



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

**Directorate-general for Development Cooperation –
DGD**

Service D5.1 – Humanitarian Aid

SINGLE FORM FOR THE FUNDING OF HUMANITARIAN ACTION

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

1. GENERAL INFORMATION

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

Rode Kruis-Vlaanderen Internationaal vzw

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

1.2. Title of the action

Further strengthening institutional and community preparedness to climate-related hazards in Rwanda and Tanzania through geographical expansion, youth engagement, first aid education and blood donor recruitment.

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

Rwanda:

- Huye District (Southern Province)
- Nyaruguru District (Southern Province)
- Nyanza District (Southern Province)

Tanzania:

- Longido District (Arusha Region)
- Momba District (Songwe Region)
- Mufindi District (Iringa Region)

1.4. Action start date:

01/08/2020

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: 24-02-2020
Revised proposal no.	date: 21-04-2020
Date of the granting Ministerial Decree	date: dd-mm-yy

Unilateral Act date	date: 15-06-2020
Letter of acceptance date	date: 28-07-2020
Interim report	date: 13-05-2022
Final report	date: 27-10-2023

The interim report covers the implementation until December 2021, which is the period 01/12/2020 – 31/12/2021.

The final report covers the implementation from 01/01/2022 until the end of the project 30/05/2023.

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

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

Subject	Reference Number	Date
Request for NCE	D5.1/AV/HUM.04.03.01.2020.12/3981/1	08/06/2022
Approval of NCE	D5.1/CJ/HUM.04.03.01.2020.12/2022/6580/1	15/06/2022

2. NEEDS ASSESSMENT

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

The assessment methodology adopted a **blended approach** involving literature reviews and key informant interviews with national, provincial and district-level stakeholders. At the outset of the assessment, literature reviews of available documents relating to the hazard and risk profiles of the target areas were conducted. This data provided valuable information to develop the programme proposal and select the most at-risk areas.

The **final evaluation report** of the programme “*Disaster preparedness programme in the Great Lakes Region*” (referred to as DP I) was an important source of information and used a mix of key informant interviews and focus groups to solicit a better understanding of the programme and its achievements (Annex 2B). The data were collected through in-depth conversations with Red Cross staff, volunteers and with government officials at national and regional level. Furthermore, the **lessons learned workshop** from February 2020, of the programme “*Capacity Building for enhanced response preparedness using multi-purpose cash in Tanzania, Burundi and Rwanda*” (known as DP II) also formed a valuable source of information for the development of the intervention logic of this new programme.

Various documents were used for the **secondary data analysis**. The most relevant ones are listed here:

- Ambitions to address the climate crisis - International Red Cross Red Crescent Movement (2020)
- Rwanda Disaster Risk Profile - CIMA, UNISDR (2018)
- Climate Change Profile: Rwanda - Ministry of Foreign Affairs of the Netherlands (2018)
- Update strategy plan – Rwanda Red Cross Society (January 2020)
- Annual disaster reports 2016,2017 and 2018 - Disaster planning response and recovery unit, MIDIMAR
- The fifth integrated household living conditions survey EICV5, 2016/17 Rwanda poverty profile report - National institute of statistics of Rwanda (2018)
- United Republic of Tanzania Disaster Risk Profile - CIMA, UNISDR (2018)
- Strategic Development Plan - Tanzania Red Cross Society (2018-2020)

- Disaster Risk Management Policy - Tanzania Red Cross (2020-2025)
- Review of the National Disaster Risk Reduction Strategy 2020-2024 - Tanzania Red Cross (reviewed in December 2019)
- National Environment Statistics Report – Tanzania National Bureau of Statistics (2017)
- Vulnerability and Adaptation Assessment of Climate Change Impacts on human health and Water sector in Tanzania - WHO (2015)

A full list of sources used as part of the secondary data analysis is to be found in Annex 9.

In addition to the literature review, **consultative meetings** were held with national and regional representatives of the following governmental and non-governmental organisations:

- Rwanda: Ministry of Emergency Management (MINEMA), Ministry of Health (MoH), National Platform for Disaster Risk Reduction (NPDRR).
- Tanzania: Tanzania Disaster Management Council (TADMAC), Regional Disaster Management Committee (REDMAC), District Disaster Management Committee (DIDMAC), Ward Disaster Management Committee (WADMC) and Village Disaster Management Committee (VIDMAC), Ministry of Health (MOH) and National Platform for Disaster Risk Reduction.

These consultations provided indications of the thematic and geographical target areas, and laid the basis for synergies with other operational actors.

Furthermore, a **needs assessment workshop** was held in both Rwanda and Tanzania, through which data was collected on the different types of hazards and the current needs, and in which the geographical area of intervention was decided.

2.2. Account of the problem and analysis of the stakeholders

2.2.1. Account of the problem

Generally, risk is described as

$$\text{Risk} = \underbrace{\text{Probability} \times \text{Intensity}}_{\text{hazard-related}} \times \underbrace{\text{Exposure} \times \text{Vulnerability}}_{\substack{\text{target-related} \\ \text{("Sensitivity to hazard")}}}$$

The four main elements of risk related to natural hazards¹ are:

- ➔ Hazard-related:
 - **probability of hazard occurrence**
 - **hazard intensity** (which relates to the probability) – spatial and temporal distribution of main features of the hazard, that is the magnitude and/or duration
- ➔ Target-related:
 - **physical exposure to hazard** – spatial and temporal distribution of target objects, which depends on their resistance to the impact of a hazardous event; practically, by the exposure, the range of potentially damaging events at a particular location is described
 - **human vulnerability to disaster**

Whether a hazard of a given intensity becomes a disaster, the so-called damage threshold, depends on human sensitivity to hazard. As a result, **it is the exposure of vulnerable and ill-prepared people to a hazard occurrence that results in a disaster**. Economic, social,

¹ Hollenstein, K., 2005, Reconsidering the risk assessment concept: Standardizing the impact description as a building block for vulnerability assessment, *Natural Hazards and Earth System Sciences*, European Geosciences Union, Vol.5, 301-307.

and political factors often determine people's level of vulnerability and the strength of their capacity to resist, cope with and recover from disasters.

When applying this general definition to the specific context, the conclusion is that the population is at risk in both Rwanda and Tanzania.

First of all, both Rwanda and Tanzania are located in the Great Lakes region of Central-Eastern Africa, a region where the **probability of hazard occurrence** is high. In both countries, **natural hazards** like floods, landslides and storms continue to have a grave human and economic toll. Rwanda is prone to a range of natural hazards, in large part due to its topography and natural environment. Rwanda has historically suffered from periodic natural disasters, mainly in the form of droughts, floods, landslides, earthquakes and windstorms, all impacting the agrarian economy and the country's efforts towards sustainable development and poverty reduction. If we look at the disaster records of the past few years, hydro-meteorological disasters are responsible for more than 90% of the disaster alerts. These disasters result in infrastructure damage, fatalities and injuries, loss and damage to agricultural crops, soil erosion and environmental degradation. In Tanzania, the most impactful climate-related disasters which occurred in recent years are mainly due to recurring heavy rains and related floods. Besides, series of repeated droughts and plant diseases have significantly affected agricultural production, causing food insecurity to an average of 4.1% of the Tanzanians annually. Other substantial types of disasters that are regularly experienced in the country include tropical cyclones and storms.

In addition, different scientific sources² indicate that **climate change** is projected to increase temperature and precipitation variability in East Africa. Temperatures in Africa are projected to rise faster than the global average, which itself could rise by 2°C by mid-21st century and 4°C by the end of the 21st century³ compared to pre-industrial levels. While changes in average conditions can have serious consequences by themselves, the main impacts of global climate change will be felt due to changes in climate variability and even more weather extremes. As a result, the **intensity and frequency** of the natural hazards increases, making the probability of disaster occurrence even higher.

Secondly, the population in both countries faces **vulnerabilities** at different levels.

On the one hand, the **demographic and socio-economic characteristics** of the countries are a cause for concern. Although Rwanda is experiencing economic growth, extreme poverty still affects a substantial part of its population. 38,2% of the population is living under the national poverty lines and a total of 55,5% of the Rwandan population lives with less than 1,90\$ a day. At the same time, the population density in the areas exposed to natural hazards is high, resulting in an even higher vulnerability of the population when exposed to hazards. Also Tanzania has a rapidly growing population. The current population of 56 million is expected to increase to 130 million by 2050. The age group experiencing the strongest growth are young people aged 15-34. Furthermore, even though economic growth has contributed significantly to poverty reduction in recent years, 28% of Tanzanians remain below the nationally determined poverty line. 32% of the population lives in urban areas, and 75% of that

² Ongoma, V., Chen, H., Gao, C., Nyongesa, A. M., & Polong, F. (2018). Future changes in climate extremes over Equatorial East Africa based on CMIP5 multimodel ensemble. *Natural Hazards*, 90(2), 901-920.

Adhikari, U., Nejadhashemi, A. P., & Woznicki, S. A. (2015). Climate change and eastern Africa: a review of impact on major crops. *Food and Energy Security*, 4(2), 110-132.

Boko, M., Niang, I., Nyong, A., et al. (2007): *Africa: Climate Change 2007: Impacts, Adaptation and Vulnerability*. Cambridge University Press, Cambridge UK, 433-467.

³ Nikulin, G., Lennard, C., Dosio, A., Kjellström, E., Chen, Y., Hänsler, A., ... & van Meijgaard, E. (2018). The effects of 1.5 and 2 degrees of global warming on Africa in the CORDEX ensemble. *Environmental Research Letters*, 13(6), 065003.

Ongoma, V., Chen, H., Gao, C., Nyongesa, A. M., & Polong, F. (2018). Future changes in climate extremes over Equatorial East Africa based on CMIP5 multimodel ensemble. *Natural Hazards*, 90(2), 901-920.

population lives in informal settlements that are increasingly at risk from water scarcity, flooding and heat extremes.

On the other hand, the **institutional capacity** to cope with disasters is still lacking or not sufficient. This lack of sufficient well-functioning response structures makes the impact of a disaster often even larger. The general lack of institutional and community preparedness for natural hazards worsens the vulnerability of the population. For instance, the population lacks sufficient information and early warnings when a hazard is expected to hit and information on what they can do in order to be better prepared. At the same time, a clear need exists to have first responders nearby and in best case have trained first aiders amongst the community members to be able to immediately intervene and help injured people after the disaster occurred.

2.2.2. Analysis of the stakeholders

The most important stakeholders in both countries are: Red Cross Headquarters, Red Cross branches and the target communities. The Red Cross always works auxiliary to the national authorities, which means they are also a key stakeholder with whom they coordinate during programme implementation. For the detailed analysis of the stakeholders, please see Annex 3.

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

Based on the assessment, the aim of the current programme is threefold: (1) broadening the outreach of DP initiatives, (2) specialising and delivering evidence-based expertise in the intervention area and (3) filling some of the existing gaps that are not yet covered by previous DP programmes.

With the current programme we will first of all **broaden the outreach (1)** of the DP programmes by **expanding the target area (a)**. In the external evaluation report of the programme "*Disaster preparedness programme in the Great Lakes Region*" (DP I), implemented in Rwanda, Uganda and Burundi, is clearly stated that it is recommended to continue the programme and to build on it so that the **geographical coverage** encompasses more regions in each of the countries with the aim to cover the whole country. The current programme will build further upon the achievements of the programme DP I and also upon programme "*Capacity Building for enhanced response preparedness using multi-purpose cash in Tanzania, Burundi and Rwanda*" (DP II), that came to an end in February 2020. In line with the recommendation of the external evaluation, the National Societies (NS) revealed during the needs analysis workshop the need and willingness to address regions that have not yet been addressed by the other DP programmes.

More specifically, in Rwanda, we will focus on the **Huye, Nyaruguru and Nyanza District of the Southern Province**. Each of these districts has been experiencing a number of disasters over the years, such as windstorms, floods and landslides. In Nyaruguru for instance, 6.73% of the population and 3 health facilities face a very high exposure to landslides, while in Nyanza 1 health facility faces a similar landslide-risk and more than 100 000 people are moderately exposed. In Huye, 4 health facilities are exposed to landslides and recent windstorms have destroyed over 150 houses leaving several dozen families without a roof over their heads. In Tanzania, the focus will be on **Longido District in the Arusha Region, Momba District in Songwa Region and Mufindi District in Iringa Region**. Longido has been experiencing a number of disasters over the years such as drought, hunger and epidemics like cholera. Longido is reported as one of the driest districts in Tanzania, resulting in drying out of water sources. The disasters which Momba experiences mostly are floods and epidemics. Cholera outbreaks in Momba have been escalating in recent years due to floods that affected

communities living near lake Rukwa. Finally, Mufindi is also part of the intervention area because of its geographical positioning in the wetland area, where they experience climate related hazards like storms and floods as a result of heavy rains. Specific details on floods, landslides and storms in the intervention zone that continue to have a grave human and economic toll can be found in Annex 2A.

The programme shall also broaden its outreach by **expanding the target group (b)**. The ultimate goal of all the DP interventions is to reach the people who are the most in need. The Red Cross wants to empower and engage the most vulnerable people and communities to become resilient. Experience learns that within communities, **young people** are often extra affected when disaster strikes and can face severe difficulties in coping with unexpected and traumatic interruptions to their lives, which is why bolstering their resilience is particularly valuable. Despite this, youth have also been recognized as having large potential as change agents in their communities in the development and implementation of disaster risk reduction (DRR) policies and practices.

We decided to go one step further than the previous DP programme by targeting a specific vulnerable subgroup within the community, namely youth, for the following reasons: (1) First of all, in the United Nations Office for Disaster Risk Reduction (UNDRR) Sendai framework for Disaster Risk Reduction 2015-2030, is written that *“Children and youth are agents of change and should be given the space and modalities to contribute to disaster risk reduction, in accordance with legislation, national practice and educational curricula.”* (2) Secondly, young people are simply a particularly large population group in these countries, representing 40% of the total population in both Rwanda and Tanzania (compared to the global average of about 30%). This means that changemakers in this age group are ideally placed to educate and mobilize a substantial portion of society to help reduce the impacts of disasters. (3) Finally, given that the successive DP programmes have gradually strengthened capacity at national, branch, and finally community/local level, we believe that the Red Cross capacities at all levels are now sufficient to support this logical next step. The time is right to begin actively engaging and empowering this key demographic group as agents for climate-related disaster preparedness and response efforts.

At the same time, this programme aims **to further specialise and to deliver evidence-based expertise (2)** within the intervention. On the one hand, the generation of scientific **evidence** is essential to gaining a better understanding of effective and non-effective practices. To that extent, BRC-FL works hand in hand with the Centre for Evidence-Based Practice (CEBaP) to ensure that the programmes are designed in accordance with the best available evidence or that they help to create an evidence base. On the other hand, BRC-FL strives to **excel** in specific fields, each carefully selected for its cost-effectiveness potential and consistent with the driving forces of the Red Cross and Red Crescent Movement. We are able to build upon years of experience of the international department and on the expertise of the national departments performing the same activities in Belgium.

Within **disaster preparedness** we can count on the experience of the national department of BRC-FL for disaster management, called *‘Interventie’*. This department manages the many disaster response interventions done by the volunteers, as well as the preventive Red Cross posts set-up during mass gatherings, for example during summer music festivals such as Rock Werchter. The international Disaster Preparedness programme draws hereupon, and adds the experience gained in working within the specific context of the Great Lakes region, where we have been present in the field of disaster preparedness since 2016. Within these DP programmes, we have subsequently focused on preparedness for in-kind and cash response by strengthening the capacities of the National Societies through logistical support, training and Standard Operating Protocol (SOP) development. The most recent DP-Programme, *“Enhancing community resilience to epidemics and hydro-meteorological hazards in the African Great Lakes region”* (referred to as DP III) started in August 2019.

For this new programme, we also want to specialize by further integrating first aid and blood, two fields of expertise of BRC-FL, in disaster preparedness. With regards to **first aid**, the programme shall scale up the first aid component in disaster preparedness, for which we build on the experience gained and materials developed within the development cooperation programmes. In both countries, BCR-FL is working with the NS on first aid in development cooperation. The five-year Development Programme (2017-2021), financed by the Belgian government, in Tanzania and Rwanda focuses on quality through the development of contextualized, evidence-based first aid educational materials, like the 'Basic First Aid for Africa' manual and youth materials.

With regards to **blood**, it is well documented that after a disaster occurs, an enormous part of the population is motivated and willing to give blood for the victims⁴. This altruistic phenomenon occurs for all types of disaster, both natural and man-made, across the world. As the need for blood suddenly increases, it seems rather intuitive that this massive influx of blood donors is a plausible solution but this is not the case, as the blood safety is not sufficiently guaranteed. Researchers studying the characteristics of blood donation after disasters, all reach the same conclusion: the best preparedness is to have a blood stock available to meet a sudden increase⁵. You need regular donors on a daily basis to prepare for disaster⁶. Additionally, the safest blood comes from voluntary, non-remunerated donors (VNRD)⁷. Educating people about the importance of regular, voluntary, non-remunerated donation is the key solution to mitigate the burden of the unmet blood demand and prepare for natural and man-made hazards.

BRC-FL has established a national blood service since 1934 and is providing blood for the entire population in Flanders. The blood service is constantly flooded with invitations to cooperate with other blood establishments, research projects and companies. This expertise on blood and the relationship with donors has made BRC-FL one of the world's leading organisations in this field. This practical experience and reach on the ground, coupled with the fundamental research on the collection, preparation, storage, function and quality of blood and our evidence-based approach, gives the organisation a unique combination of skills that few others can rival. Furthermore, BRC-FL constantly strives to improve its practice through research, and to adapt its research to the realities of the practice. To that end, the Centre for Evidence-Based Practice (CEBaP) of BRC-FL is currently conducting a systematic review on the effect of a disaster on the number of blood donations and blood safety, and the results of this study will be directly translated to practice in Rwanda and Tanzania.

Finally, the needs assessment workshop for this programme and the lessons learned workshop of the programme DP II revealed that beyond broadening the scope and specializing, the need remains to fill also **certain gaps that have not yet been covered by the DP programmes (3)**. During the lessons learnt workshop of the DP II Programme conducted in February 2020, it became clear that unlike Rwanda Red Cross Society (RRCS), there is still a need for further support on **cash preparedness** in Tanzania to enable Tanzania Red Cross Society (TRCS) to acquire the 'cash readiness' status. Besides, in Rwanda, there is currently no sufficient operational **emergency Water – Sanitation – Hygiene (WASH)** capacity within RRCS. Knowing that this is key in order to respond effectively when a disaster hits, this programme also plans to respond to that need. Developing a national WASH in emergency unit would be an opportunity to the RRCS to further position themselves as an actor in the treatment and provision of potable clean water in case of a disaster, making it even more relevant to respond to disaster.

⁴ See references 1-8 in annex 8 – references

⁵ See references 4-9 in annex 8 – references

⁶ See references 2, 3, 8 in annex 8 – references

⁷ See reference 10 in annex 8 – references

Based on the vulnerabilities presented in the overview of the context and the findings of the needs analysis described here above, this programme will focus on two result areas, one at institutional level and another at community level:

Outcome 1: Increased institutional preparedness for response capacity of the National Society (HQ and branch level) by building further upon DP I and DP II

In order to cover more districts and to strengthen preparedness amongst communities and more specific youth within the communities, it is crucial to further reinforce institutional capacity of the National Society at headquarters (HQ) (= national) level and branch (= district) level.

Capacity on risk planning (1.1.) is key in order to be prepared for effective response to disaster. Adequate planning is vital to minimize the effects of natural hazards and to be more prepared. As we will broaden the target area, there is still a need to enhance capacity on risk planning at institutional level. This planning will be initiated via the **Enhanced Vulnerability and Capacity Assessment (EVCA)**. The *Vulnerability and Capacity Assessment (VCA)* is a long-standing approach of the Red Cross and Red Crescent Movement. It is a participatory process developed for communities to become more resilient through risk mapping⁸ and contingency planning⁹. VCA enables communities to explore where these risks come from, which members of the community will be the worst affected, what is available at all levels to reduce the risks, and what mitigation measures can be undertaken to strengthen the capacity of people at risk and to reduce the risks they face. EVCA stands for enhanced VCA. It is an improved and innovative version of the VCA made possible thanks to the support of a number of National Societies, Reference Centers and the International Federation of Red Cross and Red Crescent (IFRC). The EVCA now includes **climate change** considerations as well as **gender** and **diversity** considerations. In this way we use the innovative process of EVCA to integrate gender and environment considerations within the programme. In order to be able to engage the communities and support the self-identification of hazards and community-based coping and mitigation mechanisms, we will focus first on capacity building at institutional level, namely HQ level and branch level.

Secondly, in order to fill the existing gaps at institutional level in each of the countries, the programme will also focus on **strengthening specific capacities at institutional level (1.2.)**. In order to enable the TRCS in Tanzania to acquire the '**cash readiness**' status, this programme will reinforce the capacity of staff and volunteers in other branches than the ones already addressed via the previous programmes. Besides, in Rwanda, knowing that having the operational technical **emergency WASH capacity** is key in order to respond effectively when a disaster hits, this programme also plans to ensure centralized water purification and potable water transport means are put in place, as the advantage of having Emergency WASH logistical and organisational capacities is quick mobilization of essential and vital resources.

Thirdly, in order to further specialise and to deliver evidence-based expertise within Disaster Preparedness, the necessary **expertise on first aid and blood for disaster preparedness (1.3.)** will be developed at institutional level.

With regards to **first aid**, in this disaster preparedness programme, we want to use the developed materials of the development programmes to effectively train people in first aid in order to be rapidly mobilized in times of crisis, enhancing the development-humanitarian nexus within the programme. In order to develop the necessary skills at this institutional level, we will use the following tools:

- **First Aid For First Responders (FAFR):** Essential, basic first aid skills and knowledge are not always sufficient in events with a high number of casualties with multiple

⁸ Risk mapping is the assessment and analysis of risk the population is facing

⁹ Contingency planning is the identification of salutation to address the risk that are the result of the risk mapping.

injuries. In order to further enhance the response capacity of the RRCS and TRCS to sudden onset hazards, the BRC-FL will provide an advanced First Aid For First Responders (FAFR) training to the beneficiaries, targeting more complex situations in order to better cope and respond when a disaster hits.

- **First Aid Blended Learning (FABL):** First aid blended learning (FABL) is an innovative way of training basic first aid via an app with offline consultable step-by-step guidelines for emergency situations. The offline learning is combined with one day in class training, which focusses on techniques and skills. This programme will support the use of a mobile first aid app that enables staff, volunteers and community members to acquire contextualized FA content from their smartphones before, during and after emergencies. At institutional level, the focus will be on training of FABL trainers who can then further train lay people at community level.
- **First aid for youth:** At institutional level, we will first ensure that at the level of RRCS and TRCS the instructors are trained on first aid for youth, in order to adequately support the communities in these first aid activities for youth;

With regards to **blood**, amongst all organisations, the Red Cross is best placed to promote VNRD. Both RRCS and TRCS have been involved in promoting VNRD and the sequential blood collection in the past. At institutional level, we aim to address the lack of sufficient, voluntary, non-remunerated blood donors. This problem manifests itself in both peace-time and disaster-time. Training and workshops for staff of the Host National Society (NS) and volunteers, will raise the capacity to recruit and retain donors at community level. Existing promotional materials (flyers, posters, radio spots, messages on social media, etc.) will be reviewed and new materials will be designed, specifically focusing on youth.

Finally, a **crisis modifier (1.4.)** will allow us to conduct a response to disasters anywhere in the country. Multi-Purpose Cash Transfers (MPCT) will be the primary intervention method due to its relevance in a wide range of potential disasters, its ease of use and a strong community preference (where needed, we will foresee additional training on MPCT). Where necessary, the use of cash may be complemented by distributions of pre-stocked response materials such as household and shelter kits.

Outcome 2: Communities and specifically youth within these communities, are better prepared to withstand the impact of disasters through increased DRR awareness and enhanced response capacities

National HQ determines strategic priorities, procedures and provides guidance and resources to ensure consistent service delivery nationwide, while branches are active and operational within the districts through staff and volunteers.

When a disaster occurs, Red Cross and Red Crescent volunteers are at the frontline of response efforts. They have a continuous understanding of on-the-ground needs, vulnerabilities, and capacities. They also help with search and rescue, apply first aid, organise food and safe water distribution, help to build houses, and promote good hygiene practices to prevent disease. Furthermore, they give psychosocial support immediately after a disaster occurs and during the recovery phase. In short: systematic disaster and crisis management starts with preparedness for early action by trained and organised volunteers.

This is why, with the disaster preparedness programmes, the aim is always to increase preparedness for effective response by reinforcing not only the institutional capacity of the NS but also by empowering volunteers and community members in local communities across the country. The focus of the BRC-FL is always on training staff and volunteers to become more self-reliant and less dependent on external help when a disaster hits.

Once the institutional capacity at the NS will be in place, the next step will be to **raise**

awareness and inform people (2.1.) at community level on how they can get better prepared and what they can do in order to mitigate the impact of disasters. The focus will be on three types of awareness raising. First of all, the communities and youth within these communities will be **engaged in the EVCA process**. RRCS and TRCS will assist the communities, and more specifically the youth in these communities to identify and analyze the determinants of risk, namely the probability of hazard occurrence, exposure to hazards, and vulnerability and coping capacity. In each step along the way, the information gathered will be analyzed in order to identify the priority risks to be addressed. The list of the priority risks will then inform the further development of community contingency plans and disaster risk reduction action/mitigation plans. Secondly, existing **Information, Education and Communication (IEC) materials** will be reviewed and new materials will be designed in order to support the DRR awareness raising sessions in schools and communities. Finally, with regard to **blood** in the communities, we will conduct promotion sessions on voluntary non-remunerated blood donation.

A second step in order to enhance the community preparedness will be the **mitigation measures (2.2.)** identified during planning phase. In order to limit the adverse impact of natural hazards, structural and non-structural measures will be taken in the communities. These measures will be developed following the EVCA process. Youth within the communities will be guided through the development of identified mitigation measures and encouraged to conduct outreach and awareness raising activities within their communities.

Finally, we will foresee **first aid trainings to people at community level with a specific focus on youth (2.3.)** with the help of the evidence based first aid training materials. This first aid for youth will be done through training of teachers and students in secondary schools in first aid to increase their self-reliance during disasters and day-to-day emergencies on the one hand and via training of youth in basic first aid via blended learning (FABL) on the other hand.

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

About one month after the initial proposal was submitted, the WHO announced the COVID-19 outbreak as a pandemic on the 11th of March 2020. The impact of the coronavirus pandemic is devastating worldwide, including in Rwanda and Tanzania. We have tried to adjust to this new situation, but nevertheless it had a major impact on the implementation of the project up to today.

RWANDA

On the 14th of March 2020, the Government of Rwanda, through the Ministry of Health (MoH) confirmed the first case of COVID-19 in Rwanda. Following an assessment by MoH, the government announced a nation-wide lockdown. These measures were implemented for an initial period of two weeks to mitigate the risk of transmission of the virus, although they were prolonged several times throughout 2020 and 2021.

The government put in place a coordination system composed by four main teams at national and district level:

- At the national level: COVID-19 National Steering Committees and COVID-19 Joint National Task Force
- At the district level: Command Post and Expert advisory team

On the 18th of January 2021, in response to the rise of COVID-19 cases, Kigali City began a strict lockdown with only essential businesses operating from 4 am to 6 pm. All movements outside of homes (to access essential services) required an approved permit from the police.

Mid-February a relaxation of measurements was announced, however on the 17th of July 2021, Kigali and eight other districts across the country were sent back into lockdown to curb surging COVID-19 cases and deaths until at least end of July. Both public and private offices, except for those providing key services, were ordered closed. The districts targeted in this project were in lockdown until August 10. These measurements heavily impacted the implementation of the program. Although RRC was considered a key service, it became very difficult for staff to move around and the focus within RRC also shifted to tackling the impact of the lockdowns. Many activities had to be cancelled in the months following the lockdowns, as physical meetings were prohibited for a long time and not all volunteers had access to a computer and/or Wi-Fi connection.

Although Rwanda has made notable efforts to fight the pandemic, the COVID-19 pandemic has aggravated poverty, which resulted in mental illnesses, due to insufficient knowledge about the prevention of the virus, as well the lack of financial capacity to access prevention materials and other basic needs. Many people are economically affected due to works that were stopped, to avoid transmission of the virus. The most affected families are those ones in category E, D and C one and two of ubudehe¹⁰ (categorization where Rwandans are classified depending on their socio-economic status).

Currently, six vaccines are approved for use in Rwanda namely Moderna, Pfizer-BioNTech, AstraZeneca, Johnson & Johnson, Sinopharm and Sputnik V. In 2021 7,706,206 people (or 60%) received one dose and 5,503,486 people (or 42%) are fully vaccinated.¹¹

On May 22, 2021 the Nyiragongo volcano, situated in the northeast of the Democratic Republic of Congo (DRC), erupted and called for the evacuation of hundreds of thousands of Congolese to Rwanda. The lava from Nyiragongo eruption damaged between almost five hectares of crops in Cyanzarwe Sector of Rubavu District in Rwanda. In the same district tremors resulting from the volcanic activity destroyed over 400 houses, as well as roads, schools and hospitals. Many Rwandese people had to be evacuated to safer ground. Additionally, the influx of Congolese refugees caused for a spike in COVID-19 cases in the district of Rubavu, which leaves this region in high need of food, shelter and personal protection equipment.

TANZANIA

The United Republic of Tanzania reported the first case of COVID - 19 on the 16th of March 2020 as an imported case that was detected in Arusha region and the number of confirmed cases has been incrementing since then. Nine regions including Dar Es Salaam, Kilimanjaro, Mwanza, Mbeya, Mtwara, Ruvuma, Kigoma, Kagera and Arusha are considered to be high-risk compared to others due to their proximity to border points of entry or connection to international flights¹². Since early days of the pandemic, the government of Tanzania through the Ministry of Health, Community Development, Gender, Elderly and Children of the United Republic of Tanzania instituted various prevention and control measures to help stop the spread of COVID-19. The efforts to contain the pandemic were met with some key challenges, mostly emanating from systemic problems within the health system such as inadequate testing kits in the sense that testing of the COVID-19 was mostly done centrally in Dar Es Salaam. The counting of cases started after the death of the 5th president of the republic of Tanzania. Government officials encouraged people to use herbal medicine to cure COVID-19 infections. Majority of the population flouted the COVID-19 prevention and control rules. Some Tanzanian senior government officials frequently downplayed the seriousness of COVID-19, with some even encouraging people not to wear masks. This showed lack of political will and posed a threat to a successful fight against COVID-19.

¹⁰ [LODA: The pilot phase of Ubudehe categorization process kicks off countrywide](#)

¹¹ [COVID-19 \(rbc.gov.rw\)](#)

¹² <https://bit.ly/3LkYfbP>

Overall, Tanzania's COVID-19 containment measures have been markedly less strict than many neighboring states, where lockdowns and travel restrictions have largely become the norm. Government hesitated to lock down the country due to the pandemic, citing the risk of starvation brought by lockdowns and the need to protect economic stability. The daily lives for the majority of working citizens have been minimally affected.

Despite a series of issues undermining the country's fight against the pandemic, WHO and other actors including the Red Cross have continued to work with the government of Tanzania to implement the following pillars articulated in various COVID-19 preparedness and response plans and strategies set up by the government with an aim to break the chain of the pandemic transmission.

- Coordination and Leadership
- Surveillance, laboratory support and Points of Entry
- Risk Communication and Community Engagement
- Case Management and Infection Prevention and Control (IPC)
- Logistics and operations

Tanzania Red Cross Society is the lead in the risk communication and community engagement pillar, a mandate given to them by the government due to its auxiliary role to both national and local government authorities. In this pillar, the Tanzania Red Cross Society works very closely with the government and other actors to develop and communicate preparedness messages on COVID-19 to the wider community to protect them from illnesses and deaths caused by the COVID-19 pandemic.

In the year 2021, Belgian Red Cross-Flanders funded Tanzania Red Cross Society to implement a cash program in favor of the people whose socio-economic activities were impacted negatively by the COVID-19 pandemic in the border regions of Kigoma and Mbeya. These are not the target regions of the DP4 project.

Additionally, Tanzania Red Cross Society received funding from various donors including International Federation of the Red Cross and Red Crescent Societies (IFRC) and UNICEF to implement Risk Communication and Community Engagement (RCCE) activities with an aim to increase COVID-19 vaccination uptake.

As of 31st December 2021, Tanzania had recorded cumulative total of 29,306 confirmed cases and 737 deaths (with Case Fatality Rate of 2.5%). Also, by the end of December 2021, a total of 1,335,728 people had received a vaccine (either Moderna or Pfizer) against COVID-19, which represents only 2% of the total population. Despite the enormous efforts by both the government and other humanitarian actors, there is a lot of skepticism and denialism around the vaccine among the general population. Complacency of the public in general in practicing safety precautions poses a challenge on the preparedness and response efforts being put against the COVID-19 pandemic.

Also, the lockdowns caused by COVID-19 pandemic in Rwanda affected the implementation pace of the DP4 project at Tanzania Red Cross Society. This is because regional trainings took place later than expected in Rwanda. These trainings involved participants from both Tanzania and Rwanda Red Cross Societies.

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

RWANDA

Although most restrictions were lifted in May 2022, the fall-out of the COVID-19 pandemic had a major impact on Rwanda. Although Rwanda made considerable efforts to prevent the spread of the virus, the pandemic has led to worsening poverty levels, resulting in widespread

psychosocial distress and in more extreme cases mental illness. After a strong rebound in 2021 from the COVID-19 induced-contraction in the preceding year, the economy faced multiple challenges in 2022: pandemic scars, headwinds from the war in Ukraine, climate-related shocks and mounting inflationary pressures. On top of this, high food prices will probably lead to an increase in the number of food-insecure households in 2023.¹³

Besides the impact of COVID-19, the Great Lakes region continues to be characterized by security issues and political volatility, leading to an influx of new refugees as the result of the ongoing conflict in Eastern Congo. New refugees are arriving every day and this puts an additional burden on Rwanda.¹⁴

TANZANIA

Since the midterm reporting, the Covid-19 situation has greatly evolved. By August 2022, less than 30 cases a day were identified and 55% of people above 18yo were fully vaccinated. The impact of Covid-19 on the project therefore decreased since mid-2022. However, the delays occurring in the first half the project did have an impact on the implementation rate of the second half which had to be increased. Additionally, the vulnerability of the target population increased which lead to an increase in the relevance of the intervention.¹⁵

HUMANITARIAN ORGANISATION IN THE INTERVENTION AREA

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

Auxiliary to the public authorities since 1962 (TRCS) and 1964 (RRCS), both National Societies have been involved in emergency response, including emergencies related to natural disasters. In Rwanda, BRC-FL and RRCS have worked together since the 1990s in different fields such as blood transfusion, health (HIV/AIDS, WASH, first aid), and emergency relief and rehabilitation activities. From 2011 to late 2016, BRC-FL did not support activities in Rwanda. The partnership was renewed in October 2016 with the first DGD-funded disaster preparedness programme. In Tanzania, TRCS is active in four fields, namely health services, disaster management, WASH and refugee operations. TRCS has been a partner to BRC-FL since 2017 to date in the areas of first aid, WASH, OVC and disaster preparedness.

In the field of first aid and WASH, BRC-FL and the NS are currently implementing a five-year development **Programme "Rode Kruis Vlaanderen helpt helpen: duurzame impact door inzet op zelfredzaamheid"** (2017-2021), financed by the Belgian government in both Tanzania and Rwanda. BRC-FL focuses on these 2 areas of intervention in order to be able to deliver a tangible added value to the partnership. Firstly, first aid is a priority activity for all Red Cross Societies worldwide, and especially relevant in Tanzania and Rwanda, because of frequent disasters and lack of health infrastructure and services. Secondly, access to sufficient and safe water and sanitation is an important contributor to overall health and poverty reduction. In this development programme, the focus of the first aid activities is on training new first aiders by use of quality and evidence-based didactic materials. This experience in development cooperation will serve as a basis for the development of first aid in disaster preparedness.

In the field of disaster preparedness and response, the BRC-FL has been intervening since 2016 in Rwanda and since 2018 in Tanzania, both with its preferred partner, the host

¹³ <https://www.wfp.org/countries/rwanda>

¹⁴ [Rwanda: DRC new influx update 16 | Global Focus \(unhcr.org\)](#)

¹⁵ The United Republic of Tanzania ministry of health (2022), COVID-19 weekly situation report: no. 49 from 13th to 19th august 2022

national society of the Red Cross. From October 2016 until March 2019, the BRC-FL carried out the **Programme "Disaster Preparedness in the Great Lakes Region (Burundi, Rwanda, Uganda)"** (DP I) financed by the Belgian government through the humanitarian budget. This DP I Programme focused on strengthening the response capacity of the National Societies by offering institutional support to mainly HQ and Branch levels in specific districts. Training of National/Branch Disaster Response Teams, increasing the warehousing and transport capacities, and pre-positioning of relief goods and response equipment such as first aid kits and water treatment tools formed the core components of the programme. In 2018, a second disaster preparedness programme was set up for Burundi, Rwanda and for a new intervention country: Tanzania. The **Programme "Capacity Building for enhanced response preparedness using multi-purpose cash in Tanzania, Burundi and Rwanda"** (DP II) was also financed by the Belgian government. This programme ran from January 2018 until February 2020. As in the other countries of the Great Lakes region covered by the DP I Programme (Rwanda, Uganda and Burundi), this programme also enhanced the response capacity of Tanzania Red Cross Society to respond to the various natural and man-made crises frequenting the country. Above this institutional support to TRCS, the DP II programme has also led the BRC-FL to strengthen capacities in the framework of Cash Transfer Programming in Rwanda, Burundi and Tanzania. Communication materials to sensitize vulnerable people targeted by MPCT (mobile cinema, banners, leaflets,...) were developed. Through this programme, the NS now have set up a collaboration with banks and financial service providers to distribute cash during a crisis. Standard operating procedures for cash based interventions are now also in place at national level.

Through these two DP programmes, the regional capacity to respond to disasters has been significantly bolstered. The logical next step was to shift the focus of support from institutional to community level. In the currently running **Programme "Enhancing community resilience to epidemics and hydro-meteorological hazards in the African Great Lakes region"** (DP III, August 2019 - July 2021), BRC-FL aims to increase the resilience of communities particularly vulnerable to two major threats prevalent in Rwanda, Uganda and Tanzania, namely: (i) disasters caused by hydro-meteorological hazards, and (ii) infectious disease outbreaks, more specifically Cholera and Ebola.

2.7. 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 **Rwanda**, the RRCS currently implements projects in the following sectors: disaster management and disaster risk reduction, health and care, livelihoods, migration, national society development, protection, gender and inclusion, resilience and water and sanitation. Next to the BRC-FL, these projects are financed by the following Red-Cross Partner National Societies: American Red Cross, Austrian Red Cross, Belgian Red Cross - French Community, Danish Red Cross, Japanese Red Cross Society, Norwegian Red Cross and Spanish Red Cross.¹⁶

In **Tanzania**, the TRCS is currently implementing projects in the following sectors: disaster management and disaster risk reduction, health and care, livelihoods, migration, resilience and water and sanitation. Next to the BRC-FL, these projects are financed by the following Red-Cross Partner National Societies: American Red Cross, French Red Cross and Spanish Red Cross.¹⁷

Furthermore, there are **currently no requests for funding submitted to other donors** by

¹⁶ All the information on the sectors of activity and the Partner National Societies for Rwanda is to be found here: <https://ifrcgo.org/africa/profile.html#RWA>

¹⁷ All the information on the sectors of activity and the Partner National Societies for Tanzania is to be found here: <https://ifrcgo.org/africa/profile.html#TZA>

the BRC-FI for Tanzania or Rwanda. With regards to ongoing actions, attention is always paid to making sure activities under new proposals do not overlap with or duplicate ongoing projects.

As part of this call for proposals, the Belgian Red Cross – French speaking community (CRB-CF) is also requesting funding for Rwanda. BRC-FL and CRB-CF community will implement their project in separate intervention areas, with the exception of the Nyanza district. There is no risk of overlap since they will intervene exclusively in the reception center of the district, where BRC-FL does not intervene. The Belgian Red Cross - French-speaking community will mainly operate in the refugee camps and the host communities of Gatsibo and Kirehe districts (respectively the Mahama and Nyabiheke camp). The goal of their project is addressing the needs of the refugees and the locals by involving the population of both communities. The project will provide access to refugees and host communities to basic health services (first aid, ambulance, community outreach, NFI) and strengthening of livelihood (development of cooperatives, the insertion of youth in the local economy, environment).

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

In **Rwanda**, RRCS has implemented several projects with different partners in the project period but none of them took place in the same districts. Regular coordination meetings were held with all involved Red Cross movement partners to make sure that double funding was avoided.

In **Tanzania**, TRCS implemented, from 2021 until May 2023, projects in the fields of disaster management and disaster risk reduction, health and care, livelihoods, migration, resilience and water and sanitation. The BRC-FI delegate and the staff from the other Red Cross and Red Crescent movement actors present in Tanzania (Spanish Red Cross, IFRC and ICRC) maintained regular communication in order to remain updated of each other's plans to avoid duplication but also to identify possibilities for synergies.

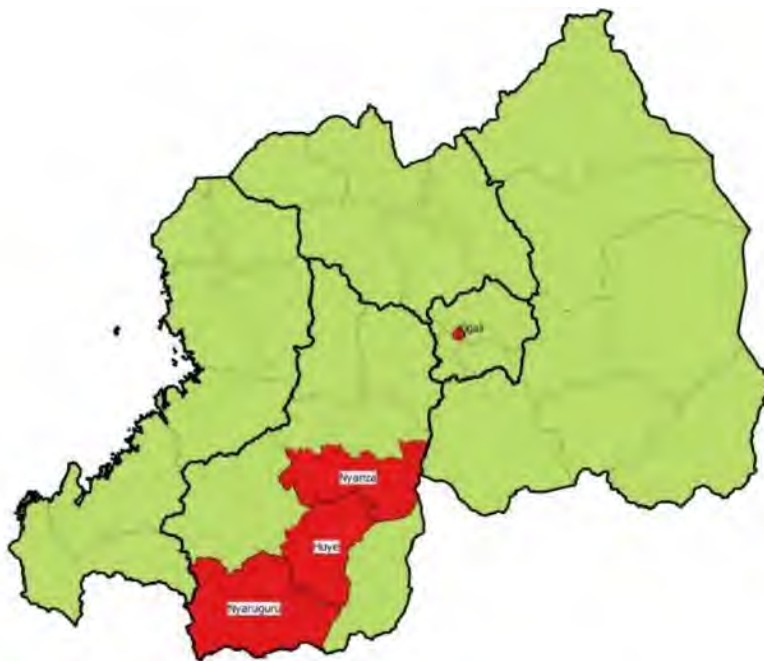
Additionally, BRC-FI coordinate with the local government through its partner TRCS to have an overview of the other initiatives taking place in the implementation area to avoid duplication.

3. OPERATIONAL FRAMEWORK

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

RWANDA		
Province	District	Targeted sectors ¹⁸
Southern	Huye	Karama, Kigoma, Maraba, Mukura, Ngoma, Huye, Rusatira
Southern	Nyaruguru	Cyahinda, Busanze, Kibeho, Ngera, Ngoma, Nyabimata, Ruheru
Southern	Nyanza	Busasamana, Busoro, Kibirizi, Muyira, Ntyazo, Nyagisozi
TANZANIA		
Region	District	Targeted wards ¹⁹
Arusha	Longido	Ketumbei, Engikaret, Eleng'ata Dapash, Ilorienito, Gelai-Meiru-goi, Gelai-lumbwa, Matale, Engarenai-bor, Munda-rara, Kimo-kouwa, Namanga, Or-bomba, Longido, Tingatinga, Olmolog, Kamwanga
Songwe	Momba	Mkomba, Kamsamba, Msangano, Nkomba, Mpapa
Iringa	Mufindi	Ihowanza, Ikweha, Sadani, Igombavu, Bumilayinga

Rwanda:



Tanzania:

¹⁸ Rwanda is divided into 4 provinces. The provinces are subdivided into districts and further into sectors, cells and villages.

¹⁹ Tanzania is divided into thirty-one regions. Each region is subdivided into districts. The districts are subdivided into divisions and further into local wards.



3.2. Beneficiaries

3.2.1. Total number of direct beneficiaries

Outcome	Number of direct beneficiaries	
	Rwanda	Tanzania
Outcome 1	Trained people: • EVCA: 26 • eWASH: 110 • Master trainers: 4 • Master trainers who get refresher: 12 • Master trainers for FAFR: 3 • Training of Trainers (ToT) FAFR: 9 • FAFR: 105 • Voluntary non-remunerated blood donation: 115 Households assisted via the crisis modifier: 3750 people (750 households x 5 persons on average per household) TOTAL outcome 1 = 4134 people	Trained people: • EVCA: 45 • MPCT: 30 • Master trainers: 9 • Master trainers for FAFR: 6 • ToT FAFR: 9 • FAFR: 270 • Voluntary non-remunerated blood donation: 90 Households assisted via the crisis modifier: 3750 people (750 households x 5 persons on average per household) TOTAL outcome 1 = 4209 people
Outcome 2	Trained people: • Number of teachers and volunteers trained in basic first aid (as prerequisite to become trainer in FA): 127 (84 thereof become trainer for youth FA) • Master trainers for youth FA: 6 • ToT FABL: 8 • Trainers who get FABL refresher: 8 Number of youth reached via training in:	Trained people: • Number of teachers and volunteers trained in basic first aid (as prerequisite to become trainer in FA): 120 (108 thereof become trainer for youth FA) • Master trainers for youth FA: 6 • ToT FABL: 8 Number of youth reached via training in:

	• FA for youth: 2100 • FA via FABL: 480 5% of the population of the target communities will benefit directly of the contingency plans, DRR awareness raising sessions and mitigation activities as we assume this percentage will be hit by natural disasters in the future and benefit directly via enhance preparedness to these disasters (estimation based upon reports from previous DP programmes. This percentage is used in other interventions as well) = 26 000 people TOTAL outcome 2 = 28 729 people	• FA for youth: 3000 • FA via FABL: 500 5% of the population of the target communities will benefit directly of the contingency plans, DRR awareness raising sessions and mitigation activities as we assume they will be hit by natural disasters in the future and benefit directly via enhance preparedness to these disasters (estimation based upon reports from previous DP programmes. This percentage is used in other interventions as well) = 19 000 people TOTAL outcome 2 = 22 634
TOTAL	32 863 people	26 843 people

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

Four groups of direct beneficiaries are targeted through this intervention:

1. Staff and volunteers of the two NS who will receive training and equipment
2. Households (on average 5 members per household) affected by disasters in Rwanda or Tanzania who will receive relief goods or cash (via the crisis modifier funds)
3. Youth living in the target communities who will receive first aid trainings and DRR sensitization sessions
4. Community members who directly benefit from DP activities (contingency plans, mitigation activities,...) within the programme (= approx. 5% of population of target communities)

3.2.3. Mechanisms and criteria for the identification of the direct beneficiaries

The mechanisms and criteria for the identification of the direct beneficiaries are the following:

1. For the selection of NS staff and volunteers, the following criteria will be applied:
 - Literacy (ability to read and write)
 - Familiarity with Red Cross principles and Code of Conduct
 - Residence in the respective branch/community
 - Ability to speak the local language
 - Eager to learn and apply DP methods in their communities

Additional for staff selection: management skills, coordination skills and level of education
2. The Crisis Modifier proposed under this programme will be applicable to any district which is affected by a disaster in Rwanda or Tanzania. Beneficiaries of the Crisis Modifier will be selected through community and local government identification methods, supported by an in-depth assessment based on pre-agreed selection criteria, which will be informed by the nature and location of the response.
3. The schools will be selected based on the EVCA covering the exposure to hazards, coping capacity and the presence and functionality of youth clubs at the schools. Schools with a higher risk score and which do not have functional youth groups will be prioritized for inclusion in the project. The project will stress gender balance within the youth clubs.
4. The majority of the activities are implemented on the community level, for example communal DRR sensitization sessions, EVCA,... The selection criteria for both the intervention areas and the community households is based on the selection criteria applied to identify the target area, which were:

- Socio-economic vulnerability measured by poverty rate.
- Not covered by other similar humanitarian interventions, not yet covered by ongoing BRC-FL support.

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

The Red Cross strategy for programme management emphasizes participatory approaches whereby beneficiaries play a central role, from the design to the implementation and evaluation phase. For the development of this proposal, beneficiaries could not be consulted directly. However, NS have been in touch with people directly linked with the population, especially the branch coordinators and committees.

Once the programme kicks off, the beneficiaries will be actively involved through a number of activities:

- Enhanced Vulnerability Capacity Assessment: Beneficiaries will be involved in each step of the EVCA process ensuring that their knowledge informs the hazard identification and that the plans developed are representative of their needs. EVCA relies on community leadership, so there are procedures in place to ensure that there is full representation and continuous engagement of the community within the assessment process.
- FA Youth clubs: Students will be involved through the youth clubs in schools which will be established/reinforced in order to train students in basic first aid and also on general DRR awareness.
- Community Engagement and Accountability: CEA is a Red Cross and Red Crescent programming and operations approach which contributes to improved accountability to communities, builds acceptance and trust and supports more sustainable programme outcomes. CEA will be mainstreamed throughout the project to ensure that beneficiaries are able to take an active role in building long-term resilience.
- Preparedness and mitigation measures: The implementation of preparedness and mitigation measures whereby the population will participate in various community works, attend different education sessions and attend bi-annual community coordination meetings.
- Joint lessons learned reflection and end evaluation.

Through community solidarity -a humanitarian value of the Red Cross- the beneficiaries will be encouraged to work together in supporting other beneficiaries, such as elderly or disabled people who have more difficulty in participating in certain activities. The beneficiaries will also be directly involved in monitoring of activities as well as the final evaluation, in order to ensure beneficiary accountability. In addition, representatives elected by the community will be involved in periodic planning and feedback meetings allowing them to express their feeling and views on the most appropriate strategies designed to implement the programme.

3.2.5. Other potential beneficiaries (indirect, “catchment”, etc.)

All community members living in target areas and indirectly covered via the programme (people reached via community contingency plans and via DRR mitigation activities or awareness raising sessions, families of youth who received first aid trainings and DRR awareness raising sessions):

- Rwanda: **approximately 526.000 persons**
- Tanzania: **approximately 376.428 persons**

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

Sector and subsectors	Number of beneficiaries	
Sector: Disaster Risk Reduction / Disaster Preparedness	Rwanda	Tanzania
Subsector: Capacity building (DRR / DP)	533	593
Subsectors: - Community and local level action - Information, communication and public awareness - Hazard, risk analysis and early warning - Contingency planning and preparedness for response	32 330	26 250

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

RWANDA

There are no changes in beneficiary numbers.

TANZANIA

The direct beneficiaries that will be reached with this project for Tanzania remain unchanged.

The number of indirect beneficiaries has changed from 376,428 people to 276,612 people in the targeted locations. During the proposal writing, unfortunately rough estimations for the amount of inhabitants per ward were used, which at the start of the implementation turned out to be wrong. New, accurate calculations were made, bringing the total amount of indirect beneficiaries that will be reached by the end of the project to 276,612. In the table below, a breakdown can be found of the amount of indirect beneficiaries per ward. As mentioned above, the amount of direct beneficiaries will not be affected.

Region	District	Targeted wards	
		Wards	Number of people
Arusha	Longido	Ketumbeine	14,179
		Engikaret	7,526
		Eleng'ata Dapash	13,273
		Ilorienito	10,515
		Gelai Meirugoi	11,901
		Gelai Lumbwa	13,529
		Matale	5,898
		Engarenaibor	10,499
		Mundarara	15,244
		Kimokouwa	9,511
		Namanga	9,187
		Orbomba	18,019

		Longido	2,879
		Tingatinga	9,797
		Olmolog	13,721
		Kamwanga	13,907
Songwe	Momba	Mkomba	7,322
		Kamsamba	17,055
Iringa	Mufindi	Msangano	15,770
		Mpapa	6,512
		Ihowanza	10,756
		Ikweha	8,213
		Sadani	8,585
		Igombavu	6,136
		Bumilayinga	7,101
		Igowole	5,013
		Mtambula	4,564
		Total	276,612

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

RWANDA

There are no changes in beneficiary numbers.

TANZANIA

In Tanzania, it was decided to focus our efforts in certain wards. In the final selection, 20 villages in 17 wards were targeted. This explains why the target was not fully met.

Region/District	Actual Wards	Targeted Targeted Villages	Population
Arusha-Longido	Namanga	Buguluni	8,497
		Kisongo "B"	4,512
		Kisongo "C"	3,987
	Engikaret	Engikaret	4,234
	Mundarara	Kitarin.	5,758
	Sinya	Leremeta	2,533
	Longido	Longido	6,285
	Matale	Matale "A"	2,308
	Ketumbeine	Olopolisek	4,572
	Tingatinga	Tingatinga	4,411

Songwe-Momba	Mkomba	Ntinga	3,480
	Kamsamba	Ntungwa	4,200
	Msangano	Senga	4,373
	Mpapa	Mpapa	4,124
Iringa-Mufindi	Igowole	Igowole	8,176
	Mtambula	Mtambula	5,688
	Ihowanza	Ihowanza	5,234
	Bumilayinga	Bumilayinga	4,897
	Igombavanu	Igombavanu	4,230

3.2.9. [FIN] Estimate by type of beneficiary

Category	Rwanda	Tanzania	Total	%
Male	17,319	10,330	27,649	50%
Female	16,637	10,666	27,303	50%
Total	33,956	20,996	54,952	
<5 years	3,990	2,596	6,586	12%
Children (aged < 18):	17,204	11,265	28,469	52%
Elderly	1,299	640	1,940	4%

3.3. Objectives, outcomes and activities

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

For the standard operational overview that will be applied in the two intervention countries, please refer to Annex 4: Logical Framework. Risks are analysed separately in Annex 5: Risk Analysis.

3.3.2. More detailed information per outcome

3.3.2.1. Outcome 1: Increased institutional preparedness for response capacity of the National Society (HQ and branch level) by building further upon DPI and DPII

3.3.2.1.1. At the proposal stage

- **Sector:** Disaster Risk Reduction/ Disaster preparedness
- **Related sub-sector:** Capacity building (DRR / DP); Hazard, risk analysis and early warning; Contingency planning and preparedness for response
- **Beneficiaries (status + number):** Rwanda: 4 134 people; Tanzania: 4 209 people
- **Indicators for this outcome:**

Output 1.1:

- Number of staff and volunteers trained in EVCA

Output 1.2:

- Number of relief goods procured and prepositioned at national and branch level
- Water truck, mobile water storage system, water quality testing equipment are available (Rwanda – country specific indicator)
- Number of staff and volunteers trained in eWASH (Rwanda – country specific indicator)
- Number of staff and volunteers trained in MPCT (Tanzania – country specific indicator)

Output 1.3:

- Number of trained first responders
- Number of staff and volunteers trained on VNRD mobilisation

Output 1.4:

- Number of households supported with crisis modifier funds (target number can vary depending on the amount of disasters occurring during programme implementation and thus on the amount of crisis modifier funds used. Funding remaining on this budget line will be used for procurement of additional contingency stocks (NFI kits).

- **Outcome-related activities:**

Output 1.1: Staff and volunteers have the necessary knowledge and skills to conduct the enhanced vulnerability and capacity assessment (EVCA)

Activity 1.1.1: Selection of team members and training of the EVCA facilitation team

The exact composition of an EVCA team is extremely important to reach the desired result. Without the right team composition, the information collected about the needs, priorities and capacities in a given community might be incomplete, biased or incorrect. We will apply practical criteria to ensure that the team is gender-balanced and, as much as possible, a reflection of the diversity within the community. The team will include a mix of staff members, volunteers and other stakeholders.

Once the team members have been selected, sufficient time will be allocated to train them on the EVCA. It is vital that the team members understand what the EVCA is, and why and how it should be done. Community work is very specialised and the staff and volunteers must be properly prepared if they are to make full use of the methods, tools and materials at their disposal. One of the key roles of the national EVCA team is to give this training to the facilitation/implementation team at the branch level. They will implement a training programme that will ensure that the trained staff and volunteers have the necessary knowledge and skills, feel comfortable with facilitating the different participatory EVCA tools and understand how to analyse the findings. Experience has shown that at least 5 full consecutive days are needed to train the team on the EVCA.

Topics that will be covered by the training: Internal preparation; Prepare for the assessment, Facilitate the assessment, Facilitate planning, Accompany community implementation and learning. To ensure the team is knowledgeable about gender and diversity concerns, all team members need to complete the “Different Needs - Equal Opportunities” gender and diversity online training course before conducting EVCA.

In Rwanda, 26 people will be trained in EVCA (9 national disaster response team (NDRT) members, 6 branch disaster response team (BDRT) members, 6 volunteers and 5 staff members). In Tanzania, 45 people will be trained (15 NDRT members and 30 BDRT members).

Activity 1.1.2: Identification of the composition of community participants

For the EVCA to be balanced and representative, we will carefully consider who within the community needs to be engaged and how participants and informants are selected. Participants need to be “recruited” based on a clear set of predetermined criteria. The team can use secondary information and their knowledge of the community to select a representative body of community participants and include vulnerable groups. In order to be inclusive, we will make sure that we also capture the voices of the most vulnerable and marginalized. The data collection will include a question or space to differentiate the profile, for instance:

- Women, men and anyone who identifies with another gender or no gender
- People of different age groups including the elderly, youth and children
- People with disabilities
- People from different religious, ethnic, linguistic or migrant groups, for example regular and irregular migrant groups or stateless people
- Pregnant and lactating women
- Male and female heads of households
- Organisations in the community such as local women’s groups and groups working with people with disabilities, migrant populations, non-citizens etc.

Under outcome 2, community members will be supported by the trained staff and volunteers to conduct the EVCA exercise.

Output 1.2 Specific gaps within institutional capacity (identified after the DPI and DPII project) are addressed via specific trainings and provision of equipment and infrastructure

Activity 1.2.1: Increased Emergency WASH logistical capacity and skills (Rwanda)

Emergency WASH logistical capacity

There are currently insufficient technical eWASH capacities and materials within RRCS. The project will provide to the NS an adapted KIT 5, a bowser tank, household-level water treatment kits and material to test the water quality. In addition, staff and volunteers will be trained to deploy and maintain these materials. This package will ensure that RRCS will be able to answer to one of the most urgent and frequent needs after a disaster: the supply of sufficient amounts of quality drinking water. Below is a description of the individual components of this eWASH package. Adapted Kit 5/eWASH system

The adapted kit 5 is a portative water treatment station that can easily be deployed in case of an emergency, for up to 5000 beneficiaries²⁰. The kit comes with a pump and the system allows the intake of water from a river or any other non-potable source. With the eWASH system, the Rwanda Red Cross will be able to treat up to 40.000 l of water a day. The portative water supply system can be deployed in different contexts: it can be used to supply a lockdown zone (in case of an outbreak), a temporary camp (in case of displaced people due to an internal or external crisis) or for providing water when the traditional water system is out of service or cannot guarantee potable water (floods, landslides, drought, water contamination). With this eWASH system, RRCS will be able to respond to drinking water needs in a short time frame even when only highly turbid water is available (often the case after floods and landslides). As a result of a previous in-depth analysis regarding eWASH solutions in the Rwandan context, we will be using an adapted version of the IFRC kit 5.

The system will be constituted of a purification station of 10 m³, a main storage facility of 10 m³ and 5 additional 5 m³ tanks (bladders, sturdy or quick water tanks with frame). We are opting for a solution that can be used in different settings and that allows for the deployment

²⁰ <https://www.butyproducts.co.uk/product/disaster-response-kit-5/>

of different combinations in function of the type and localization of the disaster. The modular system can also be used for smaller scale crises or for disasters that do not receive much attention, and it will improve the cost-efficiency of responding.

- **Potable Water Test kits:** This project will provide RRCS with a small number of easy kits to test the quality of water. It will allow for quick assessment of water-quality parameters like turbidity levels, presence of coliforms or pH measures. Floods and landslides often cause highly turbid drinking water sources. Due to the large displacement of soil and the mixing of water with soil, the biggest health threat is the presence of faecal elements in the drinking water source. High turbidity even binds the faecal particles better. That's why turbidity, coliforms (a.o. *E.coli*) and pH are key water-quality indicators. RRCS will be equipped with simple portable kits that require neither electricity, a lab or a cold chain and can be used at ambient temperature. We have identified the AquaGenx kits as a potential solution for the detection of e-coli and total coliforms. Those kits are portable and can be used multiples times. We will also add a turbidity tube and some pool tests to measure the level of chlorine and the pH. For those, the tools can be procured locally.
- **Bowser tank²¹:** Procuring a 10.000 l bowser tank will allow Rwanda Red Cross to transport potable water from a non-affected zone to an affected zone, when this need arises. A water truck is useful when the affected area doesn't have any option of water intake (no natural source, lake or river, or are suffering from drought). The bowser tank can be used in combination with the storage and/or treatment unit of the adapted kit5. A pump will be integrated into the truck. Thereby, RRCS will also be able to pump water in areas that are flooded. The truck will have different intakes and it will be possible to wash and purify the tank.
- **HH water treatment kits:** The project will also procure water treatment kits as part of the non-food relief items. A water treatment kit is composed of a jerry can to fetch water, a bucket with a tap and Sur'eau. Sur'eau is the local name for consumers' chlorine and the most commonly used way of disinfecting water in Rwanda, known and accepted by the communities that will be served. It will allow the community members to transport, store and drink safe water at home, when there is only a limited supply of drinkable water.

Emergency WASH knowledge and skills

- **Creation of an Emergency WASH unit:** The first step will be the creation of an eWASH unit within Rwanda Red Cross. New and existing volunteers with an interest in WASH and relevant competencies will be recruited at National and Branch levels. The eWASH unit will be coordinated by the WASH engineer of RRCS. Having a highly motivated pool of eWASH volunteers will be the base of future eWASH interventions.
- **Creation of SOPs:** Led by the freshly established eWASH unit and with the help of specialised partners from the Red Cross Movement, Rwanda Red Cross will develop clear and understandable SOPs for eWASH interventions. These SOPs will guide RRCS in the correct use of each type of module/component according to the needs and the type of disaster they respond to. During this step, we will also confirm the relevance, characteristics and quantity of the material that needs to be prepositioned. Roles and responsibilities will be discussed and mentioned in the final SOP documents.
- **WASH in Emergencies training:** use of the eWASH system and training on hygiene promotion: This project will procure a vehicle to transport safe water, an adapted kit 5/eWASH system and water quality testing kits. RRCS will then organize specialised trainings on the use of the adapted kit 5 and the testing materials, in order to ensure proper use and adequate maintenance of the different equipment. It is important to note that effective WASH disaster response includes not only the provision of potable water but also facilitates and promotes the use of appropriate sanitation facilities and good hygiene practices. A lack thereof increases the risk of waterborne diseases. Therefore,

²¹ Or a cheaper alternative to transport 10 000 l of potable water

RRCS will also conduct hygiene training courses, to then organise hygiene promotion sessions in the communities. These sanitation and hygiene promotion campaigns will take into account aspects of gender, diversity and inclusion relevant to the response. In total, 110 people will be trained in eWASH (30 NDRT members, 40 BDRT members, 40 volunteers).

- Simulation exercise for WASH in emergencies: When the different trainings are done, RRCS will organize a real-life simulation exercise. This will allow them to test the SOPs and the capacities of the eWASH unit (volunteers and staff). The use of the materials (water testing kits, the bowser truck (or an alternative solution to transport 10.000 l of water), the eWASH modular system and the related equipment maintenance will be put to practice. RRCS will also assess the coordination of the team and the performance of the volunteers. This will be the opportunity to identify gaps or challenges that still need to be covered to ensure a fully operational WASH unit, and will result in adapted and tested SOPs.

Activity 1.2.2: Increased capacity to effectively provide Multi-Purpose Cash Transfers (Tanzania)

During the lessons learnt workshop of the DP11 cash project conducted in February 2020, it became clear that Tanzania Red Cross Society will require further support on cash preparedness to enable them to acquire full and nationwide “cash readiness” status. One of those supports is to reinforce the capacity of staff and volunteers in other branches than the ones already addressed via the previous programmes. In this project, a total of 30 staff and volunteers in the three target regions will be selected and trained on cash transfers and markets by the TRCS cash focal person. The trained team will be subjected to a smaller scale simulation exercise where their skills shall be put into practice and at the same time test the cash SOP that was developed within the DP11 programme in those specific locations.

Activity 1.2.3: Increased contingency stock and infrastructural capacity to safely stock relief goods (Rwanda and Tanzania)

This activity will strengthen the national society for localised, smaller scale actions at regional and branch levels. The offices, once constructed and/or better protected and reinforced, will provide safe stocking space for storing relief and response items as well as provide a place where staff and volunteers can work and prepare for local response actions. In Rwanda, the project will ensure protection of the branch office in Nyaruguru by constructing a fence around it. In Huye the existing building will be upgraded by installing a water harvesting system. In this way, we will prevent the rain water infiltrating the foundation of the building while simultaneously collecting water for alternative usage. In Tanzania a small branch office in Songwe Region will be constructed, which will also contain a stock room. In Rwanda the project will procure 200 non-food item (NFI) kits for 200 households (1000 people) and in Tanzania 250 NFI kits for 250 households (1250 people). These kits will be distributed to the beneficiaries according to the needs, either partial or complete. The relief items that will be prepositioned are among others: buckets, soap, jerry cans, tarp, mosquito nets, kitchen sets, blankets, mats, etc. In order to give the required visibility to the team members and volunteers conducting activities prior to or during a disaster, they will be equipped with several visibility items such as polo shirts and/or caps. This differentiates the team members from anyone else performing public address for commercial or any other reasons, and associates these persons with the unique principled approach of the Red Cross. Finally, in both Rwanda and Tanzania, the branches and local response teams will be equipped with some basic tools to use during disasters (spade, hoe, machete, wheelbarrow,...)

Output 1.3: The national society has increased expertise in first aid and blood donor recruitment specific for disaster situations

Activity 1.3.1: Enhanced first aid skills, materials and techniques of first responders (FAFR)

This activity has the aim to improve the advanced FA skills and techniques of the First

Responders of the Action Response teams of the Rwanda and Tanzania Red Cross Society. The first aid for first responder trainings will be based on the recently developed “First Aid for First Responders in Africa” manual. A standardized training programme is available both for the first responder training as for the training of trainers.

This activity will be initiated by a coordination meeting to start up the FAFR trainings and to identify RRCS and TRCS members and other disaster response stakeholders who will be trained. In both countries, master trainers and trainers will be trained using the FAFR materials. The aim of this sub activity is to train basic first aid trainers in the specific didactics, techniques and knowledge needed to facilitate a first responder training. By including master trainers in this add-on training, we assure that in future programmes new trainers can be trained in-country. The training of master trainers will be organized at regional level (both participants from Rwanda and Tanzania).

The project will train both master trainers (3 in Rwanda and 6 in Tanzania) and trainers (9 in Rwanda and 9 in Tanzania) at branch and HQ level, who will further train the first responders at community level. This way of training enhances capacity on national level and their advanced knowledge and skills will be further used in future projects and expansion to other districts.

In the last phase, first responders will be trained in the target areas (105 in Rwanda and 270 in Tanzania). The selection of candidates will be made from the strongest participants of the basic FA trainings of the disaster response team (DRT) members (every lay-person who receives a FAFR training needs to own a basic first aid certificate). The target number of first responders is higher in Tanzania given the fact they will need to act in an entire region which is much larger from out geographical point of view and thus more responders are needed. In Rwanda, the first responders will cover the district they are operating in, in Tanzania, they will operate in an entire region the district is located in.

Both in Rwanda and Tanzania, manuals and equipment will be provided in order to ensure effective training. Also first aid kits will be procured to equip the first responders.

Activity 1.3.2: Training for staff and volunteers on how to increase awareness (including in youth) on voluntary non-remunerated blood donation

With this project, and for the first time, the problem of the lack of sufficient, voluntary, non-remunerated blood donors in times of disasters will be examined and addressed. Together with the national blood service, RRCS and TRCS will develop an emergency donor recruitment plan, to be implemented in case of a sudden increase in the blood demand due to any natural or man-made disaster. Existing promotional materials (flyers, posters, radio spots, messages on social media, etc.) will be reviewed and new materials will be designed, in order to rapidly raise awareness regarding blood needs, and to increase the willingness to donate, under the right circumstances. After that, trainings and workshops for staff and volunteers of both National Societies, will be conducted (both at national and regional level) to raise the institutional capacity to recruit and retain safe blood donors. This pilot activity will lay the groundwork for further investments in surge capacity regarding blood donor recruitment in times of disaster.

In Rwanda 115 people will be trained (110 volunteers, 1 blood focal person and 2 staff from HQ, 1 branch coordinator, 1 head of health service) and in Tanzania 90 people (2 regional coordinators, 14 staff, 64 volunteers, 10 people from fire brigade, NBTSS, department of disaster management and local authorities).

Output 1.4: Assistance (cash or in-kind) provided to those in need following a disaster through a crisis modifier

In the programme submitted by CRB-CF, the option exists to reallocate a maximum of 10% of the total budget to the immediate management of a disaster response. The crisis modifier funds will be used at the request of the NS. Concrete, after a disaster hits, a response budget will be drawn up by the NS, which specifies the funding necessary for effective response and to assist those in need. Based upon this budget, CRB-CF and BRC-FL will coordinate how much funds they will contribute each from out of the programmes to this needed budget. This coordination will avoid any risk of duplication.

Cash will be deposited in the BRC-FL delegation account in-country or in a dedicated account of the national society for rapid disbursement in case of a sudden emergency. This money is meant to kickstart major relief operations by allowing for a swift first response and needs assessment while awaiting other (inter)national budgets to be transferred, or for response to small scale disasters that are not eligible or suitable for international funding.

Activity 1.4.1: Activate disaster response teams (DRT) ready to implement MPCT or distribute relief goods

The deployed DRT will evaluate the needs after a disaster and assess the conditions for implementing a cash based intervention (based on a market assessment) or an in-kind response. To that end, the Branch DRT works closely with the local disaster response teams and the local authorities. After this assessment, the report is shared with RRCS/TRCS HQ, which then proceeds with the response analysis and makes all necessary preparations for the distribution.

Once preparations are in place, a number of HQ team members of the Cash Technical Working Group are deployed to the field in order to create or verify the beneficiaries list, set up the systems, then inform the HQ to transfer the money to the beneficiaries (via a service provider). Their role is also to ensure that the selected beneficiaries are the ones actually receiving the funds and to provide them with key information (eg: rights to make complaints, to give feedback, the purpose of the cash based intervention, how the money could be utilised etc.).

At this proposal stage, the project includes crisis modifier funding for 750 households in both Rwanda and Tanzania. However, this target number can vary depending on the amount of disasters occurring during programme implementation and thus on the amount of crisis modifier funds used. The balance remaining on this budget line will be used for procurement of additional contingency stocks (NFI kits).

Activity 1.4.2: Ensure monitoring and reporting during and after the MPCT and/or distributions

During and shortly after the response, RRCS and TRCS will maintain a presence in the field to monitor the distribution and ensure that it is appropriate for the circumstances and is responsive to the needs of the beneficiaries. The post distribution monitoring is also aimed to collect lessons learnt from the beneficiaries and the stakeholders and provide recommendations for future responses. Complaints or raised issues will be addressed.

3.3.2.1.2. Interim report

- Updating²² of the indicators

RWANDA

	Indicator	Target	Actuals Dec 2021	Progress in %	Comments
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²²

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

0 1.1.1	Number of staff and volunteers trained in EVCA	26	28	108%	
OP 1.2.1	Number of staff and volunteers trained in eWASH	110	0	0%	Activities are planned to start in 2022
OP 1.2.2	Number of relief goods procured and prepositioned at national and branch level	200	200	100%	
OP 1.3.1	Number of trained first responders	105	0	0%	FAFR trainings are planned to start in 2022
OP 1.3.2	Number of staff and volunteers trained on VNRD mobilization	115	119	103%	
OP 1.4.1	Number of households supported with crisis modifier funds	750	867	116%	

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	Indicator	Target	Actuals Dec 2021	Progress in %	Comments
OP 1.1.1	Number of staff and volunteers trained in EVCA	45	66	147%	
OP 1.2.2	Number of staff and volunteers trained in MPCT	30	26	86%	No more trainings expected
OP 1.2.3	Number of relief goods procured and prepositioned at the national and branch level	250	290	116%	
OP 1.3.1	Number of trained first responders	270	20	8%	More trainings on FAFR are planned to take place in 2022
P 1.3.2	Number of staff and volunteers trained on VNRD mobilization	90	115	128%	
OP 1.4.1	Number of households supported with crisis modifier (CM) funds	750	290	39%	CM activities conducted when disasters occur within implementation period.

- Updating of the beneficiaries (status + number):

RWANDA

	Indicator	Target	Actuals Dec 2021	Progress in %	Comments
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0C1.1	Beneficiaries result 1	4134	4516	109%	Target reached due to the use of the crisis modifier
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	Indicator	Target	Actuals Dec 2021	Progress in %	Comments
0C1.1	Beneficiaries result 1	4209	517	12%	Activities planned to take place in 2022 and 2023

- Updating of the activities

Output 1.1: Staff and volunteers have the necessary knowledge and skills to conduct the enhanced vulnerability and capacity assessment (EVCA)

Activity 1.1.1: Selection of team members and training of the EVCA facilitation team

The trainings on EVCA were organized in both countries during Q1 2021.

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A total of 21 RRCS volunteers were trained: 9 volunteers from National Disaster Reduction Teams, 6 volunteers from Branch DRTs and 6 other volunteers. Additionally, 3 disaster management officers from Nyanza, Huye and Nyaruguru and 4 RRCS HQ staff participated in the training as well, leading to a total of 28 participants (20 male and 8 female). The training took place at RRCS HQ from 12th to 16th of April 2021. Through the EVCA training, staff and volunteers received the necessary knowledge and skills to conduct the EVCA in communities. They also gathered knowledge regarding disaster management terminology: hazard, disaster, exposure, vulnerability and capacity etc.



Figures 1&2: Participants of EVCA training in Rwanda

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66 participants (50 male, 16 female) received an Enhanced Vulnerability Capacity Assessment (EVCA) Training from 16th to 19th February 2021. Out of the total participants, 49 of them were TRCS volunteers, 5 TRCS staff, 12 local government officials. The regions in which the trainings took place include Iringa, Songwe and Arusha where the following topics were taught:

- Key concepts of disaster
- EVCA concept and terminologies

- Purpose of the EVCA.
- EVCA tools
- History of TRCS and code of conduct.

The main objective of this training was to equip participants with knowledge and skills to be able to conduct an EVCA exercise at the community level.



Figures 3&4: Participants of the EVCA training in Tanzania.

Activity 1.1.2: Identification of the composition of community participants

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The identification of the target area was done in Q1 2021. 2 cells in 20 sectors were selected so the EVCA took place in 40 cells. During this term, also the RRCS volunteers and staff were identified and selected.

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The ward disaster committee members assisted to mobilize community members in their respective wards for the EVCA activities. Different categories of people in the community were mobilized for the EVCA activities. Men, women and youth were interviewed separately in their respective groups.

In addition, the district education officers in liaison with TRCS, selected twelve (12) schools located in disaster prone locations in the 3 regions for EVCA activities.

Output 1.2 Specific gaps within institutional capacity (identified after the DPI and DPII project) are addressed via specific trainings and provision of equipment and infrastructure.

Activity 1.2.1: Increased Emergency WASH logistical capacity and skills (Rwanda)

The procurement of KIT 5 and other material to test the water quality was finalized in Q2 2021 and the KIT 5 arrived in Rwanda in December 2021. The creation of an Emergency WASH unit and additional ToT will be organized in close cooperation by the Austrian Red Cross Society. The ToT on the use of KIT5 was planned from 20th to 26th of November 2021 however the facilitator returned to Austria due to family issues. The training is postponed to February 2022.

Initially the procurement of a water truck in Rwanda was foreseen in this programme, as a part of the eWASH (Emergency Water, Sanitation and Hygiene) component. Procuring this truck as soon as possible is a huge asset since it increases the preparedness and response capacity of RRCS within the current COVID-19 pandemic as the need for essential services, such as water, is increased. Therefore, the DGD approved that the water truck will be procured

within the already running programme “Enhancing community resilience to epidemics and hydro-meteorological hazards in the African Great Lakes region”.

Buying the water truck, with an estimated budget of € 112,857, within another project gave more flexibility to some procurements and activities wherefore the budget was limited. Multiple budget lines of both investments costs and working costs have been augmented with the released budget as per the budget modification request that was approved by the donor. These budget changes will facilitate the implementation of the project in Rwanda and the achievement of the indicators. On the one hand, an increase in moveable properties have been made including KIT5, relief goods, FA materials, FA kits and volunteer clothes with a total of € 55,027. On the other hand some activity related budget lines have been increased such as training of FAFR trainers, crisis modifier, provide materials and support for youth led mitigation activities in target communities, basic first aid trainings for teachers and first responders, training of youth first aid trainers (teachers & volunteers), basic first aid trainings for students with a total of € 57,830.

Activity 1.2.2: Increased capacity to effectively provide Multi-Purpose Cash Transfers (Tanzania)

A total of 26 participants (15 male, 11 female) were trained on cash transfer programming (CTP) from 19th to 22nd of July 2021. The training focused on the 5 phases of cash transfer programming, namely preparedness, assessment, analysis, implementation and monitoring and evaluation. Facilitators from both Tanzania Red Cross Society and Belgian Red Cross-Flanders used the IFRC’s “Learning by Doing” methodology to deliver the training.



Figure 5: Participants following one of the CTP training sessions

Before attending the classroom course, each of the selected participants undertook one online pre-requisite course on cash and markets. They submitted their course certificates before attending the classroom course.

Knowledge and experience acquired during the training was measured using a pre- and post-test that was administered before and after the training. Below are the positive results of the two tests which were undertaken by a total of 24 participants.

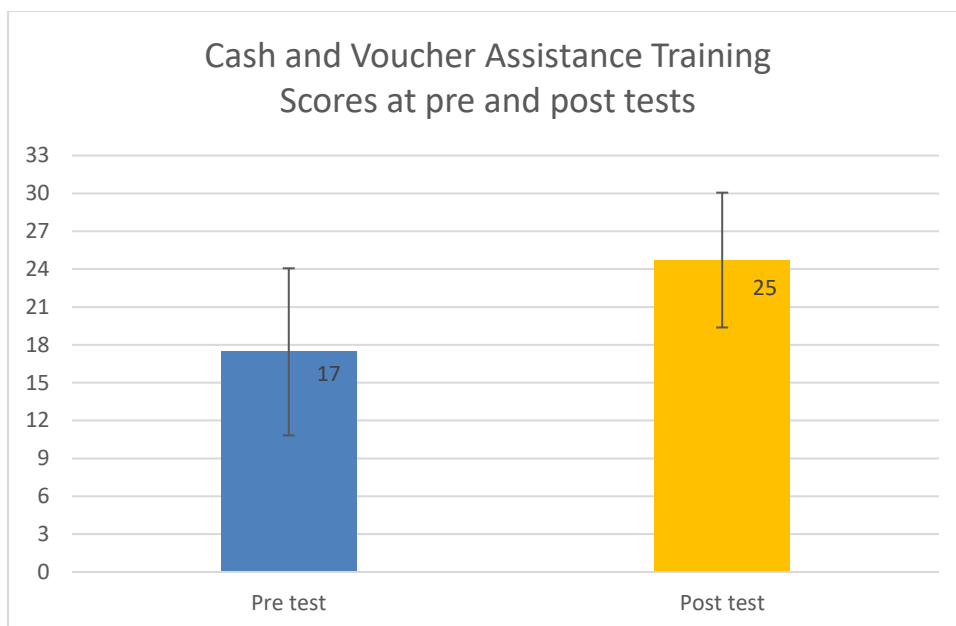


Figure 7: A chart showing results of the pre and posttests of CVA training

Activity 1.2.3: Increased contingency stock and infrastructural capacity to safely stock relief goods (Rwanda and Tanzania)

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In Q1 2021 the renovation of Huye Branch office started and was finished in Q2 2021. Five water tanks of 5,000 liters for each well were fixed with pipes and gutters on five different buildings at the office premises. There were also minor repairs on a broken toilet roof and kitchen attached to one of the offices.



Figure 7: Water tank Huye Branch Rwanda

In Q2 2021 pre-positioned relief items for 100 households have been bought: 400 buckets, 200 soap bars, 400 Jerry cans, 200 mosquito nets, 200 cloths, 200 kitchen sets, 200 blankets, 200 mats, 670 iron sheets, etc. Those materials are stored in RRCS warehouse and will help RRCS in their response for any possible disaster. In Q4 of 2021 more pre-positioned relief items for 100 more households have been purchased: 200 kitchen sets, 200 mats, 200 soap bars, 200 mosquito nets, etc.

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The following Non Food Item (NFI) kits were purchased locally by TRCS in September 2021 and delivered to the TRCS warehouse in Dodoma in October 2021. These items will support a total of 290 families in case affected by disasters in the future.

	Relief goods	Quantity	Date of delivery	Delivery number	note
1	Kitchen sets	290	18/10/2021	HL/015	
2	Jerrycans	580	18/10/2021	HL/015	
3	Mosquito nets	580	4/11/2021	12737	
4	Dignity kits	580	3/11/2021	0212	
5	Soap(bar)	580	18/10/2021	0195	



Figures 8 & 9: TRCS and BRC-FL staff inspecting prepositioned stock at the TRCS warehouse in Dodoma

Additionally, through this project, TRCS bought a piece of land for office construction in the month of September 2021 in Mbozi district in Songwe region. In the last quarter of the year 2021, TRCS engaged a contractor who is currently working on the TRCS office construction (see below picture of the construction) in Songwe. The office construction is expected to finish within the first quarter of the following year.



Figure 10: TRCS office in Songwe (before construction)



Figure 11: TRCS office in Songwe(during construction)

disaster situations

Output 1.3: The national society has increased expertise in first aid and blood donor recruitment specific for

Activity 1.3.1: Enhanced first aid skills, materials and techniques of first responders (FAFR)

REGIONAL TRAINING

From 1st to 10th of September 2021, the regional ToT for First Aid for First Responders was organized and facilitated by Belgian Red Cross-Flanders volunteers. We wanted to organize this training before, but this was not possible due to the lockdowns and other restrictions related to COVID-19.. The participants were 6 trainers of RRCS and 6 Trainers of TRCS.

The topics covered during the training were:

- The role of the First Responder/Preventing illness and injury
- Approaching a seriously ill or injured person
- Basic life support
- Circulation – the management of bleedings
- Damage & disability/burns
- Common illness & disease
- Safe movement and transport of ill or injured person,
- Incident management & road traffic accidents
- Disaster response and the first responder



Figure 12: Regional ToT FAFR training in Kigali

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FAFR ToT

The FAFR and Youth First Aid Manuals were translated in Kinyarwanda by a translation company in Rwanda. Due to COVID-19 measures volunteers were not allowed to get together to assist in the translation, and they don't have access to a computer to work from home.

From 3rd to 10th of October 2021, a FAFR ToT for trainers from Nyanza, Huye and Nyaruguru Districts was organized and has been facilitated by RRCS master trainers. The participants were: 30 volunteers (4 women and 26 men). It was a good opportunity for RRCS to improve the knowledge/skills of the volunteers for providing humanitarian assistance and those trainers will train also other volunteers in the community in 2022.

Disaster Management Training

A training for 90 Volunteers from Branch Disaster Risk Teams and 100 Volunteers from local DRTs from Nyanza, Huye and Nyaruguru Districts on disaster management has been conducted at RRCS HQ for 4 days (from 4th to 8th of August for BDRTs and 27th to 30th of September for LDRT). During this workshop, the participants were trained in Disaster Management and the following topics have been covered:

- Disaster & Emergency management in Red Cross movement
- Occurrence of main disasters in Nyanza, Nyaruguru, and Huye
- Safe access
- Code of conduct personal preparedness and security
- role and responsibility of BDRT & LDRT before and during emergency
- early warning and early action
- logistics
- fleet management
- warehouse management
- COVID-19 risk communication and health during emergencies
- Water and sanitation during emergencies
- Communication an emergency and information management
- Disaster Risk Reduction and Environmental activities
- Risk map and contingency planning.

At the end of the training the participants prepared the action plan to be implemented in their respective Districts.



Figures 13: BDRT and LDRT Training at RRCS HQ

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First Aid Blended Learning (FABL) and First Aid for First Responders (FAFR) manuals were translated from English to Kiswahili during quarter one and two of the year 2021. The translation work involved bringing together a team of TRCS volunteer translators who sat together in one location and translated the documents in soft copy version for a number of days. The following table shows the dates the translation took place and the number of translators involved.

Table 1: overview of dates of translation

Type of document	Number of pages	Dates of translation	Number of volunteers involved
FAFR manual	276	25 th to 30 th March, 2021.	11
FABL manual	90	11 th to 13 th February 2021	7
Youth Manual	171	19 th to 21 st June 2021	10

The translated documents were sent out to the first aid coordinator of TRCS for review and approval. So far, all the documents have been translated and shared with the communication department of Belgian Red Cross-Flanders for further review, lay-outing and possibly printing.



Figure14&15: A team of volunteer translators working on FABL manual at TRCS offices in Dar Es Salaam



Figure16: The ENABEL junior expert assessing the practical session during the BFA ToT training

In preparation to roll out the First Aid for First Responders training in Tanzania, the project conducted two Basic First Aid (BFA) trainers course to 30 volunteers, each sessions targeting 15 participants (12 from DP4 funded districts and 3 from selected branches outside DP4 project regions). The first BFA trainers course took place from 8th to 17th December 2021 and the second one from 15th to 24th December 2021 in Iringa, Tanzania. Participants for the BFA ToT followed the standard recruitment process to access the training. The sessions aimed to prepare qualified BFA trainers for add-on trainings for FAFR and Youth ToT. TRCS General master trainers, BFA trainers and a supervisor facilitated the trainings with technical support from the project manager, the ENABEL junior expert and the first aid coordinator of TRCS. Each training took 10 consecutive days, with topics such as a refresher to BFA, didactic skills, micro teaching and training management.

At the end of each training phase, each participant was given an opportunity to do self-evaluation and receive his/her performance evaluation.

Table 2: 24 qualified participants in both trainings

SN	REGION	QUALIFIED ROUND 1			QUALIFIED ROUND 2		
		M	F	Total	M	F	Total
1	Longido -Arusha	3	1	4	2	1	3
2	Mufindi -Iringa	1	1	2	1	0	1
3	Momba – Songwe	3	0	3	3	0	3
4	Mpanda – Katavi	1	1	2	1	1	2
5	Pemba – Zanzibar	1	1	2	1	1	2
	Total	9	4	13	8	3	11

The qualified trainees (24) will be awarded a BFA TOT certificate. They will conduct one BFA training in their respective districts and are categorized to attend either FAFR ToT or Youth First Aid ToT. The BFA trainings will be conducted in the second week of January 2022. General Master Trainers will supervise the training and provide the recommendations for the add-on training (FAFR or TOYT).



Figure 17&18: Microteaching session during a First Aid Training

Activity 1.3.2: Training for staff and volunteers on how to increase awareness (including youth) on voluntary non-remunerated blood donation

REGIONAL TRAINING

The Global Advisory Panel (GAP) on Corporate Governance and Risk Management of Blood Services in Red Cross and Red Crescent Societies²³ in close coordination with the BRC-Flanders Focal Point Blood and two in-country project managers of Belgian Red Cross-Flanders organized and conducted a virtual regional training on Blood Donor Recruitment from 21st of June to 8th of July 2021. The regional training consisted of 5 sessions. Each session lasted about 4 hours. There were 2 sessions planned per week.

According to the initial plan, the Blood Donor Recruitment training was to take place 3 months after the project inception, in Tanzania, but instead it took place 6-7 months after, online. This delay is ascribed to the travel restrictions imposed by the COVID-19 pandemic. As it was unclear at the beginning of the pandemic when travel would be possible again, it was decided after a couple of months to change the format of the training from an in-class training in

²³ Global Advisory Panel (GAP) is an independent association that provides advice to Red Cross and Red Crescent National Societies and their affiliated blood services, in matters concerning corporate governance and risk management in the field of National Society blood programs.

Tanzania (with GAP facilitators coming from Australia and RRCS participants coming from Rwanda) to an online training. The GAP facilitators consequently required extra time to change the training materials to fit the online teaching methods. This delay caused a domino effect to the subsequent trainings and its related activities.

During this training, the participants received knowledge, skills and experience on how to recruit, attract and retain safe donors and most importantly how to conduct pre-donation education sessions. In Rwanda, 5 RRCS staff, 5 RRCS volunteers and 7 Rwanda Blood Service staff participated, while in Tanzania, 15 persons from TRCS and x persons from Tanzania National Blood Transfusion Service participated.



Figure 19&20: Group picture(1st picture) and TRCS staff developing pilot training materials on Blood donor recruitment(2nd picture)

Several significant steps were taken after the Blood Donor Recruitment (BDR) Training, including 2 follow-up sessions (online) with trainees from the two countries, namely Tanzania and Rwanda, and representatives from GAP on the 1st of September 2021 and on the 30th of November 2021. During the meeting, BRC-FL representatives provided collective feedback on the content of the training that had been delivered by GAP during June and July periods.

RWANDA

On the 18th of February 2021 a meeting on blood donation activities was held at Nyanza District committee's guest house. During this meeting, the National Center for Blood Transfusion (NCBT) presented the current situation of blood donation activities in Southern Province, their achievements in 2020, challenges and strategies.



Figure 21: Meeting with NCBT

On the 4th of March 2021, an online meeting with the Director of NCBT/Southern and RRCS staff was organized. The director of NCBT has discussed the blood donor existing training materials and modules.

From 29th to 30th of April 2021, a meeting on blood donation activities was organized at RRCS HQ. The main objective of this meeting was to discuss the joint planning on existing materials and new donors IEC materials to be used at collection sites during blood collection which can be developed and supported through this project.



Figure 22: Meeting on blood donation in Kigali

On 30th and 31st of August 2021 a workshop on blood donation activities was conducted at RRCS HQ Kigali. The participants were: 4 RRCS staff, 5 RRCS volunteers, 4 Blood transfusion Service staff and a Belgian Red Cross delegate. The main objective of the workshop was to discuss the GAP training with staff of National Blood Service staff.

The second Workshop on Blood donation activities held at HQ RRCS on 9th – 10th September 2021. Following participants were attending: 2 RRCS volunteers, 2 RRCS staff and 1 Blood Transfusion Division staff and a Belgian Red Cross delegate. The main objective of this workshop was to finalize the development of training materials (PowerPoint, Training Programs, and Lesson Plan) and make the activity plan related to the training of blood recruiters.



Figure 23: A meeting on blood donor recruitment training

The DP4 project has supported 2 days of blood collection organized by Regional Center of Blood transfusion/ Butare in Collaboration by RRCS Nyanza Branch. This activity started from 2nd to 3th of August 2021 and 112 blood unit components have been collected. DP4 Project has supported this activity by hiring the tents and chairs used during the event.



Figures 24&25: Blood donation exercise

A refresher training for trainers of blood donor recruiters of two days from 3rd to 4th of December 2021 was organized. The participants were: 5 RRCS volunteers from Nyanza, Huye and Nyaruguru Districts, 1 staff of RRCS and 2 Staff of the Blood Transfusion Division, as they

participated in the online regional training facilitated by GAP. The session was designed to ensure the active participation of all attendees and it focused on the Microteaching methodology where the participants chose the topics and did the practice of teaching, as it is planned in blood donor recruitment training materials and guidelines. Those practices enabled the participants to be familiar with the training materials, to be adapted to the training guidelines and training methodology including games, songs, videos, role play, etc.

The training for blood donor recruiters (Red Cross volunteers) from Nyanza, Huye and Nyaruguru Districts has been conducted at RRCS HQ for three days, from 28th to 30th of December 2021. The main objective of this training was to increase regular voluntary non-remunerated blood donors for safe and sufficient blood in Rwanda in both peacetime and in disaster or post-disaster time, in order to meet a sudden increase of demand in blood. During the training on blood donor recruitment, the following topics were covered: Introduction to blood, Recruiting Safe Donors, Attracting Donors, Donor retention, Pre-donation education, Post donation reactions management and the participative approaches have been used including games, songs, videos, role play, etc. The participants were 102 blood donor recruiters (35 women and 67 men) from Nyanza, Huye and Nyaruguru Districts.



Figure 26&27: Training of blood donor recruitment in Rwanda

TANZANIA

After the online regional training, another meeting involving 14 participants from TRCS (11), BRC-FL (1) and National Blood Transfusion Services (NBTS) (2) took place in Bagamoyo town in Tanzania from 27th July to 29th July 2021. The aim of the meeting was to develop training materials by adapting them from the GAP blood donor recruitment training materials used during the regional training in June/July. During the meeting, participants working in groups, ended up reducing the 8 topics of the GAP training materials into 5 topics which were deemed relevant in the context of Tanzania Red Cross Society. The training materials were also translated to the local language Kiswahili to make it easy for cascading to the TRCS volunteers at local level most of whom do not understand the English language. The adaptation of the GAP training materials did not finish during the meeting in Bagamoyo. After the workshop, the ENABEL junior expert working with BRC-FL in Tanzania as a didactical expert continued developing the training within three organized sessions with a smaller team of First Aid trainers from TRCS. These sessions were much more productive and eventually were enough to finalize all presentations.

After the presentations were finished, the training guide was finalized by the blood focal point of TRCS.



Figure 28: Participants that developed first draft of the Blood Donor Recruitment training materials

These contextualized blood donor recruitment training materials were later used during the cascade trainings in November 2021. Trainings in Arusha (Longido), Songwe (Momba) and Iringa (Mufindi) took place between the 17th and 19th of November 2021 while those in Arusha (Arusha town) and Dar Es Salaam took place as from the 24th to 26th of November 2021. A total of 100 participants (59 male, 41 female) including TRCS staff, volunteers and NBTS staff participated in those two trainings. The 5 topics covered include: blood safety; recruiting safe donors; donor retention; planning and organizing blood donor drive; and blood donation and COVID-19. Additionally, as part of the practical session of the training, participants recruited blood donors from the surrounding areas of the training venue to participate in the blood collection session held on the 3rd day of the training. A total of 80 units were collected from all the 5 training locations. The units collected were less than expected due to limited time available to recruit the blood donors. It's better to recruit blood donors a few days or even a week before the blood collection takes place.



Figures 29 to 32: TRCS staff, volunteers and NBTS staff participating in cascade trainings in Arusha

As a lesson learned, it was observed that some trainers of the BDR trainings who did not have a ToT background, did not fully follow the training guide during the cascade trainings. Therefore, it's planned that in the coming year, the ENABEL junior expert would guide TRCS to develop a simple ToT guide for the blood donor recruitment training and then test it through a two day training with those trainers.

Output 1.4: Assistance (cash or in-kind) provided to those in need following a disaster through a crisis modifier

Activity 1.4.1: Activate disaster response teams (DRT) ready to implement MPCT or distribute relief goods

RWANDA

In September 2021 a needs assessment has been accomplished for the vulnerable families economically affected by COVID-19 and disasters in Nyanza, Huye and Nyaruguru districts, where 4,333 people (1,667 in Nyanza, 1,000 in Nyaruguru and 1,666 in Huye Districts) have been selected to be supported in health insurance with a total amount of 12,999,000 RWF. In September 2021, several COVID-19 response activities have been carried out: purchase of personal protective equipment, such as face masks, liquid soaps for hand washing and hand sanitizers. In December 2021, the construction of six hand washing stations in Nyanza, Huye and Nyaruguru Districts have started and will be finished in Q1 of 2022.

In Q4 2021, community mobilizations sessions on COVID-19 prevention through mobile radio have been conducted in Nyanza, Huye and Nyaruguru Districts. This was done to contribute to reducing the spread of the COVID-19 pandemic by educating people on different measures of COVID-19 prevention such as wearing a face mask correctly, washing hands regularly by using clean water and soap or using hand sanitizers and respecting social distance. RRCS has also mobilized at least 500,000 people to use COVID-19 vaccines. The mobilizations events are focused in public places: schools, small and big markets, commercial centers, roads etc. This mobile radio was planned in 10 days but it was done in two sessions, the first was done by using RRCS vehicles and the second session was done by using motorbikes in Nyanza and Nyaruguru Districts.



Figures 33&34: Community mobilization sessions on Covid-19 prevention

Also in Q4 2021 two staff members of RRCS participated in a Practical Emergency Cash Transfer (PECT) training in Senegal together with staff members of other Red Cross National Societies to complement the existing knowledge within RRCS on Cash and Voucher Assistance in disaster settings. They were exposed to hands-on information and knowledge, and the use of Red Cross Red Crescent Movement Cash in Emergencies Toolkit. This training will allow RRCS to use cash transfer during emergencies in the future.

TANZANIA

A tropical cyclone was expected to make a landfall in the coast of Indian Ocean in Tanzania on 26th of April 2021. TRCS in partnership with IFRC, launched and implemented a Disaster Relief Emergency Fund (DREF) to support preparedness activities in some parts of Mtwara, Lindi, Dar Es Salaam, Zanzibar and Pwani regions. As fortunately the disaster didn't take place after all, there was no need for BRC-FL to use this project's crisis modifier funds for further response, which were readily available. Throughout the remainder of the project, TRCS and BRC-FL will continue to be on the look-out to support families affected by disasters and assess if the use of the crisis modifier funds is required.

In the meantime, TRCS organized and conducted cash simulation activities in Iringa (Mufindi) on the 17th to 20th of August 2021, Songwe (Momba) on the 22nd to 25th of August 2021, and Longido-Arusha(Longido) on the 28th to 31st of August 2021. These activities were conducted as part of the capacity building and disaster preparedness efforts to enable disaster response teams in the respective regions to acquire practical skills, knowledge and experience in conducting needs and market assessment and thereafter developing and implementing an appropriate disaster response which could either be in kind, cash or service provision. Another reason for this is to make the process of activating response teams to respond to disasters, seamless in the future.

The exercise was conducted along the 3 main tasks outlined below.

- Development and reviewing of the one day training materials and the two days cash simulation guide. This was done jointly between TRCS and BRC-FL project manager.
- Introduction of disaster related topics in a one day training.
- Implementation of the cash simulation exercise using the developed guide and related scenarios and injects.

In total, 85 TRCS staff and community based volunteers across the 3 regions participated in the simulation exercise as tabulated below.

SN	Region	Title	Male	Female	TOTAL
1	TRCS headquarters	Staff	2	3	5
2	Arusha-Longido	Volunteers	11	4	15
		Community Actors	5	5	10
		Regional Coordinator	1	0	1
		Project Officer	1	0	1
3	Iringa-Mufindi	Volunteers	11	4	15
		Community Actors	5	5	10
		Regional Coordinator	0	1	1
		Project Officer	1	0	1
4	Songwe-Momba	Volunteers	8	7	15
		Community Actors	4	6	10
		Project Officer	1	0	1
TOTAL			50	35	85

The following key topics were tested during the simulation exercise:

- Functionality of cash SOPs

- Roles and responsibilities of different stakeholders as stipulated in the TRCS cash SOP
- Decision-making procedures within TRCS at all levels
- Beneficiary communications and accountability.
- Monitoring systems
- Cross cutting issues such as protection, gender and inclusion plus community engagement and accountability.
- First Aid skills were also tested.



Figure 35 & 36: training and simulation events in Iringa.

Activity 1.4.2: Ensure monitoring and reporting during and after the MPCT and/or distributions

RWANDA

Monitoring and reporting was ensured before, during and after the selection process of the vulnerable people to be supported in health insurance. The selection of the vulnerable people is always done in close collaboration with the local authorities to make sure that the right people are supported.

Also during the Covid-19 awareness raising campaigns by volunteers, staff of RRCS was in the field together with the volunteers for support and monitoring and reporting purposes.

TANZANIA

No activities have taken place yet in 2021.

3.3.2.1.3. Final report**- Indicators for the outcomes obtained****RWANDA**

	Indicator	Target	Actuals Dec 2021	Actuals May 2023	Progress in %
0 1.1.1	Number of staff and volunteers trained in EVCA	26	28	28	108%
OP 1.2.1	Number of staff and volunteers trained in eWASH	110	0	112	102%
OP 1.2.2	Number of relief goods procured and prepositioned at national and branch level	200	200	200	100%
OP 1.3.1	Number of trained first responders	105	0	92	88%
OP 1.3.2	Number of staff and volunteers trained on VNRD mobilization	115	119	119	103%
OP 1.4.1	Number of households supported with crisis modifier funds	750	867	1465	195%

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	Indicator	Target	Actuals Dec 2021	Actuals May 2023	Progress in %
OP 1.1.1	Number of staff and volunteers trained in EVCA	45	66	63 ²⁴	147%
OP 1.2.2	Number of staff and volunteers trained in MPCT	30	26	26	86%
OP 1.2.3	Number of relief goods procured and prepositioned at the national and branch level	250	290	290	116%
OP 1.3.1	Number of trained first responders	270	20	280	104%
OP 1.3.2	Number of staff and volunteers trained on VNRD mobilization	90	115	128	142%
OP 1.4.1	Number of households supported with crisis modifier funds	750	290	571	76%

RWANDA

²⁴ After revision of the activity report, we identified that 63 participants actually completed the training.

	Indicator	Target	Actuals Dec 2021	Actuals May 2023	Progress in %
OC1.1	Beneficiaries result 1	4134	4516	5318	128%

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	Indicator	Target	Actuals Dec 2021	Actuals May 2023	Progress in %
OC1.1	Beneficiaries result 1	4209	517	3352	80%

Breakdown	
Number of RC volunteers & staff trained in blood	128
Number of staff trained in EVCA	63
Number of staff and volunteers trained in MPCT	26
Number of people supported with crisis modifier funds (5 persons per household)	2855
Number of lay-people and volunteers trained in FAFR	280

- Activities carried out

Output 1.1: Staff and volunteers have the necessary knowledge and skills to conduct the enhanced vulnerability and capacity assessment (EVCA)

RWANDA

All activities implemented before the interim report.

TANZANIA

All activities implemented before the interim report.

Output 1.2 Specific gaps within institutional capacity (identified after the DPI and DPII project) are addressed via specific trainings and provision of equipment and infrastructure.

Activity 1.2.1: Increased Emergency WASH logistical capacity and skills (Rwanda)**Emergency WASH trainings**

A training program, conducted from 12 to 18 February 2022, introduced 23 participants (16M/7F) to the use of Kit 5, procured in 2021, at RRC HQ. This training aimed to enhance emergency WASH skills and competencies among RRC staff and volunteers, strengthening the emergency WASH capacities for disaster response.

The training included two days of theory, covering cross-cutting topics like CEA and PGI, followed by four practical days. Participants learned the 8 steps of Hygiene Promotion in emergencies, rapid latrine & tap stand setup, T11 rigid steel tank assembly, household water treatment, and more.



Figure 37: Practical training during the Emergency WASH training in 2022

The training was co-facilitated by the RRC in collaboration with an experienced WASH engineer from the Austrian Red Cross. In February 2023, 17 participants (12M/5F) engaged in a 3-day simulation and refresher exercise from 20 to 22 February, reinforcing their ability to use Kit 5 during emergencies. Also, during this exercise the draft SoP for Emergency WASH, was introduced to the participants. This simulation was co-facilitated by the RRC and the Austrian Red Cross, with support from a delegate from Uganda.

Hygiene promotion

In August 2022, RRC conducted two separate 3-day training sessions for a total of 72 hygiene mobilizers (46M/26F) from Nyanza, Huye and Nyaruguru District. The training focused on the Community Based Environmental Health Promotion Program (CBEHPP). This program employs an outreach-oriented approach to empower communities in enhancing their personal and domestic hygiene practices. The program covers essential aspects such as ensuring access to safe drinking water, upgrading sanitation facilities and promoting sound nutrition practices.

In the first quarter of 2023, the trained hygiene mobilizers implemented a comprehensive sensitization campaign within the DP4 target region. This initiative focused on two pivotal themes: Hygiene Promotion and Household Water Treatment. The campaign aimed to empower and educate the community, instilling essential knowledge and practices for improved hygiene and well-being.



Figure 38: Hygiene promotion at a local market

Activity 1.2.3: Increased contingency stock and infrastructural capacity to safely stock relief goods (Rwanda and Tanzania)

Throughout 2022 and Q1 2023, this project has played an important role in enhancing the infrastructure of the Red Cross offices. Specifically, it has contributed to the construction of the Nyaruguru branch office fence and the rehabilitation of the Nyanza branch office. These infrastructure enhancements represent a significant step towards bolstering RRC's ability to provide timely assistance during critical situations within the respective districts.

TANZANIA

All activities implemented before the interim report.

Output 1.3: The national society has increased expertise in first aid and blood donor recruitment specific for disaster situations

Activity 1.3.1: Enhanced first aid skills, materials and techniques of first responders (FAFR)

RWANDA

In two separate 5-day training sessions, RRC successfully trained a total of 92 individuals, consisting of 56 males and 36 females, as new first responders in advanced first aid. These dedicated individuals have been integrated into the Emergency Response Teams, operating at both the district and national levels. Their expertise will be crucial in responding effectively to a wide range of events and emergencies, ensuring the safety and well-being of those in need.

Unfortunately we did not reach the target of 105 trained first responders. This was discussed with RRC, but they said that for now all their needs in terms of first responders were met. Therefore it was decided to not train an additional 12 first responders in order to reach the full target, but to focus on other activities to make sure that we would (over)reach the targets in

other domains.

TANZANIA

By the end of 2021, 6 BFA trainers from TRCS had attended the regional FAFR training and were therefore ready to train new FAFR volunteers, the FAFR manuals were translated and 24 new volunteers were trained to be First aid trainers and therefore had the necessary prerequisite to attend the FAFR trainings and become FAFR trainers themselves (see interim report).

In January 2022, 14 new BFA trainers attended a FAFR training which was facilitated by the FAFR trainers that had attended the regional training in Kigali. Out of the 14 participants, all qualified to become FAFR trainers themselves. This one training was regional and participants were coming from different regions across the country with a majority from the project geographical scope.

Date	REFION	ATTENDED & Qualified		
		M	F	Total
19th to 29th January 2022	Iringa - Tanzania	9	5	14



Figure 39: FAFR TOT in Iringa; participants during an exercise



Figure 40: FAFR TOT in Iringa; group picture

The next step to be able to cascade the FAFR trainings facilitated by the new FAFR trainers was to have volunteers that could meet the prerequisite to attend a FAFR training meaning volunteers trained in FA in the target regions.

Therefore, 2 rounds of BFA trainings were organized in the target districts.

In the first round facilitated in early 2022, 4 trainings were conducted whereby 76 volunteers were trained and 64 qualified to be FA volunteers:

Date	REGION	ATTENDED			QUALIFIED		
		M	F	Total	M	F	Total
10th - 14th January, 2022	Longido -Arusha (Sinya branch)	11	9	20	8	8	16
10th - 14th January, 2022	Longido -Arusha (Mundarara branch)	8	9	17	6	9	15
10th - 14th January, 2022	Mufindi -Iringa (Nyololo branch)	12	8	20	10	8	18
10th - 14th January, 2022	Momba – Songwe (Kamsamba branch)	11	8	19	9	6	15
	Total	42	34	76	33	31	64

In June 2022, the second batch of volunteers were trained in FA with the same objective that some of them would then attend a FAFR training and become first responders. In this batch, 3 trainings took place whereby 60 volunteers attended and 53 qualified to be FA volunteers.

Date	REGION	ATTENDED			QUALIFIED		
		M	F	Total	M	F	Total
13th June- 17th June, 2022	Longido -Arusha (Namanga branch)	8	12	20	7	10	17
14th June- 18th June, 2022	Mufindi -Iringa (Nyalolo branch)	12	8	20	10	8	18
13TH TO 17TH June, 2022	Momba -Songwe (Kamsamba branch)	14	6	20	12	6	18
	Total	34	26	60	29	24	53

Once the TRCS volunteers were trained in First Aid, the only remaining tasks was to make sure the FAFR manuals were available and that the FA volunteers would receive the FAFR trainings.

As the FAFR manual was already developed and translated in 2021, the remaining task in terms of materials was to launch the printing of FAFR manuals to allow the future First Aid volunteers to refer to them when needed. In total, 115 manuals have been printed (15 in English and 100 in Kiswahili) and distributed to the FAFR trainers and to the branches. Last but not least, 7 rounds of FAFR trainings took place from X 2022 until X 2023. The FAFR trainings were cascaded by the new FAFR trainers and supervised by the more experienced FAFR trainers. Some of the sessions from round 5 to 7 have been facilitated in regions outside of the project scope due to a limited number of FA volunteers willing to become First responders. This also allowed the project to participate in TRCs efforts to increase the capacity of each branch throughout the country.

Rounds	Start date	REGION	ATTENDED		
			M	F	Total
Round 1	28-06-22	Longido -Arusha	8	12	20
	27-06-22	Mufindi -Iringa	12	8	20
	28-06-222	Momba -Songwe	14	6	20
Round 2	04-07-22	Longido -Arusha	10	5	15
	05-07-22	Mufindi -Iringa	8	5	13
	05-07-22	Momba -Songwe	11	3	14
Round 3	18-07-22	Longido -Arusha	6	7	13
	20-07-22	Mufindi -Iringa	10	5	15
	19-07-22	Momba -Songwe	4	6	10
Round 4	03-10-22	Longido -Arusha	6	8	14
	27-09-22	Mufindi -Iringa	7	6	13
	05-10-22	Momba -Songwe	4	4	8
Round 5	19-12-22	Longido -Arusha	9	6	15
	19-12-22	Njombe region	3	11	14
	17-12-22	Mbeya region	9	6	15
Round 6	30-01-23	Arusha city	9	7	16
	30-01-23	Dar Es Salaam	8	7	15
	30-01-23	Dodoma region	6	8	14
Round 7	18-03-23	Zanzibar region	7	8	15
TOTAL			146	115	261



Figure 41: FAFR round 1 in Momba district



Figure 42: FAFR round 5 in Longido district

These volunteers are now in the database of the branches and can be activated in times of disasters.

Activity 1.3.2: Training for staff and volunteers on how to increase awareness (including youth) on voluntary non-remunerated blood donation

RWANDA

All activities implemented before the interim report. No update.

TANZANIA

In 2021, 15 volunteers had been trained on how to increase awareness on voluntary non-remunerated blood donation. 11 of those volunteers then participated in the development of the blood donor recruitment (BDR) training materials together with the National blood transfusion service (NBTS) and with BRC-FI. Afterwards they had facilitated BDR training to 100 volunteers in 4 different regions: Arusha, Dar es salaam, Iringa and Songwe (see interim report).

In the course of April 2022, feedback forms were sent to all participants and 11 BDR trainers to give feedback on these BDR volunteer trainings. Also, a post-test was sent to the participants to check knowledge retention. It became clear the materials needed to be adapted.

From May until November 2022, the Belgian Red Cross Flanders expert in didactics reviewed the materials of TRCS and improved them for future use. The content is still the same, but the quality of the materials has been improved. Methodologies have been added, evaluation forms have been standardized, mistakes have been corrected, the lay-out has been fine-tuned,... These materials were then introduced during a BDR refresher and Training of trainers session facilitated on the 23rd and 24th November 2022. 13 participants attended the trainings of which 8 were BDR volunteers and became new trainers and 5 were previous trained receiving a refresher and new didactical skills. A certificate of participation was granted to all trainers who attended the training.



Figure 43: BDR refresher and TOT; group picture

The updated training materials were then immediately used to cascade blood trainings from another BRC-FI project financed by DGD to 40 volunteers of TRCS.

Output 1.4: Assistance (cash or in-kind) provided to those in need following a disaster through a crisis modifier

Activity 1.4.1: Activate disaster response teams (DRT) ready to implement MPCT or distribute relief goods

RWANDA

In August 2022, the crisis modifier was activated twice due to the onset of the rainy season.

The initial response focused on aiding 245 vulnerable families in Nyagatare District who were impacted by heavy rains on 2 and 3 August, resulting in floods and strong winds. Following the disaster, a team comprising of RRC personnel, community-based volunteers and local authorities conducted assessments of the affected areas, evaluating damage to homes and crops. Based on these evaluations, it was determined that providing cash transfers was the most suitable approach. Each family within the affected community received 101,720 Rwandan Francs (FRW) through mobile money services.



Figure 44: Food distribution in Kigali

Simultaneously at the start of the rainy season, 353 vulnerable families were relocated from high-risk zones prone to floods, landslides and wetlands in Kigali to new government model villages. Upon arriving at this new village, these families lacked income-generating activities. Recognizing this, it was decided that food support was essential until they could settle and establish new sources of income. Each family was provided with 25 kg of maize flour, 2 liters of cooking oil, 10 kg of rice, and 10 kg of beans.

TANZANIA

The first instance where the crisis modifier, the project's flexible funding element for disaster response, was used took place in January 2022 for a needs assessment in the Manyara and Arusha region. A total of 62,000 animals were reported to have died due to the delay of rains on the onset of 2021/22 rainy season which normally starts between November and December of each year. TRCS received call for support from local government councillors

requesting immediate support. About 2.1 million people livelihoods were reported to be affected in the Regions of Arusha, Manyara, Kilimanjaro and Tanga. The regions ultimately targeted were Arusha (Longido and Monduli DC) and Manyara (Kiteto, Simanjiro and Mbulu DC).

Therefore, from the 24th to the 30th January 2022, TRCS and BRC FI conducted multi-sectorial needs and market assessments in the identified areas of Manyara region (Simanjiro, Mbulu and Kiteto districts) and Arusha region (Longido district) as well as a school feeding assessment for the schools of Manyara region to ascertain the drought impact and determine the immediate support required as well the feasibility of certain response mechanisms. These assessment reports were then used by TRCS to request DREF funding with the International federation of the Red Cross and Red Crescent (IFRC) in order to effectively respond as recommended in the assessment report. Thanks to the rapid assessments financed by the DP4 project, TRCS managed to obtain 466,010CHF from IFRC and to provide assistance to 6000 Households through NFI distributions, awareness raising, etc. but also to assist local schools with food supplements for children. Additionally, the project field staff present in Longido district already acquainted with the local context directly participated in the identification of affected households in the response efforts financed by IFRC. This definitely was a good example of effective collaboration between the different actors to make sure the most efficient response could occur. The relatively small but very quickly available funds of the crisis modifier allowed for the situation to be assessed and for a response plan to be put in place while additional funding was on the way.



Figure 45: TRCS volunteer witnessing the effects of the drought on the kettles



Figure 46: TRCS PMERL manager, DP4 field officer and Longido volunteers registering the beneficiaries

In January 2022, the crisis modifier was activated a second time for a needs assessment in the Tabora region. On 3rd January, heavy rainfall and windstorms occurred in Tabora region, Igunga district and affected 10 villages of 7 wards namely Nanga (Mwakupanga and Bulyang'ombe villages), Igunga (Stoo, Igunga Kati and Mayunge streets), Sungwisi (Nguliti village), Nguvumoja (Mwanshoma village), Ngulu (Imalilo village), Mwisi (Isenegeja village), Mwamala (Mwamala village). The rapid assessment was done from 4-7th January and revealed that a total of 421 HH are were displaced. A total number of 915 people from 183 HH, whose houses were completely demolished were accommodated by neighbors and relatives some moved to the church and a few had to renovate their houses with the remaining shelter materials to a living condition. The remaining 238 HH have their hosed partially damaged and they continue living in the safer parts of their damaged houses. It was then followed by a Rapid assessment for market (RAM) which was done from 26th to 28th January where cash transfers was identified as the preferred modality for response. Unfortunately, no official request or terms of reference has then been received by BRC-FI to launch the response partly due to the competing priority cause by the response efforts in Arusha and Manyara mentioned above.

The third and final instance where the crisis modifier was utilized was in January 2023 in the Mbeya region. By the 10th January 2023, heavy rainfalls occurred at Mbeya Region-Mbeya city district causing floods due to the overflow of the Uyole and Igawilo rivers. TRCS, BRC-FI and the government therefore conducted an initial assessment (from 11th to 12th January) which showed that the Flood had affected approximately 281HH (approximately 1,405 people) and left them with extensive damages to their infrastructures (roads, bridges, houses, schools, other public and religious buildings), and to their crops. After discussions, it was agreed that the government who already had prepositioned goods located in Dar Es Salaam would provide the relief items while the project would cover the transportation (thanks to the truck purchased by a previous BRC-FI project financed by DGD) and would organize the distribution as well cover the related costs. Thanks to that collaboration, the 281 most vulnerable households identified received relief items including mattresses, blankets, jerry cans, maize, etc.



Figure 47: Offloading of relief items - Mbeya flood response



Figure 48: distribution of relief items - Mbeya flood response

Activity 1.4.2: Ensure monitoring and reporting during and after the MPCT and/or distributions

RWANDA

For both crisis modifier responses, a Post Distribution Monitoring (PDM) was conducted. Overall, both interventions were regarded as highly successful by both local leaders and the target population.

In the Nyagatare region, where cash distribution was implemented, 60% of the people expressed a preference for in-kind distributions rather than receiving cash. This preference stemmed from the inflated prices in the market due to general inflation in Rwanda and the increased demand resulting from the cash response. Nevertheless, it's important to mention that most of the cash received was indeed used to purchase essential items such as iron sheets, food items, and household necessities, which were in line with the needs identified in the assessment.

Conversely, in the Kigali area, where food distribution was carried out, local leaders and beneficiaries indicated a preference for receiving cash instead of in-kind support. Cash would have given more flexibility to satisfy different needs depending on the preferences of the assisted people.

The main conclusion to draw from these experiences is that there is no one-size-fits-all answer when it comes to choosing the preferred distribution modality in humanitarian responses. The preferred approach for one may not necessarily be preferred by others. It shows again the complexity of giving humanitarian assistance.

TANZANIA

Monitoring was conducted during the distribution of NFIs in Mbeya region. A report has been provided with the distribution list as annex.

No post distribution monitoring was conducted due to the type of response. It was a very rapid and small scale response so the cost of doing a post distribution monitoring exercise would have been higher than the response itself.

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

For this we refer to the final financial report.

3.3.2.2. Outcome 2: Communities and specifically youth within these communities, are better prepared to cope with the impact of disasters through increased awareness and enhanced response capacities

3.3.2.2.1. At the proposal stage

- **Sector:** Disaster Risk Reduction/ Disaster preparedness
- **Related sub-sector:** Community and local level action; Information, communication and public awareness; Hazard, risk analysis and early warning; Contingency planning and preparedness for response
- **Beneficiaries (status + number):** Rwanda: 28 729 people; Tanzania: 22 634 people
- **Indicators for this outcome:**

Output 2.1:

- Number of community and school contingency plans developed
- Number of sensitization sessions on DRR and blood donor recruitment organized

Output 2.2:

- Number of DRR mitigation activities

Output 2.3:

- Number of students trained in basic first aid by teachers in schools
- Number of youth trained in basic first aid via FABL:

- **Outcome-related activities:**

Output 2.1: Increased DP amongst communities, with a specific focus on youth, through active engagement in EVCA process and via awareness raising activities

Activity 2.1.1: Conduct EVCA in the target communities

The assessment is specifically developed and structured to enable RRCS and TRCS to assist the community to identify and analyse the determinants of risk (hazards, exposure, vulnerability and coping capacity) themselves. In each step of the process (see below), the information gathered will be analysed and then synthesised in order to identify the priority risks to be addressed. The list of the priority risks will then inform the further development of community contingency plans and disaster risk reduction action/mitigation plans. The EVCA will be conducted in 20 communities in Rwanda and 19 communities in Tanzania. Depending on the size of the community, between 120 and 300 people are actively involved in the EVCA exercise from out the community.

Hazard and exposure assessment

The purpose of this sub activity is to identify all the natural or man-made hazards experienced by the community and prioritise them. The goal is to have a thorough understanding of the nature and behaviour of the top prioritised hazards and an understanding of the different exposure levels within the community. The information will be plotted on to a hazard and

exposure map which indicates the locations affected by hazards on a spatial map and delineate high, medium and low exposure areas and the elements/features in those areas (what and who). This map is designed together with community members and takes their experience into account.

Vulnerability and capacity assessment

After the initial hazard and exposure assessment, the community will reflect on how and why a hazard affects them. On to the hazard and exposure map, they will additionally identify whether highly vulnerable people are living in high and medium exposed areas and if so, where. They will also identify other elements that are vulnerable that might have been missed earlier (e.g. open water sources, livelihoods, health facilities, etc.). At this stage, it is important to summarise the vulnerability findings according to each hazard and characteristic, and to determine what makes the community most vulnerable to each hazard. In a next step, the community needs to identify what resources are available to cope with a hazard or reduce its impact. The capacity or resource mapping should be done to locate and review the strength of the infrastructures and services (roads, schools, health facilities, water facilities, police stations, government offices, telecommunication, sport facilities, financial institutions etc) and the natural environment (farm land, grazing land, rivers and springs, forest etc). It will also be mapped where individuals with key capacities live (e.g. community disaster response team leaders/members). This helps the community to identify which resources and services might help them in times of disaster or what support they might be able to get from which institution to implement their resilience action plan.

Risk reduction planning

At this stage, the community has understood how and why hazards affect them. The next step is to answer the key question: what actions can be taken to prevent and/or mitigate a potential disaster? Via the use of the EVCA tools, a list of mitigation actions or activities will be elaborated to address vulnerabilities, reduce exposure and strengthen capacity.

Contingency planning

A hazard doesn't wait until prevention or mitigation measures have been taken, and can strike the community at any time. Therefore, people must be prepared for any eventualities in addition to their day-to-day efforts to reduce their risks. Therefore, it is important to include a community contingency plan in the risk reduction plan of action. For this exercise, the EVCA team will use the improved tools provided via the EVCA toolbox. The first step of contingency planning is to define the scale of potential impact of specific hazards and identify the response capacity gaps within the community (scenario planning). Next, the preparation of a community contingency plan based on the gaps will be facilitated. In Rwanda 20 community contingency plans will be developed and in Tanzania 19.

Specific focus on youth

Schools within the target communities will be guided through the development of school-based contingency plans (15 schools in Rwanda and 12 schools in Tanzania). Synergies between these plans and those of the wider community will be developed through the inclusion of head teachers. As this is a school based exercise the consideration and inclusion of protection principles will be a consistent theme throughout the process. During the school contingency planning process, safe evacuation spaces will be identified with clear evacuation routes which will be signposted. Ideally the evacuation centre will have clearly demarcated congregation points for each class of students to facilitate roll calls of students.

Activity 2.1.2: Organization of DRR sensitization sessions

Information, education and communication (IEC) materials

Existing IEC materials (flyers, booklets, banners, posters, leaflets, brochures, radio spots, messages on social media, etc.) will be reviewed and new materials will be designed in order to support the DRR awareness raising sessions in schools and communities.

Sensitization sessions

Both RRCS and TRCS will include sensitization and education sessions in communities on the risks affecting their areas and ways to prepare for and mitigate these. Regular sensitization sessions will be held in schools and at community level using, amongst others, mobile cinema whereby DP and DRR films on disaster related topics will be showed and discussed (focusing on hazards such as heavy rains causing landslides, flooding, erosion, windstorms and lightning but also on WASH in emergencies focusing on sanitation and hygiene practices).

The local youth will be actively involved in the sensitization sessions. Students will be involved in the DRR awareness raising activities within their own schools and will be trained in drama and theatre to reach community members with awareness raising messages on DRR related topics. Students will also be asked to come up with DRR mitigation initiatives which RRCS/TRCS could support within the communities (output 2.2). Each school will be evaluated on a set of criteria to see which activities have performed well. The winning school with the best idea, will be awarded.

2.1.3 Organization of promotion sessions on voluntary non-remunerated blood donation

Promotional activities aimed to educate the population on the importance of sufficient and safe blood and raise awareness on regular, voluntary, non-remunerated donations, will be organized by the trained staff and volunteers.

The number of sensitization sessions (both on DRR and on blood donation), will be determined at the start of the programme.

Output 2.2: Mitigation measures are in place to reduce the negative impact of hazards

Activity 2.2.1 Provide materials and support for youth led mitigation activities in target communities

Following the EVCA, students will be guided through the development of identified mitigation measures and encouraged to conduct outreach and awareness raising activities within their communities. These activities organized by the youth clubs, students and the Red Cross volunteers will mobilise communities to undertake basic mitigation activities such as tree planting, drain clearing, latrine construction, environmental protection activities or hygiene-related activities. The project will provide the necessary materials for this activity, as far as the budget permits.

The number of mitigation activities will depend upon the outcome of the risk reduction plans developed during the EVCA exercise. This target number will be included within the indicators once the EVCA exercise has been finished.

Output 2.3: Strongly increased number of youth with first aid skills & competencies

Activity 2.3.1: Training of teachers and students in secondary schools in FA

First aid for youth

Firstly, teachers (127 in Rwanda and 120 in Tanzania) will be trained in basic first aid by experienced RRCS and TRCS instructors. The materials used for this training are contextualized, evidence-based basic first aid materials and will benefit the teachers as well as the wider school community. As schools are sometimes used as shelters during emergencies, these trained teachers can take up the role of a first aider to treat small injuries or refer to specialized help if needed. Secondly, the best and most motivated trainers of each school will be selected to follow a 'Training of Youth Trainers' (ToYT) of 5 days (84 teachers

from Rwanda and 108 from Tanzania), given by Master Trainers of the RRCS and TRCS (the training of Master Trainers for youth FA will be organized at regional level, involving both participants from Rwanda (6) and Tanzania (6)). The Training of Youth Trainers is designed to prepare teachers to give courses in first aid to their students in the secondary schools by using the first aid training materials developed for this target group. The training tools and materials in this manual have been adapted to their age and context. The content of the manual is based on the 'Basic First Aid for Africa' manual, which is widely used by RRCS and TRCS and used to train thousands of people every year. In the youth manual, specific youth-friendly didactical methods are explained and accompanied by tips & tricks on how to motivate and activate the learners and provide them with fun, varied, structured and visually supported first aid courses. The innovative part of this curriculum is the use of contextualized adapted FA material for youth. During the development of the youth training manual for Africa, BRC-FL ensured the presence of didactic games that improve the capacities of memorizing information. For example, the trainers will use case studies, roleplays, songs and storytelling to help the students to gain FA competencies. Thirdly, the teachers will give contextualized trainings to the students of their schools. In each school, the teachers will be encouraged to form 'Red Cross School Clubs' so the training is not considered as a once-off activity, and the sustainability of the implementation is fostered. In Rwanda, 2100 students will be trained in basic first aid and in Tanzania 3000 students. The schools will also be equipped with FA kits so the necessary tools are available at the school to support initial care.

FA competition

To increase motivation for participation and activity in the first aid lessons, a first aid competition between schools will be organised. First aid competitions are a well-known way of assisting first aiders to develop and practice their skills. The aim of the competitions is to simulate real life experience through scenario-based approaches so as to test the first aider's ability to cope and assist during emergencies. This approach is also a form of gamification which has been proven to be an effective way to increase engagement of students and increase retention of knowledge and skills. The first aid competition will be a way to bring in this gamification element within the programme.

Activity 2.3.2: Training of youth (after secondary school) in basic first aid via blended learning (FABL)

The FABL app has the potential to become a big asset in the event of disasters. The access to basic healthcare is sometimes severely compromised for huge groups of people during events, thus it is of high importance to teach beneficiaries basic first aid skills. Especially in a poor resource context, the FABL training can become an important tool to increase first aid capacity. Therefore, at the end of the project a lessons learnt workshop will be organised to discuss the future application of the app and its potential for usage during disasters. This will increase the scalability of the FA training capacity of RRCS and TRCS significantly.

In Tanzania, the activity will be initiated through an induction workshop at TRCS on FABL which will launch the initiative within the National Society and identify the key areas of country contextualization, which will then take place. This first step is already completed in Rwanda via another BRC-FL project. For the piloting in Tanzania, we will firstly conduct a FABL Training of Trainers of 3 days. People who want to become a FABL instructor have to be a basic FA trainer already. Since it is a very interactive in-class training, the number of people per class is limited to 12, to allow enough time for each participant to practice. This requires different didactical approaches, hence the 3 day re-training.

We will first train FABL instructors (8 in Rwanda and 8 in Tanzania), whom will train 480 basic first aiders in Rwanda and 500 basic first aiders in Tanzania through FABL. Since the in-class part of the training only lasts one day, it is not necessary to have a large group of trainers to build sufficient capacity for the TRCS and RRCS to scale up the number of FABL trainings in

the future. The target group for this activity is youth that owns a smartphone and is willing and eager to gain FA knowledge. In order to reach this target group we will organize promotion session within universities and communities.

Remark: The training of the FABL instructors will also benefit to the project of CRB-CF where they plan to use FABL as FA training method in the refugees camps of Nyabiheke and Mahama. Coordination is foreseen via coordination meetings (see 7: Coordination in the field).

3.3.2.2.2. Interim report

- Updating²⁵ of the indicators

RWANDA

	Indicator	Target	Actuals Dec 2021	Progress in %	Comments
OP 2.1.1	Number of community and school contingency plans developed	35	20	57%	
OP 2.1.2	Number of sensitization sessions on DRR and blood donor recruitment	81*	0	0%	This is planned to take place in 2022.
OP 2.2.1	Number of DRR mitigation activities	65*	0	0%	This is planned to take place in 2022.
OP 2.3.1	Number of students trained in basic first aid by teachers in schools	2100	0	0%	Youth FA trainers have been trained. The FA training of the youth are planned in 2022.
OP 2.3.2	Number of youth trained in basic first aid via FABL	480	0	0%	This is planned to take place in 2022.

* Indicator targets for output 2.1.2 and output 2.2.1 are now 81 and 65 respectively. These targets had not been determined proposal stage. The 81 sensitization sessions are split into 48 blood donor recruitment sensitization sessions (talk shows on community radios, blood collection campaigns, awareness sessions, etc) and 33 DRR sensitization sessions (competitions in schools, mobile cinema, community awareness sessions, etc). The DRR mitigation activities are focuses on tree planting, environmental activities initiated by youth and strengthening of houses of the most vulnerable.

TANZANIA

	Indicator	Target	Actuals Dec 2021	Progress in %	Comments
OP 2.1.1	Number of community and school contingency plans developed	31	31 (19 at community and 12 in schools)	100%	

²⁵

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

OP 2.1.2	Number of sensitization sessions on DRR and blood donor recruitment	98 ^{26*}	15 ²⁷	15%	More sessions are planned to take place in 2022.
OP 2.2.1	Number of DRR mitigation activities	19*	0	0%	This is planned to take place in 2022.
OP 2.3.1	Number of students trained in basic first aid by teachers in schools	3000	0	0%	Youth FA trainers have been trained. The FA training of the youth are planned in 2022 and 2023.
OP 2.3.2	Number of youth trained in basic first aid via FABL	500	65	13%	More trainings are planned to take place in 2022.

* Indicator targets for output 2.1.2 and output 2.2.1 are set on 98 and 19 respectively. These targets had not been determined at the proposal stage. Thus these numbers were agreed upon in a meeting with TRCS and BRC-FL.

- **Updating of the beneficiaries (status + number):**

RWANDA

	Indicator	Target	Actuals Dec 2021	Progress in %	Comments
OC 2.1	Beneficiaries result 2	28729	0	0%	Although the contingency plans have been completed, most DRR awareness raising sessions and other mitigation activities will be implemented in 2022. We are on track to achieve this indicator by the end of the project.

²⁶ The target for blood donor recruitment is 60 while that of DRR sensitization sessions is 38.

²⁷ One location equals to one blood donor recruitment session. Blood recruitment and blood collection sessions were conducted in Katavi, Morogoro, Shinyanga, Dar Es Salaam (twice), Kagera, Arusha (twice), Longido, Iringa, Songwe, Tanga, Dodoma, Mwanza and Mtwara

TANZANIA

	Indicator	Target	Actuals Dec 2021	Progress in %	Comments
OC 2.1	Beneficiaries result 2	22,634	0	0%	Although the contingency plans have been completed, most DRR awareness raising sessions and other mitigation activities will be implemented in 2022. We are on track to achieve this indicator by the end of the project

- **Updating of the activities**

Output 2.1: Increased DP amongst communities, with a specific focus on youth, through active engagement in EVCA process and via awareness raising activities

Activity 2.1.1: Conduct eVCA in the target communities

RWANDA

On 13th of May 2021, an eVCA orientation meeting was organized to discuss the collection of data and reporting tools in Nyanza district for RRCS branches staff & volunteers trained to conduct eVCA in target communities: 20 community contingency plans were developed.

During Q2 of 2021 the eVCA has been conducted in targeted communities from 3 Districts (Nyanza, Huye and Nyaruguru districts). It has been conducted in 20 sectors (6 sectors of Nyanza, 7 sectors of Nyaruguru and 7 sectors of Huye) and in 20 villages (1 of each sector), where 20 to 40 people from each village and 7 to 12 from each sector participated actively in eVCA sessions. at least 900 people participated in the eVCA. This eVCA helped to understand the reality of disasters in those districts: major disasters/hazards in the area at cell-village and sectors levels and their root causes/triggers, disaster effects/impact, disaster coping capacities: financial, skills, equipment, hazard exposures, disaster/hazard risk profiles in the region, disaster risk management gaps/challenges, role of the local community leaders, households in disaster risk management & recommendations for sustainable disaster risk management-resilience building.

The eVCA has been conducted by RRCS Staff, volunteers and district disaster management officers in collaboration with the population, local leaders (at village, cell, and sector levels) where the process was fully participatory. The 8 steps have been followed at all levels (village, cell and sector levels) during eVCA data collection: 1. Transect walk in village, 2. Village mapping, 3. Historical profile, 4. Seasonal calendar, 5. Focus Group discussion, 6. Semi-structured interview, 7. Contingency plan and 8. Collection of other related information to village situation.



Figures 48 & 49: EVCA in Nyanza (Rwanda)

In Q3 2021, RRCS organized the activities of nursery bed establishments in three districts (Nyanza, Huye and Nyaruguru District) to grow trees and plants, in order to reduce the consequences of erosion, landslide, windstorm in those areas. The preparation of nursery beds was also one of recommendations raised by the population, local authorities during eVCA in targeted communities as one important activity among disaster preparedness activities. Seen that the set-up of tree nursery beds in each sector will be too expensive, RRCS suggested two big tree nursery beds in two different sectors in each district. In Nyanza district, the tree nursery beds will be established in Busasamana and Kibirizi sectors, in Nyaruguru District, they will be established in Kibeho and Nyabimata sectors while in Huye District, they will be established in Maraba and Karama sectors. RRCS expects to get 60,000 trees for each trees nursery bed.

A total of 34, 634 trees both agro-forestry and fruits planted as following; Huye District planted 6700 prune de japon, 5640 caliandra, 3000 lucena, 4700 grevelia trees and Nyanza District planted 3420 Eucalyptus, 6331 gervelia, 4163 prune de japon, 380 papayas and 200 caliandra. Nyaruguru Disrtict is also preparing a big community work of planting trees in second week of January 2022.



Figure 50: nursery bed establishments in Rwanda

TANZANIA

The EVCA exercise in Tanzania targeted 19 villages from 3 districts; Longido (10), Mufindi (5) and Momba (4). This exercise was conducted for five (5) days from 22nd to 26th of February 2021 with technical support from 6 TRCS staff, 45 community-based volunteers and 12 ward disaster management committee members who were trained in an EVCA theory session. All tools of EVCA were used to identify risks in these communities.



Figure 51: Community Focus Group Discussions in Longido, Arusha

A total of 475 people from the target community turned up to participate in the EVCA. Out of 475 participants, 53% were from Arusha, 26% from Iringa and 21% from Songwe regions. The EVCA exercise had a number of achievables including 19 risk maps, 19 contingency plans for the wider community and 12 contingency plans in schools.

Table 3: EVCA exercise results

Region	Number of risks maps developed	Number of safe areas identified	Number of community contingency plans developed	Number of schools contingency plans developed
Arusha	10	10	10	6
Iringa	5	5	5	3
Songwe	4	4	4	3
Total	19	19	19	12

The EVCA exercise helped to bring up mitigation activities (refer to the table below), which when implemented could help reduce impact of disasters among the at-risk populations in the project locations.

Table 4: Shows DRR mitigation activities to be carried out at the community and school as seen below.

Region	Identified Hazards	DRR at community
Longido-Arusha Mufindi-Iringa Momba- Songwe	Flood, Drought, Outbreak of diseases (Typhoid, Cholera), Communicable diseases (Urinary Tract Infections and Tuberculosis) and other diseases caused by environmental effects (Pneumonia, Trachoma, Malaria, Livestock disease, Fire outbreak, Pest and Disease, Livestock disease.	• Conduct DRR sessions through mobile cinema (Cholera and COVID-19) • Awareness session on the following programs which involve the community interaction with environment conservation (planting trees, keyhole garden/home garden.) • Promoting climate smart agriculture and water harvesting. • Facilitate individual health and

		hygiene promotion session at community and schools. • Emphasize on the environment cleanness to prevent mosquito bleeding. • Distribution of mosquito nets, water purification tablets and posters.
Region	Identified Hazard	DRR activities in schools
Longido-Arusha Mufindi-Iringa Momba- Songwe	Flood, Drought, Outbreak of diseases (Typhoid, Cholera), Communicable diseases (UTI & TB) and other diseases caused with environmental effects (Pneumonia, Trachoma, Malaria, Livestock disease, Fire outbreak, Pest and Disease, Livestock disease.	• Educate school on how to harvest water (big tanks) • Promote hand hygiene among the student. • Environmental clean ups. • Initiate school clubs

The most prioritized mitigation measures will be implemented in the subsequent years of the project.

Activity 2.1.2: Organization of DRR sensitization sessions

RWANDA

No DRR sensitization activities have taken place in 2021 yet. This is planned for the remaining implementation period.

TANZANIA

No DRR sensitization activities have taken place in 2021 yet. This is planned for the remaining implementation period.

2.1.3 Organization of promotion sessions on voluntary non-remunerated blood donation

RWANDA

On 14th June 2021, the World Blood Donor Day celebration took place in Southern Province of Rwanda, Ruhango district where project funding has contributed to refreshments of all participants and transport fees for 20 donors from different areas who participated in this event. During this event, NCBT gave RRCS the certificate of contributor in increasing the number of voluntary non-remunerated Blood donors through its volunteer network.



Figure 52&53: World Blood Donor Day in Ruhango district, Rwanda

TANZANIA

TRCS collaborated with the National Blood Transfusion services to celebrate World Blood Donor day (WBDD) on June 14th 2021. The slogan of the WBDD was “Give blood and keep the world beating”. A total of 525 blood units were mobilized from voluntary non remunerated blood donors who heeded to the call from TRCS staff and volunteers to come and donate blood. These units were collected during the week of 14th of June 2021 from 10 regions namely Mwanza, Mtwara, Morogoro, Shinyanga, Arusha, Kagera, Tanga, Dar Es Salaam, Dodoma and Katavi.



Figure 54: TRCS volunteers doing different activities during blood donor drives at National Institute of Technology in Dar Es Salaam.

Additional blood donor recruitment and collection sessions took place as part of the blood donor recruitment training in November 2021 in Arusha region (Arusha town and Longido), Songwe, Iringa and Dar Es Salaam. A total of 85 blood units were collected from voluntary non remunerated blood donors mobilized in all the 5 regions. The recruitment exercise was done by the trained participants of the blood donor recruitment training. They conducted the recruitment from the local markets near the training area on the 3rd and final day of the training.



Figure 55 to 56: Blood donation sessions in Arusha region.

Output 2.2: Mitigation measures are in place to reduce the negative impact of hazards

Activity 2.2.1 Provide materials and support for youth led mitigation activities in target communities

RWANDA

No youth led activities took place yet in 2021 in target communities.

TANZANIA

A number of brainstorming sessions have taken place in Tanzania to get an answer to the question what materials and support for youth led mitigation activities should be provided, and to which target communities. The first session took place during the DP4 project management meeting and the second one was done with the government authorities in the target districts of the project. The aim of the mitigation activities is to reduce the impacts and risks of hazards by implementing proactive measures before a disaster occurs. A team of project staff from TRCS visited government officials in Mufindi (20th August 2021), Momba (25th August 2021) and Longido (1st September 2021) to consult with them and find out which DRR mitigation activities are deemed appropriate for the schools and the communities in their jurisdictions. The table below depicts the feedback that were provided by the government officials and taken up by the project for implementation in the future. Of note, unfeasible activities such as construction of classrooms were requested by the government officials in Songwe, but those were not taken up by the project due to cost that would be involved and relevance to the project objectives.

S.no	Regional/District	Schools	Suggestions by Government officials
1.	Mufindi-Iringa	Igowole – Secondary School Bukimau – Secondary School Ihowanza – Primary School	- Capacitate the schools with required DRR knowledge - Use the existing youth clubs to facilitate activities on environment, competitions and essay writing.
2.	Momba-Songwe	Msagano primary school Ntungwa primary school Senga primary	Construction of classrooms

		school	
3.	Longido-Arusha	- Namanga primary school - Buguruni Primary school - Longido Primary school - Oropoloseki Primary school - Namanga secondary school - Longido secondary school.	- Invest in school clubs and recruit more members from the school. - Mobile cinemas, group discussions and presentations to pass DRR messages to students during the following periods of time; September – October or January – March. - Teach first aid to youth as students participate in many field activities and games that often cause accidents.



Figure 57: TRCS project staff together with the district commissioner in Mufindi

Output 2.3: Strongly increased number of youth with first aid skills & competencies

Activity 2.3.1: Training of teachers and students in secondary schools in FA

REGIONAL TRAINING

As a first step towards the achievement of this activity, a regional training of Youth trainers (ToYT) occurred between 26th and 31st of October 2021 at RRCS offices in Kigali, Rwanda. Initially it was planned to take place much earlier in 2021, but due to the impact of Covid-19 it could only take place in Q4 2021.

Belgian Red Cross-Flanders organized this training for 6 Rwandese and 6 Tanzanian First Aid Trainers of which 5 women and 7 men. During the training a recap of didactical principles together with a refresher of first aid techniques was given. Secondly, the trainers were introduced to a number of teaching methods, which are specifically useful for teaching first aid to youngsters. Two practice sessions gave them the opportunity to test their skills in front of the class of ToYT participants. They received feedback after each of these practice session, based on a list of competencies for a First Aid for Youth trainer. So, the participants knew exactly what their areas of improvement were. The training ended with a 30 minute session facilitated by each ToYT participant individually to a target group of 40 students coming from

two different colleges in Kigali. Based on this end evaluation and the previous feedback they had received, a final assessment was done to decide whether the trainer passed or failed. Eventually 10 out of 12 participants passed the training: 6 Tanzanians and 4 Rwandese. The trainers got the opportunity to give feedback to each other, to the ToYT facilitators and the training in general. This feedback appeared to be generally positive, with some minor areas of improvement.

After the ToYT, the 10 trainers who passed the training, will cascade their knowledge in their respective countries.



Figure 58: A training session during ToYT training in Kigali

Activity 2.3.2: Training of youth (after secondary school) in basic first aid via blended learning (FABL)

RWANDA

No activities took place yet in 2021 with regard to the training of youth in FABL.

TANZANIA

Tanzania Red Cross Society in collaboration with Belgian Red Cross-Flanders and Muhimbili University of Health and Allied Science (MUHAS), organized a First Aid Blended Learning Training of trainers (FABL) for 8 participants from 25th to 28th November 2021 in Dar Es Salaam. The training took 3 days of trainers course, followed by one day of teaching practice. As part of their formation, they facilitated a one day in-class training for 65 students on Saturday 27th of November 2021 at MUHAS. The students came from 3 different universities: MUHAS, Kairuki and National Institute of Technology. All 65 students received their certificate of competence in First Aid. The facilitators comprising of BRC-FL regional trainer from Rwanda, the ENABEL junior expert and TRCS first aid coordinator assessed the 8 FABL trainers as they did their teaching practice during the last day of the training and qualified only 7. These 7 qualified trainers will continue to train more people, mostly university students, in regions of DP4 project in the coming year.



Figure 59: A trainer using the FABL app on the phone to attend to a casualty(FABL training practical session)

3.3.2.2.3. Final report

- Indicators for the outcomes obtained

RWANDA

	Indicator	Target	Actuals Dec 2021	Actuals May 2023	Progress in %
OP 2.1.1	Number of community and school contingency plans developed	35	20	35	100%
OP 2.1.2	Number of sensitization sessions on DRR and blood donor recruitment	81	0	81	100%
OP 2.2.1	Number of DRR mitigation activities	65	0	74	114%
OP 2.3.1	Number of students trained in basic first aid by teachers in schools	2100	0	2107	100%
OP 2.3.2	Number of youth trained in basic first aid via FABL	480	0	410	84%

TANZANIA

	Indicator	Target	Actuals Dec 2021	Actuals May 2023	Progress in %
OP 2.1.1	Number of community and school contingency plans developed	31	31 (19 at community and 12 in schools)	31	100%
OP 2.1.2	Number of sensitization sessions on DRR and blood donor recruitment	98 ^{28*}	15	124	127%
OP 2.2.1	Number of DRR mitigation activities	19*	0	42	221% ^c
OP 2.3.1	Number of students trained in basic first aid by teachers in schools	3000	0	3006	100%
OP 2.3.2	Number of youth trained in basic first aid via FABL	500	65	638	128%

- **Beneficiaries (status + number)**

RWANDA

	Indicator	Target	Actuals Dec 2021	Actuals May 2023	Progress in %
OC 2.1	Beneficiaries result 2	28,729	0	28,638	100%

TANZANIA

	Indicator	Target	Actuals Dec 2021	Actuals May 2023	Progress in %
OC 2.1	Beneficiaries result 2	22,634	0	17,644	78%

- **Activities carried out**

Output 2.1: Increased DP amongst communities, with a specific focus on youth, through active engagement in EVCA process and via awareness raising activities

Activity 2.1.1: Conduct eVCA in the target communities

RWANDA

Secondary school teachers underwent DRR training at the RRC HQ from 15 to 17 April, 2022. After this training, several activities were undertaken by the teachers at their school, in particular the development of 15 school contingency plans. As a consequence, DRR clubs were established in these 15 designated schools, basic DRR training was conducted within school premises, and awareness sessions were organized both within the schools and in their respective communities.

²⁸ The target for blood donor recruitment is 60 while that of DRR sensitization sessions is 38.

A more detailed discussion of these DRR activities within the school setting will follow in the subsequent activities.

TANZANIA

All activities implemented before the interim report. No update.

Activity 2.1.2: Organization of DRR sensitization sessions

RWANDA

In 2022 and Q1 2023, a total of 30 DRR sensitization activities were conducted in Nyanza, Nyaruguru and Huye:

- 6 DRR sensitization sessions using mobile cinema
 - These sessions featured cartoons illustrating DRR measures in action. The audience was encouraged to share their thoughts on how they could implement DRR measures in their homes and communities, such as planting trees to prevent erosion and wind damage, conducting anti-erosion digging, strengthening house foundations, reinforcing roofs with binding wire and improving drainage systems.
- 3 DRR sensitization sessions using mobile radio
 - During the DRR week from 6 to 10 February 2023, a mobile radio was used to spread DRR messages in the communities of the target districts.
- 9 community awareness sessions with DRR activities
 - These sessions aimed to inform community members about practical skills they could use to safeguard their homes from disasters. Participants learned how to identify suitable construction sites for sustainable residences and engaged in collaborative efforts, as some activities could be carried out by community members themselves. The sessions also addressed other local causes of disasters and preventive measures.
- 3 DRR competitions in secondary schools, one at school level in each district
 - In total, 21 secondary schools participated, and students competed in various categories such as poems, songs, sketches, and drawings, all conveying DRR messages. These messages emphasized actions like strengthening houses with iron wires, implementing drainage solutions, relocating from high-risk zones and promoting tree planting and robust construction practices. The top performers in each category were rewarded.
- 6 radio talk shows on DRR activities
 - These live talk shows focused on various disaster-related topics, including hazards like heavy rains leading to landslides, flooding, erosion, windstorms, and lightning. The shows provided information on preparedness measures, such as roof reinforcement, tree planting, anti-erosion measures and avoiding residence in high-risk areas. Additionally, they highlighted the contribution of the Rwanda Red Cross to DRR activities at both the national and district levels.
- 2 DRR advert on radio and television



Figure 60: Community member sharing her experiences with DRR practices



Figure 61: Performance during DRR competition in schools

- These advertisements conveyed DRR messages, reminding people to implement measures such as securing their houses with iron wires, improving drainage systems, and relocating from high-risk areas.
- Support was provided for the organization of a DRR conference on 27 and 28 March 2023
 - This conference aimed to raise awareness and emphasize necessary actions for enhancing disaster risk resilience across all sectors. Approximately 120 participants, including government institutions, UN agencies, international and local non-government organizations, members of the private sector, media, research, and academia, attended the conference in person.

Throughout these activities, various sensitization materials procured by the DP4 project were utilized. These materials included DRR booklets for schools, pull-up banners featuring DRR messages, posters, leaflets, and flyers with DRR information.

TANZANIA

The objective of the DRR sensitization sessions is to bring disaster risk reduction messages to the vulnerable communities targeted by the project. Typically a session would be preceded by the mobilization of volunteers and the coordination with the local authorities. The Team of five volunteers would then, thanks to a vehicle with a Music PA system on it, go around the village spreading DRR Messages and announcing to the villagers that in the evening there will be a cinema show in a specific location of the village and that everyone was invited.

In the evening, the actual DRR session would start and be facilitated by the project field officer together with the volunteers and the local authorities. They would use a mobile cinema showing videos and discussing the following topics:

1. How to properly wash hands with soap
2. How to keep drinking water clean
3. How to transport water safely without contamination
4. The story of Ebola
5. The story of Corona virus
6. The story of Cholera
7. The story of floods and how to get prepared
8. Benefits of using Latrines

With the above mentioned modality, 19 DRR sessions were implemented from August until December 2022. 10 in took place in Arusha, 5 in Iringa and 4 in Momba. Depending on the context o the specific village, some topics would be added or focused on (for example: drought messaging in Longido district).

DRR sessions in Arusha

Location	date
Arusha - Buguruni VILLAGE	21-09-22
Arusha - Engikaret VILLAGE	26-09-22
Arusha - Kitarin VILLAGE	22-09-22
Arusha - Matale A VILLAGE	23-09-22
Arusha - KETUMBEIN VILLAGE	18-10-22
Arusha - Tingatinga VILLAGE	19-10-22
Arusha - Sinya VILLAGE	20-10-22
Arusha - Longido VILLAGE	21-10-22
Arusha - KISONGO C VILLAGE	24-10-22
Arusha - KISONGO B VILLAGE	25-10-22



Figure62: DRR session - Kitarin village

DRR sessions in Iringa

Location	date
Iringa - MTAMBULA VILLAGE	07-08-22
Iringa - Igowole VILLAGE	30-09-22
Iringa - IHOWANZA VILLAGE	18-12-22
Iringa - BUMILAYINGA VILLAGE	19-12-22
Iringa - IGOMBAVANU VILLAGE	20-12-22



Figure 1: volunteer getting ready to mobilize the population to come to the session – Igowole village

DRR sessions in Songwe

Location	date
Songwe - Ntinga VILLAGE	24-10-22
Songwe - Mpapa VILLAGE	18-12-22
Songwe - Ntungwa VILLAGE	16-12-22
Songwe - Senga VILLAGE	19-12-22



Figure 64: DRR session - Senga village

2.1.3 Organization of promotion sessions on voluntary non-remunerated blood donation

RWANDA

In 2022 and Q1 2023, a total of 51 sensitization activities on voluntary non-remunerated blood donation were conducted in Nyanza, Nyaruguru and Huye:

- 26 blood awareness sessions outside mobile collections
 - 15 radio talk shows
 - RRC organized 15 radio talk shows in collaboration with the Blood Transfusion Division, focusing on blood donation activities in Nyanza, Huye, and Nyaruguru Districts. Topics included eligibility criteria for blood donation and the importance of recruiting more donors. Live testimonials from individuals who had donated blood more than 15 times were featured, highlighting their continued good health. Listeners had the opportunity to call in with questions about blood donation.
- 2 university competitions
 - Two university competitions were organized at the Nyanza Branch of the University of Lay Adventists and the Huye campus of the University of Rwanda. These competitions aimed to boost student commitment to blood donation and raise awareness about its importance. RRC volunteers and Blood Transfusion Division staff facilitated the events, where students showcased their talents through poems, songs, and sketches to inspire their peers and others to donate blood. Prizes were awarded to the top performers.
- 9 secondary school competitions - 3 at school level in each district; 3 at district level and 3 at national level
 - RRC conducted nine rounds of secondary school competitions in which a total of 26 secondary schools participated, encouraging youth engagement in blood donation. RRC volunteers and staff from the the Blood Transfusion Division visited each school, where students



Figure 65: Live talk show on radio about voluntary non-remunerated blood donation

competed in various categories such as poems, songs, and sketches with blood donation messages. Winners received school materials. Inter-school competitions at the district level featured top performers from the school-level events, and the final competitions took place at the national level in Kigali.

- 25 blood donor recruitment activities during mobile collections

- 18 sessions in the days before the blood collection
 - Community awareness sessions on blood donation were held in public areas such as markets, commercial centers, and schools in Nyanza, Huye and Nyaruguru Districts before blood collection events. Volunteers educated the public about blood donation and encouraged participation in the upcoming blood collection.

- 7 sessions on the days on the blood collection
 - RRC attend 7 blood collection events where Red Cross volunteers welcomed donors, mobilized participants and provided information to first-time donors upon request. This collaboration between RRC and the Blood Transfusion Center contributed significantly to increased blood donations.



Figure 66: Students preparing for a sketch on blood donation



Figure 67: Blood collection in Huye district

Throughout these activities, various sensitization materials procured by the DP4 project were utilized. These materials included cartoon, songs, pull-ups, brochures, banners and stickers.

TANZANIA

Following the Blood donor recruitment training that took place in November 2021, the trained BDR volunteers joined the National blood transfusion service (NBTS) efforts in collecting blood in the target districts. Concretely, they would join the blood collection event and conduct voluntary non-remunerated blood donor recruitment near the collection area providing accurate information as well as addressing the concerns of the local community.

Longido district – Arusha		Mufindi district - Iringa		Momba district - Songwe	
Number of sessions	Number of units collected	Number of sessions	Number of units collected	Number of sessions	Number of units collected
24	330	43	842	20	260



Figure 68: Volunteer recruiting new donors - Mufindi district, July 2022



Figure 69: New donor donating blood – Longido district March 2023



Figure 70: Volunteer recruiting new donors - Songwe district, August 2022

Additionally to the regular blood collection events, and similarly to what had been done in 2021, the project supported the NBTS with the organization of the world blood donor day events in June 2022.

The World Blood Donor Day slogan of 2022 was “Donating blood is an act of solidarity. Join the effort and save lives” to draw attention to the roles that voluntary blood donations play in saving lives and enhancing solidarity within communities. The region of Songwe had been selected for the event mainly because of the typically low collection rate caused by misconception about blood donation.

During this blood donation week, the first step was to introduce the activity to the local authorities and branches as well as organize a 1 day BDR training on the 9th June 2022 to all the volunteers that would be involved in the activity. In total, 38 TRCS and NBTS volunteers and staff were trained



Figure 71: BDR trainings to TRCS and NBTS staff and volunteers involved in the WBDD 2022 events in Songwe

TRCS then worked with the regional and council blood donation teams to ensure the maximization of the number of units collected. Unfortunately, the number of units collected per day was relatively low compared to the rate of what typically would be found in other region. However, changes in behavior and mindset is a long process and NBTS as well as TRCS now have the tools to continue the efforts in increasing the number voluntary non-remunerated blood donors.

Date & Location	Collected Units
10/06/2022-NAMOLE SEKONDARY	13
11/06/2022-KISIMANI (Tunduma Mjini)	27
12/06/2022-MPEMBA MJINI	23
13/06/2022-KATETE SEKONDARI	15
14/06/2022-(Tunduma Primary School)	45
TOTAL	123



Figure 72: volunteer addressing the concerns of the community and recruiting new donors – WBDD 2022 in Songwe region



Figure 73: New blood donors proceeding with their donation - WBDD 2022 in Songwe region

Output 2.2: Mitigation measures are in place to reduce the negative impact of hazards

Activity 2.2.1 Provide materials and support for youth led mitigation activities in target communities

RWANDA

RRC coordinated a total of 74 youth-led mitigation activities in the target districts, involving the local community, authorities, and Red Cross committee in beneficiary selection:

- Tree planting in 20 different sectors
 - RRC planted over 1.5 million trees in 2022 and the first quarter of 2023 in Nyanza, Nyaruguru and Huye districts to combat the impact of erosion, landslides and windstorms. They planted a variety of trees, including Eucalyptus, grevillia, papayas, Tamarillo, and passion fruit, as part of the government's annual goal to plant 30 million trees nationwide. DP4 assisted in nursery bed rehabilitation, seed procurement, equipment purchase and manpower for tree cultivation and planting.
- Rehabilitation of 6 houses damaged by disasters
 - A total of six houses belonging to vulnerable families, damaged during the 2021-2022 rainy season, were restored in Nyanza, Huye, and Nyaruguru districts (two houses in each district). These efforts were coupled with community education on disaster prevention techniques and proper site selection for sustainable housing.
- Construction of 30 latrines
 - In Nyanza, Huye, and Nyaruguru districts, 30 latrines were constructed



Figure 74: volunteers loading trees for transport to tree

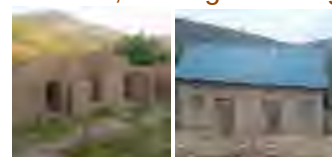


Figure 75: rehabilitated house before and after the works

for extremely vulnerable households. This initiative aligns with disaster preparedness by ensuring the hygienic collection and disposal of human waste, safeguarding individual and community health, and delivering social and environmental benefits.

- Strengthening of houses of 15 vulnerable households
 - To mitigate potential disaster damage, 15 houses belonging to the most vulnerable families were reinforced in Nyanza, Huye, and Nyaruguru districts (five houses in each district). Activities included reinforcing houses with iron wires, plastering interior and exterior walls, constructing curbs, providing wooden doors and windows and securing homes.
- Strengthening of houses in 3 districts during DRR week
 - During Disaster Risk Reduction Week from 6 to 10 February 2023 in Nyanza, Huye and Nyaruguru districts, vulnerable houses were strengthened with iron wires (156 in Nyaruguru, 145 in Nyanza, and 119 in Huye District). Additionally, activities included renovating zebra crossings, community mobilization through mobile radio broadcasts featuring DRR messages and tree planting.



Figure 76: volunteers strengthening houses with iron

TANZANIA

Following the EVCA that was conducted in 2021, and the risk that had been identified, the next step was to design some specific activities to mitigate those risks.

In order to include the communities in each step of the project, mitigations workplan workshops have been organized in February 2022 at district levels where the villages and schools representative as well as some district government officers were invited. During the discussions, the results from the EVCA were presented again and compared to the current situation in early 2023. Indeed, some specific issues had slightly worsened or improved depending on each village. Then some options for mitigations were compared to the budget and time available until the final decisions were jointly made. See below the selected mitigations and the risks that they addressed.

district	type of mitigation	Risk addressed	Target locations
Longido	wash installation	droughts, diseases	5 schools (Namanga Sec, Buguruni Prim, Longido Sec, Engikaret shikizi Prim & Lopoloseki Prim)
Longido	environmental cleaning and waste management	diseases	6 villages (Longido, Buguruni, Kisongo B, Kisongo C, Tingatinga & Matale A) and 3 schools (Namanga Prim, Longido Prim & Lopolisek Prim)
Longido	tree planting and/or nursery installation	droughts	1 village (Tingatinga) and 2 school (Longido Prim & Namanga Prim)
Longido	electrical installation in 1 hospital and 1 school	diseases, wild animal attacks	1 village (Leremeta)
Mufindi	firefighting materials and awareness raising	droughts, fire	1 village (Igowole) and 2 schools (Igowole Sec & Bukimau Sec)

Mufindi	environmental cleaning	diseases	1 schools (Bukimau Sec)
Mufindi	tree planting and/or nursery set-up	droughts	5 villages (Igowole, Mtwambula, , Bumilayinga, Ihowanza & Igombavanu) and 3 schools (Igowole Dec, Bukimau Sec & Ihowanza Sec)
Mufindi	protection of the forests through signboards construction	drought, climate change	2 villages (Ihowanza & Igombavanu)
Momba	environmental cleaning	epidemics	2 villages (Ntungwa & Mpapa) and 3 schools (Msangano Sec, Ntungwa Prim & Senga Prim)
Momba	Education awareness about storms and cyclones	storms and cyclones	1 village (Ntinga)
Momba	water conservation	droughts, diseases	1 village (Mpapa) and 1 school (Senga Primary)
Momba	electrical installation	students drop-outs, natural disaster (unification point)	1 school (Msangano Secondary)
Momba	Education Awareness on livestock diseases	livestock diseases	1 village (Senga)

The next steps was to launch the necessary procurements for the activities to be successful. The items to be procured had also been discussed and agreed during the workplan sessions. See below the type of items procured and distributed to the communities for each type of activity:

district	type of mitigation	Items procured
Longido	wash installation	Full installation of rain harvesting system, tank and water taps
Longido	environmental cleaning and waste management	- Indoor cleaning materials: Cleaning brushes (for latrines), soap, mops, brooms, buckets, etc. - Outdoor cleaning materials: Wheel barrels, slashers, forks, hoes, etc. - Waste management vehicle and outside bins
Longido	tree planing and/or nursery installation	baby trees, seeds (water friendly trees, fruit trees, environmental trees), nursery set-up materials and installation (fence, etc.), small equipment for planting, etc.
Longido	electrical installation in 1 hospital and 1 school	Solar panels and installation

Mufindi	firefighting materials and awareness raising	Fire extinguishers
Mufindi	environmental cleaning	Outdoor cleaning materials: Wheel barrel, machete, Gumboots, gloves, hoes, etc
Mufindi	tree planting and/or nursery set-up	baby trees, seeds (water friendly trees, fruit trees, environmental trees), nursery set-up materials, small equipment for planting, etc.
Mufindi	protection of the forests through signboards construction	Signboards design and installation
Momba	environmental cleaning	-Indoor cleaning materials: Mops, buckets, soaps, brooms, etc. - Outdoor cleaning materials: Wheel barrel, machete, slashers, gloves, hoes, etc
Momba	Education awareness about storms and cyclones	/ (only education, no distribution)
Momba	water conservation	Water storage tanks
Momba	electrical installation	Solar panels and installation
Momba	Education Awareness on livestock diseases	Livestock medicine

Some preliminary assessment for the WASH mitigations that had been selected in Longido district was also necessary in order to confirm the feasibility and prepare a personalized plan and bill of quantity. This took place early March 2023 and was performed by the WASH engineer together with the RUWASA (rural water supply and sanitation agency) and project field officer.

Finally, the mitigation activities were implemented from March to May 2023. The youth were directly involved in activities such as environmental cleaning, tree planting and nursery set-up. For other activities which required infrastructure such as the WASH or solar panel installations, local artisans were involved and supervised by TRCS WASH engineer. For the awareness raising type of mitigations (Education awareness about storms and cyclones, Education Awareness on livestock diseases, etc.), they were jointly organized by the project officers and the relevant government officers who had the necessary expertise.



Figure 77: Tree planting in Igowole school - Mufindi district



Figure 78: handing over of waste management vehicle - Longido district



Figure 79: water installation handing over ceremony at Buguruni primary school – Longido district (rainwater harvesting tank installed seen at the back)



Figure 80: water taps installed at Buguruni primary school – Longido district



Figure 81: awareness raising on storms and cyclones at Ntinga village – Momba district



Figure 82: distribution of cleaning materials at Ntungwa primary school - Momba district



Figure 83: installarion of forest protection signboard - Mufindi district



Figure 842: Fire Fighting Education at Bukimau Sec - Mufindi district

Output 2.3: Strongly increased number of youth with first aid skills & competencies

Activity 2.3.1: Training of teachers and students in secondary schools in FA

RWANDA

• Training of teachers in youth First Aid

In the initial phase of the program, 127 teachers (99M/28F) received Basic First Aid training in the second quarter of 2022. Subsequently, in the second phase, 88 of these teachers (60M/28F) underwent further training to become instructors capable of teaching First Aid



Figure 85: Teachers practicing new teaching methods

to secondary school students aged 12 to 16. By the conclusion of the third quarter of 2022, these teachers were fully prepared to conduct youth-focused First Aid training using specially developed educational materials.

- **Training of 2707 secondary school students in Basic First aid**

In total, we provided training to 2,707 students (1,154M/953F) across all three districts. The initial group of 700 students (456M/244F) underwent training from 30 September to 2 October 2022 in Huye district. The second cohort of 700 students (317M/383F) received training from 10 to 12 February 2023 in Nyaruguru district. Lastly, the third group, consisting of 707 students (381M/326F) completed their training from 29 to 31 March 2023 in Nyanza district.



Figure 86: Students using youth first aid materials in the class

These training sessions aimed to enhance the First Aid skills and knowledge of young individuals, enabling them to provide effective First Aid assistance in case of emergencies occurring within their communities or schools. Following the training, the students participated in competitions focused on First Aid skills. They showcased their talents through various forms of artistic expression, including poems, songs, and sketches. Outstanding performers in each category received awards.

Furthermore, the participating schools were equipped with essential First Aid materials, including first aid kits and stretchers, to be used in case of emergencies.

TANZANIA

Following the regional training of youth FA trainers that took place in 2021 in Kigali, the 6 new Tanzania qualified trainers cascaded their knowledge to FA trainers so that they could be Youth FA trainers as well. This Training of youth FA trainers (ToYT) was conducted in Iringa region from 25th to 29th January 2022 and supervised by the FA coordinator or TRCS and the didactical expert of BRC-FI who had participated in the development of the training materials. Most of the participants were from the targeted regions of the project with a few additional coming from regions with a strong potential for future roll out of youth trainings. To be noted that all participants were FA volunteers as opposed to the initial plan which was to train the school teachers to be youth FA trainers. Indeed, it later appeared that training volunteers allowed them to train at several schools increasing the number of youth FA trainings that could later take place.

SN	REGIONAL BRANCH	MALE	FEMALE	TOTAL
1	IRINGA	2	1	3
2	ARUSHA	4	2	6
3	SONGWE	3	0	3
4	DAR ES SALAAM	0	1	1
5	DODOMA	0	1	1
6	MWANZA	1	0	1
	TOTAL	10	05	15

The final evaluation of this ToYT involved the organization of youth FA trainings in the Mwembetogwa secondary schools (to students from 12 to 16 years old). This exercise gave the participants the opportunity to practice their newly gained skills with the real target group which is an enormous added value and provide the basis for the ToYT facilitators to evaluate the new trainers in youth FA. A total of 61 students attended the training. At the end of the training, 14 out of the initial 15 participants had passed the ToYT and became FA youth trainers.



Figure 87: new FA youth trainers learning a game as training methodology - ToYT Iringa



Figure 88: Trainees during Youth FA training pilot at Mwembetogwa Secondary School - evaluation of ToYT Iringa

Following the ToYT, the new Youth FA trainers were then ready to facilitate the youth FA trainings in the secondary schools of the targeted districts. In total, 148 trainings took place from October 2022 to March 2023 and 2945 students have been trained.

	Longido district	Mufindi district	Momba district	TOTAL
Number of Youth FA trainings organized	64	42	42	148
Number of students trained	1280	840	825	2945

If we add this to the students training during the pilot, that means a total of 3006 secondary students have been training in FA through the project.

Activity 2.3.2: Training of youth (after secondary school) in basic first aid via blended learning (FABL)

RWANDA

To begin with, we organized a Training of Trainers of 8 (5M/3F) FABL trainers from 14 to 18 March 2022. The training was given by a Belgian expert trainer in FABL.

In September 2022, a first group of 90 (61M/29F) students from Huye, Nyanza and Nyaruguru were trained in First aid using FABL. These students were not affiliated with any university and were selected through the local Red Cross committees.

To expand the reach of this program to more students, RRC made the strategic decision to conduct FABL trainings within universities. This approach offered a dual advantage, as universities often have a pool of talented and smartphone-equipped students interested in learning First Aid through the FABL app.

In March 2023, FABL training sessions were held at various university campuses, including the University of Rwanda's Huye campus, the Lay Adventist University's Nyanza campus, and the IPRC university in Nyaruguru. In total, 320 (195M/115F) youth volunteers from these higher education institutions received First Aid training using the FABL method.

Regrettably, we fell short of our intended goal to train 480 students in basic First Aid through FABL. Only 410 students, equivalent to 84% of the target, were reached. The primary reason for not reaching our target was the limited smartphone access among university students, which restricted the number of students who could engage with the FABL approach. Additionally, there were instances of students dropping out of the program due to challenges

in mastering the theoretical content within the app before participating in the in-person practical training sessions. Nevertheless, the students who did complete the training expressed great satisfaction with the experience.

TANZANIA

Thanks to the FABL Training of trainers implemented in 2021, 7 trainers were qualified to start facilitating FABL trainings in Tanzania.

From June 2022 to February 2023, the new FABL trainers then facilitated 8 rounds of FABL trainings in universities reaching 567 students. One interesting lessons learned was that it was more complicated to estimate the number of students that would actually come to the trainings even if a booking system was put in place which explained why the optimum number of participants was not always achieved (12 participants per group).

Finding a university who would meet our requirement and who would accept to coordinate and organize the trainings in their facilities was also a challenge which explains why not all the trainings round took place in one of the selected regions.

	date of the trainings	total number of trained students	number of groups	number of participants per group
St John's University in Dodoma	25-06-22	53	5	11
MUHAS university in Dar Es Salaam	11-06-22	34	3	11
RUAHA university in Iringa	06/08 to 7/08, 2022	108	10	11
RUAHA university in Iringa	09/07 to 10/07, 2022	114	9	13
UOI university in Iringa	22-01-22	49	5	10
Zanzibar University	27-01-23	95	7	14
Zanzibar University	04-02-23	48	4	12
MUHAS university in Dar Es Salaam	05-02-23	66	6	11



Figure 893: FABL trainees during group discussion on the use of the app – MUHAS Dar Es Salaam, June 2022



Figure 90: Trainees practicing the recovery position - RUAHA, July 2022

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

For this we refer to the final financial report.

3.4. *Work plan (e.g. annexed Gantt diagram)*

The Gantt Diagram containing the work plan for the programme is to be found in Annex 6.

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

The updated Gantt chart can be found in annex of the NCE.

3.5. *Monitoring, evaluation, auditing and other analyses*

3.5.1. **Monitoring of the activities (explain how, by who, etc.)**

The activities and results of the programme will be monitored jointly by the National Societies, TRCS and RRCS, and the BRC-FL.

The **BRC-FI Country Delegate** is responsible for the overall coordination and monitoring of the programme at country level, from the BRC-FL point of view. The delegate uses the BRC-FL tracker system to report on a monthly basis on the activities and financial status of the project, and on a quarterly basis on the indicators. The BRC-FL delegate also supports the host national society in carrying out the project activities, on a project-managerial and technical level, including regular monitoring and evaluation. In order to support the host national society in the implementation, monitoring and evaluation, dedicated visits shall also be performed by technical and managerial staff of BRC-FL HQ throughout the project implementation period.

Within each national society, the **Project Manager** is the overall end-responsible for the project, whom oversees the implementation and reports on the results, using adapted M&E tools. The **Regional Coordinators** (Tanzania) and **Branch Coordinators** (Rwanda) are responsible for the everyday coordination and implementation of the programme in their region and/or district. They shall also mobilise the community and coach the volunteers. They report directly to the Project Manager, who is their link with their respective HQs.

The **Head of PMER Department** of the RRCS has the technical expertise on PMER and will assist with the development of M&E tools, the follow-up of data collection and the reporting. The **Head of the Finance Department** on the other hand will support the financial coordination and reporting of the programme.

The consolidation of the monitoring, including the financial expenditure, according DGD regulations will be coordinated by the **HQ of BRC-FI** in Mechelen. The **Donor Relations Officer** shall guarantee the donor compliance and communication of the programme while financial follow-up of the programme shall be ensured by the **Business Controller** of BRC-FL.

An external evaluation of the entire programme will be organised at the end of the programme and an external financial audit will take place in accordance with the DGD guidelines.

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

- ☐ **External evaluation during the action**
- ☒ **External evaluation after the action**
- ☐ **External auditing during the action**

- ☒ **External auditing after the action**
☐ **Internal evaluation or internal auditing relating to the action**

3.5.3. Other analyses: ☐ Please provide information:

4. CROSS-CUTTING ISSUES

4.1. *Please describe the expected level of sustainability and/or of connectedness*

This proposal builds additional institutional preparedness capacities at HQ and branch level on the one hand, and continues our community-level efforts on the other, with a particular focus on youth. All trainings (for example in FAFR, emergency WASH, MPCT and EVCA) will contribute to the capacity building of the National Society in Rwanda and Tanzania and will be of added value beyond the programme period.

Ultimately, the holistic approach adopted in this proposal, rooted in the commitment to the localization of aid made in the Grand Bargain, will endow communities with the necessary tools to lower the risks caused by natural hazards and reduce their vulnerability. This approach is key in terms of sustainability as local authorities and civil society promote long-term support and involvement by the community in resolving community challenges, and promote the engagement of local authorities beyond the programme duration.

Additionally, as described in the logic of intervention, this project will focus on actively engaging youth for the first time. We are convinced that young, energetic, motivated people engaged in a meaningful way for the Red Cross' climate-related disaster preparedness activities will show a high degree of retention as future volunteers or employees, either at the Red Cross or a similar organisation, thus bolstering the sustainability of the intervention.

Finally, the National Societies will seek continuous support for emergency response operations through, amongst other, the modalities offered by the Red Cross Movement, such as Disaster Relief Emergency Fund (DREF), which in case of disaster, will contribute to replenishing the strategic stocks but will also provide funds to support volunteers teams during operations. Moreover, it is the intention of both National Societies to assist the RC district branches in raising funds at local level, especially through membership fees and by developing income-generating activities, which provide additional funds to support the volunteers during operations at their level.

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

Disaster preparedness and response take place along a continuum from humanitarian interventions to more development-oriented measures. The objective of this programme is to build the capacity of the Red Cross structures and communities for effective preparedness to respond to climate-related hazards. When these are well-prepared and well-equipped, the humanitarian consequences will be less severe, lives will be saved and livelihoods protected. This, in turn, will enable the beneficiaries to focus on long-term development efforts rather than remain in a constant state of humanitarian need as a result of recurring disasters caused by climate-related hazards.

Cash based interventions (via the crisis modifier) have the potential to reduce vulnerability while ensuring the freedom and dignity of vulnerable people in the aftermath of disasters. Multi-purpose cash transfers can, in addition to providing direct assistance to those affected by a disaster, support local markets and accelerate the recovery of the affected area and adjacent communities.

We consider the development of contingency plans (as part of the enhanced capacity and vulnerability assessment conducted via the activities) a crucial step in enhancing community resilience. If communities are able to identify the risks in their neighbourhood they can proactively mitigate the effects of future disasters and reduce the negative impact thereof, i.e. fewer injured, destroyed houses, people killed, etc.

Finally, 2 specific interventions within this programme nicely link the efforts in and for development, with the efforts for emergency aid: First Aid and Blood. As described earlier, volunteers, youth and community members will be trained in first aid, using specialised materials that were designed via other, more long-term interventions. The participants to these trainings will further benefit from the years of BRC-FL investment in the National Societies' capacity to deliver quality training with appropriate didactical methods. Needless to say, first aid knowledge and skills are beneficial in both normal day to day situations, and during disasters.

The same applies for the blood donor awareness. The efforts undertaken in this programme, to allow for sufficient safe blood during times of emergency, will be beneficial as well to the everyday efforts in Tanzania and Rwanda, to be able to collect and provide sufficient amounts of safe blood under normal circumstances.

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

Gender equality and children's rights:

In line with the respective national gender policies in general and the National Societies' constitutions in particular, equity and equality between men and women will be fully taken into account during identification of the programme's target groups. The programme will ensure the protection of women and children's rights by providing equal access to information regarding climate-related hazards, and promote equal engagement in programme activities.

It will also make sure that the training and sensitization strategies are adapted to the audience and allow for both men and women to attend in equal numbers, for example by providing sessions close to the communities, making them more accessible, and at times when it is feasible for girls and women to attend given their family situation.

Specific examples of these measures can be found in the EVCA method which will be used. Gender and inclusion elements are very important to keep in mind during the EVCA. We will ensure a good balance of gender and diversity in the EVCA team. We will make sure the team members have skills or experience in gender and diversity sensitive programmes. For the EVCA to be balanced and representative, we will also carefully consider who within the community needs to be engaged and how participants and informants are selected. Participants will be "recruited" based on a clear set of predetermined criteria. The team will use the secondary information and their knowledge of the community to select a representative composition of community participants and include vulnerable groups. In order to be inclusive, we will make sure that we capture voices of the most vulnerable and marginalized. The data collection will include a question or space to differentiate the profile (i.e. male versus female).

Some key profiles are:

- Women, men and anyone who identifies with another gender or no gender
- People of different age groups including the elderly, youth and children
- People with disabilities
- People from different religious, ethnic, linguistic or migrant groups, for example regular and irregular migrant groups or stateless people

- Pregnant and lactating women
- Male and female heads of households
- Organisations in the community such as local women's groups and groups working with people with disabilities, migrant populations, non-citizens etc.

Another example is that women are often not trained in first aid or recognized by the community to manage health needs. In order to ensure women have equal access to the first aid activities in this programme, the first aid training materials used during this intervention are sensitive to the specific needs of women and girls as first aiders. We pay particular attention to the equal representation of women as first aid providers. Training hours are set so that participants can return home before dark, which specifically addresses the security risks faced by women.

Human rights:

The humanitarian principle at the core of the International Red Cross and Red Crescent Movement and its activities is founded on the concept of human dignity, which is also the foundation of many human rights. In this programme, making the local Red Cross and communities more self-reliant and resilient against climate-related hazards works towards achieving an adequate standard of living, as enshrined in art. 25 of the Universal Declaration of Human Rights.

Environmental protection:

The increase in population in rural areas in the Great lakes Region puts enormous pressure on arable land, with the consequence of an exponential decrease in the average size of farms. This demographic boom is often accompanied by the destruction of land cover and deforestation, which is seen as part of the cause of climate change that has been observed in recent years. Bush fires aggravate the already precarious situation. We must therefore act upstream and downstream to protect the environment. The RRCS and Tanzania Red Cross together with its partners are increasingly involved in disaster risk reduction actions, by actively involving the communities.

The EVCA now includes climate change considerations (as well as gender and diversity considerations mentioned above). All good community-based risk reduction action plans that are addressing weather-related hazards are already to some extent contributing to climate change adaptation by building better preparedness and resilience against the negative impacts of extreme weather events. Communities shouldn't always only focus on the negative aspects of this weather variability and changes, but also take advantage of them if they have positive impacts. However, one of the steps needed to make community-based programmes more 'climate-smart' is to adjust the EVCA approach slightly so we use the insights on changing risk patterns from communities, as well as climate information available to us, to help prepare community risk reduction plans that are geared to a changing and more uncertain future.

The RRCS and TRCS together with BRC-FI are also exploring further possibilities of supporting environmental protection within their DRR mitigation activities. The IFRC "Green Response - practice note report" in Annex 7 is a good source of inspiration and can be used during the risk reduction planning phase of the EVCA. In more concrete terms, this programme also chooses cash distributions and local purchases over imported and long-distance purchases. The creation of a prepositioned stock increases the time frame, and therefore also the opportunities, to buy from suppliers with high environmental management standards.

Innovation:

To increase the effectiveness of our intervention, innovative (digital) tools will be used where possible and appropriate to the context. These include First Aid Blended Learning, Enhanced

Vulnerability and Capacity Assessments, and gamification for teaching first aid and DRR. These tools and methods are described in more detail in the activities section.

Integrity:

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

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

No changes noted during this reporting period.

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

RWANDA

No updates

TANZANIA

The integrity of the main partner of BRC-FI in Tanzania, TRCS, was put in question when allegations of financial misconduct arose in 2022. These allegations did not directly target the DP4 project but nonetheless, BRC-FI reacted by pausing the project implementation to some take the time to put in place mitigation measures. During this period the financial reporting and justification by TRCS was thoroughly reviewed, but this did not lead to any specific signs of malpractice. After putting in place more stringent measures to ensure the quality of financial justifications and deter any possible fraudulent practices, the implementation was resumed. In the meantime, an external forensic investigation into some specific transactions was launched by BRC-FI. The results of this investigation are being finalized during the writing of this report. None of the issues investigated impact the DP4 program in Tanzania.

5. SECURITY AND EMERGENCY MEASURES

5.1. *Emergency measures (plan B/ mitigation measures to be taken if the risks and assumptions set out in the logical framework materialise)*

The emergency measures are to be found in Annex 5.

5.2. *Security-related aspects*

5.2.1. *Situation in the field. Please provide a brief description*

Rwanda: The security situation in the country is stable. The government maintains a firm grip on the country and there is unimpeded access to and movements around the targeted areas. Presence of army and security personnel is high in the border areas with DR Congo (Rubavu and Ruzizi), but international organisations have not been impeded in their work. Political tensions between Uganda-Rwanda and Burundi-Rwanda are still present, leading to a partial closure of the pedestrian border, restricting the transport of goods and the circulation of nationals.

Nyaruguru District and Nyanza District border on Burundi and in 2015, post-election influx has been registered in both districts. Nyanza District still hosts a reception centre. There are currently no security concerns but given the 2020 elections in Burundi, the situation will be closely monitored.

Tanzania: In general, the security situation in Tanzania is calm. Reports of banditry and robbery are frequent, but humanitarian organisations are not specifically or systematically targeted. Due to the high presence of international NGOs and UN and ICRC in the area, security reports are regularly issued and monitored by TRCS and its international partners. The upcoming elections in 2020 may be affected by ongoing heightened tension and unrest especially in Mtwara, Pwani and Tanga regions. It's reported that there are small jihadist groups in those areas, supported by radical Salafist preachers and these reportedly armed groups may cause attacks to civilians in the period leading up to Tanzania's presidential and legislative elections in October 2020. The communities along the Tanzania-Mozambique border are integrated, facilitating the travel of militants (and attacks) in both countries.

5.2.2. Has a specific security protocol been drawn up for this action?
 yes ☐ no ☒ **Standard procedures**

If yes, provide information:

Given the currently (relatively) stable security situations in Rwanda and Tanzania, a specific security protocol is not established for this programme. However, in case of a sudden deterioration of the situation, all Red Cross actors in these countries will follow the safety procedures of the ICRC and the NS.

5.2.3. Has the staff in the field and the expatriates received information and training concerning these procedures?
 yes ☒ no ☐

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

RWANDA

After years of soured relation, Burundi and Rwanda have embarked on a journey hoped to see the two countries end tensions and restore bilateral ties. As part of attempts to kick-start efforts to resolve outstanding bilateral issues, the Ministers of Foreign Affairs from both countries met at the shared border of Nemba-Gasenye in October 2020. Following a closed-door talk, a joint communique was released from both parties indicating that the meeting falls within the framework of the "shared desire to assess the state of bilateral relations between the two neighboring countries and to agree on modalities of their normalization". In September 2021, the two countries held again high level bilateral meetings between their Foreign Affairs ministers on the sidelines of the UN General Assembly in New York.

Although the initiative taken by the new government of Burundi and Rwanda to end tensions and restore bilateral ties augurs a hopeful future for these countries and also for the regional security, the progress is very slow and it is facing early challenges with the land borders still closed.

The deterioration of relations between Burundi and Rwanda has affected the social and economic well-being of both countries. The crisis is proving costly especially for ordinary people and regional integration. Lives are being lost, residents across the border that had been integrated for decades are not able to visit their relatives across the border.

Both NS organise an **annual meeting** with all its national and international partners. The aim of this meeting is on the one hand to share best practices identified during the implementation of activities, and on the other hand to mobilize new financial resources for supporting vulnerable people in the country.

RRCS, BRC-FL and the Belgian Red Cross-French speaking community also hold **regular coordination meetings** to ensure coordination between the programmes and ensure a proper alignment of the respective objectives. The synergy between the CRB-CF and BRC-FL will contribute to the efficient use of resources with more impact on the beneficiaries. An example of an activity where there will be intensive collaboration is the rollout of the FABL app. Our recently developed FABL application (which we will also use to train youth in basic FA), will also be introduced by CRB-CF as a pilot in the refugee camps to improve the first aid skills of people living there. BRC-FL and CRB-CF will jointly facilitate the implementation of the activity in the camps and within the CRR as a whole (coordination on trainings, materials, joint monitoring, etc.).

Rwanda

The RRCS also participates in several coordinating bodies at different levels:

1. National coordination with MINEMA
 - Participation in **Disaster Management Task Force (DMTF)** coordinated by the MINEMA which meets quarterly with various stakeholders in disaster management: Ministries and other government agencies, United Nations (UNICEF, UNDP, WHO, WFP, FAO, UN HABITAT), Red Cross Movement and international NGOs.
2. Coordination at the district and sector level
 - Participation in the **Joint Action Forum** which gathers all district partners quarterly in each district;
 - Participation in the **District Disaster Management Committee (DIDMAC)** and the **Sector Disaster Management Committee (SDMAC)**
 - Organisation of **steering meetings** by the RRCS that bring together local authorities, representatives of volunteers and beneficiaries and organisations linked to the programme;
 - Organisation of **commission meetings** at district level by the RRCS to discuss disaster management issues like risk maps and contingency plans and relevant DRR/DP actions to be undertaken. Participants are police, local authorities, BDRT volunteers and organisations involved in disaster management at district level.

Tanzania

The TRCS participates in several coordinating bodies at different levels:

1. National coordination with Disaster Management Department(DMD)
 - Office of the Prime Minister: Disaster Preparedness Department through the bi-annual **National Platform for Disaster Risk Reduction**
 - Ministry of Health, through the quarterly **(Health) Emergency Preparedness & Response Platform**
 - Regular meetings with the **National Blood Transfusion Services on blood donor activities**
 - **Ministry of Education, Science Technology and Vocational Training**

As a member and a dependable disaster response actor, TRCS attends disaster preparedness and response meetings which mostly are called for by the Disaster Management Department which is based in Dodoma. During the last meeting in December 2019, TRCS was given a chance to present on the response activities around the Lake region whereby cash transfer was widely used as a tool for responding

effectively to the needs of about 600 disaster affected households. Such meetings to increase the profile of the national society.

2. Coordination at regional and district level

TRCS organises programme **steering meetings** that bring together local authorities, representatives of volunteers and beneficiaries and organisations linked to the programme. In order to successfully roll out the programme it is important to coordinate closely with the government and other actors at the district level, because the district offices led by the District Commissioner dictate many decisions that happen at the district level, for instance the selection of the target villages and schools for the implementation of activities.

3. Cooperation with other (possible) DGD funded programmes

During the proposal writing stage, BRC-FL and Oxfam closely aligned on their intended programmes for Tanzania. Oxfam will focus on enhancing the resilience of vulnerable communities through local actors. Their intervention area is Kibondo, Kishapu and Kahama, thus geographical overlap is excluded. However, Oxfam and BRC-FL have agreed to allocate time and resources to organise exchange meetings in order to discuss technical and context-specific issues, learn from each other and explore collaboration opportunities

6.2. National and local authorities (relationships established, authorisations, coordination)

The two NS involved are auxiliary to the public authorities and have a special status allowing for easy negotiation and smooth collaboration with public services. Represented in the districts, sectors and cells through their local committees, the NS are closely linked to the state institutions. As part of this programme, the local authorities at central, district and local level will be actively involved in the programme activities.

6.3. Potential coordination with the Belgian diplomatic representation

The delegations of BRC-FL based in the 2 countries in the African Great Lakes region will maintain regular contact with the Belgian diplomatic representation to share information on the progress of programmes, organise field visits, and attend eventual learning events, thus building on pre-existing relationships.

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

No changes noted during this reporting period.

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

No changes noted during the project

7. IMPLEMENTATION PARTNERS

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

Rwanda:

Rwanda Red Cross Society
KG15Av
BP 425
Kacyiru, Kigali
Rwanda

Tanzania:

Tanzania Red Cross National Society Headquarters
Plot 53, Block C, Mwai Kibaki Road
Mikocheni B, Kinondoni
P.O. Box 1133
Dar Es Salaam
Tanzania

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

BRC-FL and the two NS involved are non-profit organisations registered according to the laws and norms of their respective countries. They also serve as auxiliaries to their respective public authorities in their status as Red Cross organisations. The action will be implemented in respect of their own internal rules and in full compliance with the procedures of DGD.

In this programme, we will work according to the standard *modus operandi*, whereby the BRC-FL acts as a “back donor” to the NS, who are the implementing partners. While the NS are in the driving seat during implementation, BRC-FL will be in charge of the delivery of day-to-day technical expertise and will closely monitor the compliance of implementation with DGD regulations.

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

BRC-FL, RRCS and TRCS are all non-profit organisations registered according to the laws and standards of their respective countries, namely Belgium, Rwanda and Tanzania. The action will be implemented in accordance with their own internal rules and in full compliance with the rules and procedures of DGD Humanitarian Aid.

BRC-FL always operates within the partnership framework of the International Red Cross & Red Crescent Movement, working with the National Red Cross or Red Crescent Society as sole preferential partner. Principles of cooperation and capacity building are formalized Movement-wide in the IFRC 'Development Cooperation Policy (2007)', the 'National Society Development Framework' (2013) and the 'Code of Good Partnership'. All Red Cross partners in this programme are strategic partners, meaning the commitment for cooperation within this 2-year Disaster Preparedness programme is integrated in a long-term partnership which includes both humanitarian and developmental support.

The BRC-FL, being the responsible actor to the DGD Humanitarian Aid, will be responsible for the respect of the legal and statutory rules applicable to the project, as well as for the overall implementation of the project activities. The coordination and management of the project will be under the direction of the BRC-FL through its delegates in Rwanda and Tanzania. The BRC-FL delegates will thus be responsible for the overall monitoring of the programme in their country, its sound management (planning, monitoring, evaluation and reporting) and the organisation of evaluation and audit. Reports will be checked and compiled by the persons responsible for monitoring at BRC-FL headquarters.

Within the NS, the programme officers take up the role of project coordinator, responsible for the overall monitoring of the programme's progress and the coordination between the different activities under their authority. At the local level, branch coordinators and assistants will work together with the programme officer, who will also be responsible for reporting on activities implemented at branch level.

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

No changes noted during this reporting period.

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

No changes noted during this project

8. COMMUNICATION, INFORMATION AND VISIBILITY ACTIVITIES

8.1. Planned communication activities

The BRC-FI will inform the public about the actions carried out as part of this programme through its various communication tools, mentioning in particular the Belgian government as partner and main donor of this programme. The objective is to explain the value of the programme, highlight its results and challenges, and stress the importance of investment in localisation, effectiveness and preparedness as essential prerequisites for effective disaster response. To this end, content of programme activities and the origin of its funding will be published in press releases, website content, human interest blogs, and audio-visual material and spread through traditional media outreach, social media and on the intranet site of BRC-FL.

In both Rwanda and Tanzania, the programme will be communicated to the outside world as a programme of the involved National Society, in partnership with BRC-FL and funded by the Belgian government. The communication service of the NS will be in charge of the media coverage of the programme. The activities will be regularly published in the newsletter, websites and social media platforms of the NS, and will be communicated during the

coordination meetings they are involved in. The National Societies will take care to acknowledge the Belgian government's funding and partnership wherever possible in all its communications concerning the programme.

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

BRC-FI engages itself to mention the Belgian State as a donor, if the security and socio-economic situation permits, in regional exchanges and media outreaches, on equipment and goods purchased within the framework of the programme and on panels on the programme sites.

Publication activities planned

No publication activities are planned at this initial stage of the programme. If we plan to organise publication activities, the DGD will be informed accordingly.

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

No changes noted during this reporting period

[FIN] Report on relevant activities

RWANDA

The Voluntary blood donation recruitment activities in Rwanda, such as the training of volunteers and blood donation promotion sessions are described in the newsletter of the Belgian embassy of December 2022. The newsletter can be downloaded via this link: [https://rwanda.diplomatie.belgium.be/sites/default/files/content/newsletter/dec_2022 -
_newsletter of the belgian cooperation in and with rwanda.pdf](https://rwanda.diplomatie.belgium.be/sites/default/files/content/newsletter/dec_2022_-_newsletter_of_the_belgian_cooperation_in_and_with_rwanda.pdf)

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

- https://m.facebook.com/story.php?story_fbid=pfbid02ziPwprWqCSqXgevKmcSSLXB_oNaVnoyQLDSrn4FRQT3ErFrUUsg8XERVXp5wM8XPDI&id=159477120742377&mibextid=Nif5oz
- https://m.facebook.com/story.php?story_fbid=pfbid0KdQy36dHXzJ8PCXa3yS9Lahr_Wa6grjACuHB1T1kHDopzqb2fGVZhK9beFMNbRwl&id=159477120742377&mibextid=Nif5oz
- <https://twitter.com/Rwandaredcross/status/1588562707246354433>
- <https://twitter.com/Rwandaredcross/status/1433051297989730304>
- <https://twitter.com/Rwandaredcross/status/1463443318222774272>
- <https://twitter.com/Rwandaredcross/status/1576590665802125312>

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

- <https://lecanape.rw/en/rrc-nyagatare-more-than-24-million-transferred-to-disaster-victims/>
- <https://lecanape.rw/en/rrc-huye-700-youth-ready-for-disaster-prevention/>

RRC also participated in different radio talkshows to talk about disaster risk reduction and blood donation, both nationally as in the target districts.

TANZANIA

As initially planned, communication to the public on the program was done through the communication service of the NS who was in charge of the media coverage of the programme. The activities were regularly published in the newsletter, websites and social media platforms of the NS. A specific winding up video was developed and published on these platforms as well.

9. HUMAN RESOURCES

9.1. Please state the overall figures by function and by status

The activities will be directly implemented by the 2 NS and monitoring will be carried out jointly by the NS and BRC-FL.

Function	NS	Duration	Responsibilities
BRC-FI Country Delegates (2 persons, one in each country)	BRC-FL	24 months (100%)	In each country, there will be a Country Delegate who is responsible for the daily programme management, planning, facilitates the provision of technical expertise and reporting. The Country Delegates reports to the Head of International Programs.
NS Project Manager (2 persons, one in each country)	RRCS TRCS	24 months (100%)	In each country, there will be a Project Manager who is responsible for implementation and monitoring, the development and use of M&E tools and support the narrative and financial reporting.
Branch Coordinators (3 persons)	RRCS	20 months (83%)	Responsible for the coordination of the daily programme implementation, mobilization of the communities and coaching of the community volunteers. This person reports to the Project Manager. The branch coordinator of Huye will also be responsible for the follow-up of the blood activities.
Head of First Aid Department	RRCS	8 months (33%)	Responsible for ensuring a coherent development of the FA curriculum and the proposed modules (Youth, FAFR, FABL), guarantee and monitor the quality of the different trainings.
Head of Organizational Development Department	RRCS	3 months (13%)	Responsible for monitoring the quality and the Disaster Response Teams that can be quickly deployed.

Head of Youth Service	RRCS	24 months (100%)	Responsible for monitoring the adequate support provided to the youth and ensure the capacities of the youth are used within the communities.
Head of Technical Department	RRCS	3 months (13%)	Responsible for the technical support services within the NS.
Head of Financial Department	RRCS	3 months (13%)	Responsible for the financial coordination of the programme.
Head of PMER Department	RRCS	3 months (13%)	Responsible for drafting the monitoring and evaluation framework of the programme at national level, and overseeing its implementation.
WASH coordinator	RRCS	6 months (25%)	Responsible for coordinating the WASH activities.
Project Accountant	RRCS	5 months (21%)	Responsible for the accounting of the programme.
Digital Media Officer	RRCS	10 months (42%)	Responsible for the communication of and within the project with a specific focus on digital media.
Project officers/VNRD Regional coordinators (3 persons)	TRCS	24 months (100%)	Responsible for managing and overseeing the implementation of the project activities at the branch level. He or she will report to the project managers. These persons will also act as VNRD regional coordinators supporting the branch related activities.
Driver (2 persons)	TRCS	24 months (100%)	Responsible for driving related activities: ferrying project teams to the field to implement activities at the community level and in schools.
Accountant	TRCS	12 months (50%)	In charge of overseeing all the financials related to the project. He will coordinate with the target branches to ensure that the project funds are being utilized according to the plan.
Director of health services	TRCS	12 months (50%)	In charge of VNRD component of the project. He will work closely with the Disaster Preparedness Manager to ensure the three project officers are technically guided and supported throughout the project period. This function will also participate fully in coordination meetings with the National Blood Transfusion Services at national level.
Director of Disaster Management	TRCS	7,2 months (30%)	Responsible for ensuring strategic level support is offered to the project and will act as a link between the project and the senior management of TRCS. The Director of Disaster Management will represent the project in coordination meetings at national level and will also participate in training and supervising activities such as simulation exercises, training of NDRT/BDRT and in the launching of crisis modifier activities.
Focal Point First Aid	BRCL-FL	17,5%	Responsible for guaranteeing the quality of the implementation of first aid activities by providing technical expertise directly related to the first aid objectives of the project.

Focal Point Blood	BRCL-FL	35%	Responsible for guaranteeing the quality of the implementation of blood activities by providing technical expertise directly related to the first aid objectives of the project.
Focal Point WASH	BRCL-FL	10%	Responsible for guaranteeing the quality of the implementation of wash component by providing technical expertise directly related to the wash objectives of the project.
Focal Point DRR	BRCL-FL	26,3%	Responsible for ensuring the quality of implementation by providing technical expertise directly related to the DRR objectives of the project, both at institutional and community level.
Disaster Response Officer	BRCL-FL	26,3%	Responsible for ensuring the quality of implementation by providing technical expertise directly linked to the project's response objectives in the event of disasters that require funding through the crisis modifier.
First Aid Expert	BRCL-FL	17,5%	This expert from the BRC-FL Training Department is responsible for supporting the methodological development of First Aid training capacities.
Head of Expertise & Support	BRCL-FL	12%	Firstly, this person manages the Focal Points, and is the end responsible for the technical support of the programme. Secondly, he is charged with all operational aspects of field delegation support (housing, insurance, safety, integrity, ...), a task directly linked to implementation. Thirdly, he is tasked with partnership management. All our projects are implemented by the local Red Cross National Society. As a consequence, good management of these partnerships is essential for effective implementation of the projects.
Head of International Programs	BRCL-FL	11,3%	This person is the direct manager of our Country Representatives (who are themselves field-based Project Managers) and the end responsible for successful implementation of all of our international projects. All of her time is spent dealing with project-related issues; furthermore, she conducts regular field visits to follow up on implementation progress.
Donor Relations Officer	BRCL-FL	2,7%	Responsible for maintaining the relationship with the programme donor, ensures the liaison between project team and donor, communicates to the donor about programme progress and flags eventual issues for discussion. The Donor Relations Officer seeks communication opportunities in national and international media about the programme.
Procurement Officer	BRCL-FL	15%	In charge of procurements linked to both the preparedness and response activities of this proposal. The Procurement Officer will lead the organisation of tenders and execute all steps linked to the purchasing process at HQ, and support the local procurement process.

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

No changes noted during this reporting period.

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

GENERAL

Salaries of HQ and expat staff increased due to the automatic wage indexation. Nevertheless the total salary increase of BRC-FL staff was minimal due to co-financing of certain HQ positions with other projects. This ensured that the necessary project staff was available to implement the project as planned.

RWANDA

From January 2022 onwards, a salary increase of at least 20% was implemented by RRCS for their staff to tackle the reduced purchasing power due to the high inflation since the end of 2020 and the fact that it was 5 years ago since the last salary increase. The increased salary cost were partially compensated due to exchange rate gains, but there was still an overspent of 9%. Some salaries were also covered by other projects such as the WASH coordinator. Nevertheless all staff needed to implement the project remained committed to the project, even during the NCE.

TANZANIA

Eventually, it was decided to cover the project Accountant 100% for the project period to reflect the reality which was that he was fully dedicated to the project.

10. ADMINISTRATIVE INFORMATION

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

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

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

Didier Van Aert
Head of International Operations
Rode Kruis-Vlaanderen vzw
Email: didier.vanaert@rodekruis.be
Phone: +32 15 44 35 36

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

Rwanda:

Joost Sommen
Project manager DP4 Rwanda
Rode Kruis-Vlaanderen vzw
Email: joost.sommen@rodekruis.be
Phone: +250 791 054 861

Tanzania:

Leila Kibet
Project Manager DP4 Tanzania
Rode Kruis-Vlaanderen vzw
Email: Leila.Kibet@rodekruis.be
Phone: +255 769 016 719

10.4. Bank account

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

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