA and NCA are also members of the Association of International Development Agencies (AIDA) and members of the AIDA sub-groups on advocacy and administration. AIDA is currently chaired by the country director of DCA/NCA Palestine office. The implementing partners coordinate with relevant actors in the communities including municipalities, CBOs, local committees and GBV service providers to facilitate information sharing with beneficiaries for effective outreach. The role of CBOs is integral in the identification of SGBV survivors, facilitate access of the target groups to GBV services, and to participate in advocacy campaigns.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: Integrated and lifesaving WASH services were provided to 370 people (101 girls, 113 boys, 86 women, 70 men). Hygiene promotion campaign enabled 11,619 people to improve hygiene practices to prevent health risks. 3,513 women and girls received materials and information to ensure dignified menstrual hygiene management (MHM). A variety of tools and communication channels have been used for hygiene awareness including home



Tweeting session during the 16 days of activism. It represents the youth's voice to stand up against violence against women. Photo: Suad Al Nawajha/Norwegian Church Aid, Palestine

visits, distribution of brochures, and social media campaigns. An electronic voucher system was used to disburse hygiene materials. Rehabilitation of sewer lines to and from dwellings to sewage processing facilities was also a key component of sanitation activities. Additional top-up for hygiene needs was offered via CVA to be spent of pre-identified hygiene items. Solid waste management (SWM) was added in an innovative manner within the WASH programming to promote female entrepreneurship and environmentally friendly SWM. Two female entrepreneurs were supported to establish their own businesses to collect and shred plastic waste to be sold as input to manufacturing of plastic projects. An additional 300 vulnerable women were trained and linked with the female entrepreneurs as plastic waste collectors. A digital application has been developed to manage and monitor the whole process of plastic waste collection. Once scaled up, the intervention has a great potential to improve the solid waste management in the target areas and services while addressing climate change risks.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: Access to specialised SGBV services was provided to 2,766 individuals through case management, MHPSS and referrals, legal awareness raising and counselling, and outreach activities. 2,300 people (380 girls, 18,70 women, 50 men) were provided with a full package of MHPSS services including individual and group psychosocial counselling support. 110 women received cash for protection and 206 women, and girls benefited from the distribution of dignity kits. 728 survivors were referred to psychological first aid service, 145 survivors received individual psychological support sessions, 150 survivors received structured groups psychological support, and 50 survivors (and 50 husbands) received group couple therapy sessions. Under the capacity building component, 25 (17 women, 8 men) front-line GBV staff of GBV actors working in the target locations were trained. Moreover, direct legal counselling has been provided to 110 GBV survivors and 35 new legal cases were filed in courts, 30 of these were ruled in favour of the women. Through GBV outreach, 5,350 people received information challenging negative gender norms and to foster collaborative effort in changing cultural behaviours that perpetuate gender inequalities. Inclusion of men and boys is integral to outreach efforts.

DEVIATIONS

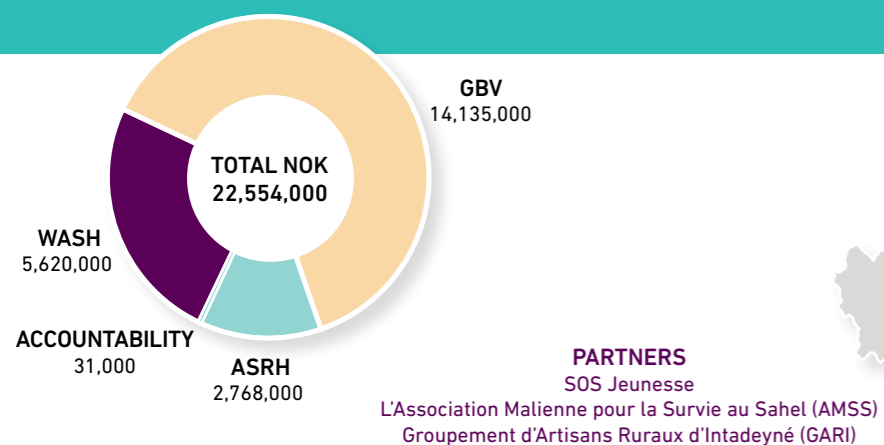
Targets were surpassed for most of the outputs and outcomes planned for 2022 and no significant negative deviations were registered on the activities undertaken in 2022.



The redemption of the hygiene vouchers. Photo: Mohammad Siam/Norwegian Church Aid, Palestine

SAHEL

(Mali and Burkina Faso)



CONTEXT IN BRIEF

The situation in Mali and Burkina Faso continued to deteriorate across 2022, with political instability followed by two coup d'états in Mali in 2021 and coup d'états in Burkina Faso in January and September 2022. Government control in certain areas remained virtually non-existent due to the increasing presence and control by radical jihadists and armed groups, and the security situation further deteriorated with grave consequences for the local population, often trapped in inter-communal conflicts. In Mali in particular, diplomatic and military relations with Western countries continued to decline, as the presence of the Wagner group was also established. French troops were pulled out of the country, after nearly a decade's presence. Staple food and fuel prices continued to increase across the region and maintained levels above the five-year average. The strong reliance on imports was crippled by sanctions and rising global prices linked to the war in Ukraine. Social instability, fuelled by lower household disposable incomes and persistent expansion of conflict zones, continued to contribute to the downward spiral for the two countries. Both countries have alarming estimates of multidimensional poverty, with an estimated rate of 84.2% in Burkina Faso and 68.3% in Mali.

MFA SPA PROGRAMMING IN THE CONTEXT

NCA continues to operate in key areas of conflict across Burkina Faso and Mali, characterised by minimum state presence, high insecurity with high prevalence of attacks, lack of functioning structures for basic services, and limited access to food and water. NCA and partners continued to strengthen the integrated WASH-SGBV programming in humanitarian responses, and gradually also added more ASRH activities to fill gaps in needs.

Coordination efforts remained strong as NCA assumed the lead of the GBV sub-cluster in the Boucle de Mouhoun region in Burkina Faso, cementing its position as a key SGBV actor. NCA has a long-standing history of working through local organisations in Mali and was recognised for this in 2022 through when it was awarded the Localization Champions Award. The high level of insecurity and inter-communal conflicts continued to hamper implementation, and significant risks were registered related to humanitarian access, logistics and coordination, and staff safety. Among the many employed mitigation measures, engaging with local leaders, establishing local focal points, and prioritising flexibility are crucial elements to maintain meaningful operations in challenging contexts like the central Sahel. As such, localisation is not just a principle but a practical necessity that enables the programme to adapt and respond effectively.

A multi-sectoral WASH-SGBV rapid response project was implemented with flexible funds in the north-eastern town of Menaka, Mali in response to increasing unrest and large displacement of IDPs towards the hub of Menaka. The region of Menaka is highly inaccessible, with access aggravated due to the presence of armed groups, which only a couple of years previously forced INGOs to leave the area.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: 33,446 people (9,842 girls, 5,684 boys, 14,942 women, 3,610 men) were provided access to WASH services, al-

though it was not always possible to integrate all WASH components across project sites. 21,578 people were reached with hygiene awareness sessions, and 70% of targeted women, girls, men and boys reported washing hands with soap at least at three critical times. 4,780 people were provided with safe, equitable and sustainable access to water for daily needs. Through flexible funding, 5,434 individuals (1,508 girls, 1,202 boys, 1,221 women, 1,503 men) received a comprehensive WASH package, including safe access to water through the conversion of boreholes into solar-powered systems, the installation of standpipes near IDP sites, and water trucking for 60 day, as well as installation of latrines in key IDPS sites, schools and a health facility.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: A total of 177 women and girls were provided with specialised SGBV services, including case management and PSS through safe spaces in Mopti, Mali, and Boucle de Mouhoun and Est in Burkina Faso. 4,698 women and girls (1,251 girls, 3,447 women) used WGSS to meet their immediate needs, out of these 70% were internally displaced. Girls Shine groups, within the safe spaces for women and girls (WGSS) provided learning and life skills development for 200 vulnerable girls aged 10-19, enhancing their social and emotional abilities. 3,028 women and girls received dignity kits and 16 women's groups improved their livelihoods through economic activities supported by group cash assistance. Furthermore, 130 community volunteers led awareness-raising activities, reaching a total of 17,076 individuals. These efforts significantly increased the number of cases reported and supported at safe spaces. 38 healthcare providers (24 women, 14 men) received training in clinical care for sexual assault survivors. Health centres received necessary medical materials, including post-rape kits.

Through flexible funding, ten healthcare providers were trained in clinical care for survivors of sexual assault. 150 women and girls accessed safe spaces, and 860 women and girls received dignity kits.

Outcome 5

Adolescent girls and boys adopt sexual and reproductive health behaviour protecting themselves from health risks: A total of 11,617 adolescents (3,606 girls, 1,935 boys, 4,640 women, 1,436 men) were reached with ASRH activities. NCA collaborated with health districts and contracted midwives to provide services in safe spaces with limited medical equipment. 146 pregnant girls and 485 pregnant women were provided with access to safe delivery facilities. Seven health structures and four adolescent-friendly safe spaces were equipped with SRH kits to address urgent needs. Further, 22 adolescent clubs and three safe spaces in health facilities tailored to ASRH services were set up, reaching 7,399 adolescents.

DEVIATIONS

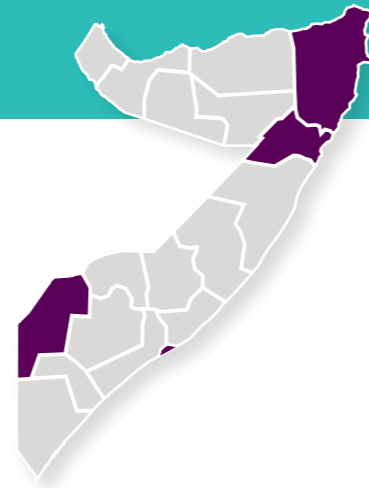
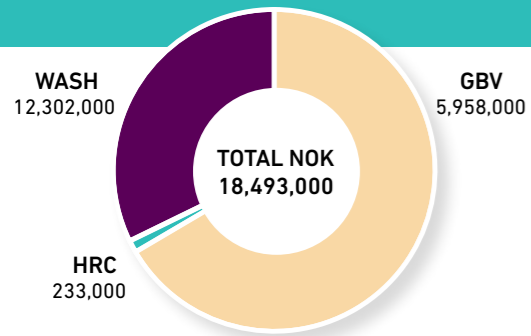
Most project targets were achieved or surpassed, mostly attributed to flexibility in implementation and strong involvement of community leaders and volunteers. There has been a registered increase of IDPs attending community WGSS, reflecting the growing interest in fostering solidarity and social cohesion among IDP women and the host community. While the target for WGSS in was 1,293, a total of 4,698 women and girls used these services in 2022. SGBV programming was partly hampered by insecurity: in Bankass, Mopti, the safe space had to be abandoned due to its use by the military as a WASH facility. Challenges related to the establishment of a safe space in Menaka resulted in funds being redirected to the distribution of dignity kits and the construction of additional WASH structures.

Safe water provided to the hospital in Siby, Burkina Faso.
Photo: Håvard Bjelland/
Norwegian Church Aid



SOMALIA

AREAS OF INTERVENTION
 Luuq and Dollow districts in Gedo Region
 Garowe and Boame districts in Puntland Region
 Sarkusta district in Banadir Region



PARTNERS

CERID – Centre for Research & Integrated Development WASH & GBV
 KAALO Aid Development WASH
 SEDHURO Socio-Economic Development and Human Rights Organization – GBV

CONTEXT IN BRIEF

Somalia experienced a devastating drought following consecutive seasons of below-average rains since 2020, a situation that caused massive casualties and displacement of populations. As a result, the country was pushed further into an impossible food insecurity crisis with unprecedented levels of poverty and sharp increases in the use of negative coping mechanisms. More than 6.5 million people, amounting to 38% of the total population, were classified as IPC3+ due to the drought, coupled with an already largely run-down domestic food production system, soaring prices and disruption of supply of staple food imports from Russia and Ukraine. By the end of 2022, 3.9 million IDPs were registered, mostly women and children. Women and girls face increased risks of SGBV due to displacements, overcrowded and poorly lit shelters and lack of toilets in camp sites and settlements. In addition to the drought, conflict and insecurity remain key drivers of displacement. Pre-existing vulnerabilities are compounded due to these recurring stress factors, and displacement continues to be a significant coping strategy for many, with movement to urban centres increasing competition for few available resources. Water, hygiene and sanitation are some of the main drivers of humanitarian needs across certain regions in Somalia, with an estimated 5.2 million people in need of lifesaving WASH assistance.

MFA SPA PROGRAMMING IN THE CONTEXT

Humanitarian access in Somalia remained challenging in 2022, with 656 access incidents reported by humanitarian partners, of which 79% pertained to military operations and ongoing hostilities. These incidents had significant impact on the safety of NCA and partner

staff, in addition to restricting humanitarian operations. This requested an enormous flexibility in programming, and most of the planned activities were indeed implemented in the fourth quarter of the year, due to delays experienced due to access. Another constraint due to challenging access related to inclusive humanitarian targeting mechanisms, mitigated partly through frequent remote monitoring of locations and analysis of local political and security situations to ensure that key information of local dynamics was available. However, beneficiary engagement remained challenging throughout the year, as did quality assurance of WASH infrastructures and follow-up with contractors. Volatile and high prices pushed for more value for money practices in procurement, and extensive negotiations with vendors were held. Programme quality improvement was a key focus in 2022, both for WASH and GBV, with focus on safe and gender-appropriate access to WASH structures and the development and implementation of a case management assessment checklist for GBV.

In 2022, through flexible funds, NCA and partners responded with an integrated drought emergency response in Gedo, where an estimated 4.5 million people were affected, including 700,000 displaced by the crisis in search of water, food, pasture, and livelihoods.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: 7,184 people (1,694 girls, 1,563 boys, 2,020 women, 1,907 men) were reached with integrated WASH activities. A total of 52,080 people were reached with safe, equitable and sustainable access to sufficient quantities



With the worst drought in 40 years, Somalia is threatened by a widespread famine. Ahmed Hamse on mum Hassa Adan Caashi's lap in Usgure outside Garowe in Puntland, Somalia. Photo: Håvard Bjelland/Norwegian Church Aid

of water for daily use, and 22,898 were reached through hygiene promotion activities. A major impact of the 2022 response was achieved through hygiene awareness sessions for vulnerable groups, which was seen as particularly important in the face of cholera outbreaks. Surveys and PDMS showed a significant improvement on handwashing practice at three critical times with soap, up from 75% in 2021 to 87% in 2022.

Through flexible funding a total of 32,699 (9,810 girls, 8,174 boys, 8,175 women, 6,540 men) were reached with access to safe water as the project provided a minimum of 7.5 litres per person per day based on the recommendation in the WASH cluster guidance for emergency drought response. In addition, 15,714 were reached with hygiene kits and awareness messages. A total of 24,950 people from particularly vulnerable groups were reached through MPCA.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: 3,068 survivors of SGBV accessed lifesaving and specialised SGBV services relevant to their immediate needs, against a timid target set of 350. This is largely due to the increased focus on quality of SGBV services and the large influx of IDPs into implementation areas. 4,364 people (1,244 girls, 705 boys, 1,397 women, 1,018 men) were reached through outreach activities focusing on addressing harmful social norms perpetuating SGBV. 503 girls and 269 women accessed WGSS and participated in sessions, shy of the target of 1,330. Feedback loops were integrated into WGSS sessions to receive in-

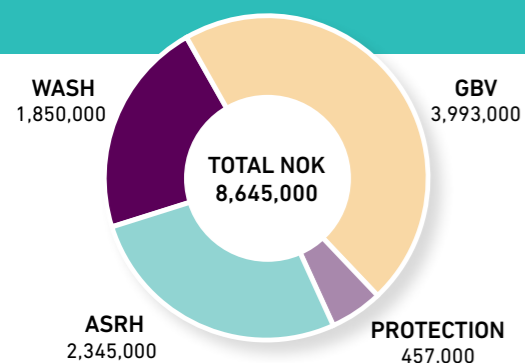
put on how to improve attendance. The women and girls recommended a higher prioritisation on CVA assistance to those at risk of GBV and GBV survivors, as women and girls identified increasing pressure on livelihoods due to the drought as a major risk multiplier for GBV. The projects hence prioritised to increase unconditional cash assistance to respond to their immediate needs, reaching a total of 1,929 women and girls against a planned target of 710. Further, solar panels were installed in 3 adolescent girls safe spaces in Dollow and Luuc to provide cooling and light systems to alleviate uncomfortable heat during sessions. A total of 830 SGBV survivors (424 girls, 406 women) received case management services through the flexible funds integrated drought response.

DEVIATIONS

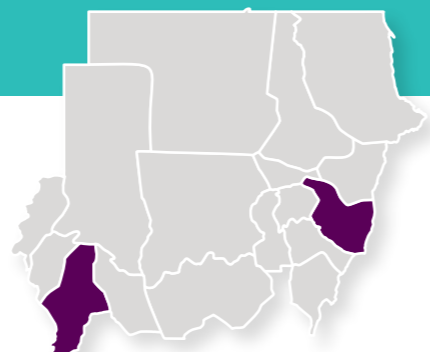
The target for outcome 3 was not achieved, as it proved difficult to offer integrated WASH services in the target zones. Building on experience, the Somalia programme planned to meet the anticipated large displacements in population in the best possible ways and the programme put aside contingency funds for rapid response, enabling NCA and partner projects to respond to the immediate needs of new IDP arrivals into the zones of intervention, resulting in targets surpassed for all WASH output indicators. For GBV projects, results from outreach activities (outcome 4.4) were seen to significantly surpass targets. A lower number of individuals were reached with MHPSS services, and attendance at WGSS was lower than anticipated. Feedback sessions were integrated into activities to ensure that activities are implemented to better reach those in need going forward.

SUDAN

Darfur and East Sudan



AREAS OF INTERVENTION
 Bilel and Al Radom camps in South Darfur State
 Tunaydbah and Um Raquba camps in Gedaref State



PARTNER
 Emergency, Relief, Rehabilitation and Development Agency (ERRADA)

CONTEXT IN BRIEF

Humanitarian needs across Sudan were at record level one year after a military coup, with unclear prospects of how events would evolve. As 2022 ended, UN reports estimated that 15.8 million people, about a third of the population, would need humanitarian assistance in 2023. An estimated 11 million needed emergency assistance related to critical physical and mental well-being. The count included 3.7 million IDPs and 926,000 refugees in Sudan, a majority of these 67% from South Sudan. Nearly 1.7 million IDPs, returnees, refugees and vulnerable host populations in South Darfur State needed immediate humanitarian aid, with severe food insecurity as the main contributing factor, along with conflict. In Gedaref state, localised conflict, border tensions, floods and refugee influxes were the main drivers of humanitarian needs. Tensions along the Ethiopia-Sudan border in the Al Fashaga area continued. Tunaydbah and Um Raquba camps were opened at the end of 2022 in response to the influx of Ethiopian refugees into eastern Sudan, with relatively stable camp populations of 21,883 in Tunaydbah and 16,372 in Um Raquba.

MFA SPA PROGRAMMING IN THE CONTEXT

NCA and partners implement activities in South Darfur, mainly focused on responding to immediate IDPs needs, and in Gedaref, focused on response in camps with Ethiopian refugees. Projects span WASH, health and nutrition and GBV. Partnerships with line ministries ensured the secondment of qualified staff covering health and nutrition, to ensure adherence to national standards, procedures and protocols. Partnerships with locally established committees and volunteers such as Community Health Committees (CHCs) and Lead Mothers, as well as UN agencies (WFP, WHO, UNFPA and UNICEF) ensured that activities were implemented in a coordi-

nated manner. NCA continued to host several working groups, including those for MHPSS and GBV case management, and was nominated to chair of the Energy and Environment working group in Gedaref state. In 2022, NCA also established a national Partner Advisory Forum (PAF), in line with the commitment to Charter for Change, and guided dialogue on the localisation agenda. The mobilisation and implementation through local project volunteers and the establishment of community platforms remain some of the strongest approaches to ensuring community involvement in project implementation, strengthening paths to meaningful localisation. Humanitarian access was at times severely reduced, interrupting movements and telecommunications. New regulations delayed visas for international staff, curtailing planned travel to project areas. Access to project sites is also limited during the rainy season from July to September, with road access the greatest challenge. In addition to humanitarian access, the programme managed substantial risks related to political and economic fragility as well as the impact on the security situation. Frequent demonstrations and strikes impacted the timeliness of service delivery to affected communities. As part of its mitigation measures, NCA strengthened stringent adherence to standard operating procedures and monitoring of risk factors related to safety of movement. Delays in implementation were reviewed, resulting in the replanning of most programme activities. Bulk purchasing was applied to mitigate against the continued devaluation of the Sudanese pound.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs:

48,793 people (12,012 girls, 11,342 boys, 13,341 women, 12,098 men) were reached with access to lifesaving WASH services in South Darfur and Gedaref. 77% of targeted women, girls, men, and boys reported washing their hands with soap at least three critical times during the day. A total of 111,633 people (26,734 girls, 26,086 boys, 29,984 women, 28,829 men) were reached with access to safe and gender-appropriate sanitation facilities and services, and 138,416 (33,789 girls, 31,589 boys, 36,219 women, 32,819 men) were reached with safe, equitable and sustainable access to sufficient quantity of water to cover daily needs. In Bilel camps, where the project continued to provide water supply services to refugees, domestic water consumption increased to 18 litres per person per day (lppd) from the baseline of 15lppd.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: Specialised SGBV prevention and response services were provided to 3,065 individuals (857 girls, 278 boys, 1,728 women, 202 men). 140 GBV staff (79 women, 61 men) were trained to provide age-appropriate PSS to women and girls, 446 individuals used MHPSS services provided through projects at WGSS and community centres, 38 critical MHPSS cases were further referred for advanced MHPSS services from other agencies. 780 girls and 1,242 women used WGSS. 95 GBV case-workers (36 women, 14 men) received GBV case management training and supported a total of 269 survivors with referrals and counselling. 93% of survivors completing the feedback survey reported satisfaction on the services received during case management. 187 community volunteers and GBV staff were trained on basic GBV concepts, referral pathway and survivor centred programming and reached a total of 3,408 (655 girls, 482 boys, 1,456 women, 815 men) with GBV awareness information. 24 health services providers (18 women, 6 men) were provided with trainings on clinical management of rape, increasing their knowledge and skills on handling rape survivors. This resulted in an increase in confidentiality and a change of attitude of medical personnel towards survivors.

Outcome 5

Adolescent girls and boys adopt sexual and reproductive health behaviour protecting themselves from health risks: 11,555 adolescents (4,973 girls, 3,342 boys, 2,719 women, 821 men) were reached through ASRH



Regina is responsible for fetching water for her family. Bilel camp in Darfur. Photo: Håvard Bjelland/Norwegian Church Aid

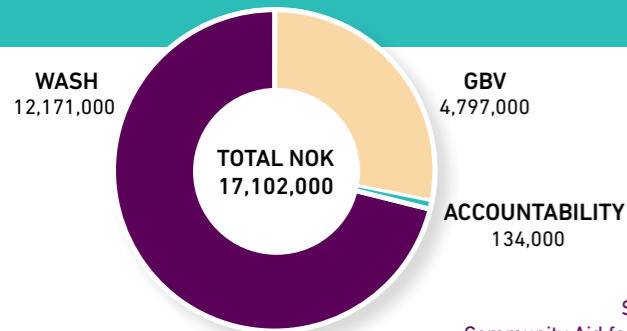
services through the course of the year at NCA-supported health facilities. ASRH services provided in 2022 increased by 49% compared to 2021, as the programme increased awareness raising and engagement with community health groups who further engaged the local communities. As a result, 2,994 adolescents (1,441 girls, 1,553 boys) used adolescent-friendly spaces and 4,893 parents participated in parents' groups engaging with adolescents

DEVIATIONS

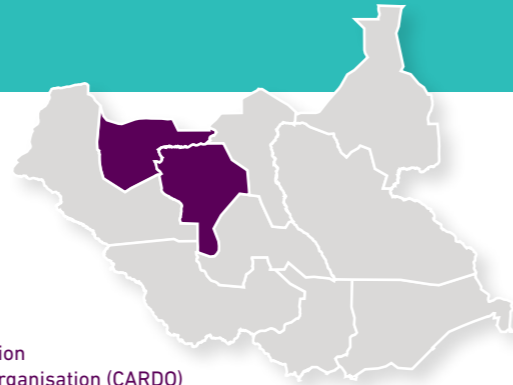
As mentioned above, many of the programme activities had to be replanned as a result of delays. Only 2,022 women and girls used WGSS, against a target of 3,000. A general target of 7,350 was set for the provision of lifesaving services to SGBV survivors, however only 3,065 were reached in 2022. This reflects the need to work further with awareness raising related to the reporting of cases, as well as the difficulty in reaching SGBV survivors in the context.

SOUTH SUDAN

AREAS OF INTERVENTION
Tonj East and Jur River in Warrap State
Awiel South in Northern Bahr Ghazal State



PARTNERS
St George Charity Organisation
Community Aid for Relief and Development Organisation (CARDO)
Water for South Sudan



CONTEXT IN BRIEF

Above normal rainfalls over the past years have led to prolonged flooding, especially affecting the states of Jonglei, Unity, Northern Bahr Ghazal and Upper Nile. Water was not seen to recede, and some areas remained inaccessible almost throughout the year. The cumulative impact of recurrent flooding contributed to the destruction and damage to water facilities, leaving vulnerable people in urgent need of WASH services. In addition, the floodings intensified existing vulnerabilities of affected people, including high poverty rates, high prevalence of disease outbreaks, and widespread displacement. Violence and conflicts continued to escalate in many states across the country, disrupting livelihoods. An estimated 8.9 million people were in need of humanitarian assistance, including 4.7 million children and 2.2 million IDPs. SGBV remains a high threat, including around water points, latrines, distribution areas, markets and firewood gathering sites. The deteriorating security situation continues to create an unpredictable and dangerous environment for aid workers. Nine aid workers were killed in 2022, and nearly 420 security incidents were reported.

MFA SPA PROGRAMMING IN THE CONTEXT

In addition to worrying trends in insecurity, the physical challenges to access caused by flooding hampered humanitarian response to vulnerable people across the country. Especially Upper Nile was impacted by severe floods as well as conflict, causing delays and interruptions to activities. Increases in violence against aid workers are directly felt, and humanitarian warehouses and facilities were looted. A key mitigation strategy to navigate these challenges was to work through church-based and local partners to ensure more stable access. This did not come without risks, as many of these have weak capacity in managing and implementing humanitarian projects. To mitigate these risks, NCA took over much of the activities related to procurement and

transport of goods. Four partners were trained on core humanitarian principles, and refreshers were provided on Code of Conduct. NCA screened all service providers and ensured follow-up of anti-terrorism legislation. Gender was integrated across project implementation, with a special focus on gender balance in community management committees for hygiene, sanitation and water. To improve on peaceful coexistence, NCA and partners provided WASH facilities that served both host communities and IDPs, with integration of groups in management committees to alleviate tensions and competition for resources.

Flexible funds were released in July 2021 for a six-month emergency WASH and SGBV response to the local population of Gumuruk to alleviate the effects of reoccurring conflicts. However, increasing intercommunal conflict restricted access to Gumuruk to the level where activities were receded, and MFA approved a no cost extension into 2022 and the redirection of funds to Tonj East, Warrap state, to respond to the immediate needs of the population after severe flooding. The project was implemented until May 2022 with SGBV and WASH activities.



Emergency WASH equipment arrived at the NCA compound in Juba, South Sudan.
Photo: Åshild Skare/Norwegian Church Aid

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access to lifesaving WASH services appropriate and relevant to their immediate needs: 26,803 people (7,847 girls, 8,003 boys, 5,412 women, 5,458 men) were reached with lifesaving WASH services to meet the basic household needs. 3,625 people were reached through hygiene promotion activities, included house-to-house visits, and 75% of the target affected households reported having soap and water available for handwashing as a result. In addition, NCA and its partners provided semi-permanent communal latrines, and distributed latrine slabs to 616 households benefitting a total of 3,700 individuals in areas with resettled returnees. NCA and partners provided 22,645 people with access to safe water to cover daily needs through the repair and rehabilitation of water points, and instalment of a surface water treatment system (SWAT). 1,100 women and girls were provided with access to appropriate materials and information for dignified menstrual hygiene management.

The 2021–2022 flexible funds project achieved timid results in Gumuruk before the project was forced to close: selection and training of ten hygiene promoters (7 women, 3 men), and participatory risk and vulnerability analyses were undertaken through five focus groups comprising of women, men and local authorities. 890 women and girls were trained on safe washing of jerrycans and buckets at water points. In Tonj East, after the relocation of activities, NCA partner Water for South Sudan drilled 6 boreholes and rehabilitated a further 8, and trained 98 water management committee members, 28 hand pump mechanics and 24 hygiene promoters. 2 blocks of latrines were constructed in Paling Catholic church and Wunlit primary school, and 24 hygiene promotion sessions were undertaken. A total of 19,353 (4,929 girls, 5,260 boys, 4,747 women, 4,417 men) were reached through the activities.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: The programme provided specialised GBV case management services to GBV survivors including girls and women, providing 1,004 women and girls with access to WGSS, and 30 girls and 90 women with MHPSS activities including artwork, basic counselling and emotional support. 180 girls and 267 women were provided with dignity kits to reduce GBV risks and promote skills training. 15 health care providers (8 women, 7 men) in referral health facilities were trained on clinical rape management and 30 GBV caseworkers (20 women, 10 men) were trained on case management services. A total of 1,994 people were reached through SGBV outreach activities to address harmful social norms.



Flooding where there used to be agricultural land
Photo: Håvard Bjelland/Norwegian Church Aid

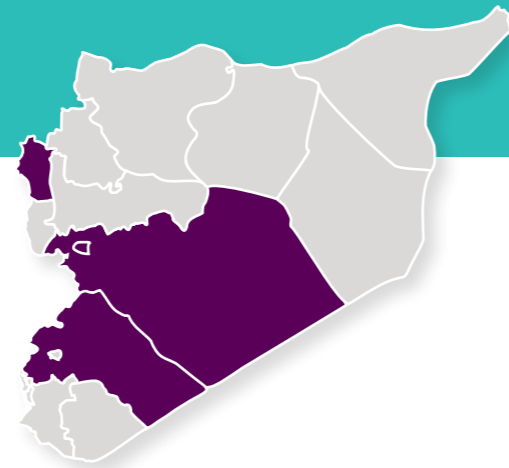
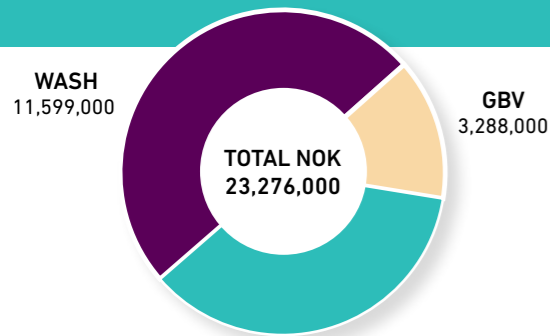
As part of the 2021–2022 flexible funds projects, initial activities in Gumuruk included the undertaking of a gender audit, training of 32 women and 42 men in GBV guiding principles and core package, and completion of outreach activities reaching 643 people. In Tonj East, a referral pathway was established for the WGSS and 12 cases of SGBV, including 4 pertaining to minors, were further referred. NCA also provided awareness sessions on the prevention of child, early and forced marriages (CEFM), reaching 80 key participants.

DEVIATIONS

One major deviation from the original plan was reduced capacity building activities of NCA partners and NCA staff due to budget constraints related to currency loss. NCA and partners managed to provide a total of 22,645 people with clean water, against a target of 14,664, due largely to a focus on construction of drinking water systems that benefit communities across a wide geographical area. As for behavioural change related to hygiene, only 40% of beneficiaries surveyed reported to wash hands with soap and water at three critical points during the day, against a target of 75%, demonstrating the need to further work on behavioural change. Timid results under target were registered related to all indicators for SGBV activities (outcome 4), both for registration and referral of SGBV cases and satisfaction rates, as well as outreach with MHPSS services. This showcases the difficulties in implementing SGBV activities across the areas, and a lack of awareness and acceptance of gender-based violence.

SYRIA

AREAS OF INTERVENTION
Homs, Lattakia and Rural Damascus



ACCOUNTABILITY
8,389,000

PARTNERS
Greek Orthodox Patriarchate of Antioch and All the East (GOPA/DERD)
St. Ephrem Patriarchal Development Committee (EPDC)
Syria Trust for Development (ST)

CONTEXT IN BRIEF

After more than 10 years of ongoing hostilities and long-term consequences of civil war, Syria has the largest number of internally displaced people in the world with an estimated 14.6 million people in need of humanitarian assistance in 2022. Accelerating economic deterioration, impacts of climate change, and sudden onset natural disasters are additional key drivers of the existing vulnerabilities. The energy and fuel crisis severely impacted water treatment and distribution networks, and much of the country's water and sanitation systems remain unfunctional and in dire need of rehabilitation. The country suffered a cholera outbreak in September 2022, with suspected cases in the tens of thousands. The number of internally displaced remains high, and unmet needs in sanitation and protection continues to perpetuate the vulnerability of displaced households and communities alike.

MFA SPA PROGRAMMING IN THE CONTEXT

Hyperinflation and distorted markets impacted the programming in Syria. Further to this, sanctions continue to challenge access to quality input through imports, and the number of vendors and suppliers is limited, affecting procurement processes. Third party providers (pharmacies, hospitals, engineering and MHPSS services) are also severely impacted by shortage of supplies, causing delays in activities. The dire and worsening economic conditions and uncertainty harshly impacted vulnerable households even further, prompting NCA to increase the number of hygiene kits and MHM kits to alleviate immediate needs. Further, NCA included the setup of solar panels in project sites to mitigate challenges related to the energy crisis and electricity and fuel shortage. Access to target areas has not been a

major challenge as NCA and partners are able to obtain necessary movement and access permission for staff. Coordination with clusters and UN agencies, as well as relevant ministries, remained a high priority, especially for the response to the cholera outbreak. Local coordination with key informants and community leaders to build trust and acceptance remained vital, and NCA ensured that partners updated the mapping of service and referral pathways to ensure linkages between services and providers in 2022.

Through flexible funding, NCA Syria started an emergency WASH response to the cholera outbreak in October 2022. This project will be reported on together with 2023 results.



Psychosocial family support centres give support and assistance.
Photo: Håvard Bjelland/Norwegian Church Aid



Solar panels outside Homs.
Photo: Håvard Bjelland/Norwegian Church Aid

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access to lifesaving WASH services appropriate and relevant to their immediate needs: NCA's WASH interventions reached 187,792 people (42,532 girls, 40,374 boys, 55,348 women, 49,538 men) in 2022. 100,638 people were provided with access to appropriate, safe and gender friendly sanitation facilities, and 91% report washing their hands after critical times. Hygiene awareness raising campaigns reached 16,115 people. In the awareness raising sessions, 1,100 Menstrual Hygiene Management (MHM) and 3,500 hygiene kits were distributed. 71,271 people have access to water to manage their daily needs for drinking, cooking, and personal hygiene. NCA's expertise in WASH resulted in the provision of lifesaving services to many thousands impacted by delapidated water infrastructure and a cholera outbreak.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: 7,370 (781 girls, 857 boys, 4,978 women, 754 men) received services related to this outcome in 2022. 4,229 women and girls, and 287 men and boys used safe spaces to meet their psychosocial needs. To mitigate against social-, safety-, stigma- and acceptance- related SGBV

risks, NCA and partners consulted with community leaders and different groups in the community to ensure that the programme design was culturally and context-sensitive, effectively enabling SGBV survivors and individuals at risk to reach and access relevant services. These consultations also further supported the programme to impact on harmful social norms and behaviour toward SGBV survivors. Awareness-raising sessions and campaigns were undertaken to tackle the barriers met by women and girls when exercising their rights and freedoms, which continue to sustain harmful practices and impunity.

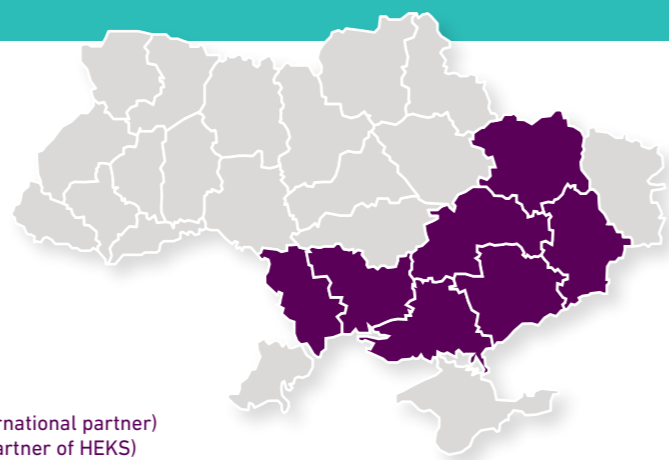
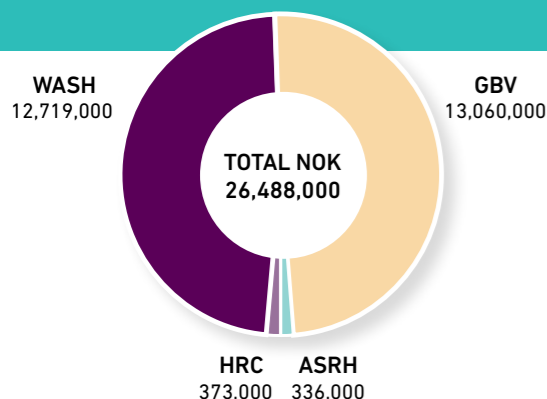
DEVIATIONS

NCA and partners in Syria experienced several contextual challenges that resulted in some deviations, notably the reorganisation of some activities and re-assessment of targets, especially related to WASH infrastructures, to manage soaring input prices. Deviations under the SGBV programme resulted, among others, from the difficulty of including boys and men in programming. The programme is reviewing how to improve accessibility of services to better reach men and boys going forward. Finally, the programme exited 2022 with a large underspend due to pending permissions and MoUs with relevant ministries, and subsequent delays to construction activities. Activities will be continued in 2023 once permissions are secured.

UKRAINE

AREAS OF INTERVENTION

Zachepylivka, Lebiagie, Orchik, Berdyanka, Krasnograd, Pervomaysky, Rzhavchik, Lypkuvativka, Nova Vodolaha, Chuiguiiv, Kolomak, Murafa, Koziivka, Khrestishche in Kharkiv
Konstantinovka, Kramatorsk, Slavyansk, Krasnotorka in Donetsk
Dariivka, Beryslav, Posad-Pokrovske, Kherson city in Kherson
Kryvi Rih in Dnipropetrovsk
Novyi Bug, Mostove, Koblevo, Yuzhnoukrainsk, Pervomaisk, Partyzanske in Mykolaiv
Odesa and Zaporizhzhia



PARTNERS

Swiss Church Aid (HEKS/EPER) (international partner)
Faith, Hope, Love (FHL) (national partner of HEKS)
Way Home (national partner of HEKS)

CONTEXT IN BRIEF

After the Russian invasion of Ukraine on February 24, 2022, NCA initiated a response with ACT Alliance partners present in the country and in neighbouring refugee-receiving countries (Romania, Poland and Hungary) funded by NCA collected funds. Activities with MFA funds were initiated in March, and the project period is currently ongoing. As such, the achievement of results is not completed, and the final results will be reported together with 2023 funding in 2024.

Throughout 2022, the conflict in Ukraine remained highly dynamic, with 6 million displaced internally and another 8 million displaced outside of the country. The frontline moved often, and control of strategic regions shifted between the Russian Federation and Ukraine. Throughout the year, few actors were present in the south and east. NCA's international partner in Ukraine and member of the ACT Alliance, HEKS/EPER was active in the south and east throughout 2022.

Ukraine enjoys a strong civil society and NGO landscape. The early response was mainly led by Ukrainian civil society and volunteers, but the reliance on volunteers was unsustainable over time, and many international organisations registered or scaled up their presence. While Ukraine has highly skilled medical and psycho-social professionals, many have limited experience dealing with trauma brought on by conflict. Medical and social service providers also fled from conflict-affected areas with others on the move; in many areas, only the most vulnerable, including elderly people and people with disabilities, stayed behind, mainly living in collective centres. Though markets and banks remained largely functional allowing for cash-based assistance, much of the vulnerable population could not access financial services and relied on in-kind support. Internally displaced also left behind everything when flee-

ing, and needed basic items, including NFIs and hygiene materials. By the end of 2022, the Russian Federation targeted electricity infrastructure, heating, and water supply. NCA and partners attempted to provide dynamic programming responsive to these changing needs and added winterisation items into the response.

MFA SPA PROGRAMMING AND IMPLEMENTATION IN THE CONTEXT

IMPLICATIONS OF HUMANITARIAN ACCESS ON PROGRAMMING

The conflict in Ukraine is characterised by frequent changes across the country and by the level and intensity of the fighting, often changing daily. Wherever possible, NCA's partner HEKS/EPER has targeted frontline areas and newly liberated settlements where the presence of other actors is limited. In some areas, such as Kherson, HEKS/EPER has participated in convoys organised by UNOCHA and local authorities, allowing access with relative security. Coordination with local authorities is extremely important when arranging distributions, especially in hard-to-reach areas. However, some of the greatest needs are often found in rural settlements that are too small for a dedicated local authority, falling under the administration of a larger area. In such settlements, local volunteer organisations have taken on this coordinative role, and it has been imperative to maintain active relations with these to ensure access to settlements and populations that would be impossible to reach otherwise.

The challenging conditions for humanitarian access have significantly influenced the course of implementation, particularly in terms of day-to-day scheduling. It is impossible to predict how access conditions will change

from week to week, making mid-term planning very difficult. Daily assessments were required to confirm whether activities could go ahead as intended, and the project implementation has largely been continuously adapted as the humanitarian access evolves. Distribution close to the front lines (which includes most of those made in Kherson, Kharkiv and Donetsk) needed to be kept as quick and efficient as possible, ensuring minimal time was spent in the field. It has been possible to continue aid distribution in smaller settlements in Kharkiv oblast, where the HEKS/EPER teams were told that they were the only international aid organisation to have reached the areas, especially in the wake of the September counteroffensive. However, this proved unsustainable as the frequent fluctuations along the front lines in Donetsk forced the teams to focus on distributing aid in larger towns and cities, where local authorities have greater facilities and infrastructure to support the activities.

Humanitarian access constraints also impact monitoring by both HEKS/EPER and NCA. In-person monitoring has been conducted wherever and whenever possible; HEKS/EPER focusing on on-the-spot monitoring an average of once per month in every project area. Remote monitoring was conducted where and when in-person monitoring proved impossible.

IMPLICATIONS OF HUMANITARIAN PRINCIPLES ON PROGRAMMING

As in many conflicts, neutrality is a challenge in the humanitarian response to the Russian invasion of Ukraine. NCA and other actors have identified extremely high needs inside the Russian Federation, where many Ukrainian refugees reside, and humanitarian assistance is almost non-existent. Early in the response, the ACT Alliance also struggled with whether to support fellow ACT member, the Russian Orthodox Church's Department for External Church Relations (ROC-DECR). ROC-DECR conducts humanitarian work within Russia, and the church is also present in Non-Government Controlled Areas (NGCA) in Ukraine. The ACT Alliance secretariat and board assessed this work and decided that the Russian Orthodox Church was not currently compliant with ACT Alliance's Code of Good Practice. ACT Alliance, therefore, censured the ROC-DECR and decided that no ACT funding could be used to support humanitarian response activities by the Russian Orthodox Church until they fully comply with humanitarian principles.

Despite the challenges, NCA and partners are committed to providing services with a focus on neutrality and impartiality, and that services are free from discrimination and based on vulnerability criteria and humanitarian standards. However, operating inside Russia would strongly jeopardise organisations' ability to work in Ukraine. HEKS/EPER found additional challenges related to hiring, as potential Ukrainian employees considered to be aligned with the Russian Federation would not be accepted as colleagues by the national team.



Childrens activities.
Photo: Danil Pavlov

In March and April 2022, HEKS/EPER was able to undertake several projects in NGCA, where needs are assessed to be extremely high, both through direct implementation and through the work of subgrantees. For the first couple of months of the conflict, the Kherson field team was very active in distributing aid within the occupied city, although they were forced to evacuate in early May due to security concerns. HEKS/EPER planned to continue implementation through a Ukrainian women's NGO. The NGO's staff were subsequently harassed and received threats from Russian occupying forces and were forced to cancel their projects and evacuate their staff due to security concerns.

In July 2022, all HEKS/EPER staff were included in a one-week training that focused on Humanitarian Principles and Sphere standards. In November, all staff undertook training on Protection from Sexual Exploitation and Abuse (PSEA), which was followed in December by a three-day Hostile Environment Awareness Training course. Further capacity building training relating to Humanitarian Principles is planned for 2023.

RISK MANAGEMENT

The response in Ukraine is characterised by significant risk. One of the most severe risk areas relates to security of staff and beneficiaries. NCA and HEKS/EPER have taken a cautious and proactive approach to risk, while continuing to implement in frontline areas. This has required frequent changes in implementation plans and nimbleness around entering and exiting project locations based on current security assessments. Some in-country assessment and monitoring visits by NCA were delayed due to increased security risks at time of the planned visits. NCA completed this work remotely to the extent possible and rescheduled visits once security allowed. NCA and HEKS/EPER implemented special safety measures to mitigate security risks to staff, including HEAT training for all international and national staff. NCA trained staff seconded to or entering Ukraine on chemical, biological, radiological and nuclear (CBRN) weapons and provided teams with relevant CBRN PPE.

NCA and HEKS/EPER teams carry individual first aid kits and body armour whenever traveling to field locations.

One previously unforeseen risk was the impact on staff stress levels and well-being from the vigilance required to adhere to strict security protocols. With air raid sirens going off multiple times a day and night throughout much of the year it was impossible for staff (and average Ukrainians) to take shelter every time without detrimental sleep deprivation and resultant poor emotional and physical well-being. HEKS/EPER encouraged staff to seek shelter during air raids but did not impose this on staff during their off-duty hours. Another new risk was the lengthy and difficult process of registering as a local Ukrainian organisation. The selection of the Financial Service Providers for MPCA was also more difficult than expected. These unforeseen risks combined caused significant delays in implementation. HEKS/EPER has identified alternative and additional Financial Service Providers for MPCA at the start of 2023.

In a country with historically high incidence of corruption, the enormous amount of international funding may create significant risks for corruption. NCA is therefore closely monitoring partners activities through monitoring visits and monthly reports. NCA's partner HEKS/EPER has, after the initial response period, taken additional steps to preventing corruption and revisited all procurement and financial procedures and created a robust system, equipped to identify potential risks and respond with preventive measures. As mentioned above, national teams are regularly visiting and monitoring project sites, when security allows. The difficulty in obtaining visas for nationals of countries outside of Europe and North America also impacted recruitment of technical experts, and to a certain extent affected the timely implementation of the GBV and MHPSS programmes.

PROGRAMMATIC CHOICES IN THE RESPONSE CONTEXT

SGBV

NCA and partners acknowledge that SGBV is, unfortunately, always an aspect of armed conflict, and equally so for Ukraine. From the outset of the war in Ukraine, NCA and HEKS/EPER recognised the extremely high risk of SGBV and need for response. Widespread reports of SGBV perpetrated by armed forces eventually followed, in addition to exacerbated existing risks of SGBV such as intimate-partner violence and heightened risks of exploitation and abuse, faced predominantly by women and girls. However, HEKS/EPER had limited experience and capacity in delivering technical SGBV programming. As such, NCA took the lead in designing and implementing the GBV programme. NCA seconded a SGBV technical expert to support the partner, initially remotely and eventually in country. NCA's global GBV/MHPSS advisor

also provided close and frequent technical supervision, as well as involvement in the recruitment and training of the partner protection team. NCA's SGBV advisor provided training remotely (in May 2022 for Romanian social workers on protection, SGBV, psychological first aid and emergency case management, funded by NCA's own funds) and in person (in Romania for frontline service providers operating both inside Ukraine and in Romania and Moldova on guiding principles of protection, SGBV, MHPSS, GBV case management and anti-trafficking, also funded by NCA's own funds).

The NCA seconded GBV adviser identified two local partners in Odesa with the technical capacity to deliver quality GBV and MHPSS programming. The first phase of the current project focused on finalising agreements with the local partners, recruitment of skilled technical staff and design of intervention strategies. The establishment of the GBV programming took considerable time due to the requirement for significant training for protection teams, as well as the unstable security environment and difficulty hiring staff with specific technical profiles that were positive to deployment in a highly active warzone. Additionally, bureaucratic hurdles significantly delayed visas for expatriate staff from countries outside Europe and North America. With the groundwork laid in 2022, SGBV and MHPSS activities will be implemented in full in 2023. Additional trainings will be provided in 2023 by NCA's GBV experts for additional members of the team and implementing partners on GBV core concepts and guiding principles, receiving disclosures, and conducting safe referrals. Training will also be provided on GBV case management, as well as a training of trainers to disseminate the learnings further.

In 2022, NCA and HEKS/EPER participated in coordination mechanisms through which referral systems were established, including the GBV working group, MHPSS working group, and Sexual and Reproductive Health working group. The inter-agency GBV working group had not yet established GBVIMS within 2022. Once established in 2023, NCA and HEKS/EPER will train teams on case management including proper data collection



Distribution of hygiene kits in Odesa.
Photo: HEKS/EPER



When the war broke out in Ukraine, Svetlana took her three daughters and fled the country. They receive water and food in the warm tent.
Photo: Håvard Bjelland/
Norwegian Church Aid

and analysis according to the GBVIMS criteria. Support services through conditional cash will also be added once case management is established. As officially communicated with and approved by MFA, NCA and HEKS/EPER chose to remove Outcome 5 and instead integrate outreach on ASRH into the SGBV programming.

MHPSS

While NCA's approach to MHPSS is generally within the provision of services to GBV survivors or those at risk of GBV, NCA and partners are providing MHPSS services to a broader population in Ukraine. NCA made this programmatic choice in recognition of the nature of the conflict and the widespread critical need for conflict specific MHPSS services. Ukrainian service providers are highly skilled, but through needs assessment, many expressed that they lack experience in responding to the trauma of war. To respond to these needs, NCA and HEKS/EPER designed programming to meet the MHPSS needs of all affected people (including men and boys). NCA also seconded a MHPSS expert (remotely) to support the programme design.

In 2023, NCA will initiate the Helping Hand program, which uses an application-based game using psychological first aid principles to help adolescents deal with emotional challenges. This programme has been used with Norwegian youth and Syrian refugee youth in Lebanon and will be piloted in Ukraine through NCA and partners for conflict-affected youth. The Norwegian psychologist who developed the programme will train local facilitators to guide adolescents through the program. NCA will also train partners on Integrating Therapeutic Interventions in GBV case management (an NCA developed toolkit). NCA will additionally collaborate with UNFPA to deliver a training for GBV practitioners in Ukraine on mindfulness-based stress reduction techniques.

WASH

The conflict in Ukraine has led to widescale destruction of WASH infrastructure. In addition, strikes deliberately targeting electricity infrastructure have heavily affect-

ed WASH installations. Water supply, in particular, has been badly affected and is damaged by inconsistent power supply. Displaced people who fled conflict zones without their belongings, urgently needed basic hygiene items. Elderly people and people with disabilities left behind in conflict zones or at collective centres were unable to travel to obtain basic hygiene supplies and needed assistance. NCA and HEKS/EPER responded to these needs through distribution of hygiene and sanitation items to people on the move and living in collective centres, along with hygiene promotion information. Due to the dynamic nature of the conflict, partners took a conservative approach to the repair of critical WASH infrastructure, both to protect staff safety and to avoid investment in installations that remained in a conflict zone and risks immediately being destroyed again. As more areas became liberated, NCA and HEKS/EPER prepared for this activity and NCA seconded a WASH technical expert for two months to support WASH programme design. Though HEKS/EPER actively engages in the WASH working groups at national and regional level, information sharing between partners does not respond to the speed of response needed, and many identified gaps were filled by other partners. HEKS/EPER also struggled to recruit technical expertise to oversee these activities, due to visa challenges for certain nationalities and competition over Ukrainians with the technical profile willing to live close to the conflict zones. Repair of critical WASH infrastructure will be implemented in 2023, and HEKS/EPER will support provision of generators to ensure consistent water supply.

EMERGENCY ASSISTANCE AND WINTERISATION

MPCA has been prioritised as a modality for affected people to meet their emergency needs since the beginning of the response. MPCA was highly supported by the Ukrainian authorities and UN coordination mechanisms. As the conflict has progressed, banks and markets have remained largely functional allowing affected people to use cash grants to meet their own prioritised needs. NCA and HEKS/EPER have provided support through digital cash grants following the standard allocation as

recommended by the Cash working group (6,600 UAH / 200 EUR per person per three months). NCA and HEKS/EPER provided the first batch of cash grants under NCA's own funding while this project was being finalised. Unforeseen challenges arose from the long registration process and challenges with Financial Service Providers, preventing HEKS/EPER from continuing this activity within 2022. The activity will be completed within the first quarter of 2023.

As the conflict progressed within 2022 and Russian forces attempted to weaponise winter through striking electricity infrastructure, a need for winterisation support arose. As many people fled conflict zones during warmer weather with few personal belongings and an expectation of returning home soon, many displaced people had no warm clothing and faced new risks during winter months. NCA and partners decided to quickly pivot to providing in-kind winterisation support in the form of winter clothing kits to the most affected and vulnerable communities, ensuring that the modality exists alongside other programmatic prioritisations.



*Distributions of winter clothing kits to a collective centre housing older people in Koziivka, Kharkiv.
Photo: HEKS/EPER*

KEY RESULTS

Outcome 1

People affected by crisis access lifesaving integrated protection and assistance appropriate and relevant to their immediate needs: In 2022, 843 people affected by the crisis were able to meet their immediate winterisation needs through provision of winter clothing kits. Additional winterisation support (winter clothing and sleeping bags) is provided in the first quarter of 2023. MPCA has not been implemented within 2022, as HEKS/EPER was not registered in Ukraine at the start of the conflict, which caused delays in administering MPCA. While the registration was ongoing, HEKS/EPER was able to administer a smaller amount of MPCA and was already in process of administering MPCA through a project funded earlier by NCA, as well as other donors. MPCA is implemented in the first quarter of 2023.

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: In 2022, 17,528 women, girls, men and boys were enabled to improve hygiene practices and have access to hygiene items to protect against WASH related health risks. 8,809 people (1,500 girls, 1,496 boys, 3,258 women, 2,555 men) who were in transit fleeing conflict received "on-the-go" hygiene kits. 8,719 people (1,484 girls, 1,480 boys, 3,225 women, 2,530 men) received three-month hygiene kits and 185 sanitation kits were provided to collective centres to support access to sanitation services for 7,413 internally displaced people (1,262 girls, 1,258 boys, 2,151 women, 2,742 men) resid-

ing there. 2,365 people (1,278 women, 1,087 men) received appropriate materials, facilities and information to manage incontinence with dignity. 6,000 people (1,022 girls, 1,018 boys, 1,741 women, 2,219 men) received bottled water to support their access to safe drinking water while on the move. In 2023, the response will focus on repairing and rehabilitation of critical WASH infrastructure.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: NCA provided technical support to HEKS/EPER to design a programme to support survivors and those at risk of SGBV, as well as to provide MHPSS to affected people. Two HEKS/EPER project officers were also trained on GBV guiding principles and the GBV core package. NCA and HEKS/EPER formalised collaboration with two local protection partners who timidly started implementation. The bulk of SGBV and MHPSS activities are implemented in 2023. In 2022, 1,522 people (129 girls, 131 boys, 954 women, 308 men) were reached through MHPSS and outreach services. This support included psychological first aid (PFA) to people who were evacuated from conflict areas in Kherson and Mykolaiv, as well as support to people through mobile units. 113 women and girls (80 women, 33 girls) used a Safe Space in 2022 to avail MHPSS services and other recreational activities. NCA and HEKS/EPER will open a new WGSS in 2023. In 2022, 600 women and girls received dignity kits to reduce their risk of GBV.

ACT ALLIANCE: COORDINATION AND RESPONSE

In the days preceding the Russian invasion on February 24th, NCA and ACT partners met virtually to discuss what a possible joint response or bilateral responses could look like, should the situation escalate. When hopes for a peaceful de-escalation were shattered, we went to work immediately.

NCA led the ACT Europe Forum from May 2021 through May 2022, and maintained a role in the leadership throughout December 2022. Under NCA's leadership, the Europe Forum of ACT Alliance rapidly developed an appeal for Ukraine and supported its implementation in Ukraine and neighbouring countries. NCA also developed bilateral partnerships with several ACT members implementing humanitarian responses to the crisis.

ACT members mobilised over USD 22,9 million through the ACT appeal, and tens of millions more through bilateral partnerships and humanitarian programmes. In a multi-country response, working both inside Ukraine and in neighbouring countries including Poland, Hungary, Romania and Moldova, ACT members

reached 2.98 million people with essential multi-sectoral humanitarian assistance during the first year from the Russian invasion.

The assistance provided has included food and non-food items, shelter, cash and voucher assistance, healthcare including mental health support, and water and sanitation services. The specialised agencies, like NCA, have supported ACT Alliance members registered in Ukraine with key technical expertise. For example, HEKS-EPER did not have the expertise and capacity to implement GBV/MHPSS and WASH programming, next to their programmes on shelter, food and health. NCA supported the partner with seconded expert personnel and is leading these two components of the joint program.

Millions of Ukrainian refugees have been helped, consoled and welcomed everywhere. The way we moved into action together is uplifting. In NCA and ACT Alliance we take courage from this joint global response as we face the many crises that are unfolding globally, and we continue to struggle for the resources to mobilise as quickly and as strongly as we did in Ukraine.



*Distribution of hygiene kits.
Photo: HEKS/EPER*

ANNEX 1: GLOBAL RESULTS FRAMEWORK



MFA STRATEGIC PARTNERSHIP 2020–2023 RESULTS FRAMEWORK

Outcome 1	Indicators	Baseline (2019 or 2020)	Results 2021	Target 2022					Actuals 2022					Countries reporting (see endnote 1)	Number of countries reporting
				girls 0–17 yrs	boys 0–17 yrs	women 18+	men 18+	TOTAL	girls 0–17 yrs	boys 0–17 yrs	women 18+	men 18+	TOTAL		
Outcome 1 People affected by crisis access life saving integrated protection and assistance appropriate and relevant to their immediate needs	1: % of NCA responses supported by NCA Head Office ERT personnel, humanitarian thematic advisors, humanitarian support functions	100%	100%					100%					100%	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	14
Output 1.1 Emergency responses are based on an impartial assessment of needs, vulnerability and risks of affected women, girls, men and boys	1.1.1: % of humanitarian operations based on robust assessment and analysis of need	100%	96%					100%					86%	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	14
Output 1.2 Affected population access timely, life-saving assistance in sudden onset of crisis	1.2.1: # of women, girls, men and boys reached through quick impact projects and flexible funding	220,000	475,347	62,500	62,500	62,500	62,500	250,000	82,901	58,639	71,519	59,016	272,075	Afghanistan, the Democratic Republic of the Congo, Ethiopia (2021-2022), Sahel (Mali and Burkina Faso), Somalia, South Sudan	6
Output 1.3 Response operations are predictable and effective through NCA surge capacity and emergency supplies	1.3.1: # of roster members deployed	48	20			27	28	55					16	Global/Head Office	-
	1.3.3: # of responses where NCA provided emergency supplies (WASH kits)	2	0					1					0	Global/Head Office	-
Output 1.4 Humanitarian responses are improved by learning and evaluations	1.4.2: # of humanitarians attended technical training for HO and roster to strengthen the surge capacity	92	0			25	25	50			6	4	10	Global/Head Office	-
	1.4.3: # of evaluations carried out of humanitarian responses	0	3					5					3	Sahel (Mali and Burkina Faso), Somalia, South Sudan	3
Output 1.5 People affected by crisis meet their prioritized basic needs through multipurpose cash assistance	1.5.1: Number of people who are able to meet the basic needs of their households, according to their priorities	-	-					-	0	0	0	0	0	Added in 2022, will be reported on in 2023.	-

Outcome 2	Indicators	Baseline (2019 or 2020)	Results 2021	Target 2022					Actuals 2022					Countries reporting (see endnote 1)	Number of countries reporting
				girls 0-17 yrs	boys 0-17 yrs	women 18+	men 18+	TOTAL	girls 0-17 yrs	boys 0-17 yrs	women 18+	men 18+	TOTAL		
Outcome 2 Humanitarian responses are improved through system-wide quality coordination and advocacy	2: # of coordination mechanisms supported by NCA through technical input and leadership	1	5					9					7	Global/Head Office	-
Output 2.1 NCA influences global initiatives that seek to improve the quality of humanitarian efforts	2.1.1: # of global advocacy initiatives that NCA actively engages with	2	4					4					2	Global/Head Office	-
Output 2.2 NCA supports improved quality and coordinated humanitarian efforts at global level	2.2.1: # of global technical working groups that NCA actively engages with	3	3					6					4	Global/Head Office	-
Output 2.3 NCA supports the effectiveness and quality of humanitarian response at national and sub-national level through coordination and planning	2.3.1: # of national or sub-national coordination bodies that NCA is leading (technical or otherwise)	3	16					5					15	The Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel, Somalia, Sudan, South Sudan	9

Outcome 3	Indicators	Baseline (2019 or 2020)	Results 2021	Target 2022					Actuals 2022					Countries reporting (see endnote 1)	Number of countries reporting
				girls 0-17 yrs	boys 0-17 yrs	women 18+	men 18+	TOTAL	girls 0-17 yrs	boys 0-17 yrs	women 18+	men 18+	TOTAL		
Outcome 3 Communities affected by crisis demonstrate improved hygiene practices and access life-saving WASH services appropriate and relevant to their immediate needs	3: # of women, girls, men and boys reached with WASH services	3,000	544,290	126,129	122,872	147,426	243,545	639,972	232 566	189 009	245 537	192 600	859,712	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	13
Output 3.1 Women, girls, men and boys are enabled to improve hygiene practices and have access to hygiene items to protect against WASH related health risks	3.1.1: % of targeted women, girls, men and boys who report that they wash hands with soap at least 3 critical times	27%	78%	74%	74%	74%	73%	74%					77%	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	13
	3.1.2: % of targeted affected households where soap and water are available for handwashing	33%	73%					74%					79%	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Ukraine	11
	3.1.3: % of women, girls, men and boys who report satisfaction with hygiene materials	25%	84%	76%	75%	75%	75%	75%					85%	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Lebanon, Ethiopia, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria	12
	3.1.4: # of women, girls, men and boys reached through hygiene promotion activities (NEW)	3,000	425,304	69,283	68,210	66,824	57,566	261,883	128,563	110,886	132,497	97,458	469,404	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	13
Output 3.2 Women, girls, men and boys access safe, appropriate and hygienic sanitation services, including environmental sanitation (i.e. excreta management, waste management, vector control)	3.2.1: # of women, girls, men and boys with access to safe, user-friendly and gender appropriate sanitation facilities and/or services	3,930	367,796	56,451	56,004	63,990	60,059	236,504	103,644	93,006	108,907	94,506	400,063	Bangladesh, the Democratic Republic of the Congo, Ethiopia, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	12
Output 3.3 Women, girls, men and boys access safe, equitable and sustainable quantity of water for drinking, cooking, and personal hygiene	3.3.1: # of women, girls, men and boys with safe, equitable and sustainable access to a sufficient quantity of safe water for drinking, cooking and personal hygiene	16,200	317,310	77,938	74,268	92,138	84,976	329,320	62,198	56,487	65,491	57,376	241,552	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	13
Output 3.4 Women and girls of reproductive age, and women, girls, men and boys with incontinence, have access to appropriate hygiene supplies and WASH facilities that support their dignity and well being.	3.4.1: # of targeted women and girls of reproductive age with access to appropriate materials and information ensuring dignified menstrual hygiene management (REVISED)	48	30,548	11,287		10,978		22,265	14,106		18,668		32,774	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	12
	3.4.2: % of women and girls of reproductive age who are satisfied & feel safe when using the WASH facilities during menstruation	17 %	79 %	76 %		75 %		76 %					67%	Afghanistan, Bangladesh, Lebanon, Sahel (Mali and Burkina Faso), Nigeria, Somalia, Sudan, South Sudan	8
	3.4.3 # of people with incontinence with access to appropriate materials, facilities and information to manage incontinence in a dignified manner (REVISED)	0	3,590	1,803	750	3,488	750	6,791	1,427	0	4,147	1,087	6,661	Afghanistan, South Sudan, Ukraine	3

Outcome 4	Indicators	Baseline (2019 or 2020)	Results 2021	Target 2022					Actuals 2022					Countries reporting (see endnote 1)	Number of countries reporting
				girls 0-17 yrs	boys 0-17 yrs	women 18+	men 18+	TOTAL	girls 0-17 yrs	boys 0-17 yrs	women 18+	men 18+	TOTAL		
Outcome 4 SGBV Survivors access life-saving, specialized SGBV services appropriate and relevant to their immediate needs	4: # of survivors accessed services	1324	58,807	13,023	6,790	30,462	15,784	66,059	15,648	2,614	40,965	4,064	63,302*	Afghanistan, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	13
Output 4.1 SGBV survivors access quality, survivor-centred and professional clinical care for sexual violence and all forms of SGBV	4.1.1: # of health care providers in referral health facilities trained on clinical management of rape	51	179			173	189	362			112	86	198	Bangladesh, DRC, Ethiopia, Iraq, Mali, Nigeria, Somalia, Sudan, South Sudan	9
	4.1.2: % of health facilities that meet agreed minimum criteria to provide care to survivors, including having trained staff, sufficient supplies and equipment for clinical management of rape survivor services based on national or international protocols	TBD	90%					88%						61%	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, Sudan, Syria
Output 4.2 SGBV survivors safely access quality, survivor-centred mental health and psychosocial support focused on healing, empowerment and recovery	4.2.1: # of women, girls, men and boys using MHPSS services	4,373	24,153	5,944	1,237	9,745	3,390	20,316	8,973	1,959	16,424	1,259	28,615	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	13
	4.2.3: # of GBV staff trained to provide quality, age-appropriate, focused psychosocial support to women and girls	156	325	20	30	286	183	519	5	2	278	135	413	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	14
Output 4.3 GBV survivors access appropriate, quality case management services including coordinated care and support to navigate available services	4.3.1: # of GBV caseworkers trained on quality GBV case management services	90	209			234	94	328			284	173	457	Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	13
	4.3.2: % of survivors (who completed feedback survey) who are satisfied with the case management services provided	6%	81%	73%	72%	73%	72%	73%					83%	the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	12
	4.3.3: % of locations with updated operational referral pathways (linking multisectoral services)	TBD	93%					91%					84%	Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	13
	4.3.4: # of women and girls using women and girls' safe spaces to meet their needs (e.g. attending one cycle of recreational /psychosocial sessions)	1,830	22,723	10,418		17,292		27,710	13,962		27,329		41,291	Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), South Sudan, Sudan, Syria, Ukraine	12
	4.3.5: # of women and girls receive dignity kits, and/or cash and voucher assistance to reduce GBV risk and promote safety, and dignity and skills training	4,700	19,514	6,434		10,007		16,441	4,140		8,901		13,041	Afghanistan, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), South Sudan, Sudan, Syria, Ukraine	12
Output 4.4 SGBV programming addresses harmful social norms and systemic gender inequality and informs communities about available services	4.4.1: # of GBV programme staff, including volunteers and community workers, trained on GBV guiding principles and GBV Core Package	234	496			474	368	842			451	365	816	Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	13
	4.4.2: # of women, girls, men and boys reached through outreach activities	TBD	184,599	19,124	13,125	39,815	23,815	95,879	51,619	36,730	106,764	44,232	239,345	Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria	12

* South Sudan did not report breakdowns, the numbers reported have been added to the total.

Outcome 5	Indicators	Baseline (2019 or 2020)	Results 2021	Target 2022					Actuals 2022					Countries reporting (see endnote 1)	Number of countries reporting
				girls 0–17 yrs	boys 0–17 yrs	women 18+	men 18+	TOTAL	girls 0–17 yrs	boys 0–17 yrs	women 18+	men 18+	TOTAL		
Outcome 5 Adolescent girls and boys adopt sexual and reproductive health behaviour protecting themselves from health risks	5: # of adolescents reached through ASRH services	1 740	14 710	8 575	4 452	3 785	2 320	19 132	14 895	6 438	8 977	2 860	33 170	Bangladesh, the Democratic Republic of the Congo, Nigeria, Sahel (Mali and Burkina Faso), Sudan.	5
Output 5.1 Adolescents of reproductive age access acceptable, affordable, equitable, effective and efficient age-appropriate quality reproductive health services	5.1.1: # of pregnant adolescents with access to safe delivery facilities	30	2 438	837		255		1 092	1 749		2 676		4 425	Bangladesh, the Democratic Republic of the Congo, Nigeria, Sahel (Mali and Burkina Faso), Sudan.	5
	5.1.2: # of adolescents with access to comprehensive sexuality education and modern family planning	587	11 921	7 137	3 403	3 930	2 734	17 204	10 637	6 820	6 037	3 428	26 922	Bangladesh, the Democratic Republic of the Congo, Nigeria, Sahel (Mali and Burkina Faso), Sudan.	5
	5.1.3: # of health facilities with adolescent responsive health services	4	34					35						39	Bangladesh, the Democratic Republic of the Congo, Nigeria, Sahel (Mali and Burkina Faso), Sudan.
Output 5.2 Adolescent girls and boy develop adolescent-adult partnerships in their communities	5.2.1: # of adolescents involved in the project cycle (planning, assessment, implementation and monitoring)	150	20 314	3 822	1 994	2 468	1 790	10 074	4 131	2 775	3 894	1 974	12 774	Bangladesh, the Democratic Republic of the Congo, Nigeria, Sahel (Mali and Burkina Faso), Sudan.	5
	5.2.2: # of adolescents accessing adolescent friendly spaces	1 300	4 136	4 655	2 655	4 770	2 314	14 394	6 404	4 664	2 440	1 511	15 019	Bangladesh, the Democratic Republic of the Congo, Nigeria, Sahel (Mali and Burkina Faso), Sudan.	5
	5.2.3: # of adults participating in the parent's groups	730	6 403			5 861	3 707	9 568			4 460	3 046	7 506	Bangladesh, the Democratic Republic of the Congo, Nigeria, Sahel (Mali and Burkina Faso), Sudan.	5

Outcome 6	Indicators	Baseline (2019 or 2020)	Results 2021	Target 2022					Actuals 2022					Countries reporting (see endnote 1)	Number of countries reporting
				girls 0–17 yrs	boys 0–17 yrs	women 18+	men 18+	TOTAL	girls 0–17 yrs	boys 0–17 yrs	women 18+	men 18+	TOTAL		
Outcome 6 Enhanced protection of children and young people in situations of crisis and conflict	6: # of children and young people reached	5 738	33 195	6 929	4 283	12 987	314	24 513	12 627	7 461	9 754	2 269	32 111	Afghanistan (FF), Ethiopia, Iraq, Sudan	4
Output 6.1 School aged girls and boys from affected populations supported to access safe education opportunities	6.1.1: # of girls and boys enrolled in supported schools	5 800	2 502	2 309	3 339			5 648	3 195	1 789	309	141	5 434	Ethiopia, Sudan	2
	6.1.2: % of supported schools with safe, sex- and age-appropriate WASH and GBV services, including facilities for children with special needs		N/A					70%					-		-
Output 6.2 Children are protected from abuse, neglect, exploitation and violence	6.2.1: # of children and young people accessing community-supported child-friendly spaces	5 738	2 398	350	3 839			4 189	1 463	943			2 406	Ethiopia, Iraq	2
Output 6.3 Children under 5 and their caregivers (i.e. pregnant and lactating women) improve their nutritional status	6.3.1: # of malnourished U5 children have access to safe and appropriate care	2 613	5 621	965	944			1 909	7 441	7 888			15 329	Ethiopia, Sudan, Afghanistan (FF),	3
	6.3.2: # of pregnant and lactating women receive supplementary food	826	3 299	3 655		12 987		16 642	1 258		9 926		11 184	Ethiopia, Sudan, Afghanistan (FF),	4
Output 6.4 Enhanced protection of women and children who are at risk of human trafficking, and organised prostitution	6.4.1: # of community awareness raising sessions focusing on prevention of trafficking	8	-					-		65			65	Ethiopia	1
	6.4.2: # of responses which includes work on prevention and mitigation of trafficking	-	1					-		3			3	Ethiopia	1

Outcome 7	Indicators	Baseline (2019 or 2020)	Results 2021	Target 2022					Actuals 2022					Countries reporting (see endnote 1)	Number of countries reporting
				girls 0–17 yrs	boys 0–17 yrs	women 18+	men 18+	TOTAL	girls 0–17 yrs	boys 0–17 yrs	women 18+	men 18+	TOTAL		
Outcome 7 NCA's humanitarian response operations are environmentally sustainable and in line with humanitarian and accountability principles	7: % of humanitarian responses that have applied the Core Humanitarian Standards	-	92%					90%					100%	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	14
Output 7.1 NCA operations are accountable to affected population in line with a principled response	7.1.1: % of response locations that have a functional Complaints and Reporting Mechanism to prevent sexual exploitation and abuse	-	98%					100%					78%	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	14
	7.1.2: % of humanitarian operations that conducted a gender and conflict analysis	-	15%					100%					36%	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine.	14
	7.1.3: % of country offices that include a CVA component in their response	-	67%					85%					55%	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	14
	7.1.4: % of NCA humanitarian partners involved in humanitarian coordination platforms at the national or global level	-	94%					95%					97%	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	13
Output 7.2 NCA's humanitarian operations promote sustainable and more environmentally friendly solutions	7.2.1: % of humanitarian operations with at least a basic environmental assessment undertaken	-	92%					100%					29%	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	14
	7.2.2: # of persons reached with safe access to fuel and energy	-	-					-					-	-	-
Output 7.3 NCA's humanitarian operations are compliant with financial and procurement policies and guidelines	7.3.1: # of NCA and partner staff trained on financial management, procurement policies, human resource management, and field-based accountable monitoring	-	243					234					300	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Ethiopia, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, Ukraine	14
	7.3.2: % of humanitarian response funding channelled to national/local agencies	24%	34%					58%					N/A	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria	11

ENDNOTES:

- For the 'Countries Reporting' column, please note: All listed countries are reporting on the related 2022 targets. Targets for 2021–2023 are replications of 2020. Note targets for 2021–2023 are not accumulative.
- For Outcome 5, please note: Age group for Adolescents are: 10–14 and 15–19. 10–14 are recorded under the girls/boys columns and 15–19 under women/men columns in targets.



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