



Humanitarian Report 2021 to Sida



SMC
FAITH IN DEVELOPMENT

Front page picture

Nabeyo from Lopun village carrying a sack of maize grain as a part of the food distribution in Kapoeta East County.

Project number 21704, South Sudan.

Photo: Malin Canslätt, PMU

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Introduction

During the reporting year of 2021 the number of people in need of humanitarian assistance continued to increase from 216 million people to an estimated 306 million people. At the end of the reporting year we were about to exit the most intensive pandemic period.

In the middle of ongoing humanitarian crises, to the larger part fuelled by conflict, war, and the effects of climate change, the world also had to struggle with a global pandemic. The pandemic overlapped with other pre-existing and emerging crises and risks, complicating response, and driving need. It has clearly shown how we are all dependent on one another and how crucial global cooperation is for a sustainable future.

Even before the war in Ukraine, rising food insecurity was a significant challenge. Rising food prices in 2022 driven by the war in Ukraine are now posing even further threats to food security.

The SMC Humanitarian report provides an overview of the results and lessons learned in the field of humanitarian assistance achieved by SMC - Faith in Development through the strategic partnership agreement with Sida, covering the period of 1 April 2021 to 31 March 2022.

One of SMC's strengths is our broad network of members and partners' and their long-term commitment and important presence in the local communities. The results presented in this report are the outcome of the cooperation and joint efforts of SMC, its member organisations, and their partner organisations to alleviate suffering, saving lives and safeguard human dignity and respect for the most vulnerable people affected by crises.

During the reporting period, SMC's Humanitarian Team consisted of four member organisations: Adventist Development Relief Agency Sweden (ADRA), ERIKS Development Partner (ERIKS), Läkarmissionen (LM), and PMU. Out of these four member organisations, two, i.e. ADRA Sweden and PMU, were engaged in humanitarian cooperation through their partner organisations and implemented interventions in Syria, South Sudan, and Yemen, through the funding received by Sida.

Humanitarian capacity building and training is at the core of SMC. It involves expertise and good practices which our Humanitarian members and partners can use to get involved fast efficient and act according to policies, procedures, and regulations. During the reporting period SMC has offered 14 humanitarian capacity trainings and 21 webinars to all partners of the Humanitarian Team. In total, 345 representatives from 25 different countries have participated in the trainings.

SMC has a special focus on resilience. The capacity building activities conducted by SMC during 2021/2022 have focused on building back better, resilience and preparations for future disasters. SMC's capacity building efforts have strengthened the member organisations and their partners and prepared them to be better equipped to withstand challenges in an ever-changing humanitarian context and world where they work and operate.

The first chapter of this Humanitarian report 2021 gives an overview at a global level of the results and lessons learned during the reporting period 1 April 2021- 31 March 2022.

In the second chapter, the focus is on the contribution of the SMC network to the prioritized areas in the Strategy for Sweden's humanitarian aid provided through Sida and how the perspectives of conflict sensitivity, gender equality, and resilience have been mainstreamed in the interventions.

The third chapter calls attention to different aspects and components of SMC and its humanitarian work such as SMC's added value and capacity development work. Chapter four is the financial report with a brief financial narrative. The report ends with chapter five, where the four project specific reports are explained with detailed information and financial status for the four interventions taken place in South Sudan, Syria, and Yemen.

1. Overview

1.1 Aggregated Global Results

The assistance provided by SMC's member and partner organisations aimed to alleviate suffering, safeguarding dignity for women, men, girls, and boys, and save lives in profound crises. Through the three implemented interventions in Syria, South Sudan, and Yemen more than 140,000 vulnerable people were reached with lifesaving humanitarian assistance.

The four planned-for interventions were based on humanitarian principles and addressed people's needs within the sectors of food security, livelihood, nutrition, protection, and WASH with a cross-sectoral and multi-purpose approach.

One of the planned four interventions, with an estimated number of 17,900 rights holders in Yemen could however not be implemented as ADRA Yemen was not provided with the operational permissions for the project at neither national nor governorate level, as previously communicated to Sida.

Despite continued challenges related to the pandemic and its associated negative effects on the project activities as well as the continuous insecurity in the three humanitarian contexts, the three interventions were fully performed, and the overall objectives were achieved or over-achieved.

In Syria, ADRA overachieved in the number of beneficiaries reached, accomplishing more beneficiaries due to the shift of funds from the debris removal activity towards an additional water system and disability devices.

In South Sudan, PMU's partner ACROSS was able to successfully implement the planned project, despite several severe challenges, with a flexible and adaptive approach. For example: when higher plateau areas turned out impossible to drill, ACROSS turned to lower plateaus where the needs were similar. The decision was made after engagement of relevant community leaders and in dialogue with PMU and SMC.

In Yemen, the PMU-PMU Partner project aimed to reduce excess mortality and morbidity among 1,400 highly vulnerable households across prioritised communities in Yemen through a multi-sector response by providing Food Security and Livelihood and Hygiene support for six months as well as Non-food items (NFI)/Shelter provisioning (via solar thermal cooker as a cooking fuel substitute). The project was implemented according to plan and reached or

exceeded its targets regarding the estimated number of households, but since the average household (HH) size was smaller than anticipated, a slightly lower number of unique beneficiaries were reached in relation to the original estimation.

The applied aid modalities 2021-2022 were in-kind assistance and providing access to services. To a limited extent, also cash transfers were used.

One example of in-kind assistance comes from the right-holder, Mahmoud 21-year-old, Deir Ezzour, Syria:

“The year I lost my ability to move, I felt that I could no longer live, even with a wheelchair. I stayed isolated in a dark room for two years and stopped talking to others or eating properly. I stopped everything that could bring me back to life. In fact, I was feeling hopeless. I wished to die every day to escape my torment. (...) ADRA brought hope and life back to me with that electric wheelchair! (...) I will be able to work and rely on myself, and I can get to know my neighbours. ‘I will be able...’” **21702 ADRA Syria, Major**

Cash was part of the applied modality in the implemented intervention in Yemen after an adjustment:

Due to the increased MFB price and the urbanised nature of Crater district in Aden, it was assessed that it would be more suitable to provide cash transfers instead of in-kind. (...) The cash provision was unconditional and endline survey showed that 92.1% was used for HH essentials (71.3% food, 17.8% other essentials, 3.0% savings), while 6,9% was used for debt repayments and only 1% for all other uses. **21703 PMU Yemen, Major**

In South Sudan, Syria and Yemen, the interventions are designed and implemented by professional organisations well-established in the local context. For two of the three interventions implemented and reported, 93% of the funds received from Sida HUM have been channelled to national and local responders, which illustrates SMC's commitment to the localisation agenda. The intervention in Syria was implemented by ADRA Syria which has an international registration and is thus not considered as a national organisation.

The effort SMC has put into inclusion and gender is reflected in reported data and the narrative reports. This year, again, all reports provide gender and age disaggregated data sector-wise as well as for the total number of people reached. This is important in ensuring that the interventions address the needs of people regardless of gender or age. On a general level, we also see improvements in interventions incorporating strategies for addressing gender-based violence, and within the period covered by this report, the issue of gender equality has also been incorporated in the activities addressing pandemic preventive measures (see section Gender equality for examples).

Table 1: Aggregated global results by sector and SADD in 2022

Sector	Girls	Boys	Women	Men	Total
Food security	5,398	2,883	12,070	4,349	24,700
Livelihood	3,498	883	9,770	2,449	16,600
NFI	-	-	800	450	1,250
Nutrition	5,461	5,196	4,941	2000	17,598
Protection	310	400	360	360	1,430

WaSH	29,193	29,503	38,797	38,307	135,800
Total ¹	31,808	29,683	45,530	37,809	144,830

Table 2: Aggregated global results by aid modality in 2022

Aid modality	Cash	In-kind	Services
People reached ²	6,200	36,840	139,700

The quantitative information provided in the tables above focuses on results at an output level, however, the narrative reports also convey information about achieved changes at an outcome level. For example, more sustainable changes through supporting the development of local committees, integration of conflict sensitivity, creating awareness on health risks, promoting local ownership of water points, awareness on sustainable livelihood practices, etc. contributes to strengthening the communities' ability to prevent, adapt to and recover from future crises.

The following illustrates some strategies used as well as some of the outcomes:

1,962 hygiene kits were distributed which consisted of a 20-liter jerry can, 15-liter metallic bucket, and bars of washing soap. 1,962 dignity kits, consisting of reusable pads, underwear, soaps were distributed to women and girls of reproductive age. 4,299 were reached with hygiene messages through 8 hygiene promotion campaigns, across the 3 targeted counties. Along with the distribution of dignity kits, there were also trainings menstrual hygiene by a menstrual consultant, and a follow up with those who participated presented evidence that with use of dignity kits, women can go on with their daily duties as opposed to being confined to one place during their menstruation. 21704 PMU South Sudan, Major

The six CFW supported community-led local rehabilitation projects, which all took place in Taiz, were all considered a success. A water tank was built for a school to supply it with toilets and drinking water for approx. 800 students, staff, and visitors. Four dilapidated classrooms were renovated and repaired. One classroom was added to a local school capacitating it to cater education for all local students, thus reducing the number of severe road accidents occurring when students travel far by foot to receive education. One eroded track was paved to make a road and an arterial road, connecting three villages to the district centre, was paved making trucked food aid able to reach the villages. One health unit was built in a remote village to cater health service provision. In most of these rehabilitation projects, material contributions and voluntary labour was provided by villagers due to positive attitudes towards the project, and in the case of the health unit, the local government also provided staff, equipment and supplies to make it operational. Final report, PMU Yemen, Major 21703

The provision and installation of HH water tanks was done through the in-kind and contractual service modality. ADRA identified a contractor who was able to provide the water tanks and install them in the locations specified by the beneficiaries. Installing the

¹ Excluding overlap

² Including overlap

water tanks involved connecting them to the water line and providing taps for usage. ADRA covered all required connections ensuring the beneficiaries can use the water tanks immediately after the installation was completed. 21702 ADRA Syria, Major 21702

In the following chapters and sections, there are several examples of how SMC and its member and partner organisations work strategically towards reaching sustainable results through investing in accountability in increased protection, increased influence for people affected, gender equality, conflict sensitivity, and resilience.

1.2 Lessons learned

This chapter describes SMC's lessons learned based on the four humanitarian interventions included in this report and provides information on what capacity building coaching and training sessions meant for the interventions and the partner organisations.

Despite that this time, largely marked by the pandemic, with restrictions and restraints in travelling, SMC, its members, and their partners succeeded to adapt to the current conditions and developed the digital way of working. SMC with its members and partners planned and updated its operations based on adaptation to new circumstances that requires other working methods.

In this way, SMC has managed to gain insights in the four humanitarian interventions, implemented by our member organisations and their partners. This has been possible through a regular remote dialogue and analysis on assessments of applications, progress reports, final reports, and evaluations. Not to mention the importance of frequent digital monitoring meetings and a continuous dialogue with implementing members and partners that have taken place. SMC has also documented the interventions by received photos and visual material from the project sites. During the reporting period, SMC member organisations' humanitarian staff were able to conduct physical monitoring and evaluation field visits to Syria, South Sudan, and northern Yemen.

Capacity building through coaching, learning, and training

Learning and capacity building are two of the main pillars of SMC's work, striving to contribute to the local partners being better equipped to meet humanitarian challenges and needs fast, professional, and resilient.

During the reporting period SMC continued to provide professional trainings. Sharing experiences and good practices is essential for SMC and its network.

Lessons learned have been analysed and reviewed to provide a good platform for our continuous dialogue with our members and their partners regarding various humanitarian initiatives, organisational challenges and needs, as well as capacity-building and training initiatives. The learnings will be part of SMC's future strategy for humanitarian aid. This part is elaborated in detail in chapter 3.3.

Overall, our member organisations and their local partners have adapted well to the circumstances during the pandemic. The efforts and interventions they have implemented have been in line with local and national pandemic guidelines and restrictions, in coordination with relevant clusters. This has been done on different levels by taking extra security measures

into consideration regarding how to protect the vulnerable communities and their own staff, all being impacted by the pandemic.

The pandemic has obliged SMC, its' members, and partners to adapt to different operational realities, with staff sometimes unable to travel and in certain circumstances and from time to time it has also affected the access to affected communities and vulnerable people.

In most of the interventions mentioned in this report, partners have been forced to take great account of the restrictions on the pandemic in the planning as well as in the implementation of humanitarian activities in the field. There are examples of operations that have included specific actions for pandemic prevention. This has contributed to resilience in relation to the ongoing pandemic on individual as well as on community level.

Localisation and preparedness

SMC continue to stand by side-by-side with local partners, providing capacity strengthening activities, organisational support, and trainings, as well as knowledge and experience sharing opportunities.

Genuine local leadership requires community involvement at every step, from needs assessment, to programme design, implementation, and performance.

We are convinced that to be able to achieve localisation at a local community level we need to continue our support to local partners and the marginalized and vulnerable people living and working in insecure places. The commitment is one of the fundamentals in the SMC's mission which contributes to a sustainable and long-lasting change.

During the reporting period we have observed that SMC members, their local partners and their humanitarian actions alleviated the crisis by responding to the immediate needs of the affected local communities in Syria, South Sudan, and Yemen.

SMC's member organisations with local partners have played a vital role in for example in the delivery of food, services and non-food items. Local partners have had the ability and means to access food when travel restrictions or rising food prices prevented people in the affected communities from accessing provisions for themselves. The ability to work with local partners and trained volunteers has allowed programming to happen faster, especially in hard-to-reach areas such as in South Sudan.

The lessons learnt from the final reports will be further analysed and will provide a good basis for SMC's ongoing dialogue with member organisations and their partners on future needs.

Complaint Response Mechanism at the heart of Core Humanitarian Standards

That communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints is at the heart of the Core Humanitarian Standards (CHS no 5). SMC has seen progress in awareness and understanding of the importance of creating a culture of reporting complaints. The complaints mechanisms implemented in the interventions in this report have been effective and useful in the lessons learnt for future interventions.

In the final reports included in this report, the complaints mechanisms used are described in three out of four of these, since the intervention with ADRA Yemen never was implemented because of the absence of granted sub agreements from the local authorities.

PMU's partner organisation in South Sudan, ACROSS, is one of the organisations that has developed an Accountability to Affected Population (AAP) policy with clear guidance on how complaints should be communicated to ACROSS, and how it should be managed at different levels within the organisation **21704 PMU South Sudan, Major**

A key component of a CRM system is to communicate the commitment of the organisation and the criteria for assistance associated with the humanitarian support and which the organisation can be held accountable for. Project 21704 provides a good example of this as the report states: "Training on selection criteria was conducted with local chiefs and village committees, based on common cluster standards. The registration clerks that were hired locally from the communities were inducted to allow them to select the most vulnerable members of the communities and be accountable in case of discontent by community members over selection of beneficiaries. Additionally, to address complaints during registration, the vulnerability criteria were well explained to all stakeholders, including enumerators involved in registration. This was done to guide the process of beneficiaries' identification, selection, verification, and registration" **21704 PMU South Sudan, Major**

In the intervention in Deir Ez-Zor ADRA Syria chose to integrate the CRM during the distributions: "During the distribution, ADRA gave all beneficiaries the complaint and feedback cards with the number to call. In addition, the beneficiaries also had a chance to raise any complaints directly with ADRA staff. During the life of the project, a total of 19 complaints/requests were received, with all of them requesting either additional devices or hygiene related items. The feedback and complaint mechanism allowed the feedback being collected either directly by the staff in the field or through the phone number. The team in the field had the complaint mechanism on Kobo installed in their phones allowing the complaint to be recorded directly in the field and passed on to the person responsible in the MEAL team. Complaints was then sent on to the Project/Area Manager for further follow-up" **21702 ADRA Syria Major**

There is also an example of an intervention where the organisation managed to separate systems for formal complaints on one side and feedback on the other. i.e., **21703 PMU Yemen, Major**. The external project evaluation report clarifies that *"PMU Partner established several mechanisms for reporting complaints and feedback on the intervention. The channels included: a complaint box as well as a comments/feedback box, a hotline number, and a help desk during the distributions"*. The evaluator states that *"with the existence of multiple channels in its service delivery, PMU's partner has further enhanced its accountability towards affected communities."* The evaluator also assessed the power differences of vulnerable groups and concluded that all vulnerable groups such as women, the elderly, the non-literate, people with chronic illness, and people with disabilities, etc. were all considered to be able to submit complaints or feedback with relative ease.

Even though it's challenging to draw conclusions from the limited explanations regarding the CRM systems in the final reports, SMC underlines that real accessibility for all groups to a CRM system is a key quality indicator.

The individual final reports do in general not indicate to what extent the organisations and projects are using more general CRM systems or to what extent they have developed more project-specific systems. To maximize accountability and transparency, SMC will follow up in November 2022 with developed and more training for the partner organisations on the process of developing and implementing a CRM system which is contextualized and established together with the right holders/communities, the people affected by the crisis.

No final report includes references to the use of existing whistle-blowing systems during the reporting period, i.e., systems for internal reporting on misconduct within the own organisation. SMC observes that the final reports refer to the inclusion of processes covering the prevention of sexual exploitation and abuse where it is an integral part of all the work implemented by the partner organisations. In the interventions it is applied when hiring staff including when suppliers sign forms where the expectations relating to code of conduct, staff behavior on how staff shall work to prevent sexual exploitation and abuse. SMC will provide complementary trainings to all partner organisations on how they can develop their current systems to specifically detect sexual exploitation and abuse along with the promotion of quality and accountability to prevent and minimize risks for misconduct.

2. SMC's contribution

In this chapter, SMC – Faith in Development, explains and provides examples on how the organisation has contributed to the prioritized areas in the Strategy for Sweden's humanitarian aid provided through the Swedish International Development Cooperation Agency (Sida) 2021-2025 and how the perspectives of conflict sensitivity, gender equality, and resilience have been mainstreamed in the interventions and responses. The examples describe various humanitarian activities and interventions initiated by the SMC and its member and partner organisations to save lives, relieve suffering, and with respect and dignity protect vulnerable people affected by crisis.

2.1 Needs-based, fast, and effective humanitarian response

SMC's humanitarian assistance is based on identified humanitarian needs and the overall objectives to save lives, alleviate suffering and uphold dignity for girls and boys, women, and men. SMC's focus is the member organisations and in particular their local partners and their capacity to act timely and implement specific humanitarian relief. We focus on do no harm and the local partner's ability to intervene without any major interruptions.

The partner organisations, ADRA Syria, ADRA Yemen, PMU Partner in Yemen and ACROSS in South Sudan all have the capacity and skills to respond to dire humanitarian needs in hard-to-reach areas and to identify vulnerable groups. The ADRA organisations are international organisations and for example ADRA Syria has been contributing to localisation through partnership with local authorities and the Syrian Red Crescent in the country, however, there has not been time to analyse to what extent this has been done.

The interventions consciously included methods for resilience. The focus on DRR and resilience varies from awareness and advocacy to food security activities and rehabilitation of water systems which will mitigate the risks for droughts. For example, in South Sudan, the project's food security component included distributions of seeds and training of farmers in better farming methods to improve crop productivity and increase future agricultural productivity as a part of building resilience also after distribution.

"I was suffering too much because of no food in Lotimor and my children were almost starving. (...) All the people of Lotimor were suffering because there was not enough harvest in 2020 that had resulted to the suffering of the people in the areas, but when ACROSS come with food assistance, it has helped most of the households which were severely suffering from hunger. As the result of the food assistance granted by ACROSS to the community, the children, women, and elders are healthy, because they have access to food though the food is not distributed monthly." **21704 PMU South Sudan, Major, Quotation from beneficiary in Internal Evaluation**

"The capacity strengthening trainings has for PMU partner in Yemen resulted in improved practices related to for example improved integration of gender perspectives within humanitarian projects as well as a stronger awareness of the Core Humanitarian Standards and how to structure accountable projects with participatory approaches in the design and contextual analysis in creating humanitarian projects". **21703 PMU Yemen, Major**

2.2 Improved ability to provide protection and assistance for crisis affected people

Increased respect for humanitarian principles and international humanitarian law is a necessity for being able to effectively reach out to and protect people affected by crises. SMC humanitarian interventions contributed to increasing protection for vulnerable people affected by various crises and increased respect for humanitarian principles and international humanitarian law in different ways. One example comes from the project in Syria, where the WASH and the Protection interventions reduced risks by allowing increased mobility for persons with disabilities and increased access to safe water, thus reducing the need to purchase water or bring it from other unsafe sources. **21702 ADRA Syria, Major**

One way of strengthening protection in our humanitarian interventions is to actively involve the target groups and support local and existing structures.

Below are examples from **South Sudan, Syria, and Yemen** regarding how the operations have integrated increased protection for affected people in their thoroughly detailed plan.

2.3 Increased influence for people affected by crises

SMC, member, and partner organisations have continued to work strategically on increasing the influence of people affected by the crisis, through accountability, capacity development, trainings, and quality assurance. The Core Humanitarian Standards are the foundation for our work for this struggle and aim. The CHS promotes downward accountability which includes increased influence for people affected by crises.

By March 2022, SMC started the CHS self-assessment process. This process includes a need for clarifications in guidelines and possibly in agreements on which project information is to be shared with local authorities and target groups.

During the implementation phase of operation **21704 PMU South Sudan**, ACROSS had to have an adaptive approach when drilling was not possible in the planned for high plateau. With engagement of relevant community leaders, the boreholes were then successfully drilled in the lower plateaus instead where the needs were similar to ones in the higher plateaus.

“Having involved the local authorities and community members in all the phases of the project design and implementation was vital for the project. The local community has helped in the identification of key gaps and priority through consultative meetings, in the identification process during registration exercise, part of the complaint desk during registration, and complaints and feedback regarding the project implementation”. **21704, PMU South Sudan, Major Lessons Learnt, Internal evaluation** The final reports of 2021 also describe how the specific needs of groups in particularly vulnerable situations were considered and included, and how these groups were involved in the planning and implementation of the projects.

This is further explained in detail in the final report 21704 where for example the local partner ACROSS's strong community engagement has been a key element to the success of the intervention. *“Starting from inception local authorities were involved which helped building*

trust, transparency, and accountability on the part of ACROSS and the beneficiaries. The project goals and beneficiary entitlement were communicated in inception meetings, most of whom were local leaders. To ensure further accountability, representatives from several villages were selected by the local communities to act as members of the Project Management Committee (PMC) whose function is to play the linking role between the beneficiaries, community and ACROSS. The PMCs and other community representatives were involved throughout the project: during selection and registration; distribution; identification of locations for boreholes and public latrines; implementation and handover of these asset.

21704 PMU South Sudan, Major

Regarding the intervention with ADRA Syria, the project design was done in the participation of the local volunteers, government and NGOs, and CBOs of the work area in Idlib and Zinjara in the region of Deir ez Zor. *“Under the Result 2 (provision of HH water tanks), the beneficiaries were involved through the whole life of the project; as they were consulted about the best implementation and about the expected outcomes, they were also asked about the preferred places to install the tanks and whether to install the accessories or not”.*

21702 ADRA Syria, Major

During the upstart of the intervention, PMU Partner provided important training to the leaders of the LCC's. They were empowered to deal with collective community challenges through participation as well as formal training. *“A six-day leadership program was delivered to 24 community leaders, who were trained in leadership principles and human development topics such as cooperation and relationship building, community participation, listening, emotional intelligence, and coexistence. The local CSOs were engaged and empowered to participate in both distribution activities and awareness campaigning. They were trained and mentored to assist in four distribution rounds in Taiz and six distribution rounds in Aden, as well as undertook public awareness campaigns in COVID-19, hygiene, nutrition, and financial management principles. PMU Partner operated together with key local CSOs, ensuring effective humanitarian access, and involving the local community”.*

21703 PMU Yemen, Major

2.4 Increased capacity, effectiveness, and efficiency of the humanitarian system

SMC is a member of networks such as SNHA (Swedish Network for Humanitarian Actors), the Resilience Network, and the CHS Alliance. The SMC Humanitarian Team with four member organisations in their turn are all part of various networks such as NGO VOICE and the faith-based network EU-CORD which promotes information sharing and cooperation between humanitarian actors.

In countries where the SMC network responds to humanitarian crises, the local implementing partners have long established relations with other CSOs, local authorities and government bodies and are active members of relevant clusters at local and national level. Partner organisations coordinate their humanitarian responses in a participatory way with the target groups/ beneficiaries, local communities, and authorities, with churches and FBOs, CSOs, the UN clusters, and other humanitarian actors if they are present.

ACROSS, PMU's partner organisation in South Sudan, is for example an active member in different clusters under the umbrella of the UNOCHA, specifically, Food Security and Livelihoods, Education, Health, WASH, Nutrition and Logistics clusters. Representatives from ACROSS always attend routine coordination cluster meetings both at national, state and county levels where ACROSS share updates for example about acute needs and the security incidents within the project area. **21704 PMU South Sudan, Major**

PMU Partner continued to engage with relevant UN clusters and humanitarian actors in the target areas. *"As planned, all activities took place in IRG controlled areas in the 'south', and PMU Partner coordinated with governmental authorities at the national and local level to ensure alignment of distribution plans, proper coordination, and stakeholder ownership. A launch meeting was held with the Ministry of Planning and International Cooperation (MOPIC) outlining the details of the project and obtaining relevant approvals. The project intervention was approved by the national (southern) and local government authorities and no complications were encountered in this regard".* **21703 PMU Yemen, Major**

"ADRA Yemen coordinated with all relevant stakeholders at the national, governorate and district levels. SCMCHA and GARWSP were the two main governmental authorities coordinated with at national and governorate-levels for access. There were further engagements with the national security in Sada'a as these were the main obstacle for access and sub-agreement approval. ADRA Yemen coordinated with and consulted the WASH cluster prioritization matrix, where Kitaf was identified as a high-risk area prioritised for the WASH intervention. Further consultation with the WASH cluster led by UNICEF and co-led by Qatar Charity were done to identify alternative governorates when access to Sa'ada remained restricted". **21701 ADRA Yemen, Major**

In the case of ADRA Syria coordination with relevant stakeholders the intervention was conducted according to the original plan and constituted the basis for successful project implementation, achievement of the project outcome and provision of additional and sustainable support to the project beneficiaries. In general, ADRA Syria did not face any challenges in coordination with partners and with other stakeholders, nor were there any challenges in having the permissions needed to implement the intervention.

"ADRA coordinated with the Syrian Arab Red Crescent (SARC) for all project activities. In Idlib, SARC supported ADRA with the identification and verification of vulnerable HHs in need for the HH water tanks, while in DeZ, SARC supported ADRA with the water systems and identification of potential beneficiaries for disability devices. ADRA also coordinated with the WASH (HSYR22-WSH-188410-1) and Protection sectors (at Damascus level) and sub-sectors (at DeZ level) and on monthly basis, ADRA reported to the sectors on the relevant activities. In addition, coordination took place with the water establishment and the Ministry of Water resources to request approvals for implementation of the activities. For the disability devices (HSYR22-HEA-188388-1), ADRA conducted significant coordination with SARC, UNDP, Medair, Mar Afram, the Arab Woman's Association and other organisations, to identify the most vulnerable HHs in need of disability devices".

Nevertheless, sometimes, and despite all project plans and coordinated efforts being in place there are challenges in terms of absence of agreements and permits to start and carry out the interventions. This is unfortunately the case of **21701 ADRA Yemen, Major**. Despite good

relationships with relevant authorities highlighted above and all the preparatory work done by ADRA Yemen, no activities could be implemented due to the absence of sub agreements. The De-facto Authorities (DFA) - Houthis - did unfortunately not provide ADRA Yemen with the operational permissions sub agreements for this intervention. What was clear, however, was that the denial of permission was at the order of the security agencies of the DFA in Sa'ada. Part of the problem was an internal power struggle within SCHMCHA just before ADRA Yemen was expected to receive the approval. The whole SCMCHA team was replaced with a new one who of course needed time to inform themselves about the background etc. of the ADRA operation. At this point it was too late for ADRA to restart the process of applying for the sub agreements.

PMU partner in Taiz in Yemen has worked closely with the local leaders in the target villages and forming local community committees (LCCs) and supporting existing CSOs which not only provided local legitimacy but facilitated the efficient provision of services to those known in the community to be most in need.

“The capacity building of local CSOs was achieved by them undertaking the public awareness campaigning as well as assisting practically in the distributions following training from PMU Partner. PMU Partner worked extensively with the local leaders in the target villages and neighbourhoods by forming LCCs since no suitable existing committees existed previously in the areas. Five mixed gender LCCs were formed, four of which were formed through community nomination. They assisted in representing the community and facilitating the distribution of assistance. Committee members accompanied project staff during the registration to endorse the intervention and answer questions, which made the implementation much smoother”. **21703 PMU Yemen, Major**

PMU and ACROSS in South Sudan has secured funding to continue the screening and referral of malnourished children and women beyond the end of the intervention. *“With regards to project sustainability, the project team ensured several trainings to increase the resilience and capacity of the local communities in all the three sectors of the integrated multi-sectoral project. Such trainings included, the pre-season and post-harvest trainings, WUCs and pump mechanics trainings, menstrual hygiene management training and awareness sessions with the community to ensure adaption and continuity of proper hygiene and sanitation practices even after the end of the project. Where boreholes were drilled, there were water user committees formed and trained to ensure proper use and maintenance of boreholes. Pump mechanics were also trained to be able to repair boreholes in the case of breakdowns. Also, the formation of project management committee has enhanced efforts of bringing community together to discuss matters of concern on project specifics. However, this organisation of community to discuss matters of mutual concern if utilised shall continue to help them even after the project phase out”.* **20704 PMU South Sudan, Major**

During the reporting period SMC has invested time, and resources in providing CHS training for our members and their local partner organisations in areas and communities at risk, and this per se has established professional relationships that are crucial for an efficient emergency response and has also offered an entry point to ensure that the responses are in line with internationally agreed standards, such as the Sphere Standards.

SMC assesses that the humanitarian interventions implemented during the reporting period are well coordinated on a national and local level, as well as with local authorities, government bodies and the humanitarian sector at large in South Sudan, Syria, and Yemen.

2.5 Gender equality

In times of crisis, pre-existing gender inequality conditions can be aggravated, leading to discrimination, exploitation, and impacting an individuals' access to humanitarian and recovery assistance, and their access to human rights.

Gender equality is a strategic focus area for SMC, and the organisation has worked actively to integrate a gender perspective in all its development cooperation and humanitarian interventions. All development and humanitarian work supported by SMC should be conducted with a human rights-based approach with non-discrimination, participation, transparency, and accountability as guiding principles.

Within the humanitarian work, SMC has have seen a need for continued efforts of developing strategic and broader gender analysis for the planned interventions and of building better strategies in our humanitarian response, with special focus on the prevention and protection area. During the reporting period SMC launched trainings for members and their partner organisations in building capacity on Safeguarding in humanitarian responses, prevention of sexual exploitation and abuse, Core Humanitarian Standards, gender analysis, and trainer of trainers' course in CHS. SMC continued its support regarding gender integration and gender analysis as part of needs assessments in the interventions in the initial submission.

SMC's assessment is that gender analysis in general has improved during the reporting period, and gender norms have been challenged in a sensitive and transformative manner.

A positive story provided by PMU's partner ACROSS in South Sudan states the following in the final report: *"Women are not allowed or expected to participate in the animal rearing process. However, in this project men, especially the vulnerable (widowers, disabled, etc) were included in agricultural practices, as well as in pre-season and post-harvest training. This so that they are included and accustomed to the practice, subsequently offering more support to women in food production"* and *"ACROSS involved both men and women in training, e.g., encouraging communities to not only consider men for boreholes local pump mechanics training but also women. Out of the total 126 local pump mechanics trained - five were women. In hygiene promotion campaigns, the proportion of attendance was male 47.9% and female 52.1%."* **21704 PMU South Sudan, Major**

Culture plays a great role when it comes to approach each affected and specific community. It is of utmost importance to understand the local context and culture. Here below follows an example from PMU Partner's intervention in Yemen:

"The field teams consisted of both women and men throughout the project period, including survey and registration process. This ensured that the voice of both men and women were heard in the baseline survey and beneficiary registration and made it easier and culturally appropriate for female beneficiaries to provide sensitive information. Strong female representation in the elected LCCs (38%) helped ensure female participation and engagement in all phases. 99% of female beneficiaries (and 96% of male beneficiaries) felt that the

distribution process integrated women's preferences and safety concerns, with no negative explanations or comments provided by those who didn't. PMU Partner also used the female members of the LCCs to obtain women's feedback throughout and after the project. The female committee members collected the feedback PDM surveys from beneficiary homes, thus giving an opportunity to capture the voice of women or illiterate members of society, by also asking questions verbally while collecting the surveys". **21703 PMU Yemen, Major**

Further another example from the intervention in remote area of Deir Ez-Zor in Syria: *"In the rehabilitation of water systems, the local community (men and women) was involved through consultations, KIIs and group interviews. ADRA met with the potential beneficiaries and consulted with them about their needs and the planned response. In all areas, baseline and endline surveys were conducted to assess the impact. In addition, ADRA coordinated with the local municipalities and updated them on the planned work".* And *"Gender and age marker has been useful and allowed ADRA to ensure the different gender and age of beneficiaries are included in all staged of the project by design. ADRA ensure equal representation and participation of the males and females of different ages in the project"* **21702 ADRA Syria, Major**

The above extracts are only some of the positive examples of how gender equality has been integrated in the interventions during the reporting period. Disaggregated data collection has been a prioritized dialogue issue with our members and their partner organisations and SMC can conclude that there has been a continued good and results oriented reporting from partners, and all the Major interventions reported for 2021 included gender and age disaggregated data.

2.6 Conflict sensitivity

SMC's commitment to conflict sensitivity incorporates various aspects such as strengthening CHS for all partners, improving our quality of training, dialogue with members, and quality assurance of applications, as well as insecurity and risk mitigation.

We can see that humanitarian assistance is often most needed in countries and regions suffering from armed conflict or high tensions, and that implementation occasionally is confronted with negative effects or must change due to conflict. Conflict sensitivity is addressed in the planning phase, identifying dividers and connectors in the different contexts. One example from the planning phase is ADRA Yemen (21701) planning for avoiding large gatherings and to cooperate with other actors to minimize the risk of tensions.

SMC has raised the importance of strong conflict analyses in the dialogue on major applications, to ensure do-no-harm and to promote social cohesion and peacebuilding. It is of importance to SMC that systematic conflict impact assessments are planned, implemented, documented, and reported as part of all humanitarian interventions supported by SMC.

The following extract from final reports provide examples of how the work towards a more systematic conflict sensitive approach has been highlighted in the dialogue.

Following some inter clan issues in Kapoeta East (which is normal in this context), ACROSS was able to mitigate and resolve through meetings between respective groups. Early in the project youths went hostile following frustrations of not getting employment by ACROSS.

ACROSS solved this by engaging both local and county leadership in an open dialogue where ACROSS shared the policies and guidelines on organisational recruitment process, donor requirements and other national procedures such as the labour law. Following this, there were no additional issues with the youth. **21704 PMU South Sudan, Major**

“The following are key lessons learned from the project: (1) Maintain greater focus on community-based peace building, conflict resolution etc. in the training component of the intervention to assist community members and leaders to resolve historical relational disputes and grievances in the community. This was an application of a lesson learned from a previous project” **21703 PMU Yemen, Major**

2.7 Resilience, Environment, Climate Change and HDP Nexus

On an overall level, resilience has mainly been addressed within SMC's resilience effort funded by Sida CIVSAM during the strategic period 2017-2021, which included dedicated funding for resilience-focused interventions, networking, capacity building, and advocacy, contributing to the implementation of the Sendai Framework. During the current strategic period 2022-2026 SMC has a broader focus on Environment-Climate Change-Resilience based on learnings from the resilience effort which includes the same components, i.e. advocacy, capacity building, dedicated funding, and networking. SMC notices that it's our humanitarian member organisations ADRA Sweden, ERIKS, Läkarmissionen and PMU which have been in the forefront to promote resilience and addressing environmental degradation and climate change in cooperation with their partner organisations during the last few years.

Resilience is mainstreamed in the individual humanitarian operations to ensure that humanitarian aid strengthens the resilience, recovery, and adaptation capacity of populations affected by natural disasters or conflicts and war. As all of SMC's humanitarian member organisations and their local partners are multi-mandated organisations, there is normally a close link between relief and development interventions. The implementing organisations have a general development-oriented approach to their humanitarian operations in the sense of planning for the sustainability of the interventions and including components for resilience and disaster risk reduction.

The interventions have included capacity-building that has strengthened the resilience of individuals and local communities to enable them to better prevent, mitigate and recover from future crises. Below are some examples from Syria, Yemen, and South Sudan.

ADRA provided HHs water tanks to allow safe water storage at home for vulnerable HHs in Idlib. In Sinjar: water reaches the houses from the network every 4 days for 2 hours and people depend on buying water from water trucking and private wells. The installed water tanks offered people a safe and sufficient place to store larger quantities of water and reduced the burden of purchasing water. In Khan Sheikhon, ADRA rehabilitated the Pumping Station in Tel Aas (under other funds) which provides drinking water to Khan Sheikhon. Water from the network reaches the houses every 4 to 5 days for 6 hours. The provided water tanks helped people to store the water in a safe place and reduce reliance on water trucking. In Tamanaa, water from the network reaches the houses every 5 days. People depend on buying water trucking to ensure their daily water needs are covered. The provided water tanks allowed safe storage of the water for HH use. **21702 ADRA Syria, Major**

*In conclusion, PMU finds that the capacity of LCCs [Local Community Committees], CSOs and local authorities have been strengthened by the project intervention [implemented by PMU Partner in Yemen]. It's estimated that the intervention has contributed to strengthening the ability and resilience of individuals and local communities in line with the plan to enable them to better prevent, mitigate and recover from future crises. In addition to regular contact and key project updates, PMU met formally with key project staff of PMU Partner to provide further guidance and feedback following their project reporting. Based on these and the external evaluation, PMU concludes that the intervention has indeed further strengthened the capacity of the implementing partner. The external evaluation found that one CSO had been blacklisted from further cooperation with PMU partner. This was due to an employee of that CSO being found to have arranged diversion of aid from a beneficiary, which prompted action from PMU partner to not collaborate with the CSO in the future. **21703 PMU Yemen, Major***

One of the core aspects of this project [implemented by ACROSS in South Sudan] was to build and strengthen local capacity. This was done with the goal to increase resilience and local ownership of the resources put in place for the beneficiaries. In the FSLs sector, the agriculture trainings are aiming to increase local knowledge on improved farming practices leading to increased yield. This to contribute to longer lasting food stores for example, with the aim to reduce the dependence on food distributions and to contribute to the reduction of malnutrition. Additionally, trainings and refresher trainings to the locally hired CNV empowered them to work independent. In the WASH sector, WUCs and local pump mechanics were trained to ensure the sustainability, hygiene, and management of water points. WUCs and local pump mechanics are also helpful to the wider communities even in areas that are not targeted by ACROSS, in e.g. facilitating boreholes maintenance. Those trained in previous projects have since continued to support their respective villages as well. ACROSS closely coordinated and included representatives from local leadership and authorities in all their activities.

*PMU provided support to ACROSS through ongoing discussion and advice on design and problem solving. ACROSS MEAL staff attended a MEAL training conducted by SMC in Q4 2021. **21704 PMU South Sudan, Major***

SMC observes the link between localisation of humanitarian interventions and resilience even though there has not been any assessment of this issue.

Going back to SMC's overall work for promotion of resilience and a green transition, SMC's resilience effort included a special budget of approximately SEK 5 million per year as part of SMC's support from Sida CIVSAM and the same amount is from 2022 annually budgeted for broader interventions focused on Environment-Climate Change-Resilience.

SMC is an active member of the Swedish Resilience Network which had 24 member organisations at the end of the year, whereof 11 are SMC member organisations and 13 members also are members of the Global Network of Civil Society Organisations for Disaster Reduction – GNDR (www.gndr.org). SMC has been a part of the Advocacy working group of the network which has a regular policy dialogue with the Ministry of Foreign Affairs (UD-FN, former UD-KH, Enheten för konfliktfrågor och humanitär politik), focused on actions and engagement needed concerning the Sendai framework, localized resilience, disaster risk reduction, and climate change adaptation. The dialogue with UD-FN was deepened during the

fall of 2021 in preparation of the Global Platform for Disaster Risk Reduction in Indonesia in May 2022. In the beginning of 2022 the Resilience network also initiated a direct contact with UNDRR External Relation as a part of the preparation for the Global Platform. Two representatives from the SMC secretariat, who also are part of the humanitarian group, led a Swedish Resilience Network and partners delegation to the Global Platform. Thus, SMC has been very active in the DRR and resilience agenda in the end of 2021 and the first half of 2022.

In 2020, SMC increased its involvement in the GNDR as SMC's DRR and Resilience focal point was elected as the GNDR National Focal Point in Sweden. This also means that SMC has a seat in the GNDR European Regional Advisory Group. SMC sees active networking within GNDR as a key for capacity development and advocacy related to DRR, Resilience and Climate justice at the global, regional, national, and local levels. SMC's member and partner organisations continue to show great interest and commitment to link local, national, and international work for resilience and disaster risk reduction which is evident from the engagement in the Swedish Resilience Network.

The advocacy group of the Resilience Network has also coordinated with the advocacy group of the Swedish Network for humanitarian actors and with CONCORD's Advocacy working group on Environment and Climate Justice which was formed in 2020.

3. SMC in 2021

This chapter focuses on SMC as an organisation, and the various initiatives and processes that have had an impact on SMC's humanitarian work. It includes the description of organisational changes and processes, dialogue issues and important humanitarian capacity development activities.

3.1 Introduction Organisational Changes and Processes in 2021

SMC has been a humanitarian strategic partner organisation to Sida since 2014. In July 2020, Sida informed SMC that the humanitarian strategic partnership agreement (SPA) will not be renewed. However, SMC was granted a period for phasing out activities from 2021-2023. During the first quarter of 2022, SMC and Sida Hum decided in dialogue to prolong the current agreement and allow humanitarian activities until the 31st of March 2023. It was also agreed that SMC would submit a final narrative report for the entire period of 2017-2023 on the 31st of May 2023.

The decision of Sida Hum to end the SPA has had several implications for the SMC secretariat, for our member organisations and their local partners. As a direct consequence, thousands of vulnerable people in contexts where SMC with member organisations and partners have had a strong local presence, as in Bangladesh, Sudan, South Sudan, Uganda, Ethiopia, Yemen and more, now lack access to humanitarian aid.

However, a Sida-SMC dialogue including SMC Humanitarian Team (consisting of ADRA, ERIKS, LM and PMU) led to SMC envisaging to apply for a new strategic partnership agreement with Sida Hum from 2025. Discussions on possible set-ups for such a programme have already begun.

During the beginning of the reporting period, SMC finalized a new organisational strategy for the years 2022 –2026, “*Faith in a Better World*”. The strategy recognizes three operational roles of SMC: onward granter of government funds, advocacy actor and a meeting place for mission from a broad perspective. Thematically, the strategy focuses on three areas: *Faith and democracy, Environment, climate, and resilience and Organisation and partnership*. The strategy was officially approved by the SMC member organisations in May 2021.

To prepare for the new strategic period, SMC performed several evaluations and reviews and updated and developed new policies as well as implemented new data systems, as developed below.

The review of SMC as an organisation involved analysing organisational resources, working methods, structure, and functions. One of the recommendations from this review led to an organisational change, implemented in March 2022. With the new organisational structure, all staff handling Sida grants are gathered in one unit, i.e. desk officers, controllers, and advisors in capacity building and evaluation. The staff within the Humanitarian Group at SMC is part of the same unit.

An important recommendation from the review was to make a specific investment in relation to internal governance and control within SMC and its network. This led to a multi-year project, implemented throughout SMC, titled *the Good Stewardship Initiative*, with a special focus on these issues. The initiative includes specific capacity building activities such as training, networking days and mentoring for member and partner organisations. The activities offered are based on requests from member and partner organisations and our analysis of the capacities and needs within the network.

In September 2021, the SMC board adopted a new policy on SMC’s view on development and **theory of change**. The policy describes the core of our work for a better world. It is used as a common basis for cooperation with our member organisations and in the ongoing work of the secretariat. The document explains why we work the way we do and what drives us. It also highlights how we distinguish ourselves from other development actors through the special knowledge we have about faith and religion. During 2021, SMC’s work on religious literacy and freedom of religion or belief has developed further and our expertise is requested by different global and national actors in Sweden and abroad.

SMC calls the ability to bridge between the world of faith and the world of development work with focus on sustainability and human rights **religious literacy**. We see this ability as one of the strongest added values for SMC as a civil society organisation.

Some of our SMC member organisations emphasise faith and the Christian identity more strongly while some others speak more about human rights as the driving force for their work. We see an ability to be bilingual in this area as crucial for all development actors, whether faith-based or not.

Other important processes during the reporting period:

- SMC conducted an environmental assessment of the organisation and is currently working on developing and implementing the action plan in relation to that assessment.

- In January 2022 the SMC board adopted an updated procurement policy, based on the updated policy from Sida.
- SMC changed our data system to Microsoft 365 in late 2021, and since February 2022 we also have a new database, LIME, for handling our portfolio of different projects and programmes. These changes have led to improved working methods.

Based on the new organisational strategy, in 2021 SMC applied for funds from Sida CIVSAM through the Strategy for support via Swedish civil society organisations for the period 2022-2026. The application was approved with a budget of 1 010 MSEK. SMC was also granted funds from the Strategy for information and communication activities for 2022-2025 with a total budget of 45 MSEK at the time of signing the agreement. We have also been granted a large support for our trainee program for the period of 2022-2023.

The level of humanitarian support from Sida to SMC was not affected by the announced government cuts on the aid budget relating to the influx of refugees from Ukraine. However, (and even though the announced budget cut was later reversed for the CSO allocation) the situation severely delayed work of the secretariat as well as that of members and partners in several other areas.

3.2 Dialogue issues

During the implementing period there has been a regular dialogue between Sida Hum and SMC. The pandemic and the restrictions implemented to stop the spread of COVID-19 have both intensified several of the crises SMC member organisations and partners have been involved in and it has also made it challenging to carry out humanitarian operations. SMC's secretariat and Sida Hum has had an ongoing dialogue regarding how interventions have been affected by the restrictions caused by the pandemic.

There has been a special dialogue regarding Sida's decision to phase out the strategic partnership with SMC and the possibilities for future cooperation between SMC and Sida in the humanitarian field. In December 2021, a meeting took place between Jakob Wernerman and the whole SMC Humanitarian Team.

The Humanitarian Group within SMC has monitored and followed up the ongoing interventions digitally on a regular basis. Our member organisations and their partners have had an adaptive approach to this way of monitoring and evaluation, however, there have been some challenges such as electricity cuts and poor internet connection. The latter challenges have also to a certain extent affected the number of participants in our digital trainings and the possibilities to be able to have a thorough dialogue and communication regarding more sensitive issues.

Two desk officers at the Humanitarian Group within SMC planned to carry out field visits to Syria and Yemen during February/ March 2022. However, due to the deteriorating security situation in both countries, the field visits were replaced by digital monitoring meetings with ADRA Syria and ADRA Yemen. Nevertheless, it is important to underline that ADRA Sweden's humanitarian coordinator has visited Yemen and Syria twice during the reporting period, and PMU Sweden's humanitarian desk officers visited South Sudan twice during the same period.

We have continued to work with humanitarian-development-peace nexus both in terms of funding and in terms of policy together with our member organisations and their partner organisations. This has also been discussed within the Swedish Network for Humanitarian Actors (SNHA) meetings and several times it has been discussed together with the Humanitarian Group at the Swedish Ministry of Foreign Affairs (MFA) as well as within the Resilience Network, where SMC is very active. During the reporting period SMC engaged in six meetings with the SNHA, and four meetings with the MFA.

Over the past year, SMC also has had a process to develop a new strategy for the SMC secretariat on diversified funding in various areas, including humanitarian aid.

3.3 Capacity Development

3.3.1 SMC's Capacity Development support

Capacity building is at the core of SMC. It involves sharing knowledge, expertise, and good practices so that our member organisations and their partners can engage better and faster. During the reporting period SMC focused on capacity building within the following thematic areas: Core Humanitarian Standards; Trainer of Trainers Course in Core Humanitarian Standards; Safeguarding in Humanitarian Responses; Monitoring, Evaluation and Accountability for Humanitarian Professionals (MEAL); and Prevention of Sexual Exploitation and abuse for Managers. Furthermore, SMC supported our member organisation LM in arranging a "Humanitarian Capacity Building and Learning Workshop" for their humanitarian partners in east and western Africa; and ADRA Sweden received funding to develop a training in Syria on "IT Security and how to efficiently use ADRA Cloud services".

3.3.2 Main Activity 1: Capacity Fund and Capacity Training

Safeguarding in Humanitarian Responses, April 19th (English) April 26th (French)

SMC hosted a series of online workshops on Protection in Humanitarian Response. The first was held in 2020 on Gender Issues in Humanitarian Action and the second in April 2021 about Safeguarding in Humanitarian Responses. 63 participants from partner organisations in Asia and Africa participated in the workshops held by safeguarding expert Ester Dross. SMC wanted to highlight the responsibility of organisations to safeguard that staff, operations, and programmes do no harm to children and adults, nor expose them to abuse or exploitation. The participants expressed developing a deepened understanding and to have gotten a better understanding of the theory and practice of safeguarding for the humanitarian sector.

Three 3-day Online workshops on the Core Humanitarian Standards, May 24th-26th (English) June 28th-30th (English) June 1st-3rd (French)

Organisations deliver higher quality and more effective aid when they are held accountable to the people they serve. SMC wants to put people affected by crisis at the heart of what we do by implementing the Core Humanitarian Standard (CHS). In early summer 2021, we organised three 3-day online workshops with focus on accountability to affected people (AAP), protection against sexual exploitation, abuse, and harassment (PSEAH). A total number of 107 participants attended the courses (25 women and 82 men). They represented 13 countries: Mozambique, Yemen, United Arab Emirates, South Sudan, Uganda, Sudan, Ethiopia,

Somaliland, Sweden, Zimbabwe, Kenya, Cambodia, and Bangladesh. The objective was to enable the participants to have a good knowledge of the 9 CHS core commitments and integrate them within their programs and activities. The workshops gave opportunity to experience sharing and networking among the partners, and each organisation developed a contextualized organisational Action plan on integrating the nine commitments, with clear deadlines, actions, and responsibilities.

Core Humanitarian Standard Online Training of Trainers Course, Sept 28th to Nov 8th (6 webinars, 25 h)

The course provided the participants with the skills and knowledge to facilitate the in-person “Introduction to the Core Humanitarian Standard on quality and accountability” workshops. The training was held by CHS-certified trainer Charlie Dalrymple and 22 participants (4 women and 16 men) from Uganda, Burkina Faso, Kenya, Syria, Ethiopia, Yemen, Niger, South Sudan, Somaliland, Kenya, Bangladesh, and Sweden completed the course. The course helped experienced facilitators deepen their understanding of the content of the “Introduction to CHS” workshop that they are expected to replicate within their organisation and with partners. Participants were guided to reflect on the learning objectives and how they could be met through the application of different methodologies.

The future trainers expressed that they gained more awareness on pedagogy, how people learn and how to implement varied teaching approaches. They appreciated the guidance on how to prepare lesson plans, and the “in-person” trainings, where they prepared and facilitated sessions to the other participants. Networking took place through working groups.

Online Course MEAL for Humanitarian Professionals, Nov 1st to Nov 29th (25 h)

The focus on this course was Monitoring, Evaluation, Accountability and Learning (MEAL). The participants expressed increasing their understanding of MEAL and enhancing their ability to track the progress and impact of their projects. 62 participants concluded the course and 17 had the opportunity to take an international certification exam by PHAP.

Prevention of Sexual Exploitation and Abuse, and Investigation for Managers, May 19th-20th, 2021 and March 15th-22nd, 2022

SMC member organisations ERIKS and PMU sent six staff members to gain insights on prevention of sexual exploitation and abuse through codes of conduct, complaints & response mechanisms, awareness raising amongst staff and communities and recruitment strategies.

The aim of their participation was to gain insights on how to create a culture of safety as well as understanding the key elements in managing investigation and developing/updating a coherent PSEA policy and procedure framework. PMU staff appreciated the update on latest PSEAH guidelines and resources/templates and said that the course confirmed that PMU already has elaborate procedures and ways to handle this. They also found it very fruitful to listen to how other organisations tackle the thematic. For ERIKS Quality Assurance and Program Advice team the participation in the course helped them in the development of new steering and policy documents, as their new Safeguarding Policy that relates to ERIKS’ recent developed Position Paper on Protection.

Humanitarian Capacity Development and Learning Workshop, by Läkarmissionen (LM), March 28th-30th, 2022

The goal of the workshop hosted by LM was to build capacities of selected key staff from LM's Country Offices and partner organisations to create a blueprint for the effective and appropriate response to humanitarian crisis. 15 participants from 10 African countries gathered for three days in Nairobi, Kenya. Among key topics in capacity enhancement were achieving understanding of the International Legal Framework for Humanitarian Action, the Humanitarian Principles and Code of Conduct, adherence to appropriate accountability and technical standards, and working in the Triple Nexus. During the workshop key learnings from humanitarian interventions implemented by LM International and their partners were collected, analysed, and gathered in a learning report. A global Community of Practice on Humanitarian and Triple Nexus topics was also set up with coordinators and participants from LM International's Country Officers and partner organisations.

IT Security and How to Efficiently Use the ADRA Cloud Services, by ADRA Sweden, March 21st-27th, 2022

Humanitarian Coordinator for ADRA Sweden (also IT expert) Martin Sjölander facilitated a seminar for 45 staff members of ADRA Syria. The overall learning goal was for all staff to use the ADRA Cloud efficiently to securely store and share documents, thus increasing the capacity of the organisation and streamlining their workflow and back-up tools. The duration of the course were 6 days in two locations Deir ez-Zor and Damascus in Syria.

Statistics total	
# of participants in trainings	345
# trainings	14
# of webinars	21
# of countries represented in trainings	25
Asia	4
Middle East	3
Africa	16
Europe/Sweden	2

Countries represented in trainings:

Africa: Mozambique, South Sudan, Uganda, Sudan, South Sudan, Ethiopia, Somalia, Somaliland, Zimbabwe, Kenya, Burkina Faso, Niger, Mali, Mauritania, DR Congo, Chad

Middle East: Yemen, United Arab Emirates, Syria

Asia: Bangladesh, Philippines, Cambodia, Laos

Europe: Sweden, Rumania

Digital learning

To ease the transition to a "new normal" post-pandemic, SMC has become a member of the Fabo Learning Platform (fabo.org), a member-driven learning community for civil society organisations dedicated to sharing learning technology and learning resources. SMC has explored new methods and tools to increase digitalisation and access to knowledge, digital capacity development, and quality assurance. We have used the Fabo platform to support our learning initiatives and will, in the future, develop a "SMC Resource Hub" and on-demand courses relevant to SMC's humanitarian work. We want to promote joint learning together with our member organisations and other organisations that are part of the digital learning platform.

The transition from "in real life" training to training online has not been all easy. A lesson learned from our online courses has been that unstable internet connection becomes a problem for many of our partners in Africa and Asia, especially as pandemic restrictions have obliged them to work from home. Even in many head offices, the internet connection is still weak due to poorly developed internet infrastructure, especially in West Africa. The participants that connect via their mobile phones often can't participate in the sessions with their videos on, as this leads to high data consumption. This affects to a certain extent their active participation in group dialogues etc. Despite these problems, we conclude that online courses enable more people to participate in the workshops and give valuable contact with partners in the field.

Humanitarian team meetings (2021 about budget cuts and possible future funding)

SMC conducts a Community of Practice approach to our Humanitarian Team meetings with our members, discussing current challenges, needs and sharing lessons learnt about our work within humanitarian action. During 2021, this included intensive internal discussions with our member organisations and with the SMC Board on improving our work and ways forward after Sida's decision to phase out SMC as a humanitarian strategic partner. The Humanitarian Team had two internal planning meetings and one physical meeting with Sida's Director of Humanitarian Assistance.

Ways forward

SMC will intensify its capacity building activities during the period of 1 April – 31 December 2022. This is to build a resource base of humanitarian professionals in the countries where our member and partner organisations work. The training will consist of various series of webinars with keynote speakers combined with ground-breaking on-demand courses (5-60 h), developed by and for the humanitarian sector.

Themes for the planned trainings will be: Child protection; Field Manager Course; Financial Management Course; Complaints and Response Mechanisms in Practice; and a Follow-up workshop on the CHS Trainer of Trainers Actions Plans. We also believe that our global humanitarian network would be strengthened by developing a resource base of trainers in relevant themes through regional "Trainer of Trainers"- courses in Africa and Asia.

4. SMC Financial Report - Administration and Capacity Development

SMC HUM April 2021-March 2022	Original Budget	Updated Budget	Outcome	Diff.
Administration cost SMC				
Personnel costs	1 351 000	1 191 000	1 223 899	103%
Direct costs (as rent, IT, depreciation, and other common costs)	420 000	485 000	486 043	100%
Project visits/Field trips	40 000	40 000	0	0%
Consultant		96 000	95 563	100%
Audit	100 000	70 000	70 000	100%
Total administration cost	1 911 000	1 882 000	1 875 504	100%
Capacity building of humanitarian partners				
Personnel costs	420 000	315 000	319 652	101%
Direct Costs (such as IT, deprecation and other common costs for the SMC staff listed above)	139 000	210 000	210 200	100%
CHS Online training	100 000	144 000	142 920	99%
Anti-corruption course	30 000	18 000	17 333	96%
External evaluation (Facilitation)	30 000	0	0	
Capacity fund and capacity training	70 000	131 000	130 139	99%
Total capacity building	789 000	818 000	820 244	100%
Grand total		2 700 000	2 695 748	100%
Sida Financing		2 700 000	2 695 748	
SMC Financing				

Amounts are presented in SEK

4.1 Budget explanations

The reasons for the changes in the updated budget have been explained in the SMC request for budget revision which was approved by Sida 11th of February 2022.

Below, please find the major deviations from budget

There are no budget lines with deviations more than 10 %, except for the *Project visits*, see explanation below.

In 2021, SMC was not able to do any field visit due to the pandemic and also because of security issues in the country of interventions. A major part of the monitoring and follow-up has been done digitally.

The cost for Audit has decreased to the total amount of 70 000 SEK.

5. Project-specific reports

5.1 Overview of projects 2021

The report covers 4 out of 4 SMC Major humanitarian interventions implemented during 2021.

List of interventions included in the report

SMC Number and Type of Intervention	Member Organisation and Country
21701 Major	ADRA Sweden and Yemen
21702 Major	ADRA Sweden and Syria
21703 Major	PMU Sweden and Yemen
21704 Major	PMU Sweden and South Sudan

5.2 Final Report - ADRA Yemen, 21701

1. Project details

Project title and project number:		Country and geographical area:	
Provision of Wash Services in Sa'ada (PWS) II, 21701		Yemen	
Swedish member organisation and partner organisation	Date of application	Project start date	Project end date
ADRA Sweden & ADRA Yemen	2021-01-18	2021-04-01	2022-03-31

2. Project Summary

The project aimed to reduced morbidity and mortality, associated with lack of access to safe water and sanitation in the targeted communities in Kitaf District of Sa'ada Governorate in Yemen. This aim would be achieved through the restoration and maintenance of water and sanitation systems in the district, which the Yemen WASH cluster had identified as prone to WASH diseases due to inadequate infrastructure. The project's two expected results were to ensure:

- Increased access to safe drinking water through rehabilitation of community water resources and WASH facilities in schools and health facilities.
- Increased awareness about hygiene practices and solid waste management in the district.

The estimated beneficiary reach for the different components of the intervention was 17,900 boys, girls, men and women.

Despite all the project plans highlighted above and all the preparatory work done by ADRA Yemen, no activities were implemented.

The De-facto Authorities (DFA) - Houthis - did unfortunately not provide ADRA Yemen with the operational permissions for this project. They did not provide any reason. What was clear, however, was that the denial of permission was at the behest of the security agencies of the DFA in Sa'ada.

3. Achieved Results

Results and targets

The De-facto Authorities (DFA) - Houthis - did not provide ADRA Yemen with the operational permissions for the project. Therefor it was not possible to implement the operation and thus there are no results to report. Unfortunately, the anticipated risk for lack of access leading to the eventual lack of activity implementation occurred.

The points below describe process and ADRA Yemen's actions for gaining the requested permissions of the project:

Despite Sida's approval to start on 1 April 2021, the start of the PWS II project no 21702 was delayed because it's earlier phase (PWS I, project no 20702) was still ongoing until 8 August 2021. The Supreme Council for the Management and Coordination of the Humanitarian Affaire (SCMCHA) was, therefore, not willing to approve the sub-agreement (project specific agreement) for the new project due to the overlap. ADRA Yemen could only seek approval for PWS II sub agreement from July of 2021.

Meanwhile, ADRA Yemen tried to leverage the existing PWS I sub-agreement and local approvals to start kick-off meetings and WASH assessments for the PWS II activities in Kitaf. The local authorities on the district level, General Authority of Rural Water and Sanitation Projects (GARWASP) and SCMCHA, were supportive of the initiative and committed to allowing ADRA Yemen to proceed with the preparations for the implementation of PWS II, even in the absence of the sub-agreement approved by the SCMCHA head office in Sana'a.

With these positive promises and assurances, ADRA Yemen, in July 2021, migrated all the PWS I staff and other materials to facilitate the start of PWS II.

Despite all the positive promises from SCMCHA and GARWASP in Sa'ada, the DFA security apparatus in Sa'ada kept on blocking the ADRA Yemen's applications for field permissions from July 2021. They insisted that ADRA Yemen should get a fresh sub-agreement for PWS II.

Around August/September 2021, the security agencies from Sa'ada had reportedly sent a separate communication to SCMCHA Sana'a to pause the sub-agreement application process that had already been initiated by ADRA Yemen from July 2021. Subsequently the Ministry of Water was reluctant to review the ADRA Yemen application until they received express clearance to proceed.

Towards the end of August 2021, it was becoming increasingly clear that access was not going to be easily granted. ADRA Yemen notified SCMCHA of the intention to suspend the project and terminate staff contracts pending pursuit of sub-agreement and operational access. This was to preserve project support costs, which continued to be incurred when no implementation was happening.

By September 30 project staff were issued with one-month contract termination notices as per local labour laws. As no access had been secured by 31 October 2021, all project staff were released from the project.

Meanwhile ADRA Yemen senior management and program liaison teams continued their engagement with SCMCHA senior leadership in Sana'a, but with no satisfactory results. Access constraints in Sa'ada became even more acute even for ADRA Yemen's other WASH intervention, funded by UN, which already had secured a sub-agreement. Other than staff recruitment and preliminary engagements with the WASH technical departments and site visits, no activity had been implemented by the time the UN-funded project was abandoned around March/April 2022.

In early November 2021, ADRA Yemen had a chance to inform a visiting SIDA delegation of the challenges that the PWS II project was facing. The delegation recommended ADRA Yemen to continue engaging with the authorities for sub-agreement and approvals. It was also in this meeting that SIDA hinted at their reluctance to approve any no-cost extension of the project.

In late November, ADRA Yemen engaged ADRA Sweden and SMC to explore alternative options to relocate the project to other governorates in the North or repurpose the funds for the Tigray Response in Aden. The Yemen WASH Cluster had already recommended Sana'a as the alternative governorate. SMC contacted Sida to discuss those the two alternatives but none of these options were accepted by Sida, who insisted for the project to be implemented in the governorate it was originally designed for.

Between December 2021 and January 2022, ADRA Yemen further engaged with SCMCHA and national security at governorate level to regain access. In the end of January the national security and SCMCHA in Sa'ada finally allowed the Ministry of Water to review and approve the PWS II sub-agreement application. They also in principle allowed ADRA Yemen to resume operations in Sa'ada subject to stringent conditions, such as not opening an office or setting up corporate visibility. In practice, however, field permissions were never given for the UN-funded WASH project mentioned above, that already had a sub-agreement. It should be clarified that there were no links between the UN-funded operation and PWS II 21702.

In early February 2022, there were massive changes at SCMCHA. This included the dismissal of the agency's general secretary and reshuffling of senior directors within the agency. Whatever momentum that ADRA Yemen had gained in access negotiation was lost. The new leadership needed time to understand the background to the access challenges ADRA Yemen was facing. The project had only some weeks of implementation remaining and Sida had been emphatic on their resolve not to grant a no-cost extension of the project.

In late February, ADRA Yemen decided to terminate the project and officially communicated to ADRA Sweden and the SMC their intentions to terminate the project and focus all efforts, with the remaining one month, on reporting and close-out processes.

In March 2022 ADRA Yemen conducted an audit of the financial statements.

The permission on national level did not come due to the security agencies of the DFA in Sa'ada not giving SCMCHA ok for ADRA Yemen to implement the planned WASH activities in Sa'ada. Part of the problem was also internal power struggle as just before ADRA Yemen were expected to receive the approval, the whole SCMCHA team was replaced with a new one who of course needed time to inform themselves about the background etc. of the operation.

The ADRA Yemen experience with not being provided operational permission for a project is seemingly unique for 2021 in relation to other NGO in the country, but in 2018/19 a INGO faced a similar situation. However, the same INGO could resume operations through local partners in Sa'ada.

ADRA Yemen is, however, still present in Sa'ada running a Health and Nutrition program funded by the Germany government through GFFO. This project was not affected by the reluctance to provide operational permission.

Aid Modality

The proposed aid modality was through service provision, as the project focus was on rehabilitation and construction, to cater for the immediate water and sanitation needs of the target community in Kitaf.

Because there was no implementation, there are no challenges to report on the aid modality.

Disaggregated data

Sector	Girls <18	Boys <18	Women >18	Men >18	Aid modality	Total number
WASH	0	0	0	0	-	0
Total amount of persons reached	0	0	0	0		0

4. Coordination

ADRA Yemen coordinated with all relevant stakeholders at the national, governorate and district levels. SCMCHA and GARWSP were the two main governmental authorities coordinated with at national and governorate-levels for access. There were further engagements with the national security in Sada'a as these were the main obstacle for access and sub-agreement approval.

ADRA Yemen coordinated with and consulted the WASH cluster prioritization matrix, where Kitaf was identified as a high-risk area prioritised for the WASH intervention. Further consultation with the

WASH cluster led by UNICEF and co-led by Qatar Charity were done to identify alternative governorates when access to Sa'ada remained restricted.

Unfortunately, all these coordination efforts did not lead to access and the project was eventually terminated without implementation.

Cooperation

N/A

Local Capacity

N/A

5. Accountability to Affected Populations

As no access was granted to the field, there was no way for ADRA Yemen to implement the planned activities to include the affected population in participation, information, and communication. The same goes for the complaint mechanism and applying Sphere and CHS.

6. Monitoring, Learning and Evaluation

N/A

7. Cross-Cutting Issues

Gender equality and Vulnerabilities

N/A

Conflict sensitivity

N/A

Environment

N/A

8. Exit Strategy and Sustainability

N/A

9. Risk and Security Analysis

Anticipated Risks	Occurrence & Impact	Description and Risk Management Strategy
There is a risk of reduced access causing delays in implementation due to authorities imposing increasing restrictions/ bureaucracy, and civil and political unrest continuing and resulting in increased violence.	Yes	Please see section 3 of the report.

There were no unexpected risks that occurred for the duration of the project. Neither were there any serious security incidents.

10. Cost Effectiveness

Cost effectiveness was demonstrated as ADRA Yemen suspended the project and terminated project staff contracts to preserve support costs, when it became clear access was not going to be easily secured. Only essential costs related to liaison, administration including reporting were charged to the project.

11. Budget & Financial Control

See attached SMC assessment.

5.3 Final Report - ADRA Syria, 21702

1. Project Details

Project title and project number:		Country and geographical area:	
Promoting Resilience of the Vulnerable in Idlib and Deir Ezzor (PROVIDE), 21702		Syria, Deir Ezzor and Idlib	
Swedish member organisation and partner organisation	Date of application	Project start date	Project end date
ADRA Sweden ADRA Syria	2021-01-29	2021-04-01	2022-03-31

2. Project Summary

The PROVIDE project was successful in achieving the overall objective of alleviating suffering of high severity, conflict-affected communities, reaching a total of 119,430 beneficiaries through WASH (the provision and installation of household water tanks, rehabilitation of water systems and a pumping station) and Protection (the distribution of disability assistive devices) in the governorates of Deir Ezzor (DeZ) and Idlib, Syria.

Under the WASH activities, two water systems were rehabilitated in the areas of Abou Kamal and Mehkan and the installation of a pump and solar panels in Mayadin pumping station, in line with planned priorities and criteria. These activities allowed increased access to water in vulnerable areas of DeZ governorate. Under the Protection sector, the distribution of disability devices included the distribution of wheelchairs for children and adults (including electric wheelchairs), elbow crutches, canes with LED lights, quad canes, hearing aids and furniture for Ayyash Disability centre, also in line with planned priorities and criteria. The activity of debris removal was not achieved due to the delays with the identification of the location resulting in limited time remaining for implementation.

Overall, ADRA overachieved in the number of beneficiaries reached, accomplishing more beneficiaries due to the shift of funds from the debris removal activity towards the additional water system in Mehkan and additional disability devices.

The aid modality of this project was, as planned, services for rehabilitation of water systems and pumping stations and in-kind for disability devices/furniture and HH water tanks.

3. Achieved Results

Results and targets

Result 1: Vulnerable households (HHs) in target communities have improved access to water / sewerage networks.

Result 1 was successfully achieved through the rehabilitation of damaged water lines in Abou Kamal city, an area newly opened for return, increasing access to water for the vulnerable communities. The number of beneficiaries is estimated and was collected from the local municipalities and directorates of water resources. The high beneficiary numbers is assessed based on the actual HHs size and the location of services provided which benefited more people than anticipated during project application. For

example, in general, in DeZ governorate, the average size of HH is approximately 7 (2 parents and 5 children), but in some families there are more than 7 children. Additionally, in Abou Kamal, ADRA rehabilitated a main water line with several branches covering many streets. While in Mayadin, the whole Mayadin city benefitted from the rehabilitation of the pumping station as the station is connected to the main water lines of the city of Mayadin.

ADRA identified Al Mayadin city, eastern rural DeZ, where many families returned to their homes and were looking for services such as water, education, and health care. ADRA has previously completed the rehabilitation of the main water line to the western water tower and added a new line to the eastern water tower, which was completed with the previous SIDA funding. In addition, OXFAM completed a third line to Al Omran water tower. Despite these repairs, water continued to be scarce as the pumping station in Al Mayadin city was in urgent need of rehabilitation to increase the amount of water pumped into the system. With a lack of fuel and electricity in Syria, ADRA installed solar panels to run the pump in Al Mayadin pump station, providing water across the city.

With savings from several budget line items, but mainly from the cancelation of the debris removal, ADRA rehabilitated a 3rd water line in Mehkan, complimenting the rehabilitation of water lines conducted under another project (funded by Syria Humanitarian Fund). Due to the increased number of returnees in the area, additional water lines needed to be rehabilitated.

ADRA's MEAL team conducted assessments asking a sample (96 out of 409 beneficiaries of water tanks) on the access to sufficient amount of water. The results revealed that the 96% were satisfied with the safe and sufficient water while 4% were unsure.

Area	# of BNs reached
Abou Kamal water lines (WASH severity: 4)	25,000 individuals
Mayadin pumping station (WASH severity: 3)	85,000 individuals
Mehkan water line (WASH severity: 3)	5,000 individuals
Total	115,000

Result 2: Vulnerable HHs have improved access to water storage facilities improving access to water

ADRA provided HH water tanks to 409 vulnerable HHs in Khan Sheikhou (AlTeh, Tamanaa and Sinjar), Idlib, allowing increased access to water in areas with high number of returnees. Due to the limited water supply through the system or lack of the functional system, HHs rely on water tanks to store water for later usage. This activity was complimentary activity to ADRA's other projects which included distribution of HH water tanks and rehabilitation of the pumping station (in Al Teh, and Tel Aas that provides water to Khan Sheikhou, funded by ECHO) and distribution of winterization items for people most in need in order to face the hardship of winter (funded by SHF).

ADRA was able to overachieve in this activity, providing 409 HHs with water tanks (as opposed to the original target of 200 HHs) due to the prices being much lower than estimated of the tanks. 2,230 individuals (409 HHs) benefited from the HH water tanks. Budgeting has sometimes been challenging due to the inflation which sometimes is higher and sometimes lower than expected.

Result 3: Vulnerable HHs have improved access to a sanitary environment

ADRA conducted several months of coordination with local municipalities in DeZ to identify a priority area in need of debris removal. In August 2021, it was identified that SARC and PUI had begun removing debris and ADRA was requested to wait for this activity to be completed before the next priority area was identified. In November 2021, the following areas were identified, Al Matar Al

Qadeem, Ghassan Abboud, and Kanamat in DeZ city. ADRA completed the procurement process and identified a contractor for removal of the debris. Unfortunately, the contractor withdrew his offer before beginning the work and thus ADRA approached the second contractor that had bid on the tender. This contractor also withdrew his offer. The contractors withdrawn their offers due to high cost of the required heavy machinery and the length of time required for bring for removal of debris and the inflation. Due to time constraints, it was decided to cancel this activity and use the funds to rehabilitate another high priority water network and add more disability devices. ADRA Syria reported this issue to ADRA Sweden on 27 February 2022, ADRA Sweden communicated to SMC on 28 February 2022. A learning from this is that having a small buffer in the budget would allow to cover the inflation and allow implementation of activities.

Result 4: People with disabilities have improved access to basic services

ADRA conducted strong coordination with several stakeholders in DeZ, including UNDP, Medair, Mar Afram association, the Arab Woman's Association and other local associations and organisations working with PWDs to identify vulnerable beneficiaries in need of assistive devices. The table shows the number of devices distributed.

In addition, ADRA provided the device for testing hearing in infants to SARC. Training was provided by SARC and local NGOs to specialists on how to use this device and who will be conducting tests in SARC offices in DeZ as well as possibly other governorates.

With savings from Result 3, ADRA provided the Ayyash disability centre (rehabilitated under the SAFE project in 2020/21) with additional furniture, as was identified as a need after the centre became functional, benefitting 500 children (220 girls and 280 boys). The furniture included tables, chairs, heaters, wall cabinets and other items. 9 people from the Ayyash centre also received hearing aids under the PROVIDE project. Other beneficiaries were connected with local organisations.

Item	Devices
Wheelchairs for children / adults	270
Metal elbow crutches, per piece	400
LED lights cane for the visually impaired	100
Electric wheelchairs for adults	50
Metal quad canes	200
Hearing aids channels 4-12 and channel 16	100
Total	1 120

Aid modalities

ADRA selected the aid modality as a combination of in-kind and contractual services, in line with the original project plan. Under the in-kind aid modality, ADRA distributed disability devices and HH water tanks. No particular challenges were faced with the distribution of the disability devices. ADRA prepared in advance the devices such as electric wheelchairs, charging the batteries, to allow the beneficiaries to use the chair immediately. In addition, a physiotherapist was hired, who supported the ADRA distribution team and the beneficiaries with basic advice on setting up and the use of the devices. ADRA provided referrals for beneficiaries to relevant organisations for further support (which included surgeries, physiotherapy with the Women's Association, medical beds and livelihood activities with UNDP), while they notified ADRA of other people in need of devices. A WhatsApp group was created for these referrals to take place, and 31 referrals were received for various types of assistive devices which were provided as part of the project. The target of 50 referrals was not reached during the life of the

project as ADRA was not able to identify all required support provided by other organisations. Referrals will continue after the life of the project to support the PWDs.

The provision and installation of HH water tanks was, as planned, done through the in-kind and contractual service modality. ADRA identified a contractor who was able to provide the water tanks and install them in the locations specified by the beneficiaries. Installing the water tanks involved connecting them to the water line and providing taps for usage. ADRA covered all required connections ensuring the beneficiaries were able to use the water tanks immediately after the installation was completed.

For the rehabilitation of water systems and pumping station, ADRA used contractual services, as planned. This proved to be the best modality, due to the ability of the selected contractor to implement all required work including the installation of pipes, digging, and backfilling as well as installation of solar panels that required some specialised knowledge. ADRA experienced a delay with importing the pump for the Mayadin Pumping station, due to the need to import the pump from outside Syria. While this caused some delay, an additional delay was caused by the bombing of the Lattakia port, which temporarily paused the release of items from the customs. The pump was not damaged, but it needed to go through additional verifications before being released, thus, delayed installation of the pump. Despite of this delay, the pump was successfully delivered and installed in Mayadin Pumping station allowing it to operate.

ADRA was well placed to implement the PROVIDE project in DeZ as the existing highly experienced engineers and social officers implemented the project activities. They were supervised by the Area Manager who is also high competent in implementing WASH and protection activities. Additionally, ADRA had complementary projects in the targeted areas including shelter in DeZ city, WASH in schools and Agriculture in Mayadin and Abou Kamal, financed by other donors.

Disaggregated data

Sector	Girls <18	Boys <18	Women >18	Men >18	Aid modality	Total number
WASH	26,000	26,000	33,000	33,000	In-kind and services	118,000
Protection	310	400	360	360	In-kind	1,430
Total	26,310	26,400	33,360	33,360		119,430

Overlap between the water systems and the pumping station and the disability devices was removed from the reported number in the table above. 97 disability devices were distributed in the same locations as the WASH activities (Abou Kamal, Mayadin and Mehkan).

4. Coordination

Coordination

During the life of the project, ADRA coordinated with the Syrian Arab Red Crescent (SARC) for all project activities. In Idlib, SARC supported ADRA with the identification and verification of vulnerable HHs in need for the HH water tanks, while in DeZ, SARC supported ADRA with the water systems and identification of potential beneficiaries for disability devices.

ADRA also coordinated with the WASH (HSYR22-WSH-188410-1) and Protection sectors (at Damascus level) and sub-sectors (at DeZ level) and on monthly basis, ADRA reported to the sectors on the relevant activities. In addition, coordination took place with the water establishment and the Ministry of Water resources to request approvals for implementation of the activities.

For the disability devices (HSYR22-HEA-188388-1), ADRA conducted significant coordination with SARC, UNDP, Medair, Mar Afram, the Arab Woman's Association, and other organisations, to identify the most vulnerable HHs in need of disability devices.

ADRA coordinated with the Ministry of Local Affairs and Environment (MoLAE) and local municipalities for the debris removal and with the Ministry of Social Affairs and Labour (MoSAL) for the provision of disability devices.

ADRA coordinated with UNDP and UNHCR for the ability to continue to serve the beneficiaries of the electrical chairs after they received them from ADRA. The post-delivery program includes provision and installation of a mini solar energy system that can charge the battery for the electrical chairs. In addition, the program allows installation of a metal door at the entrance to the house that opens with electricity and the installation of a ramp to facilitate the wheelchair entry into the house.

The coordination with the relevant stakeholders was conducted according to the plan and constituted the basis for successful project implementation, achievement of the project outcome and provision additional and sustainable support to the project beneficiaries. In general, ADRA faced no challenges in coordination with partners and other stakeholders.

Cooperation

ADRA cooperated with the beneficiaries, local communities, the local associations, and local contractors for the implementation of the project activities. There were no unplanned cooperation, and all implemented activities were done in accordance with the project proposal, except debris removal, as explained above.

Local Capacity

Result 1: ADRA contributed to increased access to water in the areas of Abou Kamal, Mayadin and Mehkan in DeZ. Assessments and monitoring of these activities was done together with local municipalities and directorate of Water resources, allowing building of shared knowledge and each other's capacity.

Result 2: ADRA provided HHs water tanks to allow safe water storage at home for vulnerable HHs in Idlib. **In Sinjar:** water reaches the houses from the network every 4 days for 2 hours and people depend on buying water from water trucking and private wells. The installed water tanks offered people a safe and sufficient place to store larger quantities of water and reduced the burden of purchasing water.

In Khan Sheikhon, ADRA rehabilitated the Pumping Station in Tel Aas (under other funds) which provides drinking water to Khan Sheikhon. Water from the network reaches the houses every 4 to 5 days for 6 hours. The provided water tanks helped people to store the water in a safe place and reduce reliance on water trucking.

In Tamanaa, water from the network reaches the houses every 5 days. People depend on buying water trucking to ensure their daily water needs are covered. The provided water tanks allowed safe storage of the water for HH use.

Result 3: This activity was cancelled. Please see Section 3 for more details.

Result 4: Through the implementation of this project, the capacity of the beneficiaries was strengthened, as they were able to have increased mobility and resume some of their normal daily activities. With the provision of furniture for the Ayyash disability centre, the capacity of the centre to function to its potential has increased, allowing the centre to continue to serve children with disabilities from the surrounding areas.

ADRA Syria's capacity in the effective use of the complaint mechanism and coordination was strengthened by this intervention. ADRA conducted an additional orientation on the complaint mechanism and reporting, based on the lessons learned from previous projects. The workshop built the team's capacity in the use of and promotion of the complaint mechanism to the beneficiaries. Lessons learned will have an impact on future interventions.

5. Accountability to Affected Populations

ADRA Syria has significantly improved its approach to participation of and accountability to affected persons, based on the lessons learned from the SAFE project. This was done through a better promotion of the project activity, especially for the disability devices distribution, to the local community and the local organisation such as women's association, as well as other humanitarian organisations and the UN, which allowed increased referrals of potential beneficiaries to ADRA as well as referral of beneficiaries from ADRA to other organisations that can provide additional support. In the rehabilitation of water systems (Result 1), the local community (men and women) was involved through consultations, KIIs and group interviews. ADRA met with the potential beneficiaries and consulted with them about their needs and the planned response. In all areas, baseline and endline surveys were conducted to assess the impact. In addition, ADRA coordinated with the local municipalities and updated them on the planned work.

Under the Result 2 (provision of HH water tanks), the beneficiaries were involved through the whole life of the project; as they were consulted about the best implementation and about the expected outcomes, they were also asked about the preferred places to install the tanks and whether to install the accessories or not. The beneficiaries could reach ADRA staff either directly during the monitoring visit or via the complaint and feedback number, which is written on the cards given out to all beneficiaries. ADRA received some complaints during the monitoring visits in February 2022, where several beneficiaries reported paying for the installation of the HH water tanks. The contractor was immediately suspended from any further activity until investigation was conducted by the MEAL team. The MEAL team from Damascus visited 175 HHs to find out if they had to pay for the services. The result of the visit identified that 5 beneficiaries paid for the installation which was supposed to be free. The contractor was asked to return the money back to the beneficiaries and ADRA verified with each beneficiary the return of the money. As a lesson learned, ADRA will ensure that all beneficiaries are aware that they should not pay for any assistance received and if they are asked to pay, they should immediately notify ADRA.

Under the Result 4 (distribution of disability devices), the beneficiaries were directly involved in the type of device they would like to receive. During the distribution, ADRA gave all beneficiaries the complaint and feedback cards with the number to call. In addition, the beneficiaries also had a chance to raise any complaints directly with ADRA staff. During the life of the project, a total of 19 complaints/requests were received, with all of the requesting either additional devices or hygiene related items.

The feedback and complaint mechanism allowed the feedback being collected either directly by the staff in the field or through the phone number. The team in the field had the complaint mechanism on Kobo installed in their phones allowing the complaint to be recorded directly in the field and passed on to the person responsible in the MEAL team. Complaints were then sent on to the Project/Area Manager for further follow-up.

Other than the incident with the HH water tanks in Idlib, where beneficiaries were asked to pay, no other constraints with applying the CHS were faced.

6. Monitoring, Learning and Evaluation

Monitoring: During the implementation stage, the ADRA staff (male and female for cultural sensitivity) conducted regular monitoring visits to all project sites. This also included the management team from Damascus as well as ADRA Sweden. During the visits, activities such as initial assessments, technical and social assessments, preparation of a list of beneficiaries, preparation of the BoQ and follow-up visits with the beneficiaries were conducted. ADRA Sweden conducted two visits to DeZ, in Dec 2021 and March 2022, monitoring the progress of the project while meeting with the beneficiaries who directly benefited from the project.

X Baseline assessments were collected between October 2021 and January 2022 by door-to-door visits to the sample of approximately 230 direct beneficiaries (men and women) conducted by the project staff. Most interviewed were the individual households. End-line assessments were collected by the project team between November 2021 and March 2022 to approximately 220 direct beneficiaries via door-to-door visits.

Lessons learned: ADRA had learned several lessons from the PROVIDE project that will be used in the next project. The lessons learned include the benefit of good coordination and cooperation with other humanitarian partners and local organisations. This was an added value to the project as ADRA was able to receive referrals for several persons with a disability who benefited from the prospect. Additionally, ADRA referred some disabled beneficiaries to other organisations for support. Despite this, the need for disability devices in DeZ is still great and ADRA will provide more devices under the new funding from SMC/Sida.

For the WASH activities, it was noted that additional time should be planned for any unanticipated delays that may occur when importing equipment from outside Syria. Thus, careful planning with additional time in mind will be required in future projects.

ADRA also learned that the flexibility of the donor with the changes required for the project greatly contributed to the successful completion of the project. The savings from several line items, but mainly from the cancelation of the debris removal, were channelled to increase the highly needed household water tanks and disability devices.

Another lesson learned is that beneficiaries should be clearly informed in advance that the assistance that they will receive is free of charge and if anyone asks them for money or any other service, they should be directly reported to either ADRA (through the complaints mechanism) or relevant stakeholders.

Gender and age marker have been useful and allowed ADRA to ensure the different gender and age of beneficiaries are included in all staged of the project by design. ADRA ensure equal representation and participation of the males and females of different ages in the project. GAM results were not captured in the project.

7. Cross-Cutting Issues

Gender equality and Vulnerabilities

In all its activities ADRA adhered to the 'Do No Harm' approach, ensuring the beneficiaries were informed about the planned activity, the selection criteria and the methods of communication back to ADRA. The WASH and the Protection interventions reduced protection risks by allowing increased mobility for PWDs and increased access to safe water at HH level, thus reducing the need to purchase water or bring it from other unsafe sources. ADRA verified the water quality by obtaining copies of the water test results, which indicate the water is safe for drinking. Rehabilitation of the water network and the pumping station provided equal access to water for women, girls, men and boys as well as PWDs and the elderly.

Based on the feedback from the beneficiaries of the disability devices, protection measures were undertaken to ensure safe distribution took place. The ADRA team distributed most of the devices at the beneficiary's houses (ensuring that male and female staff were present for cultural sensitivity). The remaining were distributed through disability centres. ADRA staff wore mask and kept social distancing when interacting with beneficiaries to protect the beneficiaries and themselves from the spread of COVID-19. No discrimination against gender or age was reported in any project activities and ADRA ensure that all could benefit equally through undertaking assessments and selecting beneficiaries based on need.

Conflict sensitivity

ADRA continued to monitor the security situation in DeZ through coordination with United Nations Department for Safety and Security (UNDSS) and the local community. ADRA Syria staff based in DeZ are from the area and no report of security concerns were received during the life of the project. All targeted areas remained accessible to local and international staff.

Environment

The project WASH activities had a positive impact on the environment, as the damages in the water systems were fixed and the pumping station was provided with solar panels, reducing the pollution created by the usage of generators. The provision of HH water tanks allowed the beneficiaries to benefit more from the water coming from the system, and relaying less on water trucking, which contributes to less pollution.

8. Exit Strategy and Sustainability

For community-based intervention (Result 1), ADRA handed over each system to the local stakeholders (the Ministry of Water Resources) for post-implementation operation and maintenance. For the HH water tanks (Result 2) and disability devices (Result 4), the handover was done directly to the beneficiaries for their future management. The beneficiaries of the disability devices, when needed and requested, were connected with other local organisations, such as Women's association, for additional support. All material used in this project were of a high standard and expected to last for at least the normally expected lifetime.

9. Risk and Security Analysis

The project has not experienced any unexpected risk. The expected risk faced during the life of the project are listed below:

The devaluation of the Syrian Pound continued throughout the life of the project (informal market) resulting in increased cost of implementation. This led to withdrawal of several contractors from the implementation of activities and further in cancellation of the activity in the project.

Another risk faced was the delay in approvals, which included the release of the pump for the pumping station from the port. The delay was the result of an attack on the port which prolonged the release of some of the imported devices. However, the item was released, and the project was successfully completed.

10. Cost Effectiveness

In all activities, ADRA used the most suitable quality along with the best prices of items to ensure maximum benefit is reached within a reasonable price. The installation of the solar panels contributed to the cost-effectiveness for the community as now the solar power will be used for the pumping station instead of fuel to power the generator.

ADRA's procurement procedures applied in this project are designed with cost-effectiveness in mind as the contractors with the reasonable technical marks and lowest bids were be selected for contracting. This led to more beneficiaries receiving support than budgeted in the proposal.

11. Budget & Financial Control

See attached SMC assessment.

5.4 Final Report PMU & PMU Partner Yemen 21703

1. Project Details

Project title and project number:		Country and geographical area:	
Multi-Sector Humanitarian Assistance 21703		Taiz, Yemen	
Swedish member organisation and partner organisation	Date of application	Project start date	Project end date
PMU, PMU Partner	2021-01-29	2021-04-01	2022-03-31

2. Project Summary

The project aimed to reduce excess mortality and morbidity among 1,400 highly vulnerable households (HHs) across prioritised communities in Yemen through a multi-sector response by providing FSL (Food Security and Livelihoods) and Hygiene support for six months as well as NFI/Shelter provisioning (via solar thermal cooker as a cooking fuel substitute). The project served vulnerable communities in Al-Ma'afar District of the Taiz Governorate and Crater District of the Aden Governorate. The provision of key components of the survival minimum expenditure basket (food basket, hygiene kit and cooking fuel substitute), as well as CFW-based community projects and awareness campaigns was to achieve its three project objectives effectively and efficiently:

Reduced severe hunger among highly vulnerable families ensuring their survival and upholding their dignity. (Yemen HRP Strategic Objective 2 and Food Security and Agriculture Cluster (FSAC) Objective 1)

1. Increased access to emergency hygiene assistance and strengthened hygiene practices among highly vulnerable families. (Yemen HRP Strategic Objective 1, WASH Cluster Objective 1)
2. Increased community resilience via access to cooking fuel alternative, livelihoods, and community asset rehabilitation. (Yemen HRP Strategic Objective 3, FSAC Objective 2, and Shelter/NFI Cluster Objective 1)

The project was implemented according to plan and reached or exceeded its targets.

3. Achieved Results

Results and targets

In summary, all project outcome level indicators were overachieved while all output level indicators were either achieved or overachieved, as reported in the baseline/endline HH surveys. Note however regarding the number of unique beneficiaries, that the estimated numbers of HHs were reached, but that the average HH size was smaller than anticipated, yielding a slightly lower number of unique beneficiaries in relation to previous estimation. For additional information, please see the LFA. The estimated HH size was anticipated based on the average HH size across PMU Partner's recent humanitarian projects (6.5 people).

The baseline for food consumption scores (FCSs) showed a division among HHs as follows: 15% poor, 35% borderline and 50% acceptable. The endline survey resulted in 1% poor, 0% borderline and 99% acceptable, thus exceeding the project target, while coping strategies decreased by 87% from 15.1 to 1.9 r-CSI, thus substantially exceeding the reduction target. Hygiene as well as training outcomes were also exceeded, resulting in 76% almost always washing their hands at the critical times. Critical times were

considered (1) before cooking, (2) before eating, (3) after using the toilet and (4) after changing diapers. Additionally, 100% of community leaders reporting that their participation through various activities in the project, such as trainings and facilitation of efficient provision of services, increased their confidence to help manage future projects in their community. See attached LFA Results Matrix for output and outcome level detailed results and external evaluation for further comments. See section 7 for results related to the use of the solar cookers.

One SMC-approved change (June 2021) was made but did not involve any changes to the project period or budget. This involved the modality used for the minimum food baskets (MFBs) in Aden. Due to the increased MFB price and the urbanised nature of Crater district in Aden, it was assessed that it would be more suitable to provide cash transfers instead of in-kind. While beneficiaries were not directly consulted on the aid modality at this stage of the process, baseline surveys showed that 84% of the respondents preferred cash transfers as aid modality as it would allow for priority of choice. However, the rest of the multi-sector assistance remained in-kind. The cash provision was unconditional and endline survey showed that 92.1% was used for HH essentials (71.3% food, 17.8% other essentials, 3.0% savings), while 6.9% was used for debt repayments and only 1% for all other uses.

PMU partner was fully capable of implementing the intervention as observed by PMU and the findings supported by the external evaluator. According to the endline household survey, all but one respondent were satisfied with the distribution process (98% very satisfied). 77% of HHs surveyed felt empowered following the project provision while none responded that they experienced community jealousy or HH conflict following the distributions. It was found during baseline surveys that on average across the food categories, 22% of HHs were relying on debt to purchase their food. Especially for the main staples and pulses (32%) explaining a higher than typical FCS in some cases. Endline surveys showed that debt use dropped significantly to 1% of HHs on average across food items following the assistance.

Regarding access to cooking fuel alternative, endline surveys showed that five months after provision of solar cookers, 74% of HHs in Taiz still use their solar cooker every week, with 24% using it 6 or 7 days a week. Overall, 64% of HHs in Taiz spent noticeably less money on cooking gas after receiving the solar cooker. Of those who used the cooker every week 85% noted spending less on cooking gas. Endline survey results in urbanised Aden show that only 28% of HHs use their cooker every week. Of those who did however, 90% spent noticeably less money on cooking gas.

The six CFW supported community-led local rehabilitation projects, which all took place in Taiz, were all considered a success. A water tank was built for a school to supply it with toilets and drinking water for approx. 800 students, staff and visitors. Four dilapidated classrooms were renovated and repaired. One classroom was added to a local school capacitating it to cater education for all local students, thus reducing the number of severe road accidents occurring when students travel far by foot to receive education. One eroded track was paved to make a road and an arterial road, connecting three villages to the district centre, was paved making trucked food aid able to reach the villages. One health unit was built in a remote village to cater health service provision. In most of these rehabilitation projects, material contributions and voluntary labour was provided by villagers due to positive attitudes towards the project, and in the case of the health unit, the local government also provided staff, equipment and supplies to make it operational.

There were two challenges associated with the selected aid modality:

1. The widespread and unprecedented increase in the price of MFBs resulted in budgetary pressures and thus the need to reconsider the sources and standard of the purchased in-kind MFB. In accordance with the price increase, some types of items were altered, for example the type of wheat and beans, thus lowering the quality/preferences of the basket to a medium level, but leaving the quantity unchanged. They also contributed to the re-evaluation of the most suitable aid modality, which changed to cash assistance in the case of Aden. The cluster guided cash transfer amount at the commencement of the project was applied and then increased

substantially in the second half of the project as the value of the YER fell. In the endline survey, 100% of Taiz based beneficiaries, who received in-kind, preferred in-kind provision of the MFB, where many stated the good value of the items provided as the main reason why. 72.3% of Aden based beneficiaries, who received cash, preferred cash provision of the MFB, with 21.1% preferring in-kind. These results therefore appear to be influenced by both what modality the beneficiaries received as well as the falling value of the YER at the time.

2. Cash provision within an economically desperate environment further encourages the attempted diversion of such aid and this was evidenced in Aden (where cash was provided by a beneficiary to a CSO employee). However, cash is still a preferred modality when other modalities are not efficient. Please see section 9 for details (incident ref: 2021:1) and section 6.6 for lessons learned of good practices to mitigate the risk of reoccurrence of such incidents.

Disaggregated data

Sector	Girls <18	Boys <18	Women >18	Men >18	Aid modality	Total
Food	1,600	1,600	1,400	1,200	In-kind	5,800
	400	500	1,000	800	Cash	2,700
Wash – HKit	2,000	2,100	2,400	2,000	In-kind	8,500
Wash - Covid-19	2,000	2,100	2,400	2,000	Service	8,500
Wash Hygiene	2,000	2,100	2,400	2,000	Service	8,500
Livelihoods ^[1]	100	100	100	100	Cash	400
Nutrition	2,000	2,100	2,400	2,000	Service	8,500
NFI- Solar Cooker	-	-	800	450	In-kind	1,250
Total - incl. overlap	2,100	2,200	2,500	2,100	In-kind/cash/Services	8,900

As seen in the ‘Total’ row, there is a minor overlap of direct beneficiaries, where a small minority of livelihood (CFW) beneficiaries were also FS and WASH recipients. The indirect beneficiaries from the awareness campaigns are estimated at approx. 4,500. See LFA Results Matrix for more. In addition, all HHs that received cash assistance (instead of in-kind) were also provided with financial management principles awareness material.

4. Coordination

PMU Partner continued to engage with relevant UN clusters and humanitarian actors in the target areas. Additional coordination was required to take place across FSAC area hubs to confirm the neediest area(s) for targeting. Following this, it was determined that the district of Al-Ma’afar in Taiz and Crater in Aden would receive the project’s provision. Other UN cluster coordination involved ongoing reporting

and forecasting to feed into the annual HRP formulation and reporting. In addition to monthly digital reporting, PMU Partner participated in cluster meetings at both local and national level.

As planned, all activities took place in IRG controlled areas in the 'south', and PMU Partner coordinated with governmental authorities at the national and local level to ensure alignment of distribution plans, proper coordination, and stakeholder ownership. A launch meeting was held with the Ministry of Planning and International Cooperation (MOPIC) outlining the details of the project and obtaining relevant approvals. The project intervention was approved by the national (southern) and local government authorities and no complications were encountered in this regard.

PMU Partner continued to: (1) Attend the monthly national FSAC meetings in Sana'a as well as the local FSAC hub meetings, (2) submit the distribution plan, including targeted districts and the number of HHs to FSAC for approval prior to the distribution, (3) align food basket contents with FSAC guidelines, and (4) report on the achieved results to FSAC upon completion of each round. As planned, PMU Partner made use of the FSAC assessments to help support the district and community selection, especially when targeting areas for humanitarian access. The distributions focused on the vulnerable HHs according to the FSAC Targeting Criteria (severely food insecure HHs, vulnerable IDP HHs, vulnerable IDP host HHs, HHs with malnourished children under 5 etc.) in gap areas with the greater relative need in coordination with the FSAC Turba and Aden hubs. A gap area means an area with a high prevalence of those who are acutely food insecure while at the same time not being targeted by another actor. Such planning and cooperation resulted in the maximisation of project outcomes by both targeting gap areas and doing so with the recommended basic food necessities, meaning both efficacy and efficiency of resources. Other cooperation involved the use of local community committees (LCCs) and CSOs which not only provided local legitimacy but facilitated the efficient provision of services to those known in the community to be most in need. The capacity building of local CSOs was achieved by them undertaking the public awareness campaigning as well as assisting practically in the distributions following training from PMU Partner. Regarding coordination, there were no deviations from the original plan and likewise no unplanned cooperation activities.

PMU Partner worked extensively with the local leaders in the target villages and neighbourhoods by forming LCCs since no suitable existing committees existed previously in the areas. Five mixed gender LCCs were formed, four of which were formed through community nomination. They assisted in representing the community and facilitating the distribution of assistance. Committee members accompanied project staff during the registration to endorse the intervention and answer questions, which made the implementation much smoother. Especially in Aden with different dialect and cultural practices, as well as playing key roles in the distribution process and feedback mechanism, thus increasing community satisfaction. They were empowered to deal with collective community challenges through participation as well as formal training. A six-day leadership program was delivered to 24 community leaders, who were trained in leadership principles and human development topics such as cooperation and relationship building, community participation, listening, emotional intelligence, and coexistence. The local CSOs were engaged and empowered to participate in both distribution activities and awareness campaigning. They were trained and mentored to assist in four distribution rounds in Taiz and six distribution rounds in Aden, as well as undertook public awareness campaigns in COVID-19, hygiene, nutrition, and financial management principles. PMU Partner operated together with key local CSOs, ensuring effective humanitarian access, and involving the local community.

In conclusion, PMU finds that the capacity of LCCs, CSOs and local authorities have been strengthened by the project intervention. It's estimated that the intervention has contributed to strengthening the ability and resilience of individuals and local communities in line with the plan to enable them to better prevent, mitigate and recover from future crises. In addition to regular contact and key project updates, PMU met formally with key project staff of PMU Partner to provide further guidance and feedback following their project reporting. Based on these and the external evaluation, PMU concludes that the intervention has indeed further strengthened the capacity of the implementing partner. The external

evaluation found that one CSO had been blacklisted from further cooperation with PMU partner. This was due to an employee of that CSO being found to have arranged diversion of aid from a beneficiary, which prompted action from PMU partner to not collaborate with the CSO in the future.

5. Accountability to Affected Populations

By establishing LCCs, PMU Partner worked with local community representation to ensure open communication allowing for input and feedback to be obtained so that the implementation of the project design could be adjusted to meet the unique local circumstances and needs of the selected target location. Participation was achieved through the project design which was informed by key local stakeholders and their feedback, including feedback from beneficiaries, LCCs, local authorities and PMU Partner field staff from previous projects.

In every area that PMU Partner targeted for distribution, LCCs, block leaders or sheiks were also involved from outset of the project activities. The project team was accompanied by members of each community where registration was taking place to ensure group accountability, transparency of information and to build trust. LCCs, community members and the beneficiaries themselves were provided with project details as well as selection criteria for transparency and accountability. In addition, the feedback (complaint) mechanism was explained and made available to the public and to beneficiaries alike so that any stakeholder was able to provide feedback or complaints. Overall, 89% of beneficiaries recall having the feedback mechanism explained to them, while 9% did not recall this information and 2% were not sure. Every HH nevertheless received a Complaint/Feedback Card upon registration along with their registration/beneficiary card, and there was also presence of a Complaint/Feedback desk during every distribution which could be used by the beneficiaries. While there were many dozens of requests by beneficiaries to provide or continue the humanitarian support, the feedback mechanism received 16 formal points of feedback, which were all addressed in turn, officially resolved, and closed. There were no constraints in applying the humanitarian standards (e.g. Sphere and CHS) during the intervention. No interference from any authority was encountered.

6. Monitoring, Learning and Evaluation

Internal and external monitoring for the project was undertaken via a range of approaches including activity reports, project monitoring meetings, post distribution monitoring surveys (PDM), baseline/endline surveys, a project review as well as an external evaluation and audit. Such monitoring activities involved project implementation staff, beneficiaries, as well as local and international management along with an independent external evaluator and auditor.

PMU Partner's end-line survey and project review conclude that the project outcomes were achieved, and it is supported by the findings of the external evaluation. The Financial Audit Report found that the Financial Report provides a true and fair view of the income and expenditures of the project. The following are key lessons learned from the project:

Maintain greater focus on community-based peace building, conflict resolution etc. in the training component of the intervention to assist community members and leaders to resolve historical relational disputes and grievances in the community. This was an application of a lesson learned from a previous project.

The project's training of LCCs and CSOs should remain the responsibility of PMU Partner to ensure high quality and specificity based on PMU Partner's experience and internal development of the topics.

Utilizing the same vendor for the MFB (or cash) and hygiene kit brought greater flexibility, ease of implementation and time efficiencies benefitting both the beneficiaries and project staff. This was an application of a lesson learned from a previous project. Just like a vendor/service provider is used to provide food, a vendor/service provider, in this case a financial service provider (FSP), was used to

distribute the cash. This way PMU Partner did not bear any risk associated with holding cash but instead supervises the distributions (much like occurs for in-kind food).

1. The printing and distribution of financial management principles awareness brochures to all cash recipients should be maintained for future projects.
2. The use of CSOs were of great benefit to the project and to local capacity development, especially in Aden where heightened security situation, the political unrest as well as certain tribalism mentalities posed general challenges to the PMU Partner field teams. The use of the local CSO limited the negative impact of these challenges as much as possible, especially considering the local nature of the CSO and associated dialect and tribe etc.
3. Current PDM processes were found to be highly effective and beneficial, even in identifying a case of aid diversion coordinated between a beneficiary and a CSO employee. Such standards should be maintained, including conducting a 100% PDM when a significant issue is identified to determine if it is an isolated event or not.
4. Yemenis do not wear their COVID-19 masks even if provided with COVID-19 awareness and/or have family members severely impacted by the virus. The cultural stigma and universal lack of use in Yemeni society prevents their acceptance at this stage in the pandemic.
5. Uptake of the solar thermal cookers, whilst still reaching project targets, were considerably lower in Aden where the beneficiaries were living in an urban setting where use of the cooker was consequently restricted. It is also worth noting however that the fuel, and to some extent electricity, scarcity in Aden is also relatively less compared to more remote regional areas, which may also impact upon exposure and willingness to try solar based alternatives. Another lesson learned was regarding the procurement procedure of the solar cookers, where the procedure has been remediated as per PMU Partner's response to audit and external evaluation findings.

The GAM was again found to be useful to PMU Partner as a confirmation of its already strong focus on gender equality issues. This is verified in section 7 and exemplified by the female representation and engagement in LCCs, including the extent of their active leadership role (78% large extent, 22% medium extent) as well as their involvement in making important decisions within the committee (56% large extent, 44% medium extent)^[1].

7. Cross-Cutting Issues

Gender equality and Vulnerabilities

Equal opportunity for marginalised groups including women, the *Muhamasheen* and people with disabilities were safeguarded by both project staff and processes while their participation was encouraged and monitored. The employment of project staff was open to both male and female staff, with female staff making up about half of the project staff. Female staff had key roles in procurement management and M&E activities. The field teams consisted of both women and men throughout the project period, including survey and registration process. This ensured that the voice of both men and women were heard in the baseline survey and beneficiary registration and made it easier and culturally appropriate for female beneficiaries to provide sensitive information. Strong female representation in the elected LCCs (38%) helped ensure female participation and engagement in all phases. 99% of female beneficiaries (and 96% of male beneficiaries) felt that the distribution process integrated women's preferences and safety concerns, with no negative explanations or comments provided by those who didn't. PMU Partner also used the female members of the LCCs to obtain women's feedback throughout and after the project. The female committee members collected the feedback PDM surveys from beneficiary homes, thus giving an opportunity to capture the voice of women or illiterate members of society, by also asking questions verbally while collecting the surveys.

Equal opportunity was provided for men and women to participate as beneficiaries (47% male, 53% female), with the criteria for the selection of households naturally focused slightly more on women-headed households (divorced, widowed). The project was designed to be as user-friendly as possible for women and women-headed households, which made up a significant proportion (48%) of HHs targeted.

A strong emphasis was placed on female members of the LCCs representing each village and making sure to listen to their voices and involving them in the entire project life cycle.

Women gained a greater voice in this project and level of confidence as result of this project. All female LCC members surveyed (100%) felt that their participation in the project increased their confidence to share their thoughts and opinions in public settings as well as to help manage projects in their community in the future.

In terms of protecting vulnerable groups in general through the distribution process, PMU Partner delivered the MFBs and hygiene kits directly to the target villages and neighbourhoods. To remove possible barriers for women, elderly, children, or beneficiaries with disabilities from being able to access the services, when called upon or otherwise deemed necessary, PMU Partner delivered the humanitarian assistance directly to their homes. The six-child headed HHs in the target location were prioritised for provision according to the FSAC selection criteria and supported to ensure ease of receipt according to their needs. 619 persons with disabilities (PWDs) were recorded as being beneficiaries from the target HHs. When undertaking endline surveys, 25% of HHs mentioned that they have at least one person with a disability in their family. This accounts for an even greater percentage of PWD's, perhaps due to names not being recorded during the survey. Three PWDs were also actively involved as members of the LCCs. 105 HHs were headed by PWDs and 339 HHs were headed by the elderly or chronically ill according to captured registration data. 100% (all but one endline respondent) felt like the project adequately accommodated persons with disabilities.

Conflict sensitivity

Armed conflict did not impact directly upon the project intervention. However, as always is the case for PMU Partner operating in sensitive and/or difficult to access locations, conflict sensitivity remained a consideration in how the intervention was carried out. As the selection of distribution areas can always be perceived as biased based on varying affiliations, PMU Partner mitigated this potential issue by remaining publicly transparent about the needs-based selection criteria. To avoid contributing to dividing factors within neighbourhoods by an arbitrary or biased selection of beneficiary households, PMU Partner worked with LCCs to identify and select the beneficiary HHs in the community that had the greatest needs (i.e. needs-based approach). While the security situation did intensify in Aden somewhat during this period, it was the assessment of the external evaluator that the situation was not conducive to carrying out field visits. PMU Partner did not make such an assessment and was thus not impacted in its implementation of the project.

Environment

The risk for impact on the environment was considered during the planning and implementation of the intervention. It was planned so that the negative impacts of the project were considerably less than the status quo alternative. The provision and use of solar thermal cookers made a positive impact on the environment via reduced household energy consumption. The solar cooker usage cut carbon fuel usage by 30-60% for families in the communities that used the cooker, and it was found to save scarce trees and firewood stocks. Such data (collected via additional surveys and post endline) indicates a significant impact and a level of sustainability given the extended usage well after the provision of the cookers.

The only negative environmental impact of the intervention was the carbon production from the diesel/petrol powered transport used to move the humanitarian items and project staff to the beneficiary areas. The negative impacts from carbon production transport was mitigated by the use of carpooling for staff as well as moving large stocks or complete neighbourhood supplies at one time to minimize the number of deliveries and maximize efficiency. This was also less impacting than the alternative, involving individual HHs taking transport to undertake such activities on an individual basis.

To offset the carbon production, PMU Partner used clean, renewable energy (solar PV) to power its main headquarters office in Sana'a, the local project offices in Taiz and Aden as well as its project training power needs.

8. Exit Strategy and Sustainability

Capacity building of LCCs and CSOs benefits both the project and the community in the medium-term, especially considering the key training topics of CHS, safeguarding, project management, leadership and social skills. The locally led CFW rehabilitation projects will impact their local communities long-term as they provide a sense of ownership, pride, and cohesion in the community.

Equipment and transport used in the distributions were rented so there was no requirement for equipment or material disposal at the conclusion of the project. The primary purchases made were for materials distributed or consumed in the course of the project activities.

Beneficiaries were informed of the project scope and duration during project registration so that they would seek out alternative arrangements for greater self-sufficiency during the project intervention period and were encouraged accordingly. This emergency relief intervention, during this stage in the crises, focused on life saving assistance and not on addressing the root causes of the vulnerabilities. Subsequent project interventions can further focus on livelihood development and other peace-building initiatives to start to address these underlying causes of crisis fuelled poverty. PMU Partner is in the process of implementing follow up assessments to better understand the longer-term impact of the projects. This relates to CFW projects and their workers but is also planned for beneficiary HHs as well.

PMU Partner will continue to be an important partner to PMU both when it comes to humanitarian work and development work. Within the humanitarian work, PMU Partner is currently running another humanitarian project supported by PMU's own disaster fund and discussions on how the partnership on the humanitarian work will continue after that project's end, is currently being facilitated. As for the development work, PMU partner is currently carrying out work within the Sida Civsam grant up until at least the end of 2023 and PMU is planning to continue working with PMU Partner within the new Sida Civsam agreement from 2024 and onwards. The capacity strengthening trainings has for PMU partner resulted in improved practices related to for example improved integration of gender perspectives within humanitarian projects as well as a stronger awareness of the Core Humanitarian Standards and how to structure accountable projects with participatory approaches in the design and contextual analysis in creating humanitarian projects.

9. Risk and Security Analysis

One of the anticipated risks eventuated and involved risk #1, diversion of aid. A portion of one beneficiary's aid package was arranged to be diverted to a local CSO employee. This was identified using the PDM processes and was subsequently investigated, in partnership with PMU and SMC. All other HHs in the area were again surveyed to ascertain if it was an isolated incident, which it turned out to be, or potentially wider. The employee was removed from the project, awaiting employment termination or other disciplinary action by the local CSO, and prevented from ever being associated with PMU Partner again. The local CSO reimbursed the full amount to the beneficiary and the incident was subsequently closed following PMU and SMC review.

While not involving the eventuation of risk #4, radical/unforeseen change in availability of food basket, prices did rise in an unprecedented way during the project period. This issue was mitigated in three ways: budget savings wherever possible, changed aid modality to cash transfer in Aden, and lowering the standard of the food basket slightly to a medium quality standard.

10. Cost Effectiveness

The project expenditures were overseen closely with savings made, especially in relation to ‘personnel’ and ‘transport/logistics/travel’ costs. An effective procurement process helped mitigate some of the budget pressures due to increased food prices in Yemen. PMU Partner also worked with volunteer LCCs in targeted locations and two local CSOs, thus saving on what otherwise would have been higher ‘personnel’ costs.

11. Budget & Financial Control

See attached SMC assessment.

5.4 Final Report PMU & ACROSS South Sudan 21704

1. Project Details

Project title and project number:		Country and geographical area:	
Multi-sectoral Humanitarian Response 21704		South Sudan, Kapoeta East (Eastern Equatoria), Lainya (Central Equatoria) and Kassingor (Jonglei).	
Swedish member organisation and partner organisation	Date of application	Project start date	Project end date
PMU, ACROSS	2021-01-18	2021-04-01	2022-03-31

2. Project Summary

To respond to the continued food insecurity and WASH related issues in the isolated areas of Kapoeta East, Lainya, and Pibor Counties, ACROSS in partnership with PMU, implemented a multi sectorial humanitarian project in accordance with the country's HRP of 2021. This included food baskets and livelihood, increased access to safe water and appropriate hygiene awareness, and increased access to nutrition services. The project built on previous Sida funded interventions in Lainya County (Central Equatoria State) Kapoeta East County (Eastern Equatoria State) and Kassingor, Pibor County (Jonglei State). These locations were selected based on identified humanitarian needs: all at IPC crisis levels or worse, coupled with the cumulative effects of both natural and man-made shocks such as drought in Kapoeta East, flooding in Jongolei, and the persistent conflict in Lainya. The areas were also selected in coordination with local authority and relevant clusters and were all considered difficult to access and to operate in, with limited or no other partners responding, resulting in a continued lack of sufficient lifesaving services. The project's objectives were: 1) To reduce food insecurity through food distribution and livelihoods support to increase food production in Kapoeta East and Lainya; 2) To provide timely/sustainable, equitable access to safe water, sanitation, and hygiene in Kapoeta East, Lainya and Pibor; 3) To increase access to nutrition services through early detection and referral of acute malnutrition for girls and boys under 5 years of age and pregnant and lactating women (PLW) in Kapoeta East. The aid modality used is the same as previous years: in-kind or service provision.

3. Achieved Results

Results and targets

Despite continued challenges related to COVID-19 and its associated negative effects on the project activities, and the continuous insecurity related to armed conflict in Lainya county as well as armed robberies along the major highways in Kapoeta county, ACROSS was able to successfully implement the project.

Objective 1: 69% of the interviewed HHs had low (reduced) rCSI, which is above the set target of >30% and above baseline of 13%. Low indicates that people are using fewer coping strategies in the absence of food or money to buy food, while high indicating that people are using more coping strategies to deal with absence of food or money to buy food. Furthermore, 79% had increased agricultural productivity in Lainya, also above set target of 50% and above the 60% baseline. This was measured by the amount of yield/produce harvested in sacks, which was attributed to distribution of seeds and training of farmers in better farming methods hence improving crop productivity. 2700 HHs received food baskets (81% of

whom are female headed HHs and 19% male headed) whilst 900 (F 69%, M 31%) HHs received seeds and tools, which is above target, achieved through savings realized during the procurement process. 9 demonstration plots were established, 6 in Kapoeta East and 3 in Lainya. 691 (members of the established 9 farmer groups) attended the pre-season training and acquired basic skills on improved agronomic practices. 656 participated in the post-harvest handling trainings. Many men (111) participated which is normally opposed to their customary beliefs and practices. 5% of the group attending the pre-season training did not attend the post-harvest training. Some of the reasons given for their absence were, insecurity, absence of farmlands for IDPs in Lainya, and drought in Kapoeta East. The pre-season training included land preparation and benefits, planting methods, re-sowing, crop management practices depending on the crop varieties, which included practices like integrated pests and diseases management, weeding, pegging, crop rotation, etc. The post-harvest management aimed at reducing post-harvest losses both during and after the harvest period, which was conducted practically and theoretically with topics such as maturity indicators identifications of some of the selected crops, harvesting (methods, intervals, and edible parts), post-harvest managements (drying, storages, transportation, threshing, marketing etc.). Some farmers stated that these trainings were largely beneficial and have transformed their yield quality and quantity, especially when practicing timely planting and weeding, spacing, thinning, fully utilizing all crop parts (leaves and fruits), and harvesting basing on maturity indices taught. Women were also able to diversify the cooking with the variety of vegetables.

Following the ongoing drought in Kapoeta East, crop production has been affected and some locations have no production at all as crops dried out. This greatly impacted the expected production which is one of the underlying factors for why Kapoeta East is now at IPC level 4 in 2022 (compared to IPC level 3 in 2021), the only county at this level in Eastern Equatoria and Equatoria region.

Objective 2: 75% of targeted communities responded in PDMs and end-line survey that they had increased access to safe water because of this project (using borehole water), which is exceeding the set target of 45%. A total of 5 boreholes were drilled and 13 rehabilitated serving approx. 1,500 HHs (9,000 individuals). The 5 boreholes were drilled in Kapoeta East. Of the 13 rehabilitated boreholes, 10 were in Lainya and 3 in Kapoeta East. These were selected based on consultations with local leaders and community representatives, and on population density. The objective indicator 15/L per day per person (Sphere) was not possible to reach – simply as it is not realistic in the target areas. This was discussed between ACROSS, PMU and SMC during the implementation, where it was decided to perform the actions regardless, as they would still have life-saving impact within the context. See more information in the results report. 18 Water User Committees (WUCs) comprising of 126 members (F 57, M 69) and 91 local pump mechanics (F 2, M 89) were trained, and 4 boreholes maintenance toolboxes were distributed. These committees and toolboxes are crucial to secure continued maintenance of the boreholes beyond project end. 3 communal latrines were constructed Lainya, and 1 Kapoeta East, in places with larger community gatherings. The aim of these was to encourage early adopter of latrine use instead of open defecation. 1,962 hygiene kits were distributed which consisted of a 20-liter jerry can, 15-liter metallic bucket, and bars of washing soap. 1,962 dignity kits, consisting of reusable pads, underwear, soaps were distributed to women and girls of reproductive age. 4,299 were reached with hygiene messages through 8 hygiene promotion campaigns, across the 3 targeted counties. Along with the distribution of dignity kits, there were also trainings menstrual hygiene by a menstrual consultant, and a follow up with those who participated presented evidence that with use of dignity kits, women can go on with their daily duties as opposed to being confined to one place during their menstruation. They however shared some barriers to maintain cleanliness due to lack of soap and resources to purchase soap, which is an important learning to facilitate transition from risky traditional hygiene practices (such as using ash from burnt cow dung) to usage of soap. This was however challenging within the project as the prices in general but especially for oil, wheat flour and soap was raised due to the war in Ukraine. This impacted the project and made it necessary to make slight adjustments in quantity of items.

Objective 3: A total of 6,557 under five children were screened for malnutrition. Out of these 163 were admitted for Severe Acute Malnutrition (SAM), and 441 for Moderate Acute Malnutrition (MAM). 98% of the admitted children were treated as per national guidelines, which is exceeding the target of 70%. The cure rates for those admitted to the nutrition treatment provider were 98 % (0% dead, > 1% defaulter rate). In addition, 2,541 pregnant and lactating women (PLW) were screened, out of which 507 were admitted for MAM (20% of the screened PLW were hence identified as malnourished). Whilst there is no recent formal SMART Global Acute Malnutrition (GAM) rates available for Kapoeta East, the proxy GAM through ACROSS screening indicates an increase of malnutrition among children under 5 from <10% during the first 10 months of the project to >15% (emergency levels) in the last two months. This is likely a consequence of the severe drought in 2021 (on top of previous droughts in the two years prior). The ACROSS nutrition assistants and Community Nutrition Volunteers (CNVs) shifted their approach in this project cycle, and instead of moving between the field base and target areas in Kapoeta East, they stayed for longer periods in the remote areas. This increased the efficiency and coverage of screening and referrals of children under 5 and PLWs and contributed to surpassing the initial screening target of 5,000. 8 CNVs were trained twice on CMAM guidelines in an aim to capacitate and strengthen their skills to ensure a great deal of good work and efficient delivery services. Through the project awareness raising was conducted on campaigns on optimal MIYCN (Maternal, Infant and Young Child Nutrition) as well hygiene practices and COVID-19. The project team established 6 kitchen garden demonstration plots and formed 6 mother-to-mother support groups with a total of 90 women, who were trained on cooking and MIYCN.

For further information on outcomes results and gender breakdown – please see attached results matrix report, and further down under section 6. All project activities took COVID-19 precautions into consideration.

Aid modalities

ACROSS continued with the same in-kind and service provision modalities as previous projects, as aid modalities cash or vouchers is not suitable for the insecure target areas with no access to market. The direct in-kind provision included food baskets, seeds and tools, boreholes drilling and maintenance, tools boxes, pit latrines, hygiene, and dignity kits. Service provision included capacity building through livelihood trainings, hygiene promotion campaigns, awareness raising sessions and screening of children under 5 and PLW. However, both aid modalities have been affected mainly by the poor infrastructural development in the target locations, such as road and communication networks that made access sometimes difficult. Insecurity, environmental and unfavourable weather patterns did also contribute to the challenges. Some areas proposed for borehole drilling were shifted due to lack of access to the areas, despite the involvement of the community in road clearance. Unfortunately, some of the road clearance could not be managed by hand due to complicated landscape and terrains. The weather and topography of the land also had great influence on the drilling of boreholes in Kapoeta East which is characterised by rocky and hilly terrains. This coupled with reoccurring droughts that made the water table extremely low made it impossible to drill in the initial four proposed higher plateau areas. This was however solved through successful engagement of relevant community leaders as well as with PMU and SMC in the beginning of 2022, and the boreholes were then successfully drilled in the lower plateaus instead where the needs were similar to the higher plateaus. In addition, market fluctuations mainly due to the war in Ukraine resulted in general prices increasing by a large amount, which required ACROSS to approach several different suppliers to find the best prices available. This resulted in deviations within some budget lines as it was no longer possible to procure items to the budgeted amount.

Disaggregated data

2,700 unique HHs were reached corresponding to approx. 16,200 individuals (using an average of 6 individuals per HH to estimate total number of individuals).

Sector	Girls <18	Boys <18	Women >18	Men >18	Aid modality	Total number
Food	3,398	783	9,670	2,349	In-kind	16,200
Wash	1,193	1,103	3,397	3,307	Service	9,000
Livelihood	3,398	783	9,670	2,349	Service	16,200
Nutrition	3,461	3,096	2,541	N/A	Service	9,098
Taking overlaps into account;	3,398	783	9,670	2,349		16,200

The total of HHs 2,700 were reached all of which received food assistance. A subset of the 2,700 HHs were also reached WASH and Nutrition in kind and services.

4. Coordination

Coordination

ACROSS is an active member in different clusters under the umbrella of the UNOCHA, specifically, FSL, Education, Health, WASH, Nutrition and Logistics clusters. Representatives from ACROSS attend routine coordination cluster meetings both at national, state and county levels (often field locations), where ACROSS shared updates for example about the acute need for WASH interventions and security incidents within the project area. These Clusters require that certain reports are submitted, for instance the monthly 5Ws which helps UN, international and national humanitarian agencies to correctly presence and gaps. The project was in line with HRP strategies set out for 2021. ACROSS has a close partnership with Andrea Food for South Sudan (AFSS) in the implementation of nutrition. ACROSS complements the work of AFSS by increasing access to their nutrition treatment in Kapoeta East, through ACROSS nutrition screening and referral extremely hard to reach and remote areas. Upon ACROSS referral, AFSS then treats they cases in their facilities. For Kassingor, ACROSS attended cluster meetings at county and state levels through its field office representation in Boma (Jonglei) and also coordinated with state and county authorities in greater Kapoeta relating to the WASH interventions and making an impact with the limited funding available within this area. In Lainya, ACROSS team coordinated with the different stake holders and partners especially sharing challenges related to insecurity. Security management was coordinated with UNDSS, INSO and UNOCHA. Working closely with different churches in the target areas also gave ACROSS an opportunity to get rooted with the local communities, gaining their trust.

Cooperation

As mentioned above, throughout this project, ACROSS closely worked with AFSS and CCM (health service provider) in Kapoeta East, and in Kapoeta town (support office) ACROSS closely cooperates with Kapoeta Electricity Company Limited (KAPECO) renting an office space. In addition, in Lotimor (Kapoeta East), ACROSS has forged a very exceptional relationship with the school management who offered accommodation to our staff. At times ACROSS also cooperated with others to travel in convoys during times of insecurity. In Lainya, ACROSS rents office and storage space from the Episcopal Church of South Sudan which has aided the running and implementing of the project.

Local Capacity

One of the core aspects of this project was to build and strengthen local capacity. This was done with the goal to increase resilience and local ownership of the resources put in place for the beneficiaries. In the FSLs sector, the agriculture trainings are aiming to increase local knowledge on improved farming practices leading to increased yield. This to contribute to longer lasting food stores for example, with the aim to reduce the dependence on food distributions and to contribute to the reduction of malnutrition. Additionally, trainings and refresher trainings to the locally hired CNV empowered them to work independent. In the WASH sector, WUCs and local pump mechanics were trained to ensure the sustainability, hygiene, and management of water points. WUCs and local pump mechanics are also helpful to the wider communities even in areas that are not targeted by ACROSS, in e.g. facilitating boreholes maintenance. Those trained in previous projects have since continued to support their respective villages as well. ACROSS closely coordinated and included representatives from local leadership and authorities in all their activities.

PMU provided support to ACROSS through ongoing discussion and advice on design and problem solving. ACROSS MEAL staff attended a MEAL training conducted by SMC in Q4 2021.

5. Accountability to Affected Populations

ACROSS strong community engagement has been a key element to the success of a project. Starting from inception local authorities were involved which helped built trust, transparency, and accountability on the part of ACROSS and the beneficiaries. The project goals and beneficiary entitlement were communicated in inception meetings, most of whom were local leaders. To ensure further accountability, representatives from several villages were selected by the local communities to act as members of the Project Management Committee (PMC) whose function is to play the linking role between the beneficiaries, community and ACROSS. The PMCs and other community representatives were involved throughout the project: during selection and registration; distribution; identification of locations for boreholes and public latrines; implementation and handover of these asset. ACROSS has AAP and CRM policies in place with clear guidance on how complaints should be managed. PMU also have a complaint mechanism in place which partners can access through the PMU website.

During distribution, a complaint desk was put in place so those whoever presented a complaint of dissatisfaction with the services or items provided for could register their complaints. The main complaints were around lost or stolen cards, which were solved by crosschecking in register books for confirmation, and those whose names were registered were given their ratio. This desk had representatives of the PMC, who were part of the community, some local authority's members, and ACROSS staff to ease communication, understanding and allow resolution of said complaints and feedback to easily occur. At the end of the project period, local authorities were invited for a joint monitoring visit, to ascertain whether goals set at the beginning were fully achieved and to assess the level of success and possible shortcomings of implementation that could help in next project programming. ACROSS also conducted post-distribution monitoring which helped collect feedbacks from the beneficiaries on both the quality and quantity of the items provided in-kind, how the support was used, and what challenges or anything done in a way that contravened the humanitarian principles that could be changed in case of another intervention.

6. Monitoring, Learning and Evaluation

Monitoring and evaluation were conducted throughout the project, both by directly involved project staff and by ACROSS M&E staff. A baseline survey was conducted which acted as reference point to measure and compare the project's progress against intended outputs/outcomes. At baseline, rCSI was at 13%, with the commonest coping strategy being reducing number of meals per day at an average of 3 days a week. This was closely seconded by the reliance of less preferred or less expensive foods at a

similar average of 3 days a week. Other findings were that even with sensitization and spread of hygiene messages as heard by 57% of the sample population, 82% said they do not treat their water (this includes those whose main sources of water are other than boreholes). ACROSS also conducted post-distribution monitoring (PDMs) to find out the feedback of the beneficiaries on the quality and quantity of aid provided, along with community consultative meetings. The meetings included key stakeholders including the beneficiaries to get direct feedback, gaps, and priorities of target communities. Some of the key findings were: selection criteria was understood, concerns raised about the amount of support being not sufficient, appreciation of ACROSS' rehabilitation of boreholes and construction of public latrines, and appreciation of the Zai pits method of farming which was been adopted as well into this project (adopted from PMU/ACROSS Sida funded dev. project). The demonstration plots of the humanitarian project yielded more and of better quality than the traditional methods, and this was acknowledged by the communities who preferred Zai pit method going forward. An internal end line evaluation was conducted by ACROSS M&E analyst, who was not directly involved in the project. This was done to get an independent and unbiased opinion about the impact, effectiveness, efficiency, and relevance of the project. The end results suggest that the project met the needs of the targeted population, the most suitable response being food items, seeds, and tools. The relief items came timely, however, seeds did not arrive at the right planting season which is either in April or August (the latter for Lainya). rCSI improved 12% at end line, with 67% of respondents in Lainya in low group at baseline and 56% by end line, this was attributed to the destruction of several farms by cattle. The survey confirmed that several boreholes have been repaired. This is by provision of spare parts, toolboxes and trainings of pump mechanics who are able to operate, and repair broken down boreholes. Attendants of 3 FGDs said they have attended pump mechanics trainings held by ACROSS, which were beneficial to them. Some of the recommendations from the study include pump mechanics' training to be increased with additional days and be made more practical since the current training is mostly theoretical and there were no practical sessions. In addition, they recommended that the number of pump mechanics should be increased to at least 10 per village. It was also suggested in Kapoeta East that boreholes should be solarized to ease use and access by all groups of people, including the disabled.

PMU visited the project area in Kapoeta East in February 2022. This included visits to the ACROSS main office in Juba, sub office in Kapoeta South, and visits to the areas of implementation in Kapoeta East. PMU was able to confirm that reported activities had taken place, ACROSS ability to provide quality humanitarian in extremely hard to reach and remote areas and that the project design was indeed appropriate to the needs on ground. PMU met with local communities in different villages, visited some of the boreholes and demonstration plots and met with local authorities. PMU could also through observation confirm how the drought in 2021 is contributing to the increased food insecurity in the area, and how important the improved agricultural methods are along lifesaving support. PMU had before the visits due to the Covid-19 pandemic only been able to carry out digital monitoring of the project through the Head Office in Sweden (via for example digital video meetings from both the field and from the ACROSS office as well as phone calls). PMU's regional office in Kenya supported this by having quarterly meetings with ACROSS on the progress of the organization's work, the situation in the project context and how project activities were progressing.

Lessons learned

Having community engagement at all levels of project implementation is central to implement a project. For instance, engagement of communities in road clearance enabled the drilling team along with their heavy machineries to access some of extremely remote locations. These types of engagements will be more clearly integrated in future projects and activity planning. Coordination and cooperation with other partners, stakeholders, and UN agencies, an example is the success of the nutrition sector in Kapoeta East is hugely attributed to the good and long partnership between ACROSS and AFSS.

At the initial stage of the project, a Gender Age Marker filled using the online IASC GAM maker with reference number (G641116245) with a score of 4. This helped the project team to consider boys, girls, women, and men in all activities.

7. Cross-Cutting Issues

Gender equality and Vulnerabilities

Culture plays a great role when it comes to approaching each respective community. For instance, in Kapoeta East, food production is considered solely the responsibility of a woman and therefore, men are not to engage in any thing that is considered women's roles including farming. Gender equality and equity was still emphasized and mainstreamed in the project implementation, it was specifically emphasized in food security and livelihood perspectives of the project. Men were to a greater extent than before based on the experience of ACROSS in the context involved in both pre-season and post-harvest handling trainings, motivated in engaging and taking equal roles in food production as women. Of the 84 local pump mechanics trained, 2 were women, a role which is considered to be for men, this was however done to encourage gender equality in areas considered important for social progress including roles around providing safe and clean drinking water. SGBV is an integral part of all work implemented by ACROSS. It is applied by making all hired staff including suppliers to sign forms where the expectations relating to expected staff behavior and how staff shall work to prevent sexual exploitation and abuse. All staff are based on that inducted on the importance of assuring a safeguarding approach while implementing the project, including informing the project beneficiaries of what constitutes unacceptable behavior and how to report it.

Conflict sensitivity

Following some inter clan issues in Kapoeta East (which is normal in this context), ACROSS was able to mitigate and resolve through meetings between respective groups. Early in the project youths went hostile following frustrations of not getting employment by ACROSS. ACROSS solved this by engaging both local and county leadership in an open dialogue where ACROSS shared the policies and guidelines on organisational recruitment process, donor requirements and other national procedures such the labour law.

South Sudan is one of the most volatile countries in regard to insecurity and threats to humanitarian workers. Every year humanitarian workers are being harassed, tortured, killed, or robbed of their personal belongings and organizational assets. ACROSS, as an institution, has continued to work in close collaboration with the United Nations Department of Safety and Security (UNDSS) in coordination with the UNOCHA and INSO to alert staff on the security matters and provides precautions and preparedness to minimize the occurrence of the incidence and risk of endangerment. Since the security incident on the 6th of March 2022, see more in the Risk and security analysis, there has been an increased presence of local armed authorities and during the rest of the implementation time, it was considered safe to travel in the area. In Lainya, the insecurity caused by warring factions operating greater in the region caused massive displacements of people putting a huge strain on the limited available resources and services. Also, due to the severe flooding and droughts in other part of the country – cattle keepers relocated the Lainya region causing tensions between the pastoralists and the farmers, as the cattle destroyed a lot of the farmlands.

Environment

The project did not have a negative impact of the environment. ACROSS emphasised other methods of farming instead of the traditional mono-crop cultivation in which crops are cultivated year in and year out for years. Methods encouraged included but not limited to, crop rotation, inter-cropping, shifting cultivation since there are vast fertile and unutilised land. This should subsequently help in restoring the fertility of the soil. On the same note, ACROSS taught about the symbiotic relations between crop and

animals where the dung and droplets from fowls/ poultry are used in the farms to help boost the fertility of the soil. These practices/methods are environment friendly strategy meant to help conserve/protect environment from practice that jeopardize its beneficial existence. ACROSS also raised awareness of the importance of trees and discouraged cutting them down for resources such as firewood and charcoal. Information was shared on the benefits of trees, including, beautifying the environment, rainfall attraction, wind breakers, and natural shades, etc.

8. Exit Strategy and Sustainability

ACROSS made a number of exit strategies: provision of tools; relevant social and economic life changing trainings (PMCs) which were mostly on agronomic practices; formation of local structures that should continue to organise community on issues affecting their lives. Trainings on gender roles and conflict, gender equity on matters of lives were part of the services provided. The multiple number of projects funded by Sida has saved many lives from hunger, and alleviated suffering. However, a longer period of time is needed to sustainably address the underlying issues such as gender equity and insufficient farming, and lack of access to safe water. This requires additional education and a gradual process of mind-set change, whilst continuing to provide lifesaving support. As of recent, health and education are emerging as pressing needs now in the communities of Kapoeta East. ACROSS still needs to continue building the capacity of the communities to transform their lives. PMU and ACROSS has secured funding to continue the screening and referral of malnourished children and women beyond this project end. With regards to project sustainability, the project team ensured several trainings to increase the resilience and capacity of the local communities in all the three sectors of the integrated multi-sectoral project. Such trainings included, the pre-season and post-harvest trainings, WUCs and pump mechanics trainings, menstrual hygiene management training and awareness sessions with the community to ensure adaption and continuity of proper hygiene and sanitation practices even after the end of the project. Where boreholes were drilled, there were water user committees formed and trained to ensure proper use and maintenance of boreholes. Pump mechanics were also trained to be able to repair boreholes in the case of breakdowns. Also, the formation of project management committee has enhanced efforts of bringing community together to discuss matters of concern on project specifics. However, this organisation of community to discuss matters of mutual concern if utilised shall continue to help them even after the project phase out.

9. Risk and Security Analysis

Road accessibility: In 2021 there was a vast change in the rainfall pattern in South Sudan, including the Eastern Equatoria, with an early onset of rainfall. This resulted in inaccessible roads and complicated movements to and from field sites during May – June 2021. Efforts were made with partners on ground to have a convoy involving both big trucks and land cruisers, well equipped with the necessary items for vehicle repair and other off-road equipment to aid in the movement. However, prior to the harvest period rains stopped and most crops especially at Kapoeta East were destroyed.

Insecurity: Following the rearranging number of states – there was a vacuum of order including in the project target area in Kapoeta East, where the law enforcement agencies were relocated to Narus as the county headquarters. This probed a high crime rate with criminals moving freely with no fear of being apprehended. ACROSS teams remained vigilant and because of the Zai pits for peace and productivity project, some peace building activities including dialogues and campaigns were conducted, this involved all local structures such as women and youth group, chiefs and community opinion leaders and elders present in the payam. Also, advance steps were taken to engage youth in sporting events and initiated peace talks amongst conflicting communities' clans in Kapoeta East. Insecurity in Lainya county also intensified Q4 2021 and early 2022, with a lot of displacements, forcing many people to relocate from surrounding areas into Lainya centre. Another challenge in Lainya was arrival of pastoralists and their cattle as previously described.

Road Ambushes: Whilst on a trip from Kapoeta town to Kapoeta East, an ACROSS team traveling outside Kapoeta town fell victim to an armed robbery, where they were shot at, and one staff was injured causing trauma and fear among the team. ACROSS managed this through brining the team out for treatment and psychosocial support in Juba. These security challenges were managed by ACROSS putting measures on restricting information on movement of staff and vehicle to the field and use of convoy were the best strategy that have kept the momentum thriving until the end of the project. Since the incident local authorities have increased law enforcement on the road and security has thus improved. ACROSS mitigate insecurity by coordinating with UNDSS, UNOCHA, and INSO for security updates, and consult with local authorities at different levels whilst exercising neutrality. ACROSS also minimise the frequency of movement along the way to reduce the risk. In locations known to be insecure, commercial and UN flights were used.

10. Cost Effectiveness

In the procurement process, the procurement committee had recommended bidding analysis by lot and not per item categories. This has helped to reduce the cost of transport, as items were transported together.

11. Budget & Financial Control

See attached SMC assessment.

Result matrix all projects

Result matrix, ADRA Yemen 21701

	Measurable Indicators	Results	Sources of Verification	Comments
Overall Goal Reduced morbidity and mortality of targeted communities associated with lack of access to safe water and sanitation				
Project Objectives (Outcome) Restore and maintain water and sanitation systems, particularly in high-risk areas in Sa'ada Governorate	70% of the 2,700 HHs (17,900 individuals) in the targeted community report satisfaction with WASH services provided	O HH: s reached.	Evaluation N/A	Assumptions: The original assumption that authorities would allow access and accept program activities was not realized.
Expected Results (Output)				
Expected Result 1 13,700 vulnerable people in the targeted locations have increased access to safe drinking water through rehabilitation of community water resources and WASH facilities in schools and health facilities.	2,600 women, 4,500 girls, 2,400 men, and 4,200 boys of targeted beneficiaries have increased access to safe drinking water, at least 15l/p/d as per Sphere standards	O persons reached	□ N/A	Assumptions: The original assumption that authorities would allow access and accept program activities was not realized.
	80 % of water analysis in line with SPHERE standards (E coli=0, turbidity<5 NTU)			
Expected Result 2 Targeted community members have increased awareness about hygiene practices and solid waste management.	200 awareness sessions have been conducted by trained WUC members. 4,200 individuals (1,000 women, 1,200 girls, 900 men, and 1,100 boys) are sensitized on better hygiene practices through hygiene promotion, with a minimum of 2 promoters per 1,000 individuals as per Sphere standards, and conduct cleaning campaign.	O persons reached.	□ Monthly reports N/A	

Result matrix, ADRA Syria 21702

	Measurable Indicators	Results	Sources of Verification
Project Objectives Conflict-affected communities and vulnerable individuals have improved access to basic services	80% of the 41,500 targeted men, women, boys, and girls reported improved access to basic services including young children, children, adolescents, adults, middle-aged adults and the elderly.	88% of the beneficiaries reported improved access to basic services. The PROVIDE project was successful in achieving the overall objective, reaching 119,430 beneficiaries through WASH and Protection in the governorates of Deir Ezzor (DeZ) and Idlib, Syria.	<ul style="list-style-type: none"> ➤ Post intervention survey ➤ Field assessment reports ➤ Beneficiary feedback ➤ Key informant interviews ➤ Field report
Expected Results			
Expected Result 1 Vulnerable households (HHs) in target communities have improved access to water / sewerage networks	40,000 individuals (11,200 men, 11,200 women, 8,800 boys and 8,800 girls) have access to safe and sufficient drinking water at HH level and an improved sanitary environment as a result of water/sanitation system rehabilitation. 70% of individuals report improved access to water at HH level	115,000 individuals (25,300 girls, 25,300 boys, 32,200 women and 32,200 men) have benefited from the rehabilitation of the water system. 100% of the 180 respondents reported satisfaction with safe and sufficient access to water.	<ul style="list-style-type: none"> ➤ BoQs ➤ Technical assessments ➤ Field visit reports ➤ Final Report ➤ Direct observation ➤ Water quality testing ➤ Endline survey
Expected Result 2	200 HHs (200 men, 200 woman, 300 boys, 300 girls)	409 HHs (2,230 individuals of which 790 girls, 760 boys, 354 women and 326 men)	<ul style="list-style-type: none"> ➤ BoQs ➤ Technical assessments ➤ Field visit reports

Vulnerable HHs have improved access to water storage facilities improving access to water	<p>have improved access to HH-level water storage containers.</p> <p>75% of individuals report satisfaction with the services provided.</p>	<p>benefited from the provision and installation of HH water tanks.</p> <p>99% of the 96 respondents reported having access to safe water, 96% of the respondents reported being satisfied with the access to safe and sufficient water.</p>	<ul style="list-style-type: none"> ➤ Final Report ➤ Direct observation ➤ Water quality testing ➤ Endline survey
<p>Expected Result 3</p> <p>Vulnerable HHs have improved access to a sanitary environment</p>	<p>10,000 individuals (2,800 men, 2,800 women, 2,200 boys, 2,200 girls) have a sanitary environment because of debris removal.</p> <p>75% of individuals report an improved sanitary environment.</p>	<p>This activity was not implemented.</p>	<ul style="list-style-type: none"> ➤ BoQs ➤ Technical assessments ➤ Field visit reports ➤ Final Report ➤ Direct observation ➤ Endline survey
<p>Expected Result 4</p> <p>People with disabilities have improved access to basic services</p>	<p>450 individuals (120 men, 130 women, 100 boys, 100 girls) with disabilities receive a disability device.</p> <p>50 PwDs (15 men, 15 women, 10 boys, 10 girls) are referred to PSS support with SARC or other protection services.</p> <p>75% of individuals report satisfaction with the assistance provided.</p>	<p>A total of 1,426 individuals (312 girls, 396 boys, 360 women and 358 men) benefited from the distribution of disability devices and the furniture for the Ayyash disability centre.</p> <p>31 individuals (3 girls, 4 boys, 12 women and 12 men) benefited from the referral mechanism, allowing them to receive an additional support from other humanitarian partners.</p> <p>All 60 respondents reported being satisfied with the quality of devices distributed.</p>	<ul style="list-style-type: none"> ➤ Direct observation ➤ Field Reports ➤ Monitoring visits ➤ Follow up visits

Result matrix, PMU Yemen 21703

	Measurable Indicators	Results	Sources of Verification	Comments
Overall Goal Reduce excess mortality and morbidity among highly vulnerable households (HHs) across prioritised communities through a multi-sector response.				
Project Objectives (Outcomes) 1. Reduced severe hunger among highly vulnerable families ensuring their survival and upholding their dignity. (YHRP 2020, Strategic Objective 2, FSAC Objective 1) 2. Increased access to emergency hygiene assistance and strengthened hygiene practices among highly vulnerable families. (YHRP 2020, Strategic Objective 1, WASH Objective 1)	1.1 Food Consumption Score (FCS): Minimum 1,050 HHs with “acceptable” Food Consumption Score of greater than 42. 1.2 25% decrease in the average Reduced Coping Strategies Index (r-CSI) of targeted HHs. 2.1 60% of targeted households report washing hands with soap at the critical times. 2.2 90% of intervention HHs who can cite at least 3 ways to prevent the transmission of COVID-19. 3.1 60% of beneficiary households attend solar	1.1 Endline shows 1,385 HHs with an acceptable FCS. 1.2 Baseline r-CSI reduced by 87% to 1.9 overall. 2.1 94% of targeted HHs report washing their hands with soap at the critical times (76% almost always). 2.2 99% of intervention HHs could cite at least 3 ways to prevent the transmission of COVID-19 following the project. 3.1 89% of beneficiary households attend solar cooking training (99% Taiz, 72% Aden). 3.2 On average, monthly income of cash-for-work (CFW) HHs	- Baseline (n=370) and Endline (n=374) Kobo HH surveys - External Evaluation (n=315)	1.1 FCS targets were well exceeded. The moderate level of “acceptable” scoring during baseline was partly due to the use of debt to purchase core foods such as staples and pulses (32%), fruit and vegetables (21%), sugar, oil and condiments (21%). 1% poor endline FCS results (3 cases) seem to be a result of exceptional circumstances: (1) female-headed HH with 9 members, (2) Muhamasheen HH with 5 new members (via recent hosting perhaps), (3) Muhamasheen female-headed HH with 2 new members. 1.2 r-CSI targets were also well exceeded. 2.1 Baseline results showed that only 56% of targeted HHs report washing their hands with soap at the critical times (31% almost always). Note: Aden was

<p>3. Increased community resilience via access to cooking fuel alternative, livelihoods, and community asset rehabilitation. (YHRP 2020, Strategic Objective 3, FSAC Objective 2, Shelter/NFI Cluster Objective 1)</p>	<p>cooking training and have the ability to cook their food without relying on expensive cooking fuels.</p> <p>3.2 Average monthly income of cash-for-work (CFW) HHs increased by \$60 USD per month (correlates to a 50% increase in HH income based on average data).</p> <p>3.3 75% of livelihood training participants demonstrate an improvement in their awareness of Financial Management principles.</p> <p>3.4 80% of community leaders report improved confidence to undertake future projects.</p>	<p>increased by \$63 USD (equivalent)</p> <p>3.3 76% of livelihood training participants demonstrated improved awareness of Financial Management Principles.</p> <p>3.4 100% of community leaders reported increased confidence to help manage projects in their community in the future (100% to a large extent)</p>		<p>generally found to be worse than Taiz in such hygiene related results.</p> <p>2.2 Only 46% of intervention HHs could cite at least 3 ways to prevent the transmission of COVID-19 prior to the project.</p> <p>3.1 Lower uptake (but still above target) in Aden was mainly attributed to its urban (and specifically apartment block) nature and the city's relatively less scarce fuel/electricity situation. Trainees were 67% female in Taiz and 57% female in Aden.</p> <p>3.2 99% of CFW workers acknowledged that involvement in the CFW program led to improvements in their lives.</p> <p>3.3 76% of livelihood training participants identified at least one FM principle that they will now implement following the training. 76% also considered that their awareness about FM principles improved as a result of undertaking the training.</p>
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Expected Results (Outputs)	Measurable Indicators	Results	Sources of Verification	Comments
Expected Result 1 Target HHs have access to adequate food (80% of monthly needs for a family of 6,5) for six months.	1.1 1,400 HHs (9,100 people, disaggregated by age, gender and disability, with expected 250 PWDs) receive a monthly Minimum Food Basket (MFB) for six months in accordance with UN FSAC standards (covering 80% of monthly food needs for a family). 1.2 80% of food received consumed by targeted HHs. 1.3 At least two locally elected local committees formed and functioning, with at least 1 PWD on each.	1.1 1,400 HHs (8,476 people; 1,946 male, 2,447 female, 2,064 boys, 2,019 girls) received a monthly MFB for six (6) consecutive months, with 619 people reported as having a disability. 1.2 On average, 97.2% of the MFBs were consumed by the HH. This was made up of 92.6% consumed within the period and 4.6% saved. Regarding the cash provision (in Aden), 92.1% was used for HH essentials. 1.3 Four locally elected local committees were formed and functioning with 3 PWDs among them.	<ul style="list-style-type: none"> - Vendor receipts - Distribution Records - Cancelled Vouchers - Post Distribution Interview Records (116% household coverage) - Baseline (n=370) and Endline (n=374) Kobo HH surveys - Attendance Records and Activity Reports 	1.1 Note that the average HH size was smaller than anticipated (6.1 people/HH) while the estimate (6.5) was based on averages across multiple projects. 1.2 SMC approved cash as aid modality in Aden on May 26 th , 2021. 1.3 An additional (5th) LCC was formed in Aden, although this was not elected due to the differing local authority regulations in Aden.
Expected Result 2 Target HHs have access to emergency Hygiene Kit and adequate COVID-19/disease preventative supplies and measures for six months.	2.1 1,400 HHs (9,100 people, of which 250 are PWDs) receive emergency Hygiene Kits for six months in accordance with UN WASH standards as well as six washable COVID-19 face masks. 2.2 80% of Hygiene Kits consumed by targeted HHs. 2.3 All target HHs receive COVID-19, hygiene/disease and nutrition awareness information.	2.1 All 1,400 targeted HHs (8,476 people; 1,946 male, 2,447 female, 2,064 boys, 2,019 girls) received a monthly emergency Hygiene Kit for six (6) consecutive months, with 619 people reported as having a disability. Six washable COVID-19 face masks were also provided to each target HH.	<ul style="list-style-type: none"> - Vendor receipts - Distribution Records - Cancelled Vouchers - Post Distribution Interview Records (116% household coverage) 	2.4 In Aden (where cash was provided and not in-kind MFBs), a campaign regarding Financial Management Principles was also conducted. All campaigns involved 104 public awareness sessions in total.

	<p>2.4 Three community-led awareness (COVID-19, general hygiene/disease and nutrition) campaigns undertaken in each target area.</p>	<p>2.2 On average, 96.5% of the Hygiene Kits were consumed by the HH. This was made up of 87.8% consumed within the period and 8.7% saved.</p> <p>2.3 All 1,400 targeted HHs (8,476 people; 1,946 male, 2,447 female, 2,064 boys, 2,019 girls) received COVID-19, hygiene/disease and nutrition awareness information.</p> <p>2.4 3 community awareness campaigns were undertaken in each target area, these being for COVID-19, General Hygiene (Handwashing) and Nutrition.</p>	<ul style="list-style-type: none"> - Baseline (n=370) and Endline (n=374) Kobo HH surveys - Attendance Records and - Activity Reports 	
<p>Expected Result 3</p> <p>Target HHs have improved access to cooking fuel alternative, livelihoods and use of rehabilitated community assets.</p>	<p>3.1 1,400 HHs offered (minimum 60% attend) solar training and provided with solar thermal cookers.</p> <p>3.2 50 unemployed HHs receive income for three consecutive months each through CFW program.</p> <p>3.3 At least 20 community leaders trained in Community Leadership.</p> <p>3.4 Six community-led rehabilitation projects completed.</p> <p>3.5 At least 50 CFW program recipients/participants trained in Financial Management Principles.</p>	<p>3.1 1,400 HHs offered (1,249 HH i.e. 89% attended) solar cooking training and provided with solar thermal cookers. SADD: 7,544 people; 1,732 male, 2,178 female, 1,837 boys, 1,797 girls.</p> <p>3.2 87 unemployed HHs (387 people; 89 male, 112 female, 94 boys, 92 girls) received income for two consecutive months on average each through CFW program (equivalent to 50 for 3 months).</p> <p>3.3 24 community leaders trained in Community Leadership.</p> <p>3.4 Six community-led rehabilitation projects were completed.</p> <p>3.5 65 CFW workers (65 male) were trained in Financial Management Principles.</p>	<ul style="list-style-type: none"> - Attendance Records or Activity Reports - Post Program Surveys - Vendor receipts - Copy of Curriculum - External Evaluation 	<p>3.2 Due to distant locations of the CFW projects (based on need and community selection), it was too far and costly to use the same workers for all projects and hence more workers were hired for a reduced period of time.</p>

Result matrix, PMU & ACROSS South Sudan 21704

	Measurable Indicators	Results	Sources of Verification	Comments
Overall Goal To contribute to the reduction of excess morbidity and mortality as a result of a protracted crisis in Lainya, Kapoeta East and Pibor Counties.				
Project Objectives (Outcome 1) To reduce food insecurity through food distribution, and livelihood support to increase emergency food production (Kapoeta East, Lainya)	% of targeted households with reduced coping strategies index (rCSI) Target: >30% % of target households with increased agricultural productivity Target: 50 %	69% of targeted households with low coping strategies index. 79% of target households with increased agricultural productivity.	Project follow up Distribution reports Progress reports Baseline and end line reports PDM	rCSI was included instead of FCS following approval from SMC 2021-08-23. This change was to better measure the food security on ground, and following lessons learned during final reporting of 20705.
Project Objectives (Outcome 2) To provide timely/sustainable, equitable access to safe water, sanitation, and hygiene (Kapoeta East, Lainya, Pibor)	Average volume of water used for drinking and domestic hygiene per household Target: Minimum 15 L per person per day % of target population have improved access to water points. Target: 45 % % of target population who correctly cite two critical times for handwashing Target: 60 %	50L average volume of water used for drinking and domestic hygiene per household (8L per person per day) 75% of target population have improved access to water points. 92% of target population correctly cite two critical times for handwashing	Progress reports Endline reports	Reaching minimum Sphere standards of 15 L per person per day in the targeted areas are not realistic due to long distance to water points, and boreholes often break-down due to high number of people per borehole. One jerrican carried by women and girls is 20Ls and need to support the full HHs.

Project Objectives (Outcome 3) To increase access to nutrition services through early detection and referral of acute malnutrition for girls and boys under 5 years of age and PLW (Kapoeta East)	% of children U5 and PLW identified as malnourished treated as per national guidelines Target: 70 %	98% of children U5 and PLW identified as malnourished treated as per national guidelines.	Monitoring reports from nutrition partners Nutrition Information System (NIS) report	
Expected Results (Output)				
Expected Result 1 Target beneficiaries in have access to adequate food that ensures their survival.	2,700 HHs (16,200 individuals) receive food baskets as per the WFP and FSL cluster (to be reported with SADD) 700 HHs (4,200 individuals) receive seeds and tools to ensure access to adequate food (to be reported with SADD) 50 farmers groups established and trained in basic agronomic practices	2,700 HHs (F 2178 F, M 522, 16,200 individuals) received food baskets as per the WFP and FSL cluster. Out of these 337 were disabled. 900 HHs (F 621 and M 279, 5,400 individuals) received seeds and tools to ensure access to adequate food. 9 farmers groups were established with 691 (F 462, M 229) members trained in basic agronomic practices.	Distribution reports Photos PDM Training reports Attendance sheets Photos	Additional procurement of seeds and tools was possible due to savings done during the procurement process. The original target and definition of the farmer group indicator was an oversight as the actual target figure was 50 farmers per group for 9 groups rather than 50 groups in total. The member per groups exceeded the target number of 50.
Expected Result 2 Target population have improved access to safe water, latrines, and hygiene items and improved awareness on good	1,000 HHs (app. 6,000 individuals) have access to safe water (as per Sphere standard of 500 people per borehole) and minimum usage of 15 litres of water per day (to be reported with SADD)	1,500 HHs (9,000 individuals) have access to safe water (as per sphere standard of 500 people per borehole) and minimum usage of 8 litres of water per day per person.	Baseline report Distribution reports Photos PDM reports Training attendance lists	Minimum usage of water per person per day as per end line results

hygiene practices to maintain health, dignity, and wellbeing.	<p>5 boreholes drilled and functioning</p> <p>8 boreholes repaired</p> <p>3 borehole toolboxes distributed</p> <p>3 communal latrines constructed</p> <p>1,000 HHs receiving hygiene kits (to be reported with SADD)</p> <p>3,600 individuals receiving hygiene messages, including Covid-19 messages, through hygiene campaigns (to be reported with SADD)</p> <p>1,600 women of reproductive age receiving dignity kits</p>	<p>5 boreholes were drilled and functioning.</p> <p>13 boreholes were repaired</p> <p>4 borehole toolboxes distributed</p> <p>3 communal latrines constructed</p> <p>1,962 HHs received hygiene kits (F 1560, M 402)</p> <p>4,299 individuals (F 2695, M 1604) received hygiene messages including COVID-19 messages through hygiene campaigns.</p> <p>1,962 women and girls of reproductive age received dignity kits.</p>		Additional hygiene and dignity kits were possible due to savings done in the procurement process.
<p>Expected Result 3</p> <p>Target groups have increased access to nutrition services</p>	<p>5,000 children under 5 and PLW screened for malnutrition (to be reported with SADD)</p> <p>5,000 people reached with MIYCN key messages (to be reported with SADD)</p> <p>13 nutrition staff and volunteers trained on emergency nutrition (to be reported with SADD)</p>	<p>6,557 (F 3461, M 3096) children under 5 and 2,541 PLW (Pregnant 1,110, Lactating 1431 lactating) were screened for malnutrition.</p> <p>4,421 people (F 3,827, M 594) reached with MIYCN key messages.</p> <p>8 nutrition volunteers (F 1, M 7) trained on emergency nutrition.</p>	<p>Screenings forms</p> <p>Referral forms</p> <p>Progress reports</p> <p>Monitoring reports</p> <p>Nutrition partner monitoring report</p> <p>Photos</p>	



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