

NCA SAVES LIVES, ALLEVIATES SUFFERING AND PROTECTS HUMAN DIGNITY

**2021
PROGRESS
REPORT
TO THE
NORWEGIAN
MFA**



NORWEGIAN CHURCH AID
actalliance

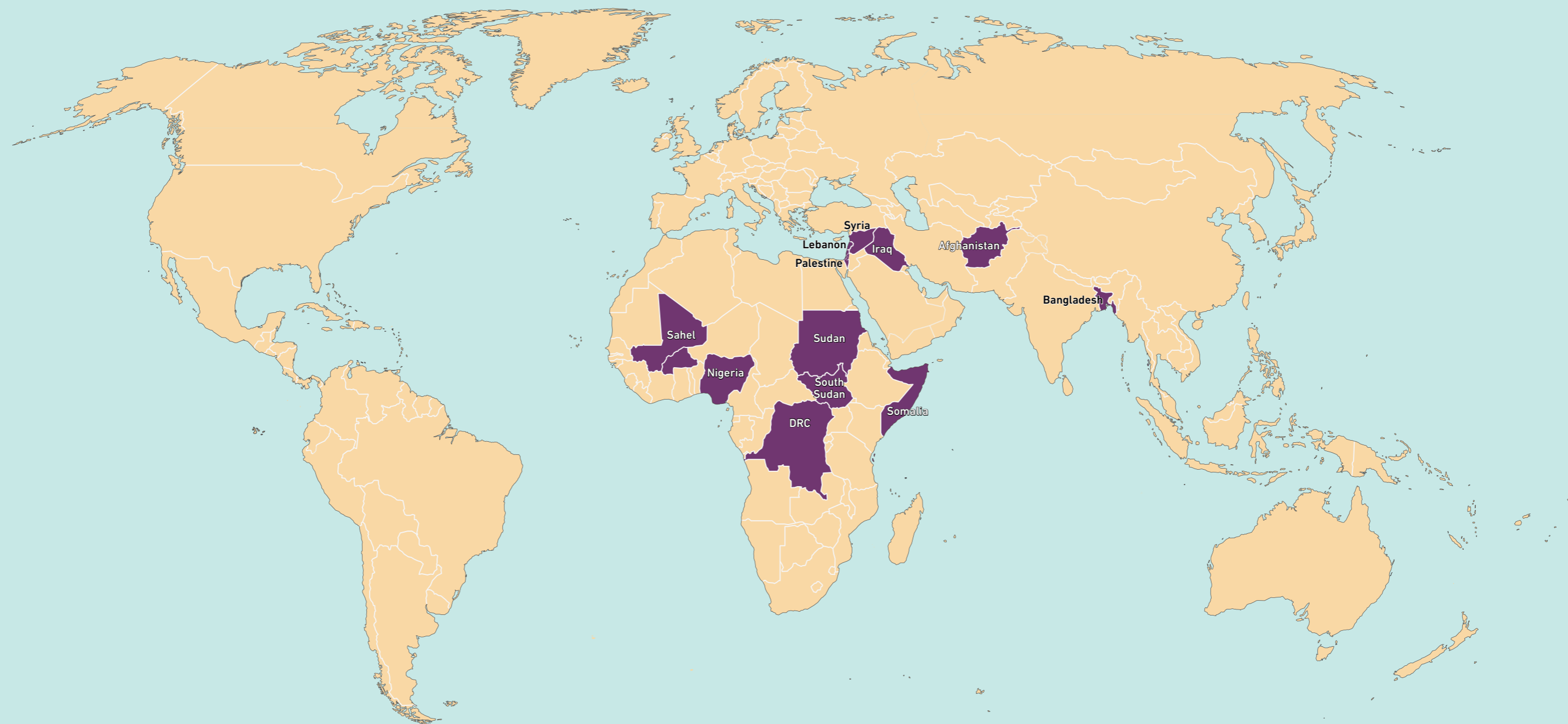
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Cover photo: Norwegian Church Aid provides life-saving water from wells and boreholes in Burkina Faso.
Photo: Håvard Bjelland/Norwegian Church Aid

NCA'S MFA PORTFOLIO COUNTRIES



INTRODUCTION AND HIGHLIGHTS

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Access to safe water in Bilel camp, Darfur, Sudan.
Photo: Håvard Bjelland/Norwegian Church Aid

2021 remained significantly affected by the COVID-19 pandemic and travel restrictions; however, NCA implemented most humanitarian responses as planned, responded to protracted and newly emerged crises, and navigated political unrest and increased insecurity. All country offices show important progress towards reaching the targets set for the 2020–2023 Strategic Partnership Agreement (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).

NCA implemented responses under the SPA in 13 countries. Predictable funding for new emerging crises, through mechanisms like quick impact projects and Flexible Funding, has again proven to be a key factor for NCA to respond in a timely manner. In 2021, NCA initiated rapid responses in Lebanon, Afghanistan, Bangladesh, Ethiopia, Sahel (Mali and Burkina Faso)¹, Palestine, South Sudan and Sudan, reaching a total of 475,347 affected men, women, girls and boys².

RAPID RESPONSES FINANCED BY FLEXIBLE FUNDING IN 2021

Country	Response	Sectors	Budget (NOK)
Sahel	Lifesaving multisectoral humanitarian response for IDPs and host communities (2020 Flexible Funds implemented in 2021)	WASH, GBV	15,780,660
Sudan	Tigray crisis – cross-border Ethiopia/East Sudan	GBV, ASRH	4,000,000
Ethiopia	Tigray crisis - cross-border Ethiopia/East Sudan (to be reported on in 2022)	WASH, GBV, Child Protection	6,000,000
Bangladesh	Cox Bazar fire	WASH, GBV	813,000
Palestine	Gaza war	WASH, Child Protection	9,000,000
South Sudan	Recurring violent conflict (to be reported on in 2022)	WASH, GBV	7,000,000
Afghanistan	Taliban takeover (to be reported on in 2022)	WASH	4,000,000
Afghanistan	Economic crisis from Taliban takeover (to be reported on in 2022)	WASH	4,187,000

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 operational environment, level of civil society presence, need for technical expertise, and security concerns might, in some cases, lead to NCA being operational (Iraq) or semi-operational (for example, in Nigeria). Accompaniment of partners and deployment of technical specialists from the Emergency Response Team, roving staff or members of the emergency roster has proven essential for improving programming quality.

¹ The Sahel response was financed by 2020 Flexible Funds and implemented in 2021, therefore this response is reported in 2021.

² The Afghanistan, Ethiopia and South Sudan responses funded by Flexible Funding will be reported on in 2023.

Throughout 2021, NCA continued to play an active role in global, national and subnational coordination bodies. On the global level, NCA engaged actively in initiatives in its areas of expertise, as a member of the Strategic Advisory group of the Global WASH Cluster, GBV-MHPSS Task Team Chair under UNFPA's leadership in the Global GBV Area of Responsibility, seconding a technical WASH expert to UNHCR and as a key actor in several ACT Alliance technical working groups. NCA also dedicated a substantial effort to increase national and sub-national coordination engagement, with six of the countries under the SPA supporting positions in coordination bodies.

In 2021, NCA introduced a new and custom-designed Project and Information Management System (PIMS) globally. The digital platform allows all NCA Country Offices to track progress in projects and programmes and allows more consolidated and analytical reports. It also contains day-to-day project management functions, enabling more transparent decision-making and clear communication and information sharing. This new digital solution requires some organisational adjustments based on experiences from 2021 and using PIMS optimally is a longer-term learning process. However, during the 2021 reporting process, NCA has seen significant improvement in available and trackable data.

RESPONSE SUMMARY 2021

Four-year Responses, excluding Flexible Funding

Country	Sectors	2021 Budget (NOK)
Lebanon	WASH, GBV	23,700,000
Nigeria	WASH, GBV, ASRH	15,550,000
Somalia	WASH, GBV	8,001,000
South Sudan	WASH, GBV	16,000,000
Syria	WASH, GBV	33,300,000

One-year Responses, excluding Flexible Funding

Country	Sectors	2021 Budget (NOK)
Afghanistan	WASH, GBV	6,000,000
Bangladesh	WASH, GBV, ASRH	10,839,000
Democratic Republic of Congo	WASH, GBV, ASRH	13,480,000
Iraq	GBV, Protection	10,050,000
Palestine	WASH, GBV	5,500,000
Sahel - Mali and Burkina Faso	GBV, ASRH	6,860,000
Sudan	WASH, GBV, Protection	2,281,000

KEY FIGURES

100%

of NCA responses were supported by NCA Head Office Emergency Response Team personnel, humanitarian thematic advisors, and humanitarian support functions

475,347

women, girls, men and boys reached through quick impact projects and flexible funding

16

national or sub-national coordination bodies led by NCA

544,290

women, girls, men and boys reached with WASH services

425,304

women, girls, men and boys reached through hygiene promotion activities

367,796

women, girls, men, and boys accessed safe, user-friendly, and gender appropriate sanitation facilities and/or services

317,310

women, girls, men and boys with safe, equitable and sustainable access to a sufficient quantity of safe water for drinking, cooking and personal hygiene

58,807

survivors of sexual and gender-based violence accessed services

24,153

women, girls, men and boys used mental health and psychosocial services

325

SGBV staff trained to provide quality, age-appropriate, focused psychosocial support to women and girls

14,710

adolescents reached through ASRH services

2,398

children and young people accessed community-supported child-friendly spaces

3,590

people accessed appropriate materials, facilities and information to manage incontinence in a dignified manner

98%

of response locations have a functional Complaints and Reporting Mechanism to prevent sexual exploitation and abuse

67%

of country offices included a cash and voucher assistance (CVA) component in their response

PROGRESS IN 2021

2

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

KEY FIGURES

100% of NCA responses were supported by NCA Head Office Emergency Response Team personnel, humanitarian thematic advisors, and humanitarian support functions.

96% of humanitarian operations were based on robust assessment and needs analysis.

475,347 women, girls, men and boys reached through quick impact projects and flexible funding

20 emergency responses where NCA roster members were deployed.

Three evaluations of humanitarian responses were carried out.

COUNTRIES REPORTING (12)

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

RESULTS ANALYSIS

100% of NCA responses were supported by NCA Emergency Response Team (ERT) personnel, humanitarian thematic advisors and humanitarian support functions. The flexibility provided by the quick impact project and responses financed by Flexible Funding has proven crucial to respond in a timely manner and meet the immediate needs of crises-affected populations in new and escalated emergencies. NCA humanitarian responses are based on needs assessments and analysis of needs. NCA's ERT, humanitarian support functions and emergency preparedness roster ensure that NCA has the sufficient surge capacity to respond to crises rapidly and at scale.

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

In 2021, 54 humanitarian projects were implemented in 12 countries, 96% of which were based on a robust needs assessment analysis.

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

Globally, NCA and its partners reached 475,347 people (122,452 girls, 122,294 boys, 128,052 women and 102,549 men) with access to timely, lifesaving assistance in sudden onset crises through quick impact projects and responses financed by Flexible Funding. In 2021, Lebanon was affected by a series of mutually reinforcing crises, including a devastating recession, leaving families in a dire situation and unable to access any social support and meet their basic needs. Through a quick impact project, NCA reached 4,386 men, women, girls and boys in unconditional cash assistance for families at risk in Beirut and Mount Lebanon, enabling them to meet their basic needs. Flexible Funding enabled NCA to respond rapidly to meet the prioritised needs of crises-affected people in emerging responses in Afghanistan, Bangladesh, Ethiopia, Sahel (Mali and Burkina Faso)¹, Palestine, South Sudan and Sudan, reaching a total of 470,961 affected men, women, girls and boys².

¹ The Sahel response was financed by 2020 Flexible Funds and implemented in 2021, therefore this response is reported in 2021.

² The Afghanistan, Ethiopia and South Sudan responses funded by Flexible Funding will be reported on in 2023.

Hand washing station by the toilets at a health clinic in Bilel, Darfur, Sudan.
Photo: Håvard Bjelland/Norwegian Church Aid

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

NCA has established an ERT roving team within the humanitarian division with expertise in water, sanitation and hygiene (WASH), sexual and gender-based violence (SGBV) and adolescent sexual reproductive health (ASRH), ensuring surge capacity for humanitarian responses. In addition, the humanitarian division at NCA's Head Office has experienced and competent staff who are available to travel on 48-hours' notice. In 2021, NCA deployed roving staff to South Sudan (SGBV), Sudan (SGBV, WASH, logistics) and Angola (SGBV) for longer assignments related to new or current responses and to improve the capacity of the country office.

The NCA emergency preparedness roster consists of 94 qualified and trained personnel within NCA's sectors of expertise in emergencies. In 2021, 20 roster members (8 women, 12 men) were deployed to support NCA humanitarian responses. Roster members with expertise in WASH, SGBV, ASRH, logistics, emergency coordination, and emergency operations management were deployed to Angola, Bangladesh, Burundi, DRC, Mali, Burkina Faso, Nigeria, Sudan, Tanzania, Venezuela and Zambia. Due to COVID-19 restrictions limiting access, the ASRH deployment to Bangladesh was conducted remotely.

In 2021, NCA launched a digital roster management platform, which digitalised manual tasks around member management and deployments. The platform collects data, generates relevant statistics and allows members to update their profiles easily. The platform has been successfully used for advertising roster positions, which has improved the efficiency of deployments. NCA has also recruited a roster coordinator to organise deployments, resulting in a more streamlined and smoother roster recruitment and deployment process.

NCA has two prepositioned WASH kits in the warehouse in Oslo, with a capacity to support 10,000 people with emergency access to water, sanitation and hygiene facilities. There were no requests from country offices to deploy WASH kits. Based on an analysis of past years' experiences and use of the WASH kits, in 2022, NCA will transport existing kits to selected country offices for preparedness use. NCA will sign agreements with relevant companies to be able to procure quickly, with the aim to procure the majority of WASH equipment locally.

OUTPUT 1.4 HUMANITARIAN RESPONSES ARE IMPROVED BY LEARNING AND EVALUATIONS

Training attendance was limited in 2021 mainly due to the pandemic and its associated restrictions. In August, NCA had a virtual roster gathering with 46 roster members, as in-person training was impossible, focusing on strengthening humanitarian capacity. The virtual gathering was a success and re-ignited the excitement and engagement in the roster. In the first half of 2021, when in-person training was not feasible, virtual mini-HEAT security training was provided to relevant staff to provide roster members and staff with refresher security training. Five roster members and one ERT staff participated in in-person HEAT security training in 2021.

Three CO-level evaluations of humanitarian responses were carried out in 2021; in Palestine, Bangladesh and Sudan.

DEVIATIONS

In 2021, many COs experienced new and emerging humanitarian needs that required additional funding. This is reflected in the people reached through quick impact projects and responses funded by Flexible Funding; 475,347 people were reached compared to the target of 220,000.

NCA responded to most roster requests, although there were delays due to national quarantine and COVID-19 restrictions, meaning the number of roster deployments was lower than planned. Out of 55 planned, 20 deployments were conducted. Several NCA country offices reported deploying national staff to mitigate delays caused by travel restrictions and mandatory quarantines, which pushed country offices to seek alternative solutions.

No WASH kits were requested in 2021, as explained above.



Fatima Musa has collected blankets and hygiene items from NCA's distribution point. She has just returned to safety after an attack on her village. Distribution of non-food items to internally displaced people outside Nyala, Darfur, Sudan. Photo: Håvard Bjelland/Norwegian Church Aid

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

KEY FIGURES

Five coordination mechanisms supported by NCA through technical input and leadership

Four global advocacy initiatives NCA actively engages with

Three global technical working groups NCA actively engages with

16 national or sub-national coordination bodies led by NCA

COUNTRIES REPORTING (6)

Bangladesh, Iraq, Nigeria, Sahel (Mali), South Sudan, Sudan, plus NCA Head Office.

RESULTS ANALYSIS

In 2021 NCA continued to consolidate its role in global coordination mechanisms while expanding its support to national and sub-national coordination. Through these engagements and the secondment of technical experts to lead agencies engaged in our principal sectors of expertise (WASH and SGBV), NCA made substantial progress in 2021 toward achieving improvements in system-wide quality of humanitarian coordination.

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 2021, especially those related to our particular areas of expertise. For World Toilet Day, NCA particularly challenged male leaders to break the taboos that challenge especially the basic human rights of women and girls. For International Menstrual Hygiene Day, NCA produced a digital story documenting the reality faced by women and girls in humanitarian situations. In September, NCA signed the Climate and Environment Charter for humanitarian organisations, and the "Sustainable NCA" working group continues to develop plans for meeting those commitments. In view of the extraordinary impact of the COVID-19 pandemic, NCA has contributed to several initiatives aimed at vaccine equity, including at the global level through the ACT Alliance. NCA continued to be actively engaged with global networks of which it is a member. This included contributing substantive information on NCA's localisation practices for use in the Charter for Change's advocacy efforts. Wrapping up a major initiative from 2020, NCA concluded its co-leadership of the Emergency Preparedness and Response Plan working group of the ACT Alliance, finalising the development of the revised EPRP template and establishing a digital platform for all ACT Forums to access.

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

Continuing to engage in global technical working groups, NCA remained a member of the Strategic Advisory Group for the Global WASH Cluster, contributing to the strategic steering of the WGC. NCA also engaged in the WGC's Menstrual Hygiene Management sub-group and discussions of new technologies for the sector.

NCA continued to support improved quality of humanitarian efforts at the global level through secondments to lead agencies in our sectors of expertise. This included the secondment of a GBV-Mental Health and Psycho – Social Support (MHPSS) Task Team Chair under UNFPA's leadership in the Global GBV Area of Responsibility, with the mandate of improving global guidance for GBV psychosocial support for the global cluster for GBV in Emergencies. NCA also continued to support UNHCR in 2021, but with a change of focus for the staff secondment, shifting the resource from an operational to a strategic role, specifically on WASH in institutional spaces. This shift was based on a re-structuring and re-visioning of UNHCR's technical support section and NCA's desire to see a more strategic approach to how WASH works with other sectors. A mapping exercise was undertaken to ascertain what kinds of challenges operations face. Technical support, such as designs or approaches, was provided, and a framework to support inter-sectoral coordination was developed. This framework will be rolled out in 2022.

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 16 leadership positions in national or sub-national coordination bodies in 2021. These coordination positions were principally in NCA's sectors of expertise, namely WASH and SGBV, although NCA also co-led the NFI sub-national cluster for Warrap State in South Sudan. NCA also took on leadership of ASRH coordination, for example, in Monguno, Borno State, Nigeria, as it continues to build expertise and recognition in this sector. The total engagement in national and sub-national coordination was four times the target level, demonstrating NCA's focused effort to engage in improving humanitarian coordination, especially at the most local level, where there is often the most significant impact on the quality of aid reaching beneficiaries and yet most often the largest gap in adequate coordination and adherence to standards.

NCA contributed three staff to the Field Support Team of the Global WASH Cluster at the global level, thereby directly supporting operational surge capacity to national coordination bodies through in-country deployments and remote and virtual support. In 2021 the FST provided 20 deployments to 12 countries and remote support to a further 28. It further supported strengthened coordination by providing webinars aimed particularly at developing 2022 Humanitarian Response Plans and producing technical guidance documents. One of NCA's employees noted that the agility with which FST staff are deployed has catalysed for many national clusters to capitalise on the momentum of partner engagement in the critical first weeks of response to rapid-onset emergencies cementing the clusters' ability to continue operating to quality standards throughout the response.

DEVIATIONS

The result of NCA's support for the effectiveness and quality of humanitarian response at the national and sub-national levels through coordination and planning was 400% of the target for 2021. This deviation resulted from a substantial effort to increase engagement in national and sub-national coordination, with six of the framework countries supporting positions in such coordination bodies. This result can only be considered a positive outcome that enhanced NCA's ability to support "the effectiveness and quality of humanitarian response at the national and sub-national levels."

Meanwhile, the 2021 result for supporting improved quality and coordinated humanitarian efforts at the global level was a total of three, short of the total target of five. While NCA continued to support the key coordination bodies in our sectors of expertise – the Global WASH Cluster and the GBV Area of Responsibility – NCA consolidated its engagement in sub-bodies and specific technical working groups based on NCA could best add value, as well as shifting greater attention to the national and sub-national level.

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

KEY FIGURES

544,290 women, girls, men and boys reached with WASH services	78% of targeted women, girls, men and boys reported washing hands with soap at least 3 critical times	425,304 women, girls, men and boys reached through hygiene promotion activities	367,796 women, girls, men, and boys accessed safe, user-friendly, and gender appropriate sanitation facilities and/or services
317,310 women, girls, men and boys with safe, equitable and sustainable access to a sufficient quantity of safe water for drinking, cooking and personal hygiene	30,548 targeted women and girls of reproductive age accessed appropriate materials and information, ensuring dignified menstrual hygiene management	79% of women and girls of reproductive age are satisfied and feel safe when using the WASH facilities during menstruation	3,590 people with incontinence accessed appropriate materials, facilities and information to manage incontinence in a dignified manner.

COUNTRIES REPORTING (11)

Afghanistan, Bangladesh, the Democratic Republic of the Congo, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, plus one global project.

RESULTS ANALYSIS

Continued progress was made in 2021 in NCA's efforts to provide lifesaving WASH services, with activities in eleven countries. At the outcome level, those reached should receive or have access to all three main components of WASH - water, sanitation and hygiene, for increased impact. NCA and partners either provided all three components through a holistic approach, like our response to IDPs and host communities in South Sudan or filled a specific gap with another organisation implementing complementary activities. In 2021, NCA reached 544,290 people against a target of 223,645. The above target responses were largely due to activities in urban settings where larger numbers of people can be reached.

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

NCA's work in hygiene in 2021 was very much grounded in the global response to COVID-19. Hygiene promotion activities took place at the household level and in institutions such as schools, focusing on handwashing with soap as a COVID-19 prevention measure. Hygiene promotion messages were disseminated through different channels, including household visits, community sessions targeting particular topics such as hand washing, and demonstrations during distributions. Radio broadcasts were used in Palestine. In Bangladesh, NCA's partner NGO Forum developed an educational video on menstrual hygiene management (MHM), involving members of the Rohingya community, increasing acceptance of this sensitive subject. WASH-related non-food items were given in kind or through e-vouchers (Palestine). Cash and voucher assistance is an area NCA plans to expand to allow households to have more flexibility in choosing the WASH services that better meets their needs.

In 2021 NCA and partners reached 425,304 against a target of 220,443. Targeted affected households where soap and water are available for handwashing was 73%, slightly below the 75% target. The percentage of targeted women, girls, men and boys who report that they wash hands with soap at least three critical times was 78, against a target of 75%, and the level of satisfaction recorded in post distribution monitoring of hygiene items was 84% against a target of 75%.

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)

Activities related to sanitation reflect areas that NCA and partners work in, from the rehabilitation of sewage pumping stations and public sewer networks in Palestine and Syria to latrine and shower construction in IDP and refugee settlements. Linking with output 3.4, which focuses on MHM and incontinence, NCA and partners constructed female-friendly facilities with separate washing rooms for MHM, like in DRC, where women reported they now feel safer using the facilities.

Solid waste management is an integral part of sanitation. In Lebanon, two communities hosting refugees were supported with integrated solid waste management assistance. A waste sorting facility was constructed in Arsaal, and the capacity of an existing facility in Amioun increased. In 2021, NCA interventions reached 367,796 people with access to safe sanitation services, an increase from the 92,287 reached in 2020 and against a target of 137,602.

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

NCA reached 317,310 people in 2021, an increase of 136% from the 134,407 people reached in 2020 and against a 2021 target of 216,273. Projects included the rehabilitation and construction of boreholes and spring catchments with water distribution networks. Solarisation was used to reduce the reliance on diesel generators which are costly and less environmentally friendly. Drought conditions remain challenging in many countries, including Somalia, where five Berkads were constructed to harvest rain and surface water to provide a much-needed alternative water source. This was accompanied by activities and awareness raising on household treatment methods. In Pulka, Nigeria, water trucking supplemented boreholes where the yield was low during the dry season. Additional pressure was put on the water sources due to the influx of IDPs.

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

Menstrual Hygiene Management (MHM), an area that is rarely given adequate support in a WASH response and is often considered an add-on component, is a priority area for NCA. Responses include providing MHM materials, improving the design of WASH facilities to be more female friendly and providing information on menstrual hygiene management. Activities were conducted at schools and women and girl safe spaces to improve knowledge, dispelling myths through shared videos, games and awareness material. 30,548 women and girls were reached with MHM support in 2021 against a target of 13,067, with 79 % of women and girls of reproductive age who are satisfied and feel safe when using the WASH facilities during menstruation; this is against a target of 75%

There is little guidance and documentation on supporting people with incontinence in emergencies. In 2022, NCA will explore how to engage and support people with incontinence, given the sensitive nature of the topic. In 2021 kits containing adult diapers and other appropriate materials were distributed to 100 people in Syria and 90 in Lebanon, which is below the target of 3000. The below target reflects that it is a new area that few organisations try to address, together with sensitivity of the subject and the lack of information on how best to respond. In Lebanon, information sessions on incontinence were also provided in dispensaries, and elderly homes and health centres were provided with 10,000 adult diapers.

GLOBAL PROJECTS

NCA developed and disseminated an Emergency WASH Toolkit, a digital collection of guidelines, tools and templates to strengthen the effectiveness and quality of NCA WASH interventions. The toolkit has resources on Water, Sanitation, Hygiene and Data Collection as well as mainstreaming and integration with other sectors such as SGBV and Adolescent Sexual & Reproductive Health. The toolkit is available for all NCA staff, roster staff and partner staff. NCA piloted new technology and approaches in areas such as solar powered water supply, real-time remote monitoring, menstrual hygiene management and faecal sludge management. All pilots generated learnings through the WASH Learning Series and contributed to organizational awareness and learning. It was disseminated through the NCA Emergency WASH Toolkit, in the NCA WASH Community of Practice and other relevant internal and external channels.

NCA continued to build on initiatives started in 2020 and strengthen its organisational competency in humanitarian WASH responses. NCA started two pilot projects in 2021, contributing to organisational learning. One was the remote monitoring of the water supply to a refugee settlement in Angola, and the second was on MHM and piloting the menstrual cup in Mali. Based on the learnings generated, these pilots will be replicated and/or scaled up in other locations in 2022. NCA also selected a company to implement the Nigeria country office's faecal sludge management project, starting in 2022, exploring the revalorization of nutrients in faecal matter as a part of the value from waste initiative.

DEVIATIONS

In 2021, NCA faced some deviations from planned activities. The volatile nature in Syria led to some funding being reallocated to the Lebanon response. In Lebanon and Palestine, savings were made on the tendering of activities used for additional activities which increased the number of people reached. In Sudan, inflation resulted in a reduction in the number of beneficiaries reached.



Hand washing station by the toilets at a health clinic in Bilel, Darfur, Sudan.
Photo: Håvard Bjelland/Norwegian Church Aid

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

KEY FIGURES

58,807 survivors of sexual and gender-based violence accessed services

179 health care providers in referral health facilities were trained on the clinical management of rape

24,153 women, girls, men and boys used mental health and psychosocial services

325 SGBV staff trained to provide quality, age-appropriate, focused psychosocial support to women and girls

209 SGBV case workers were trained on quality SGBV case management services

496 programme staff, including volunteers and community workers, trained on SGBV including principles and GBV Core Package

COUNTRIES REPORTING (12)

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

RESULTS ANALYSIS

58,807 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.

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

179 health care providers were trained on clinical management of rape and intimate partner violence to ensure lifesaving and specialised care at health clinics, hospitals and referral institutions, against a target of 164. Survivors requiring surgeries or with genital injuries were referred to higher levels of care. NCA collaborates with the Ministries of Health and UNFPA regarding the clinical training and distribution of post-rape treatment kits.

90% of assessed health facilities met the minimum criteria for caring for survivors, which aligns with the 2021 target. The primary reason for not meeting the minimum criteria is security and drug availability.

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

24,153 women, girls, men and boys accessed mental health and psychosocial support services, including individual counselling and group sessions, using relaxation, grounding, activation, behaviour change techniques, and psychoeducation to address symptoms and challenges described by survivors. NCA facilitated family counselling and PSS sessions to family members of SGBV survivors to provide tools, learning and techniques to equip them to support their children. The target was 6,977, and the increase is due to effective outreach activities creating awareness of available services. The heavy caseload was a stress for support teams; therefore, in 2022, NCA will increase the availability of staff time. NCA trained 325 SGBV staff to provide quality, age-appropriate, focused psychosocial support to women and girls against a target of 212.

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

To assist with survivor-centred coordinated care, NCA facilitates SGBV Case Management services and training for SGBV caseworkers to enhance quality coordinated care. From the start of the COVID-19 pandemic, NCA has also focused on providing remote care and remote support for survivors by telephone. Bangladesh, Lebanon, Mali, Burkina Faso, Palestine and Somalia used the client satisfaction survey to monitor the quality of case management services provided, and 81% indicated satisfaction with services provided.

92% of locations have an updated referral pathway to ensure that all survivors receive coordinated care from a multisectoral perspective. NCA aimed for 100% of the locations to have an updated referral pathway, and the discrepancy is related to insecurity, access, and externally delayed coordination processes (i.e., local GBV sub-clusters or UNFPA).

22,723 women and girls accessed Women and Girls Safe Spaces, where they were supported with psychosocial support, medical checks, skills building, empowerment building and safety and security, including referrals. The target was 12,283, and the increase is attributed to good outreach activities creating knowledge of available services.

17,051 women and girls received dignity kits. Some countries distributed cash instead of kits. NCA and partners in DRC, Lebanon, Mali, and Burkina Faso distributed emergency protection cash to vulnerable survivors and at-risk women and girls to prevent and protect from violence and negative coping mechanisms.

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

NCA trained 496 staff members and volunteers on GBV guiding principles and the GBV Core Package to create a supportive environment for survivors' reintegration into communities. Participants were empowered with skills and knowledge to enable them to work within the principles of SGBV while working with survivors without causing further harm.

184,599 women, girls, men and boys were reached through outreach activities to increase understanding and awareness of SGBV, stigma related to being a survivor, enhancing reintegration and primary prevention of SGBV. The overachievement of the target (94,758) is due to using radio, media and other high-reach outlets.

GLOBAL PROJECTS

NCA completed the revision and update of the 5-day Clinical Management of Rape and Intimate Partner Violence (CMR-IPV) Training Manual. The CMR-IPV training manual supports facilitators in delivering a 5-day training on how to provide first line support and clinical care to survivors of sexual violence and intimate partner violence – including women, girls, men and boys, including how to prepare the health facility to provide care.

The ENGAGE (Enhancing Girls Agency and Gender Equality) toolkit supported community outreach workers to identify and refer adolescent girls who needed additional specialised case management services, including girls at risk of child marriage and those already married. Once cases had been received, trained case workers could provide information, referrals to specialised services, support, and safety planning. In-person training in both Iraq and Somalia allowed case workers to build on their existing skills and better understand how to provide coordinated and professional case management services to girls at imminent risk and those who are already married and widowed or divorced. The ENGAGE toolkit is being piloted in Somalia and Iraq.

Nigeria piloted the Starting the Journey to Nonviolence: A Reflective Practice with Men, targeting men in humanitarian settings with an 11-week curriculum to reduce risk and mitigate consequences associated with three forms of gender-based violence, 1) sexual violence, 2) intimate partner violence, and 3) Child and forced marriages – which are widespread in humanitarian settings.

DEVIATIONS

The major deviation for the SGBV programme in 2021 was related to insecurity; the August 2021 Taliban take over in Afghanistan resulted in project delays and disruption, and in Sudan during the military coup.



*Capacity building for NCA and SGBV case workers, outreach workers and social workers in Duhok, Iraq.
Photo: Norwegian Church Aid, Iraq*

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

KEY FIGURES

14,710 adolescents reached through ASRH services

2,438 pregnant adolescents with access to safe delivery facilities

11,921 adolescents with access to comprehensive sexuality education and modern family planning

20,314 adolescents involved in the project cycle

4,136 adolescents accessed adolescent-friendly spaces

6,403 adults participated in the parent's groups

COUNTRIES REPORTING (5)

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

RESULTS ANALYSIS

Overall, 14,710 adolescents were reached through adolescent sexual and reproductive health (ASRH) information and services, including antenatal care, safe deliveries, post-natal care, and family planning information and counselling. This result was achieved through awareness raising, engaging with adolescents, parents and community leaders, and either through the support of health facilities or partnership and referral to health facilities.

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

2,438 adolescents had access to safe delivery services. This was achieved by identifying pregnant adolescent girls in the community, providing information about the danger signs during pregnancy and childbirth, information about available health services, and referral to health facilities. In Bangladesh, partners offered support with transport to health facilities. In DRC, this was achieved by paying delivery fees. In DRC and Nigeria, this was achieved by providing safe delivery supplies to health facilities.

11,921 adolescents had access to comprehensive sexuality education and modern family planning methods. This was often adapted to simplified information on adolescent sexual and reproductive health through community awareness sessions in Sudan, information and education sessions within Women and Girls' Safe Spaces for adolescent girls in Nigeria and Sudan, community centres for adolescent boys in Sudan, or within adolescent friendly spaces in health facilities in DRC and Bangladesh, and often integrated within information sessions on gender-based violence prevention and response and menstrual hygiene and management. There is a need to support high-quality, participatory, sustained life skills curriculums and comprehensive sexuality education.

The adolescents' access to modern family planning methods was achieved by providing information and education to adolescents and caregivers on the availability of modern family planning methods and how to access them. In Sudan, condoms were distributed during football matches, and NCA and partner staff trained health care providers on how to provide information and counselling on family planning methods. In Nigeria, Bangladesh, and DRC, modern family planning methods were procured and provided to health facilities.



Twice a month, Asma Salih Yosif educates mothers on topics like breastfeeding, child rearing, birth spacing, family planning methods and the importance of safe delivery care. Khamsadagai nutrition centre, Darfur, Sudan.
Photo: Håvard Bjelland/Norwegian Church Aid

In 2021, 34 health facilities had adolescent responsive health services. NCA staff trained health care providers on adolescent-friendly communication and conducted regular assessments using a checklist on adolescent-responsive health facilities. There is a need to improve the training, and supportive supervision of health care providers and improve health facilities' responsiveness to ASRH needs. NCA will provide remote and in-person training on adolescent-responsive SRH services, will promote the use of an ASRH Health Facility Checklist as a monitoring tool and to develop action plans. NCA will also adapt existing supportive supervision tools and support COs in their use.

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

A total of 20 314 adolescents were involved in the project cycle (planning, assessment, implementation and monitoring). This was achieved by meaningfully engaging with adolescents about the design of services and adapting to their recommendations and suggestions. This included incorporating ASRH into literacy and recreational activities. In Sudan, adolescent boys wanted Arabic and English literacy classes. In Bangladesh, adolescents wanted sports and handicraft activities.

A total of 4136 adolescents accessed adolescent-friendly spaces.

6,403 parents participated in parents' groups, which engaged parents on the benefits and importance of adolescents' access to sexual and reproductive health information and services. However, they encountered challenges with taboos and resistance. This challenge was addressed through focus group discussions with parents to understand their priorities and the promotion of curriculums to guide conversations with parents on ASRH, including IRC's Girl Shine. In 2022, NCA will pilot a tool to improve parental engagement.

GLOBAL PROJECTS

The ASRH advisor and the Roving ASRH Advisor provided in person and remote technical support to the CO responses through country training and supervision. The Roving ASRH Advisor worked together with the ASRH programme managers and health care providers, providing training on ASRH programme management, key competencies of ASRH health care providers, and principles of adolescent responsive SRH services. In various country offices, NCA used the IAWG ASRH Toolkit's ASRH Health Facility Checklist to assess the health facilities' characteristics, policies, and actions to respond to adolescents' SRH needs and identify gaps and activities to improve the adolescent responsiveness to health facilities.

In 2020, NCA conducted a feasibility study on cash and voucher assistance (CVA) and the effect on SRH outcomes in DRC. The feasibility study was intended to address the gap in evidence on the effectiveness and feasibility of using CVA programming to improve SRH outcomes, including reducing the vulnerability of adolescents, reducing barriers to accessing SRH services, improve access to SRH services in humanitarian settings. In 2021, NCA Nigeria conducted a feasibility study on CVA and SRH in Nigeria. The study involved focus group discussions (FGDs) with women, girls, and boys to understand their perceptions and needs. The study also involved a market analysis. The FGDs will be analysed, and a report with recommendations will be finalized in 2022.

In 2021, NCA developed an adapted family planning training toolkit to enhance NCA's engagement, level of knowledge, competence and commitment to increasing access to family planning methods and services among men, women, boys and girls and ensuring vulnerable groups and people with disabilities are included in the services. NCA plans to pilot this in Malawi in 2022, after which it will be further rolled out in other countries.

To improve knowledge of engaging with parents to enhance access to ASRH information and services in humanitarian emergencies, a literature review was conducted to identify interventions to improve parental engagement of adolescent SRH to adapt then potentially to NCA programming. In addition, a review of existing tools was conducted to determine transferable tools for NCA programmes. This review of literature and existing tools will inform the pilot of an intervention to engage parents to improve adolescents' access to SRH information and services in 2022.

DEVIATIONS

The reported results are significantly above the baseline targets from 2021, as the number of countries reporting on this outcome increased from four to five. Sudan is newly reporting on this outcome, and in DRC, two additional partners included the ASRH component in their emergency responses.

There were challenges with data collection, analysis and reporting in 2021 due to new ASRH programming, staff gaps and turnover at head office and country offices, and training and capacity building gaps on the results framework guidance. One specific challenge is the misreporting of age disaggregated data. The data could be collected and disaggregated by sex and age with the age groups 10–14 and 15–19 and entered the age group 10–14 into the age groups under 18 and entered the age group 15–19 in the over 18 sections. Country offices and partners collected and reported the data inconsistently, with some aggregating 10 to 19 and others including data on adults. Another challenge is a lack of the consistent application of indicators, and inconsistent data collection methods, resulting in above-target results.

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

KEY FIGURES

33,195 children and young people in situations of crisis and conflict reached.

2,502 girls and boys enrolled in supported schools.

2,398 children and young people accessed community-supported child-friendly spaces

5,621 malnourished children under 5 accessed safe and appropriate care

3,299 pregnant and lactating women received supplementary food

COUNTRIES REPORTING (3)

Iraq, Sudan, Palestine and one global project.

RESULTS ANALYSIS

Two of NCA's 12 humanitarian operations successfully supported various sectors, including health, education, and nutrition, in 2021. Beneficiaries reached included refugees and host community members, resulting in an improvement in awareness and provision of primary health care and the development of healthy coping mechanisms.

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

In Sudan, the object of activities was to improve the overall standard and quality of education provided to children. Furniture, educational equipment, materials and supplies were provided to three schools, increasing the overall quality of the learning environment for 2,502 children (1,289 boys, 1,213 girls). Capacity building initiatives were conducted with teachers and relevant personnel within the school's administration and management, increasing the quality of education.

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

In 2021, the target was reached. In Iraq, activities and services provided in child Safe Spaces benefited 2,398 children (955 boys and 1,443 girls) in developing resilience and positive coping skills. Activities and services involved active participation and engagement and were tailored to the beneficiaries' individual needs, including non-clinical psychosocial support, child/youth resilience activities, adolescent programming, and protection mechanisms.

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

The number of beneficiaries reached surpassed the target by over 7,000 in 2021. In Sudan, 5,621 children (2,486 boys, 3,135 girls) under 5 received nutritional support through services provided under the Outpatient Therapeutic Programme and Target Supplementary Feeding Programme. 3,299 malnourished pregnant and lactating women received micronutrient supplementary food during the implementation period. To increase overall nutritional awareness and encourage behavioural change, established mother groups conducted Infant and Young Child Feeding interventions. Health and nutrition education were also conducted on a daily basis in nutrition feeding centres and at the community level carried out by local nutrition volunteers.

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

See deviations.

GLOBAL PROJECTS

In 2020, NCA developed a community awareness module focused on integrating Trafficking in Persons (TIP) prevention and mitigation into the existing community structures, particularly under WASH and SGBV outreach work. This intervention has been developed to ensure a holistic approach to counter trafficking efforts at the country level, increasing the reach probability of at-risk populations. The module creates awareness to prevent and mitigate risks, and country teams are to develop referral pathways to relevant government bodies before starting the community work to ensure that referrals can be made for persons at risk of trafficking and/or when communities notice that traffickers are recruiting in their areas.

Initially, it was intended to pilot this intervention in various NCA country offices, but due to multiple factors, including restrictions imposed by COVID-19, and political instability, it was decided to focus pilot efforts in Ethiopia. In October 2021, a 5-day in-depth counter-trafficking training was provided in Addis Ababa for 19 participants, including NCA Ethiopia staff, NCA's partner EOC-DICAC and governmental actors. The aim of the training was twofold: Firstly, the training aimed at increasing participants' knowledge and awareness of various components of TIP and secondly, guiding how to integrate prevention and mitigation activities into existing outreach structures, therefore ensuring a holistic response at the country level. Through active participation and discussion, areas for possible intervention were identified, and a work plan was developed. The work plan will structure and provide action points to assist in effectively implementing TIP into existing programmatic activities.

In 2021, the toolkit was translated into French and uploaded onto a digitalised platform, Episerver. The platform aims to expand accessibility and utilisation of the intervention.

As TIP is a relatively new area for NCA, to ensure programmatic effectiveness, the focus currently lies on increasing organisational capacity on the issue to ensure that implementation efforts do not cause harm and are in alignment with humanitarian principles. In response, it was decided that additional piloting of the community awareness module is needed. In 2022, both Mali and Malawi will receive a 5-day training, conduct a TIP contextual analysis, and identify areas where TIP activities can be effectively integrated into existing thematic outreach activities.

DEVIATIONS

Under output 6.1 The number of school-aged girls and boys who were supported with access to safe education opportunities was 45% less than the target, as a direct result of market inflation in Sudan, increasing the overall costs related to the purchase of furniture, equipment and supplies.

The number of children under 5 and their caregivers with improved nutritional status was 86% above the target by incorporating newly established outreach activities in Sudan, which meant wider access to the community.

Under output 6.4, NCA was initially meant to pilot interventions to enhance the protection of women and children at risk of human trafficking and organised prostitution in several NCA country offices. Due to various factors, including COVID-19 restrictions and political instability, this was not feasible. Piloting in 2021 was instead focused on the North Shewa Zone in Ethiopia. The NCA and partner staff training was initially planned for June 2021 in Addis Ababa, Ethiopia. However, the trainer could not obtain a visa due to political tensions brought about by elections. After the training was held in October, activities and a workshop with relevant stakeholders was intended to be conducted in North Shewa. The team had developed an implementation plan and started executing activities in the first week of October. Soon after initiation, the war in northern Ethiopia escalated into the project intervention area. As a result, North Shewa was not accessible to programmatic staff, postponing activities until 2022.



Hait Deng receives nutrition training at a health clinic in Bilel, Darfur, Sudan.
Photo: Håvard Bjelland/Norwegian Church Aid

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

KEY FIGURES



COUNTRIES REPORTING (12)

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

RESULTS ANALYSIS

NCA made significant systemic improvements to its approach to the Core Humanitarian Standard in 2021. Within 2021, NCA successfully closed the only outstanding Corrective Action Requested and half of the observations. On a systemic level, NCA ensures that our partners and rights holders are aware of our staff members' expected behaviour in the field to prevent sexual harassment, exploitation and abuse. Eleven of NCA's 12 humanitarian operations appropriately applied the Core Humanitarian Standards in 2021, as measured by scores on an NCA-developed tool to assess compliance. The Sahel office (Mali/Burkina Faso) has scored just below the threshold. In 2021, the country program initiated the operation in Burkina Faso through the Flexible Funding mechanism. As a new operation, NCA did not yet have registration in Burkina Faso or advanced systems in place for compliance. Without registration, NCA also necessarily channelled a significant proportion of funding to international NGOs. Over the year, NCA secured registration in Burkina Faso, increased localisation, and devoted considerable efforts to developing accountability systems.

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

NCA's humanitarian response prioritises accountability to affected populations in line with a principled response. Nearly all (98%) of NCA humanitarian response locations report having a functional complaints and reporting mechanism (CRM) to receive and respond to feedback from affected populations and contribute to Protection from Sexual Harassment, Exploitation and Abuse (PSHEA). One location in Nigeria, Diwka, does not have a functional CRM. From May to November 2021, activities were necessarily halted in Dikwa due to insecurity. In 2021, the project also underwent a transition between partners. This will be addressed with the new partner implementing in 2022, and a CRM will be established.

NCA has found that it is more important for our humanitarian interventions to assess the needs of women, girls, men and boys for each programmatic intervention -- in addition to following international standards for humanitarian assistance, such as Sphere and GBV Guidelines -- and incorporate conflict analysis through security assessments, rather than having stand-alone analyses, which were conducted by 15% of humanitarian operations. All programmatic assessment tools include an assessment of the different needs of women, girls, men and boys. As such, NCA mainstreams the engendered needs through WASH, SGBV, ASRH and Protection interventions. Conflict analysis is also mainstreamed through NCA programming through inclusion in NCA security assessments and mainstreaming through do-no-harm and humanitarian principles in a principled approach to humanitarian assistance.

NCA country offices included a cash voucher assistance component in their response in 67% of country programmes, including cash for work, mobile cash transfers and voucher assistance. In certain country contexts, cash programming represents a security risk in the areas of operation (Nigeria, Sudan) or is operationally prohibited by administrative limits (Sudan). In 2022, NCA has added an indicator to measure better people reached through cash response as part of lifesaving integrated assistance. Nearly all (94%) of NCA's humanitarian partners are involved in humanitarian coordination structures at the national/local level.

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

Nearly all of NCA's country offices (92%) used a basic environmental assessment tool in 2021 to assess environmental risks in programming and identify mitigation measures. The Sahel program in Mali and Burkina Faso piloted the Nexus Environmental Assessment Tool (NEAT+). In November 2021, NCA facilitated a training from the Joint Environment Unit on the use of the NEAT+ for NCA staff and partners to increase the use of this more rigorous assessment tool across programs in the future. In South Sudan, NCA used environmental assessment results in one project site in Gumuruk to implement mitigation measures, such as tree planting in water catchment areas and allotment of land to establish a tree nursery beside the water points. The community showed increased interest in fruit tree planting and environmental protection against deforestation for charcoal production during the project implementation. The Somalia country office developed and rolled out a pilot of the environmental sustainability tools for field offices and partners. The tool is meant to guide NCA and partners to screen their projects at the design and implementation phases and capture any environmental risks that need to be addressed. Since then, the program has refined and developed a reporting tool that will be used for comprehensive reporting on results in the coming year.

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

NCA channelled 34% of humanitarian response funding to national or local agencies in 2021. NCA trained 243 staff and partner staff members (89 women, 154 men) on compliance-related issues such as financial management, procurement policies, human resource management and field-based accountable monitoring.

DEVIATIONS

While NCA planned 98% of humanitarian operations to have conducted gender and conflict analysis in 2021, 15% of operations conducted such analyses; 18% conducted gender analysis, and 45% conducted conflict analysis. The deviation is explained under Output 7.1. Gender and conflict analyses require significant resources and time to conduct properly. Some offices (Somalia, for example) have planned analyses for 2022. This deviation does not affect the achievement of the output or outcome as such analyses are integrated into programmatic and security assessments and thus mainstreamed in NCA humanitarian programming, supporting accountability and principled response.

NCA planned to reach 370 people with safe access to fuel and energy in South Sudan in 2021. This activity was not completed. Needs assessments conducted in 2021 determined this was not a priority need for communities in the project sites at this time. However, NCA implemented other activities that achieved sustainable and environmentally friendly solutions, such as the tree planting initiative in South Sudan and improvements in the sustainability of programming and operations through solar power installations and reduced head office air travel. In 2021, CO2 emissions from air travel were reduced by 45.8% compared to 2019.

NCA overachieved its target for training 153 staff and partner staff on compliance-related issues, training 243 people. This deviation is explained by new operations in 2021 (i.e. Burkina Faso, the Tigray crisis response in Sudan), requiring new offices and training of a large number of new staff.



The Child Early Forced Marriage (CEFM) training conducted in Iraq recently made a conscious effort to help support NCA's Climate & Environmental Policy.
Photo: Norwegian Church Aid

3

CROSS-CUTTING ISSUES

RISK MANAGEMENT

NEW RISK FACTORS IN 2021

Notable new risk factors which emerged in 2021 were in Afghanistan, where the Taliban took over in August 2021, leading to a subsequent economic collapse, and in Sudan, which experienced widespread protests and significant periods of unrest in the last quarter, culminating in coup d'état in October. In both Afghanistan and Sudan, the dramatic events in 2021 further fuelled economic crises and deepened existing humanitarian needs. NCA's Global Security Manager was heavily involved in both the Afghanistan and Sudan situations, to manage the crises, and ensure the security risks were effectively handled and in line with Duty of Care policies. Also, there was close coordination with other international NGOs and the United Nations to ensure humanitarian access. In Afghanistan, the expatriate staff was swiftly evacuated and continued to manage NCA's operations remotely before returning to Kabul in early 2022. Moreover, the SGBV programme was put on hold and is under revision in 2022. In Sudan, expatriate staff were also evacuated briefly; the established security protocols were reviewed and adjusted; and there were significant security upgrades made in the last quarter of 2021.

MATERIALIZED RISKS AND MITIGATION MEASURES

The rising rate of COVID -19 infections often resulted in wide-scale restrictions in movement and limited or no access to NCA's intervention areas. While NCA was able to learn from the experiences in 2020 on how to operate and monitor activities in a global pandemic, COVID -19 continued to amplify existing challenges resulting from political instability, economic crises, safety and security.

Government-mandated lockdowns related to COVID -19 created access challenges within and to the areas where NCA and partners intervene, slowed implementation and posed challenges to project monitoring. Mitigation measures varied depending on the context. In DRC, advocacy was carried out with local and provincial authorities, with the support of OCHA and the Humanitarian Coordinator, to have access to the intervention zones after imposed restrictions. In Syria, for example, partners were forced to scale down operations to reduce face-to-face interventions. Due to the reduced staff presence field due to COVID-19, NCA held remote management training in Nigeria, which focused on increasing the capacity of project volunteers on the ground to implement activities more independently.

Prevention measures were in line with the local Ministry of Health guidelines and integrated into planned hygiene activities, for example, in Bangladesh and Palestine. NCA equipped Women and Girl Safe Spaces with relevant items such as handwashing stations, hand sanitiser, gloves and face masks in Mali and Iraq. In Lebanon, NCA and partners designed the activities based on learning from the COVID-19 online operational model.

Security risks persisted and materialized in several areas where NCA and its partners intervene. In Iraq, swift changes in political dynamics created challenges for NCA regarding obtaining access and security permissions in the operational locations on Ninewa. To mitigate this, the NCA team coordinated closely with governmental stakeholders. In Mali, challenges with securing humanitarian access due to armed groups and inter-community conflict were managed by relying on community-based safety focal points to coordinate with local partners and collaborate with local authorities. NCA regularly updated the security plan and systematized security screening before going into the field. Increased violence posed significant security risks in Afghanistan, mitigated through remote monitoring. In Nigeria, a new Crisis Management Team was formed and trained in 2021, and Staff attended Hostile Environment Individual Safety Training (HEIST). In Sudan, political instability and the volatile political situation led to upgraded security guidelines.

RISK RELATED CROSS-CUTTING ISSUES

Financial risks, fraud and corruption were managed by regular, joint monitoring of response/project implementation and finances using NCA's financial management systems, policies and tools. NCA maintains a zero-tolerance policy on fraud and corruption, a continued challenge in humanitarian contexts, where financial risks and corruption are high. Staff and partners are continually oriented on NCA's zero tolerance policies on fraud and corruption. In 2021 the DRC Country Office assessed all local partners, which led to the phase out of six partners, some due to not meeting defined minimum standards, but others were phased out to reduce the number of weaker partners to ensure that NCA has capacity to follow up, monitor and build capacity of those retained. A robust monitoring plan was developed and implemented for the partners who were retained. In Lebanon, the exchange rate fluctuations and a parallel market challenged the capacity of national partners, so in 2021, NCA worked closely with partners to develop standard operating procedures and memoranda of understanding for partners on how to deal with exchange rates and cash assistance.

Consequences of environmental and climate change risks were mitigated several in different ways in 2021. In Syria, NCA and local partners evaluated the environmental and climate change risks during technical assessments and project design for all WASH interventions. The protection and resilience of water sources ensured they were not over-exploited during periods of extended drought well-heads offered proper protection against flooding.

Managing risks to women's rights and gender equality are continually addressed to ensure responses are designed to ensure all activities are inclusive, gender-sensitive, culturally appropriate and confidential and implemented in line with international standards for SGBV programming. In Nigeria, NCA undertook a gender analysis to provide relevant information for NCA to ensure interventions do not put women or girls at risk. Globally, all NCA staff were introduced to and trained on NCA's policy on the Protection from Sexual Harassment, Exploitation and Abuse (PSHEA) and Child Safeguarding to minimize the risk NCA responses have on all beneficiaries, particularly women and children.

Human rights risks, including risks to the rights of people with disabilities, were managed in 2021 through various measures. Globally, all WASH facilities designed and built by NCA and its partners, are designed to facilitate access for people with disabilities. In Mali, for example, WASH facilities were built with ramps. Since the start of the Syria crisis, the humanitarian community in Lebanon has focused its response on refugees and host communities. However, with the increasing needs of people in the country due to the economic crisis, NCA and its partners focused more on including beneficiaries based on needs and not based on nationality. For example, needs of people with disabilities was an important criterion in assessing families receiving multi-purpose cash assistance.

HUMANITARIAN ACCESS

The ability of people in need to access assistance remained a challenge in 2021 with various obstacles, including physical, security, and administrative barriers. In some countries, a significant event such as the fall of the government in Afghanistan radically shifted the situation of access; in others, government authorities continued or increased their restrictions affecting humanitarian actors; while less obvious but still crucial obstacles arose due to traditional or circumstantial practices limiting the movement of especially women and girls.

HUMANITARIAN PRINCIPLES

In 2021, several NCA country offices undertook training staff and partners on humanitarian principles and standards, including Afghanistan, Palestine, and South Sudan.

There was a strong focus in all project countries on ensuring impartiality, particularly in selecting beneficiaries, with transparent selection criteria adopted on the sole basis of need, taking account of vulnerability. In Lebanon, inter-communal relationships are complicated, with additional tensions resulting from refugees' long-term presence, making it crucial to be impartial and clearly demonstrate impartiality. Therefore, NCA's cash assistance was distributed according to selection criteria approved by the local communities, with beneficiary lists further refined through a scoring system to select the most vulnerable families.

Neutrality and independence were key tools in Burkina Faso, where NCA worked in an area of high needs in two communities with strong tensions between them. NCA ensured the principled delivery of aid by distributing equitably and impartially in both sites while maintaining relations with leaders yet avoiding their demands to distribute in only one area. Maintaining independence is a constant challenge in Syria, as NGO registration requires cooperation with the governing regime. Thus, NCA senior management conducted detailed reviews of each MoU or other agreement to identify red lines based on pre-established project selection criteria to ensure a strict basis in humanitarian needs.

UNSCR 1325

NCA addresses the four pillars of UNSCR 1325 throughout our programme interventions. In 2021, NCA trained women and girls in conflict and post-conflict situations to prevent conflict and all forms of violence against women and girls in leadership and conflict sensitivity, particularly on connectors and dividers concepts of Do No Harm in humanitarian and long-term interventions (DRC, South Sudan, Syria). In Afghanistan, NCA established protection committees at the community level to prevent violence against women and girls, which after the Taliban takeover was an important manner in which to work on SGBV prevention without branding the activities as related to SGBV. In Nigeria, community leaders joined the Civilian Joint Task Force to provide patrols at night to ensure women and girls are safe, and NCA engaged security actors and local stakeholders at the community level through group discussions to highlight issues of sexual exploitation and abuse as well as threats related to sexually related violence.

To ensure equal participation and promote gender equality in peace and security decision-making processes at the national, local, regional and/or international levels, NCA supported women's participation in peace and reconciliation processes at the local level (South Sudan). Women-led organisations (WLO) were promoted to participate in and lead peace efforts in Iraq, particularly in the Ninewa area. NCA, together with WLO, will support the development and design of a Women, Peace and Security (WPS) plan in 2022. In Palestine, NCA and partners continued to advocate for women's participation at the decision-making level to implement the WPS at the community level. NCA's partner is a member of the Palestinian national alliance secretariat to apply UNSCR 1325 in Palestine and continues to address "the reality of Palestinian women in light of the Israeli occupation's violations."

To protect and promote women's rights and ensure access to safe services, NCA always promotes separated latrines and bathing facilities for women and girls, men and boys, as a protection mechanism. In Sudan, for example, NCA constructed separate latrines for boys and girls in schools and health facilities.

Women and girls' specific relief and recovery needs were met, and women's capacities to act as agents in relief and recovery were reinforced in conflict and post-conflict situations through women and girls' engagement in all levels of planning and implementation of community-based WASH interventions, including at decision-making levels (Somalia).

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COUNTRY-BY-COUNTRY RESULTS

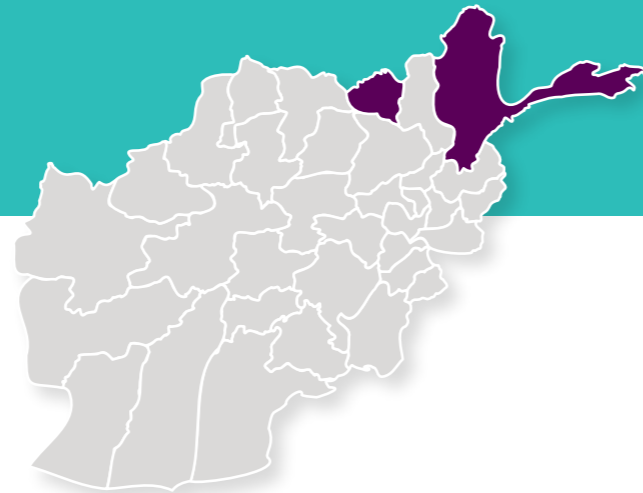
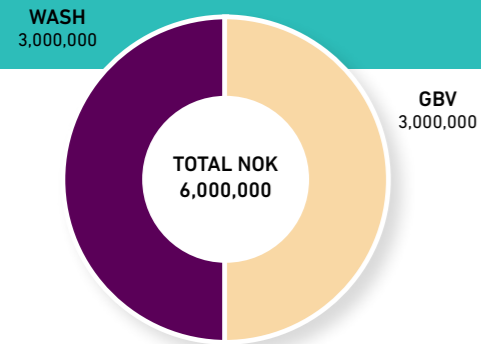


*Distribution of non-food items to internally displaced people outside Nyala, Darfur, Sudan.
Photo: Håvard Bjelland/Norwegian Church Aid*

AFGHANISTAN

Protection and WASH services to IDPs in three provinces of Afghanistan

AREAS OF INTERVENTION
Badakhshan and Kunduz Provinces



PARTNERS
Afghanistan Women Educational Center (AWEC)
Afghan Women Skills Development Center (AWSDC)

CONTEXT IN BRIEF

2021 started with political uncertainty and deteriorating security across Afghanistan. Early in the year, a lockdown was imposed because of rising COVID-19 cases. From April onwards, Taliban advances and the takeover of additional provinces made the situation precarious, as the US had decided to withdraw its troops by August. IDPs had already started to trickle into Kabul as more provinces fell under Taliban control. After the US withdrawal in August, the context in Afghanistan changed drastically. It paved the way for a swift and complete takeover by the Taliban, triggering a frenzy among people to leave the country. The Taliban refrained from mass revenge campaigns, albeit there were sporadic reports of executions. The international community swiftly imposed sanctions, the banking system came to a halt, and the country faced a severe liquidity crisis. Most international NGOs suspended their operations, including NCA. Already a dire humanitarian situation took a turn for the worse, displacing more people internally.

KEY RESULTS¹

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, 13,790 individuals (girls 2,364, boys 2,312, women 4,615, men 4,499) were provided with WASH services appropriate to their immediate needs. 55% of the beneficiaries wash their hands with soap at least three critical times. Around 1,000 hygiene kits were provided to the most vulnerable beneficiaries and 70% of them are satisfied with the hygiene kits provided. Around 12,000 (girls 1,836, boys 1,470, women 4,410 and men 4,284) of the IDPs received hygiene awareness, focusing on handwashing, especially at critical times. 13,790 beneficiaries (girls 2,364, boys 2,312, women 4,615, men 4,499) have now safe access to water. The intervention mobilised 12,000 community members in target communities in Kunduz and Badakhshan on the CLTS approach to eliminate open defecation. Hard sanitation component, i.e., the construction of latrines, was discontinued in 2021 and instead, the Community Lead Total Sanitation approach was adopted, which has shown great potential in eliminating open defecation. 6,000 women and girls were provided with access to appropriate Menstrual Hygiene Material materials and information to enable their dignified menstrual hygiene management.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: 7,207 beneficiaries (4,343 girls, 419 women, 2179 boys and 266 men) were reached through mental health and psychosocial support (MHPSS) and outreach services. Unfortunately, some components of the SGBV programme were put on hold first because of COVID-19 related lockdowns and later due to the Taliban takeover in August. 2,244 women and girls (823 girls, 1,421 women) are using Safe Spaces to avail MHPSS services and other recreational activities.

3,122 (2,293 women and 829 girls) were provided with dignity kits (in cash and in-kind) to reduce the risk of SGBV and increase their sense of safety. The dignity kits were prioritised for low-income women and girls and pregnant and lactating women. 351 cases of gender-based violence were identified, and 59 were referred to relevant sectors for further process. Among the referred cases, 41 of them were solved before August 2021. 50% of the survivors have reported satisfaction with the case management services. 390 females from communities were trained on women's rights, human rights in Islam, and gender-related issues, including COVID-19 mitigation and prevention approaches. The mobile outreach team enabled the project to reach 2,830 vulnerable men, women, boys, and girls informed about safe and culturally appropriate SGBV services and individual and group counselling.

DEVIATIONS

Even before the Taliban takeover, contextual challenges made it difficult to implement SGBV programming. After the Taliban takeover, all programming was suspended due to the ensuing chaos, restrictive policies towards the inclusion of women and the sensitivity of SGBV programming. Some of the sensitive activities that were suspended, include training the health workers on clinical management of rape, GBV Core Package training, SGBV case management, psychological first aid, and referral pathways. Because of the challenges, a SGBV specialist was engaged to help build partners' capacity, particularly in the clinical management of rape cases and SGBV case management. Unfortunately, due to the collapse of the democratic government, the consultant was evacuated out of the country. After the Taliban takeover, trainings on the GBV Core Package, the establishment of Safe Spaces, and support for survivors' legal services were also suspended by the partners. The sensitive nature of the SGBV programming requires NCA to adjust the approach in which these services are delivered in Afghanistan. In 2022, there will be an effort to re-design the SGBV programming based on contextual needs and challenges by engaging an SGBV expert.

RISK MANAGEMENT

There were uncertainties about the future of NCA presence in Afghanistan after the Taliban takeover. NCA adopted a careful approach to deal with this risk by joining the coalition of INGOs, led by UN, to work with the new authorities to ensure humanitarian access for INGOs and their local partners. Clear information to target communities and frequent gender and stakeholder analyses helped maintain acceptance within the communities. The inclusion of women and girls continued to pose significant challenges even before the Taliban takeover. Wherever possible, this was addressed through hiring female staff, house visits, close contact with community gatekeepers, and re-designing of activities focused on women and girls in consultation with the communities to address their concerns for safety. After Taliban takeover, the modality for cash for dignity kits was changed to in-kind because of the risk of robbery. Because there was restricted mobility due to the COVID-19 lockdown and later after the Taliban takeover, monitoring project activities was done remotely by tapping support from the community. Furthermore, results reported by partners were verified by NCA staff by going over raw data and other relevant quality assurance measures. Ensuing liquidity crisis after Taliban takeover impacted programme implementation, but alternative means of cash transfer were used to kickstart the flexible funds project.



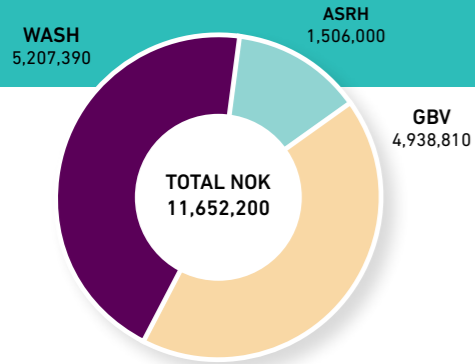
Completed water sources in Faizabad, Layaba village in Badakhshan province.
Photo: Norwegian Church Aid, Afghanistan

¹ Flexible funding for Afghanistan was released twice in October and November 2021. As the projects are six-months in length and end in 2022, they will not be reported on until June 1, 2023.

BANGLADESH

SGBV, ASRH, and WASH response for Rohingya refugees in Bangladesh
Joint Norwegian Church Aid-DanChurchAid Programme

AREAS OF INTERVENTION
Cox's Bazar in Chittagong Division



PARTNERS
DanChurchAid (DCA)
Friendship
NGO Forum for Public Health (NGOF)

CONTEXT IN BRIEF

The areas of intervention are concentrated in the eastern part of Bangladesh, specifically in Cox's Bazar, where about one million Rohingya refugees live in the largest refugee camp in the world after fleeing persecution, large-scale violence and human rights violations in Myanmar. Rohingya refugees rely entirely on humanitarian assistance for protection, food, water, shelter and health services, and they live in temporary shelters in a highly congested camp setting. With Bangladesh ranking third in the world among states most hit by natural disasters, Rohingya refugees are highly exposed to weather-related hazards, such as cyclones, flooding and landslides, which negatively affect infrastructure and quality of life. In this context, NCA and partners provide lifesaving water, sanitation and hygiene, sexual and gender-based violence and adolescent sexual reproductive health services for Rohingya refugees and vulnerable host communities in Cox's Bazar and the surrounding areas.

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, 269,392 individuals from refugee camps and vulnerable host communities were provided services appropriate and relevant to their immediate needs. Services included providing clean water through new and repaired boreholes, safe sanitation infrastructure, distributing hygiene articles, promoting good hygiene practices, and improving quality of life. Sixty thousand litres of chlorinated water per day from the five tap stands in different blocks in the camps ensured safe water for many families. NGO Forum conducted hygiene and COVID-19 awareness raising sessions and distributed 4,000 bars of soap. Beneficiaries were also sensitized to prepare 3,888 bottles of soapy water to wash their hands. 80% of the targeted beneficiaries report washing hands three critical times a day (compared to the baseline figure of 45%). The menstrual hygiene management programme distributed re-usable sanitary pads and menstrual kits to targeted reproductive-aged women and girls. Among the 8,257 beneficiaries, the satisfaction level is 80%.

Outcome 4

SGBV Survivors access lifesaving, specialized SGBV services appropriate and relevant to their immediate needs. The implementing partners, DCA and Friendship, provided case management and psychosocial support to 2,532 sexual and gender-based violence survivors who accessed case management services and were supported by a multi-sectoral response according to their immediate needs, including mental health and psychosocial support, legal services and safe shelter. Apart from the SGBV survivors, 3,387 individuals (391 girls, 2,137 women, 235 boys and 644 men and two people identifying as non-binary) accessed mental health and psychosocial support through individual counselling and group sessions. Fifteen health care providers, including nurses, doctors, midwives, and medical assistants from DCA and Friendship's health facilities were also trained on Clinical Management of Rape.

Outcome 5

Adolescent girls and boys adopt sexual and reproductive health behaviour protecting themselves from health risks: 2,719 (225 boys and 2,494 girls) adolescents received counselling, safe birth delivery, family planning services such as family planning counselling, and comprehensive sexual education to protect against health risks. NCA and partners also provided health facilities for pregnant adolescents with access to safe delivery. The same services were provided to another 262 beneficiaries under the project financed by MFA flexible funding.

DEVIATIONS

There were no significant deviations at the outcome level. However, some minor deviations were at the output level, which did not affect the overall results and programme achievements.

RISK MANAGEMENT

The country wide lockdown due to COVID-19 was a major challenge for the project. The management and implementation modality had to be adjusted accordingly. The government enforcedly restricted movement and people were ordered to stay at home. As a result of the strict lockdown, partner staff had to work from home and limit the number of field visits.

Throughout the reporting period, risk management focused on conflict, security, financial, and gender issues. During project implementation, transparency and accountability were ensured following the planned risk mitigation measures. DCA/Friendship made sure that all staff were trained in financial management and financial guidelines to ensure transparency and adequate financial project management. A mechanism was put in place to handle complaints, and DCA/Friendship set up a communication line to mitigate risk for SGBV and follow up violence and threats.

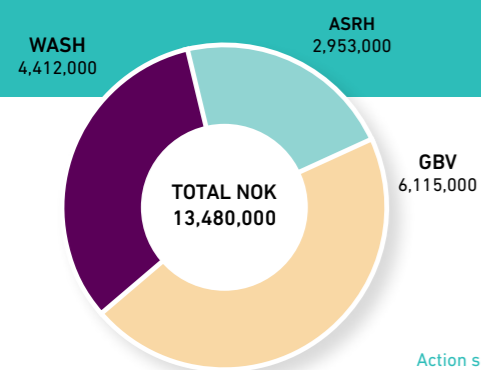
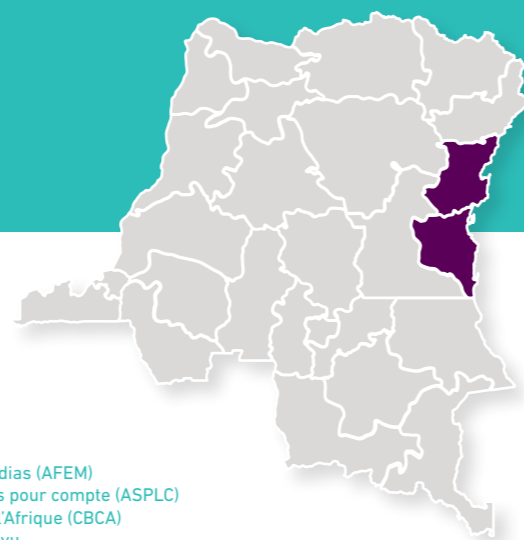


Health care providers in a roleplay training on Clinical Management of Rape.
Photo: Haldis Kårstad/Norwegian Church Aid

DEMOCRATIC REPUBLIC OF CONGO

SGBV and WASH response in conflict affected communities in eastern DRC

AREAS OF INTERVENTION
Fizi, Kalehe, Bambo, Goma, Masisi and Nunduru in North Kivu and South Kivu provinces



PARTNERS
Association des Femmes des Médias (AFEM)
Action sociale pour la promotion des laissés pour compte (ASPLC)
Communauté Baptiste au Centre de l'Afrique (CBCA)
Croix Rouge RDC Sud Kivu
Eglise du Christ au Congo (ECC)
Fondation Panzi (FP)
YME Grands Lacs (YME GL)

CONTEXT IN BRIEF

In 2021, the situation in DRC remained one of the most complex and protracted humanitarian crises in the world, affected by population movements, acute food insecurity, lack of access to water, sanitation and hygiene, in addition to epidemics and protection issues. Around 1,9 million persons are internally displaced in North Kivu and 1,2 million in South Kivu (Humanitarian Needs Overview and Response Plan 2022). Safety and access have been major concerns for NCA's and partners' operations both in North Kivu and South Kivu, and in some cases, monitoring visits and other activities have been put on hold. In addition, the continued degradation of roads and other infrastructure makes physical access to many locations both dangerous and difficult.

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: For WASH, NCA DRC's key outcome indicator measures the total number of people with improved access to a complete WASH package – including hygiene promotion, sanitation services and access to water. In total, reports show that 38,711 people (6,671 men, 8,890 women, 10,472 boys and 12,578 girls) have been supported and have access to hygiene promotion, sanitation services and access to water in 2021 – against 22,158 targeted. The result is similar to what was reported for 2020 (38,772) – which puts NCA DRC well ahead of the targeted 22,158 reached per year over the five-year grant period.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: As for SGBV, the key outcome indicator measures the total number of people who have accessed SGBV services supported by NCA DRC's country programme, funded by MFA. In 2021, 1,456 survivors of gender-based violence (236 girls, 1 boy, 1197 women and 22 men), accessed specialised survival services, including medical, psychosocial, and case management services. Of this total, approximately 70% are cases of rape, 12% are physical assault, 8% are denial of resources, 5% are sexual assault, 1,5% are psychological/emotional violence, and 3,5% are forced marriages.

Outcome 5

Adolescent girls and boys adopt sexual and reproductive health behaviour protecting themselves from health risks: For adolescent sexual and reproductive health (ASRH), according to partner reports, 1,760 youth (933 girls, 797 boys, 6 women, 24 men) were reached with ASRH services – including access to SRH services, ante-natal care, post-natal care, safe deliveries, family planning counselling, and comprehensive sexuality education. The target was

415. Compared to 2020, the higher figure is that two additional partners (AFEM and ECC) have also worked with MFA funds, enabling the planning of more activities with adolescents and integrating SRHR-related topics into the various dialogues and awareness-raising forums.

DEVIATIONS

Last year's projects started with some delay due to the time taken to sign contracts with partners (and consequently transfer funds for implementation). Nevertheless, for both WASH and SGBV, in terms of numbers reached, on a majority of indicators NCA and partners overachieved in 2021 (especially on WASH) – with results showing that targets set have been underestimated.

That said, with regards to SGBV survivors accessing medical care within 72 hours, targets were not achieved. While eight health structures provide relevant services to adolescents, there is still a need for further capacity building to ensure quality specialised adolescent responsive services. Hence, in 2022, NCA DRC will increase their focus on further strengthening the capacity of partners – to ensure best practices, quality services, and achievement of sustainable change through our interventions.

RISK MANAGEMENT

No major new risks were identified in 2021. Security, access and corruption remain key issues.

Risks related to safety and access: The activities of armed groups and criminals – including clashes with FARDC forces, incursions by unidentified criminals, and human rights violations and harassment (also by FARDC forces) – remain a major threat. All NCA staff in DRC participated in a three-day HEAT training in Bukavu, which included hostage survival and first aid. We have gone through local security rules with all staff and strengthened monitoring of movements in the field. NCA continues to be a member of INSO in DRC and is active in humanitarian coordination mechanisms.

Financial risk: Corruption and mismanagement of funds by partner staff has been identified as another major risk. In 2021, NCA assessed all of its partners in DRC. Upon that analysis some partners were phased out, and for the remaining we are working on a follow-up and monitoring plan. NCA is now conducting joint visits with staff from Programme and Finance to ensure that the recommendations on internal control and project implementation are followed up on according to plans and with transparency. Also, during 2021 we have strengthened access, awareness and implementation of our complaint mechanism in communities – which has also helped minimise the risk of corruption.

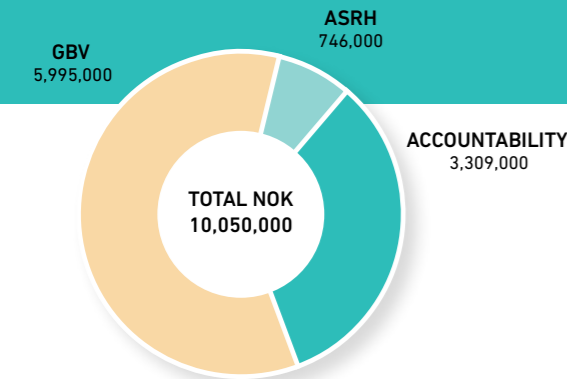


Completed water sources in Kalonge health zone, South Kivu. Photo: Norwegian Church Aid, DRC

IRAQ

Prevention and Response to SGBV Survivors in Iraq

AREAS OF INTERVENTION
West Mosul, Sinjar district, Sinjar Mountain, Sinune sub-district, Alqosh sub-district, and Bashiqa sub-district in Ninevah



A winner of race in Alqosh on the occasion of 16 Days of Activism against Gender-Based Violence. Photo: Norwegian Church Aid, Iraq

CONTEXT IN BRIEF

NCA's response is predominately shaped by internally displaced persons (IDPs) and returnees. Since the first emergence of ISIL until 2017, 6.1 million people have been displaced, and 1.2 million people remain internally displaced. Between December 2020 and September 2021, the number of IDPs only declined by around 35 000 people. Half of those still displaced originate from only four of Iraq's 19 districts, Ninevah being one. Ninevah is shaped by villages still housing IDPs who have yet to return to their homes in other areas. Many of them have tried to return have failed and had to re-displace due to limited rehabilitation and recovery or social tensions and security, straining access to service delivery and livelihoods and limiting the relief of humanitarian needs as a result of ISIL attacks and military operations and the subsequent social stigma due to the gender-based violence committed by ISIL. These people experience a wider range of needs that reach extreme levels, ranging from physical to psychological issues, lack of social network and livelihood opportunities. In 2021, the Sinjar region received spontaneous return movements from IDP camps in Duhok and Ninewa, receiving nearly 10 000 (mainly Yazidi) families returning to areas of origin, including SGBV survivors. Many of these experience stigma and social barriers; women face multiple barriers and gender-based discrimination in the workplace and in accessing SGBV multi-services, including mental health and psychosocial support and legal assistance.

The overall Iraq context in 2021 was influenced by the pandemic and local and national political developments. Nationally imposed lockdowns and bans on group gatherings reduced staff access to the office and implemented project activities. However, during the latter half of 2021, COVID-19 restrictions were eased, allowing for movement around the country. COVID-19 impacts have also deepened Iraq's already troublesome financial situation through a sharp decline in the country's GDP, volatile oil prices, and a contraction of the country's non-oil economic sector. After the pandemic, more than 4.5 million Iraqis were pushed below the poverty line. Concurrently, imposed mitigation measures led to high food costs and the need for extreme survival strategies, resulting in increased community insecurity and gender-based violence, particularly against women and children. Basic services became less accessible, especially for youth and the disabled, and reduced aid for disadvantaged populations.

KEY RESULTS

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: 8,751 SGBV survivors, including vulnerable women (5,801) and girls (2,950), sought specialised SGBV and multi-sectoral services through a survivor-centred SGBV case management approach. NCA assisted the target beneficiaries by establishing Safe Spaces for women and girls in Sinune, Sinjar town, and Sinjar Mountain, Primary Health Care Centers in Alqosh and Mosul, and mobile safe spaces (Safe Space on the Move). 1,478 men and 1,527 boy SGBV survivors were referred to supportive services through government health care facilities and approached through outreach activities to address harmful social norms and systemic gender inequality and inform communities about available SGBV services. Furthermore, to ensure the participation of the affected community in the SGBV response to enhance the reintegration of SGBV survivors into society and eliminate social stigmas experienced by SGBV survivors, NCA collaborated closely with local community members and services as community leaders, Mokhtars, religious leaders, and stakeholders.

Outcome 6

Enhanced protection of children and young people in situations of crisis and conflict: 2,438 children (995 boys, 1,443 girls) were assisted by NCA Iraq in developing positive coping skills and resilience through active engagement and participation in various activities and services provided in child Safe Spaces. Activities and services were provided based on individual needs and included non-clinical psychosocial support, child/youth resilience activities, adolescent programming, and protection mechanisms that focused on developing the positive coping skills and resilience of children, their families, and caregivers.

Outcome 7

NCA's humanitarian response operations are environmentally sustainable and in line with humanitarian and accountability principles: NCA Iraq employed a full-time Monitoring and Evaluation staff based in Duhok to conduct regular visits to the static and mobile teams, introduced a Complaints and Reporting Mechanism to beneficiaries, provided the hotline number along with IEC materials. Complaints and feedback were handled with confidentiality. NCA displayed Protection from Sexual Harassment, Exploitation and Abuse (PSHEA) in all its centres and mobile bus teams. NCA was an active member of the PSHEA network in Iraq and contributed to the strategic planning and activities of the network in the whole of Iraq.

DEVIATIONS

For the overall result of outcome 4, there was almost double the number of SGBV Survivors who accessed lifesaving, specialised SGBV services appropriate and relevant to their immediate need compared to planned due to the high numbers of returnees NCA being the only organisation to operate SGBV services in the area. Under output 4.3 (women and girls receive dignity kits, and/or cash and voucher assistance to reduce SGBV risk and promote safety and dignity and skills training), NCA planned to provide 20 vulnerable women/girls and their families with tailored one-off cash assistance. However, due to the unexpectedly high number of returnees, there was an increased need for dignity kits for new arrivals, including hygiene and COVID-19 prevention materials. NCA, therefore, replaced the cash assistance to cover the basic needs of a higher number of beneficiaries, reaching 1,124 (926 women and 198 girls) with dignity kits. NCA, however, reached fewer beneficiaries under output 4.3. The actual price of dignity kits was more costly than what had been budgeted.

RISK MANAGEMENT

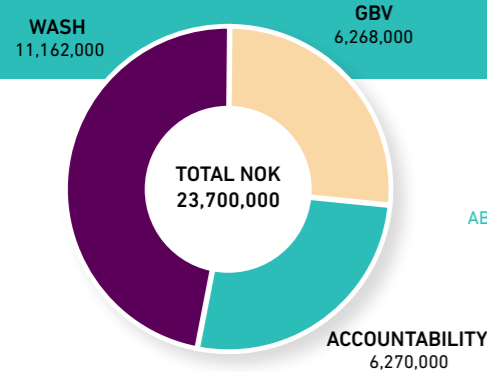
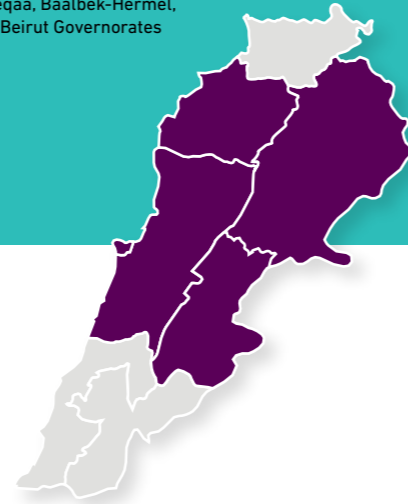
Access: In addition to Turkish airstrikes halting service delivery in and around Sinjar mountain, multiple security actors and government parties restricted physical movement in the Sinjar district. This impacted the delivery of services to the affected people for about two weeks and resulted in the cancellation of the MFA delegation visit to the NCA Women and Girls Safe Spaces in Sardasht (Sinjar Mountain) and Sinune. NCA continually monitored the security situation and maintained effective communications and relations with the security forces and local authorities. Accessibility issues have been reported to relevant bodies. However, due to swift changes in political dynamics, NCA faced challenges in obtaining access and security permissions in the operational locations in Ninewa. As a mitigation measure, the NCA team liaised and coordinated closely with governmental stakeholders and local security forces in Kurdistan Region (KRI) and the Government of Iraq (GoI). NCA worked closely with community stakeholders to address the social stigma of SGBV survivors and create a safer and more accessible environment through awareness-raising sessions on SGBV related topics, including PSHEA. NCA included structured sessions in the Early Forced Child Marriage tailored to religious leaders and teachers; leading to lowered barriers to accessing Safe Spaces

COVID-19: To mitigate and manage the outbreak of COVID-19 in service delivery and NCA offices, all Iraq staff adhered to prevention procedures. Also, as a duty of care, NCA covered the cost of tests, paid quarantine leave, and provided necessary PEPs (i.e. gloves, masks, hand sanitiser). Health regulations from WHO and Iraqi Ministry of Health regarding group gatherings were followed.

LEBANON

Responding to humanitarian WASH and SGBV needs in Lebanon

AREAS OF INTERVENTION
North Lebanon, Beqaa, Baalbek-Hermel,
Mount Lebanon, Beirut Governorates



PARTNERS
International Orthodox Christian Charities (IOCC)
ABAAD Resource Center for Gender Equality (ABAAD)
Middle East Council of Churches (MECC)
Rene Moawad Foundation (RMF)

CONTEXT IN BRIEF

The situation in Lebanon has continued to deteriorate both politically and economically. Lebanon has been grappling with a social, political and economic crisis since 2019, beginning with the protests in October and subsequent civil unrest and later the COVID-19 pandemic and Beirut Port explosion. Poverty has drastically increased over the past year, affecting about 74% of the total population. Access to essential services such as health, education and public utilities remained catastrophic, with 82% of the population living in multidimensional poverty. According to the preliminary findings of the 2021 Vulnerability Assessment of Syrian Refugees in Lebanon, nine out of ten Syrian refugees live in extreme poverty, with most refugees resorting to negative coping strategies, which negatively affect resilience and the capacity to generate income in the future, making refugee families more vulnerable to food insecurity and more dependent on humanitarian assistance.

Lebanon's critical water infrastructure is reaching breaking point, threatening access to safe water for more than 4 million people. Public water supply and wastewater treatment systems have drastically reduced operations all over Lebanon due to a lack of capacity to run a fossil fuel operated system. Water shortages force households to rely on unsafe and expensive alternatives, often leading to diseases. More than two-thirds of organisations working with gender-based violence in Lebanon have experienced increased calls for assistance on their hotlines, and 96% report a reduced ability of survivors to reach out for assistance. NCA and its partners intervene with lifesaving WASH and sexual gender-based violence responses in this context.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: NCA delivered principled, effective and innovative humanitarian WASH assistance to affected communities in Lebanon through its partners IOCC and RMF, with particular focus on environmental protection, sustainability, green technologies and social cohesion in communities and on improving WASH situation in institutions, with attention on gender mainstreaming and the safety of girls. The intervention benefited both the Syrian refugee population and vulnerable Lebanese host communities. Utilising its partners' strengths and specific capacities, NCA overachieved the original target by 36% to reach 89,974 beneficiaries (25,843 girls, 24,663 boys, 26,366 women, 13,102 men) through its WASH interventions.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: NCA and partners ABAAD/MECC reached 9,025 individuals (777 girls, 726 boys, 5,517 women, 2,005 men) through SGBV services with the overall goal to save lives, alleviate suffering and protect human dignity. The project supported ongoing SGBV prevention and response activities, including awareness sessions and sensitisation on gender concepts and gender equality, access to safe shelter, psychosocial support, mental health services including psychotherapy, family counselling, medical, case management services and legal counselling services. The project also provided capacity building for caseworkers and field workers on SGBV related topics.

Partners SGBV intervention in Mount Lebanon supported women and girls with a safe space to seek emotional support and PSS, establish networks and relationships, and develop personal resources and resilience. Furthermore, communities were provided with knowledge and awareness of SGBV as part of a prevention strategy which included tackling negative social and cultural norms.

Activities were carried out over a hybrid face-to-face and E-activities modalities to accommodate variable conditions. This mix was needed to reach the set target, which was not possible using one modality in the aftermath of COVID-19 and the fuel and transportation crisis in Lebanon which complicated physical reach to many locations.

DEVIATIONS

There were no significant deviations at the outcome level; however, some minor deviations were at the output level. The positive deviation between the target and actual numbers under outcome 3 was because the implementing partner shifted the intervention location to an area where more beneficiaries were reached.

RISK MANAGEMENT

New major risk factors: The decline of Lebanon's financial and socio-political situation has created ample ground for corruption cases to occur. The economic crisis in the country reflected mainly on the exchange rate and the creation of parallel exchange rates. The various exchange rates in Lebanon, which has been using double currency for many years, were identified by NCA as a risk that requires close monitoring and follow-up with partners. In parallel, inflation and fluctuation of prices presented serious challenges to the partners' procurement processes, as bidders provided short validity for the offers, and market surveys were not reliable for an extended period. On the operational side, the weakening capacity of the public institutions and the capacity of the community members to access services were identified as risks that can affect access to activities and the sustainability of project interventions.

Handling materialised risks: The NCA finance and programme teams worked closely with partners to ensure that the lack of clear national systems did not lead to any financial challenges. For example, NCA and partners started accessing better value for money by adopting the Sayrafa platform that was put in place in 2021 by the Lebanese Central Bank.

On the operational level, to mitigate the risks of the increased cost of transportation and the risk of COVID-19, NCA and partners designed the activities based on learning from the COVID online operational model and explored, when possible, cash assistance modality such as emergency cash assistance. Green energy was also explored to reduce NCA's carbon footprint while at the same time reducing the running costs of public institutions when it comes to generator fees and water trucking.

Effectiveness of mitigating measures: the mitigating measures were highly effective, as proven by the ability to abide by the annual budget plan and the capacity to reach the targeted number of beneficiaries. NCA mitigation considered external factors that cannot be controlled, such as public sector strikes and school closures.

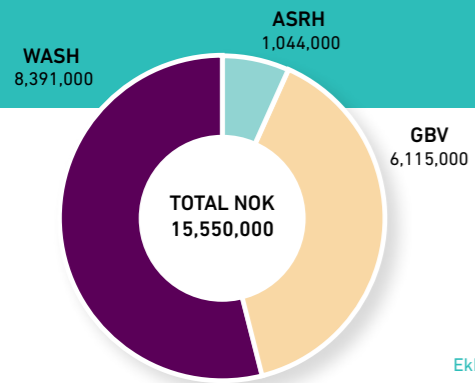
Distribution of hygiene kits in Lebanon. Benedicte Hafskjold, NCA Country Director for Lebanon and Syria, together with Daria from International Orthodox Christian Charities. Photo: Håvard Bjelland/ Norwegian Church Aid



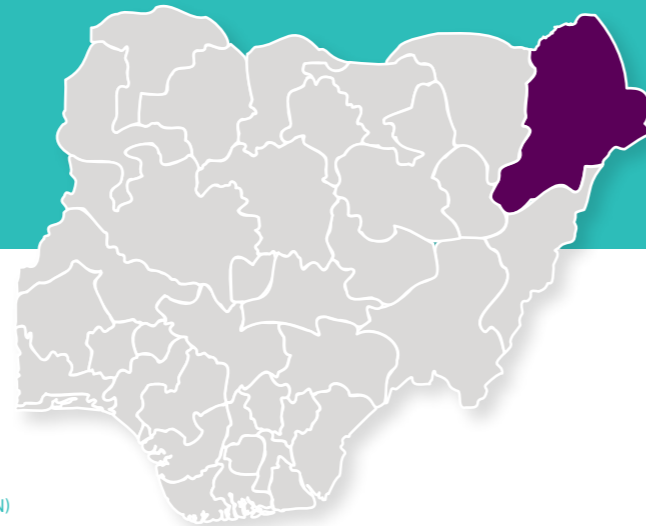
NIGERIA

Resilience in Crisis: An Integrated SGBV and WASH Response in NE Nigeria

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



PARTNERS
Ekklesiyar Yan'uwa a Nigeria (EYN)
Jireh Doo Foundation (JDF)
Federation of Muslim Women Association in Nigeria (FOMWAN)
Christian Council of Nigeria (CCN)



CONTEXT IN BRIEF

In 2021, the Lake Chad basin conflict, with its smouldering violence between state security forces and armed organised groups (AOGs), continued to destabilise the region. After over a decade of insurgency, Boko Haram – being one of the most prominent AOGs – was taken over by the Islamic State of Western Africa Province (ISWAP), the most dominant group for insurgencies in the region, specifically North-East Nigeria. With the takeover by ISWAP, the general security situation in North-East Nigeria worsened in some LGAs in Borno state. From the three operational NCA footprints, only Monguno and Pulka remained – while Dikwa LGA experienced a security insurgency in May 2021, which resulted in the suspension of all ongoing humanitarian responses. Although United Nations flights started operating again in November 2021, only round trips to Dikwa are allowed due to the fragile security situation. The Monguno and Pulka offices were able to operate during this difficult time with a reduced staff presence.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: In 2021, NCA Nigeria targeted 10,167 people in Monguno, Pulka and Dikwa, and Maiduguri. In partnership with EYN, NCA reached, 10,050 people and is on track to reaching set targets for all four years of the programme. Furthermore, in Maiduguri and Monguno, NCA conducted a feasibility study for a pilot project on briquette making from faecal sludge, in cooperation with Borno State Environmental Protection Agency. This project will be launched in 2022.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: In 2021, 265 survivors, including 206 women and 59 girls below 18, were provided access to lifesaving specialised SGBV services by NCA and partners, through interventions funded by the Norwegian MFA. SGBV response services are provided through Women and Girls Safe Spaces operated by NCA and EYN in Pulka, Dikwa and Monguno. SGBV case management officers provided timely and lifesaving case management, psychosocial support, and referral services following the 265 SGBV incidences reported (24% rape; 21% physical assault; 18% psychological and emotional abuse; 7% sexual violence; 8% forced marriage and 21% denial of resources).

Outcome 5

Adolescent girls and boys adopt sexual and reproductive health behaviour protecting themselves from health risks: This outcome is set to measure the total number of adolescents who – through NCA's programme – have accessed adolescent and sexual reproductive health (ASRH) information and services (ante-natal care, post-natal care, and safe deliveries), as well as family planning services (family planning counselling, access to safe abortion and comprehensive sexuality education). In 2021, 4,066 adolescents were reached with ASRH services by NCA and partners, against 1,800 targeted – which is a significant overachievement – mainly related to NCA's local partner EYN reaching a higher number of adolescents than targeted.

DEVIATIONS

Due to the security situation, there was no implementation in Dikwa for the SGBV/ASRH programme. Instead, deliverables allocated to Dikwa were divided between Pulka and Monguno.

For WASH, all planned hardware activities were fully implemented in Dikwa, despite the insecurity. However, software activities (hygiene promotion, PHAST and non-food items/menstrual hygiene management kits distribution) were not implemented. Instead, these were carried out in Pulka and Monguno as added activities after reviewing the implementation plan and the sector gap assessment in those locations.

RISK MANAGEMENT

No major new risks were identified in 2021. Security, access and corruption remain key issues.

Security risk associated with kidnapping, injury and death from attacks: Staff are advised to avoid military positions, road travels outside Maiduguri, and adopt a low profile while in deep fields. An analysis of all guesthouses, including the quality of existing saferooms, was done in August 2021 – and further followed up on during NCA's Global Security Manager in 2022. Measures have since been to significantly improve infrastructure and quality to ensure the safety and security of field staff, in the face of increasing security issues. Adding to this, a new Crisis Management Team was formed and trained in 2021. NCA Staff also attended Hostile Environment Individual Safety Training (HEIST) conducted by INSO – and NCA HQ security staff conducted a First Aid training for all NCA Nigeria staff.

State government and military associating NCA work with AOGs leading to suspension: Coordination of movements of staff and supplies with military is done, seeking clearances as appropriate. NCA ensures limited distribution of branded materials that could get into wrong hands and prompt reporting of security incidences affecting NCA staff and or property to INSO.

Financial risk and fraud: In 2021, NCA introduced stricter control for procurement procedures. Staff have been sensitised on procurement and financial procedures – and in early 2022 partners were sensitised on NCA procedures and conditions in partner agreements details, including antifraud regulations.

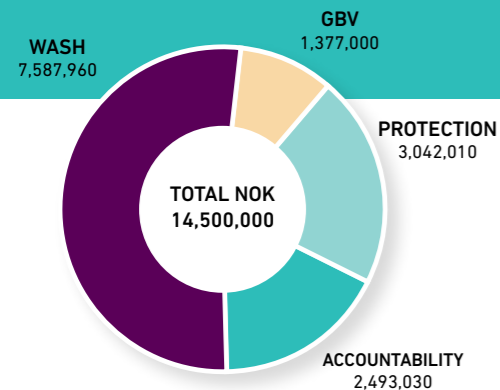


NCA led the joint planning of the 16 Days of Activism in Pulka, together with all of the other actors in the GBV sub-sector
Photo: Norwegian Church Aid, Nigeria

PALESTINE

Multi-sectoral response to humanitarian needs in Gaza, Palestine
Joint Norwegian Church Aid-DanChurchAid Country Programme

AREAS OF INTERVENTION
West Bank and Gaza



PARTNERS
DanChurchAid (DCA)
MAAN Development Centre (MAAN)
Culture and Free Thought Association (CFTA).

CONTEXT IN BRIEF

Palestinians in Gaza have experienced a 14-year blockade imposed by Israel, which has led to the de-development of the area and exacerbated poverty levels, including chronic food insecurity, inadequate sanitation and waste management, and limited availability and accessibility of essential lifesaving health services. The health situation is exacerbated by Israel's continuous restrictions on patients' access to health care outside of the Strip. Gaza suffers from freshwater and groundwater scarcity and deteriorated quality, with 97% of water considered unfit for human consumption. There are heavy restrictions on goods and medicines allowed through checkpoints.

Gender inequality is a major challenge and limits women and girls' access to education, healthcare, vocational training and lifesaving services during crises. In 2021, the Humanitarian Country Team estimated that 2.45 million out of 5.2 million Palestinians require assistance. Children constitute 50% of this, and 70% of the population in the Gaza Strip need assistance. Data from the 2019 Palestinian Central Bureau of Statistics Violence survey, conducted in Gaza and West Bank, shows that 52% of married or ever-married women had experienced at least one instance of psychological violence by their husbands in the past 12 months, while 18% experienced physical violence and 7% experienced sexual violence.

Due to the attacks on Gaza during the military escalation in May 2021, NCA received flexible funding to ensure access to lifesaving WASH services, with extra messaging and cash targeting households with SGBV survivors.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: Improved access of 12,101 individuals (3,246 women; 2,881 men, 3,275 girls, 2,699 boys) to basic WASH services. The WASH intervention has targeted the families that include SGBV survivors with a proven need for WASH services. NCA and partners also provided a timely response to the emergency WASH needs of 210,914 individuals (53,827 women, 54,372 men, 51,075 girls, 51,640 boys) affected by the military escalation in May 2021 in Gaza. NCA and partners also contributed significantly to improving the hygiene knowledge and practices and access to safe water, minimizing the surface over sewage flooding, which supported a well-protected environment and enhanced public health.

Outcome 4

SGBV Survivors access lifesaving, specialized SGBV services appropriate and relevant to their immediate needs: NCA and partners improved access of 3,649 individuals (1,612 women, 277 men, 1,155 girls, 605 boys) to lifesaving, specialized services appropriate and relevant to their immediate needs, focusing on prevention, protection and combating Gender-Based Violence. 91.8 % of beneficiaries who accessed focused Mental Health and Psychosocial Support showed their satisfaction with the services provided, and 94.4% of survivors are satisfied with the case management services. The project provided case management, psychosocial support, referrals, legal awareness, counselling, and outreach activities.



Distribution of water storage tanks for domestic and drinking use.
Photo: Mohamed Syam/MAAN

Outcome 6

Enhanced protection of children and young people in situations of crisis and conflict: Key results from the flexible funds include improved access for 3,906 crisis-affected individuals (962 men, 1,021 boys, 1,044 girls, and 879 women, – including 126 pregnant and lactating women and 573 children under 5) to nutrient food via e-vouchers, and other multisectoral emergency needs via multipurpose cash assistance (MPCA), covering their emergency needs over three months. This contributed to protecting affected family members from malnutrition (especially children under 5, pregnant and lactating women) and other negative coping strategies due to inadequate access to basic needs. The food consumption score improved for 71.2% of the targeted families, while the coping strategy index improved for 97.9%. 80% of the families who received the multipurpose cash reported they could meet their basic needs. Both e-vouchers for food and MPCA transfer values have been identified based on the Gaza minimum expenditure basket endorsed by the cash working group.

DEVIATIONS

Multisectoral emergency response for crisis affected people in Gaza: The actual number of women, girls, men and boys with access to safe, user-friendly and gender appropriate sanitation facilities and/or services is 130,000 compared to 173,272 planned because during design phase, the number of individuals to benefit from sewer line and sewage pumps stations was overestimated by the WASH cluster rapid assessment, conducted in the direct aftermath of the attacks. That said, the actual achieved length of sewer lines was 2420 meters compared to 2000 planned meters, and the number of rehabilitated sewage pump stations by the project are four, contrary to one planned.

The actual number 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 is 67,000 compared to 119,352 planned due to an over-estimation during rapid assessments in the aftermath of the attacks. The budgeted amount planned to rehabilitate water wells was reallocated to cover the cost of rehabilitating additional water pipelines, as few water wells were damaged due to the conflict escalation, and other INGO's had endorsed plans by the WASH cluster to address this. Also, materials needed to rehabilitate water wells were unavailable in Gaza, and the project timeline was tight. Therefore, the WASH cluster and Coastal Municipalities Water Utility endorsed other INGO plans to rehabilitate damaged wells with longer timelines.

RISK MANAGEMENT

Materialized risks during implementation: There was an escalation in conflict from May 10-21, 2021. Consequently, the crossing points were closed during and after the escalation, which affected the availability of materials needed for the humanitarian responses. Another consequence was that the local authorities in Gaza prohibited I/NGO's from conducting needs assessments with the affected people, delaying project activities and increasing humanitarian needs. Mitigation measures included a temporary stoppage of project activities to ensure the safety of project staff and beneficiaries. Close market monitoring and coordination with UN logistic cluster took place to assess the availability and prices of needed materials in the local market. NCA with partners has addressed the increased need for WASH and other humanitarian services by implementing emergency response interventions. Once restriction of movement was eased, contractors responsible for implementing the WASH infrastructure component deployed additional labour and equipment to avoid further delays. Due to the unavailability of some materials, the project plan was revised to ensure the project could be completed on time.

The continued spread of COVID-19 was considered another risk during the implementation. Mitigation measures included applying the Ministry of Health's safety and preventive measures to ensure project staff and beneficiaries' safety during project implementation. The hygiene promotion activities included awareness-raising on COVID-19 prevention measures and the distribution of COVID-19 related hygiene items. The mitigation measures effectively addressed these risks to achieve the planned objectives within the project period.

SAHEL

– MALI AND BURKINA FASO

Emergency response to GBV survivors, IDPs and host communities in Mali and Burkina Faso, Central Sahel



CONTEXT IN BRIEF

Since 2020, NCA Sahel has operated in Mali and Burkina Faso, where there have been dramatic political situations in 2021: a “rectifying” coup d’état in Mali in May 2021, and considerable political instability in Burkina Faso, leading to a coup d’état in January 2022. The socio-economic context in Mali is marked by the ECOWAS sanctions that impact economic life and financial transactions. Furthermore, both countries are characterised by a deteriorating security situation due to a weak state presence in many localities and a strong presence of radical jihadists and other armed groups. These developments make project monitoring, logistics, and security difficult. Particularly women and girls suffer from a lack of security.

The security crisis in Burkina Faso resulted in the country having the world’s most rapidly growing internal displacement crisis. With our longstanding experience in Mali, NCA saw the opportunity to intervene with a multi-sectoral response of WASH and SGBV. The crisis is protracted, and the number of IDPs increased throughout 2021.

NCA’s areas of intervention are characterised by low state presence, lack of functioning health structures, physical insecurity, and very little access to food, water and basic commodities. The influx of IDPs, particularly in Burkina Faso, put additional pressure on an already difficult situation through increased pressure on water and food. Also, an influx of people mixed with the lack of authorities who can police, and manage the situation, put women and girls at greater risk. Note also that most of the IDPs are women and children.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: In 2021, NCA conducted two projects under this outcome. The menstrual cup and menstrual hygiene management (MHM) pilot project in Mali and implemented by IAMANEH, had the objective to evaluate the feasibility of using menstrual cups in humanitarian settings, involving the communities to work on MHM-issues, and to measure impact across sectors of such interventions. 630 dignity-kits, including menstrual cups, were distributed in schools, women’s groups and to IDPs in Mopti. The project will contribute to learning within NCA, build on this innovative approach integrating WASH, SGBV and ASRH sectors, and advocate addressing MHM needs in humanitarian contexts better.

The humanitarian response project in Burkina Faso, funded through Flexible Funds, improved the knowledge and adaptation of good hygiene practices and access to water and sanitation facilities in two regions in Burkina Faso. 10,870 people were reached with an integrated WASH-response in Burkina Faso. It included rapid response activities such as rehabilitation and construction of water infrastructure, construction of sanitation facilities, distribution of hygiene and MHM kits. Altogether, these projects allowed 11,080 people (6,500 women, 4,580 men) to benefit from an integrated WASH response (including access to water, sanitation and hygiene infrastructures and services) and 86,323 people to be involved in hygiene promotion.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: NCA ensured 562 (551 women, 11 men) survivors of Sexual and Gender-Based Violence accessed appropriate specialised, lifesaving services through case management services in our areas of intervention. Many were also provided with opportunities to rebuild their livelihoods and improve their social and economic well-being through women-led group economic activities. These activities were implemented and coordinated through five Safe Spaces established in Mali and Burkina Faso. Three of these were established in 2021: one in Mopti, Mali, and two in the Boucle du Mouhoun and Est regions in Burkina Faso. Nine community health centres and five referral health centres were equipped with medical equipment, including the provision of post-rape kits. Twenty-four government health providers in Mali were trained in clinical care for Sexual Assault Survivors. As a result, 12 of the targeted health centres now meet the criteria for providing quality health care to survivors of sexual violence.

Outcome 5

Adolescent girls and boys adopt sexual and reproductive health behaviour protecting themselves from health risks: Lastly, 425 girls (14–19 years old) were educated in family planning as part of the GIRLS SHINE activities. 200 of these girls were educated in Burkina Faso and 225 in Mali. Boys will be increasingly prioritised in 2022 by establishing clubs in secondary schools.

DEVIATIONS

NCA had to suspend our cooperation with partner IAMANEH, due to suspicions of fraud, resulting in NCA assuming operational responsibility for activities in Mopti for the final months of 2021 and postponing some activities to early 2022. Moreover, we had to reorganise our working teams to realise the remaining activities and reduce the number of dignity kits distributed due to budgetary reasons. On a positive note, a significant mobilisation of communities through local media and community volunteers led NCA to reach 86, 323 people instead of the planned 50,000, through hygiene awareness-raising activities.

RISK MANAGEMENT

No new risks were identified in 2021, but the situation remains very volatile in the region. Human security and financial risks remain our most prominent risks.

Risks related to safety and access: NCA continues to monitor the situation, adopt mitigating measures, and adapt as best we can to contextual developments. Relying on community-based focal points, working through legitimate local partners, and doing remote monitoring, enable us to continue to work in these areas where humanitarian access is strained. Keeping beneficiaries regularly informed on the situation and our ability to implement is also important.

Financial risks: As noted above, suspected fraud was detected in 2021 through regular monitoring and resulted in suspending the contract with the partner and a forensic audit. Following the incident, NCA Sahel intensified control measures for all partners to ensure compliance. For 2022, a different partner has been chosen to implement the activities in Mopti, one with whom NCA has long experience on other projects. The capacity of this partner has been solidly assessed.

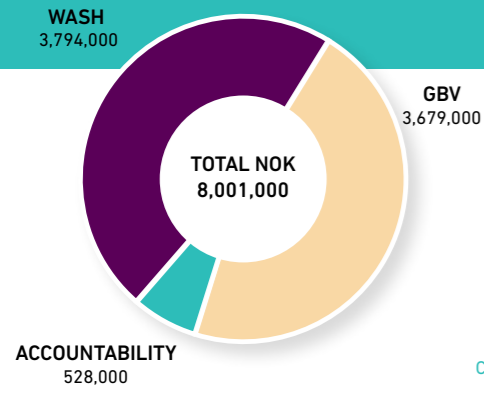
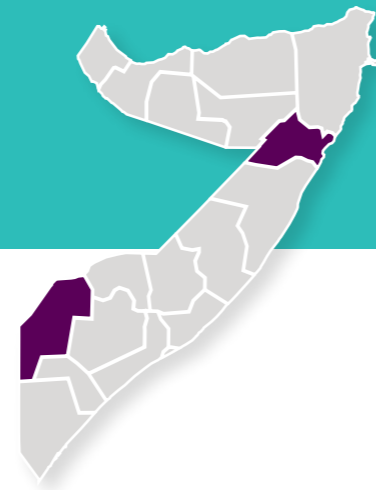


Construction of sanitation facilities in Burkina Faso. Photo: Håvard Bjelland/ Norwegian Church Aid

SOMALIA

Emergency WASH, SGBV and Education response to the crisis in Somalia

AREAS OF INTERVENTION
Gedo and Nugaal Region



PARTNERS
Centre for Research & Integrated Development (CERID)
Kaalo Aid for Development (KAALO)
Socio-Economic Development and Human Rights Organisation (SEDHURO)

CONTEXT IN BRIEF

In Somalia in 2021, political instability caused by the delays in the national elections led to a period of increased violence, which has further exacerbated security concerns and access to those most in need. NCA Somalia's emergency WASH and SGBV responses aligned to the 2021 Humanitarian Response Plan and the national humanitarian response priorities outlined in the National Strategic Plan. In 2021, there was an unprecedented drought in Somalia, so NCA increased the WASH intervention with water trucking, construction and rehabilitation of water and sanitation facilities. The compounding effects of conflict and drought have meant Somalia is one of the countries with the most internally displaced persons globally, most of whom are women and children and are at risk of sexual and gender-based violence.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: In 2021, 26,135 people (6,871 girls, 6,038 boys, 7,775 women and 5,451 men) were supported with lifesaving water, sanitation, and hygiene related services. WASH services included water trucking, construction and/or rehabilitation of water and sanitation facilities, and hygiene awareness creation. Hygiene messages were also tailored to enhance protection against COVID 19. Drought conditions experienced throughout 2021 made water access a challenge in rural pastoralist communities considering depend on rainwater harvesting collected in Berkads. Despite these challenges, the project managed to reach 15,010 people (4,024 girls, 3,394 boys, 4,167 women and 3,425 men) with safe drinking water, water for cooking and to the extent possible access to sustained water sources. The programme improved access to water in programme target locations, with rights holders receiving up to 20 litres per person per day.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: 359 SGBV survivors (186 girls and 173 women) accessed lifesaving, specialised SGBV services appropriate and relevant to their immediate needs. Also, 580 (220 women and 360 girls) accessed Women and Girl Safe Spaces (1) or Adolescent and Girls Safe Spaces (5) for services, information, and support. The range of activities provided was informed by women and girl participants and based on cultural appropriateness and acceptability, their needs and interests and the capacity of NCA and partners running the Safe Spaces. To enhance integration between SGBV and WASH interventions, WASH team provided water and latrines in the schools and Adolescent and Girls' Safe Spaces.

Outcome 7

NCA's humanitarian response operations are environmentally sustainable and in line with humanitarian and accountability principles: In 2021, a pilot of the environmental sustainability tools for field offices and partners was rolled out in Somalia. The tool guides NCA and partners to screen their projects at the design and implementation

phases to capture any environmental risks that need to be addressed. This tool has been refined throughout the roll-out phase and will be used for comprehensive reporting on results in 2022. 31 NCA and partner staff (7 women, 24 men) underwent trainings on protection on exploitation and sexual abuse, procurement, coordination, and finance management. The Somalia Country Office trained staff on procurement processes, safeguarding and protection in the line of duty. These training enabled staff to understand the relevance of being transparent and accountable to the communities we serve and how this builds trust and improves working relationships.

DEVIATIONS

The WASH project reached 26,135 people, surpassing the target of 13,080 people, attributed to the recurrent severe drought conditions and failure of several rainfall seasons making access to water challenging and resulting in more people in need. Population displacements from rural pastoral communities were continuous as communities moved and concentrated in town centres in search of water. Loss of pasture and livestock as key sources of livelihood left these groups more vulnerable. Currency gains were used to support additional WASH activities, including emergency access to water through water trucking. This helped ease the burden of the affected groups and relieve the stress on the existing few available water facilities.

RISK MANAGEMENT

To mitigate the security risks triggered by conflict groups and clans limiting access to some project areas, NCA continues to work on our acceptance and deterrent strategies and coordinates with government and community leaders. Additionally, security assessment of project locations is undertaken daily to guide the teams in developing strategies to reach the populations in need.

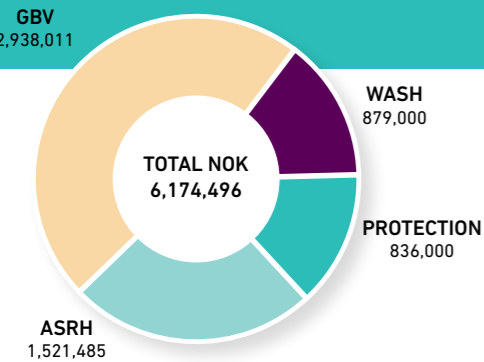
Another risk in Somalia is the wide-spread humanitarian needs while having limited resources to address these needs. This is mitigated by continuous dialogue with beneficiaries, government authorities and community leaders. Expectations are managed by clearly expressing limitations and the humanitarian imperative.



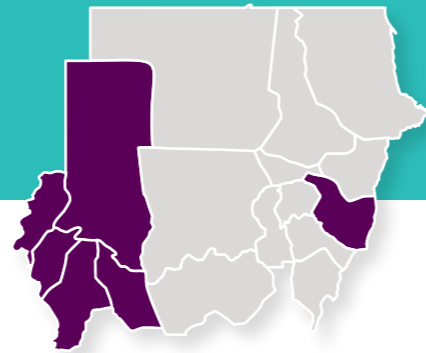
Drought in Somalia has had devastating consequences for women and children, also heightening the risk of sexual and gender-based violence. Access to safe water is an essential part of lifesaving WASH services. Photo: Norwegian Church Aid, Solmania

SUDAN

Sudan: Multi-year Humanitarian Response to South Sudanese Refugees and Tigray crisis - cross-border Ethiopia/East Sudan



AREAS OF INTERVENTION
Darfur and Gedaref Provinces



PARTNERS

Emergency, Relief, Rehabilitation and Development Agency (ERRADA)

CONTEXT IN BRIEF

NCA's response in Sudan targeted the most vulnerable South Sudanese refugees and host communities affected by the protracted crisis in South Darfur, primarily in Bilel and Al Radom refugee camps. The two main thematic response priorities in 2021 were WASH and sexual and gender-based violence (SGBV) due to the challenges experienced by the targeted beneficiaries concerning access environmental and climate change and the vulnerability of women and children to SGBV. In early November 2020, the Tigray region of Ethiopia was affected by armed conflicts between federal and regional forces. Eastern Sudan received 60,167 refugees from Ethiopia in 2021, necessitating a rapid humanitarian response. Flexible Funding was released for a response in Gedaref, focusing on SGBV due to the vulnerability and high number of women and children who fled from Ethiopia, and the complementary to the 2021 ACT/ Caritas Appeal focusing on WASH.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs. This outcome led to improved access to lifesaving WASH activities for refugees from South Sudan and the Central Africa Republic, including providing safe and enough water for daily consumption, promoting improved sanitation and hygiene practices, and improved sanitation facilities. 6,169 people (1,604 men, 1,727 women, 1,357 boys and 1,481 girls) were provided with lifesaving WASH services. Within hygiene promotion, four camp cleaning campaigns were carried out, reaching 4,072 people (1,059 men, 1,140 women, 896 boys, and 977 girls). 66 % of the targeted camp population now adhere to the hygiene promotion messages passed through the campaigns. Through the construction of 96 household latrines, the beneficiary families were provided with safe excreta disposal places, thus protecting them against diseases resulting from faeco-oral contaminations. 13 school latrines were rehabilitated with separate blocks for girls and boys. The rehabilitation and maintenance of three existing solar-powered water supply systems in the camp (with water distribution points) was successful as it kept a constant water supply to the camp inhabitants. Thirty solar panels were replaced, and three water pumping stations were rehabilitated in 2021, meaning the water systems were fully functioning.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: NCA reached 5,071 (289 men, 3085 women, 176 boys and 1,521 girls) survivors of gender-based violence with lifesaving, specialised SGBV services. The services include case and clinical management, psycho-social first aid, mental health and psycho-social support, and referral to other services. NCA established Women and Girls' Safe Spaces and community centres, where women, men, girls and boys develop coping mechanisms through group therapy and participate in skills-building. 57 (21 men, 36 women) health care providers were trained in clinical management of rape and 90 (24 men, 46 women, 12 boys and 8 girls) SGBV staff and volunteers were trained to provide age-appropriate psycho-social support to women and girls. 33, 168 (6,901 men, 6,138 women, 5,111 boys, 5,067 girls) IDPs and refugees were reached with SGBV related outreach activities through the NCA-supported humanitarian interventions.

Outcome 5

Adolescent girls and boys adopt sexual and reproductive health behaviour protecting themselves from health risks. 6,263 (3,208 girls, 1,423 boys) adolescents were reached through adolescent sexual and reproductive health services in Darfur and Gedaref. 1,851 deliveries by adolescents were reported through the NCA supported health centres in Darfur, 74% of which were from the IDP community, while 50 deliveries by adolescents were reported through referrals by NCA to health centres in the refugee camps in Gedaref. The high incidence of adolescent pregnancies is mainly due to child and early marriage practices, and there were significant efforts to raise awareness about these harmful practices. 5,162 (4,456 girls, 706 boys) adolescents accessed comprehensive sexuality education and knowledge of modern family planning, which included sessions on menstrual hygiene management and participated in discussions about adolescents' rights and entitlements in the community.

DEVIATIONS

In Darfur, there was a major deviation from plans under the WASH output with a shift of activities from Al Radoum to Bilel Refugee Camp. This was a strategic decision by NCA informed by the prevailing context. NCA did not have a permanent base in Al Radoum, and this made close follow up and monitoring of project activities challenging, especially during the long rainy season and extremely poor road infrastructure. Apart from the infrastructure, Sudan was faced with frequent currency fluctuations and high inflation at the time this decision was made, making the purchase of project supplies and services almost impossible. As a result, project beneficiaries were reduced from 15,600 to 6,169. The response in Gedaref was granted a four month no-cost extension due to the impact of the major destruction caused by adverse weather conditions that destroyed many dwellings within the Tunyadbah camp in June and the subsequent military coup in October.

RISK MANAGEMENT

At the national level, a major risk factor impacting the implementation was the political unrest and a military coup in October 2021. Although largely impacting the major cities, the field programmes in Darfur and Gedaref were negatively affected primarily by a lack of consistent government presence and availability and travel restrictions and communication difficulties. NCA mitigated these risks through a close liaison with humanitarian coordination mechanisms securing unified approaches and internal strengthening of communication and security. In Darfur, over 200 incidents of violence were reported across the area in 2021, heavily impacting the accessibility and security risks related to implementation. NCA mitigated these risks through increased security training, strengthened awareness, tighter procedures and routines, and investments in security equipment. In Gedaref, the key risks were related to adverse weather conditions impacting access as the camps are located on black cotton soil, and heavy rains and wind destroyed many of the refugee settlements. Access risks were mitigated by increased travel coordination among agencies and unified approaches of the respective coordination mechanisms.

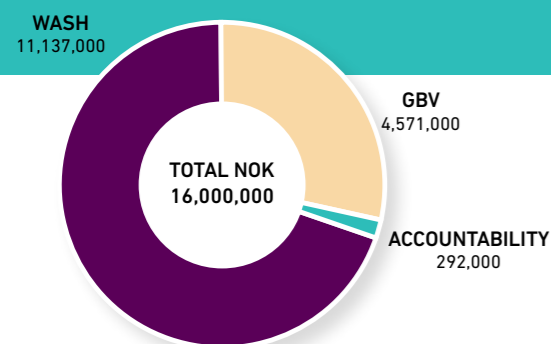


Community volunteer Ahmed Ali Sahib in Bilel camp maintains the solar cell plant.
Photo: Håvard Bjelland/
Norwegian Church Aid

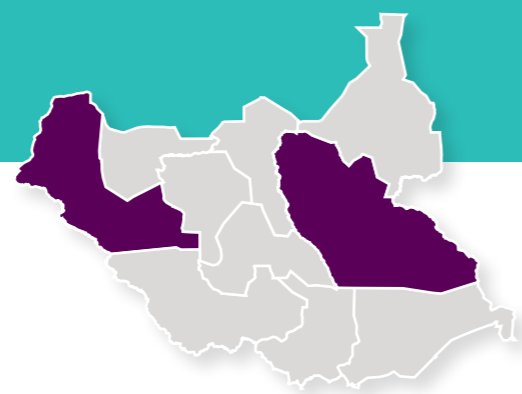
SOUTH SUDAN

Emergency response to IDPs and affected communities in South Sudan

AREAS OF INTERVENTION
Western Bahr el Ghazal and Jonglie State



PARTNERS
Christian Agency for Relief and Development (CARD)
South Sudan Fellowship Mission (SUFEM)
CARITAS WAU



CONTEXT IN BRIEF

2021 saw a deterioration in the humanitarian situation in South Sudan that 68.6% of the population, including refugees, needed humanitarian assistance. The country was confronted by social and political instability due to violence and a series of interconnected shocks, including conflict, persistent and unprecedented flooding, inflation, and the impact and economic weight of COVID-19. This has led to massive internal and cross-border displacement, further straining scarce resources, livelihoods, essential services, and increasing protection risks, particularly for the most vulnerable groups. Insecurity, fuelled by sub-national intercommunal violence, crime, and wide-scale impunity, continued to hamper the country's roadmap to peace.

KEY RESULTS¹

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access to lifesaving WASH services appropriate and relevant to their immediate needs: During the reporting period, NCA and partners provided clean water through the repair and rehabilitation of 31 water points, construction of 15 new water points with Indian Mark II hand pumps in 15 villages and installing a Surface Water Treatment systems. As a result, 12,256 people (2,483 men, 4,109 Women, 2,602 boys, and 3,062 girls) accessed safe, equitable, and sustainable access with enough water for drinking and domestic use.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: NCA and partners also reached 3,638 people (474 girls, 1,859, 250 boys, and 1,055 men) with SGBV awareness-raising and sensitisation messages on early marriage, consequences of SGBV, and referrals to services to increase awareness of SGBV issues, reporting, SGBV risk mitigation, and referral mechanisms. As of reporting period, community members could support SGBV survivors to access appropriate services by referring 18 SGBV cases, out of which seven cases were closely accompanied by close family members and community women leaders. The increase in SGBV awareness also helped to strengthen community support for women, including providing more land for agricultural activities for women and girls at the Women and Girls Safe Spaces in Allerton, while men supported the women in ploughing the ground and established irrigation at the site to increase the resilience and economic empowerment of women and girls.

Outcome 7

NCA's humanitarian response operations are environmentally sustainable and in line with humanitarian and accountability principles: Accountability to the affected population has been ensured by providing functional and responsive complaints and feedback mechanisms in all NCA humanitarian interventions, including areas reached

through partners. Based on the KAP survey and feasibility study, NCA has conducted a Cash Voucher Assistance feasibility study and piloted it in Gumuruk. E-vouchers have been used as a modality to distribute Hygiene and Menstrual Hygiene Management kits to 231 girls and women.

DEVIATIONS

The implementation of the emergency interventions finance by Flexible Funding was delayed by challenges with insecurity and inaccessibility that prevented completing some of the activities. The frequent incidents of insecurity forced NCA to evacuate all field staff from Gumuruk. After calm returned in the area, continuous fighting resumed causing frequent evacuations of field staff that prevented the implementation of activities from starting on time. Once security was improved and field staff returned to Gumuruk, the long rain seasons began impeding the implementation of some of the activities. These activities were planned to start before the rainy season, but due to the conflict related delays, they were prevented by road inaccessibility to mobilise drilling equipment. Therefore, NCA adjusted its implementation approaches, which involved requesting a no-cost extension until the end of May 2022 to complete the activities and shift activity implementation locations.

There were significant deviations from the original plan, which arose from the unpredictable humanitarian context of South Sudan from the beginning of the year 2021. The excessive flooding coupled with the fluidity of the security situation due to intercommunal fighting in Gumuruk restricted access to project areas contributing to delays and shifting of activity implementation locations following the needs of the displaced community.

RISK MANAGEMENT

The internal conflict, poverty and societal norms in the country have disadvantaged women and girls from seeking a livelihood, good healthcare, and education. In locations like Gumuruk where the IDPs and host communities are mixed, NCA provided WASH facilities which served both host communities and IDPs to avoid any possible tension.

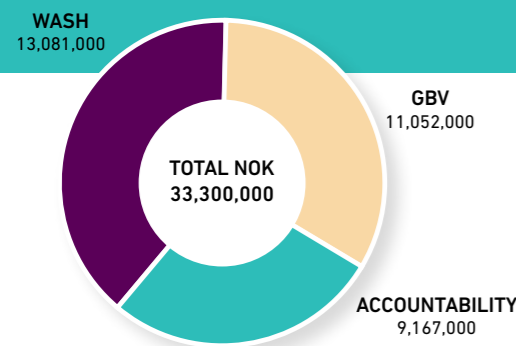
The intercommunal fighting resulting in suspension and delays in project activity implementation poses potential risks to NCA and partner staff if they get caught in the middle. However, the NCA security and safety team provided early warnings and improved security management planning to help pool the staff to safety before the accident. Thus, NCA and partner staff had been evacuated four times before the fighting escalated, which resulted in several deaths and displacement of people.



Akol Gong Atem pumps safe water from the well NCA has provided in Majok Moradhueng, South Sudan.
Photo: Håvard Bjelland/Norwegian Church Aid

¹ Flexible funding for South Sudan was released in July 2021. The project was delayed and extended into 2022, therefore will not be reported on until June 1, 2023.

SYRIA



PARTNERS
 The Department of Ecumenical Relations and Development (DERD)/
 Greek Orthodox Patriarchate of Antioch and all the East (GOPA)
 Syria Trust for Development (ST)
 St Ephrem Patriarchal Development Committee (EPDC)



Psychosocial support for children.
 Photo: Arne Grieg Riisnæs/Norwegian Church Aid

CONTEXT IN BRIEF

After more than a decade of civil war and instability in Syria the political and humanitarian situation remained dire and complex. In 2021, 13.4 million Syrians needed humanitarian assistance. The provision of basic services such as water, sanitation, promoting good hygiene, and violence prevention and support for sexual gender-based violence survivors are the lifesaving services provided by NCA and its partners.

The financial situation continued to deteriorate throughout 2021, 76% of households' basic needs remained severely unmet. The deteriorating economic situation, sanctions, devaluation of the Syrian currency, market situation, and increased instability negatively impacted the humanitarian situation and caused challenges for humanitarian operations and the provision of services. Localised fighting continued to threaten the operations in NCA's and partners' areas of responsibility. During this period, service delivery was carried out remotely and through mobile units. The financial deterioration also led to protests and increased criminality, increasing the security risk for operations. Despite the increased security threat, NCA partners maintained their access capacity in all targeted areas, and NCA established a new office in Damascus, officially opening in March 2022.

KEY RESULTS

Outcome 3

Communities affected by crisis demonstrate improved hygiene practices and access lifesaving WASH services appropriate and relevant to their immediate needs: NCA delivered principled and effective humanitarian WASH assistance to 195,647 beneficiaries in affected communities through its partners in Syria, ensuring safe and uninterrupted access to water and sanitation services through public infrastructure, both in communities and institutions, as well as inclusive, gender-sensitive and equitable access to hygiene promotion messaging and essential hygiene items. The total beneficiaries reached was 24% higher than the 2021 target.

Outcome 4

SGBV Survivors access lifesaving, specialised SGBV services appropriate and relevant to their immediate needs: NCA and partners provided SGBV services to 16,925 (9,503 women, 1,456 men, 3,557 girls, 2,409 boys), improving SGBV survivors' access to lifesaving, specialised SGBV services through Safe Spaces. Service provision to survivors, including men and boys, embraced comprehensive, multi-sectoral approaches in line with international standards and guidelines. This included case management in safe and accessible spaces, expansion of access to other effective SGBV and mental health and psychosocial support services, and referrals. Through participatory and non-discriminatory approaches, programming empowered survivors to protect themselves and acquire opportunities for skill enhancement to support their socio-economic development. Key attitudes and cultural norms that allow SGBV were challenged through dialogue, campaigns and platforms for information sharing and exchange with community leaders, faith actors and civil society groups. Partners ensured the participatory awareness-raising events alongside advocacy efforts led to structural change.

DEVIATIONS

The positive deviation between the target and actual numbers in the WASH interventions resulted from overachievement in the solid waste management activity, which served three communities and was expanded for one additional month due to a budgetary surplus.

NCA signed the first partnership agreement with Syria Trust in February 2021 and the second in September 2021, which involved installing solar power systems for three partner-run community centres, two schools and two water systems. Syria Trust was granted no-cost extension until March 31, 2022, to compensate for delays in importing procured works and goods and delayed planned activities. Syria Trust also received NCA emergency funding to cover additional costs during the procurement process related to the increase in prices in the local market. The project ended in March 2022.

RISK MANAGEMENT

Fuel shortage in Syria brought new risks and limited the staff's ability to travel between governorates or centres. Related power cuts also limited the ability of SGBV centres to provide services. Internet and communications were also affected, creating knock-on effects for certain activities which were adapted to online modalities in response to COVID-19. COVID-19 remained a significant operational and safety risk. The Syrian government-imposed lockdown, movement restrictions, and preventive measures affected project implementation, with partners scaling down operations to reduce face-to-face interventions. The economic crisis in Syria impacted the cost of goods, services, and a weakened banking system brought delays in transferring funds into the partners' Syrian bank accounts. The unstable currency saw vast differences between the official and unofficial rates, thus creating financial challenges for both NCA and partners, both administratively and operationally. There was low capacity among partners for financial management and reporting and for absorbing funds gained due to devaluations.

Mitigation measures against insecurity rested on the local knowledge, acceptance of partners and the experience, presence, and networking of international NCA staff. Bank transfer difficulties were mitigated by NCA opening bank accounts in Syria and establishing a reliable transfer route from Europe, minimising the risk of restrictions on fund transfers. The finance and programme teams were able to identify and mitigate risks early on to manage currency fluctuations. These include regular follow up meetings between NCA and partners and close support from finance regarding budget tracking and forecasting measures. Syria remains at high risk for fraud, corruption, and financial mismanagement, requiring close and continuous follow up by NCA finance, procurement, and programme teams.

ANNEX 1: GLOBAL RESULTS FRAMEWORK



MFA STRATEGIC PARTNERSHIP 2020–2023 RESULTS FRAMEWORK

Outcome 1	Indicators	Baseline (2019 or 2020)	Target 2021				Actuals 2021				Data Source(s)	Measurement Frequency	"Countries reporting (see end note 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+
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%				Country office and humanitarian operations annual reports, QIP reports, PIMS	Bi-annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	12
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	100				96	96				Country office and humanitarian operations assessment reports	Annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	12
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	62 500	62 500	62 500	62 500	475 347	122 452	122 294	128 052	102 549	QIP Reports	Bi-annual	Bangladesh, Lebanon, Sahel (Mali and Burkina Faso), Palestine and Sudan	5
Output 1.3 Response operations are predictable and effective through NCA surge capacity and emergency supplies	1.3.1: # of roster members deployed	48			27	28	20			8	12	Annual report from roster coordinator	Annual	Global/Head Office	
	1.3.3: # of responses where NCA provided emergency supplies (WASH kits)	2	2				0	0				Head Office Advisor mission report	Annual	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			50	50	0			0	0	Annual report from roster coordinator, training attendance sheets.	Annual	Global/Head Office	
	1.4.3: # of evaluations carried out of humanitarian responses	TBD	5				3	3				Evaluation reports	Annual	Bangladesh, Palestine, Sudan	3

Outcome 2	Indicators	Baseline (2019 or 2020)	Target					Actuals				Data Source(s)	Measurement Frequency	"Countries reporting (see end note 1)"	Number of countries reporting
			2021				2021	2021							
			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+				
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	6				5	5				Amalgamation of 2.1.1, 2.2.1, and 2.3.1.	Annual	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	3				4	4				Global initiatives membership, signatories, records of meetings	Annual	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	5				3	3				Global technical working groups or task force records, websites	Annual	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	4				16	16				MOUs with lead agencies, coordination meeting minutes, cluster websites	Annual	Bangladesh, Iraq, Nigeria, Sahel (Mali), South Sudan, Sudan	6

Outcome 3	Indicators	Baseline (2019 or 2020)	Target					Actuals				Data Source(s)	Measurement Frequency	"Countries reporting (see end note 1)"	Number of countries reporting
			2021				2021	2021							
			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+				
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	87 004	60 286	40 999	35 356	544 290	136 000	127 572	146 362	134 356	Amalgamation of 3.1.4, 3.2.1 and 3.3.1. Note that the target population receives the whole WASH package.	Minimum - half yearly; Desirable - quarterly	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, plus one global project.	11
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	22%	75	75	75	75	78,09	78,09	78,09	78,09	78,09	KAP surveys (see global program M&E guidance for specific process).	Minimum - half yearly; Desirable - quarterly	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	11
	3.1.2: % of targeted affected households where soap and water are available for handwashing	33%	75% of HH				73,15	73,15				KAP surveys (see global program M&E guidance for specific process).	Minimum - half yearly; Desirable - quarterly	Afghanistan, the Democratic Republic of the Congo, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan.	8
	3.1.3: % of women, girls, men and boys who report satisfaction with hygiene materials	25%	75	75	75	75	84,19	84	84	84	84	PDM and KAP surveys.	Minimum - half yearly; Desirable - quarterly	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	11
	3.1.4: # of women, girls, men and boys reached through hygiene promotion activities (NEW)	3 000	58 142	54 657	57 173	50 471	425 304	121 757	110 159	112 527	80 861	Attendance records (trainings, campaigns, HH visits, etc.)		Afghanistan, Bangladesh, the Democratic Republic of the Congo, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	11
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	35 262	33 496	35 438	33 406	367 796	96 736	89 363	96 018	85 679	KAP surveys (see global program M&E guidance for specific process).	Minimum - half yearly; Desirable - quarterly	Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, plus one global project.	11
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	52 350	48 014	60 029	55 880	317 310	79 239	72 933	85 949	79 189	KAP surveys (see global program M&E guidance for specific process).	Minimum - half yearly; Desirable - quarterly	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, plus one global project.	11
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	5 465		7 602		30 548	11 426		19 122		KAP, PDM, distribution lists	Minimum - half yearly; Desirable - quarterly	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria, plus one global project.	11
	3.4.2: % of women and girls of reproductive age who are satisfied & feel safe when using the WASH facilities during menstruation	17%	75		75		79	79		79		FGDs (see global program M&E guidance for specific process).	Minimum - half yearly; Desirable - quarterly	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	10
	3.4.3 # of people with incontinence with access to appropriate materials, facilities and information to manage incontinence in a dignified manner (REVISED)	0	1 155	5	1 775	65	3 590	1 425		2 165		PDM, distribution lists, attendance sheets	Minimum - half yearly; Desirable - quarterly	Afghanistan, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan.	8

Outcome 4	Indicators	Baseline (2019 or 2020)	Target					Actuals				Data Source(s)	Measurement Frequency	"Countries reporting (see end note 1)"	Number of countries reporting
			2021				2021	2021							
			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+				
Outcome 4 SGBV Survivors access life-saving, specialized SGBV services appropriate and relevant to their immediate needs	4: # of survivors accessed services	1 324	4 709	2 933	10 532	4 043	58 807	15 041	6 032	31 525	6 209	GBVIMS, records from health centres, service records	Monthly, Quarterly, Half-Year, Annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	12
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			104	60	179			117	62	Training report	After training	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Sahel (Mali and Burkina Faso), Somalia, South Sudan, 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% of health facilities				90,29	90,29				Health facility checklist	Quarterly, Half-Year, Annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Lebanon, Nigeria, Sahel (Mali and Burkina Faso), Somalia, Sudan, Syria.	9
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	3 173	1 661	1 023	3 299	994	24 153	7 255	1 316	14 231	1 351	GBVIMS	Monthly, Quarterly, Half-Year, Annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	12
	4.2.3: # of GBV staff trained to provide quality, age-appropriate, focused psychosocial support to women and girls	106			146	66	325			191	134	Training reports, attendance sheets	Bi-annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	12
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	65			145	64	209			127	82	Training reports, pre-&post-tests	Bi-annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	12
	4.3.2: % of survivors (who completed feedback survey) who are satisfied with the case management services provided	6 %	75	75	75	75	81,36	81,36	81,36	81,36	81,36	Client satisfaction surveys	Monthly, Quarterly, Half-Year, Annual	Afghanistan, the Democratic Republic of the Congo, Iraq, Lebanon, Palestine, Sahel (Mali and Burkina Faso), Somalia, Sudan, South Sudan, Syria	10
	4.3.3: % of locations with updated operational referral pathways (linking multisectoral services)	TBD	100				92,89	92,89				Referral pathways available, surveys	Half-year, annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	12
	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)	1 710	3 455	476	7 826	526	22 723	8 891		13 832		Safe space attendance sheets	Monthly, Quarterly, Half-Year, Annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	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	3 700	135 373		158 203		19 514	5 322		14 192		Distribution lists, GBV Cash Forms	Monthly, Quarterly, Half-Year, Annual	Afghanistan, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Syria.	10
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	184	16	8	418	334	496	41	20	236	199	Training reports, attendance sheets	Bi-annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	12
	4.4.2: # of women, girls, men and boys reached through outreach activities	TBD	17 055	12 717	38 266	26 720	184 599	40 924	28 559	68 574	46 542	Outreach reports	Monthly, Quarterly, Half-Year, Annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	12

Outcome 5	Indicators	Baseline (2019 or 2020)	Target					Actuals				Data Source(s)	Measurement Frequency	"Countries reporting (see end note 1)"	Number of countries reporting
			2021				2021	2021							
			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+				
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	830	422	1 960	470	14 710	10 656	2 826	1 204	24	Health records	Monthly, Quarterly, Half-Year, Annual	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	87		210		2 438	908		1530		Health records	Monthly, Quarterly, Half-Year, Annual	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	482	208	850	144	11 921	7 617	1 545	2 167	592	Participation records	Monthly, Quarterly, Half-Year, Annual	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	21				34	34				Health facility checklist	Half-year, annual	Bangladesh, the Democratic Republic of the Congo, Nigeria, Sahel (Mali and Burkina Faso), Sudan.	5
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	477	322	762	482	20 314	13133	4478	2132	571	Workshop reports, training reports, planning reports, monitoring reports	Monthly, Quarterly, Half-Year, Annual	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	2 638	1 470	2 980	1 549	4 136	2 770	1 358	2	6	Participation records	Monthly, Quarterly, Half-Year, Annual	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			924	530	6 403			4 268	2 135	Participation records	Monthly, Quarterly, Half-Year, Annual	Bangladesh, the Democratic Republic of the Congo, Nigeria, Sahel (Mali and Burkina Faso), Sudan.	5

Outcome 6	Indicators	Baseline (2019 or 2020)	Target					Actuals				Data Source(s)	Measurement Frequency	"Countries reporting (see end note 1)"	Number of countries reporting
			2021				2021	2021							
			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+				
Outcome 6 Enhanced protection of children and young people in situations of crisis and conflict	6: # of children and young people reached	5 738	910	910	20	20	33 195	12 438	20 757	0	0	School surveys, health records	Half-year, annual	Iraq	1
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	2 760	1 840			2 502	1 213	1 289			Attendance records	Monthly, Quarterly, Half-Year, Annual	Sudan	1
	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					N/A					School surveys	Monthly, Quarterly, Half-Year, Annual	-	-
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	5738	900	900			2 398	1 443	955			CFS attendance sheets	Monthly, Quarterly, Half-Year, Annual	Iraq	1
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	2613	392	392			5 621	3135	2486			Health records	Monthly, Quarterly, Half-Year, Annual	Sudan	1
	6.3.2: # of pregnant and lactating women receive supplementary food	826			448		3 299	0		3 299		Health records	Monthly, Quarterly, Half-Year, Annual	Palestine, Sudan	2
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		42			0			0		Awareness raising materials, outreach reports	Bi-annual	-	-
	6.4.2: # of responses which includes work on prevention and mitigation of trafficking	0		1			1			1		CO reports	Bi-annual	-	-

Outcome 7	Indicators	Baseline (2019 or 2020)	Target					Actuals				Data Source(s)	Measurement Frequency	"Countries reporting (see end note 1)"	Number of countries reporting
			2021				2021	2021							
			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+				
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	0	85				92	92				CHS checklist tool developed by NCA	Annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	12
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	70	100				98	98				CRM reports	Monthly, Quarterly, Half-Year, Annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	12
	7.1.2: % of humanitarian operations that conducted a gender and conflict analysis	60	98				15	15				Gender and Conflict Analysis Reports	Half-year, annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	12
	7.1.3: % of country offices that include a CVA component in their response	0	69				67	67				Country office Annual Reports	Half-year, annual	Afghanistan, the Democratic Republic of the Congo, Iraq, Lebanon, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Syria.	9
	7.1.4: % of NCA humanitarian partners involved in humanitarian coordination platforms at the national or global level	0	86				94	94				Attendance records	Half-year, annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	12
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	0	92				92	92				Environmental assessments	Annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Iraq, Lebanon, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	11
	7.2.2: # of persons reached with safe access to fuel and energy	0	100	120	80	70	0	0	0	0	Distribution reports, receipts	Monthly, Quarterly, Half-Year, Annual	-	-	
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	0			66	87	243			89	154	Training reports, attendance sheets	Half-year, annual	The Democratic Republic of the Congo, Iraq, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	10
	7.3.2: % of humanitarian response funding channelled to national/local agencies	24%	39%				34	34				Transfer records, budgets, expenditures	Half-year, annual	Afghanistan, Bangladesh, the Democratic Republic of the Congo, Lebanon, Nigeria, Palestine, Sahel (Mali and Burkina Faso), Somalia, South Sudan, Sudan, Syria.	11

END NOTES:

1. For the 'Countries Reporting' column, please note: All listed countries are reporting on the related 2020 targets. Targets for 2021-2023 are replications of 2020. Note targets for 2021-2023 are not accumulative.

2. 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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