



KINGDOM OF BELGIUM
 Federal Public Service
**Foreign Affairs,
 Foreign Trade and
 Development Cooperation**

Directorate-general for Development Cooperation – DGD

Service D5.1 – Humanitarian Aid

SINGLE FORM FOR THE FUNDING OF HUMANITARIAN ACTION

(Legal basis: the law of 9/01/2014 modifying the law of 19/03/2013 on Development cooperation - Royal Decree of 19/04/2014, General expenditure budget, basic allocation 14 54 52 35.60.83).

1 GENERAL INFORMATION

- 1.1 Name of the humanitarian organization/date of approval by the Minister for Development Cooperation (if required):** Rode Kruis-Vlaanderen Internationaal vzw

(Belgische niet-gouvernementele organisatie, erkend door de Staatssecretaris voor Ontwikkelings-samenwerking op 13/11/1997, onder identificatienummer: 17043/97, overeenkomstig het Koninklijk Besluit van 18/07/1997 betreffende de erkenning en subsidiëring van niet-gouvernementele ontwikkelings-organisaties en van hun federatie)

- 1.2 Title of the action:** Protection of communities in the Great Lakes region through multi-sectoral assistance, with special attention to the most vulnerable affected by humanitarian crisis.

- 1.3 Intervention area (country, region, locations):** Burundi, Rwanda, Uganda

- 1.4 Action start date:** 1st of December 2021

- 1.5 Duration of the action in months (cf. Art. 17, §2):** 24 months

- 1.6 Expenditure eligibility start date:** Signature date granting Ministerial Decree

- 1.7 Proposal and reports (Concerning the specific timeframes, cf. RD of 19/04/2014):**

Initial proposal	date:	15-07-21
Revised proposal	date:	30-09-21
Date of the granting Ministerial Decree	date:	22-10-21
Unilateral Act date	date:	22-10-21
Letter of acceptance date	date:	22-10-21
Interim report	date:	16-12-22
Final report	date:	25-05-24

1.8 [INT] List the exchanges of letters that took place following the signature of the unilateral act until the interim report stage

Rwanda – NA

Burundi – NA

Uganda;

17/05/2022 – Feedback received from DGD on activation of the crisis modifier to respond to new influx of Congolese Refugees in three districts. The intervention aimed at meeting the WASH protection needs of the refugees in transit and holding centres Kisoro, Kasese and Bundibugyo.

1.9 [FIN] List the exchanges of letters that took place following the submission of the interim report until the final report stage

Rwanda:

28/11/2022 – Communication to DGD and the embassy of Belgium in Kigali on the activation of the crisis modifier to respond to the influx of Congolese refugees in Rwanda in November 2022;

31/03/2023 – Communication to DGD and the embassy of Belgium in Kigali (together with CRB-Cf) on the activation of the crisis modifier to respond to the continuing influx of Congolese refugees in Rwanda in January, February, and March 2023;

Burundi:

05/12/2022 – Communication to DGD and the embassy of Belgium in Bujumbura on the activation of the crisis modifier to assist households affected by heavy rains in Kirundo and Ngozi;

02/02/2023 – Communication to DGD and the embassy of Belgium in Bujumbura on the activation of the crisis modifier to respond to the cholera outbreak in Bujumbura and Cibitoke;

19/05/2023 – Communication to DGD and the embassy of Belgium in Bujumbura on the activation of the crisis modifier to respond to floods in Bujumbura.

Uganda: N/A

2 NEEDS ASSESSMENT

2.1 Assessment date(s); methodology and information sources used; organization/person(s) responsible for the assessment

The assessment methodology adopted a blended approach involving **literature reviews** and **key informant interviews** with national, provincial and district-level stakeholders. Valuable sources of information for the development of the intervention logic are listed in **Annex 1**. An analysis at field level was conducted through in-depth conversations with Red Cross staff and volunteers. In addition, **consultative meetings** were held with national and regional representatives of the following governmental and non-governmental organizations:

- **Burundi:** Burundi Red Cross (BuRC), Croix-Rouge de Belgique - Communauté francophone (CRB-Cf), Luxemburg Red Cross, UNHCR, GVC, Coped, International Committee of the Red Cross (ICRC), General Directorate for Repatriation, Resettlement and Reintegration of Returnees;
- **Rwanda:** Rwanda Red Cross Society (RRCS), CRB-Cf, Rwanda Ministry of Emergency Management, UNHCR, International Federation of Red Cross & Red Crescent Societies (IFRC), ICRC, Alight;

- **Uganda:** Uganda Red Cross Society (URCS), Austrian Red Cross (AutRC), Netherlands Red Cross, IFRC, The Office of the Prime Minister (OPM), Ministry of health, UNHCR;

These consultations provided indications of the thematic and geographical target areas and laid the basis for synergies with other operational actors. Furthermore, **field visits** were conducted to complement the needs assessment (Rwanda: Mahama, Kiziba and Nyabiheke camp; Uganda: Imvepi, Kyangwali and Bidibidi camp).

2.2 Account of the problem and analysis of the stakeholders

This project will respond to humanitarian protection needs in the region of the **Great Lakes** (Burundi, Rwanda and Uganda). Recognizing that the situations in this area are **chronic protection crises**, these continue to be the **primary drivers of humanitarian needs**. People in the region face a range of threats, including to life, liberty and security, destruction or damage to homes and other property, forced displacement, restrictions on freedom of movement and limited or no access to natural resources, livelihoods and basic services. These threats impact people differently, depending on their gender, age, origin, resources, etc. In this chapter, we analyze a selection of issues that is relevant for our further proposal.

2.2.1 The Great Lakes Region

The Great Lakes region has endured multiple and **complex humanitarian crises** since the 1960s and continues to face (armed) conflicts and insecurity, food insecurity, epidemics and natural hazards. Within this region, people's basic rights are compromised, including the right to life, security, health, adequate food and shelter.

One of the many consequences is the high numbers of **displaced, refugee and returnee populations**. The East and Horn of Africa and the Great Lakes region host about 4.75 million refugees and asylum-seekers. In **Rwanda, Burundi and Uganda** specifically, 1.7 million refugees and asylum-seekers reside as a result of both conflict and natural disasters. Specific factors in this context are:

- The **armed conflict in Democratic Republic of Congo (DRC)** (violence against civilians, destruction of livelihoods) continues to have its effect on the border areas (e.g., Rwanda, Uganda and Burundi), generating a continuous flow of refugees. **General elections in Burundi** of mid-2020 caused additional waves of forced displacement both within and across its borders;
- **Food insecurity and undernutrition** are significant in the Great Lakes region¹. In June 2021, WFP reported that in East Africa alone, almost three-quarters of refugees have had their rations cut by up to 50%, due to the impact of COVID-19 on donor government funding²;
- The Great Lakes region is also largely affected by **epidemics** (measles, malaria, cholera, yellow fever, ...). The **COVID-19 crisis** has exacerbated the already dire humanitarian needs and is destabilizing entire economic sectors, with millions depending on fragile incomes (informal work);
- The IDMC's Global Report on Internal Displacement 2020 states that **3.4 million were displaced in Sub-Saharan Africa** in 2019 due to **natural disasters** alone. The adverse effects of climate change have a detrimental impact on agricultural production and food security and have been recognized as a **significant threat to the livelihoods** of communities. Furthermore, these adverse effects are likely to **increase** and as a result will increase the need of protection assurance.³

Being internally displaced, refugee or returnee, comes with many **difficulties and risks**:

- During their journey, displaced and refugee populations may face harsh or dangerous conditions that have severe **consequences for their physical and psychological wellbeing**;
- Arriving in a new country, refugees often face specific needs and vulnerabilities as they do not have **access to basic services** (safe water, adequate sanitation, health services, housing, education, ...). Their **fundamental human rights** such as security, food, access to land and livelihoods, decent and safe housing and access to basic services such as health and education are often not fulfilled;
- Mass influxes and protracted refugee crises also place a strain on **host communities**, especially when **resources are already limited**. Consequently, the displaced, refugee or returnee community might be considered a threat by the host community resulting in **tension**, potential discrimination, violence and abuse;

- When returning to their home country, into an environment that has changed throughout the humanitarian crisis, returnees must **rebuild their life**, often from scratch, in a new structure, and all the while cope with the **trauma** of having been displaced;
- Additionally, as a result of war, natural disaster or migration, people can get **separated from their loved ones**. The uncertainty of not knowing the fate and whereabouts of a loved one causes great suffering and affects not only the missing, the family members but also the communities around them.

Burundi

Burundi is **one of the poorest countries in the world**, ranking 185th out of 189 countries in the 2019 Human Development Index. More than 65% of the population lives in poverty, over 50% of them is chronically food insecure and 56% of Burundian children are stunted. Only 32% of Burundi's children complete their lower secondary education, and gender equality is among the poorest in the world. A high prevalence of infectious diseases, lack of diversity in diets and poor hygiene make the situation worse.⁴

The majority of the country's poor live in rural areas, where living conditions are harsh, and people rely heavily on subsistence agriculture and informal employment. For example, only 5% of households are connected to the central electricity grid and consequently, vulnerable persons, mainly women and girls, are exposed to a variety of risks, including **protection risks**, e.g., when they must travel long distances to obtain firewood.

Next, the hilly landscape makes the country vulnerable to **natural disasters**, in particular floods, mudslides and droughts.⁵ Crops are affected, further weakening the nutritional and **food situation** of the most vulnerable and causing displacement of populations in search of shelter and livelihoods. Adding to the pressure on Burundi's limited resources, over 80,390 **refugees**, mainly from DRC, are hosted in already food-insecure areas and rely on assistance for basic food and nutrition.⁶

Since 2015, many Burundians fled to neighbouring countries following election-related violence.⁷ It is estimated that 400,000 **Burundians will return and reintegrate** in their home country the coming years (see Figure 1).⁸ However, the Burundi Regional Refugee Response Plan (RRP) was among the most critically underfunded refugee situations globally in 2020 and this jeopardizes the sustainability of return.⁹ The provinces **Ruyigi** and **Makamba** are hosting the highest number of Burundian returnees¹⁰, as well as 2 refugee camps. Finally, both provinces are subject to regular natural disasters: Makamba is highly affected by heavy rains and the rising waters of the lake, while Ruyigi regularly experiences drought. These climate-related hazards increase the pressure on communities that already support the massive return of returnees and influx of refugees in camps. Amongst others, a multi-sectoral assessment indicates **precarious hygiene and sanitation conditions**, conducive to the development of water-borne diseases, insufficient tents and non-food items, and the adoption of negative coping strategies.¹¹

Rwanda

As small, landlocked country with a population of 12 million people growing at 2.4% annually, Rwanda is one of the most **densely populated** countries in Africa. Agriculture is the backbone of the economy, with 89% of Rwandan rural households practicing small-scale farming. However, Rwanda is a country prone to a wide range of **natural hazards** including floods, landslides, droughts, lightning, windstorms, earthquake, rainstorms etc., that every year put a strain on the most vulnerable.

The protracted armed conflict in DRC generates a continuous flow of **refugees** to neighbouring countries since the nineties, including Rwanda. The recent eruption of the Nyiragongo volcano in the Goma region caused the displacement of more than 56,000 people, of whom 5,241 crossed the Rwandan border in search of assistance. Aside from refugees from DRC, Rwanda hosts Burundian refugees who fled insecurity and unrest due to the political situation. By the end of 2020, Rwanda hosted 144,662 refugees¹², mainly from DRC and Burundi, most of them residing in five camps (Gihembe, Kigeme, Kiziba, Mugombwa and Nyabiheke), though the urban areas (Kigali and Huye) are increasingly hosting refugees as well.

Returns Trends 2018 - 2021

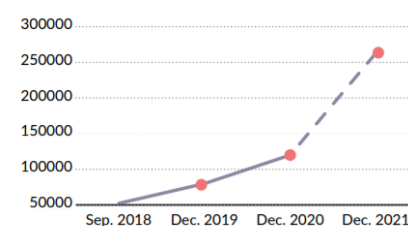


Figure 1 - Return trends of Burundian returnees (Burundi Regional Refugee Response Plan. January-December 2021. UNHCR)

Refugees in Rwanda face violations of their rights and therefore specific vulnerabilities to protection risks. The main challenges are dignified and safe housing, access to water, health, and food and access to dignified working conditions:

- The right to **safe and adequate housing** has been compromised in the Rwandan refugee camps. The size of the shelters (especially in the **Nyabiheke camp**) does not allow respect for the protection principle of dignity: the Sphere standard on shelter and housing is not respected and the accommodation is overcrowded. This results in refugees (and in particular women and girls) being exposed to protection risks, including the risk of sexual and gender-based violence;
- The Rwandan refugee camps are old and large, facing sustainable challenges for **shelter and Water, Sanitation & Hygiene (WASH) infrastructure**. There is a significant lack of family latrines, which poses a **health risk** to the most vulnerable, especially women, girls and people with limited mobility. Lack of such infrastructure negatively impacts **human dignity** and the right to water and an **adequate standard of living**. If durable solutions are not found, these issues in turn cause other issues such as diseases (diarrhea, cholera, typhoid fever, ...) ¹³ as well as situations where people (especially women) expose themselves to risk of violence when seeking clean water;
- Regarding the **right to health(care)**: Health care services within the refugee camps is limited and when required, refugees are referred to local health facilities. However, refugees are not enrolled into the national health insurance system, meaning that financial considerations may influence the decision to go to the hospital or not.
- The **socio-economic situation** of refugees and asylum seekers in Rwanda is problematic. Since March 2021 the WFP has reduced its food support in the camps by 60%. The monthly cash transfer for food needs has been reduced overall.

Uganda

In Uganda, 41% of people live in **poverty**, and almost half of Uganda's population is aged under 15, representing one of the **youngest** populations in the world. Over the next decade, agricultural development will be a main priority to help improve outcomes for low-income families and will also be an increasingly important industry for youth and vulnerable people to find viable opportunities to earn sustainable and dignified livelihoods for themselves. ¹⁴ Uganda's **disaster risk profile** is characterized by drought, floods, landslides, earthquakes and volcanos.

Moreover, Uganda hosts one of the **largest refugee populations** in the world, sheltering over 1.4 million refugees and about 59% of Uganda's refugees are children. With expected refugee influxes from the DRC, South Sudan, Burundi and other countries, Uganda is likely to host more than 1.56 million refugees by the end of 2021. The unprecedented mass influx of refugees into Uganda in 2016-2018 has put **enormous pressure on the provision of basic services, in particular on health and education services**:

- The refugee hosting districts are among the least developed districts in the country, and thus the additional refugee population is putting a high **strain on already limited local resources**;
- Access to safe, affordable and reliable drinking water and sanitation services are basic human rights since they are indispensable to sustaining healthy livelihoods and maintaining human dignity. ¹⁵ However, in Bidibidi and Imvepi refugee settlements, the population has less than minimum required quantity of **safe water** required to realize minimum essential levels for health and hygiene;
- The **Health Sector Integrated Refugee Response Plan (HSIRRP)** reports that the prevalence of anaemia (an indicator of both poor nutrition and poor health ¹⁶) among children was above 40% which is classified as high according to WHO. Bidibidi refugee settlement has one of the highest prevalence of acute malnutrition (see Figure 2);

- General food assistance was reduced by 30% in all settlements from April 2020. Unfortunately, the ration reductions were introduced almost simultaneously with the movement restrictions due to the COVID-19. This limited the possibility for refugees to look for additional livelihood opportunities. According to the preliminary findings of the 2020 Food Security and Nutrition Assessment, 73% of the households in the refugee settlements were **not food secure**¹⁷.

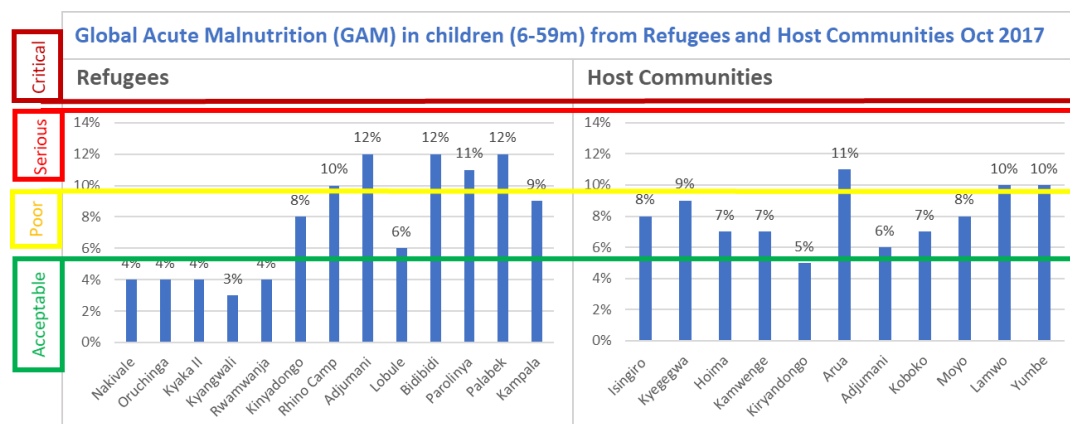


Figure 2 - Global Acute Malnutrition in children (6-59 months) from refugees and host communities in Uganda in October 2017 (HSIRRP January 2019)

2.2.2 Main stakeholders

A table describing the main stakeholders in this program can be found in **Annex 2**.

2.3 Please summarize the results of the assessment (if necessary, append a comprehensive report) by establishing a link to the action

Lacking access to safety and basic services increases the risk of violence, coercion, deliberate deprivation and abuse. Many crisis-affected people lack livelihood opportunities, often live in extreme poverty and are exposed to many protection risks on a daily basis, **further increasing their vulnerability**¹⁸. Moreover, increased vulnerabilities and decreased capacities to cope with threats can result in adopting **negative coping mechanisms** (increased domestic violence, alcohol abuse, child labour and neglect, ...), thus setting off a **negative spiral**, causing long-lasting damage and increasing vulnerability even further.

In order to address the humanitarian needs as described above, we adopt a protection approach through both **specific protection activities** and **protection mainstreaming**. For protection mainstreaming, the Red Cross Red Crescent (RCRC) Movement follows the IFRC's minimum standards for Protection, Gender & Inclusion (PGI). The standards are to be used by all RCRC staff and volunteers and aim to ensure that the programming provides **Dignity, Access, Participation and Safety (DAPS)** for all people. It provides practical guidance on how to mainstream these four principles in all sectors based on consideration of gender, age, disability and other diversity factors. In this project, humanitarian protection mainstreaming - as described in the funding framework - is transversally integrated as follows:

- To guarantee **dignity and security** in our project, we prevent and minimize any negative impacts of our actions. This includes limiting people's exposure to the risks of violence and abuse and ensuring that emergency operations "do no harm". For example, when providing sanitation services, the risk for sexual and gender-based violence is taken into account (e.g., separate blocks for women, lamps to create visibility in the dark, etc.);
- Equity** is realized by ensuring that people have **impartial access** to the humanitarian aid and that services are **according to their specific needs**. For example, mobile money transfers can reach people with limited transportation abilities. Additionally, each intervention will begin with an **initial assessment** focusing on protection aspects (DAPS). From this assessment, conducted through **community engagement**, will emerge an **analysis of vulnerabilities** related to factors of diversity. Marginalized groups will be involved in the assessment so that the interventions are designed accordingly. For example, health promotion sessions include a RC volunteer who uses sign language to reach deaf community members;

- All RCRC staff and volunteers are trained in Community Engagement and Accountability (CEA) to allow the population to **evaluate the merits** of the intervention and to **respond to their concerns and complaints**. It concerns using the most appropriate communication approach to listen to communities' needs, feedback and complaints, ensuring they can actively participate and guide the actions of the local Red Cross/Crescent Society (RCS). CEA supports those involved in operations to adopt innovative approaches in order to better understand and engage with people and communities and help them address unhealthy and unsafe practices. For example, suggestion boxes and toll-free numbers allow people to anonymously report problems related to the situation or activities of the RC. During **needs assessments**, beneficiaries' input is an integral part of the information collected. This allows the action to be adapted as closely as possible to reality. When an activity is launched, the **community is informed** upstream and downstream, through different communication channels (radio, road show, posters, community visits, ...);
- **Participation** of community members is integrated throughout the entire response process (e.g. during evaluations and when starting an exit phase). For more information on the involvement of beneficiaries, see 4.2.4. Through capacity building the knowledge, skills & tools remain present after the program is finished resulting in sustained **empowerment** of the targeted population and its supporting institutions. For example, **community committees** are created (water management committee, disaster management committee, etc.) in all project intervention areas to ensure the **presence and ownership** of the action **by the inhabitants**. The objective is that in the long term, they will be able to manage the structure themselves. Another example is the training of Youth FA trainers by BRC-FI experts, who will then train schoolteachers to provide FA training to the pupils in their schools.

The response aims to ensure a comprehensive protection approach in this project, through two concrete outcomes:

Outcome 1 The **vulnerabilities** of displaced people, refugees, returnees, host communities and people living in conflict areas are **reduced** and the **protection capacities are increased**, so that they are **more resilient** and better prepared to manage and protect themselves against threats, this via a **multi-sectoral approach**.

Sub outcome 1.1 addresses the **basic needs** (food, health, RFL, ...) of targeted beneficiaries, through cash/in-kind distributions, trainings, community engagement sessions, providing unaccompanied minors a package of basic goods (clothes, school materials, ...), etc.

Sub outcome 1.2 provides vulnerable households with improved **shelter** and aims to meet their essential **hygiene and sanitation** requirements in a dignified and safe manner (a more detailed explanation on Distribution can be found in **Annex 10**).

Sub outcome 1.3 includes the **Crisis Modifier** which allows for a rapid and effective response to new humanitarian crises that arise during the project period, in order to reduce beneficiaries' exposure to protection risks (a more detailed explanation on the Crisis Modifier can be found in **Annex 3**).

In short, the first outcome enhances people's security, dignity and fulfilment of rights, both in the nature and purpose of the interventions and in the way they are implemented. Additionally, working on multiple sectors such as **ensuring access to healthcare services, food, water and shelter in crisis situations** is not only important to fulfil the fundamental rights, it also potentially eases community tensions and promotes **social cohesion**.

Several preventive, responsive and remedial protection activities are foreseen under outcome 1:

- **Preventive activities** (such as RFL services, eVCA, contingency stocks and plans, etc.) aim to prevent threats to safety, dignity and rights, or reduce exposure or vulnerability to these threats;
- **Responsive activities** (such as livelihood activities, distributions of food, shelter items and sanitation items) aim to stop ongoing violations or abuse by immediate response to incidents of violence, coercion and deprivation;
- **Remedial activities** (such as First Aid trainings, blood collectionⁱ, hygiene promotion, sanitation provision, RFL

ⁱ in Rwanda, Burundi and Uganda, less than half of the blood needed is collected. An insufficient blood supply leads to situations where doctors are faced with the hard choice of which patients to transfuse blood to. There is no guarantee

services, etc.) aim to provide remedies for ongoing or past abuses by offering healthcare (including psychosocial support), legal assistance or other support, to help people restore their dignity and respect their right to health(care) and the right to know the fate of a missing relative.

This outcome aims to work on the **humanitarian protection objectives A and B stipulated in the funding framework** namely: *to prevent, reduce, mitigate and respond to protection threats against individuals, groups and communities affected by current, imminent or future crises; to reduce vulnerabilities and increase the protection capacities of individuals, groups and communities affected by current, imminent or future crises.*

Outcome 2 National Societies have **strengthened their capacities** to deliver expertise-based and sustainable protection interventions and can fulfil their mandate as humanitarian actors with a focus on efficiency, quality and effectiveness.

Sub outcome 2.1 includes the strengthening of the **protection capacity** of Red Cross staff and volunteers.

Sub outcome 2.2 includes the strengthening of the **preparedness and emergency response capacity** of Red Cross staff and volunteers.

Our aim is to support the local RCS to **build capacity**, so that in the **long term** both staff and volunteers are better equipped to apply protection principles in a cross-cutting and systematic way to all their humanitarian activities. As part of the Red Cross and Red Crescent Movement, both a global and local network, we have a constant focus on strengthening our skills in various aspects of protection and this with a **focus on quality and sustainability**.

The interventions as foreseen under this outcome, including **IHL trainingsⁱⁱ** and **RFL capacity building**, aim to contribute to a policy, social, cultural, institutional and legal environment that supports the full respect of the rights of the affected population and access. This includes encouraging respect for the protection of vulnerable people and their rights in accordance with international law.

All trainings and support provided under this outcome have integrated protection components, either general such as the Fundamental Principles of the RCRC Movement and the Code of Conduct or specific for instance on integrity mechanisms, CEA, ... The participants do not only receive **technical information**, they are also **trained** to take into account and **listen to the beneficiaries**, especially during the training on techniques that require an assessment of the needs (for example, cash transfers).

In order to achieve these objectives, it is necessary to support the RCS in developing its logistical skills to be able to deploy a **rapid and effective emergency response**, in order to minimize the exposure of the most vulnerable to protection risks (a more detailed explanation on link between Logistic and Protection can be found in **Annex 10**).

This outcome aims to work on the **humanitarian protection objective C stipulated in the funding framework**, namely: *to strengthen the capacities of the international humanitarian aid system, in coordination and cooperation with different actors to increase efficiency, quality and effectiveness related to the prevention and reduction of protection risks in ongoing, imminent or future humanitarian crises.*

2.4 [INT] If changes have taken place in the needs assessment at the interim report stage, please provide information

Rwanda

Since October 2022 fighting intensified between Armed Forces of the Democratic Republic of the Congo (FARDC) and

that this choice is made in a way that respects equal rights for all, and that vulnerable people are not discriminated. The best way to avert the risk that such a choice is made in a discriminating way, is to remove the need for a choice, e.g., by ensuring that blood supplies are sufficiently high. Thus, increased blood collection mitigates this threat of discrimination. Finally, like many RC Societies, RRCS, BuRC and URCS are formally mandated, as auxiliary institution to the government, to recruit voluntary, non-remunerated donors, and are therefore ideally placed to support with this.

ⁱⁱ *By promoting and ensuring respect for IHL, human suffering can be prevented or at least minimized. It also contributes to establishing a conducive environment for humanitarian relief.*

a rebel military group called M23 in the DRC. This resulted in people being displaced in the North Kivu province of which 112 crossed the border to Rwanda between 13 and 15 November 2022. The Congolese refugees crossed the Kabuhunga border to seek refuge in the Rubavu district in Rwanda, which is bordering the city of Goma in the DRC.

To prepare a response to this situation, the local authorities have set up a command post as an ad hoc structure to implement and coordinate the response plan to the growing insecurity situation in the neighbouring DRC. All partners involved in the response are part of this command post such as the Ministry in charge of Emergency Management (MINEMA), the local authorities, Rwanda Red Cross Society, Caritas Rwanda, ICRC and others. The topics addressed by the command post comprises different fields including livelihood, WASH, health, PSS, logistics, etc. They meet daily to manage and monitor the situation. BRC-FI activated the crisis modifier, together with RRCS to assist by providing food and non-food items.

Burundi – NA

Uganda:

The crisis modifier was activated, based on an updated needs assessment, to respond to the new refugees' influx from Democratic Republic of Congo. The assessment identified WASH needs as a priority in ensuring protection needs are met. This was based on the response analysis of what other partners were implementing and anticipated additional value from the project. The funds under the project proposal anticipated the use of cash assistance to respond to hydrometeorological hazards (e.g., floods and drought) in disaster-prone areas, however, based on the needs, the use of cash assistance was not feasible or desirable in the response. The humanitarian response cluster that needed support, based on the URCS needs assessment, and in consideration of the existing funding and coordination mechanisms with other actors, was WASH. Consequently BRC-FI, in coordination with URCS, activated the crisis modifier under the project for WASH interventions in Kisoro, Kasese and Bundibugyo holding centres.

[FIN] If changes have taken place in the needs assessment following the interim report, please provide information

Rwanda

In 2023, the conflict in East-Congo persisted, resulting in more than 4000 new Congolese refugees seeking safety in Rwanda during the first quarter. To cope with this new influx, the government of Rwanda decided to reopen a dormant refugee camp called Nkamira Transit camp near the border with the DRC. Recognizing the urgency of the situation, RRCS activated the crisis modifier for the second time during the implementation of this project to assist these refugees.

The RRCS stepped in to address the immediate needs of the arriving refugees. Here are the key actions taken:

- Essential Supplies: RRCS distributed essential household items, including mattresses and kitchen sets, to alleviate the hardships faced by the displaced families.
- Safe Water Provision: Recognizing the critical importance of clean water, RRCS ensured during one month that safe water was accessible to the refugees who had fled the violence in East-Congo.
- Psychological First Aid: RRCS also provided psychological first aid services to help alleviate the distress experienced by the affected individuals.

In total, the RRCS assisted 2275 people.

Burundi

N/A

Uganda

N/A

3 HUMANITARIAN ORGANISATION IN THE INTERVENTION AREA

3.1 Presence of the humanitarian organization in the intervention area: brief overview of the strategy and current or recent activities in the country

BRC-FI made the strategic choice to work **expertise-based**, this allows to optimize the use of resources, build more extensive expertise and transfer this specific knowledge to the local RCS. The project invests in **capacity building** of and **transferring technical expertise** to our partners, by local delegations and experts at BRC-FI headquarters.

The choice of countries in this proposal is based on the needs analysis and the identification of the threats, together with our long-lasting presence in the area. There are currently 4 humanitarian projects implemented in the **African Great Lakes region**:

- **DP III** (August 2019 - July 2021): “Enhancing community resilience to epidemics and hydro-meteorological hazards in the African Great Lakes region” in Rwanda, Tanzania and Uganda;
- **DP IV** (August 2020 - July 2022): “Further strengthening institutional and community preparedness to climate-related hazards in Rwanda and Tanzania through geographical expansion, youth engagement, first aid education and blood donor recruitment” in Rwanda and Tanzania;
- **DP IV** (May 2020 - May 2022): “Renforcement de la préparation et réponse aux risques socio-économiques et aléas naturels au Burundi, en s'appuyant sur les capacités existantes” in Burundi ;
- **BAHIA** (December 2020 - November 2021): “Agile response by the Belgian Alliance for Humanitarian International Action to control the spread of COVID-19 and mitigate its multi-dimensional effects on humanitarian crisis” in Rwanda and Burundi (among other countries).

As part of the **RCRC Movement**, BRC-FI actively seeks the most (cost) effective and efficient way to partner with other RCRC Societies, without duplicating our activities in each country. The RCRC Movement places particular emphasis on the coordination of its activities and presence on the best qualified partners for each individual context. This mode of operation also reduces the administrative burden of dealing with several partners at the same time, that otherwise lies on the local RCS. This principle of coordination is also guided by a formal resolution of the RCRC Movement, called EIL: **Effectiveness, Impact and Localization** (which aims to make smarter use of the resources, knowledge and expertise of the Movement's different National Societies in recovery and protracted crises as well as in longer-term operations).

This is why it was decided to include, next to the implementing local RCS, the Austrian Red Cross, long-standing partner for both BRC-FI and the implementing local RCS. See chapter 8.3 for further explanation on the roles of the partner.

3.2 Ongoing actions and requests for funding submitted to other donors, in the same intervention area – please state how overlaps and double funding would be avoided

With regards to ongoing actions, attention is always paid to making sure activities under new proposals do not overlap with or duplicate ongoing projects. All RCRC Societies are **auxiliary to the local and national authorities** in the execution of its mandate to assist the most vulnerable. In its role as an auxiliary, the local RCS strongly engages with local authorities at all levels, and at national level with several ministries such as the Ministry of Health. Because the local RCS coordinates and aligns across all those levels, they have an oversight of other actors' interventions. This allows for **harmonization** of approaches, complementarity in activities and coordination to avoid duplication. Simultaneously, the local RCS has a country-wide network of branches and has up-to-date knowledge on the activities of other actors present in the communities. Consequently, the **local RCS is ideally placed** to identify where its interventions can complement those of other actors, where duplication needs to be avoided and where harmonization of approaches would lead to bigger gains.

From 2022 onwards, a 5-year **development program** will start in (among others) Rwanda, Uganda and Burundi: “Action Plan 2022-2026”. This program strives for a positive impact on the health of communities, by working on 3 pillars (prevention, community care and institutional capacity building). Hence, the 5-year development program has a different focus: development instead of humanitarian aid.

As part of this call for proposals, the **Belgian Red Cross-French speaking community (CRB-Cf)** is also requesting funding for Rwanda and Burundi.

- In **Rwanda**, BRC-FI and CRB-Cf will work together on different expertise areas: e.g. First Aid, Restoring Family Links, hygiene promotion and the construction of latrines. In these areas we work closely together with the Rwanda Red Cross Society (RRCS) to develop a plan of action to avoid duplications and make sure all the needs are met in the different camps;
- In **Burundi**, BRC-FI and CRB-Cf worked together to clarify areas of expertise and intervention zones in order to avoid duplication, but also to create synergies and complementarities between the different programs. These consultations will continue throughout the project to ensure continuity.

A more detailed description of the collaboration with CRB-Cf can be found in section 7.1.

In **Uganda**, the Austrian Red Cross has been implementing two WASH projects in the West Nile Region together with URCS and with the support of Austrian Development Cooperation: Bidi Sawa (Long-term safe water coverage in Bidibidi Refugee Settlement) and LIFT (Living conditions in Imvepi Fostered Together). Also, a regional WASH capacity building program in East Africa, Skybird (<https://skybird-wash.net>), is partly being implemented in the West Nile Region. A further program BIMYSAWA (long-term safe WASH service coverage for Bidibidi, Imvepi and Yumbe Refugee Settlement) is just starting and aims to improve living conditions of refugees and host community members (especially women and girls) with respect to access to safe reliable drinking water, sanitation services, waste management and MHM in Gaboro, Imvepi and Bidi Zone 4. While the defined activities for each project are clearly **separated** in order to avoid overlaps and double funding, **coordination and cooperation** between the BIMYSAWA project and the proposed project will be close to **promote synergies**.

3.3. [FIN] List the other operations performed by the humanitarian organisation or its implementation partners during the same period in this intervention area and describe how the risks of double funding were avoided

Rwanda

RRCS worked closely together with various organizations to address critical needs in the refugee camps, inside as well as outside the Red Cross and Red Crescent movement.

Within the movement, we worked closely with CRB-Cf in the fields of first aid trainings, restoring family links, hygiene promotion and the construction of latrines. On the operational level we shared the field coordinators in the different camps who were responsible for the implementation of the activities. BRC-FI and CRB-Cf held coordination meetings to avoid duplications and we shared operational costs such as transport, per diems, etc. Besides the successful collaboration with CRB-Cf, we also worked closely together with the International Federation of the Red Cross and Red Crescent (IFRC) and the International Committee of the Red Cross (ICRC). The IFRC integrated the projects of the different partners of RRCS into a unified planning which made it easier for RRCS to set their priorities. The collaboration with ICRC was in the field of trainings for International Humanitarian Law.

Outside of the Red Cross Movement, we worked closely together in the camps with UNHCR, Save the Children, WorldVision, Plan International, Caritas, Humanity and Inclusion, ADRA and the Ministry in Charge of Environment (MINEMA). During monthly coordination meetings at camp level organized by UNHCR and MINEMA, RRCS and the

other partners made sure that we avoided duplication. Through this project, RRCS became a respected and established partner in the different refugee camps due to the work done.

Burundi

In the same area of intervention, BRC-FI is implementing certain activities in its development programme for the Community Care pillar (Basic First Aid and First Aid for young people). Efforts are coordinated to train different audiences in first aid (volunteers, staff, members of the community).

The humanitarian projects of BRC-FI and CRB-Cf have not been implemented in the same intervention zone, however exchanges have taken place on a regular basis, particularly in relation to the activation of Crisis Modifier foreseen in both projects. Experience was also shared with Caritas Belgium, mainly on cash interventions.

In the field of International Humanitarian Law and Restoring Family Links, coordination has been consolidated with the ICRC, which has been involved in trainings and definition of priorities in these areas.

Uganda

Provision of humanitarian services among partners in refugee settlements is coordinated by UNHCR and the Office of the Prime Minister. This is to ensure adequate coverage of services rendered to the refugees and avoid duplication. This is monitored in sector-specific interagency meetings within the different settlements, e.g., health, cash working group (CWG), WASH and protection. Concretely, URCS worked with Water Mission Uganda, the WASH implementing partner for UNHCR, to increase the reach in the number of households with latrines.

Within the Red Cross movement, complementarity was established with Austrian Red Cross funded project in the upgrade of the Imvepi waste management center. The facility is used for treatment and management of waste generated from Imvepi refugee settlement. Furthermore, the project collaborated with ICRC in trainings for IHL and RFL, increasing the number of participants in URCS who can offer tailored trainings in IHL and RFL.

The UNHCR Global Distribution Tool (GDT) was useful in the cash intervention as it aided in beneficiary identification and assistance tracking at the point of assistance distribution. The tool is used by partners providing cash to refugees and support equity in assistance received, as it minimizes the possibility of beneficiaries receiving the same support from multiple partners at the same time.

4 OPERATIONAL FRAMEWORK

4.1 Precise location of the action (please include a map making it possible to locate the project)

The **local RCS** of each country is **present throughout the country** through its **network of community volunteers**. For the activities included in this program, an overview of the **implementation areas** is given in the table below:

Burundi is divided into 18 provinces, 117 communes, and 2,638 collines (hills)			
Outcome	Province	Commune	Targeted sectors
Outcome 1	Ruyigi	Bweru	20 collines
Outcome 1	Ruyigi	Butezi	15 collines
Outcome 1	Makamba	Nyanza Lac	20 collines
Outcome 2	Bujumbura (City)	Bujumbura (City)	National Level
Rwanda is divided into 4 provinces that are subdivided into districts and further into sectors.			
Outcome	Province	District	Targeted sectors
Outcome 1	Eastern	Gatsibo	Nyabiheke Camp (Gatsibo)
Outcome 1	Eastern	Kihere	Mahama Camp (Mahama)
Outcome 1	Western	Karongi	Kiziba Camp (Rwankuba)
Outcome 1	Eastern	Rwamagana	Fumbwe, Gahengeri, Gishari, Karenge, Kigabiro, Muhazi, Munyaga, Munyiginya, Musha, Muyumbu, Mwulire, Nyakariro, Nzige and Rubona
Outcome 2	Kigali	Kigali	National Level
Uganda is divided into 4 regions and 135 districts and the districts are further subdivided to counties, sub counties, parishes and villages.			

Outcome	Region	District	Target sectors/Area
Outcome 1	Western	Kikuube	Kyangwali Refugee settlement
Outcome 1	Northern	Terego	Imvepi Refugee settlement
Outcome 1	Northern	Yumbe	Bidibidi Refugee settlement
Outcome 2	Central region	Kampala city	National level and URCS Branches in Hoima and Yumbe districts that host Kyangwali, Bidibidi and Imvepi refugee settlement

Additionally, the **Crisis Modifier** is not limited to the implementation areas and can be activated on the **entire territory** of each country.

4.2 Beneficiaries

4.2.1 Total number of direct beneficiaries

The direct beneficiaries by sector will be detailed following the initial assessments.

4.2.2 Specificities of the direct beneficiaries (please specify, if possible, by referring to the groups as appropriate, e.g.: unaccompanied minors, people with disabilities, children, former combatants, etc.)

It is in the mandate of any Red Cross Red Crescent Society to reach out to the most vulnerable people who are in need of protection assistance. This practice is clearly reflected in the intervention logic of this program as well as the multiple angles from which vulnerability is addressed (see section 4.2.3).

The direct beneficiaries of the program are for:

Burundi: returnees who will be supported to reintegrate in their host community in Ruyigi and Makamba province. Furthermore, community members living in disaster-prone areas in these provinces are targeted for resilience building interventions. A mix of refugees and host community members for Bwagiriza camp (9,385 refugees) and Nyankanda (8,570 refugees) will also be assisted.

Rwanda: the refugees from Kiziba camp in the Eastern Province (approx. 17,172 people, 40% Burundian and 60% Congolese) and in the Western Province the refugees from Nyabiheke camp (approx. 14,468 people, only Congolese) and Mahama camp (approx. 46,324 people, 50% Burundian and 50% Congolese).

Uganda: the refugees from DRC and South Sudan arriving and/or already living in Imvepi (approx. 57,463 people), Bidibidi refugee camp, zone 4 (approx. 31,522 people) and Kyangwali refugee camp (approx. 124,961 people). Furthermore, IHL dissemination activities will reach about 100 URCS staff and volunteers in the branches within the central region.

African Great Lakes region in general: the host communities can also be considered direct beneficiaries. These communities are often already extremely vulnerable and are further impoverished by sharing their limited resources with new arrivals. The most vulnerable people among those directly affected by a sudden hazard will also be targeted when activating the Crisis Modifier.

Throughout the **program, staff and volunteers of the local RCS** will be strengthened in their capacity by multiple trainings and support in operations.

Specificities of direct beneficiaries

Refugees and returnees have critical assistance and protection needs, including but not limited to emergency shelter, health and psychosocial support, access to fresh water and sanitation, protection (including protection against gender-based violence, child protection) and education as well as longer term support, such as land and property rights and cash support as empowerment mechanism, to recover and obtain durable solutions.

Host communities have insufficient capacities to cope with the influx of refugees and share their already limited resources.

Vulnerable communities living in disaster-prone areas are burdened by the negative effects from disasters happening in the area where they reside.

Children and youth are an essential target group for the health interventions as they will receive training in health and

hygiene management with newly developed contextualized material through a child-centered approach. With children being a specific target group in this project, specific attention will be given to a child-protection programming across all activities involving children and youth. Additionally, RFL services will target **unaccompanied minors or children that are separated from their family**.

For provision of NFIs, attention is paid to specific groups, for example **women** (MHM kits) and **people with disabilities** (special mattresses). For cash for food support an identification process (see 4.2.3) is used to ensure that those **most at risk and with largest needs** are prioritized, including groups with high risk of engaging in negative coping mechanism as well as female-headed families.

Through the Crisis Modifier the action targets population **groups who experience sudden disruption, destruction and stress** from natural or man-made disaster as well as those who become internally displaced during the emergency situation.

4.2.3 Mechanisms and criteria for the identification of the direct beneficiaries

The design of the logical framework and the identification of the direct beneficiaries are led by a **needs-based and rights-based perspective**, considering which groups are most at-risk for experiencing the violation of their fundamental rights and basic protection, and which circumstances are contributing to this risk. The presence of the local RCS in the target areas provided a basis for pre-identification of those groups and circumstances and identified the highly exposed groups of refugees/returnees and their host community as a top priority.

The pre-identification of beneficiaries was followed by a detailed **needs and gaps assessment** carried out by local RCS in close collaboration with the in-country delegation of the partner RCS. The assessment involved several **consultations with key stakeholders** and other NGOs to map out the concentration of humanitarian and development aid in the various camps and disaster-prone areas, to identify gaps and ensure a coordination of effort and avoid duplication of support. The assessment also involved initial **discussions with governing entities**, as well as **direct observations of the camps** and secondary information on community risk-profiles, vulnerability indicators and diversity factors such as gender, age, migration status, illness or and disabilities.

This assessment led to the **prioritization** of the specific intervention areas (see section 4.1) and population groups as described in 4.2.2. The specific assessment and selection process will be an **integrated part of the project implementation** and done in close collaboration and coordination with key institution, stakeholders and humanitarian organizations present in the area, ensuring that assessment and selection process is based on the most recent information and current situation. Specific attention will be given to the involvement of agencies, who promote and protect the rights and support of vulnerable groups, like women empowerment groups, child protection agencies and ministries for gender equality and social inclusion.

The exercise of targeting beneficiaries is always done in the most inclusive and transparent way possible. It involves many community actors who represent the community in all its diversity: representatives of displaced persons or refugees, community leaders, community volunteers from the local RCS, local authorities, etc. The lists of beneficiaries are triangulated with the lists of beneficiaries from other humanitarian interventions, the targeting methodology is controlled by sampling, and the final lists are validated, as much as possible, in community assemblies. The **selection criteria of the specific beneficiaries** within the intervention areas will **vary with thematic focus** of each outcome and adapted to the country-specific situation and **context**, while having in common the protection dimension expressed through the **principles of dignity, access, participation and security**.

Outcome 1

Each intervention will begin with an initial assessment focusing on protection aspects, with particular reference to the principles of **dignity, access, participation and security (DAPS)**. From this assessment, conducted through the community engagement mechanisms such as **Community Engagement Accountability (CEA)**, for more information see section 4.2.4), will emerge an analysis of vulnerabilities related to factors of diversity such as (but not limited to) gender, age, migration status, illness or disability. This analysis will make it possible to determine **targeting criteria** according to the vulnerabilities linked to **multiple factors of diversity**.

For provision of NFIs, attention is paid to the **specific needs of the individual beneficiary** considering for example dignity kits for women and special made mattresses for people with disabilities. The action includes a **careful identification process** for the beneficiaries for the cash for food support, to ensure that those most at-risk and with

largest needs are prioritized. The identification will be informed by the selection criteria used by WFP in their food assistance, which this action is assisting, to ensure that beneficiaries experience a continuity of effort and avoid disruptions that can cause confusion and distress for the already stressed population. In addition, the identification process will pay special attention to groups with high risk of engaging in negative coping mechanism as well as female-headed families.

IFRC's **enhanced Vulnerability Capacity Assessment (eVCA)** will guide the interventions under this outcome. This participatory approach involves community members, local leaders and district level authorities in identifying the hazards, risks and capacity gaps in the community, which will inform the selection process and therefore ensuring that the interventions will target the most vulnerable and at-risk groups. The action will have a strong focus on gender equality and social inclusion in the eVCA and ensure gender equality and age-diversity in the established Disaster Risk Management (DRM) committees.

The Red Cross movement's commitment to **Community Engagement and Accountability** will be reflected in the entire project (so also under this outcome), where feedback mechanisms will be established and used throughout the project to ensure a safe and confidential two-way communication platform, which will enable project staff to continuously improve interventions, but more importantly, to react to harmful acts or situations that compromise the protection, dignity and rights of the beneficiaries.

The **Crisis Modifier** is applicable to any disaster affected district across all targeted countries. Beneficiaries of the Crisis Modifier will be selected through community and local government identification methods, supported by a detailed house by house assessment based on pre-agreed selection criteria, informed by the nature and location of the response and the most prevalent protection needs as revealed from the rapid assessment. A needs-based approach from a protection perspective, giving priority to the most vulnerable, the most affected, and those least likely to receive support through other private, governmental, or non-governmental initiatives will be adopted. To the extent possible, the beneficiary registration will be done using the Red Rose system or the MegaV-system ensuring accountability and transparency of the response.

Outcome 2

In collaboration with the senior management of the local RCS and in line with their strategy for staff development and capacity building and their organizational structure, **relevant profiles** matching the thematic area of the training will be carefully chosen as participants in the trainings for expertise- and capacity development offered under this outcome. Relevant selection criteria include but are not limited to: literacy (ability to read and write), familiarity with Red Cross principles and Code of Conduct, residence in the respective branch/community, ability to speak the local language, additional for staff selection: management skills, coordination skills and level of education, role and responsibilities in the organization.

4.2.4 Describe the scope of and the arrangements for the involvement of the direct beneficiaries in the development of the action

Beneficiaries are involved throughout the project cycle, and participate in the identification of needs, targeting, formulation, implementation and evaluation of interventions. Indeed, the Red Cross attaches great importance to both participation and communication with beneficiaries. Beneficiaries are seen as active agents, knowing best their situation and needs, and having the right to define and participate in actions and processes that affect their lives. This is reflected in the approach, unique to the RCRC Movement, known as **Community Engagement and Accountability (CEA)**, which underpins all operations. CEA is the process of and commitment to: listen to and act on community needs and feedback, provide information as aid, support behavioral and social change communication, support communities to speak out.

Communication is not simply a matter of consultation or information on what will be done, but a **two-way process**, which ensures essential accountability of the Red Cross to beneficiaries. In contexts of emergency and mass displacement, information as a form of aid (one of the four pillars of the CEA approach) is central: in fact, knowing where the assistance is, what type of assistance is available and how to access it, helps save lives. Accountability is ensured both by the **participation of beneficiaries in each phase** (by being consulted on the nature of the aid, the ways of giving it, and the needs met), and by the establishment of systems feedback that ensures that each person, throughout the program, can confidentially express themselves about the work of the Red Cross, ask questions, or denounce harmful situations, acts or issues arising from the work Red Cross and directly affecting them, and receive

an adequate response in a timely manner.

The RCRC movement is also known for its wide-reaching and vibrant volunteer force, who are an invaluable resource in project implementation. The **volunteers** are not just beneficiaries but play a crucial role in activity implementation and delivering results. BRC-FI always puts the volunteers in the forefront to ensure their high involvement and protect their right to define and participate in the actions and processes that affect their lives. This active involvement also provides additional benefits in terms of sustainability and cost-efficiency. The involvement of RCRC staff and volunteers starts already at project design phase, as they are the experts, and the wide geographical network of the RCRC (through volunteers and RCRC branches) is a **direct source to information about the local needs**. Beneficiaries couldn't be consulted directly by BRC-FI, but the local RCS has been involved from the beginning and through constant dialogue with the BRC-FI and AutRC, identified the needs and defined the interventions to address the gaps. The involvement will continue throughout the project cycle from the identification of needs, to implementation and evaluation of the interventions.

4.2.5 Other potential beneficiaries (indirect, catchment, etc.)

While the actions will target specific areas such as refugee camps, conflict zones and disaster-exposed communities, the population from the surrounding communities will indirectly benefit from the project activities by experiencing a spill-over effect from the increased capacity in the specific areas and specific population groups. As an example, the intervention will build first aid capacity among the refugees and returnees in the camps and first aid response teams in disaster prone communities. When refugees and returnees leave the camps, the **host communities where they will integrate will benefit from the first aid capacity that is brought into the community**. Furthermore, the first aid first responder teams will be mobile and as such able to support a wider community, and can even be brought in as surge during a disaster.

Additionally, the cash distributions will **stimulate the local economy** and the increased stock capacity of NFI's will be beneficial for the **government and other response agencies** to provide quick support when disasters suddenly hit.

Finally, the capacity building of key personnel and the National Society as a whole, will be beneficial to other programs in other geographical areas as well, both now in and in the future. Especially the trainings in International Humanitarian Law that BRC-FI offers to the national societies in this project, is a first step towards a situation, where protection and human rights are institutionalized in all interventions of the national societies and where they will guide all future actions ensuring that these themes are always present and inevitable.

4.2.6 Direct beneficiaries by sector (refer to “ECHO’s guidelines, Annex I”, pages 26-29: http://ec.europa.eu/echo/about/actors/fpa_fr.htm)

The direct beneficiaries by sector will be detailed following the initial assessments.

[INT] In the event of a change, please provide information

There have been no changes in direct beneficiaries in Rwanda and Uganda. These therefore remain the same as indicated in 4.2.2.

In Burundi, following the RFL needs assessments conducted in 2022, it is planned to expand the scope of RFL activities to Cishemere transit centre and Counselling and referral urban centre for refugees (CUCOR), in addition to the camps of Nyakanda and Bwagiriza.

[FIN] In the event of a change, please provide information

There have been no changes in direct beneficiaries in Rwanda and Uganda, and these remain the same as indicated in 4.2.2.

In Burundi, the foreseen expansion of RFL activities in Cishemere transit center and CUCOR center mentioned in the interim report was not implemented. On the other hand, the intervention reached an additional refugee camp, the Kavumu camp.

[FIN] Estimate by type of beneficiary

RWANDA

Women: 42537	Men: 40060	Women + men total = 82597
Infants (aged < 5): 10655	Children (aged < 18): 39880	Elderly: 5394

UGANDA

Women: 113314	Men: 100632	Women + men total = 213946
Infants (aged < 5): 41171	Children (aged < 18): 127999	Elderly: 6885

BURUNDI

Women: 37900	Men: 28345	Women + men total = 66245
Infants (aged < 5): 9937	Children (aged < 18): 23186	Elderly: 1987

4.3 Objectives, outcomes and activities

4.3.1 Operational overview of the action: logical framework (3 pages maximum)

Title of the action	Protection of communities in the Great Lakes region through multi-sectoral assistance, with special attention to the most vulnerable affected by humanitarian crisis.		
Main objective	Contributing to the prevention and mitigation of the impact of violence, coercion, deliberate deprivation and abuse for affected and at-risk communities in the context of humanitarian crisis.		
Specific objective	The RCS in Burundi, Rwanda and Uganda, effectively protect the vulnerable population against the risks and consequences of threats linked to the humanitarian crises in the targeted countries.		
Risks	• Risks related to the COVID-19 health situation with the possibility of new confinement and restriction measures that would affect the implementation of the program • Limited humanitarian access, especially for RC staff and volunteers • Intensification of conflicts in the program areas, increase in crime (robbery on roads, burglary, etc.) • Risks of sexual exploitation and abuse (SEA risks) • Climatic hazards (floods, droughts) • The security situation is deteriorating, or the impact of climatic hazards causes massive displacements beyond the capacities of the project • Fraud occurs when targeting vulnerable households • Economic risks, loss of funding from other beneficiaries, political risks and armed conflict • Hostilities escalation, disrespect of the RCRC emblems (impacting access to crisis situations and thus the ability to deliver humanitarian assistance)		
Assumptions	• The security, political and health situation is stable and allows program activities to be implemented safely • The health situation concerning Covid-19 improves and remains stable • The local RCS have a good relationship with the authorities who let them travel to assist vulnerable populations • Communities trust the local RCS to engage in prevention, mitigation and case management activities • Compliance with anti-corruption policies and against sexual exploitation and abuse		
Intervention Logic	Objectively verifiable indicators (qualitative and quantitative) may include	Verification sources	
Outcome 1 The vulnerabilities of displaced people, refugees, returnees, host communities and people living in conflict areas are reduced and the protection capacities are increased , so that they are more resilient and better prepared to manage and protect themselves against threats, this via a multi-sectoral approach.	% of people who agree that their vulnerability to risks linked to health, protection, nutrition and hygiene risks is reduced as a result of assistance, disaggregated by age, gender, disability and status % of people who report that humanitarian assistance is provided in a safe and accessible location and in a dignified, safe, accountable and participatory manner % of people who say that humanitarian assistance is relevant to their needs % Beneficiaries who report knowledge and understanding of how to mitigate vulnerabilities	Activity reports Training reports Field visit reports Baseline / Endline Distribution lists Surveys Community group discussions	
Sub outcome 1.1. Basic needs (food, health, RFL,...) of targeted beneficiaries are covered through cash/in-kind distributions, trainings, community engagement	# of people indicating to have improved access to (health, RFL, ...) services % of community members indicating the community cohesion is improved # of people assisted through (cash) distribution , disaggregated by age, gender, disability and status # people indicating to have increased capacities to respond to health threats		

sessions, etc.	# of unaccompanied minors with open RFL case at RC having received a package of basic goods # of people provided with resources to protect and rebuild their livelihoods # of people who report not adopting harmful coping strategies thanks to (cash) distributions	
Intervention Logic	Objectively verifiable indicators (qualitative and quantitative) may include	
Sub Outcome 1.2. Vulnerable households have improved shelter and their essential hygiene and sanitation requirements are met in a dignified and safe manner.	# of people receiving hygiene and dignity kits , disaggregated by age, gender and disability # of people with regular access to soap to meet hygiene needs # of people with access to essential household items , disaggregated by age, gender, disability and status # of vulnerable children having received safe hygiene practise lessons Improved % of people who report washing their hands at key times # of people with improved access to latrines and hygiene , disaggregated by age, gender, disability and status # of households who have their shelters restored % of people receiving shelter assistance who feel safe about the location of their shelter or accommodation	
Sub Outcome 1.3 A Crisis Modifier allows for a rapid and effective response to new humanitarian crises that arise during the project period	# of people who receive assistance via the crisis modifier # of response interventions implemented through the crisis modifier	
Activities may include: Support for construction of sanitation facilities and increasing access to safe water; distribution of food and non-food items (hygiene kits including menstrual hygiene management, essential household items, etc.) and cash (including mobile transfers); Restoring Family Links-services; increasing access to essential health services (emergency medical services, blood supply, etc.); supporting reintegration of returnees in host-communities; building FA knowledge and skills in refugees and host community (mixed to increase social cohesion) and schools; hygiene promotion and disease prevention; sudden crisis response.		
Intervention Logic	Objectively verifiable indicators (qualitative and quantitative) may include	Verification sources
Outcome 2 National Societies have strengthened their capacities to deliver expertise-based and sustainable protection interventions, and can fulfil their mandate as humanitarian actors with a focus on efficiency, quality and effectiveness.	# of staff who indicate the capacity of their National Society is improved # of staff who indicate the quality of their National Society's protection interventions is improved % of complaints from beneficiaries resolved throughout the project % of staff who have gained a better understanding of the local RCS Code of Conduct and Privacy Policy # of beneficiaries who know about RC services and say they use them % of staff who indicate the geographical reach and logistical capacities of their National Society are improved	Activity reports Training reports Field visit reports Baseline / Endline Distribution lists Evaluation workshops
Sub Outcome 2.1. Protection capacity of Red Cross staff and volunteers are strengthened	# of staff and/or volunteers who received an IHL training , disaggregated by age, gender and disability # of staff and/or volunteers who received an RFL training , disaggregated by age, gender and disability # of staff and/or volunteers trained in dignified cash distributions # of beneficiaries reached through IHL dissemination activities	
Sub Outcome 2.2. Preparedness and emergency response capacity of Red Cross staff and volunteers are strengthened	# of local RC response teams trained % of women in local RC response teams # of local RC response teams equipped # of staff and/or volunteers in cash & voucher skills # of coordination platforms RC participates in	

Activities may include: Capacity building in cash & voucher skills; institutional workshops on RFL case management and training and equipping of RC volunteers from RFL teams; country-specific and contextualised trainings in International Humanitarian Law; IHL dissemination sessions for specific target audience; training of key community members from village Red Cross committees in First Aid for First Responders

4.3.2. More detailed information per outcomeⁱⁱⁱ

4.3.2.1. Outcome 1: The **vulnerabilities** of displaced people, refugees, returnees, host communities and people living in conflict areas are **reduced** and the **protection capacities** are **increased**, so that they are more resilient and better prepared to manage and protect themselves against threats, this via a multi-sectoral approach.

4.3.2.1.1. At the proposal stage

- **Sector: ...**
- **Related sub-sector: ...**
- **Beneficiaries (status + number)**
- **Indicators for this outcome:**
- **Outcome-related activities**

ⁱⁱⁱ For each result identified in the logical framework, more detailed information necessary for a proper understanding of the proposal/report will be gathered here. A specific sub-section per outcome at the proposal, interim report and final report stages has been provided for (please do not update the information of a previous stage in this section, please comment on the change in the appropriate sub-section for the outcome).

4.3.2.1.2. Interim report

- Updating^{iv} of the indicators (Describe the indicators, including the targets)

RWANDA

Outcome	Indicator Nr.	Description indicator	End Target	Unit of indicator	Total progress	Progress (%)
Outcome 1 The vulnerabilities of displaced people, refugees, returnees, host communities and people living in conflict areas are reduced and the protection capacities are increased, so that they are more resilient and better prepared to manage and protect themselves against threats, this via a multi-sectoral approach.	1.1	% of people who report that humanitarian assistance is provided in a safe and accessible location and in a dignified, safe, accountable and participatory manner	85	people (% of)	Pending data	0%
Sub outcome 1.1. Basic needs (food, health, RFL,...) of targeted beneficiaries are covered through cash/in-kind distributions, trainings, community engagement sessions, etc.	1.1.1	# of beneficiaries assisted through humanitarian assistance such as (cash) distribution, RFL services, ... disaggregated by age, gender, disability and status	11550	people	5213	45%
	1.1.2	Number of beneficiaries of multipurpose cash transfers (pre-disaster)	5000	people	0	0%
	1.1.3	Number people assisted through in kind distributions	3000	people	5109	170%
	1.1.4	Number of people trained in basic first aid and youth first aid	600	people	0	0%
	1.1.5	Number of farmers trained	50	people	0	0%
Sub Outcome 1.2. Vulnerable households have improved shelter and their essential hygiene and sanitation requirements are met in a dignified and safe manner.	1.2.1	Number of lay-people and volunteers trained in WASH	3200	people	0	0%
	1.2.2	Number of people with an improved latrine and handwashing station	2500	people	0	0%

^{iv} Updates and explanations should target both progress and changes made to the proposal.

Sub Outcome 1.3 A Crisis Modifier allows for a rapid and effective response to new humanitarian crises that arise during the project period	1.3.1	Number of people supported with crisis modifier funds	1000	people	104	10%
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BURUNDI

Outcome	Indicator Nr.	Description indicator	End Target	Unit of indicator	Total progress	Progress (%)
Outcome 1 The vulnerabilities of displaced people, refugees, returnees, host communities and people living in conflict areas are reduced and the protection capacities are increased, so that they are more resilient and better prepared to manage and protect themselves against threats, this via a multi-sectoral approach.	1.1	% of people who report that humanitarian assistance is provided in a safe and accessible location and in a dignified, safe, accountable and participatory manner	85	people (% of)	86	101%
Sub outcome 1.1. Basic needs (food, health, RFL,...) of targeted beneficiaries are covered through cash/in-kind distributions, trainings, community engagement sessions, etc.	1.1.1	# of beneficiaries assisted through humanitarian assistance such as (cash) distribution, RFL services, ... disaggregated by age, gender, disability and status	4544	people	1544	34%
	1.1.2	Number of beneficiaries of multipurpose cash transfers (pre-disaster)	5000	people	1544	31%
	1.1.3	Number people assisted through in kind distributions		people	0	NaN
	1.1.4	Number of people trained in basic first aid and youth first aid	45	people	30	67%
	1.1.7	Number of people who were able to make a phone call to a family member.		people	0	NaN
Sub Outcome 1.3 A Crisis Modifier allows for a rapid and effective response to new humanitarian crises that arise during the project period	1.3.1	Number of people supported with crisis modifier funds	3000	people	0	0%

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Outcome	Indicator Nr.	Description indicator	End Target	Unit of indicator	Total progress	Progress (%)
Outcome 1 The vulnerabilities of displaced people, refugees, returnees, host communities and people living in conflict areas are reduced and the protection capacities are increased, so that they are more resilient and better prepared to manage and protect themselves against threats, this via a multi-sectoral approach.	1.1	% of people who report that humanitarian assistance is provided in a safe and accessible location and in a dignified, safe, accountable and participatory manner	85	people (% of)	94	111%
Sub outcome 1.1. Basic needs (food, health, RFL,...) of targeted beneficiaries are covered through cash/in-kind distributions, trainings, community engagement sessions, etc.	1.1.1	# of beneficiaries assisted through humanitarian assistance such as (cash) distribution, RFL services, ... disaggregated by age, gender, disability and status	41990	people	31813	76%
	1.1.2	Number of beneficiaries of multipurpose cash transfers (pre-disaster)	5500	people	7257	132%
	1.1.3	Number people assisted through in kind distributions	290	people	0	0%
	1.1.4	Number of people trained in basic first aid and youth first aid	525	people	85	16%
	1.1.6	Number of minors reached by protection activities towards unaccompanied minors	200	people	0	0%
	1.1.7	Number of people who were able to make a phone call to a family member.		people	0	NaN
Sub Outcome 1.2. Vulnerable households have improved shelter and their essential hygiene and sanitation requirements are met in a dignified and safe manner.	1.2.1	Number of lay-people and volunteers trained in WASH	12000	people	420	4%
	1.2.2	Number of people with an improved latrine and handwashing station	35000	people	0	0%

Sub Outcome 1.3 A Crisis Modifier allows for a rapid and effective response to new humanitarian crises that arise during the project period	1.3.1	Number of people supported with crisis modifier funds	1000	people	24556	2456%
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- **Updating⁴ of the beneficiaries (status + number)**

Beneficiaries reached up to now are shown per country in the table below:

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Women: 4,564 (86%)	Men: 718 (14%)	women + men total = 5,282 (100 %)
Infants (aged < 5): Pending data	Children (aged < 18): 2,090 (39%)	Elderly: 156 (3%)

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Women: 27,361 (69%)	Men: 12,404 (31%)	women + men total = 39,765 (100 %)
Infants (aged < 5): 7,953 (20%)	Children (aged < 18): 17,663 (44%)	Elderly: 897 (2%)

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Women: 4,780 (57%)	Men: 3,606 (43%)	women + men total = 8,386 (100%)
Infants (aged < 5): 1,258 (15%)	Children (aged < 18): 2,935 (35%)	Elderly: 252 (3%)

- **Updating⁴ of the activities**

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General preparation to implement activities

- **Preparation of procurement plan and documents** during March and April 2022 for the distributions of mattresses, MHM kits and kitenge (clothing). In addition, motorbikes, bicycles and construction materials (cement & pipes) for the road in Karongi office were processed.
- **Procurement:** Between May and June 2022 several contracts were signed with different suppliers for the building materials for the road at Karongi branch office (coarse sand, fine sand, laterite aggregate), suppliers of NFIs (1,500 MHM kits, 509 mattresses for people with special needs, 1,300 normal mattresses, 5,000 kitenge (clothing for women) and suppliers of movable properties (20 bicycles, 4 motorbikes for RFL activities).
- **Identification of beneficiaries** during the months March to June 2022, in close collaboration with UNHCR and MINEMA, in Kiziba, Niyabiheke and Mahama for following activities: distributions of mattresses, MHM kits, kitenge, construction of latrines in the host communities, kitchens for rehabilitation, young graduates for distribution of starting kits to set up their business.
- **Project launch in different refugee camps:** 5th and 6th May 2022: the HP1 project was officially launched in the refugee camps Niyabiheke (Gatsibo District) and Mahama (Kirehe District) and 30th June 2022 in Kiziba camp (Karongi District). Different partners attended: local authorities at district and sector level, Rwanda Red Cross staff, UNHCR, MINEMA, Plan International, Humanity and Inclusion, Adventist Development and Relief Agency, Partners for Resilience , Food for the Hungry).

Investments

- To improve the medical service of refugees in Nyabiheke refugee camp, the HP1 project has funds for

the rehabilitation of the existing health centre within the camp. On 19th October 2022 a bill of quantities was prepared in cooperation with the non-profit Alight, who is responsible for the operational management of the health centre. The tender documents (call for proposal) were published in November 2022.

Activities

- **Environmental Protection**

- o In September 2022 (start of the rainy season) seedbeds/nursery beds were installed in Kiziba and Mahama camp together with the field coordinators and volunteers. Various types of nursery beds, fruit trees and anti-erosive trees were prepared in both camps (Papaya, Avocado, Mango, Eucalyptus Grandis and Globulus, Grevillea, Calliandra and Lucena Accacia). In December 2022 they will be ready to be replanted.

- **Distributions in Refugee Camps**

Niyabiheke Camp (Gatsibo District)

- o 22nd June 2022: Distribution of 205 mattresses to refugees with special needs (137F/68M). During the event, representatives of RRCS, UNHCR and MINEMA were present to monitor the distributions.
- o 16th June 2022: Distribution of 4 bicycles to RFL volunteers.

Mahama Camp (Kirehe District)

- o 16th June 2022: Distribution of 10 bicycles to RFL volunteers.

Kiziba Camp (Karongi District)

- o 16th June 2022: Distribution of 6 bicycles to RFL volunteers.
- o 25th August 2022: Distribution of 2,556 kitenge/ clothing (2,556F). 25th August 2022: Distribution of 510 normal mattresses and 136 mattresses for people with special needs (300F/346M).
- o 25th August 2022: Distribution of 631 dignity kits (MHM kits) The MHM kits is composed of a basin, 2 bags of reusable sanitary pads, 3 soaps, 3 underwear and 2 body lotions.
- o 17th October 2022: Distribution of 80 kitenge: clothing (80F)
- o 17th October 2022: Distribution of 73 normal mattresses and 10 mattresses for people with special needs (40F/43M)).
- o 24th October 2022: Distribution of 204 Kitenge.
- o 24th October 2022: Distribution of 98 normal mattresses and 152 mattresses for people with special needs (119F/131M)
- o 31st October 2022: Distribution of 160 kitenge/clothing (160F). 31st October 2022: Distribution of 269 dignity kits (MHM kits) 31st October 2022: Distribution of 19 normal mattresses and 6 mattresses for people with special needs (10F/15M).



Figure 3 - Distribution of Mattresses in Niyabiheke Refugee Camp

- **Construction of 500 Latrines (Cash-for-Work):** start of the construction in the host communities of Kiziba (128), Niyabiheke (185) and Mahama (187). Beneficiaries in the host communities are granted cash for work to provide employment to unskilled and semi-skilled workers and create opportunities that can temporarily stabilize people's incomes following a disaster or a crisis. The principle is simple: people work and receive money. Cash-for-Work schemes can respond as a means of strengthening social safety nets and are intended to alleviate the tension of an ongoing crisis. In most cases. A Cash-for-Work approach often has two objectives:
 - o Provide income to support vulnerable men and women.
 - o Build or rehabilitate public and/or community assets for sustaining the livelihoods of a community.

The first phase of the construction of the latrines started in September throughout October 2022. Cash-for-work distributions for 500 beneficiaries(201F/299M) took place to buy resources to make adobe bricks for latrine construction. The construction is planned to be completed by January 2023.

- **Crisis Modifier:** The crisis modifier within the HP1 project in Rwanda was activated in November 2022 to meet the most urgent needs, i.e., the provision of food for the 104 refugees (41F, 5M, 66 children) currently staying at the Kijote reception centre. Different food items such as rice, maize flour, porridge, milk for children and sugar were procured and meals were prepared and distributed within the reception centre. RRCS provided assistance with this intervention by deploying their volunteers in the reception centre. The budget foreseen for one month was for a total of RWF 4,830,000 (+/- EUR 4,300).

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General preparation to implement activities

- **Procurements:** Launching of requisitions for the following international purchases in the first months of the project: 400 tents, 1 water truck, 1 drone, first aid materials, first aid manuals.
- **Project launch:** On January 31 and February 1, 2022, two meetings to launch the project were held in the Ruyigi and Makamba branches in the presence of the governance and executives of the Burundi Red Cross.

Activities

- Basic First Aid trainings
 - Between February 13, 2022, and February 20, 2022, **20 Basic First Aid trainers** were trained (8 in Makamba, 2F/6M, and 12 in Ruyigi, 2F/10M).
 - These trainers were then able to facilitate the training of **25 BRC volunteers and 5 staff members of Gruppo di Volontariato Civile (GVC)** organization (active in Bwagiriza refugee camp) in Basic First Aid between February 28, 2022, and March 4, 2022 (15 in Makamba, 3F/12M and 15 in Ruyigi, 3F/12M).
- First Aid for First Responders (FAFR)
 - A tender package was prepared and analysed in September 2022 for the purchase of **FAFR equipment**. The items (isothermal blanket, blood glucose kit, oximeter, thermometer, gloves, etc.) have been delivered on November 2nd, 2022.
 - A purchase procedure was launched in August 2022 for the printing of **320 FAFR training manuals**. The supplier was selected at the end of November 2022. The manuals will be delivered by early 2023.
- Blood Training of Trainers
 - Between September 5 and 9, 2022, a training session on **Blood donor recruitment** was organized in Bujumbura. Volunteers from 9 branches (Makamba, Ruyigi, Cibitoke, Ngozi, Gitega, Bujumbura Mairie, Kirundo, Rumonge) were present. In addition, the staff of the National Blood Transfusion Center (CNTS) of Bujumbura Mairie, the Region of Gitega, Ngozi and Cibitoke were present. A total of **19 volunteers and CNTS staff** were trained (10F/9M).
 - Between September 26 and 30, 2022, these same people participated in a training of trainers and a writing workshop for the development of training materials adapted to Burundi. **18 participants were certified (9F/9M)**. Blood Training of volunteers



Figure 4 - Burundi Red Cross Blood donor recruitment trainers

- Following this training of trainers, it was planned that they will facilitate the training of **40 volunteers** in Ruyigi and Makamba. 2 trainings took place between November 15 and 19, 2022. 25 volunteers (8F/17M) were training in Ruyigi, and 15 (6F/9M) in Makamba.
- Distributions
 - Procurements and prepositioning: A tender document was prepared and launched for the purchase of **protection equipment** (300 overalls, boots, glasses, masks, etc.) and **Non-Food Items** (1500 blankets, 1000 jerrycans, 500 kitchen kits, soap, etc.) to replenish the HNS stocks. Deliveries were made on September 21, 2022, at Burundi RC headquarters and on September 23, 2022, in Gitega.
 - **400 family tents** were received on October 16, 2022, and pre-positioned between the warehouses in Gitega and Bujumbura.

- Cash distribution for reintegration: During the month of October 2022, a needs assessment was carried out and **1,544 households** were identified and registered for **cash assistance** in the three communes of the intervention zone. These are returnee households (80%), as well as vulnerable households in host communities (20%), including child headed households, widows, households with one or more persons living with disability or chronic illness or elderly persons (>60 years old). They received a mobile transfer of 180 000 BIF per household.



Figure 5 - Cash assistance to returnees and vulnerable host communities in Burundi

- Local Disaster Risk Reduction

- As of March 2022, **31 Disaster Risk Reduction Committees (DRRCs)** have been established, including 18 DRRCs in Ruyigi and 13 in Makamba. Each committee is composed of 13 members and includes 2 hills.
- In March, a tender was issued for the purchase of **DRR equipment** to be distributed to DRRCs. The equipment was delivered in June 2022 and distributed in the area of intervention.
- Members of the 31 DRRCs were trained in **basic First Aid** between April and May 2022. A total of **248 people were trained (104F/144M)**.
- The members of the DRRCs were then trained on **EVCA (Enhanced Vulnerability and Capacity Assessment)**. Between June 13 and August 19, 2022, **256 people were trained**
- Following this training, an assessment was conducted in each hillside in order to proceed with the development of a community action plan. As of October 31, **61 action plans** have been developed.



Figure 6 - First Aid simulation by trained DRRC in Ruyigi

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General preparation to implement activities

- Project inception meetings were held in March and April 2022, in which a total of **79 (27 female and 52 male)** Red Cross staff, volunteers and district stakeholders attended. The meetings were used as a forum to introduce the project and to enable the URCS staff and stakeholders responsible for implementing the project to have an overall understanding of the project, project objectives and key indicators of the project, and as well as to clarify on roles and responsibilities of various project management team and stakeholders.

Procurements

- Procurement process for first aid equipment and materials –to include FA kits, manuals, tents and stretchers, Mannequin was completed in 15/09/2022 and have been delivered to HQ for distribution to respective project areas.
- School kits for unaccompanied children were procured and delivered to the children in November 2022
- Solar lighting system procured and installed in for Kisoro, and Bundibugyo holding and transit centres in July 2022. This improves access to and enhances usage of sanitation facilities and enhances protection of vulnerable groups especially during the night
- MHM kits were procured and delivered at HQ in October for prepositioning at the regional warehouse in Southwestern Uganda; Further to improved protection needs of girls and women additional MHM kits were procured and delivered for distribution in December to beneficiaries in Imvepi Refugee settlement.
- The procurement process for the construction of waste management centre in Imvepi Refugee settlement was published in local newspaper in November 2022 and start of the construction process will be in January 2023.
- The construction of regional warehouse (Rub Hall) is expected to commence in December 2022, following the conclusion of the procurement process
- Procurement for consultant for Environmental and social impact assessment (ESIA) is due to be completed in December 2022. The consultant will do the ESIA and design the water supply works in Bidibidi Zone 4. thereafter an advert will be made for the construction of the water supply system once the designs are approved.

Activities

Blood Banking

- A total of **22 volunteers (18 males and 04 females)** were trained in Blood donor recruitment (BDR) and donor care in Arua- Yumbe region and Hoima- Kikuube region on 22-26/08/2022. They were trained in six key topics including: introduction to blood, introduction to blood donation, recruiting safe donors, donor recruitment strategies; donor retention, and pre-donation talk. The trained volunteers were involved in BDR interventions within their communities through mobilization, awareness sessions, pre-donation talks and post donation care that resulted in collection of **1,753 units of blood in 36 sessions** in the Arua and Hoima regions. These regions have regional blood banks that serve the refugees in the intervention areas of Kyangwali and Imvepi. Therefore, the units collected support provision of essential health services (emergency medical services) for the health facilities and, thus, increasing access to quality health care for the most vulnerable populations, i.e., women and children who are the major recipients of blood products.



Figure 7 - Blood donor collection session in Hoima and Arua district

First Aid

- The trained trainers in Basic First Aid (BFA) trained by the project, supported **3 first aid training sessions**, whereby a total of **105 people**, composed of **74 males & 31 females**, were trained in basic first aid in the project areas of Kikuube and Yumbe districts. The training was based on the newly updated BFA manual, and the participants included **85 volunteers and 20 schoolteachers**. The trainings took place in September 2022.
- Four BFA training courses were conducted in 4 branches leading to the training of **68 community members (46 males and 22 females)**

Restoring Family Links (RFL)

- A child protection assessment was conducted in June 2022 in Karamoja region to help the restoring family links (RFL) program to understand the RFL needs in the region and determine how to support the affected families through the restoring of family links services, a cross-border activity by Uganda Red Cross Society and Kenya Red Cross. Based on the recommendation of the assessment, the services to be offered will incorporate child protection principles; best interest of the child, do no harm and child participation. According to the analysis, over 200 children were identified as missing, and the information was obtained from their families by the data collectors. It will be noted that the affected families wished their children could be brought back to Karamoja and be reunified with their families.

Distribution (Cash based intervention)

- Rapid assessment of markets was conducted in Kyagwali and Imvepi refugee settlement to inform the use of cash assistance to meet basic needs. The assessment further revealed that markets around the settlement are well established and can support the cash transfer, owing to high number of traders (700 to 1,000) in both markets, improving supplies on the markets; availability of storage facilities, indication that traders have the capacity to respond to increased demand.
- The project supported the disaster response training of **20 (12 males, 8 females)** branch volunteers in Hoima. This training taught participants the principles of cash and voucher assistance, in addition to several other topics. The registration of potential beneficiaries for cash assistance was conducted May and June 2022. The project team had to exchange information with the other partners like UNHCR and World Food Program on the targeting criteria for potential beneficiaries. The team also engaged with the recipient communities as it is also important for the recipient communities to understand how targeting is done in order to avoid conflicts and a general thinking that some beneficiaries were intentionally left out. At the end of the exercise, about **1,932 households** were registered having met the criteria as potential beneficiaries of the cash assistance. In Kyagwali Refugee settlement a total of **1,106 households (823 female headed and 283 male headed)** were registered and validated as beneficiaries ready to receive the multipurpose cash support. Of these households, **8 family heads (3 females and 5 male)** had disabilities. In Imvepi settlement a total of **826 households (637 female headed and 189 males headed)** were identified. Based on the registration and validation, a total of **7,764 individuals** were registered and validated from the **1,932 households**.

- Financial literacy training (FLT) was conducted for **20 volunteers (13 Male and 7 Female)** from both Kyangwali and Imvepi settlements. The training was meant to orient the volunteers to become trainers, able to give financial literacy training to beneficiaries in the community. Following the training, the trainers rolled out the training to the identified beneficiaries in both Settlements. They were able to conduct **11 pre-distribution financial literacy trainings** in Kyangwali and Imvepi. In this period, 5 cycles of cash distribution for targeted beneficiaries were conducted in Kyangwali and Imvepi settlements. The cash distribution process was supported by a financial service provider, based on the delivery mechanism the beneficiaries preferred to receive the cash assistance. The transfer value was UGX 30,000 (approx. EUR. 7.8) per head in the household as per the Minimum Expenditure Basket (MEB) of Imvepi and Kyangwali Refugee Settlements derived from the secondary data from World Food Programme (WFP) and approved by the National Cash Working Group. The cash were transferred to the target beneficiaries using two delivery mechanisms; mobile money transfer and cash on wheels. The distribution process considered all the factors for protection mainstreaming in order to ensure distribution points were safe and easily accessible to all beneficiaries considering their diversities as well as participants being meaningfully engaged, and their feedback considered in subsequent cash distribution cycles.



Figure 8 - Providing cash assistance for Persons with special needs e.g., elderly beneficiary during cash distribution in Kyangwali.

- Further, a post distribution monitoring (PDM) assessment was conducted in the two refugee settlements. The purpose of the PDM exercise was to assess on the encashment process, to verify whether it was conducted in a safe and dignified manner and to observe the progress made by the beneficiaries in effectively utilizing the cash to meet their basic and other needs. The results of the PDM are as listed below and some of the recommendations have been adopted to ensure protection concerns for the cash assistance are addressed in subsequent distribution cycles.
 - After the cash distribution, 58% of the respondents invested the money received from cash assistance in business while 38% bought food. 85% of the respondents reported that the cash distributed had improved wellbeing of their households and community while 44% reported that the cash promoted a feeling of dignity and self-worth for the beneficiaries in the community
 - In terms of protection; in Kikuube district, 94% of the beneficiaries reported that humanitarian assistance was delivered in a safe, accessible, accountable and participatory manner while 83% reported the same in Terego district.
 - 87% of the respondents did not feel insecure or experience insecurity concerns as the result of the cash assistance in any way. The respondent that reported feeling insecure (13%) noted that in order to feel safer, the distribution point should be closer to the beneficiaries' residences and mobile money should be used in place of cash.

Water Sanitation and Hygiene

- **13 (6 females and 7 males)** village health team members and project volunteers were selected, oriented and underwent **participatory hygiene and sanitation transformation (PHAST)** training in July 2022. The training was integrated with gender, protection and inclusion as well as the Red Cross principles and policies, volunteer policy and code of conduct.
- A total of **20 PHAST groups with 20 persons per group** were formed. Each group will undergo a five-day training. In the reporting period, 8 groups completed the training and have started putting into practice the knowledge acquired during the training. It is planned that each trained member of the 20 PHAST groups will share knowledge with 10 households hence 12,000 individuals will be reached by the end of the project.
- **4 community consultative meetings** on the activities being implemented were conducted in the 3 villages, purposely to collect beneficiary views on hygiene promotion approaches being applied. 3 WASH sector meetings conducted in Bidibidi settlement. The meetings brought on board all humanitarian agencies implementing WASH activities in the settlement to discuss mechanisms of coordination in meeting WASH needs. Baseline survey and gender analysis was conducted during the September 2022 and a draft report has been submitted and the final copy is expected after the consultant has made final adjustments
- The project established community engagement and accountability structures by constituting three committees, comprising of **6 people (elderly and youth)** per committee in each of the three villages; zones 1, 3 and 5. Altogether, there are **18 committee members (8 males and 10 females)**. **4 radio talk shows** were conducted during the reporting period. The shows were used to broadcast messages on gender inclusion, prevention of sexual exploitation and abuse and roles of communities in the management of WASH facilities.

Crisis modifier

- The crisis modifier was activated twice during the reporting period as explained below;
 - Emergency cash assistance was provided to 926 households (3078F, 2478M) in Kaabong district, Karamoja region, to respond to food insecurity. The intervention addressed the recommendation of the food security & nutrition assessment (FSNA) conducted by ministry of agriculture, animal industry and fisheries (MAAIF), Food and Agriculture Organization (FAO) and WFP. Additionally, the integrated food security phase classification (IPC) report indicated that Karamoja had reached an acute food insecurity (Phase 3+) with global acute malnutrition (GAM) prevalence levels slightly increased from 9.7% in 2020 to 10.7% in 2021, especially for Kaabong, Kotido, Nakapiripirit and Amudat districts. Based on this assessment, the crisis modifier was triggered and cash assistance as an early action was used to support 926 of the extremely vulnerable affected households in Kaabong district. The cash assistance was provided following a pre-crisis assessment and seeking approval of the District Disaster Management Committee (DDMC). As a way of ensuring dignity and choice, multi-purpose cash assistance was chosen so that families could have liberty and choice to buy food of their preferences. Each family received UGX 100,000 (26 EUR); a one-off multi-purpose cash grant (MPCG) that assisted them to provide essential food supplies for the identified extremely vulnerable households, thus averting potential increase in malnutrition cases among the beneficiary households.



Figure 9 - Response to prolong dry spell - food assistance to multipurpose cash assistance to vulnerable families in Kaabong district

- Uganda has been hosting Congolese refugees fleeing unrest in Democratic Republic of the Congo (DRC). At the end of March 2022, thousands of refugees escaped to Uganda following violent clashes in DR Congo and were hosted in transit and holding centres in Kisoro, Kasese, and Bundibugyo districts. As of end of April 2022, the number of people had increased to 21,000 individuals. Following the influx, URCS and other stakeholders have been responding to meet the needs of this population of concern (POC) through multisectoral assistance. The coordination of the response has been through interagency meetings and bilateral cooperation spearheaded by UNHCR and the office of the Prime Minister. URCS response is majorly in the sectors of water, sanitation and hygiene, while other actors e.g., Medical Teams International are taking the lead in health interventions among other actors in the response. The POCs were in crowded holding centres with severe gaps in safe sanitation and low coverage of shower tents, critically below the sphere standards. The latrines were without lights, which posed a protection gap and puts a clear barrier for safe use during night-time. The limited number of latrines that were already constructed had not taken into consideration the use by persons with mobility impairments. The crisis modifier funds were used to support WASH interventions in Kisoro and Kasese holding centres. The activities implemented included building latrines, shower tents, training and supervising hygiene promotion teams, building the drainages and lights needed in the sanitation area for protection and safety of women and children. The lighting system also help to get rid of the practice of open defecation at night, which causes serious sanitation and thus health risks. In addition, it increased accessibility for persons with vision and mobility impairments. Furthermore, to include of persons with mobility disabilities, a special focus was placed on ramps and poles for the latrines, to enable their use. With this funding, URCS was specifically able to deploy NDRTs to both Kisoro and Kasese, to coordinate and supervise the volunteers and daily labourers providing the needed upgrade of the wash facilities in the areas. The NDRTs conducted water quality testing to maintain a safe level of chlorine in the water. The daily labourers dug the latrines, the drainage pits and needed pipes to the ground while the volunteers performed the hygiene promotion activities needed, including training. The contribution has supported the URCS to deliver the most needed WASH interventions for the asylum seekers at reception centres in Kisoro, Kasese and Bundibugyo. So far, there has been no incidence of diarrhoeal disease outbreak reported. The following WASH infrastructure has been constructed:

- 85 additional pit latrines
- 47 additional Bath shelters
- 12 solar lighting system were installed in Kisoro and Bundibugyo that ensured safety and access to sanitary facilities constructed
- 5 additional tap stands
- supporting desludging and decommissioning of 35 filled-up pit latrines.



Figure 10 - Sanitation and KIT95 water supply system in Kisoro - Nyakabande Holding centre

4.3.2.1.3. Final report

- Indicators for the outcomes obtained

RWANDA

Outcome	Indicator Nr.	Description indicator	End Target	Unit of indicator	Total progress	Progress (%)
Outcome 1 The vulnerabilities of displaced people, refugees, returnees, host communities and people living in conflict areas are reduced and the protection capacities are increased, so that they are more resilient and better prepared to manage and protect themselves against threats, this via a multi-sectoral approach.	1.1	% of people who report that humanitarian assistance is provided in a safe and accessible location and in a dignified, safe, accountable and participatory manner	85	people (% of)	88	104%
Sub outcome 1.1. Basic needs (food, health, RFL,...) of targeted beneficiaries are covered through cash/in-kind distributions, trainings, community engagement sessions, etc.	1.1.1	# of beneficiaries assisted through humanitarian assistance such as (cash) distribution, RFL services,... disaggregated by age, gender, disability and status	11550	people	14556	126%
	1.1.2	Number of beneficiaries of multipurpose cash transfers (pre-disaster)	5000	people	622	12%
	1.1.3	Number people assisted through in-kind distributions	3000	people	8309	277%
	1.1.4	Number of people trained in basic first aid and youth first aid	600	people	600	100%
	1.1.5	Number of farmers trained	50	people	50	100%
Sub Outcome 1.2. Vulnerable households have improved shelter and their essential hygiene and sanitation requirements are met in a dignified and safe manner.	1.2.1	Number of lay-people and volunteers trained in WASH	3200	people	3947	123%
	1.2.2	Number of people with an improved latrine and handwashing station	2500	people	2500	100%
Sub Outcome 1.3 A Crisis Modifier allows for a rapid and effective response to new humanitarian crises that arise during the project period	1.3.1	Number of people supported with crisis modifier funds	1000	people	2497	250%

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Outcome	Indicator Nr.	Description indicator	End Target	Unit of indicator	Total progress	Progress (%)
Outcome 1 The vulnerabilities of displaced people, refugees, returnees, host communities and people living in conflict areas are reduced and the protection capacities are increased, so that they are more resilient and better prepared to manage and protect themselves against threats, this via a multi-sectoral approach.	1.1	% of people who report that humanitarian assistance is provided in a safe and accessible location and in a dignified, safe, accountable and participatory manner	85	people (% of)	87.3	102%
Sub outcome 1.1. Basic needs (food, health, RFL,...) of targeted beneficiaries are covered through cash/in-kind distributions, trainings, community engagement sessions, etc.	1.1.1	# of beneficiaries assisted through humanitarian assistance such as (cash) distribution, RFL services, ... disaggregated by age, gender, disability and status	4544	people	66550	1465%
	1.1.2	Number of beneficiaries of multipurpose cash transfers (pre-disaster)	5000	people	29885	598%
	1.1.3	Number people assisted through in kind distributions	N/A	people	N/A	N/A
	1.1.4	Number of people trained in basic first aid and youth first aid	45	people	60	133%
	1.1.7	Number of people who were able to make a phone call to a family member.	2250	people	350	16%
Sub Outcome 1.3 A Crisis Modifier allows for a rapid and effective response to new humanitarian crises that arise during the project period	1.3.1	Number of people supported with crisis modifier funds	3000	people	34915	1164%

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Outcome	Indicator Nr.	Description indicator	End Target	Unit of indicator	Total progress	Progress (%)
Outcome 1 The vulnerabilities of displaced people, refugees, returnees, host communities and people living in conflict areas are reduced and the protection capacities are increased, so that they are more resilient and better prepared to manage and protect themselves against threats, this via a multi-sectoral approach.	1.1	% of people who report that humanitarian assistance is provided in a safe and accessible location and in a dignified, safe, accountable and participatory manner	85	people (% of)	87.1%	102%
Sub outcome 1.1. Basic needs (food, health, RFL,...) of targeted beneficiaries are covered through cash/in-kind distributions, trainings, community engagement sessions, etc.	1.1.1	# of beneficiaries assisted through humanitarian assistance such as (cash) distribution, RFL services, ... disaggregated by age, gender, disability and status	41990	people	73274	174%
	1.1.2	Number of beneficiaries of multipurpose cash transfers (pre-disaster)	5500	people	7257	132%
	1.1.3	Number people assisted through in kind distributions	290	people	430	148%
	1.1.4	Number of people trained in basic first aid and youth first aid	525	people	653	124%
	1.1.6	Number of minors reached by protection activities towards unaccompanied minors	200	people	142	71%
	1.1.7	Number of people who were able to make a phone call to a family member.	N/A	people	N/A	N/A
Sub Outcome 1.2. Vulnerable households have improved shelter and their essential hygiene and sanitation requirements are met in a dignified and safe manner.	1.2.1	Number of lay-people and volunteers trained in WASH	12000	people	13538	113%
	1.2.2	Number of people with an improved latrine and handwashing station	35000	people	40862	117%
Sub Outcome 1.3 A Crisis Modifier allows for a rapid and effective response to new humanitarian crises that arise during the project period	1.3.1	Number of people supported with crisis modifier funds	1000	people	24556	2456%

- **Beneficiaries (status + number)**

Beneficiaries reached up to the end of the project are shown per country in the tables below:

RWANDA

Women: 12,727 (68%)	Men: 5,876 (32%)	Women + men total = 18,603
Infants (aged < 5): 2418 (13%)	Children (aged < 18): 9115 (49%)	Elderly: 744 (4%)

UGANDA

Women: 38626	Men: 34648	Women + men total = 73274
Infants (aged < 5): 13156	Children (aged < 18): 33409	Elderly: 2246

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Women: 37,683	Men: 28,013	Women + men total = 65,696
Infants (aged < 5): 9,854	Children (aged < 18): 22,994	Elderly: 1,971

Activities carried out

RWANDA

Investments

- Rehabilitation of health center

The Nyabiheke health center has undergone a comprehensive renovation of its HIV and AIDS screening and treatment block. This revitalization benefits both refugees and host communities, enhancing access to improved health services related to HIV and AIDS. Additionally, the health center's laboratory, situated within this block, has also been refurbished. The entire block is now fully operational, leading to a significant enhancement in the quality of health services provided by the center. The renovation efforts were managed by the RRCS, in close collaboration with UNHCR and Save the Children.



Figure 11 - Picture of health block before and after renovation

- Purchase of equipment and materials health center

The project facilitated the provision of essential equipment and materials to the health centers in both the Nyabiheke refugee camp and the Kiziba refugee camp. The initial distribution took place in August 2023, followed by a second distribution in November 2023. The items included a range of medical equipment such as blood pressure monitors, ultrasound monitors, Hemacue machines, and delivery tables, amongst others. Additionally, more general office items such as office tables and cupboards were also part of the distribution.



Figure 12 - Distribution of medical equipment in Kiziba refugee camp with representatives of MINEMA and UNHCR

- Construction of 300 kitchens

In the Kiziba refugee camp, a total of 300 kitchens were built to provide essential support to the refugees. This activity was included at the specific request of MINEMA during the project's needs assessment. Established in 1995, the camp had some shelters that were no longer in optimal condition. The primary goals of this construction initiative were twofold: firstly, to mitigate risks and hazards arising from the deterioration of old kitchens, and secondly, to uphold the fundamental right to safe and adequate housing for all individuals. Commencing in March 2023, the construction project was successfully completed by October 2023. Notably, the newly constructed kitchens have garnered positive feedback and appreciation from both the beneficiaries and organizations such as MINEMA and UNHCR.



Figure 13 - Example of a kitchen constructed in Kiziba refugee camp

Activities

- Providing ambulance services to the refugees and host communities in Nyabiheke and Kiziba refugee camp

Since June 2023, two ambulances procured through this initiative have been dispatched to both the Nyabiheke refugee camp and the Kiziba refugee camp. This strategic deployment of ambulances not only provides crucial assistance to the health centers but also ensures that patients have a comfortable mode of transportation. Given that the refugee camps are situated in remote areas, these ambulances play a vital role in transporting referred patients to hospitals within the district or even to Kigali, where they can access more advanced medical treatment.



Figure 14 - One of the two ambulances deployed in Kiziba refugee camp

- NFI distribution

In addition to the distributions previously documented in the interim report, the following distributions were organized in Nyabiheke refugee camp in December 2022:

- 2000 kitenge (also known as loincloths, or traditional fabric)
- 600 MHM (Menstrual Hygiene Management) or dignity kits
- 600 mattresses

In total, we distributed the following essential household items in the Nyabiheke and Kiziba refugee camps:

- 1) MHM kits: 1500 kits to 1500 young girls
- 2) Mattresses: 1809 of which 509 were waterproof mattresses
- 3) Kitenge: 5000 items



Figure 15 - Distribution of essential household items in the camps

- Cash transfers

After consulting with UNHCR and MINEMA, it was determined that cash transfers were not the optimal approach for assisting vulnerable refugees. The logistical challenges of providing SIM cards to all refugees for mobile money transactions, coupled with local authorities' reluctance to endorse cash payments within the camps, led us to explore alternative solutions. Consequently, the decision was made to allocate these funds towards distributing additional MHM kits, mattresses, and Kitenge to those most in need. For individuals who were not reached through cash transfers, we successfully reached them by distributing Non-Food Items (NFIs).

However, it is worth noting that we did utilize cash transfers in our cash-for-work initiative, specifically for constructing 500 latrines in 2022 (as detailed in the interim report). Additionally, we provided cash support to 122 individuals in their livelihood activities (further information provided below).

- First Aid

o Youth FA

In early August 2023, 27 teachers underwent youth first aid training of trainers utilizing materials developed by the Belgian Red Cross – Flanders. These educators were carefully chosen from the districts where the Mahama refugee camp, Nyabiheke refugee camp, and Kiziba refugee camp are situated.



Figure 16 - Newly trained youth first aid trainers showing their certificates and training materials

During the months of September and October 2023, the above group of 27 teachers undertook the task of training 600 youth in youth first aid. These participants comprised a diverse mix of young individuals aged between 12 and 16 years old, from the different refugee camps and host communities mentioned above. In each of the three districts, we successfully transferred first aid knowledge to 200 youth. This training equips them with the ability to assist others within their communities by applying fundamental first aid skills when needed.



Figure 17 - A youth FA training in action

- Hygiene promotion and WASH awareness raising

In total, we reached 3947 people through various hygiene promotion initiatives. This significant number was achieved via the following activities:

- In total 217 individuals were engaged in Children's Hygiene Training (CHAST). This training is based on the well-established Participatory Hygiene and Sanitation Transformation approach and uses a variety of exercises and educational games. Its primary focus is to educate children aged between 6 and 12 years old about the crucial connections between personal hygiene and overall health. The trainings in the schools took place in Kiziba refugee camp and its host community from April to June 2023.



Figure 18 - Gathering of students trained in CHAST

- WASH awareness raising activities: These efforts were closely tied to the construction of new latrines, impacting 2500 people. By promoting awareness about water, sanitation, and hygiene (WASH), we aimed to enhance well-being within the community.
- Mobile cinema: Leveraging the power of mobile cinema, we reached 1230 individuals. This dynamic approach allowed us to disseminate essential hygiene information effectively. In total, four Mobile cinema sessions focused on hygiene promotion were organized within the refugee camps of Kiziba, Mahama, and Nyabiheke in September and October 2023. These engaging sessions on hygiene promotion were designed to educate and involve local community members, including residents from both the refugee and host communities in the surrounding sectors of the camps. Furthermore, during these sessions, films highlighting disaster risk reduction activities were also screened to raise awareness among the public.



Figure 19 - People gathering to attend a mobile cinema session

- Installation of water facilities

As part of our objective to enhance hygiene and sanitation in educational institutions and health centers, we successfully implemented the installation of water facilities and handwashing stations. Specifically, we installed these essential amenities in **three schools** within the **Karongi district**, an additional **three schools** in the **Kirehe district**, and at a single **school** and a **health center** in the **Gatsibo district**. At each location, we ensured the provision of both handwashing stations and rainwater harvesting systems equipped with water tanks.



Figure 20 - Examples of rainwater harvesting systems and handwashing stations in Karongi district

- Blood donation awareness sessions

In late February and early May 2023, RRCS conducted two comprehensive training sessions focused on blood donor recruitment. These sessions involved a total of 48 participants, including 44 dedicated volunteers from the Karongi, Kirehe, and Gatsibo districts, along with 4 HQ staff members. The training materials utilized during these sessions were collaboratively developed by the RRCS and BRC-FI during the DP4 project.

Within the three districts mentioned, our committed volunteers and HQ staff organized 12 blood donor recruitment sessions held independently of regular blood collections. Additionally, they facilitated 6 sessions during actual blood collection events. The Blood Transfusion Division, responsible for organizing blood collections, expressed satisfaction because the awareness-raising efforts led to a significant increase in the number of donors. This positive impact underscores the importance of our collective endeavors in promoting life-saving blood donations.



Figure 21 - Awareness raising during blood donor recruitment session

- Restoring Family Links (RFL), First Aid, psychosocial support and social mobilization services to the refugees by volunteers of the Rwanda Red Cross

The volunteers of the RRCS played an active and prominent role within the various refugee camps, engaging in diverse support activities on a daily basis. A total of 84 volunteers were involved in these efforts.

- Restoring Family Links (RFL)

In the refugee camps of Kiziba, Nyabiheke, and Mahama, 14 volunteers were present. Their responsibilities included facilitating message exchanges through the Red Cross network, reuniting families and shedding light on the fate of missing persons. Close collaboration with the International Committee of the Red Cross (ICRC) was essential for the success of this activity.

- First Aid and Psychosocial Support

RRCS volunteers were deployed in Nyabiheke and Kiziba refugee camps to provide essential first aid and psychological first aid services. This included wound cleaning, bandaging, and other immediate medical assistance. Additionally, they transported sick or injured patients to health facilities using stretchers and conducted visits to refugees facing psychosocial challenges, offering counseling and referrals to health centers for more specialized support. In the Mahama camp, similar activities were conducted by other volunteers who were covered through the AMOPAH project of CRB-Cf.



Figure 22 - Volunteers of RRCS providing First Aid and Psychosocial Support to refugees and host communities

- Social Mobilization Activities

These activities encompassed sensitization sessions, hygiene club meetings, and awareness campaigns via radio or mobile cinema. Topics covered a wide range, including hygiene practices, disease prevention, childcare, and nutrition. Collaborating closely with other partners within the camp allowed us to amplify the impact of these sessions and promote healthier behaviors. Again, in Nyabiheke and Kiziba refugee camp, the volunteers for these activities were covered by this project; in Mahama camp they were covered by the AMOPAH project of CRB-Cf.

- Support to associations and other livelihood activities

The RRCS has played an important role in providing essential livelihood support to various groups within the Kiziba camp and Rwankuba host community:

- Crop Farmers: A total of 337 crop farmers across 14 different associations received funds to lease land and to procure seeds, manure, etc.;
- Tailors: 76 tailors in 7 associations benefited from this support to purchase sewing machines, fabrics, etc.;
- Livestock Farmers: 186 livestock farmers in 3 associations were also included. They received money to purchase livestock such as goats, rabbits, pigs and chickens;

- Youth Graduates: 100 youth who completed vocational training in fields such as IT and hospitality services were part of this initiative across 9 associations.

In total, 700 individuals received support. The RRCS strategically allocated funds based on a pre-defined business plan. These resources empowered the associations to acquire necessary equipment and services, fostering self-reliance and overall improvement. This holistic approach reflects the organization's unwavering commitment to sustainable development and resilience for both host refugees and nationals residing in the Kiziba camp and Rwankuba host community.



Figure 23 - Livelihood support through associations in Kiziba refugee camp and Rwankuba host community

In addition to providing financial support to associations, a training session was organized for 50 representatives from farming associations in both the Kiziba Refugee Camp and the host community. The training, led by the Sector Agronomist, aimed to enhance their knowledge and skills in association management and modern farming techniques.

- Disaster Preparedness activities
 - In the districts of Kirehe, Gatsibo, and Karongi, enhanced Vulnerability Capacity Assessment (eVCA) reports were collaboratively developed with the local communities. These reports outline specific action plans aimed at enhancing community resilience and preparedness to address disasters in the future. The local committees of RRCS will monitor and support the implementation of these plans within the communities.
 - In partnership with local authorities, RRCS planted 75,700 trees to contribute to environmental conservation but also to the well-being of the refugee and host community. On 12 hectares within the MUNINI Cell near the Mahama refugee camp, a total of 26,800 forest trees and 28,400 agro-forestry trees were planted. Within the refugee camp itself, 20,500 fruit trees (including pawpaw and passion fruit) were planted on 8 hectares.



Figure 24 - Planting of trees was done with the support of the local youth

- Crisis modifier

In March 2023, the crisis modifier of HP1 was activated to assist forcibly displaced people from the neighboring country DRC, who were hosted in the Nkamira transit center. The center had been reopened by the Rwandan government and UNHCR after years of inactivity, resulting in urgent needs.

- Our comprehensive assistance addressed various critical areas:
 - Essential Household Items:
 - We distributed essential household items to 455 households.

- Additionally, 300 vulnerable individuals received mattresses.
- **Water, Sanitation and Hygiene (WASH) interventions:**
 - Hygiene promotion for household water treatment.
 - Installation of tippy taps (for hand-washing).
 - Distribution of 3,000 water purification tablets and 1,235 water disinfectant bottles.
 - Supply of safe water using a water truck over a period of 63 days.
- **Volunteer Support:**
 - RRCS-trained volunteers from the national and branch disaster response teams played a crucial role in providing services such as Restoring Family Links (RFL), First Aid, psychosocial support, and social mobilization.



Figure 25 - People queuing for water during a distribution with the water truck

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- **Basic First Aid trainings:** Between February 20, 2023, and March 3, 2023, **30 BRC volunteers** (11 F / 19 M) were trained in Basic First Aid in Ruyigi (15) and Makamba (15). The aim was to strengthen the teams already trained in 2022 by forming another team.



Figure 26 - Basic First Aid trainings



- **First Aid for All :**
 - First Aid for All workshop: On April 11, 2023, a First Aid for All workshop was held at the Ngagara Training Centre. The objective of this workshop was to develop the First Aid for all strategy of BRC-FI, to work out a work plan for the development of the specific material and finally to plan the deployment of the activities. The workshop was attended by 9 BRC staff and the Country Rep of BRC-FI.
 - First Aid for all “boîtes à images” were updated and translated into Kirundi. **180 boîtes à images** were printed and distributed in each province.
- **First Aid for First Responders :**
 - Delivery of FAFR manuals: 320 manuals purchased and delivered.
 - In August 2023, a joint team of BRC staff and volunteers drew up Standard Operating Procedures on First Aid for First Responders. In September 2023, **18 simulation exercises** were carried out by 15 volunteers and staff trained in FAFR.



Figure 27 - FAFR simulation exercise

- **Volunteer mobilization for Blood donation awareness:**
 - In February 2023, **14 awareness-raising sessions** were held, 8 in Ruyigi (in all the communes) and 6 in the commune of Nyanza-Lac. A total of **5,716 people** (2,555 men and 3,161 women) were reached in the community, schools and military camps.
 - During the month of September 2023, **3 awareness-raising sessions** were held in the Makamba and Ruyigi branches. The sessions were held in schools and in the community. A total of **1,969 people** (1,074 women and 895 men) were reached.
- **Youth clubs (clubs 25):** In February 2023, **12 youth clubs (with 25 students each)** were set up in schools, 8 in Ruyigi and 4 in Nyanza-Lac. To improve understanding and support for voluntary blood donation, it was decided to strengthen the capacity of Club 25 members to recruit blood donors. From June 26 to June 30, 8 schools in the Ruyigi (Butezi: 4 schools) and Makamba (Nyanza-Lac: 4 schools) branches benefited from this training. The remaining 4 schools in Ruyigi were trained in July. A total of 48 pupils participated, including 26 boys and 22 girls, with 14 boys and 10 girls from Ruyigi, and 12 boys and 13 girls from Makamba.



Figure 28 - Voluntary Blood donation awareness-raising and set-up youth clubs

- **Mobile blood collection support:** Between April 17 and 23, as well as between June 19 and 24, 2023, **14 mobile blood drives** were organized in collaboration with the Regional Blood Transfusion Centre. These drives took place in 9 schools, 3 churches, a refugee camp and a police station. A total of 537 bags were collected in the Commune of Ruyigi.
- **Distributions:**
 - In October 2023, a tender document was prepared and launched for the purchase of **Non-Food Items** (500 blankets, 500 jerrycans, 550 boxes of soap, 500 tarpaulins, etc.), and **Chlorine** (50 barrels) to replenish Burundi Red Cross stocks. Deliveries were made in November in Bujumbura and Gitega
 - **Cash distribution for reintegration:** during the months of April and May 2023, a needs assessment was carried out and **1,764 households** (989 in Nyanza Lac, 276 in Bweru, 499 in Butezi) were identified and registered for **cash assistance** in the three communes of the intervention zone. These households include returnees as well as vulnerable families in host communities, such as child-headed households, widows, households with persons living with disabilities or chronic illnesses, and elderly persons (>60 years old). They received a mobile transfer of 180,000 BIF per household.
 - **Cash distribution for school access:** in August 2023, **2,669 households** were registered for cash assistance before the start of the school year, to support them in getting their children into school. Households targeted as a priority were Child-headed households, widow-headed

households, households with children living with disabilities, etc. They received a mobile transfer of 55,000 BIF per child. In total, **4,695 children** were supported (2,282 in Ruyigi, 2,413 in Makamba).



Figure 29 – Cash assistance

- **RFL Service costs:**
 - **5 motorcycles and 50 bicycles** were purchased in February 2023 for distribution to volunteers involved in RFL activities. Motorcycles were distributed in the following branches: Bujumbura Rural, Mwaro, Ngozi, Bururi, Muramvya. The bicycles were distributed in the following branches: Ngozi (5), Bururi (5), Kirundo (10), Gitega (5), Karusi (5), Cibitoke (10), Kayanza (5), Rutana (5)
 - To strengthen the activities of the RFL Service and on the basis of the needs assessment carried out in 2022, the Project intended to support connectivity activities in 3 refugee camps. An Request For Proposals was prepared, launched and then opened. The lowest bidder signed a contract to install the **connectivity tools in the 3 camps** (solar system to recharge communications equipment and power an internet access system). The installations were finalized and we were able to collect some data before closing the project. It should be noted that this activity was significantly delayed due to the fact that we were waiting for the same activity to be carried out in the Cibitoke branch by ICRC. As a result, only **350 calls** were made in the 3 camps after installation.
 - From September 18 to October 6, a series of **awareness-raising sessions** were organized in 10 Branches and 140 Hill Units. These sessions were conducted by RFL Department staff and by the Communal Secretaries. A total of **6,503 people** were reached, including 3,733 women, 2,353 men, and 385 young people. It should be noted that 32 people living with disabilities participated in the awareness campaign. In addition, RLF staff collected 3 tracing requests, 10 Red Cross messages, and referred 25 cases.
- **Local Disaster Risk Reduction:** During the month of October 2023, from October 24 to October 31, the Field Coordinators and the EVCA trainers visited the Comités Communautaires de Réduction des Risques de Catastrophes (CCRRC) and analyzed the successes and challenges together with the members, and came up with possible solutions. Where necessary, the action plans were updated.
- **Crisis Modifier Activations:** The HP1 Crisis Modifier was activated 3 times in Burundi:
 - **Activation 1:** Support to households affected by torrential rains in Kirundo & Ngozi provinces – November 2022. **957 Households** benefited from Multipurpose Cash transfers to meet their most urgent needs. A Post distribution monitoring was also carried out in January 2023.
 - **Activation 2:** Cholera response in Bujumbura & Cibitoke provinces – January 2023
 - **2305 households** were reached by Infection Prevention and Control actions (such as disinfection in households and public places) as well as Risk Communication and Community Engagement (RCCE) activities in the provinces affected by the epidemic.
 - Emergency water supply by tanker truck and installation of water storage bladders in communities where the lack of safe water is severe.
 - **Activation 3:** Support to households affected by floods in Bujumbura – May 2023
 - **3721 households** were reached for the Distribution of NFIs, disinfection and RCCE activities
 - Water trucking and water storage bladders installation
 - Installation of latrines and showers at the site for displaced persons



Figure 30 – Installation of a bladder for emergency water supply

- **National Disaster Response Team (NDRT) Training:** On November 28 and 29, **15 NDRT members** received training on 3 topics: Disaster Management Cycle, Climate Change, Early Warning System & Early/Anticipatory Action. Participants exchanged views on important issues related to Risk and Disaster Management and there was an understanding of the different concepts and phases of DRR as well as the link between the disaster management cycle and the Early Warning System.

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Activities

First Aid

- In addition to those trained as reported in the interim report, another 140 **(47 females and 93 males)** refugees and host community volunteers were trained on basic first aid in Kyangwali and Imvepi refugee settlements,
- The 16 URCS branches that benefited from the training of trainers for BFA and youth FA cascaded the training reaching a total of **3,389 persons (1654 males and 1735 females)**
- As part of youth first aid roll out, a total of 12 youth links were established in 12 senior secondary schools with **370 (183males and 187 females)** being trained on youth first aid. The youth links were also oriented on Red Cross activities, focusing on the dissemination of Red Cross information, First Aid, Blood donation, and other relevant youth-centric initiatives. The youth links were also provided with FA equipment's to support their communities and school in FA interventions.

Distribution – cash-based intervention

- In the final year of implementation, 2 cycles of cash distribution were provided to the same beneficiaries that had received the 5 cycles of cash distribution in year one of the project as reported in the interim report.
- To strengthen the use of funds by the target population, financial literacy training sessions in both Kyangwali and Imvepi were undertaken, reaching a total of 7,257 persons.
- A total of 25 village saving and loan associations (VSLA) groups were trained comprising of 789 members **(340 male and 449 female)**. The VSLA group developed business plans that were validated and endorsed by OPM at the settlement. The VSLA groups were provided with seed money to support the roll out of the business plan.
- 2 post distribution monitoring (PDM) was done to assess on the encashment process whether it was conducted in a safe and dignified manner and also to observe the progress made by the beneficiaries in effectively utilizing the cash to meet their basic food and other needs. Overall, the PDM revealed



Figure31 -; URCS Volunteers assessing progress of micro-enterprises that beneficiaries of the cash assistance so far established in Kyangwali and Imvepi refugee settlements

that 87.1% of the beneficiaries reported that the cash assistance was provided in a safe, accessible, accountable and participatory manner. 58% of the households who received the assistance invested in livelihood opportunities and also bought assets such as livestock. The balance of the cash was used to meet basic needs, like food, health care and education for their children.

Blood Banking

- The volunteers trained in the 1st year of the project supported in mobilizing and sensitizing potential blood donors reaching a total of 52,621 individuals through 538 mobilization sessions.
- A total of 575 actual blood donation sessions were conducted, resulting in the collection of 19,335 blood units, that accounts for 36% of the required blood collections units in the two regions of Arua and Hoima. The two regional blood banks serve the two refugee populations as mentioned in the interim report.
- The project procured and distributed blood donor recruitment materials that included 10,000 posters; 20,000 donor cards; 2,000 bandanas; 8 BDR pull up banners.
- A total of 60 BDR training Guides and 70 BDR training manuals developed in 2022 in collaboration between UBTS, URCS and BRC-FI were procured and distributed to 51 branches of Uganda Red Cross. This materials supports harmonization and standardization of

Figure 26; A blood donation session in Padolo trading center in Nebbi district

BDR information used across the National society, thus strengthening the BDR interventions in the Branches and the Society.

Safe water provision

- The project supported construction of piped water supply system that serves Bidibidi refugee settlement Zone 4 annex - villages 5 and 6, Health Center III, Oluba Primary School, and host community in the villages of Ababangule, Inunga, and Laranga.
- The system constructed is benefiting a total population of 7,902 persons from the settlement and host communities, who can now access clean water at the sphere standard recommended 20 litres/person per day.
- The system also addresses the unreliability of water as 77.1% of the households initially access water at certain times of the day. Further the system reduces the distance covered by women and children who are primarily responsible for fetching water for the households and that time would be used for productive activities such as school time and also minimize gender-based violence related to delays and overcrowding at water points.



Figure32 - Deputy head of mission for Belgium Embassy Uganda commissioning piped water supply system

Support WASH infrastructure

- Gender analysis assessment done at the beginning of the project informed the design and implementation of the WASH interventions in the refugee settlement.
- The project factored in gender and inclusion in the design of the sanitation and water supply facilities e.g. construction of ramps for persons with disabilities.
- Procurement and distribution of 1,330 menstrual hygiene management kits with training on local production of reusable kits. Some of the kits were handed over to schools to support girls during menstruation periods, therefore, reducing the number of days lost by the girls during their menstrual cycle.



Figure 33 - URCS staff sensitizing beneficiaries on the Kit components and proper management of the reusable pad

- Hygiene and sanitation promotion interventions resulted in 78% of the targeted households constructing latrines under the home improvement campaign intervention. Participatory Hygiene and Sanitation Transformation (PHAST) methodology was used by the project with volunteers being trained to support 20 PHAST groups formed. 20 sets of sanitation tool kits were handed over to 20 PHAST groups. The tools are being used in the construction of sanitation facilities, latrine construction, waste pits, drying racks home improvement campaigns among others.

- At Oluba primary school, the construction of two sanitation facilities, including a block of inclusive drainable ventilated pit latrine for girls and one designated for people with disabilities. Safety measures were put in place for accessibility like ramps, support hand rails and the doors safely



secured out of steel.

Figure 34 - Front elevation of the five stance VIP latrine at Oluba primary school and the side view showing the stance for persons with disabilities

- In Imvepi refugee settlement, the project contributed to the upgrade of Imvepi waste management centre. The purpose of the upgrade was to support the solid waste management section of the centre including the construction of an incinerator. This included the construction of an organic waste composting facility covering a surface area of 104 square meters with dwarf walls to provide adequate air circulation in the treatment area. This facility is part of the collaboration with AutRC. AutRC covered the other aspects of the waste management centre to include construction of the faecal sludge drying beds and roofing of the beds



Figure 35 - Organic waste composting facility and the changing and storage room the waste management centre in Imvepi Refugee settlement

a) Crisis modifier

- Rehabilitated 15 boreholes in Nakivaale settlement – safe water for 38039 refugees & host population beneficiaries

b) Restoring family links

- Procurement and distribution of 142 school kits to support the unaccompanied minors (UAMs) in the refugee settlements. The distribution of the school kits to the UAMs supplement the scholastic materials that they receive from other agencies in the Refugee Settlements.

- **Resources and related costs finally committed and incurred**

For this we refer to the final financial report.

-

4.3.2.2. Outcome 2: National Societies have strengthened their capacities to deliver expertise-based and sustainable protection interventions, and can fulfil their mandate as humanitarian actors with a focus on efficiency, quality and effectiveness

4.3.2.2.1 At the proposal stage

- Sector: ...
- Related sub-sector: ...
- Beneficiaries (status + number)
- Indicators for this outcome:
- Outcome-related activities

4.3.2.2.2. Interim report

- **Updating^v of the indicators**

RWANDA

Outcome	Indicator Nr.	Description indicator	End Target	Unit of indicator	Total progress	Progress (%)
Outcome 2 National Societies have strengthened their capacities to deliver expertise-based and sustainable protection interventions, and can fulfil their mandate as humanitarian actors with a focus on efficiency, quality and effectiveness.	2.1	% of staff and volunteers indicating a training increased the capacity of the National Society to fulfill their protection mandate	85	people (% of)	0	0%
Sub Outcome 2.1. Protection capacity of Red Cross staff and volunteers are strengthened	2.1.1	Number of staff/volunteers trained in IHL	40	people	15	38%
	2.1.3	Number of people reached by an exchange/training on RFL-guidelines, answers or quality improvement of the RFL-services.		people	0	NaN
Sub Outcome 2.2. Preparedness and emergency response capacity of Red Cross staff and volunteers are strengthened	2.2.1	Number of lay-people and volunteers trained in EVCA	30	people	30	100%
	2.2.3	Number of trainers trained in FA ToT in BFA/Youth/FABL/FAFR	30	people	0	0%
	2.2.4	Number of staff trained in Cash Transfer Programs	5	people	0	0%
	2.2.5	Number of lay-people and volunteers trained in Cash Transfer Programs	10	people	0	0%

^v Updates and explanations should target both progress and changes made to the proposal.

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Outcome	Indicator Nr.	Description indicator	End Target	Unit of indicator	Total progress	Progress (%)
Outcome 2 National Societies have strengthened their capacities to deliver expertise-based and sustainable protection interventions, and can fulfil their mandate as humanitarian actors with a focus on efficiency, quality and effectiveness.	2.1	% of staff and volunteers indicating a training increased the capacity of the National Society to fulfill their protection mandate	85	people (% of)	98	115%
Sub Outcome 2.1. Protection capacity of Red Cross staff and volunteers are strengthened	2.1.1	Number of staff/volunteers trained in IHL	40	people	20	50%
	2.2.1	Number of lay-people and volunteers trained in EVCA	30	people	256	853%
Sub Outcome 2.2. Preparedness and emergency response capacity of Red Cross staff and volunteers are strengthened	2.2.2	Number of staff trained in EVCA	15	people	0	0%
	2.2.3	Number of trainers trained in FA ToT in BFA/Youth/FABL/FAFR	24	people	20	83%
	2.2.4	Number of staff trained in Cash Transfer Programs	15	people	3	20%
	2.2.5	Number of lay-people and volunteers trained in Cash Transfer Programs	120	people	31	26%

UGANDA

Outcome	Indicator Nr.	Description indicator	End Target	Unit of indicator	Total progress	Progress (%)
Outcome 2 National Societies have strengthened their capacities to deliver expertise-based and sustainable protection interventions, and can fulfil their mandate as humanitarian actors with a focus on efficiency, quality and effectiveness.	2.1	% of staff and volunteers indicating a training increased the capacity of the National Society to fulfill their protection mandate	85	people (% of)	85	100%
Sub Outcome 2.1. Protection capacity of Red Cross staff and volunteers are strengthened	2.1.1	Number of staff/volunteers trained in IHL	40	people	0	0%
	2.1.2	Number of RC staff and volunteers trained in blood	42	people	37	88%
	2.1.3	Number of people reached by an exchange/training on RFL-guidelines, answers or quality improvement of the RFL-services.		people	0	NaN
Sub Outcome 2.2. Preparedness and emergency response capacity of Red Cross staff and volunteers are strengthened	2.2.3	Number of trainers trained in FA ToT in BFA/Youth/FABL/FAFR	32	people	48	150%
	2.2.4	Number of staff trained in Cash Transfer Programs	15	people	5	33%
	2.2.5	Number of lay-people and volunteers trained in Cash Transfer Programs	5	people	15	300%

- **Updating⁴ of the activities**

Rwanda

Investments

- **Rwamagana and Karongi branch office:** The HP1 project contributes to the construction of Rwamagana branch office and the road to Karongi branch office. This will enable RRCS to strengthen the capacity of its local committee in the Rwamagana and Karongi Districts. The project, once completed, will provide improved services to RRCS volunteers and beneficiaries, to be able to respond efficiently to emergencies. On 19th August 2022, the plot of land of 6,999 m2 was purchased for 20 million RWF, after thorough analysis through various staff visits to the area. The road to the Karongi branch office was completed in November 2022 fully financed by HP1

Activities

- **First Aid Blended Learning (FABL) Training:** On the 12th and 13th of May 2022, two FABL trainings for RRCS staff took place: 24 staff members (8F/16M) were trained with the objective to test the new First Aid application designed by Belgian Red Cross-Flanders.



Figure 36 - First Aid Blended Learning Training for staff at RRCS

- **Enhanced Vulnerability Capacity Assessment (EVCA):** On 9th–13th May 2022, 30 volunteers (11F/ 19M) from 3 districts (Gatsibo, Kirehe and Karongi) and 4 staff members were trained in EVCA by one ToT with two facilitators. The training was offered with the objective to demonstrate an understanding of the key concepts of the EVCA materials and complementary tools, support the branches in the roll-out and implementation of the EVCA in target areas of the project.



Figure 37 EVCA Training for staff and volunteers at RRCS

- **Basic First Aid (BFA) Training:** From the 29th of August until 2nd of September 2022, 60 volunteers from both Kirehe and Gatsibo district were trained in Basic First Aid and another team of 30 volunteers from Karongi District were trained from the 3rd until the 7th of October 2022. The 90 (35F/55M) volunteers were trained by 4 FA Trainers, supervised by 1 Master Trainer. The schedule of the First Aid courses comprised of 16 lessons including role-playing, addressing case scenarios, simulations and demonstrations. In a later stage this group will be trained in advanced first aid techniques using the First Aid for First Responders (FAFR) curriculum by Belgian Red Cross-Flanders.
- **IHL training:** A training on International Humanitarian Law is planned between December 5 and 8 2022 in Kigali for 20 participants of Rwanda Red Cross Society. This training is facilitated by BRC-FI and the

ICRC in Rwanda.

BURUNDI

Investments

- Warehouse: It is planned to support the HNS in the acquisition of shelves to equip the warehouses in Gitega and Bujumbura. A tender has been launched in November 2022 for the purchase of 26 removable metal shelves.
- Office Ruyigi: The HP1 project contributed to the construction of 8 offices at the Burundi Red Cross office in Ruyigi.
- Drone: A drone has been purchased and delivered in November 2022. This device will be used by the HNS to facilitate rapid needs assessments in inaccessible areas (e.g., flooded).
- Water truck: several bids for the purchase of a water truck have been received on the 4th quarter of 2022 and are being analysed before selection of the supplier.

Activities

- First Aid procurements
 - First Aid material: **18 kits of CPR mannikins and 36 stretchers** have been purchased and delivered in November 2022
 - First Aid kits: A bid package was prepared in November 2022 for the purchase of **60 first aid kits** to supplement the HNS's inventory.
 - IHL training: A training on **International Humanitarian Law** was conducted between November 22 and 25, 2022 in Bujumbura for **20 participants** of Burundi Red Cross. This training is facilitated by BRC-FI and the ICRC in Burundi.
 - RFL needs assessment: A **needs assessment in the area of Restoring Family Links** was launched in collaboration with the BuRC and the ICRC in Burundi. The terms of reference and questionnaire were developed jointly. The survey was conducted between June and July 2022 throughout the country. The final report will be available before the end of 2022.
 - Distribution readiness
 - Cash meeting: A **Cash working group meeting** was held on August 30, 2022.
 - Cash Training of Trainers: A **training of trainers on Cash Transfers** was held in Mwaro between October 17 and 21, 2022. **16 volunteers and 3 staff members (8F/11M)** participated. They will then be able to facilitate volunteer training in different branches.
 - Cash trainings of volunteers: A first **Cash training** was organized in Rutana Branch from 9 to 11 August 2022 where **15 volunteers (7F/8M)** were trained.
 - Financial service provider (FSP) selection: A tender document for the selection of a **financial service provider** was launched. A contract was signed on September 1 between Burundi Red Cross and Bancobu. This FSP will be involved for all cash assistance activities throughout the project.
 - CEA
 - 2 trainings on **Community Engagement & Accountability (CEA)** and **Protection, Gender & Inclusion (PGI)** were organized in February 2022 in Makamba and Ruyigi. A total of **30 Red Cross volunteers were trained (12F/18M)**. These volunteers will follow up on the project's activities by feeding back information on gender issues and community needs through several channels identified during the training.
 - OD
 - 2 training sessions on Leadership were organized in Gitega and Mwaro between August and September 2022 as part of the **Organizational Development support**. A total of **42 people (12F/30M)** were trained, mainly provincial presidents and secretaries.
- 3.8.1 Procurement & pre-positioning of Household Non-Food Items (NFI) kits

UGANDA

Blood Banking

- A training of trainers (ToT) on Blood Donor Recruitment (BDR) for **15 staff (10 males and 5 females)** of URCS and Uganda Blood Transfusion services (UBTS) was conducted on the 9th of May, 2022. The trainers developed BDR training materials that were reviewed and validated on the 9th of August 2022, with key stakeholders from URCS, UBTS and MoH staff, and will be subsequently used for BDR trainings of volunteers.

First Aid

- A basic first aid (BFA) training of trainers was conducted on 14th –25th March 2022. The training built the capacity of **14 (11 males and 3 females)** staff and volunteers from the districts of Hoima, Kikuube, Yumbe and Arua. The training participants were evaluated on core competence in first aid knowledge, skills and attitudes; planning and organizing first aid training; effective teaching; communication and public speaking skills; active listening skills, empathy and flexibility, amongst others. The new trainers then cascaded the new skills to community-based volunteers in the project operational areas; and other branches that benefited, thus sustainably upgrading the URCS first aid practice and education (see Outcome 1).
- A total of **18 (14 males and 4 females)** URCS staff and volunteers were trained as trainers for youth first aid on 11th to 16th April 2022. The training targeted participants from both the project operational area and other branches of URCS in a bid to improve and strengthen the training competences in Uganda and introduce adequate material to train youth (12-16 years old) in first aid, using the training manual and didactical materials from the 'First aid for young people 2021' manual.



Figure 38 - Demonstration of CPR during Youth First Aid ToT and BFA training for teachers

- Branches outside the project implementation area also benefited from the Basic First Aid ToT course and subsequent cascaded first aid courses within their areas of operation. The project increased URCS first aid technical capacity and additional manuals and essential first aid equipment, including field stretchers, CPR mannequins, first aid kits, are being procured to support five branches of Hoima, Arua, Masindi, Bushenyi & Wakiso, which already benefitted from the youth first aid and basic first aid trainers' courses. This will enable the branches to better provide quality training, not only for refugees and host communities in Kyangwali and Imvepi refugee settlement, but also increasing capacity of URCS to reach more people with FA trainings. The capacity gap in first aid facilities and equipment was identified as a major gap in the report for first aid quality assessment tool (QAT) which was conducted in March 2022.

Distribution HQ

- 255 kits of household Non-Food Items (NFIs) were procured and have been delivered to the HQ warehouse. The kits will be prepositioned at the regional warehouse that is being constructed as part of this funding in Mbarara Southwestern Uganda.
- 430 Menstrual Hygiene management (MHM) were procured and delivered at URCS HQ. The supplies shall assist the URCS in effectively supporting reproductive health needs of women and girls of

reproductive age (WGRA) affected by disasters, especially internally displaced persons and refugee population.

- 290 emergency shelter kits based on IFRC's standard shelter kit content were procured and delivered at URCS HQ warehouse. This will support to meet shelter needs of households affected by disasters, especially those displaced due to natural disasters, conflicts etc.
- Participatory approach for safe shelter awareness (PASSA) was conducted for 25 (16 male and 9 females) volunteers and staff in November, 2022 to build internal surge capacity for rapid assessment of shelter needs and establishment of emergency shelter, floods-tolerant shelters and others that later transition onto durable solutions.
- Technical assessment was conducted in July 2022, for the regional warehouse rub hall construction in Mbarara. The assessment team recommended construction of a concrete platform, additional amenities, e.g., washrooms, fire suppression equipment, wooden pallets, and repair of a wall fence as well as constructing a facility for safe storage of volatile Chemicals like HTH Chlorine. This assessment also recommended the procurement of new rub hall canvass and frames as the old one was dilapidated. The process for construction of the concreted platform has been completed and the selected contractor is expected to start the construction works in January 2022 and the contractor to supply rub hall canvass has been identified and expected delivery is January 2022

4.3.2. Final report

- Indicators for the outcomes obtained

<u>RWANDA</u>						
Outcome	Indicator Nr.	Description indicator	End Target	Unit of indicator	Total progress	Progress (%)
Outcome 2 National Societies have strengthened their capacities to deliver expertise-based and sustainable protection interventions, and can fulfil their mandate as humanitarian actors with a focus on efficiency, quality and effectiveness.	2.1	% of staff and volunteers indicating a training increased the capacity of the National Society to fulfill their protection mandate	85	people (% of)	99	116%
Sub Outcome 2.1. Protection capacity of Red Cross staff and volunteers are strengthened	2.1.1	Number of staff/volunteers trained in IHL	40	people	53	116%
	2.1.3	Number of people reached by an exchange/training on RFL-guidelines, answers or quality improvement of the RFL-services.	20	people	601	3005%
Sub Outcome 2.2. Preparedness and emergency response capacity of Red Cross staff and volunteers are strengthened	2.2.1	Number of lay-people and volunteers trained in EVCA	30	people	30	100%
	2.2.3	Number of trainers trained in FA ToT in BFA/Youth/FABL/FAFR	30	people	27	90%
	2.2.4	Number of staff trained in Cash Transfer Programs	5	people	27	540%
	2.2.5	Number of lay-people and volunteers trained in Cash Transfer Programs	10	people	0	0%

BURUNDI						
Outcome	Indicator Nr.	Description indicator	End Target	Unit of indicator	Total progress	Progress (%)
Outcome 2 National Societies have strengthened their capacities to deliver expertise-based and sustainable protection interventions, and can fulfil their mandate as humanitarian actors with a focus on efficiency, quality and effectiveness.	2.1	% of staff and volunteers indicating a training increased the capacity of the National Society to fulfill their protection mandate	85	people (% of)	100%	117%
Sub Outcome 2.1. Protection capacity of Red Cross staff and volunteers are strengthened	2.1.1	Number of staff/volunteers trained in IHL	40	people	41	102%
	2.2.1	Number of lay-people and volunteers trained in EVCA	30	people	332	1107%
Sub Outcome 2.2. Preparedness and emergency response capacity of Red Cross staff and volunteers are strengthened	2.2.2	Number of staff trained in EVCA	15	people	19	127%
	2.2.3	Number of trainers trained in FA ToT in BFA/Youth/FABL/FAFR	24	people	20	83%
	2.2.4	Number of staff trained in Cash Transfer Programs	15	people	25	167%
	2.2.5	Number of lay-people and volunteers trained in Cash Transfer Programs	120	people	112	93%

UGANDA						
Outcome	Indicator Nr.	Description indicator	End Target	Unit of indicator	Total progress	Progress (%)
Outcome 2 National Societies have strengthened their capacities to deliver expertise-based and sustainable protection interventions, and can fulfil their mandate as humanitarian actors with a focus on efficiency, quality and effectiveness.	2.1	% of staff and volunteers indicating a training increased the capacity of the National Society to fulfill their protection mandate	85	people (% of)	85	100%
Sub Outcome 2.1. Protection capacity of Red Cross staff and volunteers are strengthened	2.1.1	Number of staff/volunteers trained in IHL	40	people	138	345%
	2.1.2	Number of RC staff and volunteers trained in blood	42	people	44	110%
	2.1.3	Number of people reached by an exchange/training on RFL-guidelines, answers or quality improvement of the RFL-services.	40	people	40	100%
Sub Outcome 2.2. Preparedness and emergency response capacity of Red Cross staff and volunteers are strengthened	2.2.3	Number of trainers trained in FA ToT in BFA/Youth/FABL/FAFR	32	people	30	93%
	2.2.4	Number of staff trained in Cash Transfer Programs	15	people	15	100%
	2.2.5	Number of lay-people and volunteers trained in Cash Transfer Programs	5	people	5	100%

- Beneficiaries (status + number)

Beneficiaries reached up to the end of the project are shown per country in the table below:

RWANDA

Women: 434	Men: 328	Women + men total = 762
Infants (aged < 5): 0	Children (aged < 18): 0	Elderly: 0

UGANDA

Women: 177	Men: 142	Women + men total = 319
Infants (aged < 5): 0	Children (aged < 18): 0	Elderly: 0

BURUNDI

Women: 217	Men: 332	Women + men total = 549
Infants (aged < 5): 0	Children (aged < 18): 0	Elderly: 0

- Activities carried out

RWANDA

Investments

- Construction of branch office and strategic stock in Rwamagana

The Rwamagana District has achieved a significant milestone with the completion of the Rwamagana office and strategic stock in November 2023. This development serves as a crucial hub for enhancing coordination of activities and response efforts within the district. Firstly, with the new office, there will be improved coordination among various departments and agencies operating within Rwamagana. Secondly, the establishment of the strategic stock is equally vital. It allows for the storage of essential household items directly within the district, rather than relying solely on the central warehouse in Kigali.

Activities

- First Aid for First Responder (FAFR) training

In December 2022, a total of 80 dedicated volunteers underwent comprehensive training in First Aid for First Responders across three distinct sessions at the Red Cross HQ in Kigali. These committed individuals now form an integral part of response teams operating at the national, branch, and local levels.

The volunteers gained essential skills and competences necessary to provide first aid in complex emergency scenarios. Furthermore, their training equips them to respond effectively to situations involving multiple

casualties, ensuring timely and potentially life-saving interventions.

- Training on CASH transfers

In November, RRCS organized a Cash and Voucher Assistance training facilitated by the CVA Regional Coordinator from the IFRC and the Cash & Digital Focal Point of BRC-Cf. The objectives of this training were to empower participants with the necessary knowledge, skills, and confidence to design and implement high-quality Cash and Voucher Assistance to vulnerable populations.

In total 27 staff were trained from both HQ as well as the branches. Unfortunately it was not possible to train volunteers in this stage, but this will be done in future trainings.

- International Humanitarian Law (IHL) trainings

In November 2023, RRCS organized one International Humanitarian law (IHL) training session for 23 staff and another training session for 15 volunteers from Mahama, Nyabiheke, and Kiziba refugee camps. The goal was to enhance their understanding of International Humanitarian Law and its importance for both refugees and host communities. The training was co-facilitated by the International Committee of the Red Cross (ICRC).

- Replenishment of strategic stocks

To restock the district's warehouses with essential household items that can be distributed during emergencies, RRCS procured the following supplies: 6000 iron sheets, 400 mosquito nets, 800 bar soaps and 400 kitchen sets, each containing buckets, saucepans, and cutlery.

These provisions were subsequently distributed in November 2023 to the Red Cross branches' warehouses in Kirehe, Gatsibo, Karongi, and Rwamagana districts.

- Restoring Family Links (RFL) capacity trainings

In 2023, a total of 601 volunteers received training in Restoring Family Links (RFL) in Emergencies, supported by the International Committee of the Red Cross. The initial group of 21 participants underwent training in January, specifically to address the significant influx of Congolese refugees at that time. Subsequent training sessions in Q3 2023 expanded the reach, with approximately 577 people trained across the country.

The workshop aimed to equip participants with essential skills for emergency RFL services, including registration and reunification of unaccompanied and separated children, phone call services, phone charging assistance, and the dissemination of messages to prevent secondary separations.



Figure 39 - RFL in emergencies training in Rusizi district

- MHPSS training

In collaboration with BRC-Cf, a training in mental health and psychosocial support (MHPSS) was organized for the 30 volunteers in the Mahama, Nyabiheke and Kiziba refugee camps in December 2022. The main objectives

of the training were to share experiences on MHPSS issues in the humanitarian settings, to identify psychosocial needs during a disaster and to get a better understanding on how to give psychosocial first aid in emergency settings.

BURUNDI

Investments

- **Warehouse – Purchase of 26 removable metal shelves:** the shelves have been delivered and installed in December 2022
- **Water truck:** the truck has been delivered to Burundi Red Cross in November 2023

Activities

- **First Aid procurements: 60 First Aid Kits** have been procured and delivered
- **IHL:**
 - Following the workshop held in November 2022, it was decided to prepare a **roadmap** to guide further IHL activities in collaboration with the ICRC. A tripartite working group has been set up and has met to discuss IHL priorities. The main points and priorities included in the roadmap are: Define the content and target audiences, Set up tools adapted to the audience, Train trainers at national level under the supervision of the IHL Focal Point, Set up IHL supervisors in schools, Train and supervise IHL clubs at school level.
 - **Training of trainers on IHL:** From October 3 to 7, 2023, the ICRC and the National Defence Force facilitated a training session for Burundi Red Cross staff trainers. **19 staff members and 1 volunteer** (6 women and 14 men) were trained as trainers. This training brought together 5 branches, 2 of which were in the project area.
 - **IHL dissemination:** During the month of November, **48 supervisors and 24 pupils**, including 26 women and 46 men from 12 schools in the Ruyigi and Makamba branches, were trained in IHL so that they in turn could disseminate these concepts within their schools.
- **Restoring Family Links:** From August 8 to 11, 2023, a **training workshop on RFL** was held in the Gitega branch. A total of **28 volunteers** (4 women and 24 men) were trained, including 18 “chefs relais” and 10 camp volunteers in charge of RFL. A number of topics were covered during the training session, including the results of the RFL needs assessment, dissemination of information on the RC movement, volunteer management and promotion of RFL activities, emergency RFL tools, and personal data protection.
- **Distribution readiness:**
 - **Cash meeting:** In 2023, **3 cash working group meetings** were held on February 24, August 28, and 28 November 28, 2023, where a team was tasked with translating the CASH SoP; the final document is currently being validated.
 - **Cash training of volunteers**
 - In February 2023, 2 training sessions were held in the Gitega and Karusi branches. A total of **30 volunteers (14 women and 16 men)** took part in the training sessions.
 - In May 2023, **42 volunteers (13 women and 29 men)** were trained, from the Bururi (4 women and 11 men), Kayanza (5 women and 10 men) and Mwaro (4 women and 8 men) branches.
 - In August 2023, volunteers from the two remaining branches (Muyinga and Ngozi) were trained. In total, **31 volunteers and staff were trained (12 women and 19 men).**
 - **Simulation exercise:** During November 2023, a simulation exercise was organized from November 7 to 9. **50 households** were tested on the use of **coupons**. A post-distribution evaluation (including Focus Group Discussions with beneficiaries and shopkeepers) was carried out to better understand whether the simulation exercise had been useful and whether this method could be retained by Burundi Red Cross.
- **EVCA capacity building:** From July 31 to September 1, 4 Branches (Cibitoke, Kayanza, Makamba, Ruyigi)

benefited from **training of trainers in EVCA**. In total, **80 volunteers (27 women and 53 men)** were trained as EVCA trainers. From October 9 to 13, a final training session for EVCA trainers was held in the Muramvya branch. A total of **15 people** were trained, including 5 staff members and 10 volunteers (5 women and 10 men).

- **HNS – NBS alignment:** a coordination meeting was held between Burundi Red Cross and the National Blood Transfusion Centre in Gitega on December 13, 2022.
- **Organizational Development (OD)**
 - From August 21 to 25, 2023, a team from the OD and Programmes Department at head office carried out an evaluation of the Branches, their successes and challenges. Among other successes, it was noted that the projects are developing a great deal of expertise by building the capacity of volunteers in various fields.
 - The project also supported the organization of the joint governance-executive meeting on August 24 and 25. The meeting was attended by 72 governance staff members and volunteers, including 22 women and 50 men.

UGANDA

Investments

- Yumbe office construction – The construction of URCS office in Yumbe was financed through collaboration between Austrian Red Cross and Belgium Red Cross Flanders. Funding from BRC-FI supported the construction of amenities such as the access road, water connection, and electricity, while the contribution of AutRC went towards the actual construction of the office block. The new office in Yumbe serves as a field office for URCS, supporting humanitarian activities of Uganda Red Cross in Yumbe and Terego districts.
- The construction of regional warehouse rub hall in Mbarara – South Western Uganda. This is part of URCS disaster preparedness interventions and the warehouse rub hall serves the south western part of Uganda in the event of a disaster. Relief items procured by the project and other projects are prepositioned in this warehouse in preparation for response in the event of a disaster.



Figure 40 - Mbarara Regional warehouse rub hall

Activities

First Aid

- The project supported the procurement of first aid equipment, which has been essential in equipping and enhancing the capabilities of five branches: Hoima, Arua, Masindi, Wakiso, and Bushenyi. This equipment supports community and commercial first aid trainings as well as operational response capabilities. Each of the branches received 100-seater tents for outdoor FA activities, FA uniforms pull-up banners and tear drops, field stretchers, first aid kits, CPR mannequins, ambulance blankets, spinal immobilization boards, basic first aid and first aid for young people manuals.



Figure 41 -; The First Aid equipment received by the selected branches

- First aid quality assessment was undertaken with some of the recommendations being adopted in the implementation of URCS first aid department.

Restoring family links

- Procurement and distribution of 142 school kits to support the unaccompanied minors (UAMs) in the refugee settlements. The distribution of the school kits to the UAMs supplement the scholastic materials that they receive from other agencies in the Refugee Settlements.
 - Refresher training on FLANSWERS (Family links Answers) software program was undertaken following its deployment by ICRC. The FLANSWERS software program is used to manage cases and information related to Restoring Family Links (RFL) efforts. The training was attended by 31 participants (19 males and 12 female)
 - Restoring Family Links (RFL) training in emergencies was undertaken for 54 (30 males and 24 females) URCS staff. The training equipped them with the knowledge and skills to reunite families torn apart by crisis situations.
- c) International humanitarian law
- Training on International humanitarian law (IHL) was undertaken for members of the URCS Central Government Board (CGB), Senior Management Team (SMT) and technical staff from the HP1 project, communications, Branch and Membership Development and the legal unit. The second training related to the orientation of the central region boards to have a better understanding on IHL and support prioritization of IHL in URCS programs. In total, 138 (80 males and 58 females) participants were oriented or trained on IHL.
- d) Distribution HQ – prepositioning of Non-food items
- 255 NFI kits procured & pre-positioned in the regional warehouse in Mbarara. Part of the NFI kits to i.e. MHM kits have been distributed to 430 women and girls of reproductive age in Kyangwali refugee settlement.

- **Resources and related costs finally committed and incurred**

For this we refer to the final financial report.

4.3.3. Overview of the intervention strategy per country

In each country, the program will start with an **initial needs assessment** to analyze the different vulnerabilities and rights violations of the population and consequently propose specific activities to prevent, mitigate and respond to protection threats. A **mapping of the different protection actors** working in the area will complete the assessment in order to ensure a referral of cases that the local Red Cross/Crescent Society (RCS) would not be able to take care of, or situations that the local RCS would not be able to respond to, and to avoid duplication. At the same time, the initial assessment will **identify the unmet basic needs of the most vulnerable people** among the program targets, in order to define the goods and services needed to guarantee their right to life and dignity. Finally, the analysis will make it possible to **specify the capacity-building support needs** of each local RCS, so that it is able to conduct the intervention in a relevant and effective manner.

Great Lakes

In the Great Lakes region, the intervention of the local Red Cross Society and BRC-FI will be based on two outcomes. Firstly, to reduce the vulnerabilities of refugees, host communities and people living in conflict zones in order to increase their protection and resilience, through a multi-sectoral approach. Secondly, to increase the capacity of the local Red Cross to provide sustainable and expertise-based protection interventions, enabling them to fulfil their mandate as humanitarian actors.

Burundi

This proposed program in Burundi is complementary to the previous DGD D5.1 projects implemented since 2016 by the BRC-FI ("Strengthening preparedness and response to socio-economic risks and natural hazards by building on existing capacities"), but with a focus on the protection of beneficiaries and their fundamental rights.

A first component is in line with the **Burundi Regional RRP** and will focus on assisting the socio-economic reintegration of returnees and support the host communities in the areas where the majority of Burundian returnees reside.

A second component will aim at strengthening the Burundi Red Cross (BuRC) capacities in these areas, in order to build this program on the BuRC's capacities and expertise. The program will continue to support BuRC decentralization strategy by building the capacity of regional and local committees to enable greater **proximity to beneficiaries**. In order to ensure the sustainability of the actions, **coordination** will be done at several levels. First of all, within the Red Cross movement, the BRC-FI will coordinate with the CRB-Cf and the ICRC to pool and extend the capacities of the BuRC teams on humanitarian principles, IHL, Restoring Family Links, and other aspects of protection of people in conflict situations. The project will also benefit from the presence of the BuRC in many national platforms (Protection, Risk and Disaster Management). Several other actors are engaged in similar actions, and a repatriation program has been planned by the Burundian government and UNHCR. Coordination and formalized collaboration with the latter is essential, in order to have access to a reliable database and to set up an efficient action. Finally, regular exchanges will be held with other humanitarian actors present in the territory in order to implement **complementary activities** and avoid any overlapping of programs.

Rwanda

The new DGD D5.1 program will build on the previous and ongoing DGD D5.1 programs (two projects are currently being implemented, one ending in January 2022 and the other in November 2022). It will contribute to the response to the protracted Burundian and Congolese refugee crisis, by intervening in the Mahama, Nyabiheke and Kiziba camps, and in the surrounding host communities. Particular attention will be paid to the protection of the **most vulnerable** people and the respect of their **rights**. Initial assessments will be carried out in **coordination** with UNHCR and MINEMA (Ministry in charge of Emergency Management), who are responsible for validating and coordinating all humanitarian and development actions targeting the refugee population. This project will also continue to support the development of the National Society by strengthening its emergency response capacity.

Beyond this coordination, the BRC-FI and the RRCS are always in contact with other humanitarian actors (within the RCRC Movement and externally), to seek new **synergies** and potential referral system. The distribution of intervention areas is the sovereignty of MINEMA and UNHCR, however internal tripartite coordination between the RRCS, CRB-Cf and BRC-FI is underway to ensure the coherence. In addition, the implementation of RFL activities will be done in close collaboration with the ICRC; indeed, due to the decrease in ICRC funding, the strong pressure on RFL services, partly due to the ongoing repatriation of Burundian refugees, requires a mutualization of efforts within the movement to ensure quality support.

Uganda

This new program follows on from the previous DGD D5.1 program “Enhancing Community Resilience to Epidemics and Hydro-Meteorological Hazards in the African Great Lakes Region” that commenced in 2019 and is part of the continuity of the humanitarian aid provided in Uganda. It will focus on strengthening the protection of the most vulnerable and the respect of their rights in 3 refugee camps (Kyangwali, Bidibidi and Imvepi). Next, it will provide assistance at the crossing points between DRC and Uganda, where the protection risks of arriving refugees are exacerbated. And finally, it will aim to strengthen the logistical capacity of the URCS to increase the response to protection risks (in emergency or not).

Through this project, the Uganda Red Cross Society (URCS) will align with the legal framework, policies and guidelines of the government that afford refugees asylum and access to the same rights as its citizens, including the right to health in line with the **Comprehensive Refugee Response Framework** (CRRF). In collaboration with UNHCR, protection and vulnerability reduction activities will be implemented. BRC-FI will collaborate with AutRC, a reference partner in the RCRC Movement on WASH needs, to strengthen the sanitation and waste management structures. URCS also works on the pillars of the **Health Sector Integrated Refugee Response Plan** (HSIRRP) for Uganda which promotes equitable and well-coordinated **access to health services**.

4.4. Work plan (e.g., annexed Gantt diagram)

A detailed planning in time of the activities for each country can be found in **Annex 4**.

4.4.1. [INT] Revised work plan in the event of changes following the proposal

[No changes to report in Burundi, Rwanda and Uganda](#)

4.5. Monitoring, assessment, auditing and other analyses

4.5.1. Monitoring of the activities (explain how, by whom)

The activities and results of the program will be monitored jointly by the local Red Cross Societies (Burundi RCS, Uganda RCS and Rwanda RCS) and the partner Red Cross Societies (BRC-FI and Austrian RC).

The **partner RCS Project Manager** (in-country delegate from BRC-FI and AutRC) is responsible for the overall coordination and monitoring of the program at country level. The partner RCS Project Manager uses the BRC-FI tracker system (or equivalent) to report on a monthly basis on the activities and financial status of the project, and on a quarterly basis on the indicators. The partner RCS Project Manager also supports the local RCS in carrying out the project activities, on a project-managerial and technical level, including regular monitoring and evaluation. Within each local RCS, the **local RCS Project Manager** is the overall end-responsible for the project, who oversees the implementation and reports on the results, using adapted M&E tools.

The consolidation of the monitoring, including the financial expenditure, according DGD regulations will be coordinated by the **HQ of BRC-FI** in Mechelen. The **Donor Relations Officer** shall guarantee the donor compliance and communication of the program while financial follow-up of the program shall be ensured by the **Business Controller** of BRC-FI. An external evaluation of all parts of the program will be organized at the end of the program and an external financial audit will take place in accordance with the DGD guidelines.

4.5.2. Tick the boxes corresponding to the analyses that may be undertaken:

- ☐ External assessment during the action
- ☒ External assessment after the action
- ☐ External auditing during the action
- ☒ External auditing after the action

☐ Internal assessment or internal auditing relating to the action

4.3.2 Other analyses:

☐ Please provide information: NA

5 CROSS-CUTTING ISSUES

5.1 Please describe the expected level of sustainability and/or of connectedness^{vi}

Sustainability and connectedness is embedded in our proposal through the application of 4 key concepts: (1) capacity building of the local RCS (“institutional sustainability”), embedding (2) financial sustainability and (3) social sustainability, and (4) our empowerment strategy.

Institutional sustainability

One of the outcomes in the logical framework is building capacity of local institutions. BRC-FI has a **longstanding partnership** with BuRC, RRCS and URCS and has a **clear view on their current capacity** (built partly through our previous projects). The activities needed to **further strengthen and future-proof each local RCS**, are known and integrated into this action plan. Appropriation is assured because of the **RCRC modalities for collaboration**, whereby all interventions originate from the strategic priorities of each local RCS.

Financial sustainability

The program is **locally implemented** by a **mature organization** which is **funded through multiple partners and own resources**, thus mitigating the risk that financing falls short. Some activities require an initial investment (e.g., printing of trainer manuals) but can continue later without or with very limited resources, like awareness raising through trained volunteers. The institutional sustainability as described above, also contributes to the financial sustainability of the intervention.

Social sustainability

Section 4.2.4 already highlighted the **unique position of volunteers** living and working within the targeted communities. In previous projects, we have found that for some activities (like baseline surveys, the enhanced eVCA and the CEA approach), the volunteers’ direct involvement **maximizes beneficiaries’ input** and the local **RCS ownership** of the interventions.

Empowerment Strategy

Through our activities, local volunteers and RCRC staff will have the knowledge, skills and tools to mitigate the impact of violence, coercion, deliberate deprivation and abuse for affected and at-risk communities in the context of humanitarian crises. Through training and coaching, taking action together, and transferring products, methodologies and knowledge to the staff and volunteers, the **ownership is gradually shifted** from the partner RCS (BRC-FI and AutRC) **to the local RCS** (BuRC, RRCS, URCS) and remains there after the intervention ends. This desired effect after the action is also the foundation for the **localization** of the program. The “localization of aid” is at the core of the RCRC working modality, and the expertise-transfer approach of BRC-FI is geared towards this. The local RCS and its trained volunteers are enabled to deliver services to their own community, long after the project ends.

5.2 Continuity strategy (links between emergency aid, rehabilitation and development)

This project will contribute to the link between humanitarian aid, development and peace (“triple nexus”) in several ways:

- The local RCS, who are the implementing partners of this project, all have a **dual mandate** of humanitarian assistance and long-term support for communities. Thus, the local RCS supported by this

^{vi} Sustainability and connectedness are similar concepts that are used to ensure that the activities are executed in a context that takes account of longer-term and interconnected issues.

humanitarian program will also be supported structurally and by their development programs of the upcoming DGD D3 program. Furthermore, capacity building is an integral part of the program, benefitting local partners for the implementation of future programs, whether these are focused on humanitarian (emergency) aid, rehabilitation or development;

- Additionally, the interventions of this project are preventative, responsive or remedial (see section 2.3) and thus contribute to the humanitarian aid-development nexus through their **complementary nature**;
- Lastly, the RCRC Movement embodies the **7 Fundamental Principles** and works with a consistent and inspirational approach for promoting humanitarian values (e.g., “do no harm” principle; the “Neutrality” principle stating the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature; etc.). All RCRC Societies prioritize **conflict sensitivity** in their response and aim to alleviate social tensions, strengthen social cohesion among communities and promote a culture of non-violence.

5.3 Integration (e.g., reduction of disaster risks, children, human rights, gender equality, environmental impact, others to be specified)

CEA and PGI cross-cutting approaches

As mentioned in chapter 2.3, the Red Cross applies the Protection, Gender & Inclusion (PGI) and Community Engagement & Accountability (CEA) approaches across all operations and contexts. This **ensures the respect and protection of human rights**. This dimension, through the application of the principles of Dignity, Access, Participation and Security (DAPS), is reflected in the objectives, results, indicators and activities but also in the mechanisms to engage the community, and in the way of conceiving and carrying out the activities, whether specific protection or integrating the protection dimension; whether they are reactive, corrective or constructive.

The **CEA approach** ensures the **active participation** of people, in all their diversity, in the processes and decisions that affect them and **transparency** of RC towards beneficiaries and requires an **analysis** of aspects relating to **gender and diversity** to be done **throughout** the program cycle. It also ensures **quality of assistance** and respect for people's **rights and dignity**, by involving beneficiaries in the evaluation of the aid received and taking into account their perception of the aid received.

The **PGI approach**, on the other hand, makes it possible to integrate the protection dimension and analyses relating to gender and inclusion throughout the project cycle and to approach the complexity of contexts in a **holistic way**. BRC-FI recognizes **gender equality** as an important cross-cutting theme in all its activities and acknowledges the need to take gender in all its diversity into consideration when designing, implementing and evaluating its programs, products and interventions. The **Gender Policy of BRC-FI International Cooperation (IC)** helps us integrate gender more deeply into our work, which will result in a higher impact as it will help us better serve our diverse audience of beneficiaries. It describes the commitment of BRC-FI IC to gender mainstreaming and how we use our international operations as vehicles for gender mainstreaming towards gender equality and female empowerment.

Children's Rights

The program takes into account the **four principles of the United Nations Convention on the Rights of the Child** (Non-Discrimination, Best interests of the child, right to survival and development and the Views of the child) by adapting trainings, course materials and sensitization strategies to children where they are the target audience (e.g., CHAST).

Human rights

The humanitarian principles are at the **core** of the International Red Cross and Red Crescent Movement. Its activities are founded on the **principle of human dignity**, which is also the foundation of human rights. This program works towards achieving **the right to a standard of living adequate for the health and well-being of a person and of his/her family**, including food, clothing, housing and medical care and necessary social services, as enshrined in art. 25 of the Universal Declaration of Human Rights. Therefore, a special focus will be given to

the rehabilitation of health centres, shelters, WASH infrastructure, as well as Restoring Family Links and International Humanitarian Law.

Environmental protection

The local RCS will explore opportunities within their respective communities in order to support environmental protection. The program will work **in close coordination with local environmental organizations** in order to pass messages on environmental protection within the communities during eVCA implementation. **Volunteers together with the communities** will be engaged in sustainable exploitation of the environment, where the local context calls for it and allows for it. At BRC-FI level, all actions will be guided by **BRC-FI's Environmental Policy**, according to which our international operations serve as vehicles to increase the resilience and reduce the vulnerability of communities and sister National Societies abroad for the impacts of climate change. In this light, BRC-FI always aims to reduce the environmental footprint of its own organization, both at HQ in Mechelen as within our delegations worldwide by applying the “do no harm” approach whilst always taking into account the “precautionary principle”.

Integrity

BRC-FI is committed to ensuring that all other organizations and individuals with whom it works reflect **values** consistent with those of BRC-FI. This applies in particular to individuals with whom the organization has a close but indirect association, such as staff of partner organizations acting in close cooperation with BRC-FI. To this purpose, a **code of conduct** was set up. BRC-FI will support the NS with **training tools to reinforce their integrity mechanisms** and to live up to this newly developed code of conduct, both at HQ and at branch level.

Data Protection and GDPR

BRC-FI and its implementing partners will **protect personal data of all beneficiaries** under Data Protection Act and GDPR by using Red Rose during the **distributions** (in-kind and cash). The Red Rose system provides end-to-end encryption. There are various layers of access rights built into the system. Contractually, there are specific data protection clauses that the IFRC has drawn with the Red Rose company. Red Rose is GDPR compliant, meaning that it is compliant with the new European Union regulation for data protection.

5.4. [INT] In the event of changes or issues to be dealt with, please provide information

No changes to report in Burundi, Rwanda and Uganda

5.5. [FIN] In the event of changes or issues to be dealt with, please provide information

No changes to report in Burundi, Rwanda and Uganda

6 SECURITY AND EMERGENCY MEASURES

6.1 Emergency measures (plan B/ mitigation measures to be taken if the risks and assumptions set out in the logical framework materialize)

A detailed analysis of the risks can be found in **Annex 5**.

6.2 Security-related aspects

6.2.1 Situation in the field. Please provide a brief description

Burundi

The overall security situation appears to have improved since the elections in May 2020, however, acts of violence and repression of opposition voices continue to occur, requiring constant vigilance. BRC-FI remains subject to **ICRC security rules** in the country. Relations between the **European Union** and Burundi have resumed following discussions on lifting the sanctions imposed by the **Cotonou Agreement**. Tensions are appearing between the country's various parties, and an assessment of the situation is made regularly.

In the field, it may happen that the authorities at the provincial level do not accept the presence of expatriates, or the implementation of the activities in their communities. Despite the general acceptance of the BuRC by the population, local authorities have the power to block access. Based on experience with ongoing projects, BuRC, as an auxiliary to the government, has **the capacity and connections to collaborate with the central government to find a solution**. Specific partnership agreements with different ministries have been signed to facilitate implementation (e.g., with the Ministry of Health and Ministry of Interior) and ensure security.

Regarding the security situation within the targeted host communities of the refugee camps of Kavumu, Nyankanda & Bwagiriza, **a sufficient level of security is present** and no negative impact on the implementation of the planned activities is expected.

Rwanda

The security situation in the country is **stable**. The government maintains a firm grip on the country and there is unimpeded access to and movements around the targeted areas. Presence of Army and security personnel is high in the border areas with DR Congo (Rubavu), but international organizations have not been impeded in their work.

Regarding the security situation within the targeted refugee camps of Kiziba, Nyabiheke and Mahama, **sufficient level of security is present** and no negative impact on the implementation of the planned activities is expected. Before entering the camps, an approval from the Rwanda Ministry of Emergency Management needs to be requested.

Uganda

The security situation in the country is **stable**. Along the borders with South Soudan and DR Congo there is an increased presence of elements of the army and security personnel due to the high density of refugees. Roads, however, are open and checkpoints are seldom seen. Movements in the field are coordinated with URCS who in turn receive regular updated security updates from UN and ICRC.

Regarding the security situation within the targeted refugee settlements of Kyangwali, Imvepi and Bidibidi, **security is considered sufficient**, and no negative impact on the implementation of the planned activities is expected.

6.2.2 Has a specific security protocol been drawn up for this action?

☐ yes ☐ no ☒ Standard procedures

6.2.3 Have the staff in the field and the expatriates received information and training concerning these procedures?

☒ yes ☐ no

6.3. [INT] *In the event of changes or issues to be dealt with, please provide information*

No security changes or issues to report in Burundi, Rwanda and Uganda

6.4. [FIN] *In the event of changes or issues to be dealt with, please provide information*

No changes to report in Burundi, Rwanda and Uganda

7 COORDINATION IN THE FIELD

7.1 Coordination in the field (please state the humanitarian organization's participation in the coordination mechanisms with other stakeholders, such as "clusters", NGOs, the United Nations agencies, others (to be specified), as well as the links to the consolidated appeal procedure, if necessary)

At the country level, as part of the International Red Cross and Red Crescent Movement, all involved National Societies work with the IFRC, the ICRC and several partner National Societies, amongst whom the Belgian Red Cross-Flanders. More information can also be found in the **Stakeholder Analysis (Annex 2)**. In addition, in each country, further coordination takes place with other stakeholders at various levels.

Burundi

Internally, BuRC, BRC-FI and all the PNS hold regular meetings to ensure coordination between the programs and ensure proper alignment of the respective objectives. More specifically, CRB-Cf and BRC-FI will both submit a program for this call. The **existing synergies between the CRB-Cf and BRC-FI** will contribute further to the efficient use of resources with more impact on the beneficiaries. Externally, other meetings regularly take place, with (including, but not only) **UNHCR** and its sectoral implementing partners in the camps to better understand the situation of refugees and returnees throughout their journey and the needs that this program could address.

Through its experience in supporting the most vulnerable, BuRC is already well established in the field of organizations and national platforms. It is **part of many working groups** (led by the government, ministries, UN agencies and other humanitarian actors) and is a recognized actor. Many organizations and authorities implement their activities through the BuRC, which ensures consistency in the approaches and activities deployed. BuRC is an auxiliary of the public authorities and has a special status that allows it to negotiate easily with the public services; namely the national and local authorities. BuRC is closely linked to **the state institutions** and is also represented in the provinces, communes and hills through their local committees (with representant of camps in some of them). They will be actively involved in the program activities. The Provincial Secretaries of BuRC are in regular contact with the provincial governors and their advisors.

Rwanda

Internally, RRCS, BRC-FI and CRB-Cf hold regular meetings to ensure coordination between the programs and ensure a proper alignment of the respective objectives. The existing synergy between the CRB-Cf and BRC-FI will contribute further to the efficient use of resources with more impact on the beneficiaries. For this proposal, BRC-FI and CRB-Cf will continue to jointly facilitate the implementation activities in refugee camps and with RRCS as a whole (coordination on trainings, materials, joint monitoring, etc.), as well as on the following expertise areas: first aid education, restoring family links, construction of latrines and hygiene promotion. In addition, RRCS works in close coordination with **UNHCR**, whose direct input has been used to draft this proposal. RRCS organizes **annual meetings with all its partners** (national and international). The aim of this meeting is, on the one hand, to share best practices identified during the implementation of activities, and, on the other hand, to mobilize new financial resources to further support vulnerable people in the country.

Externally, the RRCS also participates in many **coordinating bodies**:

- **National coordination:** With Ministry of Disaster Management and Refugee Affairs (MIDIMAR). Participation in Disaster Management Task Force (DMTF) coordinated by the MIDIMAR which meets quarterly with various stakeholders in disaster management: Ministries and other government agencies, United Nations (UNICEF, UNDP, WHO, WFP, FAO, UN HABITAT, UNCHR), Red Cross Movement and international NGOs;
- **Coordination at the district and sector level:** Participation in the Joint Action Development Forum (a multi-stakeholder platform comprised of representatives from the public sector, private sector and civil society) which gathers all district partners quarterly in each district, including refugee communities. Next, steering meetings (organized by RRCS) that bring local authorities and organizations in connection with the RRCS programs and representatives of volunteers and beneficiaries.

Uganda

The coordination of Refugee affairs in Uganda is well structured and is based on the **Comprehensive Refugee Response Framework (CRRF)**. At the national level, the rollout of the CRRF is government-led, spearheaded by the Office of the Prime Minister (OPM), facilitated by UNHCR, and guided by the participation of a wide range of stakeholders. To promote coordination between, and help strengthen, existing government and partner institutions, a steering group and a Secretariat have been set up to support the application of the CRRF locally. The coordination structure has the following levels:

- Level I: **Inter-Agency** - Operational strategy coordination and planning;
- Level II: **Sector (national)** - Technical policy and guidance;
- Level III: **District Inter-Agency** - Sector Co-lead: OPM, District Local Government (CAO), UNHCR

Operational coordination and planning; implementation.

For the implementation of this project in Uganda, the coordination will be on all three levels with the sectors of interest being health, nutrition and First Aid that will be coordinated with the Ministry of Health, UNHCR, Ministry of Education and other agencies implementing programs in Kyangwali. Next to that, coordination with National Refugee Protection Working Group for RFL and IHL issues in collaboration with ICRC and UNICEF will take place.

More precisely for the WASH interventions, the district authorities, the Ministry of Water and Environment and the Northern Umbrella Organization are responsible bodies regarding WASH interventions and are responsible for operation and maintenance of the infrastructure. The handover to those bodies and the management of most facilities in refugee settlements are managed by UNHCR and their respective implementing partners. Other implementing WASH stakeholders in the area are Water Mission Uganda and GIZ. URCS and AutRC are in close contact with these and all other WASH stakeholders through the main coordination bodies UNHCR and OPM. The interventions planned were elicited in close cooperation with UNHCR, governmental stakeholders as well as Water Mission, GIZ and other WASH providers. The aim is to intensify and improve the coordination of all WASH stakeholders towards a common development strategy in the target area. AutRC and URCS will also cooperate with “Light for the World” to strengthen inclusive approaches (e.g., WASH infrastructure design).

7.2 National and local authorities (relationships established, authorizations, coordination)

See section 7.1. and 8.2. **All three local Red Cross/Crescent Societies (RCS)** are involved as **auxiliary to the public authorities** and have a special status allowing for easy negotiation and smooth collaboration with public services and refugee community authorities. Represented in the districts, sectors and cells through their local committees, the local RCS are closely linked to the state institutions. As part of this program, the local authorities at central, district and local level will be actively involved in the program activities.

7.3 Potential coordination with the Belgian diplomatic representation

The delegation of BRC-FI will maintain **regular contact** with the Belgian diplomatic representation to share information on the progress of programs, organize desired field visits, and attend eventual learning events, thus building on pre-existing relationships.

7.4. [INT] *In the event of changes or coordination issues to be dealt with, please provide information*

Burundi

As mentioned in the initial proposal, a number of platforms exist to ensure good coordination, both within the Movement and externally.

Internally, an alignment has been made with **CRB-Cf** concerning the Crisis Modifier and activation policies. Collaboration has also been strengthened with **ICRC** for IHL and RFL components.

During the period covered by this report, several external meetings were held with **UNHCR** (Ruyigi sub-office), but also with **Caritas** (experience sharing on cash transfers). In addition, BuRC actively participates in the Cash Working Group (OCHA) and in the National Disaster Management Platform.

Rwanda

All activities in the refugee camps are coordinated with CRB-Cf and RRCS. This facilitates the implementation as many stakeholders are present in the refugee camps. Monthly meetings are held with CRB-Cf and RRCS to discuss the implementation plan. During external meetings with UNHCR, local and national authorities, we present ourselves as the Belgian Red Cross.

Uganda

In the reporting period sector based interagency meetings within the different settlements were done; Health, Cash Working Group (CWG) and WASH. In addition, the project participated in monthly partner coordination meetings and the quarterly district partner meetings in Kikuube and Yumbe. Besides partner updates on achievements and joint teasing of recommendations and actions points on key issues; the platforms were also used to plan and commemorate national days e.g., the World Blood Donor Day on 14th June; World Refugee Day on 20th June and Day of the African child on 16th June. Further, to enhance synergies and collaboration in the project, discussions were undertaken with the Office of the Prime Minister Refugee desk and UNHCR to

ensure the project fits into the overall refugee response plans. The Restoring Family Links (RFL) team worked closely with the district Probation Office, Community Development Officer, Police and community leaders to obtain information relevant to child protection and inform its assessment.

7.5. [FIN] *In the event of changes or coordination issues to be dealt with, please provide information*

No changes to report in Burundi, Rwanda and Uganda

8 IMPLEMENTATION PARTNERS

8.1 Name and address of the implementation partner(s)

Burundi: Croix-Rouge du Burundi, Av. Des Etats-Unis, n.18, Rohero I, Bujumbura, Burundi

Rwanda: Rwanda Red Cross Society, KG 15 Ave, Kigali, Rwanda

Uganda: Uganda Red Cross Society, Plot 551/555 Rubaga Road, P.O. Box 494, Kampala Uganda

8.2 Status of the implementation partners (e.g.: NGOs, local authorities, etc.) and the role played by them

All Red Cross Red Crescent partners involvement in this project are non-profit organizations registered according to the laws and norms of their respective countries. They also serve as auxiliaries to their respective public authorities in their status as Red Cross/Red Crescent organizations. The actions will be implemented in respect of their own internal rules and in full compliance with the procedures of DGD.

BuRC is founded in 1963 and is an official auxiliary to the public authorities. They are active in multiple expertise areas and are currently implementing project in the following sectors: First Aid, disaster management and disaster risk reduction, migration, housing, healthcare, livelihoods, reintegration, environment, food security, national society development, protection, gender and inclusion, resilience, water, hygiene and sanitation, nutrition, Pacific Conflict Resolution and Community Solidarity.

RRCS is an official auxiliary to the public authorities since 1964 and has been involved in diverse operations. Currently they are implementing projects in the following sectors: disaster management and disaster risk reduction, blood, first aid, health and care, livelihoods, migration, national society development, environmental protection, sexual and gender-based violence, resilience and water and sanitation.

URCS was established in 1964 and is currently implementing projects in the following sectors: disaster risk reduction, epidemic preparedness, WASH (provision of water to refugees, food assistance (e.g., conducting MPCT to meet the food needs for refugees). Next to that, URCS plays a critical role in protection working group in implementation of RFL activities in all refugee settlements. Additionally, the work closely with the Ministry of Health to provide community health services such as community-based health and first aid.

8.3 Type of relationship with the implementation partner(s) and the reports expected from the implementation partner

BRC-FI always operates within the **partnership framework of the International Red Cross & Red Crescent Movement**, working with the National Red Cross or Red Crescent Society as sole preferential partner. Principles of cooperation and capacity building are formalized Movement-wide in the Strengthening Movement Coordination and Cooperation (SMCC) initiative (launched 2013)¹⁹, IFRC 'Development Cooperation Policy' (2007), Code of Good Partnership' (2009) and the 'National Society Development Framework' (2013).

BRC-FI, being the responsible actor to the DGD Humanitarian Aid, will be responsible for the respect of the legal and statutory rules applicable to the project. All RCRC partners in this program are considered **strategic partners** of BRC-FI, meaning that the commitment for cooperation spans for at least 2 years and common objectives are defined.

In **Burundi** and **Rwanda**, the standard modus operandi will be adopted, whereby BRC-FI acts as a "back donor" to the local RCS, who are the implementing partners. While the local Red Cross Societies are in the driving seat during implementation, BRC-FI delegates in country will be in charge of the delivery of day-to-day technical expertise and will closely monitor the compliance of implementation with DGD regulations. Monthly reports on

financial and activity status are provided by the local RC project managers to the BRC-FI delegates.

The same applies to **Uganda**, with the only difference that here day-to-day technical expertise will be monitored by BRC-FI as well as AutRC. **AutRC** will focus on ensuring qualitative implementation of the WASH interventions of this project and BRC-FI will oversee qualitative implementation of all other interventions as well as safeguarding compliance of implementation with DGD regulations.

- **BRC-FI**, as the key actor to the DGD Humanitarian Aid, is responsible for:
 - Safeguarding the donor's quality requirements. Final reporting, communication with the donor, gathering publication material (if required by DGD), and aligning continuously with DGD;
 - Ensuring continuity within the project, across the different countries;
 - Sharing expertise. We provide expert input to the local teams on demand (depending on the assessment at the start of the program, and sudden technical support needs that might arise during the project). For example: BRC-FI is an internationally recognized expert on First Aid for First Responders, which is key expertise in the context of a humanitarian crisis;
 - Further develop our expertise in the area.

8.4. [INT] *In the event of changes, please provide information*

No changes to report in Burundi, Rwanda and Uganda

8.5. [FIN] *In the event of changes, please provide information*

No changes to report in Burundi, Rwanda and Uganda

9 COMMUNICATION, VISIBILITY AND INFORMATION ACTIVITIES

9.1 Planned communication activities

In Belgium

BRC-FI will inform the interested Belgian public about the program, acknowledging the Belgian government as main donor and partner. The objective is to explain the value of the program and highlight its achievements as well as the challenges countered. To this end, content of program activities and the origin of its funding will be published in press releases, website content, human interest blogs and audio-visual material and spread through traditional media outreach, social media and on the intranet site of BRC-FI.

Within the partner countries

The program will be communicated to the outside world as a program of the involved local Red Cross/Crescent Society (RCS), in partnership with BRC-FI and funded by the Belgian government. The **communication service of the local RCS** will be in charge of the media coverage of the program. The activities will be regularly published in the newsletters, websites and social media platforms of the local RCS, and will be communicated during the coordination meetings they are involved in. The local RCS will take care to acknowledge the Belgian government's funding and partnership in each publication and in its all communications concerning the program.

9.2 Outreach on durable equipment, the main supplies and on the project location

The logo of the donor will be made visible, if the security situation allows, on all relief goods purchased within the project. During the regional exchanges and media outreaches, efforts will be made to mention the back-donor of the project. To promote the visibility of the program, panels will be located on the program sites. Promotional materials (t-shirts, caps, flyers) with messages related to program activities will be produced and distributed to volunteers and staff involved in the program activities.

9.3 Publication activities planned

No publication activities are planned at this initial stage of the program. If publication activities will be organized, DGD will be informed accordingly.

9.4. [INT] *In the event of changes, please provide information*

No changes to report in Rwanda, Burundi and Uganda

9.5. [FIN] *Report on relevant activities*

Rwanda

Different activities were shared via different social media accounts of RRCS and BRC-FI. Below you can find some examples:

- Procurement of ambulance:

<https://twitter.com/RodeKruisVL/status/1682005694843613185>

<https://twitter.com/Rwandaredcross/status/1681753536659443712>

- Construction of handwashing facilities

<https://twitter.com/Rwandaredcross/status/1679008544329195521>

- Distribution of medical supplies to health centers

<https://twitter.com/Rwandaredcross/status/1697224202703585337>

- Distribution of essential household items

<https://twitter.com/Rwandaredcross/status/1567910088869822464>

<https://twitter.com/Rwandaredcross/status/1603591480236511233>

- Distribution of bicycles

<https://twitter.com/Rwandaredcross/status/1560278227511549952>

- Provision of psychological first aid and other social mobilization activities

<https://twitter.com/Rwandaredcross/status/1688781224674795520>

- RFL trainings

<https://twitter.com/Rwandaredcross/status/1691175576483008512>

- IHL training

<https://twitter.com/Rwandaredcross/status/1600609170239135809>

<https://twitter.com/Rwandaredcross/status/1730266606616408237>

- Use of the crisis modifier

<https://twitter.com/Rwandaredcross/status/1725776869549588751>

- Hygiene promotion activities

<https://twitter.com/Rwandaredcross/status/1707499647009280300>

Rwandan journalists were also invited to different activities. Below some examples of published articles:

- <https://umuseke.rw/2023/07/impunzi-nabaturiye-inkambi-ya-kiziba-na-nyabiheke-bahawe-imbangukiragutabara/>

Burundi

Throughout the project, the Burundi Red Cross regularly posted articles on its social networks and website TRANSFERTS MONETAIRES : UNE APPROCHE QUI VISE LA RESILIENCE DES COMMUNAUTES AFFECTEES — (croixrouge.bi)

TEMOIGNAGES POSITIFS DES BENEFICIAIRES APRES UN APPUI CASH — (croixrouge.bi)

LE CASH TRANSFERT, UNE SOLUTION EFFICACE POUR UNE REPONSE DIVERSIFIEE DANS LES CATASTROPHES — (croixrouge.bi)

La Croix-Rouge du Burundi à l'école du Droit International Humanitaire..... — (croixrouge.bi)

La protection pour tous, le challenge de la Croix-Rouge du Burundi — (croixrouge.bi)

UNE LUEUR D'ESPOIR POUR LES MENAGES QUI ONT BENEFICIE DU CASH POUR L'ACHAT DU MATERIEL SCOLAIRE — (croixrouge.bi)

TIRER DES LEÇONS APPRISES DE LA MISE EN ŒUVRE DES PROJETS... — (croixrouge.bi)

A video was also shot following the cash support provided as part of the project in September 2023.

Uganda

Throughout the project, Uganda Red Cross regularly posted articles on its social networks. Some examples are:

- <https://twitter.com/BelgiumInUganda/status/1765710299041001839/photo/1>
- <https://airtable.com/apppnZTJiA4PD5DbR/tblPamAylc2BCSXoZ/viWgVo5qNWnWiUWRR/recdLZqcLCvYTigEd?copyLinkToCellOrRecordOrigin=gridView&blocks=hide> – Video of Project activités in Uganda
- <https://x.com/UgandaRedCross/status/1505251855210893315>
- <https://x.com/UgandaRedCross/status/1573261681131933698>
- <https://x.com/BelgiumInUganda/status/1625346216107163650>
- <https://x.com/UgandaRedCross/status/1643177926525853697>
- <https://x.com/UgandaRedCross/status/1671195589269237760>
- <https://x.com/UgandaRedCross/status/1643241214362124288>

10 HUMAN RESOURCES

10.1 Please state the overall figures by function and by status

An overview of the Human Resources of this program can be found in **Annex 6**. For more details on exact positions and durations of each position per country, please consult the budget of the respective countries (**Annex 7**).

The **selection of local staff** is based on the input and discussion held with the local RCS and reflects what they assess as required staff to successfully implement the proposed project. The proportion of **BRC-FI HQ staff** is assessed in the same way and is in line (even slightly lower) with previous humanitarian projects submitted to DGD D5.1. The number of **expat staff foreseen in Uganda** is higher than in the other countries. There are two reasons for this:

- The local RCS in Uganda, URCS, is not as strong compared to Rwanda or Burundi. However, the protection needs are high so in order to implement an impactful response there is more expat support required, both operational and administrative;
- Simultaneously this addresses the complexity of the follow up in such a large country, where the implementation area is far away from the central coordination and follow up in Kampala.

10.2. [INT] In the event of changes, please provide information

No changes to report in Rwanda, Burundi and Uganda

10.3. [FIN] In the event of changes, please provide information

No changes to report in Burundi, Rwanda and Uganda

11 ADMINISTRATIVE INFORMATION**11.1 Name and title of the legal representative signing the agreement**

Prof. Dr. Philippe Vandekerckhove
Executive Director
Rode Kruis-Vlaanderen vzw

11.2 Name, telephone number, e-mail address and titles of the person(s) responsible for the management of the dossier

Bianca Hanskens
Institutional Partnerships & Fundraising Expert
Rode Kruis-Vlaanderen vzw
Email: Bianca.Hanskens@rodekruis.be
Phone: +32 468 10 50 18

11.3 Name, telephone and fax number and e-mail address of the representative in the intervention area**Burundi**

Alizée Bersan
Project Manager and country representative
Belgian Red Cross-Flanders
email: Alizee.Bersan@rodekruis.be
Phone: +33 6 75 97 74 66

Rwanda

Joost Sommen
Project Manager and country representative
Belgian Red Cross-Flanders
email: joost.sommen@rodekruis.be
Phone: +250 791 054 861

Uganda

Peter Kibor Keitany
Project Manager and country representative
Belgian Red Cross-Flanders
email: PeterKibor.Keitany@rodekruis.be
Phone: +256 788 904 938

11.4 Bank account

Name of the bank: KBC
Address of the bank agency: Grote Markt 27, 2800 Mechelen
Precise designation of the account holder: Rode Kruis-Vlaanderen Internationaal v.z.w.
Complete account number (including bank code(s)): To be communicated upon acceptance of proposal
IBAN code: /
SWIFT code: To be communicated upon acceptance of proposal

12 BUDGET

An overview of the budget per country can be found in **Annex 7**.

13 REFERENCES

Annex 8 provides an overview of the sources that have been consulted during the writing of this proposal.

¹ <https://www.unhcr.org/news/press/2021/3/603dec5f4/wfp-unhcr-appeal-funding-3-million-refugees-hit-ration-cuts-eastern-africa.html>

² [Refugees worldwide face rising hunger due to funding gaps amidst Covid-19 | World Food Program \(wfp.org\)](#)

³ https://disasterlaw.ifrc.org/sites/default/files/media/disaster_law/2021-04/IFRC-Advocating%20to%20Strengthen%20Disaster-FINAL-rev2.1_3.pdf

⁴ <https://www.wfp.org/countries/burundi>

⁵ <https://www.wfp.org/countries/burundi>

⁶ <https://reporting.unhcr.org/burundi>

⁷ <https://www.unhcr.org/burundi.html>

⁸ <https://reliefweb.int/report/burundi/burundi-refugee-return-and-reintegration-plan-january-december-2021>

⁹ <https://www.unhcr.org/underfunding-2020/wp-content/uploads/sites/107/2020/09/Underfunding-2020-Full-Report.pdf>

¹⁰ General Directorate for Repatriation, Resettlement and Reintegration of Returnees, which is part of the Ministry of the Interior, Community Development and Public Security

¹¹ Report of the joint and multisectoral evaluation to MIRA, Gatumba, June 2-5, conducted under the direction of the National Platform for Risk Prevention and Disaster and Disaster Management and OCHA

¹² [2021 Rwanda Country Refugee Response Plan.pdf \(unhcr.org\)](#)

¹³ <https://www.worldwildlife.org/threats/water-scarcity>

¹⁴ <https://opportunity.org/our-impact/where-we-work/uganda-facts-about-poverty>

¹⁵ <https://www.ohchr.org/en/issues/escr/pages/water.aspx>

¹⁶

https://apps.who.int/iris/bitstream/handle/10665/148556/WHO_NMH_NHD_14.4_eng.pdf?sequence=1&isAllowed=y

¹⁷ <https://data2.unhcr.org/en/documents/details/84715>

¹⁸ https://ec.europa.eu/echo/sites/default/files/echo_cod_bud_2020_91000_v2.pdf

¹⁹ preprod.rcrcconference.org/wp-content/uploads/2015/03/2013-Council-of-Delegates-resolution-booklet.pdf