Quality funding: From pilot to practice

Programme Based Approach Case Studies

Alta Gracia Sanchez School in San Pedro Sula, Honduras was transformed into a shelter for almost 300 people affected by the floods that followed hurricanes Eta and Iota. Photo: NRC/Christian Jepsen

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Contacts:

Action Against Hunger
Laetitia Nitkiewicz
lnitkiewicz@actioncontrelafaim.org

International Rescue Committee
Gabbie Mellor
Gabbie.Mellor@rescue-uk.org

Norwegian Refugee Council
Hanna Haaland
hanna.haaland@nrc.no

Executive Summary

The Swedish International Development Cooperation Agency (Sida) currently funds Action Against Hunger (AAH), the International Rescue Committee (IRC) and the Norwegian Refugee Council (NRC)[1] to deliver country-based humanitarian response using the programme based approach (PBA). NRC also has a global strategic partnership agreement with the Norwegian Ministry of Foreign Affairs (NMFA) where funding to all NRC country programmes is granted as PBA funding.

The 2016 Grand Bargain commitments to provide quality predictable and flexible funding, presented an opportunity to pilot the new PBA financing modality. It started as a pilot in 2017 and gives the three organisations a significant degree of flexibility to implement humanitarian interventions that are responsive and adaptive to the evolving context and needs of the target population in the respective countries. The PBA builds on making the best use of an organisation's own internal systems, templates and tools to reduce the grant management workload in comparison with other traditional funding mechanisms. As such, the PBA contributes to meeting several of the commitments under the Grand Bargain workstreams towards reducing duplication and management costs, participation revolution, enhanced quality funding through increased multi-year planning and funding, and reduced earmarking. Since the start of the pilot, the PBA has been adjusted through analyses and learning exercises.

This presentation of case studies builds on the 2020 policy document, *The Programme Based Approach: 10 lessons,* that summarised lessons from the first years of PBA implementation and learning, drawing on the experiences of the PBA partners AAH, IRC, NRC and Sida and NMFA. The case studies were documented to advance learning internally within the three PBA partner organisations, as well as to inform a broader external audience about the positive impact of the PBA in the humanitarian landscape. The case studies presented demonstrate that the PBA enables a more needs-based response and supports an accountable and more strategic and effective humanitarian response.

What is the Programme Based Approach[2]

Under the PBA, Sida and NMFA provide funding to PBA partners that is allocated at the **country programme level**, rather than for a specific project or activity. This allows a flexible **humanitarian** response that may include an integrated package of activities across a variety of sectors, themes and geographic areas. For both donors, PBA funding sits within a multi-year framework agreement with each PBA partner. The PBA partners have the choice to direct PBA funding towards geographic areas, sectors, and budget lines based on their organisational country strategies while ensuring they contribute to the donors' humanitarian strategic goals and following the donor requirements[3]. The trust-based partnership embodied in the framework agreement allows partners to not have to define a detailed project and budget at proposal stage and utilise their existing country strategies, programme management systems (e.g. MEAL), tools (e.g. indicator selection tools, beneficiary calculation methods, templates), and approaches to deliver their programmes and report to donors at the outcome level. Accountability and transparency is ensured by the PBA partners complying with their internal processes related to Project Cycle Management, M&E and financial management. The donors regularly assess the PBA partners' internal systems and procedures and can request documentation to be assured that funding is implemented in line with the intention.

In line with Grand Bargain commitments to quality funding, **Sida and NMFA PBA funding is flexible by design.** During implementation, PBA partners can shift funding to respond to unforeseen crises

[1] The three organisations are referred to as the PBA partners in this document.

[2] Adapted from NRC, July 2020: The Programme Based Approach: 10 lessons.

[3] Sida requirements are for example that the humanitarian support is needs based, essential lifesaving and within the applicable Humanitarian Response Plan or other coordinated appeals. Full donor requirements are presented in the Sida NGO Guidelines, and as per the Strategy for Sweden's humanitarian aid provided through the Swedish International Development Cooperation Agency (Sida) and Norway's humanitarian strategy.

and new priorities without a formal amendment with the donor if changes are within the scope of the partner's humanitarian country strategy shared and approved by the donor during the annual proposal process.

Implementation through the Programme Based Approach

At the annual proposal stage, the PBA partners **demonstrate to Sida and NMFA the humanitarian needs** they will respond to, and strategically plan for the use of PBA funding, utilising country-specific strategic frameworks. During the implementation period, when new needs emerge or when priorities shift, partners use internal processes to analyse data and redesign programming. As long as changes fit within the agreed country strategy, donor approval is not necessary. Changes can emerge from new information through coordination mechanisms, country emergency response units, assessments, community requests, or large-scale emergencies. As demonstrated in the case studies, in using the PBA funding to adapt programming, the PBA partners use assessments to determine needs and targeting. These assessments are often multi-sectoral and include cross-cutting themes such as protection, gender, and security. In addition to assessments, changes to planned PBA programming typically incorporate programmatic and financial reviews and justifications.

As well as their own assessments, AAH, IRC, and NRC are all **active members of coordination mechanisms** and coordinate their assessments and their response with their peers, ensuring that PBA funds contribute to the wider aid system's goals, best practices, and guidelines. The PBA partners regularly share data collected with wider coordination bodies. In some cases, PBA funding supports humanitarian coordination positions, strengthening the overall humanitarian response.

Using the flexibility

The case studies below provide examples of the strategic ways that PBA partners utilise this flexible funding modality. These examples are selected from the countries where AAH, IRC and NRC have PBA funding. In fact, many of the country offices use PBA funding in more than one modality and could provide multiple examples, but the examples have been shortened for ease of reading.

The PBA can be a key method to fund "**neglected crises**" or areas that lack sufficient humanitarian funding, such as in the Democratic Republic of the Congo (DRC), which is one of the world's most neglected crises.[4] When internally displaced persons (IDPs) moved into the localities of Butale and Muhanga, highly-populated areas with long-standing ethnic and resource conflicts, NRC was able to respond quickly using PBA funding to meet urgent humanitarian needs and ease tensions between the IDPs and host communities. The response fell outside the scope of other donors in a country where humanitarian funding is severely limited.

PBA funding allows greater access to vulnerable target groups, hard-to-reach areas, and isolated communities. While some areas of operation may be too small for other donors to fund or require extra implementation costs in hard-to-reach areas, the flexibility of PBA funding supports areas to be accessed **based on demonstrated humanitarian need**. Similarly, the PBA allows humanitarian actors to target based on need, rather than on legal status or nationality. For instance, in Lebanon, AAH used PBA funding to respond to the emergency needs of non-Syrian refugees and vulnerable Lebanese households. Most other funding streams are framed within the Syrian crisis and regularly limit beneficiaries to Syrian refugees only. The flexibility provided by PBA enabled AAH to apply a needs-based approach, regardless of nationality and status, to support the most vulnerable in a timely manner. This had a positive impact on the quality and timeliness of the assistance, and also mitigated the perceived bias of NGOs towards refugees from Lebanese communities.

PBA partner country offices seek to use the PBA strategically, to advance strategic ambitions regarding specific sectors, programme modalities or approaches, e.g. to reduce **emergency response** time and have utilised it in conjunction with standing emergency response capacity, existing cash

[4] See NRC, https://www.nrc.no/news/2021/may/dr-congo-tops-list-of-worlds-most-neglected-crises/.

distribution mechanisms, and procurement modalities that allow for rapid procurement that meets donor rules and regulations.

Many of the case studies focus on the use of PBA funding for **emergencies**. Often the PBA partners strategically plan to use some of the PBA funding as a contingency to respond to small emergencies that could emerge over the annual implementation period or to fund emergency response units to utilise the PBA flexibility. In other countries, PBA partners shift funding due to an unforeseen emergency, such as the largescale response to the explosion at the Port of Beirut, Lebanon in August 2020. Also in 2020, IRC South Sudan used PBA funding to provide timely emergency assistance to respond to large-scale population displacement and severe damage to buildings and livelihoods caused by heavy rains and flooding. PBA partners country offices in fragile contexts regularly respond to **complex emergencies**, such as the NRC North of Central America and Mexico Country Office (NCA)[5], who utilised the flexibility of the PBA to rapidly respond to two tropical storms in 2020, coupled with a wider Covid-19 response in an area of implementation that requires significant conflict sensitivity that is supported by the flexibility to adapt.

Emergency Covid-19 response was among the largest uses of Sida and NMFA PBA funding in 2020. PBA flexibility allowed the PBA partners to respond quickly – often more quickly than peer organisations – to the global pandemic and shift resources to continue providing life-saving responses. PBA funding also allowed the PBA partners to adapt ongoing programmes during the pandemic, such as offering educational and legal services remotely, without bureaucratic delays.

> *While the PBA partners helped communities respond to the shocks of the pandemic, PBA funding helped the partners respond to the budgetary and programmatic shocks to aid delivery at the same time.*

For example, in 2020, AAH South Sudan shifted resources to increase life-saving nutrition services for the early detection and treatment of acute malnutrition in children under five and pregnant and lactating women. PBA funding supported AAH to continue its programming during the pandemic by funding personal protective equipment, staff care and testing, infection prevention and control measures, and a myriad of other costs that increased due to the pandemic. By absorbing these unforeseen costs, AAH was able to continue its life-saving programmes in South Sudan without delays, including programmes funded by other donors.

Programme based funding improves the effectiveness and efficiency of non-PBA funding and the **wider humanitarian ecosystem**, especially in emergencies. For example, some PBA partner country offices shared that they use PBA funds as a "guarantee" of funding when they are waiting for other donors to approve emergency amendments, or to help position for larger funding. Donor approval of project agreement amendments with traditional funding can take one to three months on average to finalise before changes can be made, while PBA funds allow immediate changes. Sometimes when a PBA partner is waiting for emergency approval, PBA funding is either spent for immediate response, or in many cases, used as an internal guarantee in case the approval is not granted. Multiple country offices report that they were able to scale up staff quickly in emergencies due to PBA funding.

In Yemen, IRC used PBA funding to strategically **preposition** essential medicines for humanitarian health response. Clinics, hospitals, and surgical units rely on essential medicine to operate. Without PBA funding, the procurement of medicines – often requiring international procurement – can significantly delay other IRC health projects funded by other donors. When PBA partners are able to preposition essential response items, PBA directly supports the effectiveness and efficiency of the wider humanitarian ecosystem.

[5] This NRC country office includes El Salvador, Guatemala, Honduras, and Mexico.

In many countries, PBA partners utilise the PBA to provide **integrated, multi-sector responses**. When assessments show complex needs after an emergency, PBA funding allows partners to address the needs across multiple sectors through an appropriate and effective response. For example, in DRC, NRC designed an integrated approach including emergency cash, non-food items, shelter and WASH support. In addition, NRC's legal team helped secure plots of land to ease tensions, alleviate the immediate threat of eviction, and smooth relations between IDPs and landowners. This contributed to social cohesion and conflict prevention.

PBA funding fosters **innovation**, allowing partners to pilot new activities or responses. Through PBA funding AAH Lebanon installed an onsite wastewater treatment system for the first time in a Syrian informal tented settlement, a more cost-efficient, environmentally friendly, and localized solution for wastewater service provision. Building on the significant positive impacts of this pilot, AAH replicated the project in other settlements. In another example, in response to Covid-19 NRC Iraq piloted online classes for school children and teachers, providing training and inputs to enable the continuation of education during the period that in-person learning was stopped. These activities were expanded with funding from non-PBA donors after the pilot phase.

The case studies provide insight into the **significant community involvement** in the responses funded by PBA. While in most cases the PBA partners were present in the areas of response before emergencies arose and/or had existing relationships with community leaders, authorities, and community members the PBA flexibility allowed partners to respond to specific requests or to the evolution of needs of communities, which in turn helps building deeper trusted relationships and engage in sensitive areas such as protection.

The following case studies provide examples of how Sida and NMFA PBA funding enables the most relevant and needs-based responses, often in some of the most challenging implementation environments, while ensuring accountability to donors and affected communities through robust systems and processes. Both Sida and NMFA have pioneered this approach, and in doing so they are bravely living up to the Grand Bargain commitments to realise quality funding. Through PBA, Sida and NMFA have reduced earmarking, reduced management costs, increased flexibility to respond, and simplified reporting requirements.[6] AAH, IRC, and NRC hope that the learning from these case studies will encourage more donors to adopt the programme based approach to humanitarian funding and expand its use.

Sida and NMFA programme based funding provides quality, flexible, effective, and accountable funding for humanitarian response. For these reasons, AAH, IRC, and NRC strongly encourage other donors to adopt programme based approaches in order to substantially scale up programme based funding.

[6] For more information on quality funding practices see FAO, DI and NRC, Catalogue of quality funding practices to the humanitarian response: A reference tool for policymakers and practitioners to enhance the efficiency and effectiveness of programming (Report, July 2020).

The donor perspective

After receiving a draft version on this report, Sida provided the following comment:

"Sida is committed to advance the Grand Bargain's enhancing of ´Quality Funding' as it improves the quality of the humanitarian services delivered to affected populations as well as contribute to cost effectiveness.

PBA funding is one key tool used by Sida since 2017 with the aim to contribute to quality funding. Through PBA, Sida's humanitarian assistance has not only become more efficient and more relevant for people in need, it has also made our dialogue with our partners more strategic focussing on principled and effective response instead of details.

Hence, Sida is proud of our PBA-partnerships and plans to expand the cooperation form to more strategic partners while improving the conditions for PBA in order to ensure that PBA function as a powerful vehicle for increased flexibility for humanitarian partners.

However, larger volume of flexible funding from donors are necessary for PBA to be a success. We therefore urge all donors to adopt more flexible funding modalities like the PBA in order to move away from the ineffective project support bureaucracy. Humanitarian actors, on their side, should formulate humanitarian response programmes that by design are likely to attract flexible funding from donors. Sida stands ready to share experiences and lessons learned, both with partners and donors."

Democratic Republic of the Congo – NRC

Integrated emergency response in a neglected crisis

Community members stand in line for registration. Photo: NRC

1. Background

In the Democratic Republic of the Congo (DRC), the Butale-Muhanga area is particularly fragile due to decades-old land conflicts between landowners and local populations. The area is affected by frequent incursions of armed groups and military operations which result in numerous human rights violations and protection issues. The area can be considered “hard to reach” because it is difficult to access during the rainy season and due to the ongoing presence of armed actors. There is a complex and long-standing history of natural resource competition, and the area is prone to conflict. The area is also highly populated, and when regional conflicts trigger population movements, ethnic and tribal issues can cause tensions, particularly over land use. Many people in the area have been displaced multiple times. Due to the overwhelming existing needs as well as insufficient media and diplomatic attention, DRC remains one of the most neglected crises in the world.

2. External factors or triggers

An inter-agency mission led by OCHA in November 2019 conducted a multi-sectoral rapid assessment which highlighted that land and property disputes were negatively impacting the crisis and triggered NRC’s decision to deploy its teams to conduct a more in-depth, conflict-sensitive analysis to better understand the underlying conflict dynamics in the Butale-Muhanga area.

In February 2020, renewed violence disrupted the timid calm observed at the end of the year, and NRC teams returned to the area to reassess the needs following the new waves of displacement. The assessment report confirmed land issues as a key driver of conflict undermining social cohesion in the area. Given that the situation did not fit clearly into any of the funding criteria of the ongoing programmes and considering the dire needs identified, NRC chose to make use of the flexibility of the PBA.

3. Response

NRC is part of the SAFER consortium in DRC that responds to emergencies including population movements. When consortium members are alerted to a new emergency, they review the details and decide who will be able to respond based on access, funding, and programmatic considerations. The alert typically comes with a rapid needs assessment. NRC has a “go or no go” meeting to determine if they can respond.

In the case of the Butale-Muhanga area response, NRC conducted market, protection, and conflict analyses to determine the most feasible and appropriate responses, and there was significant community involvement. For instance, vulnerability criteria for beneficiary selection were defined with the communities, and community input substantially guided the response modalities.

An integrated approach was designed based on the results of the multi-sectoral assessment and conflict analyses. NRC's rapid response teams were mobilized to conduct a multipurpose cash distribution; the Shelter and WASH teams led a response that provided relief to the already overstretched resources offered by the host community (host families, churches, and schools). *Information,* Counselling *and Legal Assistance* (ICLA) teams provided support to beneficiaries by securing plots of land for shelter and livelihood purposes (small-scale agriculture) and by providing information on issues related to civil documentation. The ICLA team also helped to negotiate access to land that alleviated the immediate threat of eviction and smoothed relations between IDPs and landowners.

4. Impact

The monitoring conducted one month after the first intervention showed that the assisted population were satisfied with the assistance and the cash modality, which allowed them to cover urgent needs according to their priorities. Some preferred to spend all or a significant part of their money on food, while others preferred medium to long-term solutions such as renting or purchasing land and buying seeds. NRC's ICLA intervention helped to formalise land documents to alleviate the threat of eviction.

Community members reviewing cash assistance lists. Photo: NRC

PBA funding in DRC permits NRC to respond to rapid onset emergencies that fall outside of the scope of other donors in a country where humanitarian funding is inadequate. It allows NRC to respond to emergencies that were not foreseen and sometimes to try new approaches. For instance, during one response, affected communities wanted both cash and non-food items. While cash is often the preferred assistance, some members of the community were not able to access a market due to ethnic tensions, so NRC was able to offer a choice of modalities. This approach was highly appreciated by the communities, and it provided the appropriate aid.

Further, PBA funding allows an integrated approach to humanitarian aid delivery that meets emergency needs while also having a longer-term impact. For instance, the ICLA team was able to help IDPs meet their immediate needs for shelter and livelihoods by formalising the agreements between IDPs and landowners. At the same time, ICLA provided sensitisation on the rights of IDPs, increasing social cohesion and possibly preventing later conflict.

Iraq - NRC

Emergency response to displacement from camp closures

1. Background

Iraq is desperately grappling with the aftermath of decades of conflict, including the most recent conflict between the Islamic State Group and the Iraqi Security Forces that were supported by an international coalition. Since the fall of the Islamic State Group in December 2017, Iraqi communities are trying to rebuild and recover their lives. With over four million people in need of humanitarian assistance and over 1.4 million people internally displaced, Iraq continues to be a protracted crisis with hundreds of thousands of families languishing in poverty and displacement.

2. External factors or triggers

Using the PBA, NRC Iraq responded to the government-led camp closures that forced hundreds of thousands of people out of camps, including many who were unable to return home.

Camp closures across Iraq took place at a rapid pace in 2019 and 2020. With little notice, sometimes less than forty-eight hours, thousands of IDPs were loaded onto government buses and either transferred to camps in other governorates or dropped back to their governorates of origin. With the majority unable to return home due to damaged property, lack of basic services or fear of reprisals, populations were forced into further displacement, some settling in informal sites while others lived with relatives in overcrowded shelters. As camp management at destination areas were given inadequate time to prepare, they often lacked adequate food, shelter, and services to meet the needs of the influx of people.

Displaced people at Hammam Al Alil Camp loading belongings onto truck when the camp closed unexpectedly. Photo: NRC

3. Response

NRC established emergency response teams at the area office level. The emergency response teams were charged with the overall response, whereas the area managers were charged with developing area level response plans coordinated with local authorities. To adjust its internal allocation of PBA funding in Iraq, programme managers, area manager and technical specialists identified needs based on vulnerability assessments and community input, followed by concrete response plans. Changes were approved by the country management team, and modifications were made internally to logical frameworks, programmatic targets, and budget systems. As usual, NRC coordinated its response within the wider humanitarian cluster system.

While NRC Iraq used emergency response teams in the past, the teams had not been activated for some time, and NRC needed to reactivate and reorganise them for the response. To do this, NRC reshuffled staff from various humanitarian teams and placed them on the emergency response teams, and additional staff were hired. Flexible PBA funding gave NRC the ability to do this quickly and efficiently. According to one team member, "No other funding would have allowed us to respond so quickly."

When Hammam Al Alil Camp closed unexpectedly, thirty-five families were returned to their area of origin in Ninewah. There they found most of their homes destroyed due to the Islamic State Group conflict, and the village severely lacked basic services. NRC conducted a rapid assessment and identified the lack of electricity as one of the main issues that posed a threat to the safety and security of the village, and the general wellbeing of the people due to extremely high temperatures. Using flexible funding, NRC procured an electrical transformer and electrical cables, and the provincial department of electricity was able to connect the village to the national grid. NRC also provided the displaced families with emergency cash assistance and a gas stove as part of the emergency response to the households that were affected by the camp closure.

4. Impact

The PBA allowed NRC to respond rapidly to camp closures. NRC responded in areas where it had existing programmes and strong existing community engagement. The rapid response, particularly when other aid agencies were not present, increased the trust of the communities and authorities, according to NRC, thereby strengthening these relationships even further.

Not having to wait for donor approval to adapt its programming, NRC was able to plan a full emergency response, which in turn supported other NRC programming. PBA funding was used to staff positions in multiple sectors, and this helped to increase internal coordination as programmes worked together to roll out multi-sector assessments.

NRC Iraq recognised that there were limitations and lessons learned from its PBA-funded emergency responses. Going forward, NRC Iraq intends to use more of the PBA funding for emergency response. This experience helped institutionalise and revitalise the emergency response teams. Like other country offices mention in this report, NRC Iraq will increase its framework agreements with suppliers for the provision of emergency materials and potentially preposition critical items required for emergency response.

Lebanon – AAH

Emergency response to compounded and complex crises

1. Background

In recent years, Lebanon has grappled with an economic and financial meltdown, the disastrous consequences of the 2020 Beirut port explosions, the continued impact of the Syria crisis, and the emergence of Covid-19. Since the start of the Syria crisis in 2011, Lebanon continues to have the highest per-capita concentration of refugees in the world. In 2020 Lebanon entered a severe economic recession following a near collapse of the banking sector and the government's default on public debt. Political deadlock prevented the formation of a government throughout 2020 following the resignation of the Prime Minister in October 2019. On 4th August 2020, a massive explosion rocked the Port of Beirut, destroying much of the port and severely damaging the adjacent residential and commercial areas. The Covid-19 pandemic compounded the crisis in Lebanon. By March 2020, Lebanon declared a medical state of emergency. The pandemic impacted an already crippled economy and pushed an increasing number of people into poverty. Humanitarian needs increased among all communities (Lebanese, refugees, and migrants) and across all sectors.

2. External factors or triggers

AAH is a member of the multi-agency Lebanon Rapid Respond Team and Rapid Needs Assessment Team, activated and deployed whenever a shock occurs. AAH Lebanon used PBA funding to respond to overlapping and complex crises affecting the most vulnerable populations in multiple sectors. Thanks to the PBA, AAH responded to the Covid-19 pandemic, the Beirut port explosion, and various environmental and biological emergencies such as flooding and water borne disease outbreaks.

3. Response

AAH is a rapid response actor and has significant operational systems to implement emergency response activities, such as cars, staff, relationships with communities across Lebanon, and framework agreements with vendors to allow rapid procurement when necessary. AAH has a strong internal system for approving the use of PBA funding for emergency response. When AAH identifies a shock or emergency or receives referrals from community focal points or other organisations, AAH conducts detailed assessments. The monitoring and evaluation team analyses the data and presents the case for intervention. AAH designs its response with significant community involvement. Once the justification is made, AAH country leadership approves it, and the response starts. This process typically takes less than three days in emergencies.

In response to the pandemic, AAH reduced its non-life-saving activities and quickly redirected PBA funding for pandemic preparedness, prevention, and response. AAH quickly mobilised hygiene kits, provided personal protective equipment for staff and distributed disinfection kits to households and hygiene kits to municipalities in its areas of intervention. In parallel, AAH's field teams conducted community awareness sessions about Covid-19 prevention and mitigation. In many parts of Lebanon, it was impossible to keep people segregated to stop the spread of Covid-19, so AAH supplied disinfection kits and raised awareness to help people in crowded conditions. AAH worked to detect and respond to some Covid-19 cases. In response to community request, AAH supported in some collective shelters the creation of isolation rooms with living space, water and latrines so infected people could isolate. AAH also distributed food parcels to confirmed Covid-19 cases in isolation.

AAH field staff during a Covid-19 kit distribution in South Lebanon.
Photo: AAH/Jinan Terro

In South Lebanon, populations in need include Syrian refugees living in informal tented settlements or collective shelters, Palestinian refugees living in camps, and vulnerable Lebanese households. AAH conducted assessments in the field, collecting and analysing information to design needs-based responses. It identified severely unaddressed needs in collective shelters and other areas including: a lack of access to functioning safe water, inadequate sanitation, hygiene and public health conditions, extreme economic vulnerability, food insecurity and lack of livelihood opportunities; as well as a lack of adequate protection from weather conditions.

To address some of the above needs, AAH used flexible funding and distributed disinfection kits, hygiene kits following an outbreak of water borne disease in collective shelters. This represented a significant improvement in terms of beneficiaries' access to personal hygiene and health. AAH also distributed infection prevention and control kits and cash assistance. AAH shared information with other humanitarian partners and coordination mechanisms and conducted advocacy with national authorities including the Ministry of Public Health and the Ministry of Energy and Water.

In response to the Beirut port explosion, AAH moved staff from other areas in the country to conduct largescale assessments in Beirut. The assessments were multisectoral and shared with coordination mechanisms. In response, AAH used the PBA to deliver cash assistance to households and business grants to small and micro enterprises that were affected by the blast. Because the economic crisis was clearly worsening after the Beirut port explosion, AAH also carried out vulnerability assessments to identify and assist vulnerable households.

4. Impact

The PBA enhanced AAH's response to emergencies. AAH responded within 72 hours in 80% of cases in Lebanon. After the response, AAH conducts a post intervention monitoring (PIM) assessment to collect beneficiaries' feedback about the response, which then guides necessary adjustments. The PIM assessments demonstrated that AAH's response was beneficial in meeting the emergency needs of 93% of the targeted vulnerable households. The cash assistance had a demonstrable impact in supporting the vulnerable households to meet their basic needs for food, heating, and health.

The PBA was a vital tool to respond to Lebanon's recent rapid onset crisis such as the Beirut port explosion and Covid-19 pandemic. It enabled rapid and efficient emergency responses for the most vulnerable populations.

> *"The programme based approach is extremely efficient, allowing integrated programming to always shift towards the emerging needs inside the community according to priorities."*
>
> AAH Lebanon Emergency Supervisor

Nigeria - IRC

Adapting nutrition programming

1. Background

Child nutrition is a signature programming area for IRC Nigeria. IRC runs 41 outpatient therapeutic programme clinics, five stabilization centres and three mobile outreach sites across the North East states of Borno, Adamawa and Yobe. Stabilization centres provide 24-hour inpatient care for children with severe acute malnutrition and medical complications. Doctors, nurses, and nutrition assistants work in the centres in shifts to provide the necessary clinical care.

Mother and child receiving assistance. Photo: IRC

When designing IRC Nigeria's 2019 nutrition programme, the team focused on life-saving interventions to match the available budget. Those interventions included the provision of essential drugs such as antimalarial drugs, antibiotics for treatment of underlying infections, in-patient food for caretakers, emergency referrals and medical equipment for the stabilization centres.

> *"This is an appropriate funding model for contexts like Northeast Nigeria where humanitarian assistance priorities frequently change from constant conflict-driven displacements to the outbreak of communicable diseases such as cholera, measles, Lassa fever and now Covid-19."*
>
> Shiferaw Dechasa Demissie, Senior Programme Coordinator, IRC Nigeria

2. External factors or triggers

In 2019 the PBA enabled IRC Nigeria to make a critical decision to adapt its nutrition programme in Mashamari (in Jere Local Government Administration) and provide a permanent structure, allowing the IRC to increase its *stabilisation of children with severe acute malnutrition* response capacity and improve treatment impact.

The Mashamari Stabilization Centre was set up in tents during an emergency intervention in 2018 (as shown in the photo). The intervention budget could not accommodate the construction of a permanent structure. Over time, the tents could not resist the heavy rains and wind which made it difficult for the staff to maintain the required temperature for children with complications. IRC noted a worrying increase in the number of deaths of under-five children and identified hypothermia due to severe cold at night to be the cause. This situation led IRC to need to urgently make a change to the structure of the centre in order to prevent further exposure of children to the cold.

The tented stabilisation centre could not withstand the poor weather conditions. Photo: IRC

3. Response

After the nutrition team carefully reviewed and analysed the available data, options were presented for the construction of a permanent stabilization centre and discussed with the senior management team. IRC staff had been trained on PBA and were aware that it provided 100% budget flexibility and the possibility to adjust programming components without having to seek the donor's approval, as long as the programming remained aligned with the agreed strategic outcomes.

The assessment of the options saw that construction was the only available option for making the needed changes in a timely manner. The internal budget was adjusted to allow the building of a permanent structure for the centre, without compromising other planned activities. Alternative sources of funding were found to cover the human resources and vehicle costs.

Leadership support and quick decision-making were critical to fast track the above changes. As highlighted by Amin Sirat, Nutrition Coordinator in IRC Nigeria, "This was a timely decision and helped to improve the quality of the programme".

4. Impact

Using the flexibility of the PBA enabled IRC to respond to the degradation of the tented structure that was impacting on the care of the children being treated. As a result of the adaptations made, the mortality rate in the stabilization centre dropped from 2.21% in 2018 to 0.54% in 2019. The number of deaths was reduced from five in 2018 to one in 2019 after the structure of the centre was improved. With the permanent structure the bed capacity was raised from 40 to 60, and consequently new hospital admissions increased by 30%. The impact of this simple change has been profound. Today the Mashamari Stabilization Centre receives referrals from international and local humanitarian actors because of its high-quality standards and practices. The centre is also used to train Ministry of Health staff on community-based management of acute malnutrition.

"Adaptations can be straightforward and have a great impact. It requires staff to be prepared to consider the range of options available to adapt to needs and react adequately. Collaboration and support from leadership and operations is also key. But in a context such as Northeast Nigeria, adaptations to our interventions are inevitable and even necessary to remain responsive to our clients' needs."

Dr. Mohammed Kassim, Stabilization Centres Manager, IRC Nigeria

North of Central America and Mexico - NRC

Rapid hurricane response to newly displaced communities

Alta Gracia Sanchez school has been transformed into a shelter for almost 300 people affected by the floods that followed hurricanes Eta and Iota.
Photo: NRC/Christian Jepsen

1. Background

El Salvador, Guatemala, Honduras and Mexico, known in NRC as the countries of North of Central America and Mexico (NCA), face a complex situation with heightened risks related to persistent and widespread violence perpetrated by criminal gangs, which is devastating for civilians and is a key driver for internal displacement and forced migration. NCA countries are also highly prone to natural disasters, notably hurricanes and droughts, which cause food insecurity and contribute to the displacement crisis.

2. External factors or triggers

PBA funding allowed NRC to quickly and effectively scale-up its emergency assistance to address the dramatic consequences of two tropical storms that affected more than 7.5 million people in Central America in November 2020.

In November 2020, Hurricane Eta made landfall in Nicaragua and later moved through Honduras as a tropical storm causing landslides and floods that displaced thousands of people. Just fourteen days later, Hurricane Iota worsened the situation in areas already affected by Eta and significantly expanded the impact in Central America with more than 7.5 million people affected in the sub-region. As a result, Guatemala and Honduras each declared a state of emergency and requested international humanitarian and financial aid to support the emergency response.

3. Response

Following tropical storms Eta and Iota, NRC was one of the first organisations to carry out a rapid need assessment in affected communities. NRC had been assessing communities affected by previous violence when people were displaced from the storms. Many of those displaced were using schools for temporary shelter. Assessments in such collective shelters revealed that 93% lacked

access to toilets, 79% lacked adequate personal hygiene items and all lacked essential items and handwashing stations to prevent the spread of Covid-19.

Based on NRC's assessment, Humanitarian Country Team information, and following a meeting between the NRC country and regional senior management teams, NRC decided to use PBA funding to respond to the immense new humanitarian needs. Several factors triggered the decision, such as the immediate availability of funds that would allow a timely and life-saving response and the flexibility in terms of both geographical coverage and target group. NRC reached out to other donors, but restrictions on locations or the need to develop new proposals would have significantly delayed the response. The flexibility of the PBA was essential to quickly respond to the most pressing needs of the people affected by the storms using pre-positioned stocks and without having to wait to secure new funding.

Construction of WASH infrastructure in collective shelters hosting people affected by the hurricanes. Photo: NRC/Carmen Alvarado

NRC deployed a WASH and Shelter team from Colombia to support the emergency response capacity. NRC's response focused on the distribution of more than 4,000 hygiene and dignity kits, the promotion of best hygiene practices in 26 collective shelters, and the improvement of facilities in 19 of those in Honduras. Moreover, nearly three thousand people received multipurpose cash to meet their basic and emergency needs, and four thousand people received shelter kits to ensure minimum conditions of dignity for those displaced by the storms.

4. Impact

NRC´s post-distribution monitoring suggests that the distribution of non-food item kits following tropical storms Eta and Iota represented a significant improvement in terms of beneficiaries' access to personal hygiene. The cash assistance had also a clear impact on the ability of people to meet their basic needs, and according to beneficiaries, the most important purchase among the surveyed population hosted in temporary shelters was food, medicine and clothing.

> *"When the rain was falling and thousands of people were running for their lives, we were among the first responders, distributing much needed aid thanks to the quick reallocation of resources. We were able to do what was needed because our donor understands what is important for humanitarian organisations such as NRC to be able to support vulnerable people."*
>
> NRC Staff Member

The PBA has proved to be a powerful tool enabling a more effective, relevant, and needs-based intervention. It has been crucial in NRC NCA, allowing the team to reassess and adapt its response to changing priorities linked with the Covid-19 pandemic and the massive displacement from the November 2020 storms. At a moment when all efforts were directed to executing the emergency response, being able to implement within the same framework agreement without formal amendments represented a significant efficiency gain.

Additionally, the PBA has been a catalyst for the newly established NCA Country Office to strengthen its shelter and WASH competencies as the main element of the emergency response. A key recommendation to successfully implement the PBA would be to ensure that country offices plan the use of the PBA funding strategically and that all relevant staff know the approach well to ensure quick decision making as a key element of success.

South Sudan – AAH

Ensuring life-saving nutrition response during the pandemic

Clinical examination at the stabilization centre. Photo: AAH

1. Background

AAH has been operational in what is now South Sudan since 1985. Its response focuses on life-saving nutrition services for the early detection and treatment of acute malnutrition in children under five and pregnant and lactating women. AAH works in multiple other sectors to address the immediate and underlying causes of malnutrition. AAH implements *static* programmes to help communities address their nutrition needs as well as *emergency* response with other nutrition cluster partners. The majority of the areas where AAH implements activities in South Sudan are rural and hard-to-reach areas where few or no other humanitarian actors are present.

2. External factors or triggers

AAH South Sudan has used PBA funding in a variety of strategic approaches, often to support priority areas not covered by other donors. This ensures that beneficiaries receive continuous, quality service where and when it is most needed. AAH also used PBA funding to respond to emergencies. In 2019, for instance, AAH used PBA funding to respond to floods that caused significant displacement and damage before other sources of funding could be secured. Most recently, the Covid-19 pandemic required AAH South Sudan to make significant changes to its operations quickly, for which PBA was crucial.

South Sudan reported its first outbreaks of Covid-19 much later than other countries in the region, so the country and humanitarian actors had time to prepare an appropriate response. Due to limitations of the existing healthcare systems in the country, the government aimed to contain the spread of the disease, which greatly impacted AAH and other humanitarian interventions. The Covid-19 preparedness and response measures required funds to be reallocated from planned activities to mitigate against Covid-19. Consequently, insecurity in AAH areas of operation increased and travel became more difficult. Many of AAH's community interventions, assessments, and activities that required mass gatherings had to be suspended. Nutrition guidelines were significantly revised in line with the Covid-19 measures. For instance, physical assessments of both children and adults were revised to require less physical contact.

3. Response

Using the PBA flexibility, AAH responded to Covid-19 by increasing its infection prevention and control measures at its work sites to protect staff and beneficiaries and procured personal protective equipment for its staff. Handwashing stations were established in all of AAH's nutrition sites, and additional materials were purchased to implement the new guidelines for the physical nutrition assessments. Furthermore, AAH implemented community engagement activities focused on Covid-19 prevention in both urban and rural areas, including hard-to-reach villages. PBA funds covered such unanticipated activities, not only for PBA programmes, but for other donor programmes as well, thus contributing to the wider aid's system goal in the country.

AAH relies on a robust internal system to make changes to its PBA funding. Project managers, technical staff and coordinators in the field are all part of the coordination team that discuss the use of funds. Before any requests are made, the team conducts an analysis, and a justification is required to make changes. The coordination team proposes changes at the country office level. Then, the senior management team reviews them, as well as the regional office technical advisors and regional finance staff. For significant changes, AAH head office may also be involved in the review. In regard to budget changes, even with a full budget flexibility, the changes need to be made in the accounting system, and this can only be done with the proper internal review and approvals. One staff member said, "Even if the funding is flexible, we have to follow our internal systems and policies. We have clear guidelines on how we control. Our logistics are excellent. … It's important for us that we are accountable for every single cent that we are spending. A system that is straight forward makes us totally accountable."

All changes are reported to the PBA donor, but the changes do not require approval when they fall within the country programme scope.

> *"We look at the bottom-up approach. We see there are gaps here and we need to make sure we reach out to the most vulnerable. For this PBA we target where we can impact a lot. It's not something we just decide. It's based on what is coming from the field. What is the gap in the areas where we manage?*
>
> *… As long as something is justified, then we can do it. Our own internal system allows us to move forward. If you don't have proper justification, then it will be harder to get approval. So, if something comes and it's not clear, not justified, it will slow down the process."*
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> AAH Staff Member

4. Impact

Thanks to PBA funding, AAH South Sudan continued its life-saving nutrition response and implemented Covid-19 prevention and control measures. Programmes and activities funded by other donors also benefitted significantly from the reallocation of the PBA funds since they absorbed the significant costs resulting from Covid-19 adaptations. AAH staff reported that the PBA funds increased the confidence of AAH staff to work in a safe environment while beneficiaries were also protected from the Covid-19 pandemic through the provision of personal protective equipment. AAH staff retention improved as a result of reduced stigmatization due to the Covid-19 pandemic.

Overall, the flexible support helped AAH reduce the transmission of Covid-19 and allowed AAH to continue service delivery throughout a critical period.

Use of ash to enhance social distancing. Photo: AAH

Because South Sudan faces multiple crises such as Covid-19, floods and frequent inter-communal violence, AAH plans to budget funds for a “crisis modifier” in the next PBA annual budget. It will help the team respond even more quickly to emergencies by not having to reallocate funds internally.

South Sudan – IRC

Integrated response to flooding and displacement

1. Background

The IRC has provided lifesaving assistance and humanitarian aid to South Sudanese communities affected by conflict, disaster, and food insecurity in hard-to-reach areas since 1989. From April 2020, IRC South Sudan piloted the programme based approach funded by Sida.

2. External factors or triggers

Abnormally heavy rainfall from June to October 2020 led to the overflow of more than four rivers, leading to inland flooding. This caused large-scale displacement of people and cattle and destroyed crops and property. Unity State was one of the most affected states with more than 126,000 people forced to flee to higher lands, leaving destroyed farmlands and assets. Seasonal heavy rains in this state have led to recurrent flooding and subsequently weakened flood control channels and drainage systems that protect communities.

The community of Panyijiar County, the worst affected county of Unity State, is traditionally engaged in livestock-keeping, agriculture, and fishing as its predominant means of livelihoods. The heavy rains and floods severely damaged over 60% of health facilities; damaged road networks; destroyed crops in lowland areas; and displaced approximately 29,000 people. Affected populations were living on less than one meal a day with increasing negative coping strategies such as eating wild foods. Feedback from regular informal interactions, psychosocial support sessions and focus group discussions with women revealed that women and children were in urgent need of protection assistance and psychosocial support.

3. Response

In July 2020 IRC participated in a multi-cluster rapid needs assessment. IRC's emergency team classified the emergency as severe and determined that IRC had the capacity to respond. A small balance from Sida's PBA funding was used to initiate interventions in September 2020. This available budget was limited compared to needs. An internal request for funding was channelled through the IRC's emergency humanitarian assistance unit. Sida was approached with a request for a top up on the budget allocated for IRC's rapid response mechanism (RRM), which had already been fully allocated to other crisis context emergency responses. Rather than top up the RRM allocation to use this mechanism to support emergency response in South Sudan, Sida decided to allocate an additional $700,000 USD to the ongoing PBA programme (that had an initial budget of $1.3 million USD). This was an efficient and more agile process to manage for both Sida and IRC, as based on an update of the initial proposal document and indicative summary budget, funding was directly allocated to the South Sudan annual PBA programme and formalised with an agreement amendment, with efficient use of programme and grant staff resource and the flexibility for the team to link the flood response to its overall strategic outcomes and maintain its flexibility while responding to the emergency.

Designed based on the needs assessment and community engagement, IRC implemented an integrated cash and protection approach in response to the flooding and displacement. The initial response consisted of unconditional cash provided to the most severely affected to meet basic needs. Women, who represented 70% of those displaced due to flooding, were targeted to enable them to meet their households' needs. Then a critical shift was made from unconditional cash to conditional cash for work to bolster the community's resilience and rehabilitate facilities affected by the flooding. The project mitigated the impact of flooding through the rehabilitation of water channels and flood control dikes, and it rehabilitated health, nutrition, and child protection facilities.

A rehabilitated flood control dyke at Ganyliel Payam, IRC cash for work programme. Photo: IRC

IRC rehabilitated safe spaces and facilities and equipped them with material for women and children in higher, dry areas for safety. The capacities of the community-based child protection structures were strengthened to identify and refer affected children. Given the number of affected centres, a shift was made from traditional centre-based protection services to outreach support: psychosocial support was provided to women and girls, through the IRC social-emotional curriculum and the adolescent girls curriculum.

Caregivers were also engaged in parenting skills trainings/stress release. IRC also provided basic items for children (clothing, personal hygiene material), and the community was sensitized to make sure all were treated with respect, to prevent gender based violence, and ensure members of the community supported each other. The strong referral system in place also enabled vulnerable caregivers to be referred to the cash transfer programme where needed.

4. Impact

The flexibility of the PBA allowed IRC South Sudan to utilise programme budget to assess the impact of the flooding. Strategic engagement and dialogue with Sida and the top up of the PBA allowed the team to deliver an integrated response to support those most severely affected. Overall, 85% of the targeted households reported they were able to buy food and other basic items through the local markets as a result of the cash assistance.

Mary, who received cash for work, watering her vegetable crops. Photo: IRC

Mary, from the photograph above, was displaced from her home community in 2013 into Ganyliel community which was affected by the flooding in 2020. As part of the cash for work programme, she worked on the rehabilitation of dykes and opening drainage channels, earning $24 USD per month. In total she received $72 USD for the three-month period of cash for work. The cash assistance helped Mary to support her family. “I used the money received from IRC to buy food from the market to feed my children, used the remaining money to invest in my vegetable garden by fencing it and bought local manure”, Mary said. “I’m planning to fully engage myself in vegetable farming, expanding my current garden to generate more income to feed my children and send them to school."

> “*The impact we have today has helped meeting basic needs but also enhanced clients’ resilience.”* Daniel Musa, Emergency Response Manager

Yemen - IRC

Life-saving rehabilitation of an emergency obstetric care unit

1. Background

IRC has implemented humanitarian health interventions in Yemen since 2012. IRC strategically used PBA funding to complete the large-scale rehabilitation of an emergency obstetric care unit in Abyan Governorate, a rural governorate neighbouring Aden. Like many medical facilities in Yemen, Abyan's facilities are heavily war affected. The hospital is one of the only emergency facilities able to perform general emergency surgeries, in addition to emergency obstetric care, for the whole governorate. The hospital is busy and regularly overstretched due to a lack of staff and equipment. Its staff deliver between 300 and 500 babies per month. Before the rehabilitation, the hospital only had one working surgical room that was often in use. Therefore, women in labour needing caesarean and emergency care were referred to Aden and had to travel roughly four hours, which was too expensive for many families to afford and unsafe for pregnant women. Between January 2020 and July 2021, 70 women in labour were transferred to Aden. The cost of transport to Aden was equivalent to roughly $80 USD roundtrip, while average salaries are less than $100 per month. Often the women had been in labour for extended periods of time before the transfer to Aden. Mothers and their babies were at severely high risk of injury or death from the journey, and deaths from the transfer were reported.

2. External factors or triggers

The rehabilitation of the emergency obstetric care unit was prioritized as a life-saving intervention using Sida PBA funding. Although the hospital was not able to maintain quality records due to the war and insecurity, it was clear from assessments that women and babies had died due to the lack of caesarean and other emergency obstetric capacity in the hospital. The area was a difficult location to provide assistance due to insecurity and the targeting of humanitarian staff. The hospital administration and Ministry of Health requested support from IRC, and this provided an opportunity to respond to urgent needs and build community acceptance. The community strongly supported the rehabilitation.

3. Response

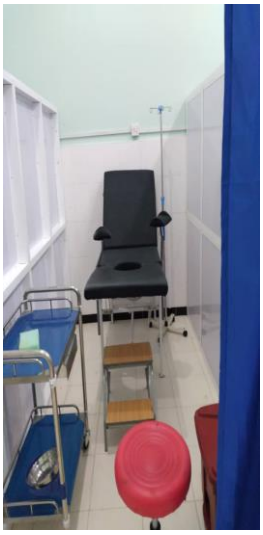
IRC's response was planned in advance to start in October 2020 due to the needs analysis. The necessary assessments were carried out in Abyan by the programme team, proposed to the country team, and approved by the country leadership and regional office.

Unlike less fortunate buildings in Yemen, the targeted hospital for this intervention was in good condition structurally. However, the interior of the building needed almost complete rehabilitation, including walls, windows, floors, bathrooms, and water supply. Although some equipment remained intact, much of the equipment had been stolen or left in disrepair.

Operation room after rehabilitation. Photo: IRC

IRC combined "hard" and "soft" activities in its response with roughly $140,000 USD of PBA funding. Teams rehabilitated the physical infrastructure inside the building and added an emergency obstetric care surgical room and provided necessary equipment such as an ultrasound. The hospital

had working incubators, but staff had not been trained on their use. IRC trained nurses and midwives to use them. Subsequent PBA funding provided additional types of trainings identified through assessments.



One delivery room after rehabilitation. Photo: IRC

IRC Yemen uses PBA funding strategically to preposition essential medicines for health response and to support Yemen's health system in multiple governorates including Abyan. Clinics, hospitals, and surgical units rely on essential medicine to operate. Without PBA funding, the procurement of medicines – often requiring international procurement – can significantly delay IRC health projects funded by other donors. In this way, PBA funding increases the effectiveness of the entire programme supported by multiple donors.

IRC worked closely with community members and the Ministry of Health throughout the project implementation cycle. IRC's close ties with the community, as well as the community's strong desire to have the rehabilitations take place, helped IRC gain access when insecurity could have potentially stopped or slowed down the process. The hospital remains the responsibility of the Ministry of Health, but IRC continues to support the Ministry of Health to ensure that the hospital's standards are met, to help attract doctors to the rural area, to provide trainings, and to support the overall sustainability of the project.

4. Impact

IRC's emergency obstetric care intervention in Abyan Governorate has saved lives and improved the quality of care that pregnant women and new-born babies receive. Women in labour no longer need to travel over four hours while in labour to receive the medical attention they need. The project also increased the number of people that can be served in the hospital overall, particularly for emergency cases. By supporting the emergency obstetric care surgical unit, the intervention may have also alleviated some of the strain on the general emergency surgical unit. Additionally, the supported health incentive workers showed commitment, motivation, and improvement in the provision of quality services to clients, and staff retention improved. According to IRC staff, the success of the project has also helped IRC continue to have access to insecure areas in need of assistance due to the community's support and trust in IRC.

PBA flexibility allowed IRC to meet the urgent medical needs of a rural community in need of assistance with fewer restrictions than non-PBA funding. It also permitted a holistic approach that is having a sustainable impact. This gave IRC an opportunity to build community acceptance in its programming especially reaching the most insecure and hard-to-reach communities with life-saving assistance.