

SINGLE FORM FOR HUMANITARIAN AID ACTIONS

1 GENERAL INFORMATION

- 1.1 Name of Humanitarian Organisation of registration:** Rode Kruis-Vlaanderen Internationaal vzw
- 1.2 Title of the Action:** *Localising Protection: Red Cross Action to Assist the Most Vulnerable in Times of Complex, Humanitarian Crises in Burkina Faso, Uganda, Burundi and Democratic Republic of Congo (DRC)*
- 1.3 Area of intervention (country, region, localities):**

Country	Region	Localities
Burkina Faso	Center-East	Gounghin, Ouargaye, Bané, Lalgaye
Uganda	Western	Kikuube and Kiryandongo districts
Burundi	Burunga Province	Rutana, Musongati, Rumonge, Makamba, and Nyanza
Democratic Republic of Congo	Kwilu Province	Kikwit-North and South, Idiofa

- 1.4 Planned Start date and duration of the Action:** 1/12/2025, 24 months

- 1.5 Start date for eligibility of expenditure:**

Please explain if this date differs from submission initial proposal

- 1.6 Proposal and reports**

Initial proposal	☐	date: 18-07-25
Approval proposal	☐	date: dd-mm-yy
Start date	☐	date: dd-mm-yy
Intermediate report	☐	date: dd-mm-yy
End date	☐	date: dd-mm-yy
Final report	☐	date: dd-mm-yy

- 1.7 [INT] List the supplementary agreements and exchange of letters after signature of the Agreement up to intermediate report stage**

- 1.8 [FIN] List the supplementary agreements and exchange of letters after submission of the Intermediate report up to final report stage**

2 NEEDS AND PROTECTION RISKS ANALYSIS

- 2.1 Needs, Protection risks and stakeholder analysis**

This analysis was conducted by the Red Cross National Societies (Local NSs) in close collaboration with local communities, drawing on their deep understanding of local dynamics and contexts. Their involvement ensured that the methodology was culturally appropriate and adapted to local customs, resulting in more accurate, community-informed, and locally owned findings.

To gather comprehensive data, Key Informant Interviews, Focus Group Discussions, and surveys were carried out. This approach led to the development of detailed, country-specific analyses for each targeted intervention area, as outlined below.

The detailed stakeholder analysis can be found in Annex A.

2.1.1 Burkina Faso

In Burkina Faso's Center-East region, particularly in the communes of Gounghin, Ouargaye, Bané, and Lalgaye, an escalation in armed attacks and banditry has led to widespread displacement. According to data from April 2025 from the United Nations High Commissioner for Refugees (UNHCR), the number of internally displaced persons (IDPs) in the region increased from 63.170 in February to 66.192 in March this year.ⁱ Despite this rise, the authorities have directed humanitarian actors to focus on supporting returnees. These are individuals who were formerly IDPs but have safely returned to their villages of origin after military operations restored security for civilians. While exact figures are difficult to ascertain, the UNHCR estimates that approximately 1 million returnees were recorded across Burkina Faso in the first quarter of 2025. The latest available official figures of IDPs date back to March 2023, with around 2.06 million IDPs.ⁱⁱ

The **security risks** in the Center-East have raised significant concerns about public safety. Armed group activity and clashes disproportionately impact civilians, resulting in family separation, forced displacement, and heightened exposure to **gender-based violence** (GBV), such as psychological and physical violence, forced marriage and privation of resources. These risks are compounded by the collapse in basic services and the lack of formal IDP settlements, which places severe pressure on host communities. This, in turn, exacerbates tensions in the region. The needs assessmentⁱⁱⁱ conducted by Croix-Rouge Burkinabé (CRBF) confirmed that over 68% of displaced households report receiving no support from host families, reflecting low levels of social cohesion.

Food insecurity is the most pressing need in the Center-East region. 77% of surveyed households identified access to food as their top priority. Most IDPs have lost their farms, livestock, and income, leaving them without the means to produce or purchase food. Host families are also under increasing pressure. Not only sharing their already limited resources with displaced households, but those resources are also shrinking rapidly due to the impact of irregular rainfall, droughts and floods. On top of this, non-state armed groups (NSAG) frequently block roads and markets, disrupting food supply chains and pushing up food prices. As food becomes scarcer, children, who make up 58% of IDPs, are among the most affected. Those under five are at high risk of acute malnutrition, while older children are forced to drop out of school to help their families find food or generate income. However, there is little to no **access to education**. Over 12.000 internally displaced children in the region are out of school due to destruction, overcrowded classrooms, and a lack of school material. Girls are disproportionately affected, as families often deprioritize their education. In addition, stigma, the lack of menstrual hygiene products, and inadequate sanitation facilities cause many girls to miss school during menstruation.

Many displaced children and women suffer from trauma linked to violence, displacement, and the breakdown of family structures, yet few have access to **psychosocial support** (PSS). The absence of structured mental health services leaves vulnerable groups, particularly women and children, without the care they need to heal and rebuild resilience. Next to this, health services are severely strained. Nearly 38% of households reported difficulty accessing medical care in the past six months, mainly due to high costs and the collapse of local health infrastructure.

Lastly, **access** remains a major challenge for humanitarian actors. In areas controlled or blockaded by NSAG, reaching affected populations remains extremely challenging. For instance, following a deadly attack in Barsalogho (north of Ouagadougou) in August 2024, the Crisis Modifier was activated to assist 400 households with food. However, due to severe access constraints and reliance on the military for transportation, actual deliveries by CRBF only took place four months later. Similarly, in June 2025, food distributions in Lalgaye were suspended due to clashes between armed forces and NSAG.

2.1.2 Uganda

Between January and April 2025, Uganda received over 56.000 new arrivals from DRC, a nearly 600% increase compared to the same period in 2024.^{iv} This influx, alongside ongoing arrivals from South Sudan and Sudan, has severely strained the reception capacity and service infrastructure. The country's thirteen refugee settlements now host around 1.87 million refugees, making it the largest refugee-hosting country in Africa.^v Particularly affected are the two receiving settlements in Kiryandongo and Kikuube districts (Kyangwali refugee settlement), operating way beyond their intended capacity.

Meanwhile, the 2025 Uganda Country Refugee Response Plan remains severely underfunded, having received only 12% of its required resources by May. Simultaneously, the freeze in U.S. foreign assistance has forced humanitarian actors to drastically downscale their operations.^{vi} For example, the World Food Program (WFP) reduced food rations from 1.4 million to just 650.000 refugees^{vii}. This has had immediate and negative consequences for food security, nutrition, and protection outcomes. As confirmed by the needs assessment conducted by Uganda Red Cross Society (URCS)^{viii}, refugees and host communities are facing significant challenges in meeting basic needs and sustaining livelihood. This has not only strained already limited resources but also increased protection risks, including tensions between communities, child neglect, exploitation, and gender-based violence.

Building on these findings, the assessment identified heightened risks among specific vulnerable groups, particularly women, children, and persons with disabilities. A particularly urgent concern is the widespread issue of **family separation**, with 60% of respondents reporting separation from close family members due to conflict or displacement. This challenge is especially acute in Kyangwali refugee settlement, home to many refugees from eastern DRC, where over half of the respondents reported being separated and in need of support. Additionally, respondents also emphasized the need for safe communication spaces and assistance in using phones or the internet to reconnect with family members. One of the most visible and distressing outcomes of this separation is the high number of **unaccompanied or at-risk minors**, reported in one third of surveyed households. These children require urgent foster placement support and psychosocial care. To address their immediate needs and aid long-term recovery, child-friendly spaces are needed to provide a safe environment where children can learn, play, and heal from the trauma of conflict and displacement.

In parallel, broader challenges affecting older children, such as limited access to education and meaningful youth engagement, remain a key concern among the surveyed population. More than half of respondents indicated that young people lack income-generating opportunities, which are critical for household food security. Addressing these protection concerns is essential to support young people's psychosocial well-being and to reduce the risk of harmful coping mechanisms such as child labour, early marriage, and school dropout. Menstrual hygiene challenges further compound the situation, with 70% of respondents reporting that sanitary products are unaffordable. As a result, many girls regularly miss school, increasing their risk of falling behind or dropping out entirely.

Over 44% of respondents reported an increase in incidents of **SGBV**, including domestic abuse and sexual harassment. These rising levels are largely driven by harmful and traditional gender norms and heightened economic stressors. Which in its turn contributes to increased tensions and conflict within households. Notably, 21% of respondents in Kiryandongo and 12% in Kyangwali indicated having personally experienced SGBV, with the higher prevalence in Kiryandongo potentially reflecting deeper social or economic vulnerabilities that require closer examination. Despite the presence of community-based protection mechanisms, gaps in safe spaces and survivor-centred services, like psychosocial support persist.

Furthermore, **emergency medical services** in the refugee settlements are overwhelmed. Many refugees have experienced insecurity and conflict in their countries of origin, resulting in injuries, abuse, sexual violence, malaria, tuberculosis, and malnutrition. Further, the maternal mortality rate across the refugee settlements is high at 6.200 deaths/100.000 live births, far above the Sustainable Development Goal target of 70 deaths per 100.000 live births.^{ix} These people require immediate attention and referral to health facilities that can provide blood transfusion services amongst others. However, these centers have consistently reported blood shortages, jeopardizing maternal and child health. This need is critical given that women and children constitute 78% of the settlement population.^x Furthermore, limited knowledge and poor infrastructure exacerbate barriers to basic healthcare, first aid, and emergency services, with over 46% of households unable to access health care when needed.

2.1.3 Burundi

Since January 2025, the already dire humanitarian crisis in Burundi has worsened with the massive arrival of Congolese refugees. This influx is putting a severe strain on already insufficient resources and infrastructure. According to the UNHCR, more than 70.000 people^{xi}, mainly women, children, and elderly, have arrived since the beginning of the year seeking international protection and humanitarian assistance. This in addition to the 90.000 Congolese refugees already residing in the country.^{xii} Additionally, Burundian returnees from DRC are also fleeing due to ongoing insecurity, further inflating the number of vulnerable people in need of urgent support, while straining already limited services and infrastructure. The needs assessment^{xiii} has been conducted by Croix-Rouge Burundi (CRBu) in the six provinces of Ruyigi, Makamba, Kirundo, Rumonge, Cankuzo and Rutana, which host the largest number of returnees and displaced persons in the country. These regions are indicative of a more extensive national challenge, namely a humanitarian crisis that has been exacerbated by factors such as poverty, environmental vulnerability, and displacement.

Food insecurity has reached critical levels across the three targeted provinces, Makamba, Rumonge and Rutana. In Makamba, nearly half of the surveyed population reported having no access to adequate nutrition. Similar trends were identified in Rumonge, where repeated flooding from Lake Tanganyika has destroyed cropland and food stocks. This, combined with the pressures of hosting returnees and refugees, has led to a sharp decline in household food security. Local populations consistently cite poverty, lack of arable land, and natural hazards as obstacles to survival. These conditions are particularly harsh on single-mother households and families with young children, whose nutritional and economic needs remain unmet.

The **risk of family separation** remains a serious protection concern, particularly in displacement-affected areas such as Rumonge, where 20% of surveyed households reported being separated from close relatives due to conflict or displacement. Furthermore, many communities, especially in provinces like Rutana and Makamba, lack (awareness of) basic protection services and trust in those existing.

Incidents of **SGBV** continues to escalate, particularly in areas affected by high displacement and economic instability. In Rumonge, over three-quarters of respondents reported a marked increase in incidents of sexual violence. In Makamba and Rutana only 2% of respondents reported that shelter is safely accessible for SGBV survivors, as they often have to walk long distances and do not feel safe on the road where it is dark, traffic is dangerous and they may encounter individuals with harmful intentions. Women and girls described daily threats of domestic violence, unwanted pregnancies, and forced marriages. However stigma, fear of reprisal, and lack of services and shelter keep most survivors silent and unsupported.

Furthermore, **children** are particularly vulnerable in this environment. Economic strain, displacement, and cultural pressures have contributed to a surge in child protection risks. In Rutana, over half of respondents identified child labour as a growing concern, as cases are known of children being sent across the border with Tanzania to earn income for their families. School dropout rates are also rising, driven by the inability of families to afford basic supplies and increasing the risk of youngsters ending up in a continuous and vicious circle.

Varying degrees of willingness to accommodate refugees and tensions are reported in host communities. For instance, refugees or returnees are sometimes perceived to receive earlier or more substantial support (e.g. cash or shelter) from the humanitarian aid organisations than those who have lived in the communities for a long time. These communities are already highly vulnerable, and the assistance they receive, does not meet their needs. For this reason, there is a need to strengthen **social cohesion** and work together for a peaceful society.

Finally, **natural disasters**, such as floods and landslides to which Burundi is prone, also cause forced displacement within the country and are indicated as a cause of concern.

2.1.4 Democratic Republic of Congo

The humanitarian situation in the DRC has sharply deteriorated, especially since early 2025. While most of international attention is focused on the east of the country, other conflicts are raging in various provinces. In the west, the Teke-Yaka conflict or the Maï-Ndombe crisis has further escalated in several regions, including Kwilu and Kwango. This deterioration continues despite the deployment of the Armed Forces of the Democratic Republic of Congo (FARDC) and the signing of multiple peace agreements in 2023 and 2024. The ongoing presence of NSAGs and criminal groups has created serious security risks. Attacks on civilians and clashes between NSAGs and FARDC forces persist, leading to widespread human rights violations and displacement. According to data of the UN Office for the Coordination of Humanitarian Affairs (OCHA), the number of people in need has increased from 2.2 million in 2022 to an estimated 2.7 million by 2025^{xiv}.

Over 165.000 people are currently displaced across the health zones of Kikwit North, Kikwit South, and Idiofa. As there are no formal IDP settlements in Kwilu, host communities are bearing the full burden of this displacement. Further compounding the situation, IDPs are not formally recognized by authorities, limiting their access to official support. In Kikwit, approximately 1 in 20 residents is an internally displaced person, putting additional strain on already fragile local services such as housing, water, and food. **Food insecurity** is particularly severe, as nearly 75% of households surveyed in the needs assessment^{xv} reported poor levels of food consumption, with conditions especially dire in Idiofa. To cope, families are adopting harmful strategies, such as eating cheaper food (91%), reducing meals (90%), or limit portions (87%). More extreme measures are also common as 45% of households have gone whole days without eating or consumed seeds meant for future planting, and 25% have taken children out of school. Additionally, rising tensions between displaced people and host communities have been reported, driven by perceptions of unequal aid distribution.

The **breakdown of protection systems** in the affected areas has left communities routinely exposed to extortion, arbitrary detention, abduction, and physical violence. Even cases of torture and inhumane treatment have been reported. However, there are few formal channels for reporting or seeking justice, and trust in the police remains low. Displaced women and girls face daily threats of sexual assault, forced marriage, and survival sex, often exacerbated by poverty and overcrowded, unsafe shelters. Focus group discussions held in Kikwit North revealed cases of incest, yet many **SGBV**-survivors remain silent due to fear, stigma, and the complete absence of confidential services or safe referral pathways.

Children, particularly those who are separated from their families, face a range of protection threats. Communities have reported several incidents of sexual abuse, forced recruitment by armed groups, child labor and neglect. The lack of structured, community-based protection services and networks is leaving them without any form of support or protection. Focus group discussions revealed that residents had no access to any protection services other than those provided by the Red Cross, which they view as neutral and trustworthy.

Public **health facilities** in Kwilu face critical shortages of medicines, trained personnel, and basic sanitation. Severely under-resourced and overstretched, they are unable to meet the growing needs of the population. Insecurity, long travel distances, and financial barriers hinder access to care, with 74.8% of households citing the cost of treatment as the main obstacle. As a result, many rely on traditional healers or local pharmacies as alternatives. Furthermore, community members and health workers also report a lack of emergency medical supplies, along with a shortage of trained first aid responders. Additionally, deaths due to untreated anemia among displaced children, and due to blood loss during childbirth among displaced women, have been confirmed. Currently, there are no functional blood banks, mobile transfusion units, referral systems or patient transportation mechanisms for those in urgent need of blood. This gap poses severe and life-threatening risks to pregnant women, trauma patients, and children. The health system is not equipped to handle routine emergencies, let alone conflict-related injuries or maternal complications, leading to preventable deaths among the most vulnerable populations.

Humanitarian actors in the region face serious constraints when delivering aid and services, due to the increased violence and presence of militia. The Red Cross is the only actor with consistent, accepted **access**, positioning it as a crucial responder for health, protection, and emergency services. There is growing recognition of the need to uphold International Humanitarian Law (IHL), particularly the protection of civilians and prevention of child recruitment.

2.1.4 Regional needs if relevant (in case present in multiple countries in the same region which have impact on each other)

In the current global landscape, shaped by an increasing number of armed conflicts^{xvi} and climate-induced natural disasters^{xvii}, the need to protect vulnerable populations is growing. Few regions illustrate this urgency more than Sub-Saharan Africa, where a growing number of refugees and IDPs face heightened risks of violence, exploitation, and human rights violations.

By the end of 2024, the region was home to **8.4 million refugees^{xviii} and 38.8 million IDPs^{xix}**, almost doubling and more than tripling, respectively, **from 4.3 million and 11.9 million in 2015**. This sharp rise reflects escalating insecurity and political instability, notably in the Great Lakes region, where protracted conflicts in DRC, tensions in Burundi, and ongoing violence in other parts of the region have driven large-scale displacement. Spillover effects from conflicts in neighbouring countries, such as South Sudan, Sudan and the Central African Republic, are also contributing to regional instability, creating complex, multi-directional movements of people across borders. The persistence of violence, criminality, and intercommunal tensions, along with the erosion of protective norms that once constrained major powers and supported conflict prevention, further complicates the humanitarian landscape. These challenges extend even to areas not directly affected by armed conflict.

The influx of IDPs and refugees places additional pressure on host communities, intensifying challenges related to access to basic services, livelihoods, and natural resources, while also affecting social cohesion. Climate change compounds these challenges through increased frequency of droughts, floods, and other shocks, which further disrupt food security and livelihoods in already vulnerable countries.

Humanitarian needs are expanding while funding is contracting. In 2024, UN OCHA estimated that **\$45 billion** is required to reach **185 million** people in need globally. In March 2025, only **5%** of this target had been met, leaving a staggering **\$42 billion** shortfall.^{xx}

The shrinking humanitarian space in countries such as DRC and Burkina Faso further hampers aid delivery. Despite this, the Red Cross and Red Crescent (RCRC) Movement, thanks to its neutral and impartial mandate, continues to maintain access to vulnerable populations in these increasingly restrictive contexts.

2.2 [INT] If changes in risks and needs assessment at intermediate report stage, please explain

2.3 [FIN] If changes in risks and needs assessment after intermediate report, please explain

3 Program coordination with humanitarian organisation in the area of intervention

3.1 Coordination with other Humanitarian actors in the area of intervention: Brief overview/description of the cooperation and/or coordination with both International and Belgian actors in the intervention area.

Coordination with other Humanitarian actors is facilitated by the local NS in each intervention country. Each local NS holds a unique mandate, recognition and role as auxiliary to the government that enables them to maintain close ties with both central and local actors. Local NSs operate through its headquarters, provincial offices, local branches, and community-based volunteers to enable coordination at all levels, national, regional, and local, with ministries, regional departments, district authorities, and community leaders. As recognized local humanitarian actors, they actively participate in coordination platforms, including national and subnational clusters and sub-cluster meetings. This collaboration ensures that Red Cross interventions are complementary to broader humanitarian strategies and remain aligned with needs on the ground. The coordination efforts are further strengthened by the existing Memorandum of Understanding between the International Federation of Red Cross and Red Crescent Societies (IFRC) and UN OCHA, which promotes joint coordination, information sharing, and emergency response. In line with the principle of localization, UN OCHA recognizes local NSs as key partners in enhancing local response capacity.

Consequently, this program complements and strengthens the overall humanitarian response with its interventions. For an in-depth mapping of humanitarian actors, see Annex F.

Burkina Faso

Croix-Rouge Burkinabé (CRBF) will continue to collaborate and coordinate with humanitarian partners already active in the Center-East region, such as Intersos, Mwangaza Action, Ocades, RAJS, Concern Worldwide, and Helen Keller International. Specific coordination is planned with the Gender Based Violence and Child Protection subcluster, as activities targeting the protection of children, women and girls are

foreseen in this program. These potential partners were clearly identified during the needs assessment carried out in April 2025. Close cooperation will be essential, given that the Center-East is a region with limited access for organisations and receives relatively little international funding attention. Currently, cooperation with Belgian actors is limited to discussions and experience sharing, especially with Enabel and Médecins Sans Vacances. However, further opportunities for partnerships are actively being explored.

Burundi

Croix-Rouge du Burundi (CRBu) coordinates through national platforms with government institutions and international actors such as UNHCR and WFP. Furthermore, a collaboration with Caritas and Médecins du Monde will be established to optimize the distribution of intervention zones and strengthen the impact of humanitarian actions. As part of this coordination effort, a joint visit was recently carried out to Musenyi Refugee Camp, which hosts Congolese refugees.

The project's intervention areas in Burunga province are identified in Humanitarian Response Plan (HRP)^{xxi} as **high-severity zones** (levels 3 and 4) due to displacement, food insecurity, and limited access to health services. This project directly supports key sectors highlighted in the HRP such as Protection, Health as well as food security and livelihoods.

Uganda

The Uganda Red Cross Society (URCS) upholds a robust and inclusive coordination framework with both local and international humanitarian actors operating in the Kyangwali and Kiryandongo Refugee Settlements. This collaborative approach is central to ensuring that all interventions are context-sensitive, complementary, and responsive to the evolving needs of refugees and host communities. At the onset of the program cycle, URCS engages in structured stakeholder consultations and joint planning sessions with the Office of the Prime Minister (OPM), UNHCR, ALIGHT and other non-governmental partners. These collaborative processes ensure that proposed activities are informed by up-to-date needs assessments and aligned with national refugee response frameworks, avoiding duplication of efforts.

URCS also closely coordinates with other Belgium-funded humanitarian agencies, including Caritas Belgium, Humanity & Inclusion (HI) and Plan International

Democratic Republic of Congo

Croix-Rouge de République Démocratique du Congo (CRRDC) collaborates with both national and international organisations to respond to various crises across the country. While the organisation has historically focused on the eastern provinces, where it works in close coordination with ICRC and IFRC, particularly on issues related to humanitarian access and security, it has also recently become actively involved in the crisis of Maï Ndombe, which began in June 2022. Notably, community volunteers had maintained a permanent presence in the area.

This program will specifically address displacement of this crisis in Kwilu province. Currently, aside from a few national NGOs based in Kikwit, there are no international humanitarian actors operating in the area. In Idiofa, there is an almost complete absence of humanitarian presence. In neighbouring Kwango province, the CRRDC is working closely with Croix-Rouge de Belgique Communauté francophone (CRB-Cf) in order to centralize efforts and respond to the gap left by the limited presence of international organisations. Collaboration and exchange between the two programs will be maintained, with expertise and learnings shared across both provinces.

The project's intervention areas are identified in the HRP as an area where the population is facing **moderate-to-high** combined humanitarian needs across multiple sectors, in accordance with intersectoral severity level 3.^{xxii} This project directly supports key sectors highlighted in the HRP, such as Shelter and Non Food Items (NFI), Protection, Health, as well as food security and livelihoods.

3.2 Collaboration with Local Humanitarian actors and partners: Description of the cooperation and coordination with local actors in the intervention area both at program proposal drafting stage and planned program implementation stage.

The local actors and partners in this program are mainly part of the International Red Cross and Red Crescent Movement. This global humanitarian network composed of 191 National Societies, the IFRC, and the ICRC is led by the seven fundamental principles of humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

Coordination among the RCRC Movement is guided by the Seville Agreement 2.0^{xxiii} and IFRC's Strategy 2030,^{xxiv} both of which emphasize the importance of the localization of humanitarian action. The **Local NS**, which is the local Red Cross and the largest humanitarian actor in the affected country, leads the response, drawing on deep community ties thanks to its widespread network of volunteers and extensive local knowledge. Additionally, the mandate of Local NS is recognized by law as auxiliary to the government, defining its roles and responsibilities. **Partner National Societies (PNS)** serve as conveners in the implementing countries, such as Belgian Red Cross-Flanders (BRC-FI), and offer bilateral operational and technical support to strengthen the Local NS in its humanitarian actions and long-term capacities.

As defined in the Geneva Conventions, the **International Committee of the Red Cross (ICRC)** is mandated to provide humanitarian assistance to those affected by armed conflict and other forms of violence, while also promoting the laws that protect victims of war. The ICRC also facilitates bilateral confidential dialogue with relevant authorities and is a key partner in implementing Restoring Family Links (RFL) activities. Given the scope of this program and its intervention areas, this is taken into account during the program's drafting and implementation.

At the **program proposal drafting stage**, BRC-FI provided various proposal development tools and templates tailored to donor requirements. These were adapted by the Local NS to fit the local context. Furthermore, the Local NS led the process of data collection, choice of intervention area and target group and drafted the budget and narrative. This was done with support from a BRC-FI delegate in-country through (bi)weekly meetings, reflecting a supportive and locally led approach.

For the **implementation stage**, the program will be carried out by the Local NS, with support from and in coordination with BRC-FI. Next to general support from a BRC-FI delegate in country, BRC-FI, as PNS will provide specific support to the Local NS. This will mainly be done through technical assistance throughout the implementation in areas such as access to health care and disaster response, ensuring that training and resources are adapted to the local context.

Partnership with the Local NS is rooted in a long-term institutional cooperation focused on localized action and capacity building. It reflects a commitment to strengthening local structures, aligned with national priorities, while also leveraging the expertise and resources of the global network to support the Local NS when needed. This approach aims to ensure sustainable humanitarian impact. This cooperative model ensures that humanitarian programs are not only responsive to local needs but also embedded in and complementary to national systems.

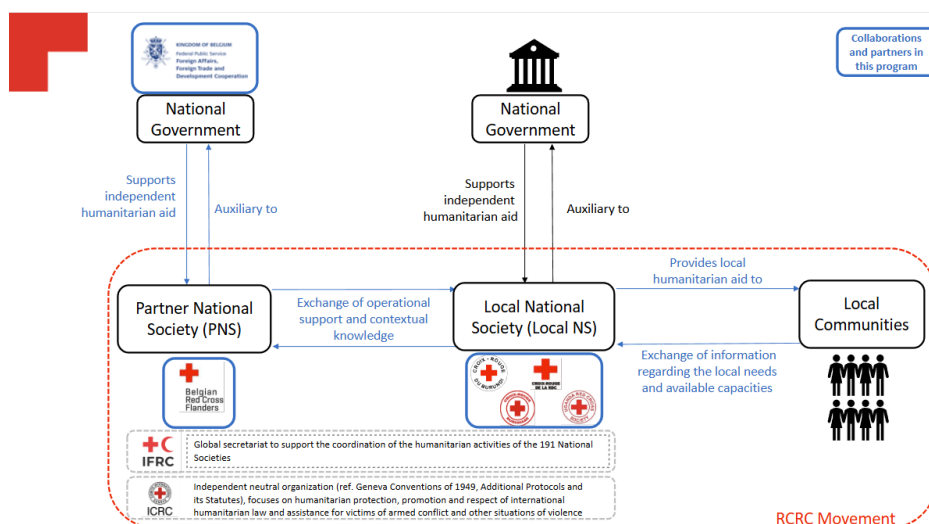


Figure 1: Schematic overview of the collaboration and coordination within the RCRC Movement

3.2.1 Croix-Rouge Burkinabé

Founded in 1961, Croix-Rouge Burkinabè (CRBF) was officially recognized as an auxiliary to the Burkinabè government in 1962. Today, it employs around 300 staff members and is currently mobilizing a network of around 45.700 volunteers across the country. CRBF's 47 provincial committees guarantee national coverage for its interventions. The program will be implemented by a combined team operating at both the central and regional levels. The core team is based in Ouagadougou and will lead the overall implementation. They will be supported by team members based in the Center East region, specifically the regional coordinator and supervisor located in Tenkodogo.

Cooperation with BRC-FI started in 2022 with technical capacity building on first aid. Due to rising geopolitical tensions in the country, BRC-FI has increased its assistance to CRBF. CRBF also closely collaborates with the ICRC for RFL activities in the Center-East, building on the previous humanitarian program.

3.2.2 Croix-Rouge du Burundi

Croix-Rouge du Burundi (CRBu) was established in 1963 and operates nationwide with 220 staff and 600.000 volunteers. BRC-FI has been in a partnership with CRRBu since 2000, supporting the organisation in first aid, blood, disaster preparedness and response, among other activities. However, it was since 2021 that the two organisations have been working together to deliver protection services for returnees, repatriated individuals and the most vulnerable members of host communities in the provinces of Ruyigi and Makamba.

Within the RCRC Movement, there is coordination with ICRC and IFRC. ICRC ensures the security of the delegation and advises on field visits. Additionally, CRRBu also coordinates with ICRC for activities around RFL and IHL. While IFRC and the other PNS's present in Burundi, hold regular coordination meetings in order to best support CRRBu in implementing the projects and fulfilling their needs in terms of capacity building. As part of the development of the current program, a needs assessment was carried out in May 2025 by CRRBu. Based on these findings, a strategic distribution of intervention areas was made to avoid duplication of aid by CRRBu and BRC-FI.

The activities will be carried out by the local CRRBu branches of Makamba, Musongati, Nyanza, Rutana and Rumonge in the Burunga province.

3.2.3 Uganda Red Cross Society (URCS)

Uganda Red Cross Society was founded and recognized as an auxiliary to the Government of Uganda since 1964 by an enactment of the Red Cross Act, Cap 57 of the laws of Uganda. It operates across 51 branches with 220 employees and 500.000 registered members and volunteers. There is a RCRC Movement coordination agreement (MCA) for RCRC Movement partners in Uganda, outlining each and everyone's responsibilities and obligations for coordinated support to the HNS.

This program will be implemented by the Hoima and Masindi branches of URCS, which support the Kyangwali and Kiryandongo refugee settlements. BRC-FI and URCS have maintained a strong partnership and mutual collaboration over the past 17 years, working in health, disaster preparedness, and protection programs.

3.2.4 Croix-Rouge de République Démocratique du Congo (CRRDC)

Founded in 1888 and officially recognized by the Congolese government in 1961, the Croix-Rouge de République Démocratique du Congo (CRRDC) operates across all provinces through 26 provincial committees. The organisation is governed by a National Executive Committee and General Secretary, supported by six directorates overseeing programmatic and medical coordination.

CRRDC mobilizes more than 30.000 volunteers across the country. In the context of this program, BRC-FI collaborates with the Kikwit branch and is supporting the development of a new branch in Idiofa. In 2024, BRC-FI established an in-country delegation in DRC to facilitate closer collaboration and implementation support, as one of the only PNS assisting in the western, non-mediatised region with significant humanitarian needs. In neighbouring Kwango province, the CRRDC is working closely with CRRBu in order to centralize efforts and respond to the gap left by the limited presence of international organisations. Collaboration and exchange between the two programs will be maintained, with expertise and learnings shared across both provinces.

3.3 [INT] If changes at intermediate report stage, please explain

3.4 [FIN] If changes after intermediate report, please explain

4 OPERATIONAL FRAMEWORK

4.1 Exact location of the Action

Burkina Faso

The program will be implemented in the Center-East region, in its three provinces: Boulgou, Kouritenga and Koulpelogo. The Center-East region, and especially the Koulpelogo province, is currently experiencing frequent attacks, which consequently increases movement of population within the region. The choice of this region was suggested by CRBF and highlighted in the needs assessment. Leveraging on the Local NS' mandate and its local network, CRBF is one of the few organisations active in the region. Therefore, it is important to maximise cooperation amongst partners in order to have maximum impact with only a few stakeholders. It was decided to pursue activities with the same regional scope as the previous humanitarian program, to ensure continuity as needs are increasing.



Figure 2: Area of intervention Burkina Faso

Uganda

Activities under the program will take place in Kyangwali and Kiryandongo Refugee Settlements, located in the western region of Uganda. Both settlements are under the management of the OPM and coordinated by UNHCR, serving as critical sites for hosting large refugee populations primarily from the DRC, South Sudan, and other neighbouring countries affected by conflict and displacement.

Kyangwali Refugee Settlement is situated in Kikuube District, Western Uganda, approximately 300 km northwest of Kampala. It lies near the eastern shores of Lake Albert, bordering the DRC. Kiryandongo Refugee Settlement is located in Kiryandongo District, in the Bunyoro sub-region of Western Uganda.



Figure 3: Area of intervention Uganda

Burundi

The program will be implemented in Burunga Province in the south of the country, covering the communes of Rutana, Musongati, Rumonge, Makamba, and Nyanza. Following Burundi's new administrative division, in effect since June 2025, the country has been reorganized from 18 to 5 provinces. The program's intervention area largely corresponds to the former provinces of Makamba, Rumonge and Rutana, as shown on the map.

This intervention area was chosen based on the results of the needs assessment and in consultation with CRB-Cf. The focus of the program will be on the most vulnerable, namely children, single parents, disabled, returnees and the refugees in the camps in this region (Musenyi and Makombe).

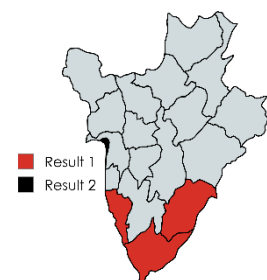


Figure 4: Area of intervention Burundi

Democratic Republic of Congo

As previously mentioned, the program will focus on the Mai-Ndombe Crisis, located in the area formerly known as Grand Bandundu Province, now divided into Mai-Ndombe, Kwango, and Kwilu provinces in western DRC. The program will be implemented specifically in Kwilu Province, targeting the areas of Kikwit Nord, Kikwit Sud, and Idiofa. These regions have experienced significant infrastructure collapse due to the ongoing crisis. Furthermore, the needs assessment highlighted the importance of prioritizing Kwilu Province, due to its unmet needs and limited presence of other humanitarian organisations. Therefore, allowing for more effective and impactful response efforts.



Figure 5: Area of intervention DRC

4.2 Affected populations targeted by the program

4.2.1 Overview

	Burkina Faso	Uganda	Burundi	DRC
Result 1	54.003, of which 27.921 female and 26.732 children < 18	116.373, of which 59.350 female and 55.589 children <18	177.050, of which 88.975 female and 36.020 children <18	91.338, of which 46.582 female and 41.102 children <18
INT				
FIN				
Result 2	605, of which 313 female and 299 children < 18	12.317, of which 6.528 female and 360 children < 18	37.250, of which 18.625 female and 7.900 children < 18	16.569, of which 8.450 female and 7.456 children < 18
INT				
FIN				
Total result 1 & result 2	54.608, of which 28.234 female and 27.031 children < 18	128.690, of which 65.878 female and 55.219 children < 18	214.300, of which 107.600 female and 43.920 children < 18	107.907, of which 55.032 female and 48.558 children < 18
INT				
FIN				

Additional beneficiaries will be reached by activating the Crisis Modifier (result 3), but here the total amount will depend on the type of activity supported.

4.2.2 Mechanisms and criteria for the identification of the populations targeted by the program (direct)

The groups targeted in this program include displaced people and host communities, with a focus on children and survivors of SGBV. More specifically, the primary basis used in this program for selecting beneficiaries is vulnerability, focusing on impartial and neutral assistance in line with the RCRC fundamental principles. These principles guide all assessments and response activities, ensuring that assistance reaches those with highest needs first, whether through providing first aid to the wounded, offering targeted support services or distributing essential supplies. In each country of intervention, the Local NS works in coordination with local authorities and other key stakeholders, such as UNHCR and ICRC, to identify and reach the most vulnerable. Selection criteria are defined collaboratively and adapted as needed to suit the local context and the specific activity, ensuring that humanitarian assistance is provided equitably and effectively to affected individuals or households. Inclusion criteria typically consider geographic presence in the intervention area and household composition, such as child-headed families or the presence of children, single mothers, elderly, or persons with disabilities, as well as specific vulnerability factors (e.g. marginalized groups such as the Batwa ethnic group in Burundi). At the same time, exclusion criteria may apply, particularly in cases where households have already received comparable assistance from other sources, in order to prevent and avoid duplication. As shown in the needs assessment of Burundi, this can create avoidable tension between communities and towards humanitarian actors.

Furthermore, community participation is central to the targeting process. Where appropriate, local leaders and community members are directly involved in defining and validating the beneficiary selection criteria. Local branches and volunteers also play a key role, guiding and closely engaging in the process to ensure it is grounded in local knowledge and context. This reinforces transparency and acceptance of the targeting process, and enhances the accuracy with which those most in need are identified.

Lastly, in the event of a sudden or onset disaster, the crisis modifier mechanism will be activated. A rapid needs assessment will be conducted immediately to identify and assist those who are newly or acutely affected and least likely to receive support through other channels. Where possible, response activities may begin in parallel with the assessment to avoid delays in reaching those in urgent need.

4.2.3 Other potentially by the program affected populations (indirect, catchment, etc.)

In addition to the primary target groups, the program is expected to indirectly benefit a wider range of individuals and communities within and beyond the intervention areas. While these populations may not receive direct assistance, they are likely to gain from improved services, strengthened emergency response systems, community-based interventions, and enhanced efforts to promote social cohesion. Including these groups in the program's planning and monitoring processes is essential to ensure sustainability, minimize unintended harm, and promote equitable access to services. This approach also fosters peaceful coexistence between host communities and displaced populations, while ensuring that both groups benefit from protection activities.

For instance, direct beneficiaries whose livelihoods are supported through cash assistance will experience improved financial well-being. This increased income enables them to spend more locally, benefiting merchants and stimulating the local economy. Furthermore, the program's procurement activities will prioritize the local market wherever possible, amplifying economic benefits. Raising awareness about the importance of safe blood donation not only addresses acute humanitarian needs, such as the lack of emergency medical supplies and the high number of preventable deaths due to blood loss. It also contributes to building a more sustainable and resilient blood supply system. This, in turn, benefits patients across the region who require transfusions, including displaced women facing childbirth complications, children with untreated anemia, and trauma victims. Capacity building for staff and volunteers of the HNSs through trainings and workshops will also generate spill-over effects in the country. Participants will apply their acquired knowledge in future and ongoing activities across different regions. Additionally, government, local NGOs, and civil society organisations will benefit from improved coordination mechanisms and strengthened capacities of the Local NS.

Lastly, government agencies and community actors linked through protection referral pathways will be engaged and supported, enhancing service availability and response for all at-risk populations.

4.3 Objectives, Results and Activities

4.3.1 Operational Overview of the Action: Log-frame

Title of the Action	Localising Protection: Red Cross Action to Assist the Most Vulnerable in Times of Complex, Humanitarian Crises in Burkina Faso, Uganda, Burundi and DRC			
Principal Objective	To strengthen localised, timely, and inclusive humanitarian protection for vulnerable people affected by violence and displacement in Burkina Faso, Uganda, Burundi and DRC through community-based services, capacity-building of local actors via the sharing of expertise, and rapid emergency response.			
	Intervention Logic	Objectively Verifiable Indicators	Sources of Verification	Risks and Assumptions
Specific Objective	Protection risks and needs of vulnerable people and communities, primarily resulting from violence in their own or neighbouring countries, in Burkina Faso, Uganda, Burundi and DRC are prevented, mitigated and responded to through localised humanitarian action.	% of individuals reporting increased ability to prevent, respond to, or recover from protection risks, (disaggregated by age and gender and status) - Total number of individuals reached	Survey on a sample size of targeted individuals (developed with support of BRC-FI's in-house Centre for Evidence-Based Practice) Sum of activity reports	Assumption 1: Security situation remains manageable and access is guaranteed. The violence and displacement in-country or from neighbouring countries does not overwhelm host countries and local NSs. No large-scale natural disasters will take place. Assumption 2: Government authorities cooperate with the Red Cross. They will not limit humanitarian access. Elections of January 2026 in Uganda will have limited impact on the activities.
Result 1	Vulnerable people and communities affected by humanitarian crises, primarily resulting from violence in their own or neighbouring countries, experience improved protection, safety, and wellbeing.	% of individuals in targeted communities reporting an improved sense of safety and protection (disaggregated by age, gender and status) - Total number of direct beneficiaries reached	Survey on a sample size of direct beneficiaries from the activities below (developed with support of BRC-FI's in-house Centre for Evidence-Based Practice) Activity reports	Assumption 3: The community is engaged and supports protection activities. The local actors are leading the response and have the capacity to execute the protection program with the support of BRC-FL. Anti-corruption and fraud measures are robust to tackle possible issues.
Activities	1.1 Prevent and mitigate protection risks of IDPs, Refugees, Returnees and Host Communities through strengthened community-based protection mechanisms.			Assumption 4: The economic situation remains stable in the project areas and the local NS can procure all goods and services locally as planned. Where possible, the distribution of cash over goods will be used to ensure efficiency and effectiveness. The exchange rate also remains stable and does not fluctuate. Assumption 5: Efforts are made to address new humanitarian challenges and gaps created by the changing international donor landscape. Risk 1: The security situations escalates further which could severely limit access to affected populations and increase the response time. This could lead to implementation problems. Especially in Burkina Faso and the wider Sahel region, the security situation remains difficult.
	1.1.1. Carry out a participatory assessment on community level to map and analyse protection threats, vulnerabilities and capacities. 1.1.2. Design and carry out community awareness-raising activities and develop local preparedness and response capacity improvement plans based on identified protection risks. 1.1.3. Strengthen social cohesion between and within IDP/refugee and host communities through youth clubs, cafés d'amitiés, community meetings 1.1.4. Set up or strengthen protection committees (or other community-based mechanisms) to support the identification of protection concerns and contribute to an effective and quick response, with a gender and age-appropriate approach.			

	1.2. Respond to protection needs of IDPs, Refugees, Returnees and Host Communities through cash and in-kind distributions.	Risk 2: Government could obstruct humanitarian access, misunderstand the mandate of the Red Cross and see the RCRC Movement as a threat or organisation that they wish to control. This would hinder the provision of humanitarian assistance to the most vulnerable Risk 3: The response leads to tensions between host communities and displaced populations. The local NS are not taking up a leading role and poor coordination can lead to gaps in the response. Corruption and fraud occurs when targeting vulnerable households. Risk 4: Inflation or economic hardship make local procurements harder, leading to higher cost and insufficient funding to cover all the planned actions. Risk 5: Local government authorities become overwhelmed by the lack of funding and support by the international community. This may lead to the closure of refugee camps, and potentially triggering new refugee streams and significantly increasing refugees' vulnerability and protection risks.
	1.2.1. Provide Cash Assistance to enable households most-at-risk, primarily focussing on persons with specific needs, to cover their most urgent protection needs in a dignified way.	
	1.2.2. Procurement and distribution of age and gender appropriate non-food items (for example, Refugee Welcome Kits, dignity kits, hygiene kits and/or household kits) to households most-at-risk, primarily focussing on persons with specific needs.	
	1.2.3. Procurement and distribution of food assistance (in countries where cash assistance is not possible) to households most-at-risk, primarily focussing on persons with specific needs	
	1.2.4. Provide essential livelihoods support to address urgent protection needs among households most-at-risk, primarily focussing on persons with specific needs	
	1.3. Provide urgent protection and health services and information in IDP/Refugee settlements, Transit Camps and Host Communities	
	1.3.1. Provide life-saving first aid and emergency medical care	
	1.3.2. Provide gender and age appropriate psychosocial support services (in group or individually)	
	1.3.3. Refer persons with specific needs to specialised services.	
	1.3.4. Provide convenient awareness and regular opportunities for blood donation to ensure a stable blood supply to respond to increasing needs	
	1.3.5. Promote awareness and provide Restoring Family Links (RFL) services	
	1.4. Prevention of and response to survivors of Sexual and Gender-Based Violence (SGBV), addressing causes, risks and consequences in an integrated way.	
	1.4.1. Conduct a Protection, Gender and Inclusion Rapid Analysis and design and carry out community awareness-raising campaigns and SGBV-responses	
	1.4.2. Conduct trainings for community members involved in SGBV prevention and response	
	1.4.3. Provide psychosocial support services for survivors of SGBV and referral to specialized health care	
	1.4.4. Provide targeted support to survivors of SGBV	
	1.5. Vulnerable children and their caregivers receive specialized child protection interventions to mitigate risks factors and enhance their wellbeing.	
	1.5.1. Map the root causes of child protection risks and implement measures, such as child protection committees, to mitigate the risks (eg. abuse, neglect, exploitation, violence, child labor, child recruitment, separation, sexual violence, child marriage)	
	1.5.2. Identify girls and boys with increased protection risks and provide them with specialized child protection response services and/or refer them to specialised services.	
	1.5.3. Prevent school drop-out of girls and young women by ensuring proper hygiene facilities and distributions of dignity kits.	
	1.5.4. Install safe spaces and provide structured recreational or life skills activities for vulnerable children and youth with a differential approach according to their age and specific needs.	
	1.5.5. Vulnerable caregivers are supported with parenting skills, PSS, CASH and in-kind distribution	

Result 2	Local National Red Cross societies, their branches, staff and volunteers, as well as local authorities in the targeted areas are equipped and trained in protection matters and the safe, inclusive delivery of protection services.	• % of staff and volunteers indicating a training increased the capacity of the National Society to prevent and respond to protection risks • Total number of individuals reached	Survey on a sample size of targeted individuals, drafted with support of BRC-FI's in-house Centre for Evidence-Based Practice Activity reports	
Activities	2.1. Train staff and volunteers from the Red Cross Societies in Burkina Faso, Uganda, Burundi and DRC and their local branches on protection-related topics, according to a needs analysis carried out in each country, identifying capacity gaps and training needs. 1.1.1. Develop and roll-out training plans for each national society based on the results of assessments of capacities and training needs of the Red Cross National Society (staff and volunteers) in each country, including peer-to-peer learning between National Societies on protection-related issues and services. 1.1.2. Provide contextualized, evidence-based First Aid training for staff and volunteers, tailored to identified needs, to strengthen community resilience and enhance protection services for vulnerable populations 1.1.3. Provide HEAT, Humanitarian Diplomacy and Negotiation trainings to strengthen the capacity of volunteers/staff to operate in challenging settings/dangerous areas 1.1.4. Provide RFL training to national society staff and volunteers			
	1.2. Provide the Red Cross National Societies in Burkina Faso, Uganda, Burundi and DRC and their local branches with adequate equipment and SOPs, to provide quality and timely humanitarian protection services.			
	1.2.1. Procurement of necessary equipment for staff and volunteers for use during humanitarian protection services included under result 1 1.2.2. Review, update and disseminate SOPs on humanitarian action and protection interventions. 1.2.3. Preposition emergency protection goods in line with local customs and main needs. 1.2.4. Strengthen Integrity and Feedback Mechanisms of National Societies to ensure community engagement and accountability			
	1.3. Strengthen knowledge on International Humanitarian Law principles to increase the protection of the most vulnerable, especially women and children.			
	1.3.1. Strengthen knowledge of Red Cross Red Crescent staff and volunteers on International Humanitarian Law principles to increase the protection of the most vulnerable, especially women and children. 1.3.2. Strengthen knowledge and disseminate about the protection of humanitarian workers and protected infrastructure (schools, hospitals, etc) 1.3.3. Promote awareness and enhance understanding of International Humanitarian Law (IHL) among the public and lawmakers.			
Result 3	Protection needs of the most vulnerable people are responded to in a timely and adequate manner during acute emergency situations through the activation of the Crisis Modifier.	• Time (days) between request for activation of the Crisis Modifier by the operating Red Cross National Society and the start-up of operations • Total number of people supported with CM	Activity report	
	3.1. Protection needs of the most vulnerable people with special needs are responded to in a timely and adequate manner during acute emergency situations through the activation of the Crisis Modifier.			

4.3.2 More detailed information per result

The Principal Objective of the program is **to strengthen localised, timely, and inclusive humanitarian protection for vulnerable people affected by violence and displacement in Burkina Faso, Uganda, Burundi and DRC through community-based services, capacity-building of local actors via the sharing of expertise, and rapid emergency response.**

To achieve this Principal Objective, a Specific Objective and three distinctive results were defined. To address the principal outcome, the specific objective is to ensure that **protection risks and needs of vulnerable people and communities, primarily resulting from violence in their own or neighbouring countries, in Burkina Faso, Uganda, Burundi and DRC are prevented, mitigated and responded to through localised humanitarian action.** The first result focuses on addressing different protection risks identified through the needs assessment. These actions primarily target the refugee and host communities. The second result aims to strengthen the Local NSs to respond more effectively to existing and future emergencies and to better deal with protection threats. The third result is the crisis modifier modality, which enables a rapid and flexible response to emergencies in the four countries.

Multiple indicators have been developed and are integrated into the logical framework above. All targets have been set in an ambitious way in close collaboration with the Local NSs. In total, there are two overarching indicators to measure the impact of the specific objective, two impact indicators for the first result, two for the second result and two final ones for the third result.

4.3.2.1 Result 1: Vulnerable people and communities affected by humanitarian crises, primarily resulting from violence in their own or neighbouring countries, experience improved protection, safety, and wellbeing.

4.3.2.1.1 At proposal stage

Sector: Protection

Related sub-sector: Health, Food security and livelihoods, Disaster Risk Reduction, Education in Emergencies, Multi-purpose Cash transfers and Child Protection

Indicators for this result

In alignment with the shift from output- to outcome-based humanitarian programming, the indicators for Result 1 are designed to capture changes in the protection environment and the well-being of affected populations, rather than solely the delivery of services. These indicators aim to reflect the impact and effectiveness of localised humanitarian protection interventions in protracted crisis settings.

To measure these changes, a survey will be developed and conducted on a representative sample of the total number of direct beneficiaries reached. This survey will provide the basis for the following core outcome indicator:

1. % of individuals in targeted communities reporting an improved sense of safety and protection (disaggregated by age, gender and status).

This reflects the subjective experience of safety and protection, which is central to humanitarian protection outcomes.

In addition, the following quantitative indicator will be used to assess the scale and reach of the interventions:

2. Total number of direct beneficiaries reached

This indicator complements the survey data and helps contextualize the breadth of the response. Together, these indicators support the measurement of the Specific Objective by capturing both the qualitative outcomes of protection interventions and the scale of their reach.

Activity-level indicators (e.g., number of awareness sessions, committees established, items distributed, etc.) will continue to serve as internal process indicators. While they do not directly measure change in people's lives, they are essential for tracking implementation progress and ensuring that the program is on course to achieve its intended outcomes.

Activities related to the result

1.1 Prevent and mitigate protection risks of IDPs, Refugees, Returnees and Host Communities through strengthened community-based protection mechanisms.

This activity aims to strengthen the ability of displaced and host communities to identify, prevent, and address protection risks, including violence, exploitation, and discrimination. By enhancing local capacity and promoting awareness, communities are empowered to take a proactive role in addressing protection risks. The creation of inclusive protection committees fosters collective action and reinforces social cohesion between affected population groups. These community-driven initiatives contribute to more effective risk mitigation, reduced vulnerability, and increased resilience.

1.2 Respond to protection needs of IDPs, Refugees, Returnees and Host Communities through cash and in-kind distributions.

Providing cash, food assistance, livelihood support and essential non-food items (Refugee Welcome Kits, dignity kits, hygiene kits and/or household kits) addresses immediate survival needs and reduces exposure to harm such as exploitation or negative coping strategies. Cash assistance, where appropriate and possible, also restores dignity and choice to affected people, allowing them to meet diverse needs flexibly which is a key humanitarian principle.

1.3. Provide urgent protection and health services and information in IDP/Refugee settlements, Transit Camps and Host Communities

This activity ensures that the targeted communities have access to urgent health and protection services in settings where local systems are non-existent, overstretched or inaccessible. Services include life-saving first aid, blood donation facilitation, referrals to specialised care, PSS, and RFL for separated families. These interventions reduce preventable deaths, mitigate the physical and psychological impacts of displacement and violence, and uphold the dignity and safety of vulnerable people. By providing these services through trusted local Red Cross volunteers this ensures access, timeliness, and community acceptance.

1.4. Prevention of and response to survivors of Sexual and Gender-Based Violence (SGBV), addressing causes, risks and consequences in an integrated way.

The integrated SGBV response combines awareness-raising, survivor care, and referral mechanisms. This approach addresses both the root causes and the consequences of SGBV, ensuring that survivors can timely access critical services confidentially while promoting safer communities through prevention and education. Community-based prevention efforts challenge harmful norms and promote gender equality, contributing to safer and more inclusive environments.

1.5. Vulnerable children and their caregivers receive specialized child protection interventions to mitigate risks factors and enhance their wellbeing.

Displacement and crisis settings expose children to heightened risks such as separation, abuse, trafficking, child labour and school dropout. This activity delivers targeted child protection services, such as PSS, specialised referrals, provision of safe spaces, distribution of hygiene kits and proper sanitary facilities in schools. These interventions promote children's safety, well-being, and development while supporting caregivers and strengthening community-based protection systems.

Expected outcome and impact

Result 1 is expected to lead to improved protection, safety, and wellbeing for vulnerable communities by addressing both immediate needs and underlying protection risks. A combination of activities such as community-based protection, cash and in-kind support, urgent health and protection services, SGBV response, and child protection work together to reduce exposure to harm, strengthen local coping mechanisms, and restore dignity. By empowering communities and reinforcing inclusive, locally led protection systems, these interventions contribute to more resilient and cohesive societies. By the end of the program period, 438.764 vulnerable individuals, including 222.828 women and 159.713 children under 18, are expected to benefit, with at least 80% experiencing an improved sense of safety and protection.

4.3.2.1.2 Intermediate report

Update on indicators

Update on activities

Update expected outcome and impact

4.3.2.1.3 Final report

Indicators for achieved result

Activities accomplished

outcome and impact

4.3.2.2 Result 2: Local National Red Cross societies, their branches, staff and volunteers, as well as local authorities in the targeted areas are equipped and trained in protection matters and the safe, inclusive delivery of protection services.

4.3.2.2.1 At proposal stage

Sector: Protection

Related sub-sector: Health, Disaster Preparedness and National Society Development, International Humanitarian Law

Indicators for this result:

Result 2 focuses on strengthening the capacity of local NS and their branches to deliver safe, inclusive, and effective protection services. The indicators for this result aim to capture institutional and operational improvements that contribute to more sustainable and locally led humanitarian protection responses.

The following two indicators will be used to assess improvements in institutional capacity:

1. % of staff and volunteers indicating a training increased the capacity of the National Society to prevent and respond to protection risks

This indicator reflects how well staff and volunteers feel equipped to prevent and respond to protection risks. It highlights improvements in their knowledge, skills, and confidence, and serves as a measure of the strengthened institutional capacity of the National Society to deliver safe and inclusive protection services.

In addition, the following indicator will be used to measure the direct reach of capacity-building activities:

2. Total number of individuals reached

This refers specifically to the number of staff and volunteers from the local NSs who have directly benefited from trainings, equipment provision, and other capacity-strengthening interventions.

Both indicators feed into the Specific Objective by demonstrating how institutional strengthening efforts enhance the ability to prevent and prepare for protection risks by quantifying the reach of these efforts.

Activities related to the result:

2.1. Train staff and volunteers from the Red Cross National Societies in Burkina Faso, Uganda, Burundi and DRC and their local branches on protection-related topics, according to a needs analysis carried out in each country, identifying capacity gaps and training needs.

A tailored training plan for the staff and volunteers, based on country-specific capacity assessments, is essential for the local NS to deliver safe, inclusive humanitarian aid. In addition, special attention will be given to First Aid, as volunteers are often the first responders in crisis settings, as well as various protection-related trainings including Humanitarian Diplomacy, HEAT and RFL. Peer-to-peer learning across National Societies is encouraged to facilitate exchange of knowledge and best practices within the RCRC Movement.

2.2. Provide the Red Cross National Societies in Burkina Faso, Uganda, Burundi and DRC and their local branches with adequate equipment and SOPs, to provide quality and timely humanitarian protection services.

This activity ensures that local NSs are equipped with the necessary goods, tools and systems for their interventions. Equipment supporting Result 1 will be procured, while key emergency items will be prepositioned in preparation for potential Crisis Modifier activations. SOP's will be reviewed, updated and disseminated to promote safe, timely and consistent service delivery. Furthermore, special attention is given to strengthen integrity systems and community feedback mechanisms to enhance accountability and support meaningful community participation in improving future interventions.

2.3. Strengthen knowledge on International Humanitarian Law principles to increase the protection of the most vulnerable, especially women and children.

This activity focuses on strengthening the role of local NS in promoting and disseminating IHL, in close coordination with the ICRC. Strengthening knowledge of IHL among staff and volunteers ensures that humanitarian responses are grounded in international legal frameworks and that teams are equipped to uphold and advocate for protection standards, particularly in complex and volatile settings. At the same time, dissemination efforts target external audiences, including local authorities, community members, schools, and policymakers, to foster greater respect for humanitarian norms and to reinforce the protection of the most vulnerable, especially women and children. By supporting both internal capacity and public engagement on IHL, the activity reinforces the National Societies' auxiliary role and contributes to a more protective environment for affected populations.

Expected outcome and impact

Result 2 aims to ensure that local NS and their branches are fully equipped and trained to deliver safe, inclusive, and effective protection services. Through targeted training, provision of essential tools and SOPs, and strengthened knowledge of IHL, staff and volunteers will be able to respond more confidently, consistently, and accountably to protection needs. These investments directly enhance the quality, speed, and relevance of humanitarian action, especially in fragile, violence-affected, and displacement-prone contexts, where local actors are often the first and most trusted responders. By the end of the program period, 66.891 individuals are expected to be reached. Furthermore, it is expected that 80% of the staff and volunteers across the 14 implementing branches will indicate increased capacity to prevent and respond to protection risks.

4.3.2.2.2 Intermediate report

Update on indicators

Update on activities

Update expected outcome and impact

4.3.2.2.3 Final report

Indicators for achieved result

Activities accomplished

outcome and impact

4.3.2.3 Result Crisis Modifier

4.3.2.3.1 At proposal stage

Planned Budget and Justification

The Crisis Modifier (CM) allows flexible, early and anticipatory action to respond quickly to unexpected humanitarian needs during the program anywhere in the partner countries, thus not limited to the designated intervention areas. It addresses urgent and life-saving needs, especially in overlooked small to medium-scale crises. The CM budget is 12% of the total budget (841.241 EUR) giving the program the flexibility to tackle sudden protection risks from conflicts, outbreaks, or disasters. This funding covers assessments, response, monitoring, and communication.

Planned Preparation

BRC-FI and local NS have experience with the CM and follow the CM policy (see Annex G). This policy is part of the Partnership Agreement and is discussed during the in-country kick-off. Preparations include prepositioning of emergency goods, developing community and local NS contingency plans, and signing framework agreements with suppliers to speed up response times. Volunteers and staff are trained in Cash and Voucher assistance (CVA), Enhanced Vulnerability and Capacity Assessment (eVCA), Preparedness for Effective Response (PER), and Protection, Gender and Inclusion (PGI) to ensure swift action.

Activation Procedure

The CM can be activated by the local NS if a sudden crisis exceeds local capacity. Activation triggers are set in-country with stakeholders. Within 72 hours of a disaster, an assessment team defines needs and budgets. The response must start within a month but are aimed to be used more quickly as the funds are prepositioned in-country and are readily available. BRC-FI works closely with the local NS for effective operations and informs DGD and the Belgian embassy. If CM funds are unspent six months before the program ends, they will be used by the local NS for other protection activities.

4.3.2.3.2 *Intermediate report*

Update on usage

4.3.2.3.3 *Final report*

Result CM usage

Description usage remaining funds

4.4 *Work plan Annex*

See Annex H.

4.4.1 [INT] Revised work plan, if changed after proposal

4.5 *Monitoring, evaluation, audit and other studies*

4.5.1 Monitoring of activities (explain how, by whom)

General Monitoring

The local NS and BRC-FI jointly conduct qualitative monitoring of activities in close cooperation with local stakeholders. Each country has a local NS Project Manager (PM) who coordinates daily operations, implementation, and monitoring, supported by PMER officers, accountants, technical staff, district coordinators, and field officers (e.g., in refugee camps). The local NS PM works closely with their project team to conduct activity visits, review reports, carry out surveys, and engage stakeholders. The in-country BRC-FI PM assists the local NS PM to increase capacity building and to ensure quality implementation, alignment with the proposal, and donor compliance.

The BRC-FI PM supports all aspects of the program, including planning, monitoring, field visits, and document review, with additional support from technical experts at BRC-FI HQ for complex activities. This ensures adaptive management and continuous improvement through lessons learned. Every two weeks, the BRC-FI PM reports progress to the BRC-FI Head of Region, who coordinates regionally and reports to BRC-FI HQ in Belgium. Quarterly reports on finances, activities, and indicators are submitted via BRC-FI's monitoring dashboard.

Annual external audits are conducted by an independent firm in the countries of intervention and at HQ. At program end, an evaluation assesses whether objectives were met, lessons learned, and quality of program delivery.

Fraud prevention

Fraud prevention ensures accountability and transparency without hindering operations. All Red Cross staff and volunteers follow a Code of Conduct based on humanitarian principles, committing to ethical and responsible behaviour.

The BRC-FI Fraud and Corruption Manual defines preventive measures and is updated based on lessons learned. Partner organisations are assessed every two years for risk and the implementation of appropriate safeguards. A dedicated Business Controller ensures compliance and performs independent financial checks. Furthermore, each project agreement with the local NS includes fraud prevention provisions, which are reviewed and updated as necessary.

Ensuring Quality programming

A feedback mechanism will be set up in each country, allowing beneficiaries to share concerns or complaints directly with the local NS, ensuring continuous improvement and accountability.

Quality is monitored through regular field visits by local and BRC-FI staff, with ongoing feedback from all stakeholders. BRC-FI technical experts support continuous quality improvements. As contract holder, BRC-FI monitors all activities and ensures compliance with administrative and legal requirements.

Risk management and monitoring

Before project start, a risk analysis identifies potential threats, which are continuously tracked by both the local NS and BRC-FI PM in a risk register within the project monitoring tool. A key goal is to strengthen local NS capacity and self-reliance so risk management becomes integral to daily operations, protecting staff and volunteers and minimizing fraud and corruption risks. Lastly, all visitors must read the BRC-FI country security manual before their visit. The manual is updated regularly, at least annually.

5 CROSS-CUTTING ISSUES

5.1 *How does the program address the Protection Risks*

5.1.1 **Describe how the program will contribute to the protection needs of the people in the intervention area. Please specify how the program intends to address the protection risks and how it will contribute to mitigate or reduce the protection risks identified above.**

The beneficiaries targeted by this program are affected by complex and protracted humanitarian crises, primarily driven by conflict and violence both within and across borders. These dynamics have led to widespread displacement, with women and children in particular facing heightened protection risks, including family separation, SGBV, child exploitation, and limited access to essential services. Host communities are under considerable strain as they attempt to support displaced populations with scarce resources, in contexts where basic infrastructure and healthcare systems are already underdeveloped. Consequently, vulnerabilities have deepened for both the displaced and host populations.

Thanks to its strong community ties and nationwide volunteer network, the Local NS has access to the most vulnerable populations and is strategically positioned to implement a community-based approach that is both participatory and sustainable. Trusted Red Cross volunteers, embedded within local communities, will lead participatory assessments to identify specific protection threats and vulnerabilities.

Community awareness-raising activities, including thematic ones on RFL, SGBV or child protection risks will be rolled out. **Local preparedness and response plans** will be developed to ensure that actions reflect community-identified risks. To further strengthen protection capacities and foster social cohesion, the program will establish or reinforce and train (child) **protection committees**, youth clubs, and social spaces such as so-called *cafés d'amités*. These structures will empower communities to identify and respond to protection risks themselves, thereby improving early detection and local response. If needed, Red Cross volunteers will refer people in need to more specialised assistance. Close engagement with traditional and community leaders will encourage behavioural change and help to shift harmful social norms. As these platforms are rooted in local ownership, they increase the sustainability of protection actions and lower the threshold for affected individuals to seek support.

To address the immediate needs of the most at-risk households or individuals, the program will provide **cash and in-kind assistance** to preserve dignity and autonomy while reducing reliance on harmful coping mechanisms. For example, providing financial support to caregivers can help cover school-related expenses, reducing the likelihood of children dropping out of school. Furthermore, where market access is limited or cash assistance is restricted, as in Burkina Faso, age- and gender-appropriate in-kind distributions will fill critical gaps and cover immediate needs, such as (non-)food items, or menstrual hygiene supplies, which directly support protection outcomes.

Given the limited and often overstretched access to formal services in the intervention areas, the program will contribute to access **essential health and protection services** through community-based and cost-effective solutions. First Aid trainings for the communities, Red Cross staff and volunteers will equip them to provide immediate care where formal medical services are lacking or overstretched, while blood donation campaigns will support in maintaining a stable blood supply for maternal, paediatric and emergency care. Gender- and age-appropriate psychosocial support will be offered, including for survivors of SGBV and children, with strong referral pathways to specialized services in safe spaces for complex cases. **RFL**, a core Red Cross mandate and protection service, will be reinforced to address and prevent the risks of family separation in displacement contexts, through awareness campaigns, information points, and volunteer-led support such as phone charging and call facilitation.

In the current shrinking humanitarian space and growing humanitarian needs, community-level interventions are complemented by the program's focus on strengthening the local NSs' engagement in **humanitarian diplomacy** and promoting the dissemination of **IHL**, in order to address systemic protection barriers. Given the often volatile and hostile environments in which they operate, it is crucial that the program leverages the unique capabilities of the local network within the RCRC Movement. As auxiliary to the government, the local NS advocates for safe access, the protection of civilians and civilian infrastructure, and adherence to humanitarian principles through confidential dialogue, where possible. This approach not only enhances immediate protection outcomes but also contributes to long-term sustainability.

Lastly, through the activation of the **crisis modifier**, the program can flexibly and rapidly respond to emerging protection needs during acute crises, ensuring timely support for the most vulnerable.

5.1.2 [INT] How have the protection risks and programs actions evolved?

5.1.3 [FIN] How has the program contributed to protecting the targeted population?

5.2 How will the program implement localisation

5.2.1 Describe the program's localisation's strategy and actions (percentage of funding going to the local partner, conditions of partnership, participation and Accountability to affected populations)

BRC-FI actively promotes a shift toward the “**as local as possible, as international as necessary**” model, reinforcing the long-term leadership, ownership, and sustainability of local partners. Across all its activities, BRC-FI prioritises strengthening the **central role of local NSs** within their own countries, in alignment with the Seville 2.0 agreement^{xxv} and the IFRC Strategy 2030^{xxvi}. In line with the RCRC Movement's evolving ‘new way of working’, an enhanced coordination mechanism for membership coordination is gradually implemented at country-level, centring the strategic and operational priorities of the individual local NSs even more.^{xxvii} As a result, support and expertise are increasingly provided based on the request and needs of the local NSs, rather than being driven by donor-specific agendas. Local NSs remain the **primary strategic and implementing partners**, delivering humanitarian assistance in accordance with their mandate, national legislation and the most pressing humanitarian needs. As auxiliaries to their public authorities in the humanitarian field, they play a key role in supplementing governmental efforts.

BRC-FI's support encompasses a wide range of activities, including, but not limited to, capacity strengthening through material and financial investments, as well as organisational development. These efforts contribute to the long-term sustainability, accountability, and effectiveness of the Local NSs, enabling them to deliver relevant, quality, and accessible services. This approach is clearly reflected in the financial setup of the program, as an estimated **70% to 75% of the total budget** is allocated directly to local partners and beneficiaries.

Local partners are actively involved in all stages of the project cycle. The project design was led by the local NSs and grounded in locally-led programming, with support of BRC-FI, through multiple consultations and focus group discussions. These involved not only affected communities but also local and national government entities. Special attention was paid to diversity, considering gender, age, disability, ethnicity, and other factors, to ensure that the programs respond to the varied needs and realities on the ground.

The **continuous presence** of the local NSs within vulnerable communities enables ongoing dialogue and regular feedback from beneficiaries on emerging challenges and shifting priorities. Implementation is strongly rooted in community participation, with local volunteers, who are themselves members of these communities, playing a crucial role. Their proximity and familiarity make them highly effective and trusted interlocutors.

The program also integrates a **Community Engagement and Accountability (CEA) approach**, ensuring that beneficiaries, authorities, partners, and other stakeholders can meaningfully participate, provide feedback, and raise concerns in a spirit of constructive dialogue and mutual trust. This is operationalised through a range of activities that centre on community needs, embedding communication and participation throughout the entire program.

5.2.2 [INT] How have the program's localisation's strategy and actions evolved?

5.2.3 [FIN] How have the program's localisation's strategy and actions evolved?

5.3 Describe how the program builds on previous programs

5.3.1 Describe how the program has integrated potential lessons learned from previous programs

As part of the Red Cross mandate, protection is a core focus of the RCRC Movement, notably through movement-wide approaches such as PGI. Over time, BRC-FI significantly deepened its understanding of how to effectively integrate and focus on **protection** across all its humanitarian programs. BRC-FI learned which activities most effectively address protection risks faced by vulnerable communities, and now systematically assess program activities against a set of criteria to ensure they respond to the protection risks identified during needs assessments. Furthermore, BRC-FI improved its approach to **needs assessments** by tailoring them to the specific context of Burkina Faso, Burundi, DRC and Uganda. A comprehensive strategy has been developed to guide assessments in terms of their objectives, timing, resourcing, methodology, disaggregation, sampling, and analysis. This includes a standardized reporting template aligned with broader humanitarian standards, enhancing both the efficiency and impact of assessments while strengthening the capacity of local NSs.

A key lesson learned from previous programs is the importance of **aligning donor priorities with the strategic focus and operational mandate of local NSs**. While protection remains a central theme, Local NSs may, based on their contextual expertise and community engagement, choose to emphasise different priorities within their own strategic frameworks. Ensuring space for such locally defined focus areas is essential to delivering relevant and sustainable humanitarian responses. In developing this proposal, BRC-FI has sought the maximum possible alignment between DGD's protection agenda and the priorities identified by local NSs, within the constraints of the current funding framework. This approach respects both the thematic focus and the principle of localisation.

Another lesson learned relates to the way **support and capacity strengthening** are delivered within the RCRC Movement. PNSs each bring valuable thematic expertise, and BRC-FI advocates for a content-driven approach to capacity building, one that is responsive to local needs and grounded in technical collaboration, rather than influenced by the priorities of the local NSs' donor base. BRC-FI recognises the potential for greater efficiency and impact through regional collaboration and shared support structures with other National Societies. This approach aims to exchange technical expertise and temporary operational resources between National Societies, both through surge support during acute crises and through sustained technical assistance to reinforce the long-term institutional development of a National Society. However, current donor restrictions and strict reporting requirements limit the feasibility of such joint approaches. A more harmonised and flexible funding and reporting environment would allow Movement partners to work more collaboratively and effectively, in line with the localisation agenda. The evolution of Belgium's humanitarian strategy and its increasing alignment with these needs is a positive development, and one that is strongly welcomed by the RCRC Movement.

Collaboration with other humanitarian actors has been identified as a key area for improvement in previous programs, recognising that the Red Pillar does not operate in isolation. The RCRC Movement already works closely with partners such as UNHCR, WFP, international NGOs, and government agencies. Once needs assessments and analyses are completed and program concepts are developed, BRC-FI and the local NS actively explore opportunities for coordination, particularly in areas where urgent needs are identified but fall outside the scope of Red Cross programming. This collaborative approach helps ensure that critical gaps in humanitarian response are effectively addressed.

Significant progress has also been made in the **feedback mechanisms** within the RCRC Movement, as BRC-FI aims to gather more information from them. Further efforts are focussed on strengthening and promoting these systems. BRC-FI aims to raise awareness of feedback channels, such as hotline numbers and other tools, among both refugee populations and host communities. During implementation, it is recommended to conduct post-activities **surveys** for volunteers and community members in a more systematic way to measure impact better and track whether all objectives are achieved. Although not always prioritized, data collection is valuable for informing future needs and targeting specific groups more effectively. Additionally, it is important that new volunteers and staff have access to reports, summarized data and other materials to ensure a smooth hand-over and understanding of the project status.

Lastly, regarding the **crisis modifier**, BRC-FI has identified the need for a regional dedicated fund to enable more agile responses where needs are most acute. Developing a model for regional fund management, while also ensuring immediate availability of funds at the country level, will be critical to avoiding implementation delays. The crisis modifier funds can complement the IFRC Disaster Response Emergency Fund (DREF) of IFRC and BRC-FI's own Emergency Response Fund, which can be activated as needed to address international emergencies.

5.3.2 [INT] What lessons learned can already be discerned from the current program?

5.3.3 [FIN] What lessons learned have been discerned from the current program?

5.4 What is the level of sustainability of the activities of the program

5.4.1 Describe the expected level of sustainability of the activities of the program

The program is designed with sustainability at its core, integrating institutional, financial, social, and empowerment strategies to ensure long-term impact and continuity.

One of the central pillars is **institutional sustainability**, which is achieved through the structured capacity building of the local NSs, building on long-standing partnerships with CRBF, CRBu, CRRDC and URCS. The program is tailored to strengthen each local NS' capacities in alignment with their own strategic priorities and local context. This ensures that all interventions are not only contextually relevant but also fully owned and maintained by the local institutions beyond the lifespan of the program.

Financial sustainability is embedded by working with local organisations that already receive support from multiple funding governments and private institutions. Many activities are also designed to be low-cost or self-sustaining after an initial investment, such as volunteer-led awareness campaigns and trainings, further supporting financial resilience. In addition, the program's institutional support reinforces financial sustainability by enabling local NSs to manage and implement their own programming more effectively and efficiently.

Social sustainability is promoted through community engagement, particularly by engaging local volunteers who live and work within the target communities. Their involvement fosters trust, encourages meaningful participation, and enhances the relevance and impact of interventions. Red Cross volunteers play key roles in community consultations, data collection, hygiene promotion, and sustaining local structures such as water, livelihood or refugee committees. This community-driven approach ensures that the benefits of the program are both embraced and maintained by the people it serves.

The **empowerment strategy** is central to the program's sustainability, aiming to sharing and co-develop knowledge, tools, and management capacities in collaboration with local NSs, while also promoting peer learning and exchange among them. Through training, coaching, and co-implementation, local staff and volunteers, are equipped to take over all aspects of program management. This aligns with the RCRC Movement's focus on localization, ensuring that humanitarian services are delivered by local actors who remain in place and active even when international partners exit, as was the case when the cooperation was disrupted with Rwanda Red Cross in March 2025.

Furthermore, collaboration with **government authorities** ensures alignment with national priorities and increases the likelihood of long-term support for the interventions. As an auxiliary to the government, the local NS works closely with the government to conduct humanitarian advocacy and to maximise the impact of our humanitarian action on the ground. Governments play a role in oversight and coordination, so it is pivotal to have a good working relationship with them.

Together, these integrated strategies grounded in local ownership, strong local NSs, involvement of empowered communities, and government coordination, make the program's activities highly sustainable. This project contributes to both the capacity and the commitment to continue humanitarian services which are embedded in local systems long after the project concludes. However, the program-based way of working hinders the full implementation of the localization agenda of the local NS. Standardised program structures and predefined activities often limit the flexibility needed to respond to priorities identified by local actors on the ground.

5.4.2 [INT] How have the expectations on the level of sustainability evolved?

5.4.3 [FIN] How have the expectations on the level of sustainability evolved?

5.5 Continuum/Nexus strategy (Linking Relief, Rehabilitation and Development)

5.5.1 Describe how this program will fit in the nexus framework

As organisations with both **humanitarian and development mandates**, BRC-FI and the local NSs are positioned to bridge the gap between immediate relief and long-term development. The deep-rooted presence of Red Cross volunteers in local communities, before, during, and long after crises, enables a community-based approach that ensures continuity, relevance, and sustainability of action.

This sustained engagement forms a key part of the framework under which the Red Cross operates, creating vital opportunities to train and empower local first responders and volunteers from within the targeted communities. By strengthening their knowledge, skills, and capacities, these individuals are better prepared to anticipate, respond to, and recover from a range of emergencies. This not only reduces their vulnerability but also contributes to the development of more resilient and self-reliant communities.

The proposed program adopts a **dual-pronged approach**: it addresses urgent humanitarian needs and the local NS's capacity to respond to humanitarian crisis, while also contributing to capacity building to strengthen future action. This includes efforts to strengthen institutions and systems, commonly associated with development work, and aligns with broader frameworks and existing programs already in place.

While each country's implementation strategy will be tailored to its unique local context, the program is guided by a set of core principles and approaches that remain consistent across all countries and intervention areas.

As PNS, BRC-FI shares its expertise and operational capacity to the local NSs as they work alongside vulnerable communities to address their most urgent humanitarian needs and reduce existing vulnerabilities. This includes not only responding to immediate crises, but also fostering long-term resilience within communities, helping them to better withstand future shocks and challenges, and ultimately reducing their dependence on external aid. For example, BRC-FI supports the local RC in generating its own income by expanding commercial first aid through the integration of a blended learning approach to first aid training which reduces the time required to spend in class making it more attractive for companies.

In parallel, local NSs are supported in their efforts to engage with local and national authorities to strengthen systems, policies, and institutional frameworks that are essential for sustainable crisis response and preparedness. This also includes, backing their efforts in humanitarian diplomacy and IHL, reinforcing their auxiliary role and capacity to advocate for protection, humanitarian access and respect for international norms. Through this integrated focus, linking community-based actions with system-level change, the RCRC Movement promotes a locally driven approach that aims to prevent and alleviate human suffering both in the short and long term.

This nexus approach is particularly relevant in all countries covered by the program, as they face complex, overlapping needs that span emergency relief, recovery, and development. While the specific interventions will vary based on local realities, the overarching objective remains consistent: to maximise sustainable protection outcomes for affected populations through coordinated, context-sensitive, and locally anchored action.

5.5.2 [INT] How has this strategy evolved?**5.5.3 [FIN] How has this strategy evolved?****6 SECURITY AND CONTINGENCY MEASURES****6.1 Contingency measures**

The measures described below aim for operational continuity, safeguard humanitarian access, and protect vulnerable populations even when initial assumptions fail.

1. Security deterioration

In the event of a serious deterioration of security levels, remote management tools and procedures will be activated to enable the local Red Cross teams and their volunteer network to remain active as long as possible, while limiting the risks to a minimum. BRC-FI and its local partners have extensive expertise in managing projects remotely and are capable of updating implementation plans in a flexible and timely manner to address emerging security issues. Furthermore, local Red Cross teams and volunteers are often part of the local communities which has a positive effect on their acceptance in the local communities and decreases the security risks.

Nevertheless, the safety of staff and volunteers remains the utmost priority. To ensure proper security management, BRC-FI has a general security framework available as well a country-adapted version. Next to that, elaborate security briefings and necessary trainings are foreseen for staff and volunteers to make sure they can properly respond to security risks. Finally, contingency plans exist for the elevated and significant risk partner countries to have a Plan B in place in case of serious security deterioration.

2. Restricted humanitarian access

As an auxiliary to local governments, the local NS maintains an ongoing, proactive dialogue with authorities to build understanding and trust in the Red Cross mandate. Humanitarian diplomacy is a core activity for our local Red Cross partners, carried out in close collaboration with the ICRC, if present in the country. The local NSs are experienced in operating in restricted environments, and in case of obstruction, these issues will be discussed with local authorities to find solutions.

3. Local capacity gaps and corruption

Capacity building is central to a PNS' work, helping to prepare and mentor the local NS in leadership, coordination, and project management. Strong accountability mechanisms are in place, including community feedback mechanisms, segregation of duties and stringent financial procedures. This without compromising the speed of implementation. Integrity training is part of the program and reinforces anti-fraud protocols, among other safeguards.

4. Economic instability

As BRC-FI is used to working in countries with volatile economies and budgets are based on the most actual cost estimations. Moreover, for all procurements exceeding a certain threshold, several quotes are requested to ensure the most competitive offer and supplier can be selected. Nevertheless, (hyper)inflation cannot always be foreseen and could potentially impact the anticipated results and activities of the project. To overcome this, donor flexibility is used to a maximum to adapt to possible market fluctuations by providing the option to reallocate funds between countries, budget lines, and budget categories. In case, the available budget flexibility is not sufficient to overcome the impact of inflation, a budget modification will need to be requested as a last resort.

5. Changing international humanitarian landscape

This program is developed in close cooperation with the local NS, who are aware of the increasing needs and donor budget cuts in some areas. Although this project cannot respond to all emerging needs, BRC-FI together with the local NS have strategically planned to make the biggest possible impact by focusing on local priorities and providing targeted technical support. If new gaps arise, BRC-FI and its local partners will contribute to contingency plans of local authorities to explore how the project can address those needs. The crisis modifier modality supports this by allowing for flexible, locally available funding.

6.2 Security considerations

6.2.1 Security situation in the field, describe briefly

Burkina Faso

For Burkina Faso, IFRC and ICRC indicate the security situation as high-risk. The country experienced a progressive deterioration in its security situation since 2015, with NSAGs shifting their focus to Burkina Faso, targeting security forces, state institutions, as well as civilians. In 2022, Burkina Faso experienced significant socio-political tensions, including two military transitions, amid ongoing challenges in addressing the increase of activities of non-state armed groups.

Today, almost 45% of Burkina Faso's territory is outside the control of state authorities, posing significant challenges for context analysis and access for humanitarian actors, including the RCRC Movement. Blockades, threats to infrastructure, harassment, seizure of humanitarian goods, violence against schools and health centers, and the risk of collateral casualties further complicate the situation. Administrative constraints, restrictions on movement, checkpoints and extortion also impede the delivery of aid, while targeting restrictions based on sectarian or ethnic affiliations hinder program implementation.

CRBF has been targeted by NSAGs in the past (kidnapping in 2019). Individuals from different organisations and structures were also abducted, with some still being held by armed groups. These incidents highlight the risks and challenges faced by the CRBF and all humanitarian actors, emphasizing the importance of security management and the need to navigate complex dynamics within conflict-affected areas.

In view of the complex situation in Burkina Faso, all RCRC Movement partners are supported by ICRC who are experts in working in complex security environments. Their support, together with a wide base of local volunteers across the country, the RCRC Movement remains operational in the whole country. Of course, some delays in activities happen, due to ongoing tensions in a given region or province, that make access to beneficiaries more difficult, even if only temporarily. However, the dynamic of the provincial committees, and the strong network of 45.700 CRBF volunteers, ensure the delivery of goods and services to the last mile even in those difficult circumstances.

Burundi

While Burundi's internal security situation remains relatively stable since the May 2020 elections, the general security situation remains fragile due to regional conflicts and political tensions.

Tensions between Burundi and Rwanda have persisted in recent years, marked by ongoing diplomatic and security-related concerns. In early 2024, Burundi closed its land borders with Rwanda, citing security considerations linked to regional armed group activity. Secondly, the conflict in eastern DRC has intensified, particularly with the M23 rebel group's advances since January 2025. These offensives have led to significant displacement, with over 70,000 Congolese refugees entering Burundi in recent months, the largest influx in decades.

As a result, provincial authorities may occasionally refuse to permit the presence of expatriates or the implementation of activities in their communities. However the CRBu has the necessary capacity and mandate to collaborate with the central government to find solutions, based on experience with ongoing projects. Specific partnership agreements with different ministries, such as the Ministry of Health and the Ministry of Interior, have been signed to facilitate implementation and ensure safety of Red Cross staff and volunteers.

Democratic Republic of Congo

For the DRC, the security situation is unstable and characterized by a complex and multifaceted landscape of challenges, encompassing the entire country and often varying significantly from one region to another. Since January 2025, there has been an upsurge in violence in the east of the country, with the M23 and other NSAGs seizing and looting several major towns. This adds to decades of conflict, political instability and social tensions. The current humanitarian context, with the cessation of funding for many organisations, has left many people in extreme precariousness, increasing inter-community tensions.

Despite international attention is mainly focused on the ongoing violence in the East. The Western provinces, including the implementation zones of this program in Kwilu, have also been marked by rising levels of insecurity, due to increasing inter-communal violence between Teke and Yaka groups, clashes over land and resources, and the presence of various NSAGs and criminal groups. These groups, like the Mobondo Militia or the Kamwena Nsapu, often exploit local grievances and power vacuums to exert control over territory, leading to cycles of violence and displacement. The Kwilu province hosts many IDPs, who are not officially recognized, leading to tensions between communities due to limited resources. Humanitarian organisations are finding it difficult to gain access to affected populations due to insecurity, hampering the delivery of vital aid. Heavy rains from time to time are exacerbating the situation, making roads often impassable affecting civilians, who experience difficulties in seeking shelter, having access to health facilities and food.

To be able to provide support, CRRDC is using its network of volunteers throughout the country to gain access to the affected areas. It is also in close contact with local authorities to assess the local security situation and facilitate access to the various crisis zones throughout the country. For international delegates, ICRC provides daily security information support and validates field movements, with regular radio contact. Security measures have been put in place both in Kinshasa and in the project province to prevent any risks. A security manual and contingency plan are in place for BRC-FI delegates and other executives of the local NS.

Uganda

As of mid-2025, Uganda's security situation is characterized by heightened tension, particularly in regions bordering the DRC, South Sudan, and Kenya. While the country generally maintains stability, these border areas face recurring security concerns, with frequent clashes between NSAGs and the FARDC often leading to new refugee influxes into Uganda. Moreover, individuals affiliated with these NSAGs occasionally enter Uganda in small groups to hide or rest, avoiding contact with the Ugandan military and civilians. The north-eastern region has also experienced incidents of terrorism, and other parts of the country see occasional outbreaks of violence, often linked to political or tribal conflicts. These existing border tensions already pose potential implications for humanitarian aid delivery, especially in refugee contexts. Further complicating this landscape, Uganda's general election in January 2026 may heighten political tensions and potentially lead to increased social unrest or localized clashes. Such developments could affect humanitarian access and exacerbate protection risks for vulnerable populations, particularly refugees. To mitigate these multifaceted risks and ensure operational safety, humanitarian response and protection efforts would prioritize flexible programming, robust contingency planning, and intensified conflict-sensitive approaches, alongside close coordination with the government and other involved organisations, with regular security updates provided by entities like the ICRC and UN.

6.2.2 Has a specific security protocol for this Action been established?

Yes ☐ No ☐ *Standard procedures* ☒

6.2.3 Are field staff and expatriates informed of and trained in these procedures?

Yes ☒ No ☐

All BRC-FI staff deployed in the field attend briefing sessions prior to their departure for the country of destination, during which they are presented with the reality of the country context, the projects and activities to be developed, the possible risks and associated threats, the corrective and mitigation measures to reduce the risk, and the Security Manual for each country. In addition, specialised safety trainings ("Stay Safe - personal safety course" and "Stay Safe - safety management course" of IFRC) are obligatory to pass pre-deployment. Moreover, once in the field, the local NS provides an additional safety briefing, as does the IFRC and/ or ICRC. Finally, the in-country BRC-FI delegation has contingency and evacuation plans available.

6.3 [INT] *In case of changes or problems to be addressed, please explain*

6.4 [FIN] *In case of changes or problems to be addressed, please explain*

7 COMMUNICATION, VISIBILITY AND INFORMATION ACTIVITIES

7.1 Planned communication activities (in field and/or in Europe)

In **Belgium**, BRC-FI will disseminate information about the program to the Belgian public, acknowledging the Belgian government as the primary donor and partner. The aim is to inform the Belgian public about the program and its achievements, but also to raise awareness about certain (humanitarian) challenges. This will be done through social media and BRC-FI's internal communication channels once every quarter and, if possible, through traditional media outreach.

When the CM is activated, this will be communicated through the appropriate communication channels, with specific reference to the donor and the local partner involved. This information will be included in the six-monthly overview, but an assessment will be made on a case-by-case basis to determine whether separate communication is of relevance.

In the **countries of intervention**, the local NS will communicate in coordination with BRC-FI, mentioning the Belgian government as donor. The communication department of the local NS will be responsible for media coverage of the program and will periodically publish updates on the program in their newsletters, websites, and social media platforms, as well as highlighting the partnership in the coordination meetings in which it participates. The local NS will ensure that the Belgian government's funding and partnership is acknowledged in all communications related to this program.

In addition, this action shall endeavor to acknowledge the Belgian government during regional exchanges and media outreach initiatives. To enhance program visibility, panels shall be installed at strategic locations within the program sites.

7.2 Visibility on durable equipment, major supplies, and at project locations

Within this program, budget is foreseen to ensure the visibility of the involved stakeholders in the activities, including local partners and international donors. Examples of the use of this budget are the addition the logos of stakeholders to procured items or with banners to indicate the stakeholders involved in the activity. The donor's logo shall be displayed on relief goods procured under the program, subject to security considerations and approval by the Local NS. The visibility that is generated during the activity in the field in this manner, is further enlarged by using social and traditional media channels. However, all visibility efforts will be carefully balanced to uphold the dignity and respect of the beneficiaries.

When procuring items, particular attention is given to items without an expiry date and prioritizing local or regional suppliers whenever feasible. This improves the sustainability of the items procured and the overall impact of the program. During local, or when needed international, procurement, quality and durability of the equipment is a major factor considered. In addition, there is a specific budget allocated to climate-friendly investments in this project, further improving the durability and sustainability of the items and activities of this program. At the end of the program, unused goods are officially transferred to the local NS.

7.3 Planned publication activities

As in previous programs, BRC-FI and the local NS always look for opportunities to display the activities. The Marketing and Communication department of BRC-FI is in close contact with the International Department managing the program. This allows for publication activities whenever the opportunity arises. Both BRC-FI and the local NSs are committed to highlighting and promoting program activities through the dedicated visibility budget of the program. Local NSs have long-standing partnerships with local media, which will be leveraged to amplify the program's reach and visibility.

7.4 [INT] *In case of changes, please explain*

7.5 [FIN] *Report on the relevant activities*

8 BUDGET AND HUMAN RESOURCES

See Annex I and J

9 ADMINISTRATIVE INFORMATION

9.1 FPA number (if applicable)

9.2 Name and title of legal representative signing the Agreement

Prof. Dr. Philippe Vandekerckhove

Executive Director of Belgian Red Cross-Flanders/ VZW Rode Kruis-Vlaanderen Internationaal

9.3 Name, telephone, e-mail and title of the person(s) to be mentioned in Article 7 of the Agreement

Manager International Cooperation	Head of International Support & Institutional Partnerships	Head of Region
Sofie De Jaeger sofie.dejaeger@rodekruis.be +32 498 18 68 42	Didier Van Aert didier.vanaert@rodekruis.be +32 496 31 59 86	Alizée Bersan alizée.bersan@rodekruis.be +257 69 81 14 33

9.4 Name, telephone, fax and e-mail of the representative in the area of intervention

Burkina Faso	Burundi	DRC	Uganda
Elsa Kuntziger elsa.kuntziger@rodekruis.be +226 50 85 80 17	Saskia Beerts saskia.beerts@rodekruis.be +257 68 85 18 45	Pauline Jacobs pauline.jacobs@rodekruis.be +243 979 387 498	Peter Kibor Keitany peter.kiborkeitany@rodekruis.be +256 788 904 938

9.5 Bank account

Name of bank: KBC

Address of branch: Grote Markt 27, 2800 Mechelen

Precise denomination of the account holder: Rode Kruis-Vlaanderen Internationaal vzw

Full account number (including bank codes): BE97 4338 1955 5449

IBAN account code: BE97 4338 1955 5449

BIC CODE: KREDBEBB

10 [FIN] CONCLUSIONS AND HUMANITARIAN ORGANISATION'S COMMENT

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