IMPACT REPORT 2018

Effective, efficient, relevant, timely and high-quality humanitarian assistance around the world

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The Dutch Relief Alliance is a collaboration of SIXTEEN DUTCH NON-GOVERNMENTAL ORGANISATIONS:

- CARE Nederland
- Cordaid
- Dorcas
- Help a Child
- ICCO & Kerk in Actie
- Oxfam Novib
- Plan International Nederland
- Save the Children
- SOS Kinderdorpen
- Stichting Vluchteling
- Terre des Hommes
- Tearfund Netherlands
- War Child
- War Trauma Foundation
- World Vision
- ZOA

We’ve offered support in EIGHT AREAS OF INTERVENTION:

- Education
- Food Security and Livelihood
- Health
- Multi-Purpose Cash Assistance
- Nutrition
- Protection
- Shelter and Non-Food Items
- Water, Sanitation and Hygiene

We’ve implemented joint responses in THIRTEEN COUNTRIES:

- Afghanistan
- Bangladesh
- Central African Republic
- Democratic Republic of Congo
- Horn of Africa (Ethiopia and Somalia)
- Indonesia
- Iraq
- Nigeria
- South Sudan
- Syria
- Ukraine
- Yemen

We’ve invested MILLION EUROS in joint responses to acute and protracted humanitarian crises.

We’ve reached MILLION PEOPLE with humanitarian assistance.

© Stan Klinkenberg / Save the Children
Dear partners and other stakeholders,

Unfortunately, 2018 again saw massive displacement of people and increasing volatile weather conditions, as well as regional and international political tensions. I am pleased that the Dutch Relief Alliance (DRA) could play a prominent role in responding to various humanitarian crises. Even though our means were limited, we managed to contribute to effective and innovative solutions for people in need in places as diverse as Afghanistan, Bangladesh, the Democratic Republic of Congo, Indonesia and the Horn of Africa.

I am proud that we have made remarkable progress with respect to localisation. DRA partners increasingly work with local partners and also put them in the spotlight. We support local organisations that respond to local needs by boosting their capacities.

My conviction that the DRA has made progress is strengthened by the creation of our joint approach on reporting abuse and sexual misconduct by international aid workers. All DRA partners agree that together we need to find ways to ward off people who have been found guilty of sexual misconduct. The DRA provided the right platform for this collaborative effort. We participated in the development of a nation-wide integrity plan that calls for more robust ways of preventing and reporting sexual exploitation and abuse.

Fortunately, I don’t stand alone in my appreciation for the DRA. The independent evaluation by Europe Conflict and Security Consulting endorsed the timeliness, relevance and appropriateness of our assistance in crisis areas, also in the early recovery phase of crises. Moreover, the Netherlands Minister for Foreign Trade and Development Cooperation, Sigrid Kaag, in her policy memorandum confirmed that the DRA offers adequate support to people in need.

Despite the progress we have made, I still see some challenges ahead. In line with the Grand Bargain commitments, we need to further reduce bureaucratic obstacles to ensure humanitarian responses are quickly and efficiently implemented. We also need to further cut overhead costs to maximise the impact for our beneficiaries.

In its three-year existence, the DRA has been reducing human suffering in several places across the world. Yet, we have to continue improving our work. That is why I invite you to read this Impact Report and come up with suggestions on how to move forward.

Yours sincerely,

Annelies Claessens,
Chair Dutch Relief Alliance 2019
The Dutch Relief Alliance (DRA) is a collaboration of sixteen non-governmental humanitarian aid organisations based in the Netherlands, in partnership with the Netherlands Ministry of Foreign Affairs. In this Impact Report, we present our efforts in 2018 to deliver effective, efficient, relevant, timely and high-quality humanitarian assistance around the world and the impact on the people in need. In 2018, the DRA offered life-saving and life-sustaining assistance to 3.2 million\(^1\) individuals affected by socio-natural disasters, conflicts, displacement and/or fragility, in thirteen countries.

The DRA was established in 2015 in response to an increase in the number of humanitarian crises and people affected globally. Leading Dutch non-governmental organisations came together to improve the effectiveness and cost-efficiency of the Dutch humanitarian effort. The Alliance model requires partners to collaborate in delivering joint response programmes, in order to achieve greater impact than independent interventions.

**Joint responses**

In 2018, we responded to eight protracted crises: in Afghanistan, the Central African Republic, Iraq, Nigeria, South Sudan, Syria, Ukraine and Yemen. We also responded to five acute crises, namely in Afghanistan, where due to the severe drought the emergency situation had become even more critical, Bangladesh, the Democratic Republic of Congo, the Horn of Africa (Ethiopia and Somalia) and Indonesia.

\(^1\) We did our utmost to gather quality data from our joint responses. However, this calculation contains some double counting.
The story of Anna

My name is Anna, and I live in Ukraine. I used to work as a civil servant, and my husband was the chief police officer. We had a three-room apartment and lived a comfortable urban life. Our oldest son was a student, the youngest a schoolboy. The Crimea conflict came as an unpleasant surprise, but we tried to continue leading a normal life. However, after a while, my husband and I were taken hostage by armed men whose faces were covered by balaclavas. We were held hostage for hours, and I felt very scared. I was afraid that the police would storm the office and the robbers would shoot us. Luckily, we survived, but we lost our jobs.

Also, our home became more and more unsafe. One evening my son saw a rocket flying and was in shock. This was our breaking point. We fled. Still, for one year, our son cried every day as soon as it got dark. Even now he does not dare to sleep alone.

Money to buy cattle

Nowadays, we have to make a living in an inventive way. We are happy that the Dutch Relief Alliance gave us money to buy cattle. We bought geese, rabbits and turkeys and breed them for sale. The Alliance also allowed me to follow a course. This helped me create my own kitchen garden. We now eat vegetables from that. My husband taught himself to repair cars, and he is renovating our old house.

A different life

‘At first, I was depressed because I missed my old life. When my sons feel sad, I always tell them: “You are allowed to be sad. Mom and Dad also cry sometimes”. But I’m able to flip a switch. I’m so proud of our children, of my family. Our life in the city was completely different from our present life. Back then, even a fashionable hairdo seemed very important. I never imagined we could be capable of living a different life. But now I know all we need is love and being together.’

The story of Mariam

Mariam Saeed is 20 years old and lives in Yemen. She is the mother of an eighteen-month-old girl and three-month-old boy. In May 2018, the family fled the intense conflict in Al Hudaydah and went to Aden in Al-Burayqah district. However, her daily life in the new environment is not very easy either. In Aden, no formal housing is available and resources are limited.

Mariam lives in a small two-room house together with her children, husband, mother and her husband’s family. Their house is situated in an informal settlement where many other internally displaced people are staying. All struggle to cope with the cost of living, because employment opportunities are limited and inflation is high. Fortunately, Mariam’s husband, Ibrahim, earns some money as a carpenter. He is the breadwinner for two families.

Free health services

In December 2018, Mariam visited the Al-Burayqah health centre for what she believed was a routine pregnancy check-up. The Dutch Relief Alliance had supported the outpatient clinic with medical materials, furniture and other much-needed materials. Thanks to this, the facility now offers basic reproductive health and neonatal services on a 24-hour basis. In addition, the centre provides free services to host community members and families who are displaced by conflict – otherwise, these income-deprived people would lack access to good health care.

Life-saving

Before this centre in Al-Burayqah district was in place, women in labour had to travel long distances to enter care. Since the closest facility was in another district, travel costs for the round trip could amount to 15,000 YER (approximately $ 30) or more. However, financial issues are relative as one realises the intervention may have been life-saving for Mariam and her son. Upon arrival to the centre, the obstetrician on duty conducted an initial diagnosis and told her she was in labour.

Healthy baby boy

Mariam: ‘I was worried because I wasn’t prepared to give birth yet – even my husband wasn’t with me.’ A few hours later, the young woman successfully delivered a healthy baby boy at the facility. She felt supported by humanitarian aid workers who attended to her with professional care. ‘The staff members were so kind,’ Mariam remembers. ‘They encouraged me and gave us medication, clothing and other items my son and I needed.’
The ongoing conflict in Afghanistan has led to a humanitarian crisis, which became even more severe in the run-up to the parliamentary elections of 2018. Natural disasters, the influx of returnees and the presence of internally displaced persons further complicated the humanitarian situation. People in Kunduz, Nangarhar and Uruzgan had to flee violence multiple times, as the armed conflict between the government of Afghanistan and non-state actors, such as the Taliban and ISIS, intensified. The displaced people, as well as their host communities, continued to lack access to basic services, food, and safe and sufficient drinking water. Since many Afghans were deprived of livelihood opportunities in 2018, they often resorted to negative coping strategies.

**OUR INTERVENTIONS AND THEIR IMPACT**

In 2018, our work in Afghanistan targeted internally displaced persons, returning Afghans and their host communities in hard-to-reach districts in Kunduz, Nangarhar, and Uruzgan. Thanks to our joint efforts, the lives of many people affected by conflict and natural disasters were saved. With cash as a modality, we relieved the needs of newly-displaced and returning Afghans.

The number of people we planned to reach and the number we actually reached with our joint response to the protracted crisis in Afghanistan, in 2018:

<table>
<thead>
<tr>
<th>Service</th>
<th>Planned</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security and Livelihood</td>
<td>19,624</td>
<td>24,887</td>
</tr>
<tr>
<td>Multi-Purpose Cash Assistance</td>
<td>27,573</td>
<td>31,315</td>
</tr>
<tr>
<td>Nutrition</td>
<td>2,200</td>
<td>2,902</td>
</tr>
<tr>
<td>Shelter and Non-Food Items</td>
<td>2,289</td>
<td>2,697</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>61,893</td>
<td>81,521</td>
</tr>
<tr>
<td><strong>Total number</strong> (without double counting)</td>
<td><strong>113,779</strong></td>
<td><strong>143,322</strong></td>
</tr>
</tbody>
</table>

Budget: € 4,750,000

**HIGHLIGHTS**

- In 2018, peer-to-peer exchange visits of intervention location staff took place, despite the deteriorating security situation – organisations were even directly targeted. Visits to share experiences and knowledge between partners were considered good learning opportunities.
- Upon the request of partners and local partners, we offered a Hostile Environment Awareness Training (HEAT), as well as a Stress Management, Staff Care and Mental Health, and Psychosocial Support training programme. The participants, who increased their knowledge by 50 per cent, highly appreciated the programmes.
- We offered beneficiaries cash for food upon the request of the Food Safety Advisory Committee (FSAC) and the local government, whereas initially we planned to offer multi-purpose cash.

**LESSONS LEARNT**

- Good coordination at all levels contributes to the effectiveness of responses. This is not limited to coordination among partners but also applies to the various levels of the provincial government and the cluster.
- Security remains one of the biggest challenges in Afghanistan. However, through community acceptance, strong coordination and sharing of information and measures, risks can be mitigated to a certain extent.
- Cash distribution, especially in the case of sudden disasters, is an efficient and effective means to address urgent humanitarian needs, since it does not require a large-scale logistic set-up. Targeting approximately ten to fifteen per cent of host community members appeared to be important in the case of supporting internally displaced persons and returnees. As a result, project implementation and acceptance by the targeted communities will go smoothly.
On top of conflict-induced internal displacement, the influx of large numbers of returnees from Pakistan and Iran and a deteriorating security situation because of elections, Afghanistan also faced its worst drought in eight years, affecting 2.2 million people. Consequently, the number of Afghans in need increased from 5.5 million people in May 2018 to 6.6 million in October 2018. The drought had a detrimental effect on already chronically food-insecure farming families in the north and north-west of the country. Assessment findings showed that rural populations in Herat and Jawzjan were impacted most severely by the drought. The Integrated Food Security Phase Classification report highlighted that 47 per cent of the rural population were in a phase of crisis and a phase of emergency.

**OUR INTERVENTIONS AND THEIR IMPACT**

Our joint response to the acute crisis in Afghanistan – due to the severe drought – was a top-up to our protracted crisis joint response. To address the lack of food, partners provided people in Herat and Jawzjan with cash for food, thereby immediately improving their food security. As basic needs were met, people did not need to resort to negative coping strategies such as incurring debts and using child labour. Also, many people gained access to much-needed safe and sufficient drinking water through water trucking and rehabilitation of wells. This ensured that people would not migrate to other locations in search of water.

The number of people we planned to reach and the number we actually reached with our joint response to the acute crisis in Afghanistan, in 2018:

<table>
<thead>
<tr>
<th></th>
<th>planned</th>
<th>reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security and Livelihood</td>
<td>17,020</td>
<td>19,618</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>12,500</td>
<td>15,900</td>
</tr>
<tr>
<td><strong>Total number</strong> (without double counting)</td>
<td><strong>18,770</strong></td>
<td><strong>19,618</strong></td>
</tr>
</tbody>
</table>

Budget: € 1,000,000

**HIGHLIGHTS**

- Thanks to our life-saving assistance, fewer people, or even no people, were displaced from the targeted areas. It is far more costly to support beneficiaries who have left their dwellings, and displacement also raises many security concerns.
- Over 97 per cent of the respondents reported that the received money improved their household’s well-being, and 94 per cent said that the distributions reduced tensions within the community.
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**LESSONS LEARNT**

- To enable the delivery of humanitarian assistance in insecure areas, we will establish an access team whose sole responsibility is to support teams entering such areas.
- Distribution of cash among newly-displaced persons may encourage people to leave their dwellings. To prevent displacement, we should rather distribute cash in people’s places of origin.

**Participating organisations:**

Cordaid (lead), Oxfam Novib, Stichting Vluchteling, ZOA

**Programme period:**

1 July 2018-31 December 2018
From 25 August 2017, Cox’s Bazar district in Bangladesh faced a massive influx of Rohingya refugees fleeing violence in neighbouring country Myanmar. Within a few months, more than 735,000 people crossed the border to seek refuge. The new arrivals joined the already existing Rohingya community of approximately 200,000 individuals who had previously fled to Bangladesh. The number of refugees from Myanmar quickly rose to 900,000, while at the same time 330,000 vulnerable Bangladeshis in host communities were in urgent need of food, water, shelter and medical assistance. This resulted in a humanitarian emergency.

OUR INTERVENTIONS AND THEIR IMPACT
In November 2017, we started our joint response to the acute crisis in Bangladesh. After six months, we decided to continue our joint response, since weather conditions – tropical cyclones in April and May and the rainy season from June till September – would further exacerbate the extremely difficult circumstances.

Our assistance comprised life-saving initiatives in settlements, camps and host communities. By providing essential items such as stoves and waterproofing materials, we supported over 40,000 people to build and upholster basic shelters, which contributed to a sense of safety and security.

The number of people we planned to reach and the number we actually reached in Bangladesh, in the period 1 November 2017-30 November 2018:

<table>
<thead>
<tr>
<th>Programme period 1</th>
<th>planned</th>
<th>reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>33,500</td>
<td>6,700</td>
</tr>
<tr>
<td>Shelter and Non-Food Items</td>
<td>36,945</td>
<td>35,578</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>66,960</td>
<td>140,370</td>
</tr>
<tr>
<td>Total number (without double counting)</td>
<td>101,577</td>
<td>187,262</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programme period 2</th>
<th>planned</th>
<th>reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>102,295</td>
<td>67,259</td>
</tr>
<tr>
<td>Shelter and Non-Food Items</td>
<td>42,200</td>
<td>53,637</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>22,000</td>
<td>34,101</td>
</tr>
<tr>
<td>Total number (without double counting)</td>
<td>173,235</td>
<td>211,511</td>
</tr>
</tbody>
</table>

Programme period 1 budget: € 2,891,673
Programme period 2 budget: € 2,592,237

HIGHLIGHTS
- Many actors attended the high-level meetings of the Inter-Sector Coordination Group. As our partners wanted more in-depth learning and coordination, we set up smaller-scale meetings. This way, complementarity and a collaborative impact were realised.
- Our partners offered capacity training programmes to local partners’ staff focusing on jointly-assessed needs such as safety and improvement of post-distribution mechanisms.
- Three local partners actively participated in the implementation of project work. Of the budget, 35 per cent was implemented via national and local partners.
- We installed separate sanitation facilities for men and women, all with solar lighting. Beneficiaries indicated that this contributed to an increased feeling of dignity. The lights made women feel safe and comfortable enough to go to a latrine at night.
- Protection teams trained shelter teams in effective community mobilisation.

LESSONS LEARNT
- Creating safe spaces for women was a very successful initiative. As the activity continued to expand, even a waiting list was required. The safe spaces were clearly marked and mapped as women-only spaces. Girls and women took part in gender-based violence prevention training programmes.
- Flexibility is essential in the event of delays and lack of materials and space for construction.
- Sports, games and vocational training showed the best results regarding quality of life improvement, yet beneficiaries desired language training most.

Participating organisations:
- Oxfam Novib (lead), CARE Nederland, Cordaid, ICCO & Kerk in Actie, Plan International Nederland, Save the Children, Tearfund Netherlands, ZOA

Programme period 1 : 1 November 2017-30 April 2018
Programme period 2 : 4 May 2018-30 November 2018
In 2018, the Central African Republic experienced the worst displacement crisis since the civil war started in 2013. More than half of the population was in need of humanitarian assistance. Despite apparent calm in the beginning of 2018, armed groups became active again later that year. The Anti-Balaka and Seleka armed groups clashed in Batangafo, while the 3R armed group attacked and occupied the city of Bocaranga, all causing massive displacement of people. Almost the entire population of Bocaranga was deprived of production means and could not engage in agricultural activities. Alarming rates of moderate acute malnutrition occurred in Ouham. Furthermore, aid workers needed to put extra security measures in place and, because field trips had to be cancelled, activities such as cash transfer and local partner training were delayed. A hepatitis E and yellow fever epidemic in the prefecture of Ouham-Pendé resulted in even more project implementation delays.

HIGHLIGHTS
• Coordination between actors prevented duplication of work. In Ouham-Pendé, our partners complemented each other in identifying villages that were to receive multi-purpose cash. Thanks to the harmonised approach, the communities more easily accepted all partners.
• We integrated a social cohesion component in our project for the first time. An example worth mentioning is mediation between two groups of women who were in a dispute after an attack by an armed group. Both groups of women expressed their frustrations in a respectful manner; after, they decided to engage in joint recreational activities such as soccer.
• An innovative child protection risk mitigation system brought together 240 community members (90 girls, 90 boys, 30 women and 30 men). We also set up a new early warning system to prevent and manage disasters.

LESSONS LEARNT
• When responding to gender-based violence, we should also target men with specific activities. This way, we can initiate positive change in men’s perception of women’s roles and rights. Women do not feel free to report violence incidents when they run the risk of additional aggression from their partners.
• Games are extremely helpful in preparing children to lead a responsible social life. Through games, children can discover their strengths and weaknesses, as well as learn the value of team spirit and working together.
• Child protection cases often require immediate nutritional support. This is more efficient than providing alternative care for unaccompanied and/or separated children. Involving case management staff is useful for tracing the biological relatives of these children.
• Local capacity strengthening is challenging and time-consuming in the Central African Republic since civil society organisations have limited abilities.

Participating organisations:
Cordaid (lead), ICCO & Kerk in Actie, Plan International Nederland, SOS Kinderdorpen, Stichting Vluchteling, World Vision

Programme period:
1 January 2018-31 December 2018

Our interventions and their impact
Our work in 2018 was the fourth phase of our response to the humanitarian crisis in the Central African Republic. The most vulnerable groups in the prefectures of Ouham and Ouham-Pendé, including internally displaced people, host communities and returnees, received support. Our humanitarian assistance focused on protecting people's safety and dignity.

The number of people we planned to reach and the number we actually reached in the Central African Republic, in 2018:

<table>
<thead>
<tr>
<th></th>
<th>planned</th>
<th>reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security and Livelihood</td>
<td>27,578</td>
<td>25,957</td>
</tr>
<tr>
<td>Multi-Purpose Cash Assistance</td>
<td>13,022</td>
<td>17,393</td>
</tr>
<tr>
<td>Protection</td>
<td>38,433</td>
<td>65,208</td>
</tr>
<tr>
<td>Shelter and Non-Food Items</td>
<td>600</td>
<td>672</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>44,208</td>
<td>48,579</td>
</tr>
<tr>
<td>Total number (without double counting)</td>
<td>92,446</td>
<td>110,760</td>
</tr>
</tbody>
</table>

Budget: € 4,690,000

Participating organisations:
Cordaid (lead), ICCO & Kerk in Actie, Plan International Nederland, SOS Kinderdorpen, Stichting Vluchteling, World Vision

Programme period:
1 January 2018-31 December 2018
Political upheaval, a bad economic environment and ongoing violence in the Democratic Republic of Congo’s regions South Kivu, Tanganyika and Kasai were the cause of 1.7 million Congolese losing their homes in 2018. These people were caught in the battles between the army, militia and rebel groups. As violence increased, a growing number of people were forced to flee. Civilians, including many children, were directly affected. People had to witness their own family members being murdered and numerous Congolese fled with nothing left but the clothes they were wearing. Our response focused on meeting immediate needs and protecting the victims and most vulnerable people with life-saving interventions, such as activities related to health and food security.

**OUR INTERVENTIONS AND THEIR IMPACT**

In 2018, over 250,000 affected people in the Democratic Republic of Congo received multisectoral assistance, addressing their immediate needs. This meant nutritious meals for children who had had little food for weeks and clean water instead of polluted water that spread diseases. Thanks to restored health facilities, people who needed medical help could avoid hours of travelling.

The number of people we planned to reach and the number we actually reached in the Democratic Republic of Congo, in 2018:

<table>
<thead>
<tr>
<th>Category</th>
<th>Planned</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>2,106</td>
<td>1,987</td>
</tr>
<tr>
<td>Food Security and Livelihood</td>
<td>14,400</td>
<td>25,369</td>
</tr>
<tr>
<td>Health</td>
<td>46,936</td>
<td>21,505</td>
</tr>
<tr>
<td>Multi-Purpose Cash Assistance</td>
<td>22,020</td>
<td>77,226</td>
</tr>
<tr>
<td>Nutrition</td>
<td>1,500</td>
<td>2,596</td>
</tr>
<tr>
<td>Protection</td>
<td>22,700</td>
<td>72,226</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>142,195</td>
<td>195,995</td>
</tr>
<tr>
<td><strong>Total number (without double counting)</strong></td>
<td><strong>198,060</strong></td>
<td><strong>254,949</strong></td>
</tr>
</tbody>
</table>

**Budget:** € 3,426,534

**HIGHLIGHTS**

- No less than 3,261 children visited child-friendly spaces and received psychosocial support.
- Our support interventions were also accessible for people with special needs. This was the result of describing specific vulnerabilities to identify beneficiaries and how to respond to them in the design of activities, for example.
- Ten per cent of the total response budget in the Democratic Republic of Congo was allocated to capacity strengthening of local actors.
- Some 50,000 people more than planned benefitted from our joint efforts, making the 2018 response also successful in terms of number of people reached.

**LESSONS LEARNT**

- Reducing the number of intervention areas will make our response more effective since it will sharpen our focus.
- Local partners need to be more involved to ensure the continuation of activities after our joint response ends.
- Due to the volatile situation in the region, we had to reassess the vulnerability criteria.

**Participating organisations:**
World Vision (lead), CARE Nederland, Help a Child, Stichting Vluchteling, Tearfund Netherlands, War Child

**Programme period:**
1 March 2018-30 November 2018
In Somalia and Eastern Ethiopia, a drought worsened until, in April 2018, it culminated in a humanitarian emergency situation. After three years of drought and multiple years of diminished food production, people could no longer cope with the challenging circumstances. Hundreds of thousands of people became destitute and were displaced. Half of Somalia’s population, 6.2 million people, urgently needed humanitarian assistance, ranging from food and water supply to replenishing, protection and local livelihood support.

OUR INTERVENTIONS AND THEIR IMPACT
Our joint activities in 2018 in the Horn of Africa focused on monthly food voucher distribution and unconditional cash transfer among the most vulnerable people. Through the provision of fodder and veterinary services, we also improved animal health and livestock productivity. Moreover, we conducted nearly 50,000 primary health consultations and rehabilitated eleven health centres, three of which were fully renovated. In addition, we constructed waste sites and water storage facilities, as well as repaired and maintained six strategic water points to increase access to water.

The number of people we planned to reach and the number we actually reached in the Horn of Africa (Ethiopia and Somalia), in 2018:

<table>
<thead>
<tr>
<th>Category</th>
<th>Planned</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security and Livelihood</td>
<td>50,456</td>
<td>69,608</td>
</tr>
<tr>
<td>Health</td>
<td>97,960</td>
<td>99,994</td>
</tr>
<tr>
<td>Nutrition</td>
<td>45,441</td>
<td>49,047</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>58,170</td>
<td>111,859</td>
</tr>
<tr>
<td><strong>Total number (without double counting)</strong></td>
<td><strong>191,030</strong></td>
<td><strong>330,508</strong></td>
</tr>
</tbody>
</table>

**Budget:** € 4,000,000

HIGHLIGHTS
- We prioritised localisation in our programming by collaborating with local organisations and including social structures in the decision-making process. Most partners had already been working in the region, either through local implementing partners or national state actors. Communities were actively involved through beneficiary selection, verification and registration. To avoid overlapping, the joint partners shared their lists of beneficiaries.
- We held a three-day Emergency Preparedness and Response Workshop in Somaliland to strengthen local preparedness and response capacities at all levels before, during and after emergencies. In Ethiopia, we set up a workshop on the Core Humanitarian Standard to support local organisations in establishing internal emergency response systems, improving the quality of response, fostering collaboration and accessing funding.
- We trained the Somaliland Ministry of Health’s staff to enable them to deliver high-quality services to the people targeted by the programme. We aimed to build the capacity of local partners and national responders through two capacity-building activities.

LESSONS LEARNT
- Cattle troughs near boreholes and hand-dug wells are very important since they provide a living for numerous cattle farmers. We did not consider this during proposal writing, but we adjusted our plans and included expenses for the construction of quality cattle troughs in the budget.
- We should bear in mind that, when responding to a disaster in a very poor environment, the host community also expects support. For example, a community was happy with water provision but felt neglected when we distributed non-food items to internally displaced people.
- Within our community-based nutrition programme, we successfully implemented life-saving interventions. The activities enhanced community empowerment, strengthened the referral systems and increased service provision uptake, which led to better maternal and child health outcomes. We involved regional health authorities and targeted communities in the selection of nutrition sites.

Participating organisations:
CARE Nederland (lead), Darccas, ICCO & Kerk in Actie, Save the Children, SOS Kinderdorpen, World Vision, ZOA

Programme period:
23 April 2018 - 31 December 2018
In September 2018, a powerful earthquake hit the Indonesian island of Sulawesi. The 7.5 magnitude quake triggered a tsunami with waves of up to six meters in height. The provincial capital of Palu was most severely affected, with around 45,000 houses destroyed, leaving more than 330,000 people homeless. Over 2,000 people were killed. Following the disaster, more than 70,000 Sulawesi people were in great need of food, water and shelter. We started our joint response to this acute humanitarian crisis in Indonesia four days after the earthquake occurred. The partners based the intervention plan on data the government provided, their own rapid assessments and the UN Humanitarian Response Plan.

**Our interventions and their impact**

Our joint response reached over 160,000 Sulawesi people with Water, Sanitation and Hygiene activities in particular. By securing access to drinking water, we instantly saved lives and increased survival rates. We created vital water supply schemes, as well as constructed temporary latrines to reduce the risk of contagious diseases spreading.

The number of people we planned to reach and the number we actually reached in Indonesia, in the period 5 October 2018-16 May 2019:

<table>
<thead>
<tr>
<th></th>
<th>planned</th>
<th>reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security and Livelihood</td>
<td>15,000</td>
<td>10,629</td>
</tr>
<tr>
<td>Health</td>
<td>14,000</td>
<td>41,442</td>
</tr>
<tr>
<td>Multi-purpose Cash</td>
<td>1,000</td>
<td>774</td>
</tr>
<tr>
<td>Protection</td>
<td>2,160</td>
<td>3,328</td>
</tr>
<tr>
<td>Shelter and Non-Food Items</td>
<td>45,620</td>
<td>41,171</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>161,280</td>
<td>169,807</td>
</tr>
<tr>
<td></td>
<td><strong>Total number (without double counting)</strong></td>
<td><strong>238,040</strong></td>
</tr>
</tbody>
</table>

Budget: € 4,000,000

**Highlights**

- We have built the capacity of local partner staff in the joint response through training programmes on logistics, disability inclusion, safety and security, monitoring and evaluation, and the Core Humanitarian Standard on Quality and Accountability.
- Our joint response to the humanitarian crisis on Sulawesi – induced by the earthquake – was seen as a good example of locally-led action. Data was collected and analysed to learn to what extent the response on Sulawesi was locally-led. An additional purpose was to collect good practices and lessons learnt to describe models of locally-led responses that can be used to increase the effectiveness of humanitarian responses in the future.

**Lessons learnt**

- Coordination at the implementation level needs further improvement. More regular meetings and better sharing of information are required.
- Investing in processes, rather than only in end products, is recommendable. We know from experience that a meaningful consultative approach with target beneficiaries has risks. However, all projects should be considered as opportunities to work with local partners and reinforce local capacities at all levels.
The armed conflict in the Islamic State of Iraq and the Levant gradually abated in 2018. While more than four million people have returned to their communities, approximately 1.8 million individuals remain displaced. Many displaced people indicate that the lack of employment and livelihood opportunities are primary concerns, in addition to irregular access to food, health services, shelter and education. These challenges are even more severe for those living outside displaced people’s camps. Special attention is needed for families with perceived affiliations to extremist groups, as they are often subjected to discrimination and stigmatisation. Efforts are underway to rebuild the country and jumpstart local economies. However, barriers to return endure, including security concerns, poor housing, documentation issues and the lack of social cohesion.

OUR INTERVENTIONS AND THEIR IMPACT
Our emergency aid in Iraq in 2018 focused on supporting internally displaced people, returnees and other vulnerable individuals in the post-conflict situation, which is particularly relevant because displacement is expected to continue over the coming years. Overall, beneficiaries were highly satisfied with the quality of our work that focused on alleviating human suffering and restoring dignity. Although local Water, Sanitation and Hygiene follow-up activities were unsatisfactory, the relatively low rate of waterborne diseases in target areas was a positive outcome.

The number of people we planned to reach and the number we actually reached in Iraq, in the period 1 January 2018-30 June 2019:

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Planned</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-Purpose Cash Assistance</td>
<td>7,855</td>
<td>11,206</td>
</tr>
<tr>
<td>Protection</td>
<td>31,300</td>
<td>41,497</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>37,430</td>
<td>60,438</td>
</tr>
<tr>
<td><strong>Total number (without double counting)</strong></td>
<td><strong>76,585</strong></td>
<td><strong>131,141</strong></td>
</tr>
</tbody>
</table>

Budget: € 3,780,000

HIGHLIGHTS
- Building trust with beneficiaries contributed to the achievement of intended results. Another key factor was neutrality in beneficiary selection processes. Also important were relationship building among implementing partners and coordination with stakeholders and donors, on top of organisation-specific factors such as long-term presence, staff commitment and flexibility of funding.
- We created multiple opportunities for joint activities. The localisation strategy paved the way for partners to invest in local capacity in a harmonised manner. The hub working model and the peer-to-peer review resulted in useful insights and increased trust.

LESSONS LEARNT
- Geographical proximity and the hub working model provide the added value of meeting physically. Exchange of information and sharing of innovative methodologies were not limited to the structure of the working groups.
- Despite concerted efforts to strengthen the technical and institutional capacity of local implementing partners, we believe it is not feasible in Iraq to meet the Grand Bargain commitment of directly channelling 25 per cent of humanitarian funding to national organisations by 2020.

Participating organisations:
Terre des Hommes (lead), Dorcas, ICCO & Kerk in Actie, Oxfam Novib, Tearfund Netherlands, World Vision, ZOA

Programme period:
1 January 2018-30 June 2019

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In 2018, 7.7 million people were in acute need of protection and assistance due to the aggravated conflict between Boko Haram and military forces in North East Nigeria. New waves of displaced people were added to the great numbers of people who have fled their homes since the conflict started in 2009. Major humanitarian challenges occurred in 2018, all the more so because many resources were already overstretched. Today, 1.8 million people are internally displaced. No less than 41 sites across twelve areas in Borno State are in ‘high congestion’ status, with camp capacity exceeded by 285,000 individuals. The majority of people have no shelter. Meanwhile, recurrent attacks on civilians have caused delays in the implementation of our twelve-month programme, which is the fourth phase of our response to this protracted crisis.

OUR INTERVENTIONS AND THEIR IMPACT
We implemented our response in Borno State in collaboration with four local partner organisations in Askira/Uba, Gwoza, Konduga and Mafa. Thanks to the provision of a comprehensive support package to our beneficiaries, the overall impact has increased. The referral system enabled us to work in a timely and effective manner, as recipients were referred to different joint response partners with little bureaucracy.

The number of people we planned to reach and the number we actually reached in Nigeria, in the period 1 January 2018-31 March 2019:

<table>
<thead>
<tr>
<th>Service</th>
<th>Planned</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security and Livelihood</td>
<td>34,702</td>
<td>60,575</td>
</tr>
<tr>
<td>Nutrition</td>
<td>71,747</td>
<td>93,044</td>
</tr>
<tr>
<td>Protection</td>
<td>22,514</td>
<td>21,422</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>106,432</td>
<td>186,191</td>
</tr>
<tr>
<td><strong>Total number (without double counting):</strong></td>
<td><strong>160,215</strong></td>
<td><strong>280,716</strong></td>
</tr>
</tbody>
</table>

Budget: € 5,110,000

HIGHLIGHTS
- We intensified localisation through a push for increased engagement. Our local partners were co-chairs of the Communities of Practice and attended project lead meetings. They were also invited to engage with the local government on our behalf and to manage activities such as learning visits. We have used the Communities of Practice as a platform for learning. In addition, we supported two local organisations with the Due Diligence process of the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA).
- The distribution of Menstrual Hygiene Management Kits, an innovative initiative by Tearfund Netherlands, has contributed to increased school enrolment by adolescent girls. The pioneering electronic voucher system for cash-based transfers proved to be an effective way of delivering aid. It supports accountability, transparency and data collection for analysis, while also reducing the logistics burden and bureaucracy.

LESSONS LEARNED
- Collaboration in the field, such as referral between partners, enhances project effectiveness. For example, when Tearfund Netherlands distributed cash for food, Plan International Nederland and ICCO & Kerk in Actie were present to manage concerns among beneficiaries pertaining to nutrition, water, sanitation and hygiene, and protection.
- Community-based protection initiatives address the root causes of insecurity, build community resilience and preparedness, and encourage effective use of local resources. They empower vulnerable people to protect themselves and gain access to services.
- Collaboration may lead to economies of scale and therefore contribute to project efficiency. In the case of sector-specific training, for example, partners in the same sector ascertained the total costs of a joint training programme and split the expenses. This way our partners saved resources.
Our joint response in South Sudan

The impact of multiple crises in South Sudan, including armed conflict, disease outbreak and economic hardship, was enormous in 2018. Since the start of the internal conflict between the government and opposition forces in 2013, some 2.3 million people have been displaced, mostly children. About seven million people – more than half of the country’s population – needed humanitarian assistance, with almost five million people facing food insecurity.

In this difficult operating environment, we adapted our programme to meet the urgent food security needs reported. The worsening safety situation in a number of locations led to significantly hampered programme implementation in the second half of the year. A key challenge was the internal displacement of beneficiaries, requiring partners to quickly adapt their response. Moreover, inflation, no market availability and extreme weather complicated our work.

Our interventions and their impact

In 2018, we implemented holistic, multisectoral and high-impact programmes in different parts of South Sudan, namely in Aweil East, Aweil North, Koch, Lainya, Malakal and Fashoda, Torit, Wau and Jur River. The involvement of and close collaboration with multiple partners that have different specialisms, made our response truly multisectoral and integrated.

The number of people we planned to reach and the number we actually reached in South Sudan, in 2018:

<table>
<thead>
<tr>
<th></th>
<th>planned</th>
<th>reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security and Livelihood</td>
<td>108,727</td>
<td>117,122</td>
</tr>
<tr>
<td>Multi-Purpose Cash Assistance</td>
<td>17,490</td>
<td>12,887</td>
</tr>
<tr>
<td>Nutrition</td>
<td>5,147</td>
<td>4,971</td>
</tr>
<tr>
<td>Protection</td>
<td>85,051</td>
<td>121,779</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>129,120</td>
<td>110,235</td>
</tr>
<tr>
<td>Total number (without double counting)</td>
<td>143,400</td>
<td>185,628</td>
</tr>
</tbody>
</table>

Budget: € 6,680,000

He added value of our localisation work was apparent. Our centralised effort ensured the empowerment of local partners through large-scale capacity strengthening activities as prioritised by these partners themselves and tailored to their specific needs.

We convened the first ‘Innovation Marketplace’, which offered an opportunity for our partners to pitch innovative ideas. During the meeting, we decided to support the design of a community-friendly app to measure satisfaction with our activities in communities. This resulted in the launch of the ‘MyVoice’ App and Dashboard by War Child. Plan International Nederland received funding to pilot a mobile and e-technology system for distributing cash vouchers. Both will be scaled up in 2019.

Precautions were taken to ensure the safety of people during cash and food distributions. We selected distribution and activity sites collectively with the beneficiaries and authorities. For example, distributions were done between 10 am and 3 pm to avoid having to walk in the dark.

Lessons learnt

While the centralised training programmes of our localisation efforts were well-received by partners, we learned that capacities greatly vary between organisations, making it difficult for training programmes to be sufficiently valuable. That is why we will better tailor our localisation efforts in 2019 to the needs of individual organisations.

As the Real Time Review findings were primarily gathered to serve the design of our 2019 response, we missed the opportunity to incorporate insights into the 2018 programme. We will ensure that, from now on, closer follow-up in immediate action plans will be incorporated in ongoing responses.

In 2019, we will share more lessons learnt and best practices, both with joint response partners and the wider humanitarian community.

Participating organisations:
Save the Children (lead), CARE Nederland, Cordaid, Dorcas, Help a Child, ICCO & Kerk in Azie, Plan International Nederland, Tearfund Nederland, War Child

Programme period: 1 January 2018-31 December 2018
In 2018, the complexity and scale of the crisis in Syria were extensive, as well as the multi-sectoral needs that occurred in many geographical areas. Despite a reduction in the levels of hostility in some parts of the country, the year was characterised by armed strife and military operations in, amongst others, Idleb, Afrin, East Ghouta, Raqqa and Southern Syria. As the Syrian government gained ground, several thousands of people were displaced. In line with the efforts of the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), our multi-sectoral joint response aimed to: provide life-saving assistance to the most vulnerable people; prevent, mitigate and respond to protection risks; increase access to basic services.

OUR INTERVENTIONS AND THEIR IMPACT
Our joint response in Syria, entering its fourth year in 2018, reached people in rural Aleppo, Idleb and rural Damascus. In addition to our regular programming, three partners in Eastern Ghouta and one partner in Afrin offered emergency relief. The number of people we planned to reach and the number we actually reached in Syria, in the period 1 January 2018-31 March 2019:

<table>
<thead>
<tr>
<th>Service</th>
<th>Planned</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>3,365</td>
<td>4,694</td>
</tr>
<tr>
<td>Food Security and Livelihood</td>
<td>41,500</td>
<td>61,441</td>
</tr>
<tr>
<td>Health</td>
<td>26,440</td>
<td>90,558</td>
</tr>
<tr>
<td>Multi-Purpose Cash Assistance</td>
<td>9,225</td>
<td>15,512</td>
</tr>
<tr>
<td>Protection</td>
<td>50,067</td>
<td>54,259</td>
</tr>
<tr>
<td>Shelter</td>
<td>2,350</td>
<td>8,404</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>212,595</td>
<td>304,599</td>
</tr>
<tr>
<td>Reserved contingency funding allocated to emergency relief for inhabitants of East Ghouta</td>
<td>15,250</td>
<td>40,504</td>
</tr>
<tr>
<td><strong>Total number</strong> (without double counting)</td>
<td><strong>283,019</strong></td>
<td><strong>538,567</strong></td>
</tr>
</tbody>
</table>

Budget: € 8,110,000

HIGHLIGHTS
- Information related to planned activities, expected duration, and targeted locations and beneficiaries were shared on a regular basis. Organisations working in areas outside government control held monthly Skype meetings to further align resources among partners, focusing on service mapping, vulnerability criteria and referral services. To reach complementarity, partners agreed to target the same subareas.
- A striking example of collaborative impact is the Gender Task Force’s work. A gender expert conducted organisation assessments and organised training programmes for our implementing staff, such as a training programme in Aleppo about inclusion of people with disabilities.
- Dorcas led joint emergency livelihood assessment meetings that Cordaid, Oxfam Novib and Terre des Hommes participated in to prepare for livelihood activities in Aleppo.

LESSONS LEARNT
- All participating partners should be involved in the development of terms of reference for joint activities to ensure the required level of analysis and detail will be reached for everyone.
- Early engagement of local communities and entities in designing cost recovery mechanisms leads to more efficiency and credibility.
- Service mapping provides much-needed information for beneficiaries.
- Participating organisations found the peer reviews – for real-time evaluation of activities – useful but felt the scope was too broad and did not allow for in-depth discussions.
- Referral mechanisms need to be updated on a regular basis. Training of local staff to identify cases and to refer to services remains necessary.
- It is important to work on exit strategies with local partners from the start of the year.
The armed conflict in Eastern Ukraine continued in 2018, with daily hostilities and heavy explosive remnants of war contamination along the 427-kilometre contact line between the fighting parties. Although there were no major military offensives, the conflict tremendously affected people’s lives, with 55 deaths and 224 injured in 2018. About 3.5 million individuals, including 1.5 million internally displaced people, needed humanitarian assistance. The majority of them resided close to the contact line, both in government-controlled and non-government-controlled areas. The unsafe situation and damage to properties strongly affected the mental health of adults and children. Moreover, food insecurity and long-term absence of livelihoods had eroded coping mechanisms, with forgoing crucial health expenses and increased substance abuse and domestic violence as a result. The conflict also caused disruptions in basic service provision, such as access to clean drinking water, schools and health services. Every month, more than one million people crossed the contact line, including half a million elderly people, often women. Entering non-government-controlled areas remained a challenge, also for humanitarian aid organisations.

OUR INTERVENTIONS AND THEIR IMPACT

With 37 per cent coverage of the UN’s Humanitarian Response Plan in 2018, many needs remain unmet. It is in this context that our joint response in Ukraine made its contribution. Our activities targeted internally displaced persons and people residing near the contact line between the fighting parties and in non-government-controlled areas.

The number of people we planned to reach and the number we actually reached in Ukraine, in 2018:

<table>
<thead>
<tr>
<th>Service</th>
<th>Planned</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Security and Livelihood</td>
<td>3,115</td>
<td>2,988</td>
</tr>
<tr>
<td>Multi-Purpose Cash Assistance</td>
<td>3,500</td>
<td>5,014</td>
</tr>
<tr>
<td>Protection</td>
<td>15,365</td>
<td>17,910</td>
</tr>
<tr>
<td>Shelter and Non-Food Items</td>
<td>7,430</td>
<td>7,673</td>
</tr>
<tr>
<td><strong>Total number</strong></td>
<td>24,630</td>
<td>30,832</td>
</tr>
</tbody>
</table>

**Budget:** €3,060,000
Due to the ongoing conflict in Yemen, at the start of 2018, some 75 per cent of the population – 22.2 million people – were in need of humanitarian assistance. Of them, 11.3 million were in acute need. The situation continued to deteriorate, and by the end of 2018, the number of people in acute humanitarian need had risen to 14 million. Yemen saw large-scale internal displacement, food insecurity, lack of access to health services and safe water, disruption of livelihood activities, and high acute malnutrition rates. Other challenges included depreciation against the US dollar and fuel shortage resulting in staggering prices. The situation worsened due to a blockade of the ports of entry. Also, delayed project approvals by local authorities was a major concern; we could only start our interventions after a five-month delay.

OUR INTERVENTIONS AND THEIR IMPACT
In 2018, we delivered multisectoral assistance to people in need in conflict-stricken Yemen. Coordination of efforts between members led to greatly increased effectiveness. For example, CARE Nederland and Stichting Vluchteling (International Rescue Committee) coordinated and planned their work in detail at the start of the project to ensure harmonised beneficiary selection criteria and targeting of villages. We reached more people than planned by expanding Water, Sanitation and Hygiene activities and supplying water to many individuals thanks to the rehabilitation of existing networks and schemes.

The number of people we planned to reach and the number we actually reached in Yemen, in the period 1 January 2018-28 February 2019:

<table>
<thead>
<tr>
<th>Service</th>
<th>Planned</th>
<th>Reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>4,000</td>
<td>4,000</td>
</tr>
<tr>
<td>Food Security and Livelihood</td>
<td>2,860</td>
<td>18,556</td>
</tr>
<tr>
<td>Health</td>
<td>25,887</td>
<td>51,383</td>
</tr>
<tr>
<td>Multi-Purpose Cash Assistance</td>
<td>28,680</td>
<td>25,161</td>
</tr>
<tr>
<td>Protection</td>
<td>89</td>
<td>170</td>
</tr>
<tr>
<td>Water, Sanitation and Hygiene</td>
<td>130,498</td>
<td>607,488</td>
</tr>
<tr>
<td><strong>Total number (without double counting)</strong></td>
<td><strong>178,354</strong></td>
<td><strong>640,249</strong></td>
</tr>
</tbody>
</table>

Budget: € 5,820,000

HIGHLIGHTS
- We responded to new waves of displacement and newly-risen needs in a flexible way, although the environment was extremely challenging.
- We piloted fog capture as an alternative drinking water source for communities in mountainous regions.
- We supported a study of renewable energy opportunities with a primary focus on Water, Sanitation and Hygiene.
- Vegetable home gardening was a successful intervention due to the active participation of the beneficiary households and the local partner staff dedication.
- We addressed community expectations through integration with other projects.
- Following new outbreaks of cholera, coordination with the Water, Sanitation and Hygiene cluster was critical to ensure priority needs were met.

LESSONS LEARNT
- The unavailability of financial service providers and exchange agents complicates the implementation of cash programmes. We therefore distributed food vouchers rather than transferring cash in one location.
- The distribution of hygiene kits must be accompanied by awareness-raising around the use of items, particularly those for safe water storage, and the cleaning of items to reduce the risk of cholera spread and contamination.
In 2018, the Dutch Relief Alliance (DRA) has reached 3.2 million men, women and children with high-quality humanitarian aid in thirteen joint responses. By working together, we effectively responded to protracted crises as well as to acute crises in a timely manner.

**OUR STRATEGIC PRIORITIES**

As a coalition of sixteen Dutch humanitarian aid organisations we work more effectively and deliver higher-quality services to vulnerable people in greatest need than if we worked separately. We deploy a wide range of capacities across different organisations. The added value of cooperation within the DRA was already confirmed in the DRA evaluation for the 2015-2017 period. Moreover, to reach our full potential, our 2018-2021 strategy prioritises accountability, innovation, collaboration and localisation. We want to be:

* more accountable to disaster-affected people, the Dutch public and governments;
* more innovative to enable Dutch NGOs to be at the forefront of new approaches to delivering high-quality humanitarian action;
* more collaborative to find ways for Dutch NGOs to work together more effectively to increase impact and generate financial support for humanitarian action;
* more local to be better able to more directly support local humanitarian action that is effective and accountable.

These priorities are in line with the Grand Bargain agreement signed during the UN World Humanitarian Summit in Istanbul in 2016. With this agreement, international donors, the UN and humanitarian organisations have committed themselves to improving the effectiveness and efficiency of the humanitarian system.

**JOINTLY RESPONDING**

In the past few years, we implemented our joint responses in countries that experienced large-scale human suffering due to conflict. To support people in protracted crisis situations, we have set up our Protracted Crisis Mechanism, which contains the criteria we use to determine to which ongoing crises we respond. In 2018, we responded to protracted crises in Afghanistan, the Central African Republic, Iraq, Nigeria, South Sudan, Syria, Ukraine and Yemen.

To be able to respond quickly to acute humanitarian crises, our Acute Crisis Mechanism is in place. Our joint responses in acute crisis situations focus on saving lives and delivering emergency assistance for a period of six months maximum. In 2018, we responded to acute crises in Afghanistan, Bangladesh, the Democratic Republic of Congo, the Horn of Africa (Ethiopia and Somalia) and Indonesia.

**DRA INTEGRITY TASK FORCE**

In 2018, misconduct of personnel in the humanitarian sector was widely reported in news bulletins across the world. As an alliance, we set up the Integrity Task Force. This Task Force has developed an Integrity Guidance Note that includes policies, guidelines and a set of minimum standards which align with the Inter Agency Standing Committee Protection from Sexual Exploitation and Abuse (PSEA) standards. The Integrity Guidance Note prescribes when and how misconduct needs to be reported to the Netherlands Ministry of Foreign Affairs. In 2018, four cases were reported.

Each partner has the responsibility to ensure that its policies, processes, actions and staff conduct comply with the Integrity Guidance Note. Each partner has chain responsibility towards consultants, implementing parties, contracted parties and other third parties with whom it has cooperative arrangements involving DRA funds. Partners must assess and monitor third parties’ compliance with the described standards, as well as offer training programmes for them.

The Integrity Task Force also promotes protection from sexual exploitation and abuse within the joint responses, and it researched the feasibility of a humanitarian passport. The study results are published in a joint integrity action plan (in Dutch: Gezamenlijk Actieplan Integriteit). With the plan we aim to diminish integrity violations and increase the willingness to report them.

**GRANT MANAGEMENT**

2018 was the first year we worked with Block Grants. The Netherlands Ministry of Foreign Affairs provided a four-year Block Grant for acute responses amounting to 60 million euros for 2018-2021 – which is 15 million euros per year. The Ministry also gave a four-year Block Grant for humanitarian innovation amounting to 12 million euros for 2018-2021 – which is 3 million euros per year. These grants are managed by the Block Grant Manager.

In October 2018, the DRA established a grant management foundation (in Dutch: Stichting Beheer Subsidiegelden DRA) in order to facilitate speedy fund transfers for aid delivery in acute humanitarian crisis situations. The foundation also manages the innovation funds that allow us to start and scale up innovation projects.

The Block Grant enhances timely fund transfers and reduces the administrative burden, as the funds are readily available within 72 hours. This way, we can set up prompts joint responses to acute crisis situations.
INNOVATION
To adapt to the changing world and needs and with the knowledge that resources are scarce, the DRA stimulates and invests in innovation. We have therefore established an innovation fund modality: the DRA Innovation Fund. In 2018, the Netherlands Ministry of Foreign Affairs provided a separate grant of 12 million euros to this fund, which amounts to 3 million euros per year. Innovation projects run a maximum of 24 months with the objective of increasing aid efficiency and effectiveness.

In 2018, the Innovation Working Group, supported by the Dutch Coalition for Humanitarian Innovation (DCHI), set up a Call for Proposals for this DRA Innovation Fund. Proposed projects can be implemented both outside and inside joint responses. The first call was launched in May 2018. Proposals had to fall under one of the following themes:

- **Smart Use of Data**
- **Cash Programming**
- **Safety and Protection**

Eventually, the Review Committee, consisting of external review committee members who are selected by the Innovation Working Group and the DCHI based on their expertise, and two DRA representatives reviewed the 20 submitted concept notes. Ten of them were invited to submit a full proposal: three under ‘Smart Use of Data’, three under ‘Cash Programming’ and four under ‘Safety and Protection’. After a full proposal review, five proposals received funds. The Review Committee gave all proposal submitters constructive feedback.

The granted DRA Innovation Fund proposals 2018 are:

1. **Dorcas – A People-Centric and Collaborative Future for Humanitarian Aid through End-to-End, Open Source Cash-Based Programming**
2. **Oxfam Novib – Building Resilient, Adaptive, and Disaster Ready Communities Project (B READY)**
3. **ZOA – Incident Reporting App (IRA)**
4. **Help a Child – Empowered2Protect (E2P)**
5. **Stichting Vluchteling – The Systematic Cost Analysis (SCAN) Tool**

According to the Review Committee, the DRA Innovation Fund’s call demonstrated a strong focus on bringing in outside expertise and stronger evidence-based approaches in proposals.

Martine Bergwerff, Chair of the Innovation Working Group: ‘It is a great development that innovation is delegated to the Dutch humanitarian sector – more specifically to the DRA. Handing over this task to non-governmental organisations is unique in the international context. The Netherlands Ministry of Foreign Affairs knows that investments in innovation are risky: one cannot be certain that the outcomes are as expected. But it is the only way forward. The humanitarian aid sector needs room for experiment, in order to be able to improve its work.’

Innovation is not a goal in itself. Instead, it is a means: we need to find ways to reach more people, be more effective and timelier, while delivering the same or even better-quality work. Bergwerff: ‘Our innovation fund helps the DRA to step over their hesitations when it comes to projects that are slightly experimental. Many colleagues see the wish for innovation as a Western phenomenon. They seem to think innovation is about nice-to-have systems and indicators. In the humanitarian sector, the outcomes are as expected. But it is the only way forward. The humanitarian aid sector needs room for experiment, in order to be able to improve its work.’

Also, in our joint response in Yemen, we supported a study into renewable energy opportunities with a primary focus on Water, Sanitation and Hygiene. The study’s main aim is to identify opportunities for using renewable energy in the humanitarian context in Yemen. In May 2019, following the finalisation of the study, an information sharing event was held in Sana’a for technical staff interested in the outputs. The study will be shared with relevant government departments and the Water, Sanitation and Hygiene cluster in Yemen.

ACCOUNTABILITY
The DRA enables partners and others to strengthen good practices by making humanitarian action accountable to people in crisis situations. The DRA encourages joint needs assessments and joint response planning to ensure disaster-affected people are informed, engaged and able to actively participate in aid efforts.

In 2018, we agreed that all partners report on standardised indicators via International Aid Transparency Initiative (IATI). Being an alliance of sixteen organisations that have their own systems and indicators, this was a major achievement. Some organisations reported on the number of people who had received aid by giving the number of women and the number of men but not the number of boys and girls. Now data are standardised so they can be aggregated; all organisations report quarterly and use the same indicators. Via IATI we are more accountable towards donors and the humanitarian system.

In addition, we want to improve our accountability towards the affected population. Making local voices heard contributes to people’s self-esteem and sense of dignity. Feedback is collected through telephone calls, focus group discussions and suggestion boxes, for instance. The DRA will further strengthen mechanisms for participation of and feedback from the people we are assisting.

Noteworthy is the improved accountability we have achieved in our joint response in Bangladesh, where the DRA responded to the refugee crisis in Cox’s Bazar. The DRA partners and local partners identified the need for a post-distribution monitoring tool. We have incorporated disability and gender-related questions in the monitoring tools of the different partners. Subsequently, the project underwent a final external evaluation involving extensive consultation of partners and communities to gather solid findings, lessons learnt and recommendations.
COLLABORATION
The DRA made significant progress on collaboration in 2018. Joint responses were designed during in-country workshops, involving local staff and local partners. Joint responses were set up based on comparative advantages of different capacities and designed to identify synergy and efficiency. Examples of collaborative impact at the joint response level include:

- Shared advanced technical training on gender in the joint responses led to improved gender mainstreaming and therefore more appropriate services to beneficiaries, as well as more inclusive programming targeting the most vulnerable. For example, in Syria the mapping of services was developed in close collaboration with the other joint response partners. This provided much important information to beneficiaries as part of the informal referral systems.

- Jointly implementing needs assessments resulted in more efficient and effective beneficiary selection and better targeting of the most vulnerable people in need. For example, the joint response partners in Afghanistan who worked in the same province (Herat) coordinated their work regarding assessing and targeting the most vulnerable people. This included geographical locations, beneficiary selection and criteria, project approach, and access issues due to security constraints. Coordination with other actors at the provincial level took place as well.

- By sharing office spaces and warehouses, as well as transport and logistics, we improved our responses’ technical capacity, timeliness and effectiveness, including cost-effectiveness. For example, in South Sudan, locations in Koch and Lainya experienced heightened insecurity throughout 2018. Moving in convoy in coordination with UN OCHA and UNDSS for safety purposes greatly facilitated movement over roads and access to our project locations. In multiple locations, partners shared their staff to support operations.

- By jointly implementing field activities, such as community kick-off meetings and training programmes for community volunteers, we saved time that could be spent on livelihood activities, while also saving on logistics costs. For example, in Nigeria, partners who worked in the same sector and conducted sector-specific training programmes together ascertained the total costs of a joint training and split the expenses. This way, they saved resources.

Vice-chair of the Dutch Relief Alliance Committee, Elselijn Mulder: ‘Our funding structure implies that we closely collaborate to improve the quality and effectiveness of our work. We collaborate as equal partners, and we see more opportunities to set up joint needs assessments as well as have better relationships with subcontractors, who can, for example, construct irrigation channels.’

LOCALISATION
Worldwide, many humanitarian aid stakeholders agree that localisation of humanitarian aid is paramount. Localisation means local actors experience more ownership and take more responsibility in supporting communities in need. This leads to more sustainable solutions. Localisation results in greater acceptance of humanitarian aid work. Also, local actors will work more effectively since they have better knowledge of local conditions and procedures, as well as have better relationships with subcontractors, who can, for example, construct irrigation channels.

Localisation is also one of the commitments made in the Grand Bargain agreement, with the aim of improving transparency and effectiveness of humanitarian aid. The Grand Bargain agreement states that 25 per cent of the humanitarian aid budget should be spent on localisation in 2020. The DRA has increased this ambition to 25 per cent by 2019 and 35 percent by the end of 2021. In addition, the DRA has committed itself to use 5 to 8 per cent of the budget to strengthen the capacity of local actors. The motto is: ‘Work as local as possible and as international as needed. Most international non-governmental organisations agree on the localisation commitment.

Lauren den Dulk, Co-chair of the DRA Localisation Working Group: ‘Sometimes, it is hard to put your money where your mouth is. While some of us are used to working in partnership with local actors, others are not. Some organisations are well-equipped to fly in food and water pumps within 48 hours in case of an emergency, but are less experienced in strengthening the capacity of local organisations. They will be less inclined to work with local actors.’ The DRA has acknowledged these differences in the design of its approach: every organisation does not have to achieve the same goals.

The Localisation Working Group felt that too-strict rules would not be fruitful, as organisations that are less experienced in localisation would easily drop out. We do not judge every individual partner. Instead, we strive to achieve good localisation statistics per joint response. Den Dulk: ‘In 2018, it turned out that this way of working led to improved localisation, also for the organisations that were initially not at all inclined to work with local actors.’

The Localisation Working Group saw that joint response members came up with ideas themselves to meet our expectations, which were gradually strengthened. Some members compulsorily collaborated with at least one local organisation. Others reserved a part of their budget for local capacity strengthening, for example lobby and advocacy support. The next step was asking all joint response members to evaluate their localisation efforts.

Another step is to involve local organisations in needs assessments and, subsequently, in planning, implementation and monitoring and evaluation. Meanwhile, the DRA encourages cash transfer activities, since they contribute to strengthening the sense of dignity and self-esteem among beneficiaries. Also, cash transfer initiatives revive local markets, whereas bringing in goods from abroad may disturb local trade.

The rising rates demonstrate the successfulness of the approach. In 2017, 19 percent went to local organisations, in 2018, 23 percent, and the DRA hopes to achieve even higher percentages in 2019. Den Dulk: ‘Nothing changes overnight, but the trend is positive. The longer we invest in localisation, the better our results will be. It is not about the four-year span of our strategy – we need to continue.’
THE GRAND BARGAIN
In response to the increasing humanitarian financing gap – which stood at a 45 per cent shortfall in 2015 – the United Nations published the concept of the Grand Bargain during the World Humanitarian Summit in May 2016. It is a unique agreement between the largest donors and humanitarian agencies. They have committed to improving their transparency and their effectiveness. In the following years, the Grand Bargain has gained more and more signatories. Together, they represent 80 per cent of all humanitarian contributions donated in 2017.

The Grand Bargain includes 51 commitments, merged into nine workstreams:

1. Greater transparency
2. More support and funding tools to local and national responders
3. Increase the use and coordination of cash-based programming
4. Reduce duplication and management costs with periodic functional reviews
5. Improve joint and impartial needs assessments
6. A participation revolution: include people receiving aid in making the decisions which affect their lives
7. & 8. Increase collaborative humanitarian multi-year planning and funding & Reduce the earmarking of donor contributions
9. Harmonise and simplify reporting requirements

A tenth workstream – enhance engagement between humanitarian and development actors – has been closed as an independent workstream and it has been mainstreamed as a cross-cutting commitment.

Since June 2019, the Netherlands Minister for Foreign Trade and Development Cooperation, Sigrid Kaag, is Eminent Person of the Grand Bargain. She is responsible for promoting and advocating for the commitments agreed upon internationally.

OUR VISION
Our vision as stated in the Dutch Relief Alliance Strategy 2018-2021 is:

Putting people in need at the centre of responses, the Dutch Relief Alliance will continue to support high-quality humanitarian action that saves lives, alleviates suffering and restores dignity. The Dutch Relief Alliance will be a cutting-edge funding and collaboration mechanism enabling international NGOs to be flexible and adaptive in response to crises and ensuring aid efficiently reaches those most in need by those best placed to provide it. While safeguarding the principles of impartiality and independence, the DRA will adapt to a changing world by supporting innovation, moving to more locally-led responses, strengthening accountability and collaborating to drive effectiveness.

This impact report highlights our work and achievements in 2018, demonstrating we constructively work to realise this vision.

The added value of our collaboration