GRANT AGREEMENT

between

The Norwegian Agency for Development Cooperation

and

The Norwegian Red Cross (NorCross)

regarding

GLO-0604 QZA-20/0295 NorCross Agreement 2021-2025

***

PART I: SPECIFIC CONDITIONS

PART II: GENERAL CONDITIONS

PART III: PROCUREMENT PROVISIONS

ANNEX A: BUDGET

ANNEX B: RESULTS FRAMEWORK

TABLE OF CONTENTS

1	SCOPE AND BACKGROUND	3
2	OBJECTIVES OF THE PROJECT	3
3	IMPLEMENTATION OF THE PROJECT	4
4	THE GRANT	4
5	DISBURSEMENT	5
6	REPORTING AND OTHER DOCUMENTATION	6
7	AUDIT	6
8	FORMAL MEETINGS	7
9	REVIEWS AND OTHER FOLLOW-UP MEASURES	7
10	PROCUREMENT	7
11	REPAYMENT OF INTEREST AND UNUSED FUNDS	8
12	SPECIAL PROVISIONS	8
13	NOTICES	9
14	SIGNATURES	9

PART I: SPECIFIC CONDITIONS

This grant agreement (the Agreement) has been entered into between:

(1) The Norwegian Agency for Development Cooperation (Norad), represented by the Department for Civil Society and the Private Sector, and

(2) The Norwegian Red Cross (NorCross), an association duly established in Norway under registration number 86 41 39 442 (the Grant Recipient),

jointly referred to as the Parties.

1 SCOPE AND BACKGROUND

1.1 The Grant Recipient has submitted an application to Norad dated 01.10.2020 (the Application) regarding financial support to the project titled GLO-0604 QZA-20/0295 NorCross Agreement 2021-2025 (the Project). The estimated costs of the Project are indicated in the budget attached as Annex A to this Agreement.

1.2 Norad has decided to award a grant to be used exclusively for the implementation of the Project (the Grant). The Parties expect the Project to be implemented during the period from January 2021 to December 2025 (the Support Period).

1.3 The Parties have agreed to enter into an Agreement, consisting of this part I; Specific Conditions, part II; General Conditions, and part III; Procurement Provisions, all of which form an integral part of this Agreement. In the event of discrepancies between the Specific Conditions and the General Conditions or Procurement Provisions, the Specific Conditions shall prevail.

2 OBJECTIVES OF THE PROJECT

2.1 The expected results of the Project are as follows:

The Project's expected effect on society is that people affected by conflict, crises, and climate change have improved health and protection (Impact).

The expected effects for the target group of the Project are (Outcome):

- Improved and safer access to health care
- Improved collective humanitarian impact of the RCRC Movement
- Improved financial management of National Societies

The intended target group is vulnerable people in the countries included in the Project.

2.2 The results framework is included as Annex B to this Agreement. The Grant Recipient shall submit revised country results framework, including baseline values, for approval within 6 months after signing of this Agreement and before the second disbursement is requested.

3 IMPLEMENTATION OF THE PROJECT

3.1 The Project shall be implemented in accordance with the Agreement, including all annexes, and the latest approved Application, including implementation plan and budget as well as any later amendments to the above documents which are approved by Norad.

3.2 During the implementation of the Project, the Grant Recipient shall exercise the necessary diligence, efficiency and transparency in line with sound financial management and best practise principles.

3.3 The Grant Recipient shall continuously identify, assess and mitigate any relevant risks associated with the implementation of the Project. The risk of any potential negative effects of the Project in the following cases (Cross-Cutting Issues) shall always be included in the risk management of the Project:

- anti-corruption
- climate and environment,
- women's rights and gender equality, and
- human rights (with a particular focus on participation, accountability and non-discrimination)

3.4 The Grant Recipient shall immediately inform Norad of any circumstances likely to hamper or delay the successful implementation of the Project.

3.5 The Grant Recipient shall be familiar with UN Security Council Resolution 1325 on women, peace and security (s/res/1325 (2000)) and implement the Project in a way that promotes the intentions of the resolution in the best possible way. A statement on how the intentions of this resolution have been addressed shall be included in the progress reports and final report of the Project.

4 THE GRANT

4.1 The Grant shall amount to maximum NOK 365.750.000 (Norwegian Kroner three hundred and sixty-five million, seven hundred and fifty thousand).

4.2 Disbursement after the current calendar year is subject to Norwegian Parliamentary appropriations. Significant reductions in the Parliament's annual allocation to the relevant budget line may lead to a reduction in annual Grant allocations and/or in the total Grant amount. The annual Grant allocations must be confirmed by Norad following the Parliament's approval of the state budget for the relevant budget year. If the Grant amount is reduced the Grant Recipient must revise the implementation plan, budget and results framework correspondingly.

The tentative, annual distribution of the Grant will be as follows:

2021: 73.150.000 NOK
2022: 73.150.000 NOK
2023: 73.150.000 NOK
2024: 73.150.000 NOK
2025: 73.150.000 NOK

4.3 The Grant, including accrued interest, shall be used exclusively to finance the actual costs of the implementation of the Project during the Support Period.

4.4 At least 10% of the Project's total costs shall be covered by funds that do not originate, directly or indirectly, from grants from Norad or another Norwegian central government body. This contribution shall be identified in the Project's financial statements.

4.5 The Grant may be used to cover overheads/indirect costs up to a maximum of 7% of Norad's pro rata share of the incurred direct costs of the Project.

4.6 The Grant Recipient is responsible for obtaining any additional resources which may be required to duly implement the Project.

4.7 The Grant Recipient may apply for additional funding to the Project during the Support Period only upon written invitation from Norad.

5 DISBURSEMENT

5.1 The Grant shall be disbursed in advance instalments based on the financial need of the Project for the upcoming period, which shall not exceed six months. The disbursements shall be made upon Norad's receipt of written disbursement requests from the Grant Recipient, describing the financial need for the period in question. The first disbursement shall include approved Project expenses incurred prior to the signing of this Agreement. The second disbursement in the first year of the Project shall be subject to Norad's receipt and approval of an updated results framework, as per article 2.2.

5.2 Financial need refers to the budgeted expenditure for the upcoming period, minus any funds available to the Project from all other sources during the same period.

5.3 The financial need shall be documented through an updated financial statement for the Project and a reference to the latest approved implementation plan and budget.

5.4 The disbursement requests shall be signed by an authorised representative of the Grant Recipient. A confirmation that the Project is being implemented in accordance with the Agreement shall be included in the disbursement request.

5.5 All disbursements are conditional upon the Grant Recipient's continued compliance with the requirements of the Agreement, including the timely fulfilment of reporting obligations. Norad may withhold disbursements in accordance with article 17 of the General Conditions if it finds that the requirements of the Agreement have not been met. Except for the Project's first year, the first disbursement each year is subject to Norad's receipt and approval of the updated implementation plan and budget, while the second disbursement each year is subject to Norad's receipt and approval of the latest progress report and financial report.

5.6 The Grant Recipient shall have a separate bank account exclusively for grants from Norad. All disbursements will be made to the following bank account:

Name of the account:	Norges Røde Kors
Account no.:	8200.06.07955
IBAN no.:	NO4982000607955
Name and address of the bank:	DNB Bank ASA, Postboks 1600, 0021 Oslo
Swift/BIC code:	DNBANOKK
Currency of the account:	NOK

6 REPORTING AND OTHER DOCUMENTATION

6.1 The following shall be submitted by the Grant Recipient to Norad:

a) A **progress report** covering the period from January to December shall be submitted to Norad by 31 May each year. The progress report shall include the content specified in article 2 of the General Conditions. The Department for Civil Society and the Private Sector's standard reporting format is recommended to be used.

b) A **financial report** covering the period from January to December shall be submitted to Norad by 31 May each year. The financial report shall include the content specified in article 3 of the General Conditions. The final financial report shall cover the entire Support Period and shall be submitted along with the final report referred to in article 6.1 f) of the Specific Conditions.

c) An **audit report** covering the annual financial statements of the Project shall be submitted to Norad by 31 May each year. The audit report shall comply with the requirements set out in article 7 of the Specific Conditions and article 5 of the General Conditions. The management letter (matters for governance attention) shall be attached to the audit report.

d) An updated **implementation plan and budget** covering the period from January to December shall be submitted to Norad by 1 November each year. The implementation plan and budget shall include the content listed in article 1 of the General Conditions. The Department for Civil Society and the Private Sector's standard formats is recommended to be used.

e) The organisation wide **annual report and audit report** of the Grant Recipient shall be submitted to Norad for information by 31 May each year. If the auditor submits a management letter (matters for governance attention) this shall be attached to the audit report.

f) A **final report** for the Support Period shall be submitted to Norad no later than 6 months after the end of the Support Period. The final report shall include the content listed in article 4 of the General Conditions. The Department for Civil Society and the Private Sector's reporting format is recommended to be used.

6.2 If the Grant Recipient is unable to meet the deadlines set out above, Norad shall be informed in writing immediately.

6.3 All implementation plans, budgets and reports shall be approved in writing by Norad unless otherwise agreed by the Parties.

6.4 In addition to submitting the reports listed above to Norad, the Grant Recipient shall by 1 July each year make public a description of its efforts to combat financial irregularities in its operations and of any closed cases of financial irregularities that the Grant Recipient has been involved in during the previous year. The description may be publicised either by publication of a separate report or in the Grant Recipient's general annual report. The information shall be made public in such a way that whistle-blowers are not exposed and that individuals associated with cases of financial irregularities are ensured the necessary protection.

7 AUDIT

7.1 The annual financial statements of the Project shall be audited in accordance with International Standards of Auditing (ISA). The auditor shall comply with all ISAs relevant to the audit, ref. ISA 200 (Overall objectives of the independent auditor and the conduct of an audit in

accordance with international standards on auditing), paragraphs 18 and 20. Of particular relevance is ISA 240, (the Auditor's responsibility to Consider Fraud and Error in an Audit of Financial Statements), ISA 800 ("Special considerations- Audits of financial Statements prepared in accordance with special purpose frameworks") or ISA 805 ("Special Considerations-Audits of single financial statements and specific elements, accounts or items of a financial statement") Additional requirements applicable to the auditor and the audit report are included in article 5 of the General Conditions. Additional requirements applicable to the auditor and the audit report are included in article 5 of the General Conditions.

7.2 The Grant Recipient is responsible for submitting the audit report to Norad within the deadline indicated in article 6 of the Specific Conditions.

8 FORMAL MEETINGS

8.1 The Parties shall hold formal meetings once per year, tentatively in September in order to discuss i.a. the results achieved by the Project during the Support Period. The meetings, which shall be held at a mutually agreed date and place, shall be called and chaired by Norad.

8.2 Unless otherwise agreed, the Parties shall discuss the latest progress report and financial report, as well as the implementation plan and budget for the upcoming period.

8.3 The Grant Recipient shall record main issues discussed, points of view expressed and decisions made, in minutes from the meeting. The Grant Recipient shall submit the minutes to Norad no later than two weeks after the meeting for comments and approval.

8.4 The Parties shall hold additional formal meetings if/when requested by Norad. Details regarding agenda and procedures will be agreed upon by the Parties.

9 REVIEWS AND OTHER FOLLOW-UP MEASURES

9.1 A mid-term review focusing on progress to date shall be carried out by December 2024. The Grant Recipient shall draft the terms of reference for the review and submit them to the other Party for approval. The review shall include a focus on vulnerable groups, cost efficiency and impact achieved to date. The costs of the review shall be included in the Project budget.

9.2 If the Grant Recipient or another interested party initiates a review or evaluation of activities wholly or partly funded by the Grant, Norad shall be informed. The Grant Recipient shall forward a copy of the report of any such review or evaluation to Norad without undue delay.

10 PROCUREMENT

10.1 All procurement under the Project shall be completed in accordance with the Procurement Provisions in Part III of this Agreement.

10.2 Procurement made by ICRC made in connection with the Project shall be completed in accordance with the principles and provisions set for the in the Procurement Provisions in Part III of this Agreement. However, the Parties have agreed that for the following provisions 2.1 c; 3.3 and 4.5 ICRC's Procurement rules shall prevail.

11 REPAYMENT OF INTEREST AND UNUSED FUNDS

11.1 Upon the end of the Support Period or upon termination of this Agreement, any unused funds that total NOK 500 or more shall in its entirety be repaid to Norad as soon as possible and at the latest within 6 months. The repayment shall include any interest which has not been used for Project purposes, and other financial gain accrued on the Grant.

11.2 Repayments shall be made to the following bank account:

Name of the account:	Norad
Account no.:	7694 05 14815
IBAN no.:	NO31 7694 05 14 815
Name and address of the bank:	DnB ASA, 0021 Oslo, Norway
Swift/BIC code:	DNBANOKK

11.3 The transaction shall be clearly marked: "Unused funds" or "Interest". The name of the Grant Recipient shall be stated, along with Norad's agreement number(s) and agreement title(s).

12 SPECIAL PROVISIONS

12.1 The following shall be added to article 2 of the General Conditions: "Sex-disaggregated data shall be provided where relevant".

12.2 The following shall be added to article 6 of the Procurement Conditions: "The Grant Recipient reserves its right not to publish the Procurement Notice (as per chapter 6 of part III of this Agreement) where the Grant Recipient deems that publication may compromise the safety and security of its personnel or operations in a given context, or where such publication may compromise the Grant Recipient's neutrality. The IFRC, as an international organisation using pre-approved and authorised suppliers, will follow their own standards for publication of procurement notices and national/international tendering in line with their EU approved standards."

12.3 General Conditions article 8.3 shall be replaced with the following: "If exchange rate fluctuations increase the value of the Grant, the gain shall be treated as disbursed Grant funds and used for Project purposes. Net surplus from conversion into foreign currency shall be repaid as unused funds at the end of the Support Period."

12.4 General Conditions article 9.1 shall be amended as follows (added text in italics): The right of ownership to equipment, consumables and intellectual property rights procured or developed by use of the Grant shall vest in the Grant Recipient or its cooperating partner, unless otherwise stated in the Application. All matters associated with such equipment, consumables and intellectual property rights are the exclusive responsibility of the Grant Recipient *or its cooperating partner*. However, significant use of such equipment, consumables and intellectual property rights for purposes outside the Project shall be subject to the Norad's prior approval, as outlined in Article 12 of the General Conditions.

12.5 The following shall be added to article 9.2 of the General Conditions: "In the event Norad uses the intellectual property, it shall acknowledge the Grant Recipient as the owner of the intellectual property rights."

12.6 General Conditions article 11.2 c) shall be amended as follows: "If the cooperating partner is an entity from the Red Cross Red Crescent Movement as set forth in the Statutes of the International Red Cross and Red Crescent Movement of 1986 article 1, the cooperating partner shall accept the choice of law in article 24.1 and settlement of disputes provisions in article 24.2 and 24.4 b) of the General Conditions in relation to any disputes arising between the cooperating partner and Norad. Where the cooperating partner is not part of the Red Cross Red Crescent Movement, the cooperating partner shall accept the choice of law and settlement of disputes provisions in article 24 of the General Conditions in relation to any disputes arising between the cooperating partner and Norad."

12.7 General Conditions article 12 clause 2 c) shall be replaced with: "changes to the implementation plan which implies a delay that may influence the achievement of expected results as presented in the results framework".

12.8 General Conditions article 12 clause 2. d) shall be replaced with: "changes to the Project's annual budget that imply reallocation of more than 10% of any budget line in the budget attached as an annex to this Agreement. Changes that amount to less than NOK 100.000 do not need to be pre-approved. Due to the extraordinary circumstances related to Covid-19, reallocation up to 20% without pre-approval will be allowed for the year 2021."

12.9 General Conditions article 14. 1 b) and c) shall not apply.

12.10 The following shall be added to article 22.1 of the General Conditions: "The Grant Recipient reserves its right to not use the Norad logo in publications and other materials where the Grant Recipient deems that such usage may compromise the safety and security of its personnel or operations in a given context, or where such usage may compromise the Grant Recipient's neutrality."

13 NOTICES

13.1 All communication to Norad concerning the Agreement shall be directed to the Department for Civil Society and the Private Sector at the following address/e-mail address: asp.norad-post@norad.no

13.2 All communication to the Grant Recipient concerning the Agreement shall be directed to Fabrizio Leone at the following address/e-mail addresses: fabrizio.leone@redcross.no and post@redcross.no

13.3 Norad's agreement number and agreement title shall be stated in all correspondence regarding this Agreement, including disbursement requests and repayment of unused funds.

14 SIGNATURES

14.1 By signing part I of the Agreement, the Parties also confirm receipt and approval of part II; General Conditions, and part III; Procurement Provisions, which all form an integral part of the Agreement.

14.2 This Agreement has been signed in two -2- original copies in the English language. In the event of any discrepancies between this English language version and any later translations, the English language version shall prevail.

Place: Oslo

Date: 13.04.2021

for the Norwegian Agency for Development Cooperation,	for the Norwegian Red Cross,
Wenche Fone	Marte Kristin Fremstedal
Director	Acting International Director
Department for Civil Society and the Private Sector	International Programmes and Preparedness Department

Attachments:

Annex A: Approved budget for the Project
Annex B: Results framework

PROJECT TITLE: Reaching further: Access to health through local capacity
NAME OF ORGANISATION: Norwegian Red Cross (NorCross)
BUDGET CURRENCY: NOK

DIRECT PROJECT COSTS (Based on cost-categories)	Year 1 Amt (currency)	Year 2 Amt (currency)	Year 3 Amt (currency)	Year 4 Amt (currency)	Year 5 Amt (currency)	TOTAL Amt (currency)	Share %
DIRECT PROJECT COSTS (HQ)	5 266 361	5 266 361	5 266 361	5 266 361	5 266 361	26 331 807	7 %
DIRECT PROJECT COSTS (Regional/Country Office)	37 017 977	37 017 977	37 017 977	37 017 977	37 017 977	185 089 887	49 %
DIRECT PROJECT COSTS (Local*)	33 676 201	33 676 201	33 676 201	33 676 201	33 676 201	168 381 005	44 %
TOTAL DIRECT PROJECT COSTS	75 960 540	75 960 540	75 960 540	75 960 540	75 960 540	379 802 699	100 %

DIRECT PROJECT COST BY COUNTRY (required information for multi-country agreements)	Year 1 Amt (currency)	Year 2 Amt (currency)	Year 3 Amt (currency)	Year 4 Amt (currency)	Year 5 Amt (currency)	TOTAL Amt (currency)	Share %
Burkina Faso	6 000 000	6 000 000	6 000 000	6 000 000	6 000 000	30 000 000	8 %
Nigeria	5 923 157	5 923 157	5 923 157	5 923 157	5 923 157	29 615 785	8 %
Somalia	12 000 000	12 000 000	12 000 000	12 000 000	12 000 000	60 000 000	16 %
South Sudan	6 000 000	6 000 000	6 000 000	6 000 000	6 000 000	30 000 000	8 %
Myanmar	7 923 157	7 923 157	7 923 157	7 923 157	7 923 157	39 615 785	10 %
Iraq	7 923 156	7 923 156	7 923 156	7 923 156	7 923 156	39 615 780	10 %
Syria	8 000 000	8 000 000	8 000 000	8 000 000	8 000 000	40 000 000	11 %
Finance development: accountable and effective National Societies	13 825 545	13 825 545	13 825 545	13 825 545	13 825 545	69 127 725	18 %
Multi-country scale-up of RCRC community-based surveillance	5 442 368	5 442 368	5 442 368	5 442 368	5 442 368	27 211 840	7 %
RCRC Movement and universal health coverage	2 923 157	2 923 157	2 923 157	2 923 157	2 923 157	14 615 785	4 %
TOTAL DIRECT PROJECT COSTS	75 960 540	75 960 540	75 960 540	75 960 540	75 960 540	379 802 700	

DIRECT PROJECT COST BY OUTCOME (or by thematic area/sector if cost distribution by outcome is too complicated)	Year 1 Amt (currency)	Year 2 Amt (currency)	Year 3 Amt (currency)	Year 4 Amt (currency)	Year 5 Amt (currency)	TOTAL Amt (currency)	Share %
H01 Improved and safer access to health care	62 134 995	62 134 995	62 134 995	62 134 995	62 134 995	310 674 974	82 %
E01 Improved humanitarian impact of RCRC Movement	1 000 000	1 000 000	1 000 000	1 000 000	1 000 000	5 000 000	1 %
E02 Improved financial management of National Societies	12 825 545	12 825 545	12 825 545	12 825 545	12 825 545	64 127 725	17 %
TOTAL DIRECT PROJECT COSTS	75 960 540	75 960 540	75 960 540	75 960 540	75 960 540	379 802 699	

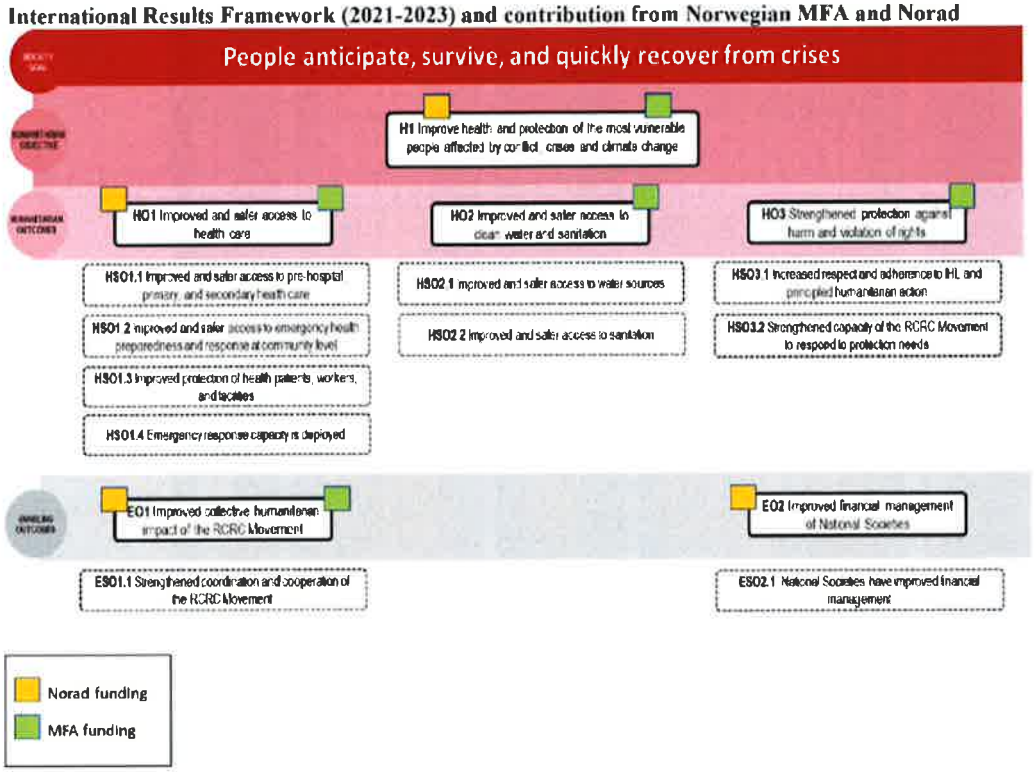
INCOME/FINANCING PLAN DIRECT PROJECT COSTS	Year 1 Amt (currency)	Year 2 Amt (currency)	Year 3 Amt (currency)	Year 4 Amt (currency)	Year 4 Amt (currency)	TOTAL Amt (currency)	Share %
Grant funding Norad	68 364 486	68 364 486	68 364 486	68 364 486	68 364 486	341 822 429	90 %
Grant funding donor x (specify)						-	0 %
Grant funding donor xx (specify)						-	0 %
Grant funding donor xxx (specify)						-	0 %
Own-contribution	7 596 054	7 596 054	7 596 054	7 596 054	7 596 054	37 980 270	10 %
In-kind contribution						-	0 %
TOTAL INCOME/FINANCING PLAN DIRECT PROJECT COSTS	75 960 540	75 960 540	75 960 540	75 960 540	75 960 540	379 802 699	

GRANT APPLICATION/AGREED AMOUNT	Year 1 Amt NOK	Year 2 Amt NOK	Year 3 Amt NOK	Year 4 Amt NOK	Year 5 Amt NOK	TOTAL Amt NOK	Rate
Norad contribution direct project cost	68 364 486	68 364 486	68 364 486	68 364 486	68 364 486	341 822 429	1
Norad indirect cost contribution	4 785 514	4 785 514	4 785 514	4 785 514	4 785 514	23 927 570	7 %
TOTAL NORAD GRANT AMOUNT	73 150 000	73 150 000	73 150 000	73 150 000	73 150 000	365 749 999	

***Local partner:**
OECD definition: «*an NGO organised at the national level, based and operated in a developing (ODA-eligible) country* ».

Norad's interpetation of OECD's definition: *"Local partners must be representative and legitimate civil society actors. This means they ha ve to be already established organisation s representing target groups and driving forces in the country in which the intervention will be implemented. Private individuals or consultants will not be considered local partners, nor local branches by organisations with headquarters in an OECD country unless they are separate legal entities with an independent board of directors".*

International Results Framework (2021-2023) and contribution from Norwegian MFA and Norad



Burkina Faso Project

Impact goal: People affected by conflict and climate change in Burkina Faso have improved health and protection

Linked to NorCross' Humanitarian Objective: Improve te health and protection of the most vulnerable people affected by conflict, crises, and climate change

Indicator	Definition of indicator	Link to NorCross' RF	Sex	Baseline value	Targets Year 1	Targets Year 2	Targets Year 3	Targets Year 4	Targets Year 5	Total targets in project period	Means of verification	Frequency
					Total target Y1***	Total target Y2***	Total target Y3***	Total target Y4***	Total target Y5***			
Maternal Mortality Ratio (SDG 3.1.1)	The annual number of female deaths from any cause related to or aggravated by pregnancy or its management, during pregnancy, childbirth or within 42 days of termination of pregnancy, but not from accidental or incidental causes, per 100 000 live births.	1	NA	TBD	TBD	TBD	TBD	TBD	TBD	TBD	MoH statistics	annually
Infant Mortality Rate (Contributing to SDG 3)	Probability of a child born in a specific year or period dying before reaching the age of one, if subject to age-specific mortality rates of that period.	1	NA	TBD	TBD	TBD	TBD	TBD	TBD	TBD	MoH statistics	annually
Full immunization coverage among one-year-olds (%) in the intervention areas (Contributing to SDG 3)	The percentage of one-year-olds who have received one dose of Bacille Calmette-Guérin (BCG) vaccine, three doses of polio vaccine, three doses of the combined diphtheria, tetanus toxoid and pertussis (DTP3) vaccine, and one dose of measles vaccine. Numerator: Number of children aged 12–23 months receiving one dose of BCG vaccine, three doses of polio vaccine, three doses of DTP3 vaccine, and one dose of measles vaccine. Denominator: Total number of children aged 12–23 months surveyed. Note: In certain countries the time period of 12–23 months was adjusted to align with alternative national immunization periods (18–29 months or 15–26 months).		NA	TBD	TBD	TBD	TBD	TBD	TBD	TBD	MoH statistics	annually
Outcome 1: Improved and safer access to health care for the conflict and climate crisis-affected population in Burkina Faso ***Linked to NorCross' Humanitarian Outcome: Improved and safer access to health care***												
% of people reached by community outreach activities demonstrating improved health and hygiene practices and improved knowledge on key public health risks	Numerator: Number of people who demonstrate improved practice of health and hygiene Denominator: Number of people who were reached by community outreach activities	3	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	KAP survey	baseline, midline, endline
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
% of patients treated at health facility that were referred by volunteers/CHWs from the community to primary health services	Numerator: Number of patients treated at the facility who were referred from community Denominator: Number of patients treated at the facility Simple random sampling – should the NS or the health facility be unable to provide information about referrals and follow-up to the next level of health care.	2	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	health facility records	quarterly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
% of people which were covered by CBS	Numerator: Number of people reached through CBS alerts Denominator: Number of people in the catchment area	6	Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD	activity or annual report (population statistics)	annually
Output 1.1: Targeted population is reached with key health and hygiene information												
# of CRBF volunteers/CHWs trained in priority health topics	number of volunteers/CHWs trained	N/A	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	training reports	quarterly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
% of CRBF community health volunteers/CHWs receiving regular technical/on-the-job supervision	Numerator: Number of NS volunteers/CHWs who receive regular technical/on-the-job supervision Denominator: Number NS volunteers/CHWs who carry out community outreach activities Regular technical/on-the-job supervision corresponds to > 1 per month.	3,2	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	supervision reports	quarterly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
# of people sensitized about priority health topics and informed about available services	Individuals reached with key health and hygiene information and information about availability of health services. The indicator excludes contacts carried out by NS volunteers/CHWs without regular clinical supervision.	3,1	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	volunteer activity reports	quarterly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
	Individuals reached with key health and hygiene information and information		Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		

# of households trained on malnutrition screening and equipped with a MUAC	about availability of health services. The indicator excludes contacts carried out by NS volunteers/CHWs without regular clinical supervision. (Note that this indicator disaggregates per group the data counted in the overall indicator for sensitization)		Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD	volunteer activity reports	quarterly
# of households sensitized on improved infant and young child feeding practices at community and household-level	Individuals reached with key health and hygiene information and information about availability of health services. The indicator excludes contacts carried out by NS volunteers/CHWs without regular clinical supervision. (Note that this indicator disaggregates per group the data counted in the overall indicator for sensitization)		Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	health facility records	quarterly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	NA	TBD	TBD	TBD	TBD	TBD	TBD		
Output 1.2: Patients are referred to the next level of health care through community outreach to primary health care services												
# of people referred by NS volunteers/CHWs from the community to primary health services	Individuals referred to primary health care services from community health workers.	2,1	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	volunteer activity reports	quarterly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
# of pregnant women refered from the community who attend at least 3 antenatal visit at health facility	Individuals referred to primary health care services from community health workers and attending at least 3 antenatal visits (Note that this indicator disaggregates per group the data counted in the overall indicator for referrals)		NA	TBD	TBD	TBD	TBD	TBD	TBD	TBD	health facility records	quarterly
# of children under 5 screened for malnutrition at community level	Number of children under 5 whose MUAC score has been measured and reported during a specific period		Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	health facility records	quarterly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
# of malnutrition cases referred from the community to health facilities for treatment	Individuals referred to primary health care services from community health workers. (Note that this indicator disaggregates per group the data counted in the overall indicator for referrals).		Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	health facility records	quarterly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
% of malnutrition cases referred from the community that correspond to criteria and receive treatment at health facility	Numerator: Number of malnutrition cases who received treatment Denominator: Number of malnutrition cases referred from the community Simple random sampling – should the NS or the health facility be unable to provide information about referrals and follow-up to the next level of health care. (Note that this indicator disaggregates per group the data counted in the overall indicator for referrals)		Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	health facility records	quarterly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
Output 1.3: Burkina Faso RC and authorities in Burkina Faso will work towards concluding an agreement which establishes how the parties will ensure complementarity in contributing to universal health coverage												
Agreement is signed by CRBF and MoH (project areas, general)	Either general agreement signed at national level or specific project agreement signed at local level in the project areas.		NA	0	1	0	0	0	0	1		
Output 1.4: The set-up of a community-based surveillance system in the target areas allows for early detection and alert of epidemic prone disease outbreaks												
A CBS strategy for the target zones is developed and agreed upon with the ministry of health and coordinated with other actors			NA	0	1	0	0	0	0	1	strategy document, MoU	annually
# of people reached by CBS in the target areas	Number of people in catchment area that were covered by the CBS alerts.	6,1	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	activity or annual report (population statistics)	annually
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	0	TBD	TBD	TBD	TBD	TBD	TBD		
# of CBS alerts	Number of alerts registered in the system (before verification)		NA	0	TBD	TBD	TBD	TBD	TBD	TBD	activity report, CBS platform (Nyss)	quarterly
% of CBS alerts cross-checked	Numerator: Number of alerts cross-checked by supervisor or clinical staff Denominator: Number of alerts CBS reports trigger alerts when a threshold is met. All alerts should be cross-checked by supervisor or clinic staff to determine appropriate action/response within 24h. Cross-checking is defined in Nyss as contacting the volunteer to confirm the reports are not duplicates, sent in error, and that correct case definition has been applied.	6,2	NA	0	TBD	TBD	TBD	TBD	TBD	TBD	activity report, CBS platform (Nyss)	quarterly

Baseline: "TBD": Baseline data not available before conducting baseline survey at the beginning of the project
Targets: "TBD": Targets to be determined after in-depth assessment and baseline at beginning of project.
Targets and indicators are subject to amendment based on the Baseline finding that will be conducted in the first 6 months of 2021.

Iraq Project

Impact goal: Improved health of vulnerable people from host communities, IDP, and returnee populations in the most severely conflict-affected districts of the 5 governorates of Ninewa, Salah-Al-Din, Baghdad, Anbar and Basra

Linked to NorCross' Humanitarian Objective: Improve the health and protection of the most vulnerable people affected by conflict, crises, and climate change

Indicator	Definition of indicator	NorCross' RF indicator[a]	Sex	Baseline value	Cumulative indicator[a,b] (Yes/No)	Targets Year 1	Targets Year 2	Targets Year 3	Targets Year 4	Targets Year 5	Total targets in project period	Means of verification	Frequency
						Total target Y1[c,e]	Total target Y2[c,e]	Total target Y3[c,e]	Total target Y4[c,e]	Total target Y5[c,e]			
Maternal Mortality Ratio (SDG 3.1.1)	The annual number of female deaths from any cause related to or aggravated by pregnancy or its management, during pregnancy, childbirth or within 42 days of termination of pregnancy, but not from accidental or incidental causes, per 100 000 live births.	NA	Women	TBD	NO	TBD	TBD	TBD	TBD	TBD	TBD		
Neonatal mortality rate (SDG 3.2.2)	Probability of dying during the first 28 days of life, expressed per 1,000 live births.	NA	Total	TBD	NO	TBD	TBD	TBD	TBD	TBD	TBD	Statistics in the referal hospitals and Directorate of Health	Annual
Outcome 1: Vulnerable populations in targeted governorates have improved access to quality primary and emergency health services -*Linked to NorCross' Humanitarian Outcome: Improved and safer access to health care*													
% of people requiring a referral seen at the next level of health care	Simple random sampling – should the NS or the health facility be unable to provide information about referrals and follow-up to the next level of health care. Numerator: Number of people who were referred and seen at the next level of care Denominator: Number of people accessing health services and assessed for the need of referral Referral is successful and timely if patients assessed for the need of comprehensive primary or secondary health care services are followed up in the next visit and seen at the next level of care	2	Women	TBD	No	90 %	90 %	90 %	90 %	90 %	90 %	NS reports Quarterly referral follow-up reports Survey	Annual
			Men	TBD		90 %	90 %	90 %	90 %	90 %	90 %		
			Total	TBD		90 %	90 %	90 %	90 %	90 %	90 %		
Output 1.1: Targeted population receive primary health services													
# of people receiving PHC services from fixed or mobile clinics	This includes the number of beneficiaries from the medical equipment delivered to the PHCCs	1.1	Women	TBD	No	TBD	TBD	TBD	TBD	TBD	TBD	NS Reports. Monthly beneficiaries report	Tertiary
			Men	TBD		TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD		5 000	10 000	10 000	10 000	10 000	45 000		
# of PHCCs and/or Ambulances supported with equipment and supplies	This includes essential equipment needed for the basic functioning of the supported entities	N/A	N/A	TBD	No	4	0	0	0	0	4	Project documents	Annual
Output 1.2: Targeted population receive pre-hospital services													
# of people who received pre-hospital services	Beneficiaries receiving emergency ambulance services through this project	1.2	Women	TBD	No	TBD	TBD	TBD	TBD	TBD	TBD	Beneficiary Database	Tertiary
			Men	TBD		TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD		200	250	250	250	250	1 200		
# of people referred to secondary health care services	Beneficiaries having been referred from PHC facility to secondary health care facility by ambulances through this project	2.2	Women	TBD	No	TBD	TBD	TBD	TBD	TBD	TBD	Beneficiary Database	Tertiary
			Men	TBD		TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD		670	770	770	770	770	3 750		
# of IRCS volunteers receiving Ambulance first responder training	Three trainings for 3 branches will be organized for IRCS volunteers that will be deployed to the newly targeted and potential ambulance locations	N/A	Women	TBD	No	7	0	0	0	0	7	Attendance Sheets	Tertiary
			Men	TBD		14	0	0	0	0	14		
			Total	TBD		21	0	0	0	0	21		
Output 1.3: Iraq RC and Iraqi authorities have concluded an agreement which establishes how the parties will ensure complementarity in contributing to universal health coverage													
The agreement document is elaborated and signed by both parties	Iraqi RC and Iraqi authorities concluded an agreement which establishes how the parties will ensure complementarity in contributing to universal health coverage	N/A	N/A	0	No	1	0	0	0	0	1	Agreement document	Annual

Baseline: "TBD": Baseline data not available before conducting baseline survey at the beginning of the project

Targets: "TBD": Targets to be determined after in-depth assessment and baseline at beginning of project.

Targets and indicators are subject to amendment based on the Baseline finding that will be conducted in the first 6 months of 2021.

Myanmar Project

Impact statement: People affected by conflict and climate change in Myanmar have improved health and protection

Linked to NorCross' International Strategy: Humanitarian Objective: Improve the health and protection of the most vulnerable people in conflict, crises, and climate change

Indicator	Definition of indicator	NorCross' RF indicator no.*	Sex	Baseline value	Cumulative indicator** (Yes/No)	Targets Year 1 Total target Y1***	Targets Year 2 Total target Y2***	Targets Year 3 Total target Y3***	Targets Year 4 Total target Y4***	Targets Year 5 Total target Y5***^	Total targets in project period	Means of verification	Frequency
Maternal Mortality Ratio (SDG 3.1.1)	The annual number of female deaths from any cause related to or aggravated by pregnancy or its management, during pregnancy, childbirth or within 42 days of termination of pregnancy, but not from accidental or incidental causes, per 100 000 live births.		Total	TBD		TBD	TBD	TBD	TBD	TBD	TBD	Health in Myanmar and Myanmar Health Statistics, Public Health Statistics in Myanmar published by Ministry of Health and Sports	(3–5 years based on surveys)
Infant Mortality Rate (Contributing to SDG 3)	The probability that a child born in a specific year or period will die before reaching the age of 1 year, if subject to age-specific mortality rates of that period, expressed as a rate per 1000 live births.		Total	TBD		TBD	TBD	TBD	TBD	TBD	TBD	Health in Myanmar and Myanmar Health Statistics, Public Health Statistics in Myanmar published by Ministry of Health and Sports National population-based surveys and population census	(3–5 years based on surveys)
Life Expectancy at birth (Contributing to SDG 3)	The average number of years that a newborn could expect to live if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in a given country, territory or geographical area.		Total	TBD		TBD	TBD	TBD	TBD	TBD	TBD	Health in Myanmar and Myanmar Health Statistics, Public Health Statistics in Myanmar published by Ministry of Health and Sports	(3–5 years based on surveys)
Under-5 Mortality Rate (SDG 3.2.1)	The probability of a child born in a specific year or period dying before reaching the age of 5 years per 1000 live births		Total	TBD		TBD	TBD	TBD	TBD	TBD	TBD	Health in Myanmar and Myanmar Health Statistics, Public Health Statistics in Myanmar published by Ministry of Health and Sports	(3–5 years based on surveys)
Outcome 1: Improved and safer access to healthcare - *Linked to NorCross' Humanitarian Outcome: Improved and safer access to health care*													
% of community members provided with primary health care by PHIST in the target communities	Community members in the target villages are provided with primary health care by PHIST Numerator: # of community members in the target villages provided with primary health care by PHIST Denominator: Total current population of the target communities Move this indicator under outcome statement row (section above) and consider rephrasing as "% of people/community members receiving quality essential health services", as per RF	1	Women	TBD		52 %	52 %	52 %	52 %	52 %	52 %	PHIST record	Quarterly Annual
			Men	TBD		48 %	48 %	48 %	48 %	48 %	48 %		
			Total	TBD	Yes	100 %	100 %	100 %	100 %	100 %	100 %		
% of people requiring a referral seen at the next level of health care	Simple random sampling – should the NS or the health facility be unable to provide information about referrals and follow-up to the next level of health care. Numerator: Number of people who were referred and seen at the next level of care Denominator: Number of people accessing health services and assessed for the need of referral Referral is successful and timely if patients assessed for the need of comprehensive primary or secondary health care services are followed-up in the next visit and seen at the next level of care.	2	Women	TBD								Contra referral forms	Quarterly
			Men	TBD									
			Total	TBD	Yes	TBD in the first 6 months/baseline assessment							
% of people reached by community outreach activities demonstrating improved health and hygiene practices	Simple random sampling. Numerator: Number of people who demonstrate improved practice of health and hygiene Denominator: Number of people who were reached by community outreach activities Improvement of health and hygiene practices is assessed through four levels: (1) None; (2) Minimal; (3) Moderate; and (4) Substantial. Improved practices include levels from moderate to substantial.	3	Women	TBD								KAP Survey	Annually
			Men	TBD									
			Total	TBD	Yes	TBD in the first 6 months/baseline assessment							
% of people reporting improved access to emergency health care resulting from cash and voucher assistance	Simple random sampling. Numerator: Number of people who report that the use of cash and vouchers has enabled access to emergency health care services Denominator: Number of people who received essential health services.	5	Women	TBD								Facility Reports	Quarterly and Annually
			Men	TBD									
			Total	TBD	Yes	TBD in the first 6 months/baseline assessment							
Output 1.1: Targeted population receive primary health services													
# of people who received primary health care services from fixed or mobile clinics	The indicator counts the individuals per year that have been served by the supported health facilities. The count includes new and follow-up patient. Primary health services include:•Preventative and Curative Medical Consultations for acute and chronic conditions.•Provision of acute and chronic medication•Diagnostic services•Minor Trauma Treatment (wounds, burns,etc.)•Screening and follow up for Non-Communicable diseases (Diabetes, Hypertension and Cardio-Vascular illnesses).	1,1	Women	TBD		3668	13100	13100	13100	9432	52400	Quarterly report	Quarterly
			Men	TBD		3332	11900	11900	11900	8568	47600		
			Total	TBD	No	7000	25000	25000	25000	18000	100000		
# of health facilities provided with necessary WASH hardware facilities	# of RHCs/sub-centers provided with necessary WASH hardware facilities in accordance with SPHERE standard		Women	TBD								Monthly and annual report	Annually
			Men	TBD									
			Total	TBD	No	0	4	4	4	0	12		
Output 1.2: Targeted population receive first aid services													
			Women	TBD		125	575	575	575	570	2420		
			Men	TBD		125	575	575	575	570	2420		

# of people who received pre-hospital services	The indicator counts the individuals per year that have been served through pre-hospital services. Pre-hospital services include:•First aid services in communities (incl. psychosocial first aid)•Emergency health•Pre-hospital services administered in primary health carefacilities and ambulances•Patient transport services through ambulances	1.2	Total	TBD	No	250	1150	1150	1150	1140	4840	Monthly Report	Monthly
# of people referred to primary health care services	The indicator counts the individuals referred to primary health care services from community health workers or other primary health care services	2.1	Women	TBD		900	1800	1800	1800	1800	8100	Quarterly Report	Quarterly
			Men	TBD		600	1200	1200	1200	1200	5400		
			Total	TBD	No	1500	3000	3000	3000	3000	13500		
Output 1.3: Targeted population receive key health and hygiene information													
# of people reached with key health and hygiene information	The indicator counts the individuals reached with key health and hygiene information about availability of health services. The indicator excludes contacts carried out by NS volunteers without regular clinical supervision. Regular supervision corresponds to > 1 per month.	3.1	Women	TBD								Monthly volunteer activity report	Quarterly and Annually
			Men	TBD									
			Total	TBD	Yes	TBD in the first 6 months/baseline assessment							
% of Household access to improved clean and sufficient drinking water, and using sanitary latrine	**Success determined by:** Households from the target community have been accessing safe and sufficient drinking water and using sanitary latrine. **Numerator:** # of households that have been accessing safe and sufficient drinking water and using sanitary latrine **Denominator:** total # of household interviewed **Sanitary latrine** must be Water-proof, Fly-proof and free from odour nuisance **Clean and sufficient water:** clean water from improved water source (which meet with national standards) and sufficient water (at least 70% of HH coverage in a community)	10	Women	TBD								Baseline, MtR, Endline survey	Annually
			Men	TBD									
			Total	TBD	Yes	5	20	40	60	70	70		
% of households using a functioning sanitation facility	Simple random sampling. Numerator: Number of households that use a functioning sanitation facility Denominator: Number of households A functioning sanitation facility at the household level is a flush/pour flush toilet or a pit/VIP latrine which is cleaned and shows evidence of usage. It is used by the different family members – incl. children faecal disposal. Special needs are considered in the functionality for elderly, people with disabilities. Sanitation facilities are safely accessible (location, lockable)	12	Women	TBD								Baseline, MtR, Endline survey	Annually
			Men	TBD									
			Total	TBD	Yes	TBD in the first 6 months/baseline assessment							
% of community members who have basic knowledge on SGBV and can identify when and how to access medical care and support structures for SGBV	**Success determined by:** **Numerator:** # of community members who have basic knowledge on preventive measures, medical and psychological consequences, accessing the appropriate medical care and establish referral mechnism regarding the Sexual and Gender Baesd Violance. **Denominator:** # of all respondents **SGBV prevention measures** -Respect women's dignity -Treat kindly to women -Promote women participation -Provide necessary information -Enable the safe and secure environment for women -Promote awareness of Gender Inclusion -Promotion child education especially for girl **Medical and Psychological consequences of SGBV** -Unwanted pregnancy -STI/HIV -Fear/female genital mutilation (FGM) -Depression -Post-traumatic stress disorder (PTSD) -Stigma		Women	TBD								Baseline, MtR, Endline survey	Annually
			Men	TBD									
			Total	TBD	Yes	0	10	30	50	65	65		
Output 1.4: Beneficiaries are referred to the next level of health care from primary health care facilities or through community outreach.													
# of successful referrals to the SHC facility	The # of referrals who have contra referral forms	2.2	Women	TBD								Contra referral forms	quarterly
			Men	TBD									
			Total	TBD	No	40	200	200	200	200	840		
# of vulnerable patients provided with Emergency referral fund in the targetted villages	# of vulnerable patients provided with Emergency referral fund for ECC, EmOC and emergency major surgery elected by TMO in the targetted villages (reimbursement at referred location)	5.1	Women	TBD		50	150	150	150	150	650	Financial record Township reimbursement record	Annually
			Men	TBD		50	150	150	150	150	650		
			Total	TBD	No	100	300	300	300	300	1300		
Output 1.5: SGBV survivors receive adequate health services													
# of people reached with key SGBV messages in community sessions to create awareness and inform about availability of services for SGBV survivors	Success determined by: community members received key SGBV messages from MRCS staff/volunteers	4.1	Women	TBD		1000	2000	2000	2000	1500	8500	Monthly reports & session reports	Annually
			Men	TBD		1000	2000	2000	2000	1500	8500		
			Total	TBD	No	2000	4000	4000	4000	3000	17000		
# of community that has established safe referral system for SGBV survivors	Success determined by: # of communities with established referral system for SGBV survivors are in place Established referral system means the following mechanisms are in place -Guideline/SoP -Referral form -Identified channel -Referral record without names		Women	TBD								Guideline/SoPReferral form	Annually for reviewing and updati
			Men	TBD									
			Total	TBD	Yes	0	50	0	0	0	50		
Output 1.6: Targeted communities timely detect health risks through community-based surveillance													
# of communities with functioning CBS for epidemic control	Success determined by: # of the target communities with epidemic control plan are in place and that actively functioning the mechanism		Women	TBD								Epidemic response plan and Annual report	Annually
			Men	TBD									
			Total	TBD	Yes	0	25	50	50	50	50		
Output 1.7: Myanmar RC and Myanmar authorities have concluded an agreement which establishes how the parties will ensure complementarity in contributing to universal health coverage													
# of agreements between MRCS and Myanmar authorities on UHC	# of agreements between local authorities, MRCS at the township level establishing complementary roles in UHC		Women	TBD								Agreements signed and documented with the PR department of MRCS, project documentation	Annually
			Men	TBD									
			Total	TBD	Yes	2	2	2	2	2	2		

Baseline: "TBD": Baseline data not available before conducting baseline survey at the beginning of the project
Targets: "TBD": Targets to be determined after in-depth assessment and baseline at beginning of project.
Targets and Indicators are subject to amendment based on the Baseline finding that will be conducted in the first 6 months of 2021.

Regarding targets on the four impact indicators: At this stage, the team in NorCross and the National Society partner cannot commit to report on impact indicators based on national statistics due to lack of relevant data at the district/province level. Yet, NorCross will ensure to provide evidence of longer-term results through the reporting and additional knowledge production (e.g., evaluations, studies).

Nigeria Project

Impact goal: People affected by conflict and climate change in Nigeria have improved health and protection.

Linked to NorCross' Humanitarian Objective: Improve the health and protection of the most vulnerable people in conflict, crises, and climate change

Indicator	Definition of indicator	Contributes to NorCross' RF indicator no.*	Sex	Baseline value	Targets Year 1 Total target Y1	Targets Year 2 Total target Y2	Targets Year 3 Total target Y3	Targets Year 4 Total target Y4	Targets Year 5 Total target Y5	Total targets in project period	Means of verification	Frequency
Under-5 Mortality Rate (SDG 3.2.1)	The probability of a child born in a specific year or period dying before reaching the age of 5 years per 1000 live births.	1	N/A	201 (both sexes, 2019, WHO)	TBD	TBD	TBD	TBD	TBD	12 (by 2030)	Civil Registration vital statistics or National Population-Based Survey (NPBS)	Civil Registration - Annual NPBS - every 5 years
Maternal Mortality Ratio (SDG 3.1.1)	The annual number of female deaths from any cause related to or aggravated by pregnancy or its management, during pregnancy, childbirth or within 42 days of termination of pregnancy, but not from accidental or incidental causes, per 100 000 live births.	1	Female	917 (2017, WHO)	TBD	TBD	TBD	TBD	TBD	<70 (by 2030)	Civil Registration vital statistics or National Population-Based Survey (NPBS)	Civil Registration - Annual NPBS - every 5 years
Outcome 1: Improved and safer access to health care for the conflict and climate crisis-affected population in Northeast Nigeria - *Linked to NorCross' Humanitarian Outcome: Improved and safer access to health care*												
Prevalence of maternal mortality in target area	Death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.	NA	N/A	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Nigeria National Health Information System/MoH register at health facility level	Annually
Prevalence of infant mortality in target area	Probability of a child born in a specific year or period dying before reaching the age of one, if subject to age-specific mortality rates of that period.	NA	N/A	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Nigeria National Health Information System/MoH register at health facility level	Monthly/Annually
Incidence of malaria in target area	TBD	NA	N/A	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Nigeria National Health Information System/MoH register at health facility level	Annually

Prevalence of acute malnutrition in under five and pregnant women in targeted area	TBD	NA	N/A	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Nigeria National Health Information System/MoH register at health facility level	Monthly/Annually
Immunization coverage in target area	The percentage of one-year-olds who have received one dose of Bacille Calmette-Guérin (BCG) vaccine, three doses of polio vaccine, three doses of the combined diphtheria, tetanus toxoid and pertussis (DTP3) vaccine, and one dose of measles vaccine. Numerator: Number of children aged 12–23 months receiving one dose of BCG vaccine, three doses of polio vaccine, three doses of DTP3 vaccine, and one dose of measles vaccine. Denominator: Total number of children aged 12–23 months surveyed. Note: In certain countries the time period of 12–23 months was adjusted to align with alternative national immunization periods (18–29 months or 15–26 months).	NA	N/A	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Nigeria National Health Information System/MoH register at health facility level	Monthly/Annually
% of affected people reporting safer access to health services	Simple random sampling. Numerator: Number of people reporting to feel safer when accessing health care services Denominator: Number of patients who received essential health care services	7	N/A	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	
% of patients treated at health facility that were referred by NS volunteers from the community to primary health services	Numerator: Number of people who were referred and seen at the primary health facility Denominator: Number of people accessing health services and assessed for the need of referral	2	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Health facility records and Volunterrs activity report	Monthly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
% of people reached by community outreach activities demonstrating improved health and hygiene practices and improved knowledge on key public health risks.	Simple random sampling. Numerator: Number of people who demonstrate improved practice of health and hygiene Denominator: Number of people who were reached by community outreach activities Improvement of health and hygiene practices is assessed through four levels: (1) None; (2) Minimal; (3) Moderate; and (4) Substantial. Improved practices include levels from moderate to substantial.	3	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	KAP /baseline Survey	Monthly/Annually
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
Output 1.1: Targeted population receive key health and hygiene information												
# of people reached with key health and hygiene information	Indicator counts the number of people reached through key health and hygiene information	3.1	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Volunteer activity reports	Monthly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
# of people reached with key SGBV messages in community sessions to inform about availability of services for SGBV survivors	The indicator counts affacted individual attended SGBV related clinical services at facility level.	4.1	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Volunteer activity reports	Monthly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
% of trained NS volunteers who are active in the target area	Numerator is number of volunteers who are active Denominator is the number of volunteers registered in the target area	NA	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Training Report	Quarterly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
% of NS volunteers receiving monthly supportive supervision	Count as numerator only when supervision frequency is (average) > 1 x per month ,Numerator: Number of NS volunteers/CHWs who receive regular technical/on-the-job supervision Denominator: Number NS volunteers/CHWs who carry out community outreach activities	NA	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Supportive Supervision Report	Monthly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
Output 1.2: People are referred to the next level of health care from primary health care facilities or through community outreach., particularly cases of severe acute malnutrition in pregnant/lactating women and infants												
# of people referred by NS volunteers to primary health services	Indicator counts the number of people referred from the primary health services	2.1	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Health facility records and Volunterrs activity report	Monthly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
# of pregnant women refered from the community who attend at least 3 antenatal visit at health facility	Counts the number of pregnant women referred form the community who have attended at least 3 antenatal visits at a health facility	NA	N/A	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Monthly
# of SGBV survivors referred by the NS volunteers to the ICRC supported health facilities	The indicator counts the number of SGBV survivors who were referred to ICRc supported health facilities by the NS volunteers. Results from this indicator will also be included under NorCross RF indicator 2.1: "# of people referred by NS volunteers to primary health services"	NA	N/A	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Health facility records and Volunterrs activity report	Monthly
# of households trained on malnutrition screening and equipped with a MUAC	Indicator counts number of HH trained in malnutrition screening and equiped with MUAC tapes	NA	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Volunteer activity reports	Monthly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
# of SAM cases (self-)referred for treatment to the health structures	Indicator counts number of malnutrition cases self-referred corresponding to criteria and receive treatment. Results from this indicator will also be included under NorCross RF indicator 2.1: "# of people referred by NS volunteers to primary health services"	NA	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	health facility records	Monthly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
% of (self-)referred malnutrition cases that correspond	Numerator is number of self referred cases that receive treatment while denominator is number of all	NA	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	health facility records	Monthly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		

the criteria and receive treatment	self referred cases. This is counted under indicator 2 above		Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
# of mothers attended to IYCF session done by NRCS volunteers in the community in the target area	Counts the number of mothers who attended IYCF sessions conducted by NRCS	NA	N/A	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Volunteer activity reports	Monthly
Output 1.3: Targeted communities timely detect disease health risks through community-based surveillance												
Assessment conducted to understand the need and fesibility of CBS in the project area		NA	N/A	0	1	TBD	TBD	TBD	TBD	TBD	Report	Monthly
Output 1.4: Nigeria RC and Nigerian authorities have concluded an agreement which establishes how the parties will ensure complementarity in contributing to universal health coverage												
Agreement is signed by NRCS and MoH (project areas, general)		NA	Total	0	TBD	TBD	TBD	TBD	TBD	Yes (1)	CBS assessment reprot	Once
Output 1.5: Nigeria RC health personnel implement risk mitigation measures associated with healthcare provision												
# of NS volunteers who are better prepared to cope with and mitigate the threat of and consequences of violence against healthcare	Counts the number of NS volunteers who demonstrate preparedness to cope and mitigate the threat and consequences of violence against healthcare	NA	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Volunteer activity reports	Quarterly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
# of HCiD related cases reported by NS volunteers	Indicator counts the number of HCiD related cases reported by NS volunteers	NA	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Volunteer activity reports	Monthly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
# of people who accessed health facilities, pre-hospital, and ambulance services with security measures implemented	The indicator counts the number of patients accessing the health facilities, pre-hospital, and ambulance services where security measures were implemented with the support of NorCross.	7.1	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Volunteer activity reports	Monthly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
# of RCRC health facilities, pre-hospital, and ambulance services with security measures implemented	The indicator counts the number of health facilities, pre-hospital and ambulance services with improved security routines and infrastructure. These include, for instance, strengthened perimeter, safe rooms, and HCiD guidelines in place.	7.2	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Volunteer activity reports	Monthly
			Men	TBD	TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD	TBD	TBD	TBD	TBD	TBD	TBD		

Baseline: "TBD": Baseline data not available before conducting baseline survey at the beginning of the project
Targets: "TBD": Targets to be determined after in-depth assessment and baseline at beginning of project
Targets and indicators are subject to amendment based on the Baseline finding that will be conducted in the first 6 months of 2021.

Somalia Project

Impact goal: Conflict and climate-crisis affected population in Mudug region ,Puntland have improved health and protection

Linked to NorCross' International Strategy: Improve the health and protection of the most vulnerable people in conflict, crises, and climate change

Indicators	Definition of indicator	Link to NorCross' RF	Sex	Baseline value	Cumulative Indicator** (Yes/No)	Targets Year 1 Total target Y1***	Targets Year 2 Total target Y2***	Targets Year 3 Total target Y3***	Targets Year 4 Total target Y4***	Targets Year 5 Total target Y5***	Total targets in project period	Means of verification	Frequency
Under-5 Mortality Rate (SDG 3.2.1)	The probability of a child born in a specific year or period dying before reaching the age of 5 years per 1000 live births	1	N/A	117 (both sexes, 2019, WHO)	No	115	113	111	109	107	107	Civil Registration vital statistics or National Population-Based Survey (NPBS)	Civil Registration - Annual NPBS - every 5 years
Maternal Mortality Ratio (SDG 3.1.1)	The annual number of female deaths from any cause related to or aggravated by pregnancy or its management, during pregnancy, childbirth or within 42 days of termination of pregnancy, but not from accidental or incidental causes, per 100 000 live births.	1	Female	829 (2017, WHO)	No	825	810	795	780	765	765	Civil Registration vital statistics or National Population-Based Survey (NPBS)	Civil Registration - Annual NPBS - every 5 years
Proportion of births attended by Skilled Health Personnel (SDG 3.1.2)	Percentage of live births attended by skilled health personnel during a specified time period	16	N/A	9 (2006, WHO)	No	30 %	31 %	32 %	34 %	35 %	35 %	National Population-Based Survey	Annual
Outcome 1: Improved and safer access to health care for the population in Mudug Region, Puntland and Somaliland - *Linked to NorCross' Humanitarian Outcome: Improved and safer access to health care*													
% of people receiving quality essential health services	# of people receiving health services at the SRCS clinics/target population for the clinic catchment areas	1	Women	47 823	No	90 %	91 %	92 %	93 %	94 %	94 %	Clinic attendance statistics and survey	Quarterly Annual
			Men	48 402	No	90 %	91 %	92 %	93 %	94 %	94 %		
			Total	**96 225**									
% of people requiring a referral seen at the next level of health care	# of people who were referred and seen at the next level of care / Total # of people referred to the next level of care	2	Women	25	Yes	30 %	32 %	34 %	36 %	38 %	38 %	Clinic attendance statistics and survey	Quarterly Annual
			Men	5	Yes	30 %	32 %	34 %	36 %	38 %	38 %		
			Total	**30**	**Yes**								
% of targeted population covered by CBS trained volunteers	Percentage of the targeted communities which are covered by trained CBS volunteers	6	NA	67 %	No	100 %	100 %	100 %	100 %	100 %	100 %	Quarterly activity reports	Quarterly
Output 1.1: Targeted population receive primary health services													
# of people who received primary health care services from fixed or mobile clinics (including MNCH and SRH),	This includes all patients seeking care at the fixed clinics and/or mobile clinics. Data will be disaggregated by age and sex.	1,1	Women	57 753	Yes	76 384	80 203	84 213	88423	92844	422 067	Activity reports	Quarterly
			Men	38 502	Yes	50 922	53 468	56 141	58948	61895	281 374		
			Total	**96 255**	**Yes**	**127 306**	**133 671**	**140 354**	**147 371**	**154 739**	**703 441**		
# of people referred to secondary health care services	This refers to referrals made from the PHC clinics to secondary health services.	2,2	Women	8	Yes	12	16	20	24	28	100	Activity reports	Quarterly
			Men	6	Yes	8	12	16	20	24	80		
			Total	14	Yes	20	28	36	44	52	180		
Output 1.2: Targeted communities detect health risks through community-based surveillance													
# of new volunteers trained in CBS	Number of SRCS volunteers who are trained in the health risks and in CBS.		Women	0	Yes	30	15	15	15	15	90	Training reports and training evaluation reports	Post Trainings
			Men	0	Yes	30	15	15	15	15	90		
			Total	120	Yes	60	30	30	30	30	180		
# of volunteers who receive refresher trainings	Number of SRCS volunteers who receive refresher trainings in the health risks		Women	160	Yes	132	160	160	160	160	772	Training reports and training evaluation reports	Post Trainings
			Men	160	Yes	128	160	160	160	160	768		
			Total	320	Yes	260	320	320	320	320	1540		
# of alerts triggered by community volunteers to the Nyss Platform	Number of alerts triggered in the platform.		Alerts	50	Yes	52	56	60	64	68	300	Weekly Reports	Weekly/Quarterly
			Total	50	Yes	52	56	60	64	68	300		
% of CBS alerts cross-checked	Number of alerts cross-checked by supervisor or clinical staff/Number of alerts x 100%	6,2	NA	67 %	No	75 %	83 %	91 %	93 %	95 %	95 %	Quarterly activity reports	Quarterly
			NA	67 %	No	75 %	83 %	91 %	93 %	95 %	95 %		
Output 1.3: Somali RC and Somali authorities will work towards developing an agreement which establishes how the parties will ensure complementarity in contributing to universal health coverage													
Agreeement is in place between Somali RC and Somali authorities	Agreement will be in place between the relevant Somali authorities and SRCS		NA	1	No	0	0	1	1	1	1	Agreement is reached	Once
			Total	No	No								

Baseline: "TBD": Baseline data not available before conducting baseline survey at the beginning of

Targets: "TBD": Targets to be determined after in-depth assessment and baseline at beginning of

Targets and Indicators are subject to amendment based on the Baseline finding that will be conducted in the first 6 months of 2021.

South Sudan Project

Impact Goal: Improve the health and protection of people affected by conflict and climate change in South Sudan.

Linked to NorCross' International Strategy: Humanitarian Objective 1: Improve the health and protection of the most vulnerable people in conflict, crisis, and climate change

Indicator	Definition of indicator	Contributes to NorCross' RF indicator no.*	Gender	Baseline value	Cumulative indicator** (Yes/No)	Targets Year 1 / Totals Year 1	Targets Year 2 / Total Year 2	Target Year 3 / Total Year 3	Target Year 4 / Total Year 4	Targets Year 5 / Total Year 5	Total targets in project period / Total actual values in project period	Means of verification	Frequency
Under-5 mortality rate (SDG 3.2.1)	The probability of a child born in a specific year or period dying before reaching the age of 5 years per 1000 live births		Women	96.2		89	TBD	TBD	TBD	TBD	TBD	MoH Report, Third partyReport, WHO Report, Survey	Annual
			Men				TBD	TBD	TBD	TBD	TBD		
			Total	96.2		89	TBD	TBD	TBD	TBD	TBD		
Maternal mortality ratio (SDG 3.1.1)	Approximates a woman's risk of dying while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.		Women	789 - 1710		700 - 1700	TBD	TBD	TBD	TBD	TBD	MoH Report, Third partyReport, WHO Report, Survey	Annual
			Men				TBD	TBD	TBD	TBD	TBD		
			Total	789 - 1710		700 - 1700	TBD	TBD	TBD	TBD	TBD		
Outcome 1: Improved and safer access to healthcare for the target population in Upper Nile and Jonglei states													
% of people receiving quality essential health services	Simple random sampling. Numerator: Number of people who received essential services according to SPHERE standards quality Denominator: Number of people accessing essential health services Quality of care as described per SPHERE standards for any health service part of essential health services package. This may vary from a region to a region or context or situation and may comprise of different services. Where a service is not defined as per SPHERE, other local standards such as set by MOH or WHO global standards may also imply.	1	Women	TBD		TBD	TBD	TBD	TBD	TBD	TBD	Survey Health and wellbeing score card – Mixed methods analysis –random sampling and FGDs	Annual
			Men	TBD		TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD		TBD	TBD	TBD	TBD	TBD	TBD		
% of people requiring a referral seen at the next level of health care	Simple random sampling – should the NS or the health facility be unable to provide information about referrals and follow-up to the next level of health care. Numerator: Number of people who were referred and seen at the next level of care Denominator: Number of people accessing health services and assessed for the need of referral Referral is successful and timely if patients assessed for the need of comprehensive primary or secondary health care services are followed-up in the next visit and seen at the next level of care.	2	Women	640		15700	15700	15700	15700	15700	78500	NS reports Quarterly referral follow-up reports Survey	Annual
			Men	360		11300	11300	11300	11300	11300	56500		
			Total	1000		27000	27000	27000	27000	27000	135000		
% of people reached by community outreach activities demonstrating improved health and hygiene practices	Simple random sampling. Numerator: Number of people who demonstrate improved practice of health and hygiene Denominator: Number of people who were reached by community outreach activities	3	Women	640		15700	15700	15700	15700	15700	78500	KAP Survey	Annual
			Men	360		11300	15700	11300	11300	11300	60900		
			Total	1000		27000	27000	27000	27000	27000	135000		
% under five immunization coverage	The proportion of the targeted children who receive recommended vaccines		Women	TBD		TBD	TBD	TBD	TBD	TBD	TBD	KAP Survey, MOH and third party reports	Annual
			Men	TBD		TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD		TBD	TBD	TBD	TBD	TBD	TBD		
% of people which were covered by CBS	Numerator: Number of people reached through CBS alerts Denominator: Number of people in the catchment area	6	Women	TBD		TBD	TBD	TBD	TBD	TBD	TBD	NS report	Annual
			Men	TBD		TBD	TBD	TBD	TBD	TBD	TBD		
			Total	TBD		TBD	TBD	TBD	TBD	TBD	TBD		
% of households using drinking water from an improved drinking water source	Random sampling of households in service area. Numerator: Number of households observed as using water from an improved drinking source Denominator: total Number of households in sample Improved drinking water sources are defined as those that have the potential to deliver safe water by nature of their design and construction. Water sources include: piped water, boreholes or tube wells, protected dug wells, protected springs, rainwater, and delivered water. Improved drinking water is defined according to three services level: •Safely managed: Drinking water from an improved water source which is located on premises (household tap), available when needed and free from faecal and priority chemical contamination •Basic: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing •Limited: Drinking water from an improved source for which collection time exceeds 30 minutes for a roundtrip including queuing.	10	Women	1500		1400	1800	1900	2000	2100	9200	Survey	Annual
			Men	750		900	1200	1100	1000	1600	5800		
			Total	2250		2300	3000	3000	3000	3700	15000		
% of households using a functioning sanitation facility	Simple random sampling. Numerator: Number of households that use a functioning sanitation facility Denominator: Number of households	12	Women									Survey/observation	Annual
			Men	5 %		35 %	35 %	11 %	9 %	10 %	100 %		
			Total	5 %		35 %	35 %	11 %	9 %	10 %	100 %		
% of people reporting safer access to health services	Simple random sampling. Numerator: Number of people reporting to feel safer when accessing health care services Denominator: Number of patients who received essential health care services	7	Women	TBD			TBD	TBD	TBD	TBD	TBD	Survey/observation/FGDs	Annual
			Men	TBD			TBD	TBD	TBD	TBD	TBD		
			Total	TBD			TBD	TBD	TBD	TBD	TBD		
Output 1.1: Targeted population receive primary health services													
# of people reached through health programmes	Measuring the number of people reached in the new areas.		Women	5000		50000	TBD	TBD	TBD	TBD	TBD	Annual Reports, Quarterly Report, Monthly, Survey	Tertiary & Annual Reports
			Men	4000		40000	TBD	TBD	TBD	TBD	TBD		
			Total	9000		90000	TBD	TBD	TBD	TBD	TBD		
# of people who received pre-hospital services	The indicator counts the individuals per year that have been served through pre-hospital services. Pre-hospital services include: •First aid services in communities (incl. psychosocial first aid) •Emergency health •Pre-hospital services administered in primary health care facilities and ambulances •Patient transport services through ambulances.	1,2	Women	34		1430	1390	1290	1280	1400	6940	NS reports Monthly patients report	Tertiary
			Men	26		1270	1310	1410	1370	1300	6560		
			Total	60		2700	2700	2700	2700	2700	13500		
# of people referred to primary health care services	The indicator counts the individuals referred to primary health care services from community health workers or other primary health care services.	2.1	Women	9		443	470	500	550	490	2453	NS reports Monthly patients report	Tertiary
			Men	12		357	330	400	350	410	1847		
			Total	21		800	800	900	900	900	4300		
Output 1.2: Targeted population receive key health and hygiene information including on WASH services.													
#of people reached with health messages in the community according to community health strategy or MoH curriculum and tools	Exclude contacts carried out by volunteers without valid certification or supervision (< 1 per month); such contacts may be counted as 'health promotion'		Women	120		9000	8600	10000	10900	9300	47800	NS reports	Tertiary
			Men	80		7300	8000	9000	9600	8300	42200		
			Total	200		16300	16600	19000	20500	17600	90000		

# of pregnant women and lactating mothers reached with MIYCF messages by the trained mother to mother support groups	Exclude contacts carried out by volunteers without valid certification or supervision (< 1 per month); such contacts may be counted as "health promotion"		Women	80		710	600	690	800	900	3700	NS reports	Tertiary
			Men	0		0	0	0	0	0	0		
			Total	80		710	600	690	800	900	3700		
#of SSRC staff and volunteers trained (TOT) in health-related topics (Boma Health Initiative, MUAC screening Etc)	Training of staff and volunteers from selected locations (Units),		Women	2		10	0	8	0	8	46	NS reports	Tertiary
			Men	8		45	0	9	0	14	68		
			Total	10		75	0	17	0	22	114		
#of volunteers and staff trained in health related topics, including first aid	Number of staff and volunteers trained in health related topics in NorCross supported projects according to NS curriculum.		Women	3		10	0	8	0	8	46	NS reports and training repots	Tertiary
			Men	7		45	0	9	0	14	68		
			Total	10		75	0	17	0	22	114		
# of people reached with key health and hygiene information about available services	The indicator counts the individuals reached with key health and hygiene information about availability of health services. The indicator excludes contacts carried out by NS volunteers without regular clinical supervision. Regular supervision corresponds to > 1 per month.	3.1	Women	170		8400	9100	10000	11000	10000	48500	NS reports	Tertiary
			Men	130		6600	8900	9000	9000	8000	41500		
			Total	300		15000	18000	19000	20000	18000	90000		
% of NS community health volunteers receiving regular technical/on-the-job supervision at the health facilities	Numerator: Number of NS volunteers who receive regular technical/on-the-job supervision Denominator: Number NS volunteers who carry out community outreach activities Regular technical/on-the-job supervision corresponds to > 1 per month.	3,2	Women	2		10	0	8	0	8	46	NS reports	Tertiary
			Men	4		45	0	9	0	14	68		
			Total	6		75	0	17	0	22	114		
#of pregnant women referred for antenatal care services	Counts the number of pregnant women referred to Antennatal care services annualy.		Women	80		500	550	600	700	760	3110	NS reports	Tertiary
			Men	0		0	0	0	0	0	0		
			Total	80		3600	550	600	700	760	3700		
# of people with access to an improved water source supported by NorCross	The indicator counts the number of people living within the service area of the water system. Examples of a service area include: -a village population benefiting from a handpump, protected well or a rehabilitated water storage tank -a neighbourhood population benefiting from rehabilitated network, water treatment works, pumping station. The number of people is only reported once the system is completed, functioning, and handed over (e.g. if a system is not completed this year but next year, # people will be counted next year). The number of people can be determined from secondary data: population census, OCHA data, relief data from NS, technical data from water system design, focus group discussion, data water board; primary data: survey. Should only household data be available, the number of people is estimated as following: "number of households" x "average household size".	10,1	Women	590		3810	980	900	950	980	7620	Survey/Observation NS Report	Annual
			Men	410		1190	370	250	300	270	2380		
			Total	1000		5000	1350	1150	1250	1250	10000		
# of people who received access to improved sanitation facilities in household	The indicator counts once the sanitation facilities are completed and handed to the HHs/community. The number of people are counted as follows: "Number of sanitation facilities constructed" x "number of users (household size or avg. household size). The number of people is only reported upon once the facilities are completed and handed over. In case of sewer systems the number of people is counted by the service area of the system (different data sources: population census, OCHA data, relief data from NS, technical design data sewer system; focus group discussion or survey. In case of individual HH sanitation, the number of people within a HH are counted based on the construction completion reported. Should only household data be available, the number of people is estimated as following: "number of households" x "average household size".	12,1	Women	700		8400	9100	10000	11000	10000	48500	Survey/Observation NS report	Tertiary
			Men	380		6600	8900	9000	9000	8000	41500		
			Total	1080		15000	18000	19000	20000	18000	90000		
#of water management committees trained and formed	Committees to be formed		N/A	2		6	4	4	6	0	20	NS reports	Tertiary
Number of people using safely managed sanitation services (SDG 6.2.1a)	Measuring the number of people in the project area with handwashing facility with soap and water		Women	650		50000	TBD	TBD	TBD	TBD	TBD	MoH Report, Third partyReport, WHO Report, Survey	Annual
			Men	350		40000	TBD	TBD	TBD	TBD	TBD		
			Total	1000		90000	TBD	TBD	TBD	TBD	TBD		
% of water management structures active 6 months after system completion	Numerator: Number of water management structures functional after 6 months Denominator: total Number of water management structures supported This indicator is a proxy for sustainability of the WASH interventions and reinforces the related outcome indicator. Water management structures include: •community water committees •local water authorities •water board. Based on the context, the activities that indicate an active structure include training of people, collecting of revenues, monitoring activities of the water systems, records kept, among other.	10,2	Women	TBC		TBC	TBC	TBC	TBC	TBC	TBC	Survey/Observation NS Report	Tertiary
			Men	TBC		TBC	TBC	TBC	TBC	TBC	TBC		
			Total	TBC		TBC	TBC	TBC	TBC	TBC	TBC		
#of people are reached with hygiene promotion messages and practice personal, environmental and water hygiene.	Counts number of people reached with hygiene promotion messages and practice personal, environmental and water hygiene		Women	590		8400	8100	10000	11000	10000	45500	NS reports	Tertiary
			Men	490		6600	8900	9000	9000	8000	41500		
			Total	1080		15000	18000	19000	20000	18000	90000		
#of volunteers trained hygiene promotion	Counts number of volunteers trained on hygiene promotion		Women	7		40	23	22	0	21	106	NS reports	Tertiary
			Men	13		60	27	28	0	29	144		
			Total	20		100	50	50	0	50	250		
#of household hygiene kits procured and distributed to the targeted households	Counts number of household kits procured and distributed to target HH.		Women	TBC		1500	890	890	890	890	5060	NS reports	Tertiary
			Men	TBC		0	610	610	610	610	2440		
			Total	TBC		1500	1500	1500	1500	1500	7500		
Output 1.3: Targeted communities timely detect health risks through community-based surveillance													
# of community based volunteers trained on epidemic control and prevention, including	RCRC staff and volunteers who are trained to collect, analyse and interpret information on local health risks to prevent, identify and respond to epidemics and disease outbreaks. Training may be according to CBS including Nyss, and ECV.		Women	3		10	0	8	0	8	46	NS reports/training reports	Tertiary
			Men	9		45	0	9	0	14	68		
			Total	12		75	0	17	0	22	114		
# of people reached through social mobilization on control and prevention of diseases (Cholera, Covid 19, Malaria, Ebola, Meningitis, Yellow fever,etc) at the community	Counts the number of beneficiaries within a community reported by community-based NS staff/volunteers, after the establishment of a CBS system for detecting and reporting of events of public health significance.	6,1	Women	1500		9000	8400	10000	10900	9300	47800	NS reports/Compiled Beneficiaries report	Tertiary
			Men	1000		7300	8000	9000	9600	8100	42200		
			Total	2500		16300	16600	19000	20500	17600	90000		
% of CBS alerts cross-checked	Numerator: Number of alerts cross checked by supervisor or clinical staff Denominator: Number of alerts	6,2	N/A	TBD		TBD	TBD	TBD	TBD	TBD	TBD	NS reports	Tertiary
Output 1.4: South Sudan RC and South Sudanese authorities will work towards concluding an agreement which establishes how the parties will ensure complementarity in contributing to universal health coverage													
MOU between SSRC and the Governement of South Sudan (MOH)	The document will outline scope and thematic areas of intervention in support of government strategic plans and policies		N/A	1		1	0	0	0	0	1	NS reports	Annual

# of cluster meetings and Technical Working Groups attended by the NS			N/A	12		12	12	12	12	12	60	NS reports	Tertiary
# of PNS meetings attended by NorCross to plan and review support to the NS			N/A	12		12	12	12	12	12	60	NS reports	Tertiary
# of planning and review meetings with participation of partners, including government representation			N/A	1		4	4	4	4	4	20	NS reports	Tertiary
Output 1.5: South Sudan RC health personnel implement risk mitigation measures associated with healthcare provision													
# of people who accessed health facilities, pre-hospital and ambulance services with security measures implemented	The indicator counts the number of patients accessing the health facilities, pre-hospital, and ambulance services where security measures were implemented with the support of NorCross.	7,1	Women	820		8700	2900	2900	2900	3000	20400	RCRC/NS/ICRC Reports	Tertiary
			Men	480		6300	2400	2450	2650	2800	16600		
			Total	1300		15000	5300	5350	5550	5800	37000		
# of RCRC health facilities, pre hospital and ambulance services with security measures implemented	The indicator counts the number of health facilities, pre-hospital and ambulance services with improved security routines and infrastructure. These include, for instance, strengthened perimeter, safe rooms, and HCID guidelines in place.	7,2	N/A	1		2	2	2	2	2	10	RCRC/NS/ICRC Reports	Tertiary
# of non-RCRC prehospital stakeholders that are better prepared to mitigate the threat of and consequences of violence against health care	Stakeholders include actors from industry, academia and service providers whose work towards securing safer ambulance services are strengthened as a result of NorCross' efforts.		Women	6		22	18	30	28	27	125	RCRC/NS/ICRC Reports	Tertiary
			Men	14		28	22	30	22	23	125		
			Total	20		50	40	60	50	50	250		

Baseline: "TBD": Baseline data not available before conducting baseline survey at the beginning of the project
Targets: "TBD": Targets to be determined after in-depth assessment and baseline at beginning of project.
Targets and indicators are subject to amendment based on the Baseline finding that will be conducted in the first 6 months of 2021.

Syria Project

Impact goal: People affected by conflict and climate change in Syria have improved health and protection

Linked to NorCross' International Strategy: Improve the health and protection of the most vulnerable people in conflict, crises, and climate change

Indicators	Definition of indicator	NorCross' RF indicator	Sex	Baseline value	Cumulative indicator** (Yes/No)	Targets 2021 Total target Y1***	Targets 2022 Total target Y2***	Targets 2023 Total target Y3***	Targets 2024 Total values Y4***	Targets 2025 Total values Y5***	Total targets in project period	Means of verification	Frequency
Maternal Mortality Ratio (SDG 3.1.1)	The annual number of female deaths from any cause related to or aggravated by pregnancy or its management, during pregnancy, childbirth or within 42 days of termination of pregnancy, but not from accidental or incidental causes, per 100 000 live births.	N/A	Women	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	National statistics, baseline-endline, final project evaluation	Annually
Outcome 1: Improved access to quality and environmentally friendly primary health care services *Linked to NorCross' Humanitarian Outcome: Improved and safer access to health care*													
# of reports documenting improvement in overall health status and safer access to healthcare for targeted populations in project areas	This includes number of documents reporting improved health outcomes and safer access in targeted areas including national statisitcs reports as well as NorCross and SARC yearly reports and NORAD project evaluation post end of implementation.		Women	TBD	Yes	N/A	N/A	N/A	N/A	N/A	N/A	National statistics, baseline-endline, final project evaluation	Annually
			Men	TBD	Yes	N/A	N/A	N/A	N/A	N/A	N/A		
			Total	TBD	Yes	0	1	1	1	2	5		
% of people reporting improved access to quality health service in targeted areas	Simple random sampling. Number of people accessing health care services, out of those reporting the need of health services. When calculating the %, the numerator is people reporting "quality health care and the denominator is 'patients who accessed fixed or mobile clinics'	1	Women	TBD	Yes	10 %	20 %	20 %	20 %	20 %	20 %	Evaluations; baseline endline studies, surveys	Annually
			Men	TBD	Yes	10 %	20 %	20 %	20 %	20 %	20 %		
			Total	TBD	Yes	10 %	20 %	20 %	20 %	20 %	20 %		
% of people reached by community outreach activities demonstrating improved health and hygiene practices	Simple random sampling. Numerator: Number of people who demonstrate improved practice of health and hygiene Denominator: Number of people who were reached by community outreach activities Improvement of health and hygiene practices is assessed through four levels: (1) None; (2) Minimal; (3) Moderate; and (4) Substantial. Improved practices include levels from moderate to substantial.	3	Women	TBD	Yes	30 %	50 %	50 %	50 %	50 %	50 %	Evaluations; KAP studies, surveys	Annually
			Men	TBD	Yes	30 %	50 %	50 %	50 %	50 %	50 %		
			Total	TBD	Yes	30 %	50 %	50 %	50 %	50 %	50 %		
% of people covered by CBS	Numerator: Number of people covered by CBS Denominator: Number of people in the catchment area The indicator provides information on the scale of CBS alerts in the affected communities, for the local formal health system to take action.	6	Women	TBD	Yes	15 %	50 %	75 %	95 %	95 %	95 %	Evaluations; NS Report	Annually
			Men	TBD	Yes	15 %	50 %	75 %	95 %	95 %	95 %		
			Total	TBD	Yes	15 %	50 %	75 %	95 %	95 %	95 %		
% of affected people reporting safer access to health services	Simple random sampling. Numerator: Number of people reporting to feel safer when accessing health care services Denominator: Number of patients who received essential health care services	7	Women	TBD	Yes	50 %	100 %	100 %	100 %	100 %	100 %	Evaluations; Surveys, FGDs	Annually
			Men	TBD	Yes	50 %	100 %	100 %	100 %	100 %	100 %		
			Total	TBD	Yes	50 %	100 %	100 %	100 %	100 %	100 %		
Output 1.1: Targeted population receive primary health services													
# of people who received primary health care services from fixed or mobile clinics	The indicator counts the individuals per year that have been served by the supported health facilities. The count includes new and follow-up patient. Primary health services include: • Preventative and Curative Medical Consultations for acute and chronic conditions. • Provision of acute and chronic medication • Diagnostic services • Minor Trauma Treatment (wounds, burns, etc.) • Screening and follow up for Non-Communicable diseases (Diabetes, Hypertension and Cardio-Vascular illnesses).	1.1	Women	TBD	Yes	3 500	14 000	14 000	14 000	14 000	59 500	PHC beneficiary reports	Monthly
			Men	TBD	Yes	2 500	10 000	10 000	10 000	10 000	42 500		
			Total	TBD	Yes	6 000	24 000	24 000	24 000	24 000	102000		
# of SARC health facilities implementing green technology	Number of fixed or mobile clinics run by SARC and supported by NorCross implementing green technology or other environmentaly friendly approaches i.e solar panels, proper medical waste management among others		N/A	TBD	Yes	1	1	1	1	1	5	NS reports, BoQs, work completion reports, photos	Annually
Output 1.2: Targeted population receive key health and hygiene information													

# of people reached with key health and hygiene messages and information about available services.	Number of beneficiaries receiving awareness through NS staff and volunteers in health related topics through NorCross supported projects according to NS curriculum. Exclude contacts carried out by volunteers without valid certification or supervision (< 1 per month); such contacts may be counted as 'health promotion'	3.1	Women	TBD	Yes	3 000	12 000	12 000	12 000	12 000	51 000	NS reports/Monthly beneficiaries (new and follow up) report	Monthly
			Men	TBD	Yes	1 000	4 000	4 000	4 000	4 000	17 000		
			Total	TBD	Yes	4 000	16 000	16 000	16 000	16 000	68000		
Output 1.3: Targeted communities timely detect health risks through community-based surveillance													
# of people reached by CBS by community-based NS staff/volunteers	Counts the number of beneficiaries within a community reported by community-based NS staff/volunteers, after the establishment of a CBS system for detecting and reporting of events of public health significance.	6.1	Women	TBD	Yes	500	2 000	2 000	2 000	2 000	8 500	NS reports/Compiled Beneficiaries report	Monthly
			Men	TBD	Yes	500	2 000	2 000	2 000	2 000	8 500		
			Total	TBD	Yes	1 000	4 000	4 000	4 000	4 000	17000		
# of SARC staff and volunteers who received trainings to address behavioral change related to community-based health and hygiene and to perform CBS activities	RCRC volunteers who are trained in health topics for disease prevention, hygiene promotion, WASH, and protection topics including health consequences of SGBV. This also include RCRC staff and volunteers who are trained to collect, analyse and interpret information on local health risks to prevent, identify and respond to epidemics and disease outbreaks. Training may be according to CBS including Nyss, and ECV.		Women	TBD	Yes	30	40	40	40	40	190	attendance sheets, training agenda, training curriculum, training report, photos	Monthly
			Men	TBD	Yes	30	40	40	40	40	190		
			Total	TBD	Yes	60	80	80	80	80	380		
# of SARC trained volunteers who receive regular clinical supervision	This includes supervision of SARC CBHFA and CBS volunters by clinical staff working at SARC health facilities. A volunteer is counted as clinically supervised if there is one or more encounter with the supervisor per week	3.2	Women	TBD	No	30	40	40	40	40	190	monthly reports/Clinical Supervision record at PHC clinics.	Tertiary
			Men	TBD	No	30	40	40	40	40	190		
			Total	TBD	No	60	80	80	80	80	380		
Output 1.4: Syrian Arab RC and Syrian authorities have concluded an agreement which establishes how the parties will ensure complementarity in contributing to universal health coverage													
# of joint health initiatives between SARC and MoH in project target areas	These include complementary activities and cooperation between the 2 parties on areas such as referral, CBH/CBS, HCiD among other		N/A	TBD	No	0	1	1	1	1	4	Official correspondance, formal agreements, reports, phoots	Annually
Output 1.5: Syrian Arab RC health personnel implement risk mitigation measures associated with healthcare provision. health coverage													
# of people who accessed SARC health facilities supported by NorCross with security measures implemented	The indicator counts the number of patients accessing the health facilities, pre-hospital, and ambulance services where security measures were implemented with the support of NorCross.	7.1	Women	TBD	Yes	1 500	12 000	14 000	14 000	14 000	55 500	PHC beneficiary reports	Monthly
			Men	TBD	Yes	1 000	8 500	10 000	10 000	10 000	39 500		
			Total	TBD	Yes	6 000	20 500	24 000	24 000	24 000	98500		
# of SARC health facilities supported by NorCross with security measures implemented	The indicator counts the number of health facilities, pre-hospital and ambulance services with improved security routines and infrastructure. These include, for instance, strengthened perimeter, safe rooms, and HCiD guidelines in place.	7.2	N/A	TBD	No	1	2	2	2	2	2	Procurement documents, RCRC reports, photos	Tertiary
# of RCRC healthcare staff and volunteers trained on health care in danger (HCiD)	Counts the number of NSs staff and volunteers trained in HCID		Women	TBD	Yes	30	40	40	40	40	190	RCRC annual reports, attendance sheets, training agenda, training curriculum, training evaluation, photos	Quarterly
			Men	TBD	Yes	30	40	40	40	40	190		
			Total	TBD	Yes	60	80	80	80	80	380		

Baseline: "TBD": Baseline data not available before conducting baseline survey at the beginning of the project
Targets: "TBD": Targets to be determined after in-depth assessment and baseline at beginning of project.
Targets and Indicators are subject to amendment based on the Baseline finding that will be conducted in the first 6 months of 2021.

Finance Development: Accountable and Effective National Societies

Impact goal: Enhanced accountability, effectiveness, and sustainability of the Red Cross Red Crescent National Societies as civil society actors

Linked to NorCross' Humanitarian Objective: Improve the health and protection of the most vulnerable people in conflict, crises, and climate change

Indicator	Definition of indicator	Link to NorCross' RF	Sex	Baseline value	Cumulative indicator** (Yes/No)	Target s Year 1 Total target Y1	Target s Year 2 Total target Y2	Target s Year 3 Total target Y3	Target s Year 4 Total target Y4	Target Year 5 Total target Y5	Total targets in project period	Explanatory comment	Means of verification	Frequency
Outcome 1: Improved financial management in targeted National Societies *Linked to NorCross' Humanitarian Outcome: Improved financial management of National Societies*														
Output 1.1: Targeted National Societies have an approved annual budget														
# National Societies with an approved annual budget	Approval is necessary to have concrete amounts against which performance can be measured. Approved refers to the budget being approval by the higher levels of the NS organization – usually either the board and/or SG level or senior management with the appropriate financial authority –. This may not be possible in all cases but should be the aim to work towards. The annual budget should be prepared in line NS budgeting process and guidelines. It is recommended that the annual budget is consolidated to the largest possible extend. Consolidation can take place at different levels; including core costs budget, departmental budgets, branch budgets The aim is to produce a consolidated budget, at least including all departmental as well as the core cost budget Consolidation may or may not include branch budgets as in some countries inclusion of branch budgets may not be feasible due to legal status of certain branches. In any case the work should aim at including the branch budgets as much as possible. To measure progress, you could look at % of branch budgets included as part of the consolidated budget.	28	N/A	0	Yes	1	3	TBD	TBD	TBD	TBD	The target numbers are only estimates for now based on currently known initial planning by NSs. Depending on prioritization by the National Societies on which outputs they will focus and when the targets need to be re-adjusted accordingly along the way	NS budget documentation like guidelines, departemental and branch budgets as well as approved annual budgets. In case there is no approved annual budget yet progress can also be reported against this indicator, describing what has been done and where the NSs currently is in terms of working towards this output	Annual
Output 1.2: Targeted National Societies record financial transactions in compliance with applicable accounting standards														
# of National Societies recording financial transactions in compliance with applicable accounting standards	NS transactions includes both monetary and non-monetary transactions, looking both at the accuracy and the compliance of transactions. The goal is to come up with financial statements that are complete, consistent, and comparable. This indicator can be measured through internal and external audit functions – e.g. by reviewing existing audit documentation as well as by the development of a checklist to see if transactions are following generally accepted accounting principles and in compliance with applicable accounting standards like IFRS, US GAAP, OHADA etc.).	29	N/A	0	Yes	1	3	TBD	TBD	TBD	TBD	The target numbers are only estimates for now based on currently known initial planning by NSs. Depending on prioritization by the National Societies on which outputs they will focus and when the targets need to be re-adjusted accordingly along the way	Random selection of transactions on quarterly or annual basis to check the accuracy and compliance to the accepted standard and principles is recommended. Templates and default transactions can also be created in the ERP/Accounting System to record the transactions following the accounting standards and compliance process. Check list can also be created and used in the monthly accounts closing tasks to ensure all the accounting entries are captured in compliance to the accepted accounting standards	Quarterly and/or annual
Output 1.3: Targeted National Societies report and manage compliance observations according to the established mechanisms														
# of National Societies that report and manage compliance observations according to the established mechanisms in the NS	The importance of this indicator to monitor whether compliance observations are reported and managed by the NS, e.g. are observations included in an action plan in which the different points have been followed up. Action plans are established to address accounting weaknesses and audit/evaluation findings and recommendations. Accounting reporting and controlling issues should be closed in accordance with the action plan. Internal and external audit reports can also give an indication whether issues reported previously have been addressed.	30	N/A	0	Yes	1	2	TBD	TBD	TBD	TBD	The target numbers are only estimates for now based on currently known initial planning by NSs. Depending on prioritization by the National Societies on which outputs they will focus and when the targets need to be re-adjusted accordingly along the way	Documented plan of action and follow up for implementing the recommendations, referring to external audit reports, management letters etc. Internal/external audit reports. Checklist/ monitoring tool	Annual
Output 1.4: Targeted NS finance function delivers required services efficiently and effectively to enable humanitarian operations.														
# of National Societies with a finance function that can deliver services efficiently and effectively	When providing support to a NS on FD, initial baseline information is collected (with the NS or by NorCross staff) on its finance department functioning and capacities. Based on this assessment a PoA is developed with the NS to provide support to the NS in prioritized areas. Annually internal progress will be measured, by NorCross staff in coordination with the NS. At the end of the project related support to the finance department, it is expected that the NS has improved its capacity in all target areas a.o. through improved scores, reports from evaluations and reviews. The overall objective is to achieve efficiency, and effectiveness. This indicator can also be measured quarterly by measuring the following sub indicators: 1. % of requests processed by the finance department within an acceptable timeframe and 2. % of NS departments and (target) branches oriented in applicable regulations and practices in targeted NSs.	31	NA	0	Yes	1	4	TBD	TBD	TBD	TBD	The target numbers are only estimates for now based on currently known initial planning by NSs. Depending on prioritization by the National Societies on which outputs they will focus and when the targets need to be re-adjusted accordingly along the way	Reviews of documents, checklist and periodic evaluation on errors made in the booking of accounting transactions would determine the level of skills, efficiency, and effectiveness. Also, the level of support the finance function is giving to the program department and the accuracy of the financial information/reporting would determine the level of efficiency and effectiveness of the finance function. Means of verification can be with other department's heads/team leaders on service provided. Internal standard feedback from can be developed in which other departments can give their feedback. Baseline assessment, mid-term review, final evaluation - other information [satisfaction survey, timeliness of handling requests and knowledge skills of staff in finance]	Annual
Outcome 2: Strengthened collective impact of the RCRC Movement *Linked to NorCross' Humanitarian Outcome: Improved collective humanitarian impact of the RCRC Movement*														
Output 2.1: National Societies are supported on financial management, through the establishment of a RCRC Finance Development Competency Network.														
# of National Societies receiving support on financial management through the Finance Development Competency Network	This refers to the # of National Societies that receive support through the FD competency network. This can be technical support provided directly by practitioners' part of the network (e.g. through consultancies or visits), online support or guidance related to sharing of relevant documents and tools. There is a need to further define this indicator and provide more detailed information on how this is measured once the actual FD CN is in established.	27	NA	0	Yes	TBD	TBD	TBD	TBD	TBD	TBD	Targets need to be set once the network is established and running. The network is expected to be established in August 2021. In 2021 a user study will define the organisational and functional set up and how the request/support system will function.	Documented requests for support and follow up provided (service tickets), reports, information management data from the digital platform	Annual
Output 2.2: National Societies expert practitioners' providing financial management support as part of the Finance Development Competency Network.														

# of National Societies with practitioners part of the network, providing financial management support	This indicator measures the active involvement of financial management practitioners from different NSs in the RCRC network with the aim of increasing the number of NSs involved over time. On request support refers to the fact that practitioners offer their services based on requests from other network members or National Societies. This can be providing support through (online) meetings, being part of working groups/committees and online participation in knowledge sharing fora among others.	27,1	NA	0	Yes	TBD	TBD	TBD	TBD	TBD	TBD	Targets need to be set once the network is established and running. The network is excpected to be established by August 2021.	Online) meeting participation lists, information management data from online digital platform, reports etc.	Annual
Output 2.3: Collaborative online platform is available, providing access to financial management standards, tools, data, evidence and learning, accessible to all RCRC National Societies and other relevant stakeholders.														
Financial management technical standards and tools are available on the digital platform and regularly updated	The FD technical standardsand tools agreed upon by IFRC and NorCross. Availability refers to easy access by NSs through the digital platform, over time published in the main IFRC languages. Regularly updated means that the main technical standards are revised at least annually whereas updating of the tools depend on the specific tool and input provided through the network of practitioners.	27.2	NA	0	No	Standards and Tools published	Partly	Y	Y	Y	Y	It is expected that the platform is developed and piloted in 2021. The first standards and tools should than also become available on the platform but will be improved over time.	Online availability of tools. Reports/message indicating updating of tools (revision dates on tools)	Annual
Output 2.4 Organisational development and capacity of National Societies receiving funding from the National Society Investment Alliance (NSIA) is strengthened.														
# of National Societies that have received suport from the NSIA and have strenghtened their organizational development	This indicator will not be measured directly by NorCross but by the NSIA. NorCross will provide an update on the results based on the annual reports from the NSIA regarding its support		NA	0	No		1	1	1	1	1	In 2019 the NSIA supported a total of 10 National Societies, 8 through bridge funding (short term funding) and 2 through long term funding for organisational development initiatives. The average amount given to NSs for bridge funding was about 50 000 CHF. As such it is expected that with the proposed funding from NorCross side the contribution would benefit around 1-2 NSs a year.	Annual reports from the NSIA	Annual

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Targets and Indicators are subject to amendment based on the Baseline finding that will be conducted in the first 6 months of 2021.

Multi-country scale-up of RCRC community-based surveillance

Impact goal: Decreased spread of disease and decreased cases of illness, lives saved (at the local, district, national and potentially global level). Increased local, national and global health security.

Linked to NorCross' International Strategy: Humanitarian Objective: Improve the health and protection of the most vulnerable people in conflict, crises, and climate change

Indicator	Definition of indicator	Link to NorCross' RF	Sex	Baseline value	Cumulative indicator** (Yes/No)	Targets Year 1 (2021) Total target Y1***	Targets Year 2 Total target Y2***	Targets Year 3 Total target Y3***	Targets Year 4 Total target Y4***	Targets Year 5 Total target Y5***	Total targets in project period	Explanatory comment	Means of verification	Frequency
# of active CBS projects	The indicator counts the number of currently active CBS projects supported by NorCross through third parties. It includes previously running projects, new ones an/or projects closing.		N/A	1	Yes	5	8	11	13	15	15	The baseline of 1 in the existing project in Senegal, where Belgian RC was the partner national society, but partnership has now ended. Senegalese RC wishes to continue to use CS w/ Nyss, as detailed in package II. Some projects may close down during the period, that an estimate of it total have been taken into consideration (Q4 year 1, Q4 year 2, Q3+Q4 year 4, Q3+Q4 year 5.	Nyss platform or other tool used - number of projects actively reporting	Quarterly
Outcome 1: Increased early detection and response in the communities to epidemic-prone diseases and other health risks.														
% of people covered by CBS	Numerator: Number of people covered by CBS. Denominator: Number of people in the catchment area. The indicator provides information on the scale of CBs alerts in the affected communities, for the local formal health system to take action	6	Women	TBD		TBD	TBD	TBD	TBD	TBD	TBD		Nyss platform or other tool used	Quarterly
			Men	TBD		TBD	TBD	TBD	TBD	TBD	TBD			
			Total	TBD	No	80	80	80	80	80	80			
# of people reached by CBS by community-based NS staff and volunteers	The indicator counts the number of people in catchment area covered by the CBS projects.	6.1	Women	TBD		TBD	TBD	TBD	TBD	TBD	TBD	This number will vary significantly based on where implementations take place, what geographical area is covered, number of communities/villages covered, population density etc. Target figures are therefore not included.	Project reports	Quarterly
			Men	TBD		TBD	TBD	TBD	TBD	TBD	TBD			
			Total	TBD	Yes	TBD	TBD	TBD	TBD	TBD	TBD			
% of CBS alerts cross-checked	Numerator: Number of alerts cross-checked by supervisor or clinical staff. Denominator: Total number of alerts. CBS reports trigger alerts when a threshold is met. All alerts should be cross checked by supervisor or clinic staff to determine appropriate action/response. Cross-checking is defined as contacting the volunteer to confirm the reports are not duplicates, sent in error, and that correct case definition has been applied.	6.2	N/A	TBD	No	80	80	80	80	80	80		Nyss platform - or other tool used	Quarterly
Output 1.1: Support the implementation of up to 10 CBS projects supported through third parties per year (support packages 1,2 and 3).														
# of new CBS projects	This indicator counts the number of new CBS projects that have been initiated.		N/A	0	No	4	4	4	4	4	20		Nyss platform or other tool used - number of projects actively reporting	Quarterly
Output 1.2: Maintain minimal support for previous project implementations that will continue using Nyss after NorCross partnership has ended (support package 4).														
% of projects using Nyss continuing with CBS and Nyss after partnership has ended	Numerator: CBS projects with Nyss that are maintained and supported through package 4 after end of partnership. Denominator: Total number of implemented projects where partnerships have ended.		N/A	100	No	80	80	80	80	80	80		Nyss platform or other tool used	Yearly
Output 1.3: Continuous adaptation of the Nyss platform to the needs of different CBS projects worldwide.														
# of new features added to Nyss	The indicator counts the number of main new features (functionalities) that have been added to Nyss, based on the needs in CBS projects supported through third-parties.		N/A	0	No	4	4	4	4	4	20		Nyss backlog in Azure DevOps	Quarterly
Outcome 2: Better access to healthcare through early detection and response both at the community level (health promotion) and primary health care level (referrals).														
# of people who received pre-hospital services, such as community-based health and first aid from CBS-trained community volunteers	The indicator counts the individuals per year that have been served through pre-hospital services such as first aid services in communities and emergency health, by CBS-trained community volunteers.	1,2	Women	TBD		TBD	TBD	TBD	TBD	TBD	TBD	This number will vary significantly based on where implementations take place, what geographical area is covered, number of communities/villages covered, population density etc. Target figures are therefore not included.	Project reports	Quarterly
			Men	TBD		TBD	TBD	TBD	TBD	TBD	TBD			
			Total	TBD	Yes	TBD	TBD	TBD	TBD	TBD	TBD			
Output 2.1: Increase key knowledge of health and hygiene by increasing health promotional activities at community level, through CBS implementations/projects.														
# of people reached with key health and hygiene information from CBS trained community volunteers	The indicator counts the individuals reached with key health and hygiene information from CBS-trained community volunteers.	3,1	Women	TBD		TBD	TBD	TBD	TBD	TBD	TBD	This number will vary significantly based on where implementations take place, what geographical area is covered, number of communities/villages covered, population density etc. Target figures are therefore not included.	Project reports	Quarterly
			Men	TBD		TBD	TBD	TBD	TBD	TBD	TBD			
			Total	TBD	Yes	TBD	TBD	TBD	TBD	TBD	TBD			
Output 2.2: Increase referrals to primary health care, through CBS implementations/projects.														
# of referrals to primary health care from CBS-trained community volunteers	The indicator counts the individuals referred to primary health care services from CBS-trained community health volunteers.	2,1	N/A	TBD	Yes	TBD	TBD	TBD	TBD	TBD	TBD	This number will vary significantly based on where implementations take place, what geographical area is covered, number of communities/villages covered, population density etc. Target figures are therefore not included.	Nyss platform or other tool used and project reports	Quarterly

Baseline: "TBD": Baseline data not available before conducting baseline survey at the beginning of the project

Targets: "TBD": Targets to be determined after in-depth assessment and baseline at beginning of project.

Targets and Indicators are subject to amendment based on the Baseline finding that will be conducted in the first 6 months of 2021.

"RCRC Movement and Universal Health Coverage" Project

Impact statement: Improved the health and protection of the most vulnerable in conflict, crises, and climate change

Linked to NorCross' Humanitarian Objective: Improved the health and protection of the most vulnerable in conflict, crises, and climate change

Indicator	NorCross' RF indicator no.*	Sex	Baseline	Cumulative inidicator ** (Yes/No)	Target Y1	Target Y2	Target Y3	Target Y4	Target Y5	Total targets in the project period	Means of verification	Frequency
Outcome 1: Strengthened collective impact of the RCRC Movement through National Societies having strengthened their auxiliary role in providing health care to targeted vulnerable populations *Linked to NorCross' Humanitarian Outcome: Improved collective humanitarian impact of the RCRC Movement*												
Output 1.1: African National Societies have concluded agreements with national authorities which establishes how the parties will ensure complementarity in contributing to universal health care coverage												
# of NS that have an updated agreement or established understanding with their national authorities related to health care provision		N/A	TBD	Yes	2	4	6	8	10	10	Documentet and signed agreements/letters	Yearly
Guidelines established and available on Strengthening National Society's Auxiliary Role in the Field of Health and Care		N/A	0	Yes	TBD	TBD	TBD	TBD	TBD	TBD	Guidelines	Yearly

Baseline: "TBD": Baseline data not available before conducting baseline survey at the beginning of the project

Targets: "TBD": Targets to be determined after in-depth assessment and baseline at beginning of project.

PART II: GENERAL CONDITIONS APPLICCABLE TO GRANTS FROM THE NORWEGIAN AGENCY FOR DEVELOPMENT COOPERATION

TABLE OF CONTENTS

1 IMPLEMENTATION PLAN AND BUDGET 2
2 PROGRESS REPORT 2
3 FINANCIAL REPORT 2
4 FINAL REPORT 3
5 AUDIT 3
6 CONTROL MEASURES 4
7 FINANCIAL MANAGEMENT 5
8 EXCHANGE RATE FLUCTUATIONS 5
9 EQUIPMENT, CONSUMABLES AND INTELLECTUAL PROPERTY RIGHTS 5
10 REAL PROPERTY 6
11 TRANSFER OF THE GRANT TO A COOPERATING PARTNER 6
12 CHANGES TO THE PROJECT OR THE GRANT RECIPIENT 7
13 EXTENSION OF THE SUPPORT PERIOD 7
14 TRANSPARENCY 8
15 FINANCIAL IRREGULARITIES 8
16 CONFLICT OF INTEREST 9
17 BREACH OF THE AGREEMENT 9
18 TERMINATION OF THE AGREEMENT 10
19 WAIVER AND IMMUNITIES 10
20 LIABILITY 10
21 ASSIGNMENT 10
22 RECOGNITION AND PUBLICATION 11
23 ENTRY INTO FORCE, DURATION AND AMENDMENT 11
24 CHOICE OF LAW AND SETTLEMENT OF DISPUTES 11

1 IMPLEMENTATION PLAN AND BUDGET

1.1 Any updated implementation plan to be submitted in accordance with the Specific Conditions shall be directly related to the results framework and shall specify planned activities and outputs and time schedules for the upcoming reporting period.

1.2 Any updated budget to be submitted in accordance with the Specific Conditions shall be based on the approved budget in Annex A and include estimated income to the Project from all sources as well as planned expenditures for the upcoming reporting period. The estimated financial need of the Project in the upcoming reporting period shall be clearly stated.

1.3 Significant deviations from or changes to the implementation plan and budget is subject to Norad's prior, written approval as outlined in article 12 of the General Conditions.

2 PROGRESS REPORT

2.1 Any progress reports to be submitted in accordance with the Specific Conditions shall describe the results achieved by the Project during the reporting period. The report shall be set up in a way that allows direct comparison with the latest approved Application, implementation plan and budget, and shall be signed by an authorised representative of the Grant Recipient.

2.2 The progress reports shall, as a minimum, include:

a) an account of the results achieved so far by the Project, using the format, indicators and targets of the approved results framework. The overview must:
   - show delivered main outputs compared to planned outputs;
   - show the Project's progress towards achieving the Outcome;
   - if possible, describe the likelihood of the Impact being achieved.

b) an account and assessment of deviations from the latest approved implementation plan and Application;

c) an assessment of how efficiently Project resources have been turned into Outputs;

d) a brief update on the risk management of the Project, including:
   - any new risk factors;
   - how materialized risks have been handled in the reporting period;
   - the effectiveness of mitigating measures;
   - how risks will be handled going forward.

   The update shall include both risks affecting Project achievements and the risks for negative consequences from the Project on its surroundings. Potential negative effects on the cross-cutting issues as referred to in the Specific Conditions article 3 shall always be accounted for.

3 FINANCIAL REPORT

3.1 Any financial report to be submitted in accordance with the Specific Conditions shall comprise financial statements with a comparison to the latest approved budget for the reporting period, as well as an identification of any deviations from the budget as per clause 3.3 below. The financial report shall be certified by the financial controller (or equivalent) as well as an authorised representative of the Grant Recipient.

3.2 The financial statements shall be set up in a way that allows for direct comparison with the latest approved budget, using the same currency and budget line items. They shall, as a minimum, include:

a) the accounting principles applied;

b) income from all sources, including bank interest. Norad's contribution shall be specified;
c) expenses charged/capitalised in the relevant reporting period;
d) expenses charged/capitalised from start-up of the Project to the end of the reporting period;
e) unused funds as per the reporting date;
f) overhead/indirect costs to be covered by the Grant in accordance with article 4 of the Specific Conditions;
g) balance sheet, when required in accordance with the accounting principles applied;
h) explanatory notes including a description of the accounting policies used and any other explanatory material necessary for transparent financial reporting of the Project.

3.3 Deviations from the approved budget shall be highlighted with information about both nominal amounts and percentage of each deviation. The Grant Recipient shall include a written explanation of any deviations amounting to more than 10% from a budget line.

4 FINAL REPORT

4.1 The final report to be submitted in accordance with the Specific Conditions shall describe the results achieved by the Project during the Support Period. The report shall be set up in a way that allows for a direct comparison with the Application, and shall be signed by an authorised representative of the Grant Recipient.

4.2 The final report shall, as a minimum, include:

a) the items listed for the progress reports described in article 2 of the General Conditions, covering the entire Support Period;
b) an assessment of the Project's effect on society (Impact);
c) a description of the main lessons learned from the Project;
d) an assessment of the sustainability of the achieved results by the Project.

5 AUDIT

5.1 If an audit of the Project's financial statements is required pursuant to the Specific Conditions, the audit shall be carried out by an independent chartered/certified or state-authorised public accountant (auditor).

5.2 Norad reserves the right to approve the auditor, and may require that the auditor shall be replaced if Norad finds that the auditor has not performed satisfactorily or if there is any doubt as to the auditor's independence or professional standards.

5.3 The auditor shall form an opinion on whether the Project's financial statements fairly reflect the financial position of the Project and whether they are prepared, in all material respects, in accordance with the applicable financial reporting framework, namely:

a) the accounting principles followed by the Grant Recipient and;
b) the requirements of article 3 clause 2 of the General Conditions.

5.4 The auditor shall report in accordance with the applicable audit standards, as agreed in the Specific Conditions.

5.5 The audit report shall include:

a) the Project name and agreement number;
b) identification of the Project's total expenses and total income;
c) the subject of the audit;

d) the financial reporting framework applied;
e) the auditing standards applied;
f) a statement that the auditor has obtained reasonable assurance about whether the financial statements as a whole are free from material misstatement;
g) the auditor's opinion.

5.6 In addition to the Project's audit report, the auditor shall submit a management letter (matters for governance attention), which shall contain any findings made during the audit of the Project. It shall also list any measures that have been taken as a result of previous audits and whether such measures have been adequate to deal with reported shortcomings.

5.7 If any findings have been reported in the Project's management letter, the Grant Recipient shall prepare a response including an action plan to be submitted to Norad together with the management letter.

5.8 The costs of the audit of the Project's financial statements shall be included in the Project's budget.

5.9 The audit requirements stated in this Agreement are applicable for the total Grant, including any part of the Grant that has been transferred to a cooperating partner.

5.10 The auditor of the Project's consolidated financial statement is responsible for the direction, supervision and performance of the audit of any part of the Grant that has been transferred to a cooperating partner. The auditor shall assure itself that those performing the audit for cooperating partners have the appropriate qualifications, that the audit is in compliance with professional standards, and that the audit report is appropriate under the circumstances.

5.11 The auditor of the Project's consolidated financial statement shall express an opinion on whether the statement is prepared, in all material respects, in accordance with the requirements of this Agreement. To this end, the auditor shall obtain sufficient appropriate audit evidence regarding the financial statements of the cooperating partner and the consolidation process.

6 CONTROL MEASURES

6.1 Representatives of Norad and the Norwegian Auditor General may at all times carry out independent reviews, audits, field visits or evaluations or other control measures related to the Project. The objective of such control measures may be i.a to verify that the Grant has been used in accordance with the Agreement or to evaluate the achievement of results.

6.2 The Grant Recipient shall facilitate such control measures by providing all information and documentation necessary to carry out the relevant initiative, as well as ensuring unrestricted access to any premises, records, goods and documents requested.

6.3 The representatives of Norad and the Norwegian Auditor General shall also have access to the Grant Recipient's auditor and the auditor's assessments of all information pertaining to the Grant Recipient and the Project. The Grant Recipient shall release the auditor from any confidentiality obligations in order to facilitate such access.

6.4 The rights and obligations of this article 6 shall remain in force for 5 years following expiry or termination of the Agreement, whichever occurs later.

7 FINANCIAL MANAGEMENT

7.1 The Grant Recipient shall keep accurate accounts of the Project's income and expenditure using an appropriate accounting- and double-entry book-keeping system[1] in accordance with the applicable accounting- and bookkeeping policies in the jurisdiction of the Grant Recipient.

7.2 The accounts shall be kept up to date at least on a monthly basis. Bank reconciliations[2] and cash reconciliations[3] shall be completed at least every month, and shall be documented by the Grant Recipient.

7.3 Accounts and expenditures relating to the Project must be easily identifiable and verifiable, either by using separate accounts for the Project or by ensuring that Project expenditure can be easily identified and traced within the general accounting- and bookkeeping systems. The accounts must provide details of bank interest accrued on the Grant.

7.4 The Grant Recipient shall keep the Project's accounting records for at least 5 years from the time of Norad's approval of the final report for the Project. This shall include i.a. vouchers, receipts, contracts and bank statements.

8 EXCHANGE RATE FLUCTUATIONS

8.1 If the Grant is converted into another currency, the exchange shall be made through a national or commercial bank unless otherwise approved by Norad. Exchange rates must be stated to four decimal places.

8.2 If exchange rate fluctuations decrease the value of the Grant to such an extent that this will have consequences for the implementation of the Project, the Grant Recipient shall inform Norad as soon as possible.

8.3 If exchange rate fluctuations increase the value of the Grant, the gain shall be treated as disbursed Grant funds and used for Project purposes. Net surplus from conversion into foreign currency shall be subtracted from future disbursements or repaid as unused funds at the end of the Support Period, unless otherwise agreed between the Parties.

9 EQUIPMENT, CONSUMABLES AND INTELLECTUAL PROPERTY RIGHTS

9.1 The right of ownership to equipment, consumables and intellectual property rights procured or developed by use of the Grant shall vest in the Grant Recipient or its cooperating partner, unless otherwise stated in the Application. All matters associated with such equipment, consumables and intellectual property rights are the exclusive responsibility of the Grant Recipient. However, significant use of such equipment, consumables and intellectual property rights for purposes

1 A double-entry bookkeeping a system is system of bookkeeping where every entry to an account requires a corresponding and opposite entry to a different account.
2 Bank reconciliation is a process of verifying whether the sum found in the bank statements at the end of the period correspond with transactions recorded in the accounting system. This is usually done in conjunction with closure of the accounting records.
3 Cash reconciliation is a process of verifying whether the cash at hand at the end of the period corresponds with the amount of cash in the beginning of the period and the registrations of withdrawals and deposits in the period. This is usually done in conjunction with closure of the accounting records.

outside the Project shall be subject to the Norad's prior approval, as outlined in Article 12 of the General Conditions.

9.2 Norad shall have a non-exclusive and royalty-free license to use all intellectual property rights procured or developed by the use of the Grant. Norad may assign this right to any individual or organisation at its own discretion.

9.3 Transfer of ownership of such equipment, consumables or intellectual property rights during the Support Period shall be made at market terms. Ownership may not be transferred to an employee of the Grant Recipient or its cooperating partner, or to anyone related or connected to an employee, if such relation could lead to a conflict of interest as described in article 16 of the General Conditions.

9.4 Before a transfer is decided, the Grant Recipient shall assess whether it may have an impact on the Project and, where appropriate, consult with Norad. Any income from a transfer shall accrue to the Project, and shall be reported in the financial statement of the Project.

9.5 The Grant Recipient shall prepare a record of transfer of ownership for any equipment, consumables and intellectual property rights. The record shall comprise information about the object of transfer, the original purchase price paid by the Grant Recipient, price offers received, the final sales price and the name of the purchaser. The record shall be submitted to Norad along with the first progress report due after the sale.

9.6 If the activities of the Project do not continue after the end of the Support Period or after termination of the Agreement, the Grant Recipient shall inform Norad about the remaining equipment and goods that have been purchased by use of the Grant. The Norad may require that such assets be sold. Such sale shall be completed in accordance with the procedures described above. Income from the sale shall be repaid to Norad.

10 REAL PROPERTY

10.1 The Grant may not be used to purchase or construct real property (land or buildings) unless explicitly approved by Norad.

10.2 If Norad has approved a purchase or construction of real property, the Grant Recipient and Norad shall agree on the details concerning the ownership and the status of the real property after the end of the Support Period and/or the end of the Project. The agreement may be formalised in the Specific Conditions or in a separate agreement document.

10.3 Norad may in such an agreement require i.a. that the real property shall be sold after the end of the Support Period and that the proceeds from the sale shall be repaid to Norad. Norad may also reserve the right to establish security interests in any real property purchased by use of the Grant.

11 TRANSFER OF THE GRANT TO A COOPERATING PARTNER

11.1 Transfer of all or part of the Grant including assets to a cooperating partner shall be documented through a written agreement. The agreement shall specify that the cooperating partner is required to comply with the provisions of this Agreement and to cooperate with the Grant Recipient to ensure that the Grant Recipient is able to fulfil its obligations hereunder.

11.2 The agreement between the Grant Recipient and the cooperating partner shall have provisions related to i.a. reporting, audit, procurement and measures to prevent financial irregularities. Furthermore, the agreement shall explicitly state that:

a) both the Grant Recipient, Norad and the Norwegian Auditor General shall have the same access to undertake the control measures related to the cooperating partner's use of the Grant as described in article 6 of the General Conditions,
b) the Grant Recipient shall be entitled to claim repayment of the Grant from the cooperating partner in the same instances and to the same extent that Norad is entitled to claim repayment from the Grant Recipient, and the cooperating partner shall accept that Norad has the right to claim repayment directly from the cooperating partner to the same extent as the Grant Recipient,
c) the cooperating partner shall accept the choice of law and settlement of disputes provisions in article 24 of the General Conditions in relation to any disputes arising between the cooperating partner and Norad.

11.3 The Grant Recipient shall assure itself that the cooperating partner has the necessary competence and internal procedures to meet the requirements of the Agreement and shall follow-up the cooperating partner's compliance with the Agreement throughout the Support Period.

11.4 The Grant may not be transferred to a cooperating partner who has previously been charged or sentenced for any criminal activity unless explicitly approved by Norad.

11.5 The Grant Recipient shall remain fully responsible towards Norad for any part of the Grant including assets that has been transferred to a cooperating partner.

12 CHANGES TO THE PROJECT OR THE GRANT RECIPIENT

12.1 Any significant deviations from or changes to the Application or approved implementation plans or budgets are subject to Norad's prior, written approval. The same applies to significant changes to, or circumstances materially affecting, the Grant Recipient's organisation.

12.2 The following deviations/changes shall always be subject to Norad's prior written approval:

a) any changes to the Project's sources of income,
b) any changes to the results framework or scope of the Project,
c) changes to the implementation plan which implies a delay of more than three months of any activity,
d) changes to the Project's annual budget that imply reallocation of more than 10% of a budget line.

12.3 Norad may suspend disbursements of the Grant until such changes have been approved.

13 EXTENSION OF THE SUPPORT PERIOD

13.1 The Support Period of the Project is set out in the Specific Conditions. The Grant Recipient must, without delay, inform Norad of any circumstances likely to hamper or delay the implementation of the Project.

13.2 The Grant Recipient may request an extension of the Support Period if this is necessary to complete all planned activities. The request must state the reasons for the delay and supporting documentation must be enclosed. Norad shall approve or decline the request in writing.

14 TRANSPARENCY

14.1 The Grant Recipient shall publish the following in a dedicated and easily accessible place of its internet site:

a) a copy of this Agreement and any addendum;
b) the title and value of any contracts, cooperation agreements and/or other sub-agreements of more than NOK 500 000 (or the equivalent in local currency) which are financed by the Grant;
c) the names and nationalities of the respective agreement parties and, if relevant, any sub-grantees or contractors in receipt of Project funds;

Any deviations from article 14 shall be agreed by the Parties in writing, i.a. in the Specific Conditions.

14.2 Publication shall take place as soon as possible, and at the latest within six months after the contracts, cooperation agreements and/or other sub-agreements were entered into.

14.3 The Grant Recipient shall make other project documentation, including the Application and all agreed reports, available to anyone upon request. Requests for disclosure may be denied if such disclosure is prohibited by confidentiality obligations and/or if it may be detrimental to the Grant Recipient's legitimate interests.

15 FINANCIAL IRREGULARITIES

15.1 The Grant Recipient is required to practise zero tolerance against corruption and other financial irregularities within and related to the Project. The zero tolerance policy applies to all staff members, consultants and other non-staff personnel and to cooperating partners and beneficiaries of the Grant.

15.2 "Financial irregularities" refers to all kinds of:

a) corruption, including bribery, nepotism and illegal gratuities;
b) misappropriation of cash, inventory and all other kinds of assets;
c) financial and non-financial fraudulent statements;
d) all other use of Project funds which is not in accordance with the implementation plan and budget.

15.3 In order to fulfil the zero tolerance requirement, the Grant Recipient shall:

a) organise its operations and internal control systems in a way that financial irregularities are prevented and detected;
b) do its utmost to prevent and stop financial irregularities within and related to the Project;
c) require that all staff involved in, and any consultants, suppliers and contractors financed under the Project refrain from financial irregularities.

15.4 The Grant Recipient shall inform Norad immediately of any indication of financial irregularities in or related to the Project. The Grant Recipient shall provide Norad with an account of all the known facts and an assessment of how the matter should be followed up, including whether criminal prosecution or other sanctions are considered appropriate.

15.5 The matter will be handled by Norad in accordance with Norad's guidelines for handling suspicion of financial irregularities. The Grant Recipient shall cooperate fully with Norad's investigation and follow-up. If requested by Norad, the Grant Recipient shall initiate prosecution and/or apply other sanctions against persons or entities suspected of financial irregularities.

15.6 Norad may claim repayment of all or parts of the Grant in accordance with article 17 of the General Conditions if it finds that any financial irregularities have taken place in or related to the Project. The repayment claim may also include any interest, investment income or any other financial gain obtained as a result of the financial irregularity.

16 CONFLICT OF INTEREST

16.1 The Grant Recipient shall take all necessary precautions to avoid any conflicts of interest in all matters related to the Project.

16.2 Conflict of interest refers to any situation where the impartial and objective exercise of the functions of anyone acting on behalf of the Grant Recipient is, or may be, compromised for reasons involving family, personal life, political or national affinity, economic interest or any other connection or shared interest with another person.

16.3 If a conflict of interest occurs, the Grant Recipient shall, without delay, take all necessary measures to resolve the conflict, e.g. by replacing the person in question or by obtaining independent verification of the terms of the proposed decision or transaction.

16.4 If the conflict of interest cannot be resolved and/or if it relates to a decision or transaction of special significance to the Project, the decision or transaction may not be concluded without the prior, written approval of Norad.

17 BREACH OF THE AGREEMENT

17.1 If the Grant Recipient fails to fulfil its obligations under this Agreement and/or if there is suspicion of financial irregularities, Norad may suspend disbursement of all or part of the Grant.

17.2 In the event of material breach of the Agreement, Norad may terminate the Agreement with immediate effect, and/or claim repayment of all or parts of the Grant.

17.3 Material breach of the Agreement shall include, without limitation, the following situations:

a) all or part of the Grant has not been used in accordance with the Agreement and/or approved implementation plans and budget,
b) the Grant Recipient has made false or incomplete statements to obtain the Grant,
c) the use of the Grant has not been satisfactorily accounted for,
d) the Grant Recipient has, after having been granted an extended deadline, failed to provide the agreed reports, or has knowingly provided reports that do not reflect reality,
e) financial irregularities, grave professional misconduct or illegal activity of any form have taken place within the Grant Recipient or its cooperating partners,
f) the Grant Recipient has failed to inform Norad of indication of financial irregularities within the Project in accordance with article 15 of the General Conditions,
g) the Grant Recipient has changed legal personality without prior notification to Norad,
h) the Grant Recipient is bankrupt, being wound up or is having its affairs administered by the courts, or is subject to any analogous or corresponding procedure provided for under national legislation.

17.4 The Grant Recipient shall inform Norad immediately of any circumstances that may indicate or lead to a breach of Agreement, and shall provide Norad with any information or documentation it may reasonably require in order to determine if a breach of the Agreement has occurred.

17.5 Norad may also suspend disbursements or terminate the Agreement with immediate effect if a material breach of another agreement between Norad and the Grant Recipient has been established.

18 TERMINATION OF THE AGREEMENT

18.1 Each of the Parties may terminate the Agreement upon a written notice.

18.2 The Support Period shall end three months after the date of the notice of termination. During these three months, the Grant Recipient may only use the Grant to cover commitments that have been established before the date of the notice of termination.

18.3 If the Project cannot continue without the Grant, the Grant Recipient shall use these three months to discontinue or scale down the Project promptly and in an orderly and financially sound manner. Any funds that remain unused at the end of the Support Period shall be repaid to Norad.

18.4 The Grant Recipient shall submit a final report to Norad within three months of the end of the Support Period. The final report shall meet the requirements set out in article 4 of the General Conditions and shall also include a financial report and audit report covering the period from the previous financial report until the end of the Support Period.

18.5 The Agreement will be considered terminated when the final report has been approved by Norad and any remaining funds have been repaid.

19 WAIVER AND IMMUNITIES

19.1 Nothing in the Agreement or any document related to the Agreement shall imply a waiver, express or implied, by Norad, the Government of Norway or any of its officials of any privileges or immunity enjoyed by them or their acceptance of the jurisdiction of the courts of any country over disputes arising thereof. This article 19 will not prevent arbitration or court proceedings in the legal venue of the Grant Recipient pursuant to article 24 of the General Conditions.

20 LIABILITY

20.1 Norad shall not under any circumstances or for any reason be held liable for damage, injury or loss of income sustained by the Grant Recipient or its agencies, staff or property as a direct or indirect consequence of the Project or services provided thereunder. Norad will not accept any claim for compensation or increases in payment in connection with such damage, injury or loss of income.

20.2 The Grant Recipient shall assume sole liability towards third parties, including liability for damage, injury or loss of income of any kind sustained by them as a direct or indirect consequence of the Project. The Grant Recipient shall indemnify Norad against any claim or action from the Grant Recipient's staff or third parties in relation to the Project.

21 ASSIGNMENT

21.1 The Agreement and/or the Grant may not be assigned to a third party without the prior written consent of Norad. This shall not, however, prevent transfer of parts of the Grant to a cooperating partner in accordance with article 11 of the General Conditions.

22 RECOGNITION AND PUBLICATION

22.1 The Grant Recipient shall acknowledge Norad's support to the Project in all publications and other materials issued in relation to the Project. Norad's logotype will be provided by Norad upon request. All use of Norad's logotype must be approved by Norad.

23 ENTRY INTO FORCE, DURATION AND AMENDMENT

23.1 The Agreement shall enter into force at the date of the last signature and shall remain in force until all obligations arising from it have been fulfilled, or until it is terminated in accordance with the provisions of the General Conditions. Whether the obligations of the Agreement shall be considered fulfilled, will be determined through consultations between the Parties and confirmed by Norad in a completion letter.

23.2 The Agreement may be amended. Any such amendment must be agreed upon in writing between the Parties and shall become an integral part of the Agreement.

23.3 Termination or expiry of the Agreement shall not release the Parties from any liability arising from any act or omission that has taken place prior to such termination or expiry.

24 CHOICE OF LAW AND SETTLEMENT OF DISPUTES

24.1 The Agreement shall be governed and construed in accordance with Norwegian law.

24.2 If any dispute arises relating to the implementation or interpretation of the Agreement, the Parties shall seek to reach an amicable solution.

24.3 Any dispute arising out of or in connection with the Agreement that cannot be solved amicably, shall exclusively be settled before the Norwegian courts of law with Oslo District Court as legal venue.

24.4 The Grant Recipient accepts that Norad can, at its own sole discretion and as an alternative to the legal venue mentioned above, choose to settle the dispute by

a) the courts in the legal venue of the Grant Recipient, or
b) arbitration in accordance with the Arbitration Rules of the Arbitration Institute of the Stockholm Chamber of Commerce. The arbitral tribunal shall be composed of three arbitrators. If the disputed amount is below an amount corresponding to NOK 10 000 000 the arbitral tribunal shall, however, be composed of a sole arbitrator. The seat of arbitration shall be Stockholm, Sweden, and the language to be used in the arbitral proceedings shall be English. The Parties agree that neither the arbitral proceedings nor the award shall be subject to any confidentiality.

24.5 The Parties agree that no other courts of law, than as set out in this article 24, shall have jurisdiction over disputes arising out of or in connection with this Agreement.

PART III: PROCUREMENT IN THE CONTEXT OF PROJECTS FINANCED BY THE NORWEGIAN AGENCY FOR DEVELOPMENT COOPERATION

1 INTRODUCTION

1.1 This Part III sets out procurement rules and principles which shall be applied by the Grant Recipient when procuring goods, services or works to Projects financed by the Norwegian Agency for Development Cooperation (Norad). Stricter rules may supplement the compulsory minimum rules set forth in this Part III.

1.2 Norad may carry out ex post checks on the Grant Recipient's compliance with the rules set forth in this Part III.

1.3 Failure to comply with the rules set forth in this Part III shall render the Project expenditure ineligible for Norad funding and may lead to withholding funds or claim for repayment in accordance with article 17 of the General Conditions (Part II) of this Agreement.

1.4 Contracts shall not be split artificially to circumvent the procurement thresholds. All monetary amounts referred to in this Part III are amounts excluding value-added tax (VAT).

1.5 The procurement provisions shall also apply to any procurements to be carried out by the Grant Recipient's cooperation partners or others. The Grant Recipient shall be responsible for compliance as per article 11 of the General Conditions (Part II) of this Agreement regardless of whether the procurement is carried out by the Grant Recipient itself or its cooperation partners or others.

1.6 Sections 1 to 4 set out rules, which shall apply to all contracts. Sections 5 to 6 contain specific rules for service, supply and works contracts. Section 7 lists the situations where a negotiated procedure without prior publication is permitted.

2 BASIC PRINCIPLES

2.1 If a Project requires procurement by the Grant Recipient, the contract must be awarded following a tender procedure to the most economically advantageous tender (i.e. to the tenderer obtaining the best score based on price and quality), or, as appropriate, to the tenderer offering the lowest price. In doing so, the Grant Recipient shall avoid any conflict of interests and respect the following basic principles:

a) **Competition:** The procedures applied and the award of contracts shall be based on fair competition.

b) **Equal treatment and non-discrimination:** Participation in tender procedures shall be open on equal terms to all natural and legal persons. During the entire procurement and the award of contracts, the Grant Recipient shall not discriminate against candidates/tenderers or groups of candidates/tenderers.

c) **Transparency and ex-ante publicity:** As a general rule, tender procedures shall be based on prior publication. Where the Grant Recipient does not launch an open tender procedure, it shall justify the choice of tenderers that are invited to submit an offer.

d) **Objective criteria:** The Grant Recipient shall evaluate the offers received against objective criteria, which enable the Grant Recipient to measure the quality of the offers and shall take into account the price (the offer with the lowest price shall be awarded the highest score for the price criterion). The criteria shall be set out beforehand and shall be relevant to the contract in question.

e) **Notoriety:** The Grant Recipient shall keep sufficient and appropriate records and documentation with regard to the procedure, its evaluation and award.

3 ELIGIBLE TENDERERS

3.1 Tenderers must provide information on their legal form and ownership structure.

3.2 Tenderers shall be excluded from participation in a procurement procedure if:

a) they are bankrupt or being wound up, are having their affairs administered by the courts, have entered into an arrangement with creditors, have suspended business activities, are subject of proceedings concerning those matters, or are in any analogous situation arising from a similar procedure provided for in national legislation or regulations. However, tenderers in this situation may be eligible to participate insofar as the Grant Recipient is able to purchase supplies on particularly advantageous terms from either a supplier which is definitively winding up its business activities, or the receivers or liquidators of a bankruptcy, through an arrangement with creditors, or through a similar procedure under national law;

b) they or persons having powers of representation, decision-making or control over them have been convicted of an offence concerning their professional conduct by a final judgment;

c) they have been guilty of grave professional misconduct; proven by any means which the Grant Recipient can justify;

d) they have not fulfilled obligations relating to the payment of social security contributions or taxes in accordance with the legal provisions of the country in which they are established, or with those of the country of the Grant Recipient or those of the country where the contract is to be performed;

e) they or persons having powers of representation, decision-making or control over them have been convicted for fraud, corruption, involvement in a criminal organisation or money laundering by a final judgment;

f) they make use of child labour or forced labour and/or practise discrimination, and/or do not respect the right to freedom of association and the right to organise and engage in collective bargaining pursuant to the core conventions of the International Labour Organization (ILO).

3.3 Tenderers shall confirm in writing that they are not in any of the situations listed above. Even if such confirmation is given by a tenderer, the Grant Recipient shall investigate any of the situations listed above if it has reasonable grounds to doubt the contents of such confirmation.

3.4 Contracts shall not be awarded to tenderers which, during the procurement procedure:

a) are subject to a conflict of interests;

b) are guilty of misrepresentation in supplying the information required by the Grant Recipient as a condition of participation in the tender procedure, or fail to supply this information.

4 GENERAL PROCUREMENT RULES

4.1 The tender documents shall be drafted in accordance with best international practice. The Grant Recipient may voluntarily use the models published in the Practical Guide on the EuropeAid (EU) website.

4.2 The Grant Recipient shall take into account universal design and the potential environmental impact of any planned procurements.

4.3 All invitations to submit tenders shall state that offers will be rejected if any illegal or corrupt practises have taken place in connection with the award. All contracts concluded under the Project shall state that the Grant Recipient may terminate the contract if it finds that illegal or corrupt practises have taken place in connection with the contract award or execution.

4.4 The time-limits for receipt of tenders and requests to participate must be sufficient to allow interested parties a reasonable and appropriate period to prepare and submit their tenders.

4.5 An evaluation committee must be set up to evaluate applications and/or tenders of a value of NOK 500 000 or more on the basis of the exclusion, selection and award criteria. This committee must have an odd number of members, at least three, with all the technical and administrative capacities necessary to give an informed opinion on the tenders.

4.6 For contracts with a value exceeding NOK 100 000, the Grant Recipient shall compile a written record with documentation of all assessments and decisions during all steps of the procurement process from the planning stage until the signing of the contract. Upon request by Norad, the Grant Recipient shall deliver its written record to Norad and grant Norad access to all relevant information and documentation related to the procurement procedure and practices applied.

5 AWARD OF CONTRACTS

5.1 Contracts with a value of less than NOK 500 000 may be awarded by using any procurement procedure established by the Grant Recipient, while respecting the rules and principles laid down in Sections 1 to 4 of this Part III.

5.2 Contracts with a value exceeding NOK 500 000 shall be awarded by means of one of the following procurement procedures:

a) **Open tender procedure:** In open procedures, any interested tenderer may submit a tender in response to a call for competition. The tender shall be accompanied by the information for qualitative selection as requested by the Grant Recipient.

b) **Restricted procedure:** In restricted procedures, any tenderer may submit a request to participate in response to a call for competition by providing the information for qualitative selection as requested by the Grant Recipient. Only those tenderers invited to do so by the Grant Recipient following its assessment of the information provided may submit a tender. The Grant Recipient may limit the number of suitable candidates to be invited to participate in the procedure.

c) **Competitive procedure with negotiation:** In competitive procedures with negotiation, any tenderer may submit a request to participate or a tender in response to a call for competition by providing the information for qualitative selection as requested by the Grant Recipient. Tenderers may submit an initial tender, which shall be the basis for subsequent negotiations. The minimum requirements and the award criteria shall not be subject to negotiations.

5.3 Where the Grant Recipient does not launch an open tender procedure, it shall justify and document in writing the choice of tenderers that are invited to submit an offer.

5.4 Deviations from the procedures listed in Section 5.2 are limited to the situations listed in Section 7 of this Part III.

6 PUBLICATION OF PROCUREMENT NOTICE

6.1 The following shall apply with respect to publication of the procurement notice: [1]

[1] Definitions of different types of contracts and procedures can be found in Directive 2014/24/EU.

a) **Service and supply contracts from NOK 500 000 to less than NOK 2 500 000 and works contracts from NOK 500 000 to less than NOK 40 000 000**

The prior procurement notice shall be published in all appropriate media, at least in the country in which the Project will be carried out as well as on the Grant Recipient's website.

b) **Service and supply contracts with a value of NOK 2 500 000 and above and works contracts with a value of NOK 40 000 000 and above**

The prior procurement notice shall be published in all appropriate media, in particular on the Grant Recipient's website, in the international press and the national press of the country in which the Project will be carried out, and in any other relevant specialist periodicals.

7 USE OF NEGOTIATED PROCEDURE WITHOUT PRIOR PUBLICATION

7.1 The Grant Recipient may use a negotiated procedure without prior publication in the following cases:

a) if any of the circumstances set out in Article 32 of Directive 2014/24/EU are present;

b) for purposes of humanitarian aid and civil protection operations or for crisis management aid in a crisis that has been formally recognised by and for the time period declared by Norad;

c) where the services are entrusted to public-sector or non-profit bodies and relate to activities of an institutional nature or are designed to provide assistance to people in the social field;

d) for contracts declared to be secret, or whose performance must be accompanied by special security measures, or when the protection of the essential interests of Norad so requires.