



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 1

MAX 30 PAGES

(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 organisation/date of approval by the Minister for Development Cooperation (if required):

Name of the Humanitarian Organization: Plan International Belgium.

Date of Agreement by the Minister for Development Cooperation: 14/05/07, revised 20/05/16 for the period from 01/01/17 to 31/12/26

1.2. Title of the action

PROACT: Promoting Resilience Of Adolescents and Children in Crises Together

1.3. Intervention area (country, region, locations):

Mali: Communes of Badia, Benkadi Founia, Kita Ouest, and Kita (Cercle de Kita, Region of Kayes). Niger: Departement of Birni N'Konni and Madaoua (Region of Tahoua). Rwanda: Nyabiheke Camp (Gatsibo District, Eastern Province), Kigeme Camp (Nyamagabe District, Southern Province), Mugombwa Camp (Gisagara District, Southern Province) and Kiziba Camp (Karongi District, Western Province). Uganda: Bidibidi Refugee Settlement (Yumbe District in West Nile sub region in Northern Uganda).

1.4. Action start date:

October 1, 2023

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: 30-08-2023
Revised proposal no.	date: dd-mm-yy
Date of the granting Ministerial Decree	date: dd-mm-yy
Unilateral Act date	date: dd-mm-yy
Letter of acceptance date	date: dd-mm-yy
Interim report	date: dd-mm-yy
Final report	date: dd-mm-yy

1 The specifications used in this form have largely been reworked on the basis of the "Single Form" in use, for the same type of actions, in the European Commission (ECHO).

For a good understanding of these specifications, refer to the guidelines issued by ECHO.

The specific points relating to Belgian legislation (Royal Decree of 19/04/2014) are indicated and underlined in the text, following the specific point concerned.

At the proposal stage, complete the numbered paragraphs, except for those that begin with [INT] (to be completed at the interim report stage) and [FIN] (to be completed at the final report stage). At the interim and final report stages, only amend (cross out) the main information in the numbered paragraphs.

2. NEEDS ASSESSMENT

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

All Needs Assessments (in Annexes) have been conducted between May and July 2023 and rely on a thorough desk review gathering Child Protection (CP), including sexual and gender-based violence (SGBV) related analyses of needs and constraints in the target areas (data from ongoing projects, monthly reports from UN Agencies, documentary sources from networks of civil society organisations, documents and reports from technical working groups and clusters, documentary sources from Ministries). **In Niger and Mali**, a qualitative primary data collection took place in June 2023, conducted by Plan International (PI) Mali and Niger CP staff in the targeted communities, jointly with Médecins du Monde (MdM). **In Uganda and Rwanda**, a secondary data collection was favoured by PI CP staff, to analyse primary data from ongoing or recently closed projects in the area, that were rich enough not to necessitate re-collecting data from beneficiaries on sensitive issues linked to traumatic experiences (protection risk-benefit analysis).

2.2. *Account of the problem and analysis of the stakeholders*

The Programme is based on an analysis of the vulnerabilities of children and adolescents in all their diversity, considering existing stakeholders (duty-bearers, service providers). It focuses on communities affected by displacements: either internally displaced populations (IDPs) (Mali and Niger) or refugees (Uganda, Rwanda). Such displacements and the living conditions in camps or settlements has increased risks posed by the lack of access to resources and services, including protection, and violation of fundamental rights, of both displaced and host communities. For children, adolescents and youth, displacements and dire living conditions are likely to increase risk of exploitation, trauma, violence, including sexual and gender-based violence (SGBV), and separation from primary caregivers. In all targeted areas in the 4 countries CP services are lacking or dysfunctional, further exacerbating risks for children and adolescents.

Mali is facing a complex crisis that intensified with the spread of violence and insecurity throughout the country. Insecurity, climatic hazards (floods and droughts), chronic poverty and socio-political crisis, coupled with the recent economic sanctions and embargo by ECOWAS and UEMOA in 2022, exacerbate the humanitarian crisis compound pre-existing vulnerabilities of affected populations. In addition, recurrent constraints on humanitarian access keep large numbers of people away from vital basic social services, forcing them to resort to negative survival or coping strategies. The Humanitarian Response Plan targets 5.7 million people, including 3 million children (50% girls and 50% boys). Among these people, 423,000 are IDPs, 201,000 are returned or returnee IDPs. The protection sector is the one that aims at reaching the most people in need - 3.2 million people, including 1 million children at risk of protection, and 2 million people at risk of SGBV. This crisis is increasingly spreading to the centre and south of the country, with an increase in IDPs and in prevalence of SGBV. The Kita region in particular has not been immune to the insecurity, with the advance of terrorist groups towards the south of the country. Since the beginning of 2023, 18 incidents linked to non-state armed groups (NSAG) have been reported, in addition to an increase in robberies and attacks on the Kati - Kita - Kenieba axis, burglaries and theft of livestock. The security threats worsen already weakened CP mechanisms and exposes children to SGBV, with child marriage and sexual violence being the risks the most cited by girls and adolescent girls during the needs assessment. Child separation from primary caregivers, school-dropout and child labour were also identified as important threats for girls and boys. The Kita region is characterised by deeply rooted patriarchal norms, with high rates of discrimination against girls and women, who represent 89% of child survivors of SGBV. Gender norms limit the role of women and girls in society, limit access to appropriate services, result in massive school drop-out rates among girls; the loss of household livelihoods are pushing families to adopt negative coping strategies which contribute to high levels of domestic violence, exploitation, sexual abuse, child marriage and trafficking.

At the regional level, the CP system shows important gaps and dysfunctionality, while protection needs are increasing. PI and MdM are the main CP and SGBV actors in the region, strengthening protection mechanisms linked to access to sexual and reproductive healthcare, including GBV, and providing services for survivors with the financial support of DGD. Stakeholders also include ASIC JIGUIYABULON Consortium, the section Protection of Civilians, and Ministries, especially

Ministère de la Promotion de la femme, de l'Enfant et de la Famille through its decentralized and technical services. Service providers along the referral pathway are scattered and information for access is not known by the population; it is crucial to strengthen community-based CP mechanisms (CBCPMs) and capacities of service providers and community members to provide support to CP and SBGV survivors without stigma and respecting confidentiality. Community members, particularly adolescents' girls, report important barriers in accessing support services and lack essential knowledge in terms of CP and CP services. Almost all interviewed community members indicate that, when disclosed, protection incidents are often handled at community-level by religious or community leaders, which often leads to unjust outcomes for the survivor.

Niger is facing a protracted and multidimensional crisis, including armed conflict, displacement, nationwide food insecurity and malnutrition, epidemics and climate-related disasters. According to the INFORM Index for Risk 2023, Niger scores 7.5 out of 10, placing the country at very high risk of humanitarian crises. 4.3 million people will require humanitarian assistance in 2023 (an increase of 13% on 2022), 56% of whom will be children (HRP, 2023). Niger has been facing a deteriorating security situation since 2015, characterized by inter-community conflicts, growing instability in neighbouring countries, and increased activities by NSAG, including in the region of Tahoua. The July 26 coup d'état increased protection needs, with over 1,400,000 people, including women and children, at increased risk of protection threats, particularly in rural areas (UNICEF). Forced displacement and loss of parents put children at risk of recruitment by NSAG. Tahoua is one of the regions in Niger with the highest number of IDPs and refugees (76,161 IDPs and 20,623 refugees registered in July 2023, 80% of whom were women and children), with influxes of asylum seekers from Nigeria due to constant incursions into border villages by NSAG. All shocks exacerbate the vulnerability of the population and lead to a protection crisis; the high level of insecurity, population displacements, lack of livelihoods and food insecurity are pushing populations to adopt negative coping mechanisms such as child labour, exploitation, school drop-out and forced marriage. On the other hand, inter-community tensions and conflicts aggravate CP risks, including SGBV. In addition, the highly volatile security situation leads to ongoing violations of rights: to life and physical integrity, to freedom of movement and to property. Priorities in terms of CP and SGBV are highlighted in all documentary sources and confirmed by interviews with affected people. All affected people report an increase in the prevalence of SGBV due to crisis; most perpetrators are community members and state armed forces. Rape (34%), domestic violence (29%) and psychological abuse (29%) are the most common forms of SGBV identified. However, cases remain largely underreported due to stigma, fear of reprisal and barriers in accessing support. Child marriage (76% of girls and 6% of boys married before age 18) is escalating due to perceived security, economic benefits and demand by NSAG during incursions in the villages. Insecurity, due to attacks from NSAG, displacement and climate hazards caused widespread school closures, affecting 2,694 students (1,520 boys, 1,174 girls) in Tahoua. Attacks by NSAG severely impact education, causing dropout and teacher departures. Girls face additional barriers due to early marriage, chores, lack of safety, as do children with disabilities due to inaccessibility and stigma. Children interviewed perceive formal education as “uncertain and challenging”. Furthermore, child labor is on the rise due to displacements and poverty, contributing to children abandoning school for income-generating activities: children engage in harmful activities, including agriculture, begging, carpentry, domestic labour and sexual exploitation. Child recruitment by NSAG is a central concern, particularly in Bangui. Repeated internal displacement of households due to conflict, NSAG attacks, climate hazards, food insecurity and economic challenges have exacerbated the risks of family separation. Armed conflicts and ethnic tensions in neighbouring Nigeria and Mali have also contributed to an influx of refugees and displaced persons, leading to the separation of children from their families. Due to the lack of protection actors in the region, UASC in Tahoua need special attention in terms of protection, access to education, healthcare and social services to ensure their well-being and protection, despite the complex challenges they face.

CP response in Tahoua is coordinated at the regional level, with CP and GBV clusters and government involvement. However, no structured CP services, including SGBV, are available in the targeted areas. Response services are very limited due to capacity and resource constraints and lack of protection actors. Particularly in Madaoua, high severity needs (level 5) arise due to limited access to services and security challenges. A mobile approach could be suitable, offering holistic protection and health services. Community-level CP mechanism are either inexistant or

very weak, requiring important material and technical support.

Rwanda has witnessed important influx in refugees over 2023 due the continuous instability within Eastern DRC. As of July 31st, 2023, Rwanda hosted 133,628 refugees and asylum seekers – 61% from DRC, 38% from Burundi. Durable solutions guide the refugee response, with a focus on voluntary repatriation. The Government of Rwanda officially accepted the application of the Comprehensive Refugee Response Framework (CRRF) in February 2018 and contributes to the progressive implementation of the Global Compact on Refugees. All operational responses are in line with this inclusive protection and solutions approach. The Government of Rwanda MINEMA (Ministry in charge of Emergency Management) and UNHCR, lead the refugee response in the country, providing direct operational support, capacity development, and technical advice to the local authorities. The Ministry of Foreign Affairs and International Cooperation (MINAFFET), Directorate of Immigration/Emigration, National Identification Agency (NIDA), and National Refugee Committee (NRC) are also involved in the refugee response.

Rwanda offers a generally favourable protection environment for refugees. There is a *de facto* right to work, open borders, and access to durable solutions (resettlement, local integration and return) is unhindered. However, despite the overall supportive environment, several challenges persist. Refugee children represent around 51% of the total population of concern and are also exposed to various types of risks, including child separation, SGBV, school dropout, child abuse and child labour: a total of 65,387 children are in need for protection in 2023 in refugee camps. Food rations cut since 2021 increased CP related risks. Adolescents, especially adolescent girls, have particularly suffered from this situation: a third of UAS girls aged 16-19 could not find caregivers. In the targeted camps, PI identified 438 (228 boys and 210 girls) UASC in need of support. There is a crucial gap in provision of adequate support to UASC e.g. support to reunification (full scope identification, documentation, tracing, and reunification). SGBV, a complex issue rooted in unequal gender norms and power relations, is also important risk identified in the targeted camps. Underreporting due to culture of silence, beliefs about intimate partner violence (which are seen as normal family matters) and fear of being exposed to the community contribute to impunity and further protection issues. Sexual violence and child marriage are particularly widespread in the camps, linked to teenage pregnancies. GBV prevention and response services are in place in all refugee settings, but integration of refugees into national GBV services is challenging as refugees may be deterred from reporting to One Stop Centres where they initially access services via the police. A strong attention to SGBV prevention, including SRHR components and empowerment strategies, is needed towards adolescents, especially adolescent girls. Despite the presence of many protection actors in the camps (including PI), key informants reported that some caregivers still consider some of their harmful behaviours as not problematic (e.g physical abuse and child neglect). Additionally, poverty further hampers the capacity of caregivers to provide adequate care and nutrition for their children, highlighting the need for economic support.

CP case-management capacity are carried out by implementing partners in refugee camps (CP officers, community mobilizers), who express important needs for increasing the capacity of case-management in terms of caseload, in order to support children and adolescents in need, including UASC and adolescents. SRHR and psychosocial support services, adapted to needs of children and adolescents, are still a challenge in both refugee camps and vulnerable host community settings in terms of access (distance). In particular, in refugee camps, none of the health services are adapted to children and adolescents. Partners responsible for implementation and program personnel highlight that comprehensive psychosocial assistance does not currently reach vulnerable adolescents, particularly those who are adolescent mothers or survivors of SGBV. At community level, while CBCPMs play a central role in CP-related response and prevention activities, they face a wide variety of challenges related to lack of budget and materials, including phones to enable reporting CP cases. Most of them also need capacity building on CP to be able to confidently identify and refer protection risks that drive CP and SGBV risks.

Uganda hosts the largest refugee population in Africa. As of April 2023, Uganda hosts 1,535,900 refugees, with South Sudan and Democratic Republic of the Congo accounting for 57% and 32% respectively. Women and children comprise 82% of the overall refugee population in Uganda. Most refugees are hosted in 13 settlements in the West Nile and Northern subregions (7) and the Southwestern region (5). Uganda's open and progressive refugee policy is currently under pressure as refugee-hosting areas are among the poorest and least developed areas of Uganda,

struggling with their own development challenges, including poverty and unemployment, deficits in human capital development, weak social service delivery, and limited access to basic infrastructure. As such, refugee and host community children continue to experience a range of protection risks, including child labour, child marriage, SGBV and neglect, with over 2.7 million children and caregivers need protection services according to UNICEF. In the Bidibidi settlement, 17,919 UASC, 3,322 children at risk and 1,095 children with specific legal and physical protection needs have been identified. Accessing key documents, including child birth certificates, remains an important challenge for refugees, which increases risks associated with registration, family tracing and reunification for children.

SGBV remains a major concern, with 83% of the host community caregivers reported violence against children compared to 68% of their refugee counterparts (REACH 2022). Yumbe district presents one of the highest adolescent pregnancy rates in West Nile sub region at 22%. The 2023 assessment confirmed that the prevalence of CEFM in Bidibidi settlement was high, with almost a third of the study population experiencing early marriage and pregnancy, and 86% of them experienced physical and/or sexual violence. SGBV cases are widely under-reported due to fear of reprisal and stigma. Cases of physical violence or attacks, revenge, isolations and psychological abuse of SGBV survivors are daily within refugee communities, with 37% respondents from Bidibidi settlement reporting this happening in their community (UNHCR assessment). Additionally, barriers in accessing support services due their quality, cost or distance further contributed to low reporting rates. Up to 41% children are out of school and only 2% of learners with a disability are enrolled in schools. School dropout was identified as a greater risk factor for girls compared to boys. 95% of adolescent girls in marriages or pregnant missed school due to sexual violence. Child labour was found to be widespread in Bidibidi settlement, with most children engaged in long hours of domestic work, farm work, transporting people (boda-boda) and other forms of child labour, including sexual exploitation and smuggling people at borders. Child labour was ranked as one of the major risks that children worry most about, and this occurs in both refugee and refugee-hosting communities in Uganda.

CP and SGBV prevention and response services in refugee and host communities in Uganda remain inadequate. Main protection stakeholders include service providers and duty bearers, among which local councils (LC) and Office of the Prime Minister (OPM) representatives have important power in ensuring that children and adolescents are protected. Representatives of the OPM oversee refugee settlement management and members of the Refugee Welfare Council (RWC) – they are both enablers and promoters of any action related to protection. Medical care providers are the frontline staff most likely to care for children and adolescents who experience injury, trauma, illness or SGBV (health). They are essential stakeholders of a protection action, as organizations refer children and adolescents to these services. The Child and Family Protection Unit of the Uganda Police Force (CFPU) is the main actor for providing legal services. Case workers and para-social workers are central protection staff that identify, assess, refer cases to adequate services and provide psychosocial support. There are important gaps in the number of services available, in addition to a lack of resources, materials and equipment. The needs assessment also revealed challenges related to negative attitudes and behaviours towards children and adolescents, particularly survivors of SGBV, during service delivery and language barriers. There is also a limited knowledge on the nature and quality of existing services to address SGBV against children, including referral pathways, and a lack of coordination of SGBV service partners, CP partners and service providers, in both refugee and host communities.

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

Children and adolescents, especially girls, from targeted communities, are exposed to protection risks, including SGBV, and need immediate life-saving protection response that is gender and age responsive. While each context presents specificities, children and adolescents, and especially girls and adolescent girls, face very similar challenges across responses.

Protection of children and adolescents challenges: As detailed in the section above, the 4 protection needs assessments converge towards the following exposures of children and adolescents. Many forms of violence against girls and boys are embedded in social and cultural norms and are further exacerbated by displacement and dire socio-economic living conditions:

- SGBV is one of the biggest threats to CP in all countries. Data available shows (cf. section

2.2) high prevalence of all types of SGBV in all countries, although reporting and prevalence are subject to cautious interpretation given the taboo and underreporting biases.

- Child marriage is a major protection risk, with a particularly high prevalence in Niger (76%), Mali (54%) and Uganda, particularly among refugees in Bidibidi settlement (75%), closely linked with a high rate of teenage pregnancy, school-dropout and intimate partner violence.

- Child labour prevalence is particularly high in Niger (80%), Mali (82%) and Uganda (26%). In Niger and Mali, the recurring crises push children out of school and into harmful strategies, e.g. child labour, increasing protection risks. The most common forms of child labour reported are trade, farming and livestock, domestic work, wood collection and begging. In Bangui, Niger, children are particularly exposed to the risk of enrolment with NSAG. In Uganda, this is a significant concern among refugee and host communities, with a considerable number of children engaged in domestic work, farming, and risky activities like sexual exploitation and smuggling.

- School dropout is a major issue facing children and adolescents in Niger and Mali in particular, due to school closures caused by conflicts. In Uganda and Rwanda, school dropout is due to COVID-19 impacts, with a high number of children and adolescent not returning to school after the pandemic. Moreover, school dropout risks are closely linked with child marriage, teenage pregnancy and child labour for girls; with child labour for boys.

- The presence of UASC is reported in all countries. In Mali and Niger, family separation is linked to multiple displacements. In Rwanda, a third of UAS girls aged 16-19 could not find caregivers due increased food insecurity in the settlements. UASC are particularly vulnerable to neglect, abuse, violence, increased poverty, and exposure to exploitation. The UASC often find themselves in a dire and stressful economic situation, and thus adopt negative coping strategies to meet their basic needs. Even when taken care of by foster parents, UASC report having to beg, fetch food and other sources of revenue in the nature, resulting in protection risks (harassment, assault, separation) as the distances are long.

- Psychosocial support is needed across all three targeted areas as a major CP concern, as triangulated by all sources of information. However, services that are adapted to needs of children and adolescents are still a challenge in both refugee camps and vulnerable host community settings in terms of access and quality. In Kita and Tahoua in particular, children and adolescents who have experienced distress and trauma lack any access to psychosocial support due to lack of protection actors in the regions.

- Service provision is weak and acts as an aggravating factor of protection vulnerability. The high prevalence of violence against children, including SGBV, in the context of forced displacement has been linked to the breakdown of protective mechanisms and support networks, post-traumatic stress following experiences of violent events, changing gender roles, inadequate access to basic services, limited access to economic and livelihood opportunities, and pre-displacement prevailing harmful gender norms. Data across three targeted areas converge to show that harmful gender norms, stereotypes, including regarding women and girls reporting SGBV, support harmful practices and act as the main risk factor for violence against children and adolescents, especially girls', rights. Moreover, denial of resources such as food, household items, money, limited access to post-primary education and livelihood opportunities act as aggravating factors in the incidence of SGBV in refugee settings.

- Children with disabilities are, across all settings, exposed to several types of protection-related risks. The major protection risks for CWDs are physical abuse, poverty, emotional abuse, school dropout, neglect, SGBV and limited access to social services.

Link to the action and response strategy: Through this Programme, PI aims to prevent protection risks and address the needs of children, adolescents and youth affected by the humanitarian crises in Mali, Niger, Uganda and Rwanda, with a focus on CPiE and a strong attention to prevention and response to SGBV. Using PI's "*Adolescents in Crises Programme Toolkit*", the Programme, implemented with PI Mali, PI Niger, PI Uganda and PI Rwanda, will adopt age and gender-responsive packages of protection services, with special attention to girls and at-risk adolescents. This will ensure that children and adolescents and their communities living in refugee, IDPs settings or vulnerable host communities, receive relevant, timely, quality, empowering and inclusive humanitarian assistance.

PI's response strategy is holistic: it responds both to the immediate needs of children and adolescents, with life-saving services of protection, while also working with key target groups

(primary duty-bearers, i.e. caregivers, secondary duty-bearers, i.e. community members, local authorities, and service providers). The approach ensures a nexus-oriented programme and a strong focus on building local capacities, which promote an enabling and protective environment for children and adolescents affected by the humanitarian crises. CP services will be delivered by trained and skilled case-workers, to identify and provide quality and relevant protection support to children and adolescents most vulnerable (including children and adolescents survivors of SGBV, UASC, children at risk), material support to adolescents and / or their caregivers. Cross-cuttingly, a strong attention to SGBV prevention and empowerment strategies will be implemented, towards adolescents, especially adolescent girls. The response will emphasize support to girls and adolescent girls safe spaces, for dialogues, information and access to services is delivered, and leadership and empowerment programmes are implemented, as girls of all ages expressed the desire to gain life skills through mentor engagement, education on SRHR and to develop financial skills and IGA. PI's response hence ranks high on the Gender and Age marker.

PI's material assistance strategy. PI will implement a protection vulnerability-based material assistance throughout the response, that will be tailored to each context. It takes the form of two main channels, based on lessons learnt of past humanitarian programs.

(1) PI will implement a mix assistance to children and adolescents' survivors and children and adolescents in need for immediate life-saving assistance and access to basic essential services, comprising in-kind support, cash or voucher support, as part of the case-management provided by PI staff. This includes covering for access to cost services, transportation, medicines, essential NFIs or food. This assistance is contextualized to each response, in line with the sector's guidelines and coordination mechanism (R2A3).

(2) PI will implement a cash-plus approach as a CP flexible assistance to UASC and adolescents, through their caregivers or directly if they are of age and if the country legislation allows. Foster families need material support to provide quality care for children and adolescents, while PI has to prevent protection risks and exploitation risks from foster families towards UASC and adolescents (pulling factors, incentive for separation to receive material assistance). As a result, the assistance modality envisioned by PI is a package of services including a mix of cash and in-kind assistance, based on risks, feasibility, markets availability and functioning; foster families will receive instalments, specific to each response, to ensure that it is coordinated with other protection actors and agencies providing cash and voucher assistance. A light conditionality, acting like a nudge, will be part of the package, that is ensuring that foster families' members attend parenting sessions. In addition, the close follow-up undertaken by case workers will pay attention to children and adolescents well-being within foster families. If case-workers identify breaches in the protection of children, the Best Interest Assessment (BIA) will be undertaken and the cash support will stop.

3. HUMANITARIAN ORGANISATION IN THE INTERVENTION AREA

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

PI is a global organization that strives for all children to have the opportunity to lead, learn, decide and thrive by following a rights-based and gender-transformative approach, working with communities to address immediate needs of children, adolescents and youth, especially girls and young women, influence negative gender and social norms, legal and policy frameworks that hinder children's full potential; in the 4 countries, PI works with a dual mandate – humanitarian and development, that allows the interventions to respond to nexus needs, and ensures PI's projects address both refugee and IDPs needs as well as host communities where PI has been operating for decades. **Mali:** PI has been operating in Mali since 1976; since 2013 PI runs holistic programs responding to the humanitarian strategy in country, with operational presence in Kita. PI Mali's CPiE country strategy is centred around the application of CP minimum standards (CPMS) and focuses on community-based approaches through the strengthening of community capacities to prevent child abuse and ensure rapid, quality support through an appropriate case management process. **Niger:** PI has been present in Niger since 1998 and is currently active in all eight regions of the country. PI's Tahoua office was established in 2018 in response to the security crisis that resulted in the closure of schools in the region. PI's humanitarian portfolio is in

Tahoua, Tillaberi and Diffa, where PI implements CPiE (incl. SGBV), EiE, and resilience and social cohesion programs. PI has developed an expertise in Niger on triple nexus. PI's long-term presence in communities affected by the humanitarian crisis ensures a relationship of trust with these communities. **Rwanda:** PI has been operating in Rwanda since 2007, intervening in the sectors of CP and SGBV, SRHR, empowerment of adolescent girls, nutrition, and livelihoods support. PI's refugee response program strategy focuses on Congolese refugees in Nyabiheke, Gihembe, Kizibe, Kigeme and Mugombwa camps and also includes programming for Burundian refugees in Mahama camp. To effectively serve the refugees, PI has established offices in the refugee camps, becoming the designated partner for UNHCR concerning CPiE and GBV in Rwanda since 2014. Additionally, PI has collaborated with the WFP in jointly implementing nutrition initiatives. These efforts encompass education and counselling programs in all six refugee camps and the surrounding host communities, aiming to improve the nutritional well-being of children under 5, adolescent girls and boys, and pregnant and lactating women. Furthermore, PI works on enhancing refugee communities' access to income sources and promoting food diversification. **Uganda:** PI started working in Uganda in 1992, being registered with the Ministry of Internal Affairs and working since then alongside communities on advancing children's rights and gender equality. PI has started working in West Nile region in 2017 to support the response to the humanitarian crisis triggered by the influx of South Sudan refugees and provide nexus approaches in vulnerable host communities. Current projects within West Nile focus on CPiE, EiE, SRHRiE and CVA, leveraging PI's global expertise in the humanitarian context. Plan is a key CPiE partner of UNHCR in the provision of services to children and adolescents at risk in the West Nile sub region, including through case-management.

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

In Uganda and Rwanda, PI will build-on the project "Building Resilience and Protection of Children, Adolescents and Youth living in Refugee Camps, Internally Displaced Settlements and Vulnerable Communities", funded by DGD and ending in October 2023. The proposed action will target the same refugee camps and hosting communities in both countries. PI will build on the results and lessons learned of the programme to strengthen its gender and age responsive CPiE strategy. Moreover, the Programme is completing the following projects: **Mali:** (1) "Meeting the critical SGBV needs exacerbated by COVID-19 for Kayes communities", funded by DGD and ended Jun. 2023, contributed to strengthening the protection of girls and women against SGBV in Kita. The proposed project is targeting the same region, building on its achievements and benefiting from tools and expertise developed. (2) "Promoting Community Initiatives for the Abandonment of FGM/C in Mali" funded by PI Germany and ending in Dec. 2023, mobilising community-based actors to drive mass awareness raising and advocacy to end FGM, and providing holistic support to survivors of FGM. It will complement the awareness raising and advocacy under the proposed project, by targeting different communities. **Niger:** (1) "Girls Not Brides" funded by NRK TV and PI Norway - ending Dec. 2025, focusing on ending child marriage and (2) "PAQUES" funded by Education Cannot Wait - ending Dec. 2023, addressing the issues of access and quality of education for all vulnerable children and adolescents in crisis-affected areas through the implementation of a package of integrated interventions. The proposed action will complement these projects by targeting different communities and leverage the strong presence and knowledge of the regional team. **Rwanda:** (1) "Sustaining CP Programs in 5 DRC Refugees Camps in Rwanda" is a UNHCR and PI Belgium-funded action, covering 5 refugee camps and running until Dec. 2023, strengthening CP capacities and knowledge at community level. The proposed intervention is designed based on the gaps within the protection sector and specific activities implemented through UNHCR-funding. PI will ensure activities and a list of beneficiaries are shared every month to prevent any potential conflict/overlap with the project team both at PI and UNHCR. (2) "Social and Behaviour Change Communication for Nutrition (SBCC/N)" is a WFP and PI Canada funded project covering 5 refugee camps and hosting districts ending Jun. 2024, improving the nutritional status of women, adolescent boys and girls, and refugee children under 5 in the five selected refugee camps and five hosting districts. The proposed action will complement the nutrition-oriented objectives of the project by rolling out PI's Parenting Under Pressure (PUP) toolkit, will complement the WFP-funded action, during the

overlapping period, and benefit from learning, identification of gaps of the WFP-funded action. **Uganda:** (1) "Adolescent Girls in Crisis (Phase 2)", funded by DFAT-Australia and ending Jun. 2025, strengthens access to adolescent-responsive SRHR and protection services for adolescent girls and young mothers and promotes equal rights and opportunities for them. The proposed action will benefit from this project in terms of toolkits rolled out, expertise and developed modules for training. (2) "Girls Get Equal", funded by NORAD - ending Dec. 2024, focuses on reducing the prevalence of child early and forced marriages. It will complement the case management services under the proposed project. (3) "GREP-WN" funded by ECW - ending Dec. 2023, (4) "Rising" funded by Educate A Child - ending Dec. 2025, and (5) "SPIN" funded by private donors – ending Jun. 2024, all increase access and retention to inclusive and gender transformative education and training opportunities. The proposed action will complement these projects with protection actions. **All countries:** No funding request are submitted to other donors in the same locations in all 4 countries. It is important to note that PI and MdM have worked together on the design of the logic of intervention in Niger and in Mali; both organisations will work closely together in providing quality and relevant services to beneficiaries, all along the referral pathway. This partnership is based on the fruitful collaboration established in Tillaberi, Niger, under a DG ECHO-funded project that supports the access of children, adolescents and adult survivors of SGBV, with comprehensive care, including an age and gender-responsive medical care.

4. OPERATIONAL FRAMEWORK

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

Mali: Communes of Badia, Benkadi Founia, Kita Ouest, and Kita (Cercle de Kita, Region of Kayes). **Niger:** Departement of Birni N'Konni and Madaoua (Region of Tahoua). **Rwanda:** Nyabiheke Camp (Gatsibo District, Eastern Province), Kigeme Camp (Nyamagabe District, Southern Province), Mugombwa Camp (Gisagara District, Southern Province) and Kiziba Camp (Karongi District, Western Province). **Uganda:** Bidibidi Refugee Settlement (Yumbe District in West Nile sub region in Northern Uganda). Maps of the exact locations are provided in Annex.

4.2. **Beneficiaries**

4.2.1 **Total number of direct beneficiaries:**

77.817 beneficiaries are expected to benefit from the action – 9.820 members of vulnerable host communities and 328 IDPs from Kita in Mali; 5.286 members of vulnerable host communities, 1.480 IDPs and 1.490 refugees from Birni N'Konni and Madaoua in Niger; 36.368 refugees and 17.401 members of vulnerable host communities in Rwanda; 3.951 refugees and 1.693 members of vulnerable host communities in Yumbe in Uganda.

4.2.2 **Specificities of the direct beneficiaries:**

The beneficiaries of CP services will be children aged 0-18 years in both refugee, displacement and host community settings. Adolescent girls (10-14 and 15-18 years): In a humanitarian context, SGBV is mainly associated with violence against girls, adolescent girls and women and harmful acts. It is therefore a matter of targeting adolescent girls at risk of SGBV and other protection-related issues as a priority. As outlined in the need assessment reports, the protection needs of adolescents are strongly correlated with gender and age range. Child and Adolescent Survivors. As part of the project, children, adolescents and young survivors will have access to psychosocial support and will be referred to health structures and specialized medical services accordingly with the SoP and Caring for Child Survivors Guidelines. UASC: Children separated from their parents and other members of their families following population displacement are among the most vulnerable populations in humanitarian crises.

In addition, the following target groups, identified in the stakeholders analysis, will be involved in the implementation of the action, and targeted by dedicated activities, to ensure that as duty-bearers, they contribute to a more protective environment for children, adolescents and youth; they are parents, foster parents and caregivers of children and adolescents, community actors (such as members of the CBCPMs, refugee leaders), and local authorities and service providers dealing with CP-related issues at different levels.

4.2.3 Mechanisms and criteria for the identification of the direct beneficiaries

The targeting strategy will rely on objective protection vulnerability criteria, set-up jointly with CBCPMs. Preliminary targeting mechanisms consider the most acute vulnerabilities affecting children and adolescents, including prevention and response to separation and other life-saving protection services. UASC and other vulnerable children will benefit from case management support, and a package of services that correspond to their needs. All children and adolescents aged 0-18 from targeted areas will benefit from recreational activities and psychosocial support provided in CFS, including via mobile units (Niger). Girls and adolescent girls will benefit from access to safe spaces (AGSS). Direct beneficiaries will also include children and adolescents from refugee, IDPs and host communities who will benefit from sensitization and advocacy messages related to CP and gender equality. Their caregivers, members of their household, members of the community will also be targeted by sensitization activities. Parents and caregivers targeted by parenting sessions and material support will also be selected based on clear vulnerability criteria. Support will in priority be provided to parents and caregivers caring for children with protection-related needs: children living with disabilities, UASC, child and adolescent survivors of SGBV.

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

In Mali and Niger, the assessments conducted in targeted communities enabled PI staff to consult with affected populations (potential beneficiaries and stakeholders) to understand their specific needs and constraints, and to discuss the preferred modalities of assistance, to ensure that they meet their priorities and preferences. In Rwanda and Uganda, the DGD 2021-2023 funded Programme has provided avenues to seek engagements with beneficiaries through reflection meetings, monitoring visits, surveys and research. Through this approach, community members - children, adolescents and parents and caregivers - have made different asks that informed the design of proposed action. Specific consultations have also been held with project stakeholders, including community structures, Government, UN and implementing agencies. As such, the proposed action builds on the positive engagement of these key stakeholders, supported by the longstanding relationship between PI and such groups. Their ownership of the project is a prerequisite for acceptability, connection with larger-scale initiatives, durability of the action and social cohesion between refugees, IDPs and host communities.

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

Other potential beneficiaries include members of communities where the action is implemented. Considering catchment areas, the programme can impact 174.193 indirect beneficiaries – 25.948 in Mali, 13.541 in Niger, 106.484 in Rwanda and 28.220 in Uganda.

4.2.6 Direct beneficiaries by sector

Sector	Number of beneficiaries		
Protection	77.817		
Beneficiaries	Number (#)	Women	Men
Infants and young children (0-59m)	10.314	50%	50%
Children (5-17y)	28.826	51%	49%
Adults (18-49y)	33.830	57%	43%
Elderly (>= 50y)	4.847	61%	39%

4.3. Objectives, outcomes and activities

4.3.1. Operational overview of the action: logical framework² (3 pages maximum)

Title of the action	PROACT: Promoting Resilience Of Adolescents and Children in Crises Together			
Main objective	All children affected by emergencies are protected from violence, abuse, neglect and exploitation through appropriate prevention and response interventions in line with the Minimum Standards for CP in Humanitarian Action			
	Intervention logic	Objectively verifiable indicators	Verification sources	Risks and assumptions
Specific objective	Children and adolescents are protected from violence, abuse, neglect and exploitation, and survivors have access to quality protection services and psychosocial support	% of children, adolescents, parents and caregivers reporting that CP in emergency services are safe, accessible and participatory. Baseline ³ : TBD. Target: 80%. % children and adolescents who report an increased sense of safety and well-being after engaging in PI's activities. Baseline: 0%. Target: 60%.	Baseline; bi-annual assessment and endline (surveys, FGD, consolidated reports from child-centred feedback mechanisms) Baseline and endline (surveys, FGD)	<u>Risks</u> • Engagement with children, adolescents, youth and adult beneficiaries, their communities and other stakeholders can expose them to risks of abuse and other safeguarding issues; • Distribution of cash and voucher, food and NFIs, and provision of direct services to beneficiaries comes to similar PSHEA and safeguarding issues • Due to political instability, border closures, import/export and port restrictions, fuel and commodity price fluctuations, and reduced commercial aviation and shipping operations affect the ability of partners to contract commercial service providers.
Outcome 1	Children and adolescents, particularly girls, have access to information, resources, and services that build their safety and resilience	% of children and adolescents who demonstrate knowledge of CP risks and behaviours. Baseline: TBD. Target: 70%.	Baseline and endline (survey using PI standard CP tools)	
% of girls and adolescent girls surveyed that report improved agency and self-efficacy. Baseline: 0%. Target: 60%.		Baseline and endline (survey using Self-efficacy Scale)		
% of target girls and adolescent girls who report having access to safe, inclusive and accessible safe spaces. Baseline: TBD. Target: 70%.		Baseline; bi-annual assessment and endline (CFS register, FGD, consolidated reports from child-centred feedback mechanisms)		
Outcome 2	Children and adolescents receive gender and age-responsive psychosocial support	% of identified CP cases, including survivors of SGBV, who needed mental health and psychosocial support and report receiving it. Baseline: 0%. Target: 70%.	Pre and Post intervention assessment (Survey; Case File Audit; Case Management Monitoring Tool)	<u>Assumptions</u> • Beneficiaries and target groups are willing to
		% of children and adolescents who report satisfactory protection service provision that is non-discriminatory, timely, age/gender appropriate and meets their needs. Baseline: TBD. Target: 80%.	Pre and Post intervention assessment (Client Satisfaction Survey)	

² This table must provide a comprehensive general overview of the different elements of the action. It will contain only concise information on the results and the activities. Any changes made to the logical framework at the interim or final report stage will be communicated.

³ Baseline surveys will be conducted in all countries to assess the baseline values of the indicators. Baseline values are set at 0 if the definition of the indicator requires it, or at TBD if unknown.

Outcome 3	Community-level actors, parents and caregivers support at-risk children and adolescents, and drive community-action to promote equality for girls	% of targeted CBCPMs that are functional and actively identifying, reporting, referring, and following-up on CP cases. Baseline: TBD. Target: 90%.	Baseline and endline (survey using PI standard CP tools)	participate to the activities and are not targeted <ul style="list-style-type: none"> • Key stakeholders in the refugee settlements, IDP sites and host communities support the project; • Markets are functioning • Collaboration and coordination with humanitarian actors, international donors, local authorities and technical services remain positive • International humanitarian actors are well accepted by local communities • The security context remains stable to allow unhindered humanitarian access and project implementation • The influx of refugees and IDPs remains stable in the targeted area
		% of trained parents and caregivers who demonstrate an increase in knowledge, skills and/or confidence in CP and positive parenting. Baseline: 0%. Target: 60%.	Pre and Post training tests (survey using PI standard CP tools)	
		% of targeted men, including husbands, fathers and traditional and religious leaders, who report positive attitudes towards gender equality and adolescent girls' empowerment. Baseline: TBD. Target: 50%.	Baseline and endline (GEM Scale questionnaire)	
Outcome 4	Service providers have the capacity to continuously deliver gender and age responsive services that are provided in line with humanitarian standards and principles	% of trained staff of CP service providers who demonstrate key competencies required to identify and respond to cases of CP, including SGBV. Baseline: TBD. Target: 80%.	Pre and Post training tests (survey using PI standard CP tools)	
		Number of advocacy initiatives carried out with the active participation of children and adolescents. Baseline: 0. Target: 11.	Endline (Activity reports; Events' Attendance list; Events's pictures and videos)	
Outcome 5 (CM)	Disaster-affected children, adolescents and their families have rapid access to life-saving assistance in the immediate aftermath of a shock (crisis modifier)	Average number of days between crisis and response. Baseline: 0. Target: 3.	Endline (Activity reports)	
		Number of people assisted through crisis modifier activation (disaggregated by gender and age). Baseline: 0. Target: TBD.	Endline (Activity reports; Distribution lists; participants list; Survey)	
Activities	R1A1: Establish or rehabilitate child-friendly spaces (CFS) and adolescent girls safe spaces (AGSS) run by women			
	R1A2: Organise recreational and awareness activities for boys and girls in CFS and AGSS			
	R1A3: Organise life skills sessions and peer group activities for adolescent girls and boys			
	R1A4: Facilitate economic and financial skills development for adolescents, particularly girls, at-risk or survivors of violence, abuse and neglect			
	R1A5: Support adolescents, particularly girls, at-risk or survivors of violence to develop income generating activities			
	R2A1: Conduct or update a mapping of CP and SGBV services in the target communities			
	R2A2: Provide psychosocial support to children and adolescents at-risk or survivors of violence, abuse and neglect, including SGBV and UASC cases			
	R2A3: Distribute voucher, cash and in-kind assistance for CP cases, according to protection vulnerability criteria			
	R2A4: Identify and train foster caregivers for UASC placement			
	R3A1: Conduct participatory child-focused protection risks assessment and develop safety plans to address risks identified			
	R3A2: Establish and strengthen CBCPMs			
	R3A3: Support CBCPMs to implement recommendations from safety plans			
	R3A4: Deliver parenting programmes to equip caregivers with tools to practise self-care and positive parenting skills in			

crisis settings	
R3A5: Provide economic assistance package for vulnerable caregivers to prevent and respond to CP risks	
R3A6: Support adolescent and community-led awareness-raising and sensitization on CP and SGBV	
R4A1: Strengthen the capacities of service providers on quality, confidential, and safe gender and age-responsive case-management services	
R4A2: Train local authorities and government officials on CP, safeguarding, gender equality, and harmful practices	
R4A3: Strengthen the referral pathways for CP cases, including SGBV	
R4A4: Develop influencing initiatives with children and adolescents to advocate for CP and girls' equal access to humanitarian assistance	
R5A1: Rapid needs and risks assessment for crisis modifier activation	
R5A2: Deployment of emergency aid for children, adolescents and populations affected by sudden-onset crises	
	<p><u>Prerequisites</u></p> <ul style="list-style-type: none"> • Conflict being exacerbated by the crisis; new conflicts/internal violence and criminality may arise; it acts as a push-factors for forced displacements in Sahel affecting Mali and Niger; • The Ugandan and Rwandan asylum policy remains protective and inclusive; • Governments not effect changes in policy in relation to participation of CSOs in humanitarian affairs.

4.3.2. More detailed information per outcome

4.3.2.1. Outcome 1: Children and adolescents, particularly girls, have access to information, resources, and services that build their safety and resilience

4.3.2.1.1. At the proposal stage

- **Sector:** Protection. **Related sub-sector:** Prevention and response to violence, Gender based violence (Prevention, response, other)
- **Beneficiaries :** 24.724 beneficiaries (15.091 refugees, 604 IDPs, 9.029 host)
- **Indicators for this outcome:** PI's outcome indicators level of Protection from violence results framework; Girls' empowerment measurements
- **Outcome-related activities:**

R1A1: Establish or rehabilitate CFS and AGSS run by women: **Mali:** The project aims to equip and rehabilitate 12 AGSS set-up in Kita through the project funded by DGD and to establish 5 new CFS. The safety and suitability of the locations for CFS/AGSS are crucial, with rehabilitation tasks including repairs, security installations, separate latrines, and play areas. 35 community animators will be trained and will be responsible for psychosocial support and activities in CFS/AGSS. **Niger:** The project will equip and build fixed CFS in 2 sites within Konni; and set-up 1 mobile protection unit for Madaroua. These spaces will provide psychosocial support and case management for children and adolescents in the region, addressing their protection needs. The mobile unit will be deployed in collaboration with MdM, with joint travels and a shared schedule to provide a holistic response to CP and SGBV in hard-to-reach villages in 4 sites. PI will deploy its protection teams while MdM will deploy health staff. PI Niger will recruit and train 7 CFS animators for both fixed and mobile CFS, who will provide age and gender-responsive psychosocial and recreational activities for vulnerable children and adolescents. 5 community volunteers will also be engaged to support mobilization efforts. **Rwanda:** PI will continue using the 4 CFS established through the DGD-funded 2021-2023 programme and will equip them with stationeries and materials. 248 mentors and community mobilizers will receive refresher training in CP, psychological first aid (PFA), safeguarding, and PSHEA, as well as SRHR. **Uganda:** PI will equip and carry out repairs and maintenance in the 5 CFS established through the DGD-funded 2021-2023 programme. 25 CFS animators will receive refresher trainings and will continue to deliver psychosocial support in CFS through structured activities. **In all countries,** PI will establish child-friendly complaint and feedback mechanisms within CFS and AGSS. **R1A2: Organise recreational and awareness activities for boys and girls in CFS and AGSS:** **Mali:** Recreational activities for psychosocial care of 4250 vulnerable children aim to foster resilience and well-being and will be carried out by 35 animators. Community-led activities in safe environments will provide opportunities for play, skill-building, and social support. Intergenerational dialogues on CP, girls' rights, gender, SGBV and SRHR will also be organised with 2,000 children, adolescents, caregivers and community members. 24 dialogues will facilitate cross-generational discussions on harmful gender norms and SGBV. **Niger:** Recreational activities for 2,424 vulnerable children and adolescents (aged 6-17) in fixed and mobile CFS aim to enhance their psychosocial well-being and resilience through structured community-led activities in safe and stimulating environments. Separate age and gender groups will engage in informative sessions, peer interactions, confidence-building activities, and parent feedback. Non-mixed safe spaces for girls and adolescents within CFS will provide dedicated recreational activities, fostering safe environments for dialogue, participation, and leadership skill development. Sessions focus on empowerment, women's rights, and SRHR. 3 community mobilizers oversee the activities facilitated by the CFS animators. **Rwanda:** Community mobilizers will organize age-appropriate recreational activities for 12,000 children, enhancing their cognitive, social, and physical development. Tailored activities for 2,400 vulnerable girls and adolescent girls, coupled with the distribution of dignity kits for those in need, will be organised by AGSS mentors in the safe spaces. Audio-visual sexual and reproductive health and rights messages will be co-created with adolescent girls to promote awareness, engaging

digitalization and meaningful participation. **Uganda:** PI will involve CFS animators, community leaders and CBCPMs in the implementation of CFS activities for 1000 children. Interagency training materials for CFS implementation will be utilized in the design of CFS activities. Separate sessions will be organised for adolescent girls and boys. The CFS will have children leaders formed in each CFS to create a support network amongst children and also to ensure the voices of the children are heard. **R1A3: Organise life skills sessions and peer group activities for adolescent girls and boys:** **Mali:** PI will set-up non-mixed adolescent groups for boys and girls (10-14 and 15-17 years) to develop life skills of 100 boys and 340 girls. Contextualised PI "*Adolescents' life skills*" modules will be deployed, with a focus on positive masculinities for boys, and on girls' rights and SRHR for girls. SRHR sessions will be delivered in collaboration with Mdm medical staff, and all trained girls will receive dignity kits based on needs identified. **Niger:** Non-mixed clubs for girls and boys (10-14 and 15-17 years) will be established in all targeted communities, targeting 2,688 adolescents (50% girls). Clubs will receive life skills training using contextualised PI modules, including sessions on CP, GBV, SRHR, gender equality, financial education, community engagement and media usage for awareness raising. SRHR sessions will be carried out in collaboration with MDM medical staff. Clubs will create CP action plans addressing protection risks, and will receive kits and guidance to implement those plans. Close coordination will ensure synergy with CBCPMs' action and involvement of local authorities will ensure buy-in. **Rwanda:** Building on the previous DGD-funded 21-23 Programme, PI will continue utilising BLOOM and Champions of Change (CoC) modules to strengthen socio-emotional skills, gender equality, and violence prevention for 800 children and 1,400 adolescents (50% girls). Bi-annual peer exchanges and dialogues led by trained children and adolescents will be organised to boost their confidence, resilience, enhancing learning on difficult topics and develop actions for protective community environments. Refresher ToT, stipends and visibility materials will be provided for 120 mentors (60 CoC & 60 BLOOM mentors) who will be empowered to facilitate the trainings for children and adolescents. **Uganda:** PI will equip 100 children and adolescents with knowledge on basic CP, reporting, referral and access to protection services. This will create a peer support network between children while building skills on how to protect themselves. 250 adolescent girls will receive tailored sessions on SRHR using CoC modules and trainings on life skills using *Parenting and Adolescent Life Skills* (PALS) modules. Those in need will receive MHM kits that are part of the items to equip the CFS. **R1A4: Facilitate economic and financial skills development for adolescents, particularly girls, at-risk or survivors of violence, abuse and neglect:** **Mali:** PI will conduct a market assessment to identify promising sectors and will train 80 highly vulnerable adolescents (16-17 years), in economic and financial skills with a focus on financial management, accounting, bookkeeping, presentation, networking, and sharing experiences among peers to enhance their economic resilience and self-sufficiency. **Niger:** As part of the training sessions organised for girls' and boys' clubs (R1A3), 2,688 adolescents (50% girls) will receive training in economic and financial management of IGAs. **Rwanda:** YSLAs established through the DGD-funded 21-23 Programme will receive financial skills knowledge support on a needs basis during YSLA meetings (R1A5), facilitated by BLOOM and CoC mentors under the supervision of our community engagement staff. **Uganda:** 75 vulnerable adolescent girls (in particular survivors of SGBV, teenage mothers and pregnant girls), will be trained, equipped, and supported using YSLA and Enterprise Your Life Model (EYL) modules for youth economic empowerment. The business skilling will involve a needs assessment to ascertain viable businesses that the at-risk adolescents prefer to be trained on. **R1A5: Support adolescents, particularly girls, at-risk or survivors of violence to develop income generating activities:** **Mali:** 80 vulnerable adolescents will receive a support package to set-up IGAs. They will receive training in economic and financial management and networking (R1A4), and financial support to start their IGA. To ensure the sustainability of the action, they will be put in contact with the government technical services who will provide mentoring. **Niger:** In order to mitigate violence's impact on survivors and negative coping mechanisms for vulnerable adolescents, 150 adolescents will receive a support package,

including training in economic management, networking (R1A4), and kits to start IGAs. Vulnerable SGBV survivors (R2A2) will be prioritised for this activity. **Rwanda:** Existing YSLA and new ones formed through their own initiative will benefit from cash injections to support the kick off of their chosen IGA. The groups will continue to be accompanied and mentored by PI's Community Engagement Officers who trained them on the YSAL model. **Uganda:** After training (R1A4), at-risk adolescents be grouped in 5 YSLAs and receive a business start-up kit per YSLA to enable them to start their IGA. The 75 girls will also be encouraged to save funds from their IGA to procure more of the items for business skills so that each individual can have their own kit. In order to support the adolescents and improve their savings, community-based trainers will provide continuous mentorship and monitoring to the YSLA groups.

4.3.2.2. Outcome 2: Children and adolescents receive gender and age-responsive psychosocial support

4.3.2.2.1. At the proposal stage

- **Sector:** Protection. **Related sub-sector:** Prevention and response to violence, Support to separated and unaccompanied children, Gender based violence (Prevention, response, other).
- **Beneficiaries:** 18.061 beneficiaries (16.009 refugees, 180 IDPs and 1.872 host)
- **Indicators for this outcome:** PI's outcome indicators level of CPIE results framework; CPMS Indicator
- **Outcome-related activities:**

R2A1: Conduct or update a mapping of CP and SGBV services in the target communities: **Mali, Niger and Uganda:** PI will carry out a mapping of formal and informal CP and SGBV services in the targeted communities in. The mapping will be printed and disseminated, to ensure better coordination and support of survivors by service providers. In **Rwanda** this activity will not be conducted as the mapping realised during DGD-funded 21-23 programme is up to date and will continue to be used throughout the proposed action.

R2A2: Provide psychosocial support to children and adolescents at-risk or survivors of violence, abuse and neglect, including SGBV and UASC cases: PI's case workers and community volunteers will be trained and will provide urgently needed, quality child and adolescent-centred and gender-responsive case management services. CP cases will include survivors of SGBV and UASC. PI will prioritize identification, assessment, establishment of case plan and close follow-up of children and adolescents at risk or presenting protection-related needs until case closure, aligned with CPMS guidelines for the case management steps and country SoPs. Based on the individual vulnerability assessment and the case plan, PI will implement a package of protection services as part of the case-management, comprising: direct psychosocial support, referral to service providers, support to access referral services, and mixed assistance, composed of both cash and in-kind assistance, on the basis of identification by case-workers (R2A3). In **Mali**, 2 case-workers will ensure the case-management of 100 cases, including UASC. In **Niger**, 5 case-workers, supported but 2 Case-workers' supervisors, will manage 350 cases, including 50 UASC. In **Rwanda**, 5 CP officers will provide case management for 800 CP cases, including 600 UASC, supported by 100 Community Mobilisers, who will help in daily follow-up of child protection cases at community level in refugee camps. In **Uganda**, a team of 10 case-workers will identify and closely follow-up 1,256 cases, including UASC, over the course of the project. **R2A3: Distribute voucher, cash and in-kind assistance for CP cases, according to protection vulnerability criteria:** Before any CVA and in-kind assistance intervention is implemented, PI staff and key stakeholders will be trained on CVA methodologies and a CVA risk analysis will be completed. Awareness raising will also be conducted with community members on the purpose of the CVA, target beneficiaries, monitoring and feedback mechanisms to ensure social cohesion and prevent sexual exploitation and abuse (SEA) linked to distributions. Post distribution monitoring will be systematically conducted and findings disseminated to inform the next distribution. **Mali:** Under the scope of case management (R2A2), PI will cover the cost of referral for the 100

CP cases. Additionally, 400 children will be supported to obtain birth certificates, as those children live without a legal identity, which has serious consequences for their rights and protection (lack of access to services, failure to send children to school, child marriage, etc.).

Niger: Under the scope of case management (R2A2) and through best interest procedures (BIP) done for 350 CP cases, PI will cover the cost of referral and provide vouchers for non-food items (NFI) for a value of 30€ (1 instalment) to vulnerable survivors to meet their needs. 50 UASCs will additionally receive 6 food-vouchers of a value of 30€ each to support their placement in foster families. **Rwanda:** Under the scope of case management (R2A2) and through BIP done for 800 CP cases, including 600 UASC, PI will provide material assistance to survivors in need. The material assistance will consist of NFIs (body jelly, plastic shoes, mattresses, sanitary pads, buckets, etc) as well as food items (rice, porridge, maize, maize flour, beans sugar, cooking oil, etc). **Uganda:** PI will provide cash assistance to 1,256 children under case management (R2A2) and 419 very vulnerable children outside case management (teenage pregnant girls, child parents, children with critical medical condition, girls at risk of being married, etc) to meet their protection needs and promote social cohesion. The amount (46 €) to be distributed will be in 2 instalments, guided by the household MEB shared by WFP. **R2A4: Identify and train foster caregivers for UASC placement:** Through the case management process (R2A2), PI case workers will ensure the holistic care of UASC through identification, psychosocial support, documentation, family tracing and support to family reunification in coordination with the key stakeholders (including the Belgian Red Cross in Uganda) involved in family tracing and reunification. PI, in coordination with the local authorities, UNHCR and other CP partners, will support the selection, training and monitoring of transitional foster families, in order to prevent any protection risk associated with fostering. **Mali:** 30 foster families will be identified, trained in positive parenting and monitored by case workers. To cover the needs of the foster child, each foster family will receive a unique cash transfer of a value of 42€ and an NFI kit, comprising - among other things - a mattress, sheet, blanket, mosquito net, bucket, cutlery, soap, jerrycan for water and a backpack. **Niger:** 50 foster families will be identified and trained in positive parenting. In terms of prevention measures and mitigation of associated protection risks, PI will implement a light conditionality measure for the cash transfer (R3A5) targeting foster parents, and they will be monitored by case workers. **Rwanda:** 100 foster families identified in the DGD-funded 21-23 funded programme will receive refresher training on CP. Foster families support groups will meet monthly to learn from each other and look for concrete solutions to their most pressing issues. They will also be engaged in Parenting under Pressure programme (PuP – R3A4) and VSLA (R3A5) to build their knowledge in positive parenting and empower them to organise bi-annual community-level sensitisation campaigns on CP. **Uganda:** 300 foster parents will be trained on basic CP, PFA, roles and responsibilities of the foster parents. In order to keep checks on the foster parents and the children in alternative care, quarterly reflection meetings will be held for monitoring. The quarterly reflection meeting will also be used as a capacity building forum on issues related to the foster parents' roles in alternative care, sessions on PSS/PFA and positive parenting etc. as deemed necessary. Lastly, Plan's involvement in family tracing will be to prepare children and families for any reunification. This preparation will be for children being taken out of the location PI is operating in. PI will also support in preparing families to receive the children within the settlement for children coming from other locations. PI will monitor the integration of these child/children in the new family and ensure that the children are registered, and their details transferred so that they can receive required services i.e., food rations.

4.3.2.3. Outcome 3: Community-level actors, parents and caregivers support at-risk children and adolescents, and drive community-action to promote equality for girls

4.3.2.3.1. At the proposal stage

- **Sector:** Protection. **Related sub-sector:** Protection information dissemination, Prevention and response to violence, Capacity building (Protection)

- **Beneficiaries:** 33.426 beneficiaries (9.677 refugees, 1.680 IDPs, 22.068 host)
- **Indicators for this outcome:** PI's outcome indicators level of CPIE results framework; GEM Scale
- **Outcome-related activities:**

R3A1: Conduct participatory child-focused protection risks assessment and develop safety plans to address risks identified.

To strengthen the protection of children and adolescent, a participatory risk mapping will be conducted the targeted communities in collaboration with community-level CP structures, children and adolescents. PI's "*Child-Centred Multi-Risk Assessments toolkit*" will be used to gain a comprehensive understanding of the multiple risks in children's and adolescents' environment, including pre-existing risks and new risks that emerge during and after crisis. PI will ensure that risks faced by girls and adolescent girls specifically due to their gender and age, including SGBV, are reflected in the risk assessment. Results of the assessment will be widely disseminated. Following this, CP actions plans will be developed by members of CBCPMs to mitigate the risk identified.

R3A2: Establish and strengthen CBCPMs: In refugee camps, IDP settings and vulnerable host communities, the needs assessment reveals gaps in capacity of community-level protection mechanisms. PI will build upon the achievements of previous CP projects implemented in the targeted areas and will continue to strengthen CBCPMs through capacity building and material support (**Mali:** 300 CPC members in host communities; **Niger:** 72 CPC members in host communities; **Rwanda:** 480 CPC members in camps and host communities; **Uganda:** 135 CBCP members in camps). These structures play a key role in prevention and response of CP incidents, while paying attention for structures to reflect the diversity in the communities: representatives of refugees, IDPs and vulnerable host communities, age and gender balances. Working with CBCPMs encourages community engagement and commitment in being more involved in looking for solutions that benefit the community in general and children in particular. These structures are also involved in community awareness raising campaigns under regular supervision of PI's Protection Teams. Focal points for complaints and feedback mechanisms will also be appointed and trained among CBCPMs members. In addition, they play a critical role in the resilience and long-term impact of the action after its implementation. **R3A3: Support CBCPMs to**

implement recommendations from safety plans: Building on the risks mapping (R3A1), PI will support CBCP structures to implement their action plans. PI will work with CBCP structures to implement the safety plans designed by children, for community ownership and accountability in implementing the asks of their children and creating a more protective environment. PI will provide technical support, monitoring and in-kind support (visibility material, airtime, phones, awareness material) to implement the action plans. A major focus will be on conducting sensitisation on the risks identified through awareness campaigns and dialogue sessions. Additionally, in Uganda, the Uganda Child helpline district action centres will be strengthened to facilitate reporting of child protection cases/concerns including annual monitoring and upgrade by a team from the Ministry of Gender, Labour and Social Development Uganda Child Helpline Secretariat. **R3A4: Deliver parenting programmes to equip caregivers with tools to practise self-care and positive parenting skills in crisis settings:**

PI works on a socio-ecological model, with the family unit playing a central role in the realization of children's rights. **Mali:** 240 parents and caregivers of adolescents (10-17 years) will be organised in parents support group and receive training sessions on positive parenting, with a focus on how to prevent CP risks, and where they can go for help based on the "*adolescent life skills*" module. Additionally, 100 teenage mothers will receive monthly positive parenting sessions, including on malnutrition screening sessions and cooking demonstrations organised with MdM. All children under 5 will be invited on certain days of the month for screening, and malnourished children will be referred to health centres supported by MdM. In addition, the project will collaborate with 6 nutrition support groups to provide information to mother on infant and young child feeding and exclusive breastfeeding, and to organise cooking demonstrations. 100 of the most vulnerable adolescent mothers, breastfeeding adolescents and young mothers of infants will be provided with nutritional

inputs (calorie-enriched flour preparations (corn-soya blend + (CSB+) or corn-soya blend (CSB++)) and hygiene kits to prevent any further deterioration in their nutritional situation or that of their infants or young children. Post-distribution monitoring will inform the project about the quality of the distribution of inputs and kits. **Niger:** As part of case management (R2A2), 600 parents and caregivers of 300 children who are managed as cases of SGBV and other protection, will receive 10 sessions on positive parenting based on PI's toolkit. These sessions will be run by community facilitators and mobilizers on the basis of a schedule to be drawn up following the mapping of risks and resources in the project areas, with the help of these participants. **Rwanda:** Building on the success of the DGD-funded 21-23 programme, where PUP programme has been rolled out in refugee camps to equip parents and caregivers with knowledge and skills on parenting, PI will scale-up the programme to vulnerable host communities to support community integration. In total, the program will reach 555 program participants from 4 locations (50% from refugee camps and 50 % from host communities). Targeted parents include foster parents and vulnerable parents, such as adolescents head of households, parents with disabilities, elderly people raising young children, and parents of children with heightened CP risks. PUP Programme will include cooking demonstration sessions, community dialogue sessions on nutrition practices using drama and theatre and existing kitchen gardens and nursery beds will be rehabilitated by providing needed materials (seeds, pesticides, watering can, Pumps). Quarterly peer to peer exchange for parents enrolled into PUP program will be organised to promote exchanges between parents from both settings. PI will conduct refresher training to 20 Parent to Parent (PTP) Leaders on PUP and VSLA modules. The PTP leaders will be mobilised and supported to scale up PUP program in host communities. **Uganda:** Building on the achievements of the DGD-funded 21-23 programme, PI will continue utilizing the contextualised PuP to train 100 parents, with a focus on parents of children under case management. The parents will be taken through all the 17 sessions of the module and sessions will be conducted in both mixed and single group depending on the sensitivity of the session. Additionally, 20 role model fathers will be identified from the PuP group and will be mobilised to sensitise 200 other fathers on gender-equitable fatherhood practices. **R3A5: Provide economic assistance package for vulnerable caregivers to prevent and respond to CP risks**: **Mali:** 150 households of vulnerable children, including foster families, parents of disabled children, teenage parents and parents of children who have suffered violence, will be targeted with a multi-purpose cash transfer. This cash transfer aims to mitigate the risks and consequences of violence against children, including sexual harassment, exploitation or long-term abuse. They will directly enable beneficiary households to cover some of their basic needs (including health, food, education for children), where access to these basic services is not free. This is a one-off, unconditional cash transfer averaging 42€. **Niger:** As part of case management (R2A2), 50 foster families and 240 vulnerable households with children survivors of SGBV (80% of the 300 targeted cases) will receive 2 cash transfers of 62€ for each transfer to set up IGAs. The monetary transfer aims to mitigate the risks and consequences of violence against children, including sexual harassment, exploitation or long-term abuse. **Rwanda:** Vulnerable parents engaged in the PUP programme (R3A4) will receive cash transfer of an amount of 16€, conditional on each PUP session completed. This will build their economic resilience and in return provide a protective environment for their children at household level. Additionally, new PUP parents will receive training on VSLA model if they wish to set-up a VSLA. New VSLA groups will receive savings kits (saving boxes, pass books, register books, pens, stamps inepad, and ink bottles) and Selection, Planning and Management of IGA Manual. 15 staff and 142 VSLA leaders will be trained on the use of the manual and will cascade the knowledge to VSLA members to increase their knowledge on possible ways to create IGAs and sustain their families' wellbeing. **R3A6: Support adolescent and community-led awareness-raising and sensitization on CP and SGBV: In all countries**, the CBCPMs action plans (R3A3) will be an entry point for awareness-raising within communities regarding the specific vulnerabilities of populations according to their gender, age and specific needs, and the available mitigation measures to these vulnerabilities. Plan will support the organization of

dialogue sessions with community leaders on key topics related to child protection, safeguarding, SGBV, gender equality, SRHR and challenging social norms, to sensitize and initiate positive shift in attitudes of the main duty-bearers when it comes to child protection. Plan will also make the most of international days to conduct CBCPM-led community sensitizations in both refugee and host communities on topics identified by CBCPMS, adolescents and parents. Age and gender appropriate and transformative messages will be tailored to each specific day. Popularity of those celebratory days allows to conduct mass sensitization and to reach out to large population scale.

4.3.2.4. Outcome 4: Service providers have the capacity to continuously deliver gender and age responsive services that are provided in line with humanitarian standards and principles

4.3.2.4.1. At the proposal stage

- **Sector:** Protection. **Related sub-sector:** Capacity building (Protection), Protection advocacy
- **Beneficiaries** 18.453 beneficiaries (5.586 refugees, 166 IDPs and 12.701 host)
- **Indicators for this outcome:** CP Minimum Standard Indicator
- **Outcome-related activities:**

R4A1: Strengthen the capacities of service providers on quality, confidential, and safe gender and age-responsive case-management services: The action aims at providing a full package of services to children and adolescents, including child and adolescent survivors. These services include referral to specialized services among which medical care and law enforcement actors. To comply with *Do No Harm* principle, PI will ensure that all services that children and adolescents are likely be referred to are able to provide quality, confidential, safe and gender and age-sensitive care to beneficiaries. PI will provide capacity-building sessions to key medical staff – refugee and host community health centers, referral hospitals – and law enforcement actors, to provide confidential, compassionate, non-discriminatory, safe, respectful, non-judgmental, non-stigmatizing care. **Mali:** 80 staff of service provider will receive a 6-day training. **Niger:** 50 staff involved in the referral pathway of CP cases, including local authorities, humanitarian actors and teachers will receive a 5-day training each year of programme. **Rwanda:** A 2-day refresher training for 100 health workers from refugee and host community health centres and referral hospitals (including the Isange One Stop Center) will be held. **Uganda:** PI will train 35 service providers including for police, health workers, CP & GBV partners, teachers for 2 days. PI will also provide stationaries to service providers to follow up CP concerns. Joint monitoring of protection services by PI and the District child wellbeing coordination committee will be carried to provide annual technical support on quality, confidential, and safe gender and age-responsive case-management services. **R4A2: Train local authorities and government officials on CP, safeguarding, gender equality, and harmful practices:** PI will engage and train district stakeholders on children and adolescent protection, safeguarding, gender equality and harmful practices. **Mali:** 80 officials from Government technical services involved in CP will receive a 3-day training. **Uganda:** PI will provide a 2-day training to 30 train district stakeholders such as Local Council leaders, Refugee Welfare Council (RWC), religious leaders, cultural leaders, the Probation and Social Welfare Officer (PSWO) and the Community Development Officer (CDO). **Niger:** PI will combine the training for local authorities and district officials in the training for service provider (R1A4) due to the scarcity of protection actors in the targeted area. **Rwanda:** Capacity building for Government stakeholders has been conducted in other projects. **R4A3: Strengthen the referral pathways for CP cases, including GBV:** PI will ensure that the information regarding available quality services at the camp, village and community level is used to feed the update of the referral pathway. In addition, PI will support the facilitation of exchanges on good practices among service providers, by ensuring that coordination meetings and conferences gathering service providers, protection agencies relevant authorities and CBCPMs. **Mali:** 45 service providers will participate in a dissemination workshop of the mapping of service providers to strengthen referral pathways. PI will also hold quarterly

consultation meetings with service providers to strengthen coordination, share experiences, lessons learned, and challenges faced in case management. To facilitate the sharing of information, an MoU will be developed and signed by all members of the referral pathway.

Niger: to help set up a functional referral system and activate the CP network in Tahoua, PI will support coordination meetings organised by regional and departmental levels. PI will also contribute to inter-agency initiatives and joint advocacy actions. **Uganda:** PI will facilitate quarterly coordination meetings among CP and GBV actors to ensure that children receive the required services in the settlement and surrounding host communities. During the coordination meetings, PI will front a need to update CP referral pathways and will print and disseminate the referral pathway to the community. **Rwanda:** strengthening referral pathways in refugee camps is under the lead of UNHCR and is supported by PI in other projects. - **R4A4: Develop influencing initiatives with children and adolescents to advocate for CP and girls' equal access to humanitarian assistance:** To address the various CP and SGBV-related concerns faced by the communities, advocacy actions are needed at community, regional, and national level in order to influence behaviours, norms, policies, programs and improve resource allocations to ensure that long-term efforts are being made to address the root causes. Plan will conduct advocacy efforts targeting several types of actors through a variety of channels. **Mali:** PI will train groups of 60 children and adolescents in advocacy and leadership skills. They will then be mobilized to lead quarterly community-based advocacy initiatives on the protection risks and issues arising from the multi-risk analysis (R3A1). They will also be supported to carry advocacy campaigns on social media. **Niger:** advocacy will be done through girls' and boys' clubs initiatives (R1A3) and PI's participation in clusters (R4A3). **Rwanda:** PI will facilitate bi-annual dialogue sessions involving 100 local authorities and government officials, focusing on the protection of children and adolescents. Additionally, Plan aims to reach a target audience of 8,000 individuals through annual mass campaigns led by duty bearers such as the Police, RIB (Research and Investigation Bureau), and District Officials. These campaigns will be geared toward combating violence, abuse, and neglect within both refugee and host communities. **Uganda:** Through the Technical Advisor for Influencing and Communications, PI will conduct a training for staff and children and adolescents on advocacy and influencing to facilitate annual children's forums. The aim of these forums will be to facilitate advocacy on child protection and girls' equal access to humanitarian assistance.

4.3.2.5. Outcome 5: Disaster-affected children, adolescents and their families have rapid access to life-saving assistance in the immediate aftermath of a shock (crisis modifier)

4.3.2.5.1. At the proposal stage

- **Sector:** Protection
- **Related sub-sector:** Prevention and response to violence, Support to separated and unaccompanied children
- **Beneficiaries :** TBD (depending on the type and location of the crisis)
- **Indicators for this outcome:** KRI ECHO (CM)
- **Outcome-related activities:**

R5A1: Rapid needs and risks assessment for crisis modifier activation: In the case where a crisis that activates the crisis modifier occurs, PI will conduct a rapid assessment in relevant location to identify immediate child protection risks arising from the new crisis, such as child separation, SGBV, exploitation, abuse or psychosocial distress. The response will be built based on the findings on this assessment. **R5A2: Deployment of emergency aid for children, adolescents and populations affected by sudden-onset crises: Activation options (type of shocks and thresholds):** The activation options retained are those listed in the internal SOPs described in PI's Preparedness Plan - Orange Alert and Red Alert criteria. These will include mass displacement/influx; natural disasters, famine and important deterioration of the security situation caused by conflict. **Target population:** Children, adolescents IDPs, refugees and from vulnerable host communities and their families in the areas targeted by the project and who will be affected by a sudden onset crisis. **Type of**

assistance to be provided and timeline: Assistance will be provided within 72 hours of the crisis modifier being activated and Rapid Needs Assessment issued. It will be implemented during the acute response phase and will include the following activities, based on the communication with DGD: (1) Cash transfer and material distribution; (2) Identification and registration of separated and unaccompanied children; (3) Emergency psychosocial assistance & psychosocial support, including PFA, recreational activities in temporary CFS and awareness raising on protection risks and services. Plan will inform the DGD as soon as possible before the CM is activated. In the event of the CM not being activated by 8 months before the end of the Programme, the budget may be allocated to strengthen the activities of psychosocial support and material assistance to the targeted IDPs, refugees and vulnerable host communities. Description of preparedness measures already in place: **In all countries**, internal SOPs as described in PI's Disaster Preparedness Plan are in place, including emergency policies, Disaster Preparedness Plans and trained Emergency Response Teams in place. Other preparedness measures in place include PI's internal network (Global Hub and Regional Disaster Response and Preparedness Team and Leadership Team) that supports and guides PI County Offices in case of any important crisis. Additionally, in **Mali**: PI has prepositioned food products and NFI emergency kits in emergency offices (Ségou, Timbuktu, Gao and Mopti); in **Rwanda**: PI is a member of National Platform for Disaster risk Reduction and Management and holds regular communication with the Ministry of Emergency Management.

4.4. **Work plan (e.g. annexed Gantt diagram) – Annexed**

4.5. **Monitoring, assessment, auditing and other analyses**

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

PI will continuously monitor the implementation of the project throughout the project cycle. It will be done by the M&E staff, with close supervision from the M&E coordinator/focal point in each Country Office, in collaboration with the implementation team and team in Brussels. The project's approach to monitoring is based on principles of knowledge management, emphasizing robust and efficient generation and use of information to guide management and strategic decisions. During the inception phase, the team will lead the development of the MEAL framework and monitoring tools. The MEAL plan will be drafted in line with the logical framework and will include i) indicators, ii) their means of verifications, iii) frequency of routine reporting and iv) responsible stakeholders. The main MEAL tools and mechanisms will include: (i) Activity Performance Tracking Tables (APTT) to track and update, on a monthly basis, the progresses at both output and activities implementation level. (ii) PI teams' periodic progress reports, including financial and monitoring data focusing on progress, beneficiary feedback, challenges encountered, lessons and following plans. The program and finance teams will be responsible for producing financial and narrative progress reports. Financial monitoring will be ensured through PI's accounting system and expenditure will be subject to audit by the PI Global Assurance team. (iii) Routine monitoring of training sessions through documentation of monthly training schedules that show who and number of expected participants. (iv) Complaints and feedback mechanisms to determine the quality of the services delivered will be developed, in consultation with the community. During activity follow-up by the Program team, consultations will be held closely with CBCPMs to actively seek complaints and feedback from beneficiaries. The feedback mechanisms will be confidential, child-friendly and accessible for those with disabilities and those who are illiterate or homebound.

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

External final evaluation: The final evaluation will assess project effectiveness, efficiency, accountability, sustainability and impact and will provide policy recommendations. An

external financial audit will be conducted one month after completion of interventions to give a true and fair view of the project's financial position, its financial performance and cash flows. It will be conducted by external auditors who will be contracted for the assessment in compliance with DGD and PI procedures. PI will share the terms of reference of all assessments with the key contact point at DGD.

Other analyses: x Please provide information: Internal Baseline assessment.

5. CROSS-CUTTING ISSUES

5.1. *Please describe the expected level of sustainability and/or of connectedness⁴.*

PI's action planning includes an exit strategy, which will be developed in consultation with refugees, PDIs and beneficiaries from host communities to ensure the sustainability of project interventions in the last months of the action. The approach will be contextualized for each Country Office, and will be systematically aligned with the requirements of regional refugee frameworks, national and governmental policies. At beneficiary level: Children, adolescents, caregivers will benefit from capacity-building actions that will strengthen their skills, resilience, empowerment (increased agency) and self-reliance. The skills acquired by community workers and institutional actors will have a lasting impact not only for the current case load of at-risk children and adolescents in refugee and host communities, but also for potential new arrivals in refugee settlements and future IDPs and children in host communities. At community level: The action will either rely on and build capacity of existing structures and persons of influence or set up and build capacity of CBCPMs for which gaps and needs have been identified. The aim is to strengthen the local community-based capacities to prevent and respond to protection risks for at-risk children, particularly adolescent girls, in order both to ensure sustainability of the action and local ownership. At institutional and policy level: Key stakeholders, service providers, local leaders and influencers will benefit from strengthened capacities in terms of CP, SGBV, gender equality, protection risks, needs and services, which will trickle down in the long term to provide a safe and protective environment for children, adolescents and their caregivers. At economic level: Through its CVA, VSLA and IGA components, the action will reduce financial barriers to strengthen CP in communities, and empower adolescents, youth, and parents and caregivers to generate their own income, enabling them to meet their needs, and reduce their negative coping mechanisms, and empower girls and young women to challenge harmful practices. The connectedness of the action will be guaranteed by considering the complex nature of the Rwanda and Uganda refugee context and the Mali and Niger displacement context: there is a co-existence of needs for immediate assistance for vulnerable at-risk populations in refugee camps and IDP settings, a need for continued sustainable support to the protracted refugee situation in existing settlements, and the needs of a development nature in host communities.

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

The action will adopt, by the nature of the activities and because of the nature of the context, a nexus approach, working towards the achievement of short-, mid- and long-term outcomes within the targeted communities. Several activities will be put in place to address the immediate urgent needs of vulnerable at-risk populations, such as protection case management activities and cash-based support. At the same time, the capacity of communities and key actors will be built to achieve longer-term sustainable outcomes. The continuity of this intervention, and particularly the link between relief and development will be ensured by strengthening community based and national institutional CP and SGBV actors

⁴ 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.

and mechanisms, including State services at district local level e.g. schools, health centres, police, line ministries, as well as advocacy actions targeting various stakeholders. In addition, PI's action is nexus-based by the gender-transformative strategy that is cross-cutting throughout the activities: by working with beneficiaries through empowerment-oriented activities, and by initiating changes in the harmful norms that support girls, adolescent girls and young women's rights violations, the action aims at re-shaping gender power relations within communities, which will have impact on the long-run.

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

Gender and inclusion: The action ranks high on the gender and age marker, as it applies a robust gender and age lens to ensure that different groups are able to safely access and participate in program design, services and activities, along the project cycle management. The project is based on thorough analysis of the different needs, risks, and capacities of girls, boys, adolescent girls, adolescent boys, women, and men. Quantitative and qualitative data, disaggregated by sex, age and nationality/refugee status will be collected and analysed to understand the impact of the project on age and gender sensitive outcomes, changes in gender/social norms through analysis of knowledge, attitudes and practices towards CP and SGBV; whether services are meeting the needs of different groups and levels of participation. **Conflict Sensitivity:** The action is aligned with the Rwanda Country RRP, the Uganda CRRF Roadmap, and the Mali and Niger HRPs, that all underline the importance for interventions across all sectors to be sensitive to drivers of conflict and tensions, as to ensure that they not only achieve their desired outcomes, but also contribute to social cohesion among host communities, refugees and IDP. The action will – at minima – respect the 70:30 principle, whereby 30% of the support is provided to the host community to avoid triggering additional tensions. Targeting criteria will be defined in consultation with both refugee, IDP and host communities, will be clearly communicated to ensure acceptance by all. **“Do No Harm” principles:** All project interventions will integrate locally adapted key conflict sensitivity principles; attention to safeguarding and risk assessments will be conducted before distributions that can put beneficiaries at risk. Capacity-building of protection service providers will be conducted to ensure that all staff children and adolescents might be referred to provide services that are confidential, safe, compassionate, non-discriminatory, respectful (for choices made, of dignity of women and girls), non-judgmental, in order to comply with *Do No Harm* principle. **Disaster Risk Reduction/Resilience:** The action's proposed activities will strengthen resilience and recovery in children and adolescents who are facing distressing situations. Working with community-based structures and service providers will allow for a better dissemination of the action to a wider population and build the resilience beyond the project beneficiaries. **Environmental impact:** The action will mostly provide soft activities focused on protection. As a result, the environmental impact will likely be neutral. **Participation of and Accountability of the Affected People:** Participation of different stakeholders will be ensured and various participatory approaches will be used throughout the project implementation, including feedback and complaints mechanisms.

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 materialise)

Risk (impact - I; likelihood - L)	Mitigation measures
Volatility in the region during project implementation, causing an increased influx of refugees to operational camps or an increased influx of IDPs in targeted communities (I: 4, L: 4)	PI Country Offices all have a Disaster Preparedness Plan which outlines activities' scale-up strategies to be rolled out in case of need, and a crisis modifier has been integrated in the programme.
Low take-up of the action and low participation of children, adolescents and their caregivers in the	Continuous community-based activities and capacity-building of community members of

action (I: 5, L: 2)	leaders, community sensitization on the project results and activities, robust feedback and accountability mechanisms
Changes in Rwandan and Ugandan asylum policy limiting refugees' rights and threatening the action (I: 4, L: 1)	Close monitoring of the Rwandan and Ugandan asylum policy to ensure it remains protective and inclusive; the organization has an enabling position in Rwanda and in Uganda to implement advocacy and influencing action if policy changes threaten the action
Service providers are not available, operational according to international best practices or do not have the capacity to participate in a functional referral system (I: 3, L: 3)	In coordination with UN agencies, national and local authorities, and other partners, PI Country Offices will continue mapping available services, level of quality and accessibility to identify gaps and prioritize systems and structures for strengthening, re-establishment or establishment where structures are not present. Advocacy efforts will also be conducted in case a need for the establishment of new structures is identified
Stigma, local perceptions, beliefs or customs preventing survivors, children at-risk or other persons at risk from reporting incidences or seeking services (I: 3, L: 4)	Recognizing that stigma and local customs of silence have been identified as main causes for protection incident under-reporting, PI Country Offices and program teams will prioritize community-led approaches to awareness-raising to reduce stigma. Capacity building for partners and stakeholders will also focus on confidentiality and survivor-centred approaches to reduce fears or risks associated with incident reporting
Unavailability of items in the markets or increase of prices resulting in the impossibility to carry out procurement and limiting the access of beneficiaries to essential goods and services via the CVA (I: 3, L: 2)	Prices, market access, retailers' resilience will be monitored throughout the action's implementation. In case of major market incidents, Plan will liaise with the donor and suggest modifications of the approach.
Major epidemiological outbreak (Ebola, COVID-19...) (I: 5, L: 4)	PI Country Offices have put in place sound safety measures and adaptive programming that will serve as guidelines to ensure business continuity in case of an outbreak. Different operational scenarios have been developed and will be rolled out depending on the context and the scale of the outbreak.
Non-ethical conduct by Plan staff during project's life span (misconduct, fraud, corruption, sexual exploitation and abuse, violation of human rights and others) (I: 5, L: 2)	PI Country Offices have detailed policies against any misconduct. Sanctions and disciplinary measures are in place to act if the above occurs. Every employee sign and adheres to the policies below: Disciplinary Policy, Anti-Fraud Policy, Safeguarding children and young people global policy, Harassment Bullying Discrimination policy, Code of conduct. In addition, Plan will also conduct refresher sessions with staff, refugee incentive workers and local contractors on PSHEA.

6.2. Security-related aspects

6.2.1. Situation in the field. Please provide a brief description

Mali: The security context in Mali is fragile and the country continues to face a multitude of political, security, human rights and humanitarian challenges. The advance of terrorist groups towards the South of the country is a major concern for the region of Kayes, including Kita Circle. While security threats are a concern, Kita remain accessible to humanitarians and no official measures restricting humanitarian aid are in place. However, PI monitors the situation closely and coordinated with relevant authorities and humanitarian stakeholders.

Niger: The context in Niger is volatile, with recurrent attacks of NSAG, climatic hazards and chronic food insecurity and widespread poverty. The recent *coup d'état* has exacerbated the situation, with an unpredictable and rapidly evolving political context. Additionally, the

targeted departments in Tahoua bordering Nigeria are affected by ongoing conflicts in the bordering villages. Access to communities in the Department of Madaoua is hampered by security threats, hence the adoption of a mobile approach. PI monitors closely the security situation, in coordination with government authorities, UN agencies and NGO networks.

Rwanda: The security context in Rwanda remains stable and has allowed for unhindered humanitarian access and project implementation. PI coordinates with government authorities, UN agencies and NGO networks to share vital security information. Although the influx of new refugees remains limited in the targeted areas as of today, the project team will continue to monitor the context and will liaise closely with communities and key actors who are well informed of the environment. **Uganda:** The security context in the operation area remains stable, with no ongoing armed conflict or communal violence, and has allowed for unhindered humanitarian access and project implementation. However, across the borders with South Sudan and DRC, the security situation is unstable, creating regular new refugee influx. PI coordinates with government authorities, UN agencies and NGO networks to monitor the situation and share vital security information.

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

yes no **Standard procedures**

No specific SoPs has been developed for this particular project. PI has standard protocols regularly updated based on the context and monitor closely the situation.

6.2.2.1. If yes, provide information: N/A

6.2.2.2. Have the staff in the field and the expatriates received information and training concerning these procedures? N/A

7. COORDINATION IN THE FIELD

7.1. Coordination in the field

PI coordinates with key partners including UN agencies such as UNHCR, UNICEF, WFP, and members of the clusters, especially CP and GBV. PI has already harmonized its approaches and methodologies, including targeting methodologies, thanks to a constant inter-sectorial and bi-lateral coordination with other key actors (UN agencies, other NGOs). In **Mali**, PI actively participates to protection clusters (CP & GBV sub-clusters) as a member leading the work on gender-responsive actions, as focal point for gender, and civil documentation. PI also participates to education and food security clusters at national level. At regional level, Plan is active in the various clusters related to ongoing actions and potential synergies. In **Niger**, PI an active member of the protection cluster (CP & GBV sub-clusters), and co-facilitating the GBV sub-cluster at national level. In Tahoua, the protection working group is active under the lead of the *Direction Départementale de la Promotion de la Femme et de la Protection de l'Enfance* (DDPF/PE), with its 2 sub-working groups (CP and GBV). PI is active in these forums and provides leadership for exchange and information sharing. In Konni and Madaoua, the coordination forums are not yet active due to the lack of protection actors, but all existing actors work closely with the DDPFPE and other decentralized state structures. In **Rwanda**, PI leads or participates in the Child Rights' Coalition, Rwanda Education NGO Coordination Platform (RENCP), the Girls' Education Working Group, and the CP Working Group. In collaboration with other organizations, PI launched the Safeguarding Technical Working Group, to ensure children, young people and adults are not harmed by being associated with PI in our programs, activities and interventions. It is also an important platform to exchange knowledge, lessons and best practices around safeguarding children, young people and adults. In **Uganda**, PI coordinates with protection implementing lead partners for UNHCR and actively participates in the National Refugee Protection Working Group in Kampala, and the CP and the Prevention and Response to SGBV sub-working group meetings and will continue to coordinate with these groups. In West Nile, PI is part of general and specific sector-based coordination mechanisms that are jointly organized and managed by the OPM and UNHCR.

PI also participates in sector based Technical Working Groups organized by the respective District Local Government departments, with support from the relevant UN agencies.

7.2. National and local authorities

In **Mali**, PI has strong relationship with local and national authorities. The Country Strategy has been shared with the authorities; PI's interventions are systematically shared and communicated with local authorities and traditional authorities, so that they are fully part of the process in the definition of the operating strategy and the process and monitoring and evaluation. At national level, Plan has an active MoU with the Ministry of Gender, the Ministry of Health, the Ministry of employment and vocational training. In **Niger**, at national level, PI has an MoU with the Ministry for the Promotion of Women and the Protection of Children, and works closely with the Ministry of Justice. In Tahoua, PI collaborates with decentralized state services, notably the DDPF/PE. Collaboration with the DRPE/PF is essential in terms of the sustainability of the action; consequently, the DRPE/PF will be extensively involved in the evaluation of the capacities of the MCPs and in the capacity building of the protection actors. Multisectoral collaboration with other departments will ensure that protection is taken into account transversally in other actions in Tahoua. In **Rwanda**, at national level, PI plays a key role in coordinating CP and SRHR interventions across different actors, stakeholders, including with the national-level authorities, so as to ensure comprehensiveness and a holistic approach. PI continues to leverage its strong partnerships with key ministries, such as MINEMA and MIGEPROF. At refugee site level, PI Rwanda takes part in the UNHCR and MINEMA-organized joint coordination meetings at camp level. PI also facilitates greater coordination between district level structures, camp coordination mechanisms thanks to its dual mandate. In **Uganda**, PI has strong relationships with national and local authorities who are key stakeholders on CP, SGBV prevention and response, education. At national level, PI has a running MoU with the OPM and with specific central government line ministries under which our interventions fall. Regarding the West Nile projects, PI has ongoing MoUs with all DLGs of the districts where projects are implemented, including utilizing the technical resource employees of the respective DLG in trainings and other technical assistance. At both national and DLG levels, Plan is compliant with all statutory government instruments, except where waivers have been granted to the organisation.

7.3. Potential coordination with the Belgian diplomatic representation

PI will regularly organize meetings to inform the Belgian Diplomatic Representation in all 4 countries on project progress, context evolution in the intervention areas, implementation of risk mitigation measures and non-realization of logical framework assumptions. Relationships with Enabel in all 4 countries will be strengthened. In Brussels, PI will be in regular contact with the DGD focal points to keep them informed of project implementation and answer potential questions. PI will also be available to organize field visits if the Belgian Cooperation so wishes and if security conditions allow it.

8. IMPLEMENTATION PARTNERS

8.1. Name and address of the implementation partner(s)

PI Country Offices: **Plan International Mali**, SOTUBA ACI près du Collège LES LUTTINS, BP 1598, Bamako, Mali. **Plan International Niger**, Angle Boulevard des Djermakoye - Rue de la Magia-Issa Béri, Niamey, Niger. **Plan International Rwanda**, 4th Floor, Golden Plaza Building, KG 546 St 1, Kacyiru, Kigali, Rwanda. **Plan International Uganda**, NECA House, Plot 1, Bandali Rise. Luthuli Avenue, Bugolobi, P.O Box 12075, Kampala.

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

PI Mali, PI Niger, PI Rwanda and PI Uganda are NGOs, members of the PI Federation, that will take the lead on the implementation of all the activities to be achieved under the scope of the action, making the most of their community deep-rooted presence and experience in

implementing age and gender responsive CP actions. They will oversee the implementation of the action, fostering participation of beneficiaries, and delivering high-quality protection activities in the elaboration of tools, modules, approaches, dialogues, sensitizations, liaison with key stakeholders.

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

PI Mali, PI Niger, PI Rwanda, PI Uganda and PI Belgium all belong to the Federation of Plan International, hence sharing common vision, values and work management, as well as similar procedures; all entities have worked or are working with tight relationships in the past, within the execution of several grants funded by DG INTPA, DG ECHO, D5.1, D5.2, UNICEF, UNHCR, Consortium 12-12, Foundations and Private donors.

8.4. *Description of the program's contribution to building a humanitarian response that is as local as possible and as international as necessary and the development of equitable partnerships with local organizations as defined by the Grand Bargain Caucus on Intermediaries⁵ and the IASC⁶.*

The program employs a comprehensive approach to foster a locally grounded humanitarian response and promote equitable partnerships with PI local entities. The approach centers on ensuring community involvement, i.e. as local as possible, through various channels, including: strong collaboration and involvement of local authorities, including through capacity building; capacity building component for CBCPMs; involvement of CBCPMs in psycho-social support and protection initiatives; capacity building and coordination with local service providers. Additionally, community-based groups, including children and adolescent clubs, VSLAs, parents groups and CBCPMs play an active role in programme by designing and leading community-based education, awareness and advocacy initiatives. Feedback mechanisms and complaint avenues ensure beneficiaries' voices are heard.

9. ACTIVITÉS DE COMMUNICATION, DE VISIBILITÉ ET D'INFORMATION

9.1. *Planned communication activities*

The proposed project will adhere to both PI's standards and the Belgian Development Cooperation's Strategic Note on Communication. All visibility, communication and information activities carried out during the project implementation will inform the general public on the involvement of the Belgian Cooperation in Rwanda. The start-up workshop and all planned events will make visible the contribution of the Belgian Cooperation through media coverage, logos, and distribution of material. During the last months of the action, the exit strategy will be jointly designed with communities, and will serve as a closing workshop to make visible the achievements made by this action. Project information will further be shared with all the official and institutional stakeholders through the various working group meetings that the project staff attend during the course of the project period. The Belgian public will be informed about the project achievements through different channels of communication, including [PI's website](#) with dedicated pages to the proposed actions, social media, newsletters, annual report, and any other printed materials issued by the action.

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

Sign posts with Belgian Cooperation and PI's logo will be installed at all CFS and AGSS, cars, all billboards and other community structures targeted under this project. Both logos will be on all communication material to be disseminated under the execution of the action. Additionally, PI project staff, CBCPM members, volunteers, case-workers will be equipped

⁵ [Outcome Paper Towards Co-ownership - Caucus on Intermediaries - August 2022.pdf \(interagencystandingcommittee.org\)](#)

⁶ [IASC Guidance on Strengthening Participation, Representation and Leadership of Local and National Actors in IASC Humanitarian Coordination Mechanisms_1.pdf](#)

with t-shirts, caps, and jackets bearing the Belgian Cooperation logo. Finally, pull up banners, tear drop banners and regular banners will be printed with the Belgian Cooperation and PI logos and will be used during activity implementation, key meetings and will be placed in PI's offices.

9.3. *Publication activities planned*

No publications are planned under this project.

10. HUMAN RESOURCES

10.1. *Please state the overall figures by function and by status*

Function	Status ⁷	Nb. of people	Nb. of people/months in the project	Comments
Head of Project	local staff	4	100%	Responsible for the implementation of the action in alignment with the action proposal, ensuring compliance of expenses, and leading reporting processes (narrative and financial), reporting to the Emergency response managers.
Project Officers	local staff	4	100%	Coordinate activities at site level
MERL Officer	local staff	4	100%	In charge of contextualizing Plan International's standard MERL tools, procedures and methodologies to this action; s/he will be responsible for data collection, analysis and reporting throughout the action.
Accountant	local staff	5	3 at 100%; 1 at 20%; 1 at 10%	Responsible for the financial accountability of the action
Protection advisors	local staff	7	2 at 100%; 1 at 20%; 1 at 12%; 1 at 3%; 2 at 7%	Assist the head of project on protection technical aspects; liaise with stakeholders regarding protection and SGBV.
Gender and SRHR advisors	local staff	2	1 at 10%; 1 at 17%	Assist the head of project on gender technical aspects
Administrative and logistics staff	local staff	7	1 at 30%; 2 at 20%; 1 at 10%; 3 at 5%	Responsible for procurement processes, logistics, administrative operational activities, follow-up on reporting (financial, narrative and MERL).
Driver	local staff	3	2 at 100%; 1 at 60%	Drives project teams for activities' implementation and mobile protection units.
Security Advisors	local staff	2	1 at 10%; 1 at 5%	Assess, analyze, and mitigate potential risks and threats to ensure the safety of project personnel in Mali and Niger
Emergency response managers	local staff	5	1 at 20%; 1 at 10%; 1 at 13%; 2 at 5%	Manages the humanitarian response and ensures that the action executed consistently; s/he also ensures the consistency of overall response portfolio (with specific attention to double funding, gap coverage, synergies across actions).
Leadership team members	local staff	44	9 at 5%; 11 at 6%; 17 at 2.4%; 7 at 10% (averages of % allocation)	MERL Leadership (responsible for consistency of MERL tools across responses and supporting MERL and project staff in the field), Finance and Grants Leadership (responsible for the execution of the budget & provision of ad hoc support to finance staff in the field), Programme and Country Directors (ensure compliance, strategic decision implementation, visibility and representation of the action); HR Leadership (responsible for the

⁷ Expatriates, local staff, staff of the implementation partner, etc.

				recruitment process and appraisal); Communication, Influencing and Advocacy Leadership team (responsible for consistency of documents and messages across responses and supporting project staff in the field).
Emergency Response Officer – Brussels	local staff	4	20%	D5.1 focal point, responsible for compliance, capacity-building of field staff, support to strategic decision regarding overall logic of intervention, responsible for the quality of execution and reporting of the action.
MERL Manager - Brussels	local staff	1	6%	In charge of M&E, supports baseline and evaluation processes
Programme Financial Controller – Brussels	local staff	4	20%	In charge of monitoring budget expenditure, compliance aspects, financial reporting.
CPiE et GiE Specialist - Brussels	local staff	2	7%	In charge of capacity-building to staff on CPiE and GiE, tools, methodologies and processes; s/he liaises with networks, and supports evaluation processes.

11. ADMINISTRATIVE INFORMATION

11.1. Name and title of the legal representative signing the agreement

Name: Isabelle Verhaegen; **Title:** National Director, Plan International Belgium

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

Name: Ineke Adriaens; **Phone:** +32 25046014; **Email:** ineke.adriaens@planinternational.be
Title: International Programs Director, Plan International Belgium

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

In Mali: Constant Tchona; Plan International Mali Country Director; +22371716380; constant.tchona@plan-international.org

In Niger: Mamane Nahiou Hima, Plan International Niger Country Director ad-interim ; +22720724444; nahiou.hima@plan-international.org

In Uganda: Phoebe Kasoga, Plan International Uganda Country Director; +256312305000; phoebe.kasoga@plan-international.org

In Rwanda: William Mutero, Plan International Rwanda Country Director; +250788305392; William.mutero@plan-international.org

11.4. Bank account

Name of bank: BNP Paribas Fortis

Address of the agency: Generaal Meiserplein 9, 1030 Schaarbeek, Belgium

Precise denomination of the account holder: Plan International Belgie VZW

Full account number (including bank code(s)): BE86 2900 2855 0050

IBAN code: BE86 2900 2855 0050

SWIFT code: GEBABEBB

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