



Good Practices, Opportunities, Methodologies and Recommendations for the Incorporation of Cross-cutting Themes in Emergency Preparedness and Response



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A top-down photograph showing a group of children's hands stacked in a circle on a bright yellow surface. The hands are of various skin tones and are positioned in a way that suggests unity and teamwork. A young boy is visible in the upper right, looking down at the hands. A white horizontal bar is overlaid across the middle of the image, containing the text 'I. INTRODUCTION'.

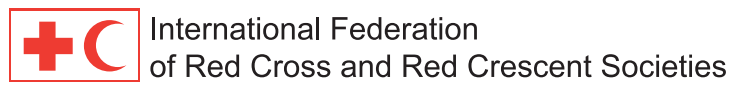
I. INTRODUCTION

This document is the product of an initiative of the Canadian Red Cross to systematize the information addressed in the Regional Forum “Integration of Gender and Diversity, Protection and Community Engagement and Accountability as cross-cutting themes in emergencies preparedness and response.” The forum was held in Panama City from October 26 to 28, with the attendance of 51 (27 males and 24 females) representatives from eleven National Societies of the Americas Region.

The document aims to serve as a guide to support National Societies in mainstreaming these themes based on an inventory of good practices carried out by National Societies, as well as opportunities, methodologies, recommendations and references to incorporate these themes within Disaster Risk Management.

The regional forum focused on the integration of the following cross-cutting themes: 1) gender and diversity; 2) protection 3) community engagement and accountability; in the following areas of emergency preparedness and response: psychosocial support in emergencies, emergency preparedness in educational centers, migration, and health in emergencies. It does not imply that the actions recommended in this methodological document cannot by themselves be implemented in other sectors of intervention.

Finally, it is important to thank the valuable support that the participants provided to make this document possible. Their experiences and their knowledge have enriched the recommendations, lessons learned and opportunities observed in the document. Our gratitude to the American Red Cross, Canadian Red Cross, Colombian Red Cross, Costa Rican Red Cross, Ecuadorian Red Cross, Honduran Red Cross, Jamaica Red Cross, Nicaraguan Red Cross, Mexican Red Cross, Panamanian Red Cross, Salvadorian Red Cross, The International Federation of Red Cross and Red Crescent Societies (IFRC) and its regional team, the International Committee of the Red Cross (ICRC), the IFRC Reference Center for Institutional Disaster Preparedness (CREPD), and finally to our colleagues from UNICEF, RET International and UNDP.





II. BACKGROUND

Photo: CANADIAN RED CROSS, 2016.

II. BACKGROUND

The Canadian Red Cross in close cooperation with the International Federation of Red Cross and Red Crescent Societies, has developed its CERA Project “Capacity Building for Emergency Response in the Americas”. Three cross-cutting themes have been identified as priorities in the process of strengthening preparedness and response frameworks prior to disasters and emergencies: gender and diversity, protection, and community engagement and accountability.

The integration of gender and diversity has been driven by the growing evidence in the humanitarian sector that, by ignoring the different specific needs of girls and women and men and boys in terms of age, ability, socioeconomic status, can lead to situations of discrimination in the response or, worse still, accentuate the suffering with a negative impact in the long term. This reinforces the Government of Canada “GAC” Gender Equality Policy and GAC’s focus on ensuring a gender approach of all humanitarian action.¹

The inclusion of Community Engagement and Accountability has been driven by internal and external evaluations which emphasize the need to increase participation, number of consultations and communications with communities and to improve the mechanisms available to communicate their opinions and make complaints.

What does “mainstreaming” an issue in humanitarian action mean?

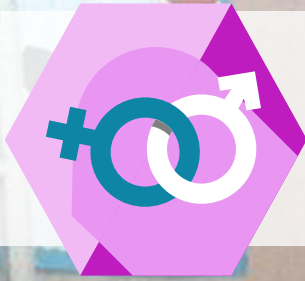
Mainstreaming an issue or an axis means integrating it into any action that is planned — whether it is strategies, policies, procedures, support systems, programs, projects or interventions and specific actions — in all areas and at all levels of disaster risk management and emergency preparedness and response. It is a key strategy to guarantee that the needs, concerns and experiences of the people affected (including

children, adolescents, men and women of all ages, conditions and abilities) are an integral part of the design, development, implementation, monitoring and evaluation of policies, programs, plans, instruments, interventions and activities in all areas, so that no vulnerable group is excluded and all people can benefit equally from assistance.



Photo: ECUADOR RED CROSS, 2016.

¹ Singh, G (2017) *Briefing Note: Protection. Canadian Red Cross.*



Mainstreaming of Gender and Diversity





1. Mainstreaming of Gender and Diversity.

In order to incorporate the theme of gender and diversity into the emergency preparedness and response, first, it is important to define what is meant by “gender” and “diversity.”

What is sex? What is gender?

Sex is the set of biological, anatomical and physiological characteristics of human beings that define them as male or female. Gender, for its part, refers to the ideas, norms, characteristics and behaviors that society has assigned to people in a differentiated way as belonging to women and men. Among these characteristics are gender stereotypes, which, for example, say that women are talkative, tender and organized, and men are active, strong and enterprising.

Gender determines the roles, power and resources of men and women in a given culture.



CRC Regional Forum Logo, 2016



Photo: SALVADOREAN RED CROSS, 2015.

What is Gender Equity?

Gender equity means that the different behaviors, aspirations and needs of women and men are considered, valued and promoted in the same way. This does not mean that women and men should be equal, but that their rights, responsibilities and opportunities should not depend on the sex with which they were born. It implies the idea that women and men are free to develop their personal capacities and to make decisions, and therefore they must have equal appreciation and effective enjoyment of rights and opportunities. It is a needs-based approach rather than rights based. This may include equal treatment, or treatment that is different but considered equivalent.

What is Gender Equality?

Gender equality exists when both women and men are able to: share equally the distribution of power and influence; have equal opportunities, rights and obligations in the public and private spheres, including in terms of work or income generation; have equal access to education and capacity-building opportunities; have equal possibility to develop their full potential; have equal access to resources and services within families, communities and societies at large; and are treated equally in laws and policies. It does not mean that women and men are the same, but that their rights, responsibilities and opportunities do not depend on their sex.

What is diversity?

Diversity presupposes acceptance and respect for differences, in all its forms. Among these we can mention differences in gender, sexual orientation and identity, age, degree of disability, HIV status, socio-economic status, religion, nationality and ethnic origin (including minorities and migrant groups).

The intersection between gender and other forms of diversity and the important reciprocity in the relationship between gender discrimination and discrimination as a result of other forms of diversity must be taken into account.

Mainstreaming of the gender and diversity approach? What it isn't.

- It is not adding the words “female component” or a “gender and diversity component” or “incorporation of diversity” into an existing activity.
- It is not only having disaggregated data in terms of gender in the activities carried out.
- It is not only increasing the participation of women, elderly or disabled people.
- It is not just implementing specific campaigns for women, seniors or gender and diversity.



Photo: CANADIAN RED CROSS, 2016.



What does it mean to mainstream gender and diversity?

It means analyzing the specific capacities and needs of women and men of all ages and adapting assistance based on these needs.

Not all the affected people live an emergency situation in the same way. Emergencies accentuate gender inequalities. Likewise, the incidence of gender-based violence tends to increase during and after emergencies. Gender and other social factors, such as age, disability, health status –including HIV / AIDS and other chronic diseases–, social status, or ethnicity, determine both the degree of vulnerability of the people caused by emergencies, and the extent to which they are affected, as well as the extent of intervention and recovery.



Photo: CANADIAN RED CROSS, 2016.

Women and men, with different ages and conditions, have very different needs and concerns and resort to different coping strategies to face difficulties. It is important to recognize these differences and to integrate them into all intervention measures in cases of emergency.

The realization that men and women of all ages, including people with specific needs, face different obstacles can encourage the development of more effective programs and ensure that needs are met. Thus, it is necessary to develop emergency preparedness and response actions in a way that they address the specific and diverse needs of all people. This is achieved through consultations and analysis on aspects related to gender and diversity, as well as through the development and implementation of programs that incorporate them. Adopting a gender and diversity approach also highlights resources and opportunities that underpin reconstruction and recovery efforts.

Some simple and specific examples of gender mainstreaming and diversity in humanitarian assistance are, for example, adequate packaging of aid supplies to ensure that women, children and older people are able to transport them, not to install water sources or lavatories in remote areas to avoid exposing women and children to sexual assault or the appropriate location of shelters in a way that promotes safety and easy access as well as decent housing conditions.

The ultimate goal of the incorporation of gender and diversity is to transform unequal social and institutional structures into equal and dignified structures for men and women of all ages and abilities.

Here are some specific interventions you can implement in disaster risk management. Before putting them into practice, take into account the following critical question:

How are we reflecting the different needs and capacities of girls, boys, women and men in all contexts?

RESULT	KEY INTERVENTIONS	TOOLS
Girls, children, women and men are treated with dignity.	<ul style="list-style-type: none"> Gender analyses carried out. Gender-focused services have been provided (e.g. special accompaniment to patients from excluded populations, separated rooms for medical consultancies, etc.). 	<ul style="list-style-type: none"> Application of minimum standard commitments to gender and diversity in emergency programming. IFRC.
Girls, boys, women and men have equitable access to security services and mechanisms.	<ul style="list-style-type: none"> The selection of communities promotes equity and the inclusion of diversity. The services provided at specific times and places allow access for all genders. According to the need, consider the implementation of women-friendly spaces. 	<ul style="list-style-type: none"> Application of minimum standard commitments to gender and diversity in emergency programming. IFRC.
Girls, boys, women and men have access to sexual and reproductive health services.	<ul style="list-style-type: none"> Health services and facilities comply with minimum reproductive health standards in complex crisis situations. 	<ul style="list-style-type: none"> Minimum Initial Service Package (MISP) - UNFPA¹ Application of minimum standard commitments to gender and diversity in emergency programming. IFRC.
Gender norms, roles and responsibilities are reflected in the services provided during response and recovery.	<ul style="list-style-type: none"> Gender and diversity analyzes are carried out and actions that address the identified needs are implemented. 	<ul style="list-style-type: none"> Evaluation tools in emergencies with a gender focus.
The collection, analysis and evaluation of information reflect local diversity.	<ul style="list-style-type: none"> Sex, gender, and disability, among other diverse characteristics are reflected in the evaluation tools. 	<ul style="list-style-type: none"> PMER tools.
National Societies develop and implement internal systems that reflect gender and diversity equity.	<ul style="list-style-type: none"> Development of policies and procedures. Incorporation of guidelines in Disaster Risk Management Policies, Emergency Preparedness and Response Plans, and Standard Operating Procedures that reflect specific services and actions on gender and diversity. Training of staff and volunteers. 	<ul style="list-style-type: none"> Seven Moves: Gender and Diversity in Emergencies. IFRC.

¹ The Minimum Initial Service Package consists of a group of priority and coordinated activities designed to: prevent high levels of maternal and neonatal morbidity, reduce HIV transmission, prevent and treat the consequences of sexual violence, and plan comprehensive reproductive health services (UNFPA, 2011)



Mainstreaming of Protection (including Child Protection)

Photo: CANADIAN RED CROSS, 2016.

Mainstreaming Protection (Including Child Protection).

In order to understand how protection of the most vulnerable populations can be incorporated into emergency preparedness and response, it is necessary to define what is meant by protection, child protection and gender based violence.

What do we mean when we speak of protection?

Protection includes all activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. International Human Rights Law (IHRL), International Humanitarian Law, International Refugee law (IRL)).”

According with the “Humanitarian Charter and Minimum Standards in Humanitarian Response-SPHERE-”, core humanitarian protection concerns the freedom from violence and from coercion of various kinds and freedom from deliberate deprivation of the means of survival with dignity.

These concerns give rise to four basic Protection Principles that inform all humanitarian action:

- Avoid exposing people to further harm as a result of your actions.
- Ensure people’s access to impartial assistance – in proportion to need and without discrimination.
- Protect people from physical and psychological harm arising from violence and coercion.
- Assist people to claim their rights, access available remedies and recover from the effects of abuse.

While protection can cover a wide range of activities, the particular focus is on integration of child protection, prevention and response to sexual and gender-based violence (SGBV), and psychosocial support into Disaster Risk Management (DRM) and Reproductive, Maternal, New born and Child Health (RMNCAH) programming. Through these actions the main aim is to ensure: Girls, boys, women and men are safer and have better psychosocial well-being.

What do we mean when we speak of child protection?

Child protection refers to the prevention of and response to abuse, neglect, exploitation and violence against children.

What is gender based violence?

Gender-based violence (GBV) is a term used to describe harmful acts perpetrated against a person on the basis of the differences that society assigns to men and women. While it is sometimes understood that the broader interpretation of GBV includes specific types of violence against men and boys, both historically and currently the term is primarily used as a way of highlighting the vulnerability of women and girls to the diverse forms of violence in places where they are victims of discrimination because they are women. GBV is expressed in many forms of violence, such as: domestic physical and psychological mistreatment, sexual violence and sexual harassment, among others.



Photo: NICARAGUA RED CROSS, 2016.



The humanitarian community has the responsibility to ensure the safety, well-being and rights of people at risk of gender-based violence, regardless of whether there is any data on the true extent of the problem. It is likely that the available data on gender-based violence, including police, legal and medical reports, or reports from other sources, represent only a very small proportion of the actual number of incidents of gender-based violence, due to the different difficulties in the moment to make complaints and reports, as well as the stigma associated with victimization. Therefore, it must be assumed that gender-based violence will be a problem in any emergency situation, which requires that all humanitarian actors (for example, those working within and outside the sector of water and sanitation, health, nutrition, logistics, education, protection, etc.) to take action to address this issue.

Why does the risk of violence increase in disaster situations?

It increases because of a combination of traumatic factors that create opportunities for people to abuse their power:

- Collapse of protection systems.
- Increased stress in individuals and communities.
- Pre-existing risks of violence.
- Loss of livelihoods.
- Use of harmful coping mechanisms such as alcohol consumption and drugs.
- Crowded and unsafe environments.

What does it mean to mainstream protection?

It means controlling and reducing the risk of violence and creating an environment where prevention is eventually possible at all levels and in all areas of emergency response. Whether through food distribution, shelter construction, provision of safe drinking water, livelihood generation, provision of medical treatment or mobilization of communities in health or psychosocial issues, protection must be a cross-cutting theme that is part of the responsibility, vision and action of all those who are part of the disaster response team.

The risk of violence must be addressed through a public health approach and it should be a priority. In cases of disaster, the risk of violence should be monitored and responded to with the same urgency, care and resources as other preventable public health emergencies, such as diarrheal, respiratory or vector-borne diseases, measles and malnutrition. All sectors and actors in a disaster response have a role to play to address the problem. The response is strengthened if everyone uses a public health approach.

The National Society must have the knowledge of the local governmental and non-governmental institutions responsible for receiving and dealing with cases of sexual violence and gender-based violence, as well as other situations of violation of rights that may occur during the emergency, so that it has a clear mechanism for receiving complaints and reports and to follow them up. Likewise, the psychosocial support program must have measures to respond to situations that require crisis intervention and / or psychosocial support to victims of violence.

In addition to the intervention sectors, special emphasis should be placed on the preparation of National Society members giving support in emergencies, in raising awareness about situations of violence that may occur, the code of conduct, and respect for humanitarian principles during their activities in the critical situation. Regardless of their role in the response, they should have relevant training related to minimum standards of protection for vulnerable populations.



Photo: CANADIAN RED CROSS, 2015.



Photo: CANADIAN RED CROSS, 2016.



3. Mainstreaming of Child Protection.

In every emergency situation, there are threats to the safety and well-being of children and adolescents. For this reason, child protection is a critical consideration in any humanitarian intervention, and its objectives must be an explicit component in the preparedness and response of humanitarian assistance.

In the early stages of humanitarian response, urgent needs for child protection often include temporary alternative care for separated and unaccompanied girls and boys, family search, rapid interventions to prevent families from separating, psychosocial support for boys and girls and their families affected by stress, as well as protection against different types of risks and violence. Humanitarian action in child protection also includes preparation, particularly, the strengthening of protection systems before, during and after an emergency.

Every person providing emergency assistance is responsible for ensuring children's safety. Child protection is primarily about preventing all types of violence against children and adolescents: physical and psychological mistreatment, rejection and abandonment, or sexual abuse. This should be a priority in all humanitarian actions. It is a priority for humanitarian personnel to have the tools to detect, address and refer cases of violence, abandonment, abuse and exploitation of children and adolescents.

Other actions for child protection mainstreaming include the adoption of IFRC Child Protection Policy by the National Society, the implementation of IFRC trainings and courses of child protection, the implementation of the rights and do no harm approaches in every humanitarian intervention, and even in a disaster risk management program, the establishment of Child Friendly Spaces, the identification of humanitarian agencies such as UNICEF to build partnerships, and the creation of community spaces in which children and adolescents are actively engaged as participants in actions in their immediate surroundings and can identify their highest priority needs.

Finally, other areas in which the mainstreaming of child protection in emergencies can be emphasized are: health (through health strategies

that prevent infant mortality such as vaccination campaigns, treatment of diarrhea, promotion of breastfeeding, etc.), nutrition (identification of nursing mothers with breastfeeding difficulties, needs to provide complementary feeding, etc.), water and sanitation (promotion of hygiene, especially in contaminated environments, with messages appropriated to their ages, accessible and safe water facilities), shelters (avoiding overcrowding, establishment of spaces for education and protection). All of this can be strengthened, for example, through the implementation of standardized operational procedures that include mechanisms to identify and to refer children and teenagers in vulnerable situations.

Here are some specific interventions you can implement in disaster risk management. Before putting them into practice, take into account the following critical question:

How do we guarantee that girls, boys, women and men - particularly those belonging to the most vulnerable populations- are protected from violence and receive psychosocial care?

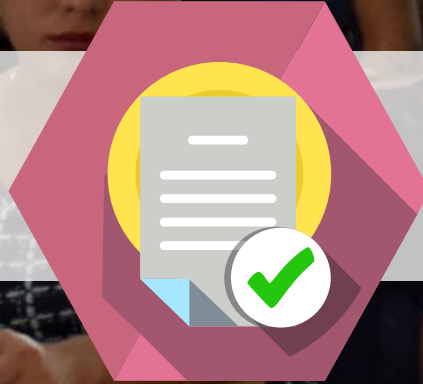


Photo: IFRC, 2015.

RESULT	KEY INTERVENTIONS	TOOLS
Girls, boys, women and men have access to psychosocial support.	<ul style="list-style-type: none"> ■ Psychological first aid. ■ Referral of special cases with mental health crisis, grief and intense emotional symptoms. 	<ul style="list-style-type: none"> ■ Toolbox of Psychosocial Support. IFRC. ■ Toolbox of Psychosocial Support to Victims of Gender-Based Sexual Violence. IFRC. ■ Toolbox of Resilience and Psychosocial Support Program. IFRC.
Girls, boys, women and men have safe spaces.	<ul style="list-style-type: none"> ■ Implementation of friendly spaces for vulnerable populations identified (for example for children and women). 	<ul style="list-style-type: none"> ■ Minimum standards for the protection of children in humanitarian action. ■ Toolbox child friendly spaces.
Girls, boys, women and men receive messages related to gender and diversity, psychosocial support and child protection.	<ul style="list-style-type: none"> ■ Messages are integrated into the diverse emergency intervention sectors. ■ Education addressed to volunteers, professionals and educators. 	<ul style="list-style-type: none"> ■ CBHFA violence prevention module. ■ Toolbox of the Resilience and Psychosocial Support Program. IFRC. ■ Child protection school committees. ■ Guide and Toolbox for Community Engagement and Accountability. IFRC.
Unaccompanied, separated from their families, orphaned and living in the street children receive essential services.	<ul style="list-style-type: none"> ■ Restoring Family Links ■ Access to health services. 	<ul style="list-style-type: none"> ■ Minimum standards for children protection in humanitarian action. ■ Services and tools of the Restoring Family Links Program. ICRC.
Girls, boys, women and men receive support to carry out local actions in protection, child protection and psychosocial support, which improve long-term health.	<ul style="list-style-type: none"> ■ Strengthening complaint and local report systems. ■ Increase and strengthening of livelihoods. ■ Improve the facilities that could represent an obstacle for the access and security of vulnerable populations. 	<ul style="list-style-type: none"> ■ Friendly neighborhoods initiative. IFRC. ■ CBHFA and micro projects. ■ Toolbox of the Resilience and Psychosocial Support Program. IFRC.
National Societies develop and implement internal systems for violence prevention, mitigation and response (including gender-based violence), child protection and psychosocial support.	<ul style="list-style-type: none"> ■ Development of Policies and Procedures (e.g.: Code of Conduct, Child Protection Policy). ■ Staff and volunteers training. 	<ul style="list-style-type: none"> ■ Ten Steps for the Creation of Safe Environments. ■ Framework of sexual and gender-based violence in emergencies. IFRC. ■ Online Course for Child Protection. IFRC.

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Mainstreaming of Community Engagement and Accountability

4. Mainstreaming of Community Engagement and Accountability.

Putting communities and people affected by crisis at the center of the humanitarian response promote respect of their fundamental rights and is an essential element of a high quality response and accountability. It also allows for:

- A guarantee of an appropriate, effective and responsible assistance.
- Awareness that humanitarian decisions affect lives and livelihoods.
- Response to those we are trying to help.
- Involvement of communities in the management of relief aid.
- Transparent communication and feedback mechanisms.

Community Engagement and Accountability (CEA) is the process and commitment to provide communities with timely, adequate and relevant information to improve and save lives, promote reciprocal communication and foster an environment of greater confidence through the creation of feedback mechanisms. The CEA makes it possible to reach people and involve them in the design and implementation of programs, as well as listen to their needs, concerns and suggestions to ensure their participation and guidance in the Red Cross actions.

CEA is critical in emergency response because:

- It can save lives by providing timely, practical and useful information when it is most needed by people.
- Always supports the role of the community as the first responder.
- Helps to involve affected people in emergency response planning. This implies that the operation can be more effective in recognizing their specific needs and, in this way, in increasing the impact of the operations and the recovery programs.
- Builds confidence with affected communities for the effective delivery of humanitarian aid and lays the foundations for sustainable initiatives during the recovery phase.

Actions for CEA implementation.

Here are some specific interventions you can implement in disaster risk management. Before putting them into practice, take into account the following critical question:

How do we guarantee that the voice and that active participation of girls, boys, women and men - particularly those who are usually invisible or silenced – is included throughout the disaster risk management cycle?



Photo: NICARAGUA RED CROSS, 2016.



RESULT	KEY INTERVENTIONS	TOOLS
<p>Girls, boys, women and men have opportunities to receive information and provide feedback on services received and to make complaints, suggestions and claims. This information is clear, specific and adapted to the contexts and particular characteristics of the population.</p>	<ul style="list-style-type: none"> ■ Complaints and feedback mechanism. ■ Policy that institutionalizes the diverse mechanisms of CEA. ■ Satisfaction surveys. ■ Hotlines. ■ The channels to reports should be selected by community members and allow diverse groups of the community to feel safe and comfortable to connect with the Red Cross. 	<ul style="list-style-type: none"> ■ Guide and Toolbox for Community Engagement and Accountability. IFRC. ■ Guide for best practices for community-based complaint mechanisms: Protection against sexual exploitation and abuse.
<p>Girls, boys, women and men who require specialized services and protection assistance have access to those services and their needs are effectively meet.</p>	<ul style="list-style-type: none"> ■ Reporting systems. ■ Training for staff and volunteers about CEA. 	<ul style="list-style-type: none"> ■ Guide and Toolbox for Community Engagement and Accountability. IFRC.
<p>Girls, boys, women and men are involved, during response and recovery, in decisions that can affect them directly.</p>	<ul style="list-style-type: none"> ■ Focus group discussions. ■ Alliances with local committees. ■ Establishment of dialogue platforms (participatory radio programs, Hotlines). 	<ul style="list-style-type: none"> ■ Guide and Toolbox for Community Engagement and Accountability. IFRC. ■ Core Humanitarian Standard on Quality and Accountability. CHS, URD, the Sphere Project.
<p>Girls, boys, women and men have access to information that saves and improves their quality of life and psychosocial well being.</p>	<ul style="list-style-type: none"> ■ Community theater and mobile cinema. ■ Local radio stations (interactive programs). ■ Social networks. ■ Communication that promotes the change of behaviors. ■ CBHFA Modules. ■ Sound trucks. ■ Dissemination of SMS messages. ■ Systems for detecting rumors and stigmas. 	<ul style="list-style-type: none"> ■ Behavior change communication to community-based volunteers. IFRC Toolbox. ■ Core Humanitarian Standard on Quality and Accountability. CHS, URD, the Sphere Project.
<p>National Societies develop and implement internal systems for community engagement and accountability.</p>	<ul style="list-style-type: none"> ■ Development of policies and procedures (e.g. code of conduct, community engagement and accountability policy, etc.). ■ Integration of CEA actions into the Standard Operating Procedures of the National Society. ■ Training for staff and volunteers on CEA. 	<ul style="list-style-type: none"> ■ Guide and Toolbox for Community Engagement and Accountability. IFRC. ■ Core Humanitarian Standard on Quality and Accountability. CHS, URD, the Sphere Project.

In addition, other activities that can be implemented are:

- Ask the diverse groups, including the marginalized populations in the community, how they want to communicate and what they want and need to know.
- Promote the inclusion of all people (taking into consideration their age, gender, special abilities, diverse capacities) to inform them as much as possible about the National Societies (NS) sectors and interventions during the emergency as well as the design and improvement of the interventions. Through this process it is expected to know people's opinions and needs as well as to strengthen pre-existing community organization structures.
- Promote the selection of communities in a transparent and equitable manner.
- Use of accessible and reliable channels of communication.
- Encourage systematization and monitoring of interventions (and assessment of their impact), identification of lessons learned, conducting case studies and formal internal assessments in relation to NS response. Document and share.
- Take action based on the feedback provided by the communities and inform them about it.
- Verify that information is reaching the population.
- Establish mechanisms to track and capture sources of rumors and stigmas that could hinder the provision of services or even the support of these populations during an emergency.
- Provide training to NS staff regarding the social, economic and cultural characteristics of the population, also, ensure that the relevant language is used and the psychosocial dynamics of the beneficiary communities are respected.



Photo: NIGEL DICKINSON, 2011.



III. GOOD PRACTICES IMPLEMENTED BY NATIONAL SOCIETIES

III. GOOD PRACTICES IMPLEMENTED BY NATIONAL SOCIETIES

Incorporating cross-cutting themes in emergency preparedness and response areas.

During the Regional Forum, the eleven National Societies made presentations on the efforts they have made to incorporate themes related to gender and diversity, protection, and community engagement and accountability in the areas of psychosocial support in emergencies, emergency preparedness in educational centers, migration and health in emergencies. The actions described in the presentations have been summarized and incorporated into this section of good practices so that each of the National Societies can consult in a simple way and as a reference the work carried out by the other National Societies.

The good practices have been categorized within the table below to reflect in a summarized and illustrative way which are the cross-cutting themes that have been most prioritized and also which are the areas in which the incorporation of these themes have been made. Also, the table shows which topics and areas require further action. The actions summarized in the table are explained in more detail later, including the National Society that has implemented them.

Regarding gender and diversity, it can be observed that although it has frequently been incorporated in the area of psychosocial support in emergencies, and to a lesser extent in the areas of migration and health in emergencies, according to the presentations of the National Societies this is an issue that has hardly been incorporated into the area of emergency preparedness in educational centers. However, in these areas the other cross-cutting themes have been incorporated.

Regarding protection, it can be observed that this theme has been prioritized in the area of psychosocial support in emergencies, followed by the area of emergency preparedness in educational centers, and, to a lesser extent, in the areas of migration and health in emergencies.

Finally, community engagement and accountability has been largely incorporated in the area of emergency preparedness in educational centers, followed by the areas of psychosocial support and migration, and to a lesser extent in the area of health in emergencies.

Although the initiatives included in this section correspond to the National Societies that participated in the Regional Forum, it is recognized that other NS present in the region can have different actions and projects that, in turn, incorporate cross-cutting themes. Then, the following actions will serve as a guide for the orientation of already underway activities and also for the design of new and innovative projects that allow the incorporation of standards of protection, equality and community engagement.



Photo: IFRC 2017.



Table 1. Good Practices of National Societies

Themes Areas	A. Gender and diversity	B. Protection	C. Community Engagement and Accountability
1. Psychosocial support.	<p>1A.1 Raise awareness of the risk of violence, including gender based violence with staff and volunteers.</p> <p>1A.2 Organize staff briefings.</p> <p>1A.3 Elaborate gender and diversity policies for staff and volunteers.</p> <p>1A.4 Separate groups by gender to provide psychological support.</p> <p>1A.5 Develop tools for the collection and analysis of information.</p> <p>1A.6 Collect disaggregated data by sex and age.</p>	<p>1B.1 Organize community workshops.</p> <p>1B.2 Carry out home visits.</p> <p>1B.3 Disseminate integral care routes (ICR) and/or referral pathways.</p> <p>1B.4 Design violence prevention and response campaigns, including GBV.</p> <p>1B.5 Create violence prevention and response policies and programs.</p> <p>1B.6 Organize staff briefings.</p> <p>1B.7 Identify in the shelters cases of violence; apply the detection violence critical path and the legislation to prevent violence.</p> <p>1B.8 Provide recreational and leisure activities.</p> <p>1B.9 Protect children and adolescents at risk.</p> <p>1B.10 Apply the Code of ethics and conduct.</p> <p>1B.11 Develop a violence prevention, mitigation and response strategy.</p> <p>1B.12 Define strategies focused on child protection.</p> <p>1B.13 Provide psychological first aid and psychosocial support for humanitarian personnel.</p>	<p>1B.1 Implement the “Friendly Neighborhoods” methodology.</p> <p>1B.2 Conduct needs assessments.</p> <p>1B.3 Systematize the experiences and elaborate GBV case studies.</p>
2. Emergency preparedness in educational centers.	<p>2A.1 Ensure gender parity.</p>	<p>2B.1 Create school brigades.</p> <p>2B.2 Promote peace culture and coexistence.</p> <p>2B.3 Create environmental brigades.</p> <p>2B.4 Prevent bullying.</p> <p>2B.5 Organize sessions about harmonious coexistence.</p> <p>2B.6 Create schools of transformation.</p>	<p>2C.1 Socialize processes.</p> <p>2C.2 Organize community assemblies.</p> <p>2C.3 Promote the participation of school authorities.</p> <p>2C.4 Integrate the educational community.</p> <p>2C.5 Ensure the active participation of children and adolescents in campaigns.</p> <p>2C.6 Ensure the active participation of children and adolescents in evacuation plans.</p>

Themes Areas	A. Gender and Diversity	B. Protection	C. Community Engagement and Accountability
<p>3. Migration.</p>	<p>3A.1 Differentiate services of health care by gender. 3A.2 Implement the Humanitarian Assistance Program for Migrant Populations. 3A.3 Collect disaggregated data by age and gender. 3A.4 Provide differentiated hygiene kits.</p>	<p>3B.1 Integrate girls and boys in schools. 3B.2 Integrate migrants into volunteering 3B.3 Provide protection to the migrant population. 3B.4 Restore Family Links.</p>	<p>3C.1 Elaborate information material in other languages and disseminate it among the migrant population. 3C.2 Elaborate information material for the self-care during the transit or in the new settlement. 3C.3 Ensure the Integration in all work plans that are developed within the National Society. 3C.4 Support the regularization process at the national level.</p>
<p>4. Health in emergencies.</p>	<p>4A.1 Collect disaggregated data by age and gender. 4A.2 Create health teams constituted with people of different social and cultural characteristics. 4A.3 Distribute accommodations and health services considering special needs and protection from GBV.</p>	<p>4B.1 Define a violence prevention policy. 4B.2 Establish areas that offer privacy during the medical care. 4B.3 Promote the care and protection of unaccompanied and separated children. 4B.4 Provide support and psychosocial care for families and caregivers.</p>	<p>4C.1 Conduct needs assessments. 4C.2 Develop tools to measure the impact of interventions. 4C.3 Elaborate informative material and key messages for individual and community protection.</p>



1. PSYCHOSOCIAL SUPPORT AREA



2. EMERGENCY PREPAREDNESS IN EDUCATIONAL CENTERS AREA



3. MIGRATION AREA



4. EMERGENCY HEALTH AREA



1. PSYCHOSOCIAL SUPPORT AREA.

1A Gender and Diversity.

1A.1 Raise awareness of the risk of violence: including gender based violence with staff and volunteers, by implementing meetings with groups of staff and volunteers, disaggregated by groups of men and women, to better understand the psychosocial needs of each group (Nicaraguan RC).

1A.2 Organize staff briefings: weekly staff sessions to analyze and raise awareness of diverse issues, including the gender approach and sex and gender differences. Knowledge was obtained for the application of concepts of gender equality and equity in emergency interventions, as well as the incorporation of the gender approach and protection in the activities carried out by staff members and volunteers (Nicaraguan RC).

1A.3 Elaborate gender and diversity policies for staff and volunteers: leading initiatives such as gender parity among staff members, sexual harassment prevention policy, gender workshops, gender approach management in community-based disaster risk management (Jamaican RC); gender and diversity policy (Honduran RC).

1A.4 Separate groups by gender to provide psychological support: specific psychosocial assistance for women and men groups during the emergency response, taking into account specific cultural contexts. In the case of Hurricane Felix, the Nicaraguan RC separated groups of women and men in indigenous communities to provide psychosocial assistance, after realizing that women did not talk about their needs in front of their husbands or other men for fear of being mistreated. This methodology provided excellent results.

1A.5 Develop tools for the collection and analysis of information: to identify levels of participation of women and men at each stage of the disaster risk management cycle (American RC).

1A.6 Collect disaggregated data: by sex and age, using standardized databases (Dominican RC, American RC).

1B Protection.

1B.1 Organize community workshops: on prevention and response of gender based violence (Colombian RC).

1B.2 Carry out home visits: with a protocol to identify potential victims or survivors of gender based violence, in order to initiate actions and referrals if it is needed (Colombian RC).

1B.3 Disseminate integral care routes (ICR) or referral pathways (GBV): humanitarian organizations and state institutions jointly promote, disseminate and make visible information about GBV and about the instances that provide protection to victims at the municipal level. The National Society implement a mapping of existing helping resources and share this information widely in the form of a referral pathway (Colombian RC).

1B.4 Design violence prevention and response campaigns, including GBV: community campaigns “It is not a compliment, it is harassment” and “Respect is cool” (Ecuadorian RC); campaign against child psychological abuse “Violence is not only physical” (Jamaica RC).

1B.5 Create violence prevention policy and programs: prevention of violence addressed to staff members, including anti-sexual harassment policy, prevention of gender-based violence and child protection in emergency situations (Jamaica RC); GBV prevention programs (American RC).

1B.6 Organize staff briefings: weekly sessions with staff to analyze and raise awareness of different issues (gender, motivation, assertive communication, tools to detect violence and prevent it, HIV and AIDS). Gender focus and violence prevention were incorporated in the activities carried out by staff members and volunteers. Also, situations of gender-based violence were recognized within the groups (Nicaraguan RC).

1B.7 Identify in the shelters cases of violence: based on gender, domestic violence or sexual abuse of children and adolescents among beneficiaries of psychosocial care (Honduran RC). Critical path for the detection of situations of violence: application of norms and critical path for addressing complaints of violence inside the shelter (Nicaraguan RC); violence prevention regulations: visible in shelters, specifies that “No physical, verbal, sexual or psychological abuse will be tolerated” (Jamaica RC).



1B.8 Provide recreational and leisure activities: for children attending schools in camps or shelters.

1B.9 Protect children and adolescents at risk: Contributing to the mitigation of individual, family and community risk factors in children and adolescents who are on the street and / or high risk situation facing different situations of vulnerability and violence, by generating positive opportunities for social development. (Colombian RC).

1B.10 Apply the Code of Ethics and Conduct: Mainstreaming Protection as the National Society on their Article 10, in regard to people: “Refrain from any act that may be considered in any area of the life of the National Society as harassment, abuse, discrimination or exploitation. This provision applies to people of all ages, in particular girls and boys, as well as people exposed for several reasons to stigmatization.” (Nicaraguan RC).

1B.11 Develop a violence prevention, mitigation and response strategy: Development of a strategy at the organizational, community and emergency level to address the various manifestations of violence in these contexts (Nicaraguan RC). Violence Prevention Policy and Community Program for the Prevention of Violence (Jamaican RC).

1B.12 Define strategies focused on child protection: National initiative “Cajita de la Esperanza” (Little Boxes of Hope) (Ecuadorian RC).

1B.13 Provide psychological first aid and psychosocial support for humanitarian personnel: to mitigate the impacts of situations of violence in migrant population (Argentina RC) and as a way to mitigate the psychological impact on the response (Ecuadorian RC).

1 C. Community engagement and accountability.

1C.1 Implement the “Friendly Neighborhoods” methodology: Approach of communities for the creation of spaces of harmonious coexistence through the methodology Friendly Neighborhoods (Honduran RC).

1C.2 Conduct needs assessments: additional to after actions reviews, real time evaluations and satisfaction surveys with communities (Jamaican RC).

1C.3 Systematize experiences: by gathering lessons learned from 5 flagship projects of the National Society in the promotion of a peace culture, social inclusion and community resilience with the development of methodologies adapted to the country context (Honduras CR). Development of case studies on GBV: a case study on violence and discrimination against HIV-positive women in Jamaica, based on focus group discussions (Jamaica RC and Canadian RC); case studies on GBV (American RC).



Photo: ECUADOR RED CROSS, 2016.



2. EMERGENCY PREPAREDNESS IN EDUCATIONAL CENTERS AREA.

2A Gender and Diversity.

2A.1 Ensure gender parity: Equality in the participation of girls, boys, teachers, mothers and fathers in the school brigades (Honduran RC).

2B Protection.

2B.1 Create Educational Brigades: with the approach of protected schools and the methodology of safe education centers, focused on the education of children, and youth as people, citizens, volunteers, future leaders, community leaders, agents of change and promoters of peace through the development of specific actions in community work (Colombian RC, Nicaraguan RC, Honduran RC, Salvadorian RC).

2B.2 Promote peace culture and coexistence: Peace culture campaigns for the promotion of principles and values (Honduran CR); Peace, Action and Co-existence Programme (PACO): it gathers methodologies, strategies and develops proposals to build a philosophy of community action in each of the programs, projects and processes of youth education (Colombian RC).

2B.3 Create Environmental Brigades: in educational centers using the Sendero del Saber methodology (Honduran RC); Programa al Aire Libre (PAL) promoting environmental education to develop outdoor activities, aimed to care for the environment, promoting healthy lifestyles and emergency preparedness (Colombian RC).

2B.4 Prevent bullying: Addressing the “Basta de bullying” methodology with educational communities (Honduran CR with support of Plan International and World Vision).

2B.5 Organize sessions of harmonious coexistence: with schools implementing traditional games and meeting of parents, teachers and children . Implementation of bullying prevention in educational Centers and creation of coexistence committees (Honduran RC and Plan International).

2B.6 Create schools of transformation: aimed to include children and adolescents in high vulnerability from communities considered at high risk of violence. The “Schools of Transformation” seek to provide basic education and level the children and adolescents according to their age and, thus, prepare them for entry to formal education centers. (Jamaican RC).

2B.7 Implement a student social service group: Promoting the education of the children and the adolescent as a person, citizen, volunteer, future leader, community leader, agent of change, peace promoter (Colombian RC).

2C Community Engagement and Accountability.

2C.1 Socialize processes: before and after the actions taken, including participatory assessments, identification of good practices and lessons learned; appropriation of the processes by the Educational Community (Honduran RC).

2C.2 Organize community assemblies: participatory processes through assemblies where members of the community elect and are elected to form the Emergency Committees in Educational Centers (CODECE), with special emphasis on the participation of children and young people (Honduran CR).

2C.3 Promote the participation of school authorities: engagement of school authorities for the implementation of different methodologies such as School Brigades (Honduran CR).

2C.4 Integrate the educational community: participation of teachers, parents, girls and boys into the processes of implementation of brigades, peace committees and other leading groups (Honduran CR).

2C.5 Ensure the active participation of children and adolescents in campaigns: to prevent psychological violence in schools, with the direct participation of children and adolescents in the development of posters, etc. (Jamaica Red Cross).

2C.6 Ensure the active participation of children and adolescents in emergency plans: with specific contributions of children and adolescents, such as warning systems for children and adolescents with auditory, visual and physical disabilities, or the concept of “godson”, so that older girls and boys help evacuate the youngest children in school brigades (Honduran CR).



3. MIGRATION AREA.

3A Gender and Diversity.

3A.1 Differentiate services of health care by gender: Health clinic and psychosocial support (PSS) differentiated by gender (Honduran CR).

3A.2 Implement the Humanitarian Assistance Program for Migrant Populations: through mobile clinics and health modules for all migrant population without distinction, providing basic health services, psychosocial support and first aid. (Mexican RC).

3A.3 3A.3 Collect disaggregated data by age and gender: to address the specific needs of the migrant population.

3A.4 Provide differentiated hygiene kits by age and gender: Consider the key elements of hygiene for infants, children, adolescents, women, older people, people with disabilities and people with chronic diseases. (Honduran RC).

3B Protection.

3B.1 3B.1 Integrate migrant girls and boys in schools: Protecting them with the creation and functioning of the school coexistence committee and the implementation of the Youth as Agents of Behavioral Change (YABC) methodology for the social inclusion of young migrants (Honduran CR).

3B.2 Integrate migrants into volunteering: creation of a network of migrant volunteers, which have been integrated into different branches of the national territory and university volunteerism (Dominican Republic RC).

3B.3 Provide protection to the migrant population: during the

closing of the Venezuela-Colombia border, providing health services, shelter, child-friendly spaces and psychosocial support (Colombian RC).

3B.4 Implement “Restoring Family Links”, by means of a telephone (and other channels of communication): in the mobile clinics, where the migrant once he arrives at the clinic can contact his family located in his country of origin to inform them of his situation. This program operates under ICRC protocol guidelines. (Mexican RC).

3C Community Engagement and Accountability.

3C.1 Elaborate information material in other languages and disseminate it among the migrant population: Creole awareness and informative material oriented for the Haitian migrant population (Dominican Republic).

3C.2 Elaborate informative material for the self-care during the transit or in the new settlement: to guide and to illustrate migrant people about what to do in case of emergency and on basic first aid, as well as on protective behaviors (Mexican RC).

3C.3 Ensure the integration of Community Engagement in all work plans that are developed within the National Society: specific actions to improve the living conditions of the country's migrant population (Dominican Republic RC).

3C.4 Support the regularization process at the national level: through 1) Support to the of Haiti for the dignified assistance to all migrant people who needs psychosocial and medical support; 2) Activation of intervention teams in psychosocial support, health and pre-hospital care at the national level; 3) Safe water distribution to the population attending the different naturalization centers; 4) Opening of health clinics and disposition of ambulance units to assist the vulnerable population; 5) Activation of volunteers of Haitian nationality residing in the Dominican Republic, who are working as translators and are members of the different intervention teams (Dominican Republic RC).



4. EMERGENCY HEALTH AREA.

4A Gender and Diversity.

4A.1 Collect disaggregated data by age and gender: in order to identify, address, attend and respond to the different needs of the communities (Dominican Republic RC, American RC).

4A.2 Create health teams constituted with people of different social and cultural characteristics: in order to seek representativeness of all populations. The actions are addressed at the involvement of all diversity populations such as people with disabilities, indigenous and other cultural populations, etc. (IFRC).

4A.3 Distribute accommodations and health services considering special needs and protection from GBV: Taking into account the diverse conditions of people and privacy (Dominican Republic RC).

4B Protection.

4B.1 Define a violence prevention policy: Including gender based violence and protection in emergency situations (Jamaican RC)

4B.2 Establish areas that offer privacy during medical care: Ensure the safety, confidentiality and protection of the people who are receiving medical care, especially for unaccompanied minors and victims of sexual gender based violence. (IFRC).

4B.3 Promote the care and protection of unaccompanied and separated children: Ensure that girls and boys are always accompanied by an adult during medical care as well as in the distribution of accommodations, among other health activities. They never have to be alone with Red Cross staff. (IFRC).

4B.4 Provide psychosocial support for families and caregivers: in areas affected by ZIKA, addressing factors related to conception and birth (Brazilian RC-IFRC). Training in psychosocial support to health professionals responsible for attending to people in health centers (Paraguayan RC-IFRC). Establishment of support groups with pregnant mothers and leaders of the community health committee (Guatemalan RC-IFRC).

4C Community Engagement and Accountability.

4C.1 Conduct needs assessments: Other evaluations that promote also community engagement can be the after action reviews, real time evaluations and satisfaction surveys following an emergency. For example after hurricanes Ivan and Sandy. (Jamaican RC).

4C.2 Develop tools to measure the impact of interventions: Collection of experiences, lessons learned and best practices, allowing the elaboration of case studies and interviews with communities about the benefits and the aspects to improve of the humanitarian intervention (IFRC ZIKA Operation).

4C.3 Elaborate informative material and key messages for individual and community protection: In addition, to inform about risks and promote behavior modification (IFRC ZIKA Operation).



IV. OPPORTUNITIES TO IMPLEMENT GOOD PRACTICES

IV. OPPORTUNITIES TO IMPLEMENT GOOD PRACTICES

Incorporating cross-cutting themes in emergency preparedness and response areas.

The opportunities to implement good practices represent all those actions or aspects in which it is necessary to reinforce or prioritize the incorporation of themes such as gender and diversity, protection, and community engagement and accountability in the areas of psychosocial support in emergencies, emergency preparedness in educational centers, migration and health in emergencies.

These opportunities are examples of specific actions or good practices that have been implemented by a specific National Society or allied

organization and reflected in the presentations of the regional forum or collected from the consultancies or opinions of experts of the Canadian Red Cross or the oral contributions made by the participants of the regional forum. As the good practices, opportunities are also presented in tabular form, under their respective axes of mainstreaming and in the specific areas, so that they can be consulted in a simple and direct way, and then more detailed information is provided on their implementation.

Together with the good practices, opportunities are specific examples of how cross-cutting themes can be incorporated into the areas of emergency preparedness and response through concrete actions.



Photo: ECUADOR RED CROSS, 2016.

Table 2. Opportunities for good practices.



Themes Areas	A. Gender and diversity	B. Protection	C. Community engagement and accountability
<p>1. Psychosocial support.</p>	<p>1A.1 1A.1 Train psychosocial support teams in the assistance of a victim of gender-based violence (including sexual violence). 1A.2 1A.2 Conduct separate focus groups (women groups separated from men groups). 1A.3 1A.3 Carry out vulnerability and capacity assessment (VCA). 1A.4 1A.4 Integrate gender and diversity in the Damage and Needs Assessments (DANA).</p>	<p>1B.1 Establish child-friendly spaces (CFSs) in emergency situations. 1B.2 Establish protocols to detect and respond to protection matters. 1B.3 Adopt the IFRC Child Protection Policy. 1B.4 Develop Standardized Operating Procedures (SOPs) including protection.</p>	<p>1C.1 Provide opportunities of participation for diverse community groups. 1C.2 Implement complaint and feedback mechanisms. 1C.3 Define a point of information/ Information desk. 1C.4 Implement satisfaction surveys. 1C.5 Provide life-saving information for the communities. 1C.6 Engage with community committees. 1C.7 Create mechanisms for identifying rumors. 1C.8 Provide information for the prevention of emotional crisis situations.</p>
<p>2. Emergency Preparedness in Education Centers.</p>	<p>2A.1 Ensure gender parity in the representation of schools brigades. 2A.2 Mainstream the gender and diversity approach in all activities with children and adolescents. 2A.3 Include mothers and fathers as well as teachers in emergency preparedness activities and awareness campaigns. 2A.4 Design a warning system and signaling sensitive to diversity. 2A.5 Create accessible and safe evacuation systems for all academic population.</p>	<p>2B.1 Include trainings and awareness campaigns of gender-based violence. 2B.2 Identify and manage cases of gender-based violence and interpersonal violence. 2B.3 Address, together with the educational brigades, issues related to protection and the promotion of a peace culture. 2B.4 Incorporate protection in all the actions of each brigade.</p>	<p>2C.1 Create educational community-based committees. 2C.2 Involve children in decision-making. 2C.3 Open participation to the community. 2C.4 Share lessons learned with students and all members of the student community. 2C.5 Implement Vulnerability and Capabilities Assessment (VCA). 2C.6 Disseminate the Emergency Plan of the educational center. 2C.7 Implement mechanisms to identify rumors and stigma directed to children with diverse capacities. 2C.8 Implement feedback systems and complaints mechanisms. 2C.9 Establish alliances with local and governmental entities.</p>

Themes Areas	A. Gender and diversity	B. Protection	C. Community engagement and accountability
<p>3. Migration.</p>	<p>3A.1 Identify the diverse needs of migrants (women, men, children adolescents).</p> <p>3A.2 Have health professionals of both sexes.</p> <p>3A.3 Provide support and establish referral systems.</p>	<p>3B.1 3B.1 Provide specialized training and services of protection.</p> <p>3B.2 3B.2 Promote and integrate protection in all areas of support to migrants.</p> <p>3B.3 3B.3 Provide medical care and psychosocial support to GBV victims.</p> <p>3B.4 3B.4 Implement Restoring Family Links (RFL) services for the migrant population.</p>	<p>3C.1 Establish mechanisms to identify the needs of migrants.</p> <p>3C.2 Define information desks/ questions desk for migrants.</p> <p>3C.3 Have a telephone line for calls and/or SMS available in appropriate languages.</p> <p>3C.4 Make the IFRC Virtual Volunteer application available.</p> <p>3C.5 Provide brochures with clear and relevant information.</p>
<p>4. Health in emergencies.</p>	<p>4A.1 Ensure that the different health needs of boys, girls, women and men are addressed and fulfilled.</p> <p>4A.2 Provide specialized health care according with the diverse conditions of the communities.</p> <p>4A.3 Ensure that the reproductive, maternal, newborn and child health, and protection needs of girls and women are addressed.</p> <p>4A.4 Include educational spaces in emergencies.</p>	<p>4B.1 Incorporate protection in WASH services.</p> <p>4B.2 Ensure that girls and boys are always accompanied by a family member or a caregiver.</p> <p>4B.3 Establish areas that provide privacy and security for clinical care.</p> <p>4B.4 Ensure that health care personnel it is trained in protection.</p> <p>4B.5 Integrate protection activities in emergency response programming.</p>	<p>4C.1 Increase the community participation through consultations and surveys to identify the needs of the communities.</p> <p>4C.2 Implement a complaints and feedback mechanism.</p> <p>4C.3 Design specific educational material according to the health emergency.</p> <p>4C.4 Encourage the participation of community health committees.</p>



1. PSYCHOSOCIAL SUPPORT AREA



2. EMERGENCY PREPAREDNESS IN EDUCATIONAL CENTERS AREA



3. MIGRATION AREA



4. EMERGENCY HEALTH AREA



1. PSYCHOSOCIAL SUPPORT AREA.

1A Gender and Diversity.

1A.1 Train psychosocial support teams in the assistance of a victim of gender-based violence (including sexual violence): Training should be specific to the context of intervention, as well as focused on the culture and gender roles assigned by communities.

1A.2 Conduct separate focus groups (women groups separated from men groups): This methodology can be an effective way to meet the specific needs of women and men, identify possible cases of gender-based violence or avoid situations of discrimination and respond adequately to the differentiated needs of both groups.

1A.3 Carry out vulnerability and capacity assessment (VCA): Considering the different needs and capacities of women and men of different ages. Adjust the different methodological tools to incorporate situations of social risk and identify vulnerable populations and manifestations of violence.

1A.4 Integrate gender and diversity in the Damage and Needs Assessments (DANA): Including factors of diversity (population with disabilities, data disaggregated by gender and age, diverse conditions including ethnic populations). Identify situations of social risk that may be reinforcing violence against vulnerable populations (including gender based violence, and sexual gender based violence), gaps in the humanitarian services in terms of dignity and access, and key considerations to take into account for the response and recovery initiatives.

1B Protection.

1B.1 Establish child-friendly spaces (CFSs) in emergency situations: The main objective is to protect children by providing a safe space with supervised activities, by raising awareness of the risks to children, and mobilizing communities to begin the process of creating a protective environment, considering minimum standards for child protection.

1B.2 Establish protocols to detect and respond to protection matters: This includes cases of gender-based violence, child abuse or mistreatment, exploitation of children and child labor.

1B.3 Adopt the IFRC Child Protection Policy: In order to standardize processes during emergencies for girls and boys. Also, if the National Society considers it, establish guidelines for the care of children in the various intervention sectors provided during emergencies. Include child volunteers with safety guidelines.

1B.4 Develop Standardized Operating Procedures (SOPs) including protection: Specify the roles and responsibilities of the people engaged during

an emergency to protect separated and unaccompanied girls and boys. These should include referral systems, protection against gender based violence, psychosocial support, restoring family links, among other protection initiatives.

1C Community Engagement and Accountability.

1C.1 Provide opportunities of participation for diverse community groups: adjusted to their needs, abilities, capacities, local groups/committees and cultural habits. Implement group activities, awareness campaigns and open different chances to relate such as community focus groups discussions. Implement monitor meeting with the communities to follow up on project activities, perceptions and feedback.

1C.2 Implement complaint and feedback mechanisms: Make them available for volunteers and Red Cross staff to collect information among communities. In addition, make these mechanisms a safe and accessible way to share suggestions, concerns or complaints on issues related to the RC.

1C.3 Define a point of information/Information desk: whenever possible, to inform communities and answer their questions. The main point of this help desks is to listen to and record feedback, as well as providing answers to inquiries and prevent myths around the emergency.

1C.4 Implement satisfaction surveys: To determine the degree for approval with the assistance received and to receive feedback. In addition to improve the humanitarian services and incorporate the real needs of the communities.

1C.5 Provide life-saving information for the communities: Quickly, efficiently and at large-scale, using systems such as SMS, telephone line for calls, social media or radio broadcasts. The use of those communications systems will help to answer the questions and doubts of the communities, and minimize the level of tensions, frustrations and misconceptions. It is important to utilize innovative social media and mass communication technology.

1C.6 Engage with community committees: With the main objective to engage community members in decision-making, and in the identification of their psychosocial needs. At the same time, organize monitoring meetings with the community to identify new needs, share lessons learned and verify the proper functioning of actions.

1C.7 Create mechanisms for identifying rumors: Provide cultural-sensitive, clear and concrete information related with the emergency. This can help to mitigate the myths and distrust spreading among communities due to different misinformation and stigmas against some populations. In addition, liaise with the community committees to identify rumors and mitigate wrong information.

1C.8 Provide information for the prevention of emotional crisis situations: Including psychosocial support, normal reactions to the stress of an emergency and containment of social reactions of chaos.



2. EMERGENCY PREPAREDNESS IN EDUCATIONAL CENTERS AREA.

2A Gender and Diversity.

2A.1 Ensure gender parity in the representation of schools brigades: Make sure that all the academic community is involved, including women, men (teachers, directors and parents), together with boys and girls of different ages and diverse conditions (for example children with disabilities, at high risk of social exclusion, with cultural differences).

2A.2 Mainstream the gender and diversity approach in all activities with children and adolescents: Take advantage of the spaces of communication with children and adolescents to break with the harmful stereotypes of masculinity and femininity, myths around sexual and reproductive health, gender based violence, among other themes.

2A.3 Include mothers and fathers as well as teachers in emergency preparedness activities and awareness campaigns: Aspects such as raising awareness of parenting styles and parental role patterns with stereotypes of masculinity and femininity should be emphasized.

2A.4 Design a warning system and signaling sensitive to diversity: Taking into account the population with disabilities and girls and boys who do not yet know how to read; also it is important to include people with lower literacy levels, mental health disorders or learning difficulties.

2A.5 Create accessible and safe evacuation systems for all academic population: Considering people with mobility difficulties, people with disabilities, young children, older people.

2B Protection.

2B.1 Include trainings and awareness campaigns of gender-based violence: Within all activities, actions and interventions with children and adolescents, teachers, mothers and fathers. Specifically, these trainings should consider culturally and socially assigned roles that have been passed on by parents through parenting, or teachers in education centers.

2B.2 Identify and manage cases of gender-based violence and interpersonal violence: Create referral systems for the children and adolescents of the school and implement prevention and response of Bullying situations. Empower the children to provide peer support and to report situations of discrimination, exclusion, harassment and others.

2B.3 Address, together with the educational brigades, issues related to protection and the promotion of a peace culture: Using materials such as the CBHFA violence prevention module or NS methodologies. Also, coexistence brigades can be created, which can be integrated within the brigades of psychosocial support.

2B.4 Incorporate protection in all the actions of each brigade: Address external affectations (such as gang confrontation) that can affect the security of the children. Incorporate the response to situations of violence, support systems (engaging the police and firemen, for



Photo: NICARAGUA RED CROSS, 2016.

example) and protection actions within all the functions of the brigades (evacuation, road safety, fire prevention, psychosocial support, etc.) in which children, teachers and parents are trained as brigade members.

Community Engagement and Accountability.

2C.1 Create educational community committees: Integrating children and adolescents (boys and girls), teachers, mothers and fathers and staff members of schools. In addition, it is important to integrate other surrounding institutions that can provide technical support and accompaniment to protect, guide and give sustainability of the committees.

2C.2 Involve children in decision-making: Empower the children with the role of agents of change. Assess their most preferred channels of communication and create with them feedback mechanisms to listen to their needs, to know their abilities and to involve them in the leadership of activities related with health, peace building, emergency preparedness.

2C.3 Open participation to the community: create spaces to involve the community in decisions affecting schools and disseminate information on risk management and emergency preparedness, among other important issues affecting the community. This can be done with the “Friendly Neighborhoods”

2C.4 Share lessons learned with students and all members of the student community (teachers, directors, parents): With the main objective to improve the emergency preparedness actions of the brigades and propose new actions to be applied in the future.

2C.5 Implement Vulnerability and Capacities Assessment (VCA): To identify not only the needs, but also the capacities that can be provided by children and adolescents in the emergency preparedness and response. The VCA also implies to provide timely feedback (culturally sensitive information) from the results of the assessment.

2C.6 Disseminate the Emergency Plan of the educational center: This document has to be adapted to the language and context of children and adolescents, providing the opportunity for its modification considering their opinions and suggestions.

2C.7 Implement mechanisms to identify rumors and stigma directed to children with diverse capacities: Also, as possible, identify acts of negligence that may be occurring in the implementation of the brigades, especially regarding child protection.

2C.8 Implement feedback systems and complaints mechanisms: Create initiatives, jointly with the children, to gather and respond complaints and claims of situations of violence.

2C.9 Establish alliances with local and governmental entities: Include mass media that provide support and sustainability for emergency preparedness in educational centers. In addition, engage in close collaboration with governmental institutions (e.g.: Ministries / Secretariats of Education), NGOs and local committees.



Photo: HAITI RED CROSS, 2015



3. MIGRATION AREA.

3A Gender and Diversity.

3A.1 Identify the diverse needs of migrants (women, men, children adolescents): Develop formats in which the different needs of migrants are characterized. With this information adapt the services that your National Society provide.

3A.2 Have health professionals of both sexes: To ensure equity in medical and psychosocial care for women, men, girls and boys. In addition, to respect the decision to select the professional that will attend the medical needs of the migrants.

3A.3 Provide support and establish referral systems: refer specialized entities in cases related to gender based violence and sexual violence (trafficking, exploitation, among others).

3B Protection.

3B.1 Provide specialized training and services of protection: With emphasis on all the aspects to consider in order to provide protection of unaccompanied migrant children and adolescents, given their great vulnerability and the great risks they face on the migratory routes. According to IFRC Framework, all children on the move, need access to comprehensive protection assistance such as safe spaces; psychosocial support; restoring family links; and access to essential services such as education, health care, shelter, and legal counsel.

3B.2 Promote and integrate protection in all areas of support to migrants: Including gender and diversity and child protection, in all areas of assistance to migrants (health units, shelters, camps, etc.).



3B.3 Provide medical care and psychosocial support to GBV victims: Generate spaces for medical care and housing free of violence, stigma and discrimination.

3B.4 Implement Restoring Family Links (RFL) services for the migrant population: To establish contact with their beloved ones and with their support systems can mitigate the impact of the displacement and the migration, in addition it can be an important resource to know their legal status and the actual situation of their home. This can be done by using a free-call telephone.

3C. Community Engagement and Accountability.

3C.1 Establish mechanisms to identify the needs of migrants: Provide a response adapted to these needs. Examples of these mechanisms can be: suggestion boxes, satisfaction surveys about services acquired, and means to identify rumors and stigma. Incorporate communication actions with the host communities or in those where the shelters for migrants are located.

3C.2 Define information desks/questions desk for migrants: It is common that migrants do not have any information of their road and struggle to find information adapted to their needs and languages.

3C.3 Have a telephone line for calls and/or SMS available in appropriate languages: This channels of communication can be utilized for the Restoring Family Link services, feedback mechanisms and provide life-saving information.

3C.4 Make the IFRC Virtual Volunteer application available: People migrating or considering migrating need trustworthy information to make decisions, stay healthy and get the help they need. The IFRC Virtual Volunteer application puts crucial, reliable information for the people and link them to services on the ground.

3C.5 Provide brochures with clear and relevant information: Regarding the protection behaviors that must be taken in transit and travel. In the same, include information about support institutions and referral systems (including telephone numbers and approach of every institution).



4. EMERGENCY HEALTH AREA.

4A Gender and Diversity.

4A.1 Ensure that the different health needs of boys, girls, women and men are addressed and fulfilled: As an example, it is important to ensure the community is eating the amount of food that is necessary and adjusted to their personal conditions, the medications for the people with chronic diseases has been standardized and the medical items are appropriate for the health needs and the competence level of health workers.

4A.2 Provide specialized health care according with the diverse conditions: Including if it is affected by a virus, a chronic disease, STD, among others.

4A.3 The services of health care consultation rooms: and hygienic services should be structured to allow privacy, in accordance to the local culture, and to allow access to populations such as seniors, people with disabilities, among others. Have private spaces, especially for people who may be at risk of gender-based violence and who, due to their diverse conditions, are victims of exclusion and discrimination.

4A.4 Ensure that the reproductive, maternal, newborn and child health, and protection needs of girls and women are addressed: Encourage and establish alliances for the acquisition and subsequent delivery of “dignity kits”.

4A.5 Include educational spaces in emergencies: Prioritize awareness on reproductive, maternal, newborn and child health, as well as family planning, protection against sexual gender based violence, and others.

4B Protection.

4B.1 Incorporate protection in WASH services: Install washbasins adapted for children, as well as sanitary facilities (latrines) that are accessible and do not put at risk the integrity of children. These must be separated by gender.

4B.2 Ensure that girls and boys are always accompanied by a family member or a caregiver: Prevent children from being separated from their caregivers during admission to emergency medical centers. In case they are unaccompanied children, in situation of abandonment or separated from their family, establish the proper referral with the responsible entity of child protection.

4B.3 Establish areas that provide privacy and security for clinical care: The health facilities need to provide proper lighting in facilities, separate rooms for consultation by gender, and access to populations with physical limitations.

4B.4 Ensure that health care personnel it is trained in protection: Address with the health care personnel how to handle disclosures of violence, implement referral systems of cases of sexual gender based violence and physical violence, identify situations of neglect and abuse, among other themes.

4B.5 Integrate protection activities in emergency response programming: Consider the needs of children, adolescents and the communities. Coordinate with other agencies and sectors to provide support, such as health and hygiene education, groups and lactation spaces, complementary feeding, etc.



4C. Community Engagement and Accountability.

4C.1 Increase the community participation through consultations and surveys to identify the needs of the communities: Identify evaluation techniques (as focal groups for example) to gather information from the communities, especially in terms of their mental, psychosocial and physical health. Encourage the inclusion of volunteers, if they are health professionals and can provide support to medical services.

4C.2 Implement a complaints and feedback mechanism: Increase consultations with communities regarding their satisfaction with the health services received. Establish a complaint system, with access to all people, including members of marginalized groups. As part of these mechanisms, participatory radio programs can be promoted.

4C.3 Design specific educational material according to the health emergency: The material can be printed or virtual, but it has to be easily accessible and disseminated, as well as adjusted to the cultural, social and ethnic conditions of the target population. Health services have clear, consistent and transparent guidance on the rights of people to health care. Include relevant health promotion messages in community-based child protection activities.

Also, these materials should be part of a communication campaign that promotes behavioral changes.

4C.4 Encourage the participation of community health committees: Promote the participation of the communities, ensuring that all social groups are included, especially those who are more vulnerable (e.g. persons who have communication or mobility difficulties, stigmatized youth and other under- or unrepresented groups).



Phone: ECUADOR RED CROSS, 2016.

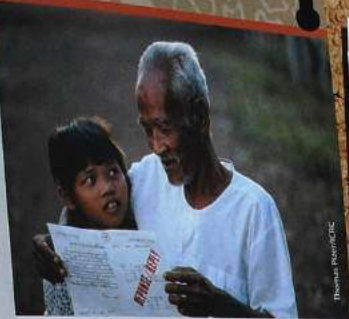


WHAT OUR WEBSITE OFFERS

- With a few clicks on familylinks.icrc.org you can find out:
 - how we look for separated family members
 - how we help restore contact between them
 - how we help reunite families

The website also tells you how you can contact the right people at the Red Cross or Red Crescent in your country to receive help. In large-scale emergencies, we may launch an online tracing service where:

- you can find names of people who are safe and people who are missing
- you can register to let others know that you are safe
- you can register the names of relatives with whom you have lost contact



HOW THE WEBSITE WORKS

It's easy to use – follow these steps:

- Visit the website familylinks.icrc.org
- Simply enter the country in which you are and the country in which your family member might be.

The website will tell you:

- under what circumstances you can make a request and what services are offered in a specific country
- who will be able to help you in the country where you are
- who will look for your family member in the country where that person might be

It will give you the address and phone numbers of the Red Cross or Red Crescent Society in your country.

If you want help, you can contact the Red Cross or Red Crescent Society or the International Committee of the Red Cross (ICRC) in the country where you live by phone or mail or by filling out a contact form on the website.

LOST YOUR FAMILY?
 NEED HELP TO CONTACT YOUR FAMILY?

WE HELP RESTORE CONTACT BETWEEN FAMILY MEMBERS

Every year, thousands of family members are separated by conflicts, disasters or migration. People suffer terribly when they lose contact with their loved ones and don't know where they are or whether they are safe.

If you are looking for a family member, visit our new website familylinks.icrc.org



V. METHODOLOGIES AND TOOLS

THE RED CROSS AND RED CRESCENT FAMILY LINKS NETWORK

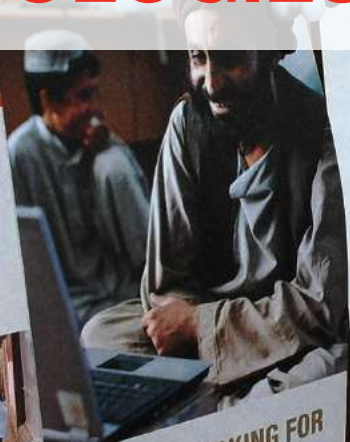
Who we are and what we do:

- The ICRC and 189 National Red Cross and Red Crescent Societies together form a humanitarian network that endeavours to restore family links across the world in order to alleviate human suffering.
- We are strictly impartial, neutral and independent.
- The ICRC supports, guides, and coordinates the efforts of National Societies to help separated families.
- For more than 100 years, we have been helping people find family members and restoring contact between them and their loved ones.

After the 2010 earthquake in Haiti, 6,400 people used the ICRC website to let their families know that they were alive and well. Family members registered the names of 23,000 loved ones whom they were looking for. Using satellite phones, we helped restore contact between 3,300 persons and their families. 27 children were reunited with their parents.

In Libya, the Red Cross and Red Crescent Society helped restore contact between 2,300 children with their families.

In 2012, together with National Societies, the ICRC distributed over 279,000 family messages and facilitated close to 227,500 phone calls between relatives, helping them to get in touch with each other or to remain in contact. We reunited 2,300 children with their families.



ARE YOU LOOKING FOR A FAMILY MEMBER?

familylinks.icrc.org CAN HELP YOU

ICRC

FREE WIFI
 MAX. 8 Persons
 10 Min.

Photo: IFRC 2016.



V. METHODOLOGIES AND TOOLS.

Incorporating cross-cutting themes in emergency preparedness and response areas.

This section presents several methodologies that can be used for an effective incorporation of cross-cutting themes in the different areas of emergency preparedness and response. Many of these methodologies have been drawn from the direct contributions of the National Societies participating in the Regional Forum, while others have been provided by experts from the Canadian Red Cross, other international humanitarian organizations or are included within the guidelines of the International Federation.

The following are the methodologies for incorporating gender and diversity, protection, and community engagement and accountability in emergency preparedness and response.

Gender and Diversity.

- VCA - Vulnerability and Capacity Assessment.
- The Resilience Programme for Young Men Manual.
- Gender-based sexual violence training.
- Moving together: Promoting psychosocial well-being through sports and physical activity.
- Different. Just like you: A psychosocial approach promoting the inclusion of persons with disabilities.
- Implementation of minimum standards on gender and diversity in emergency-driven programs. IFRC.
- Minimum Initial Services Package (MISP) - UNFPA.

Protection.

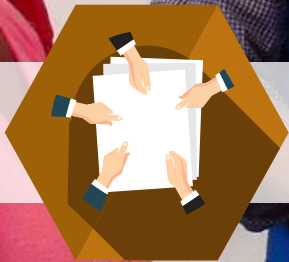
- School brigades.
- Safe educational center.

- Series “It is better to prevent...”.
- Sendero del Saber (Road to Knowledge).
- Retorno a la alegría (Return to Happiness).
- Pisotón.
- Basta de bullying (No More Bullying).
- YABC - Youth as Agents of Behavioral Change / JACC- Youth as Agents for Behavioral Change.
- CBHFA violence prevention module.
- Ten steps to creating safe environments.
- PACO: Peace, Action and Coexistence.
- Mi funda de almohada Project (My pillowcase).
- HIV Violence Prevention Flip Book Version.
- Psychosocial Support Toolkit. IFRC.
- Toolbox of Psychosocial Support to Victims of Gender-Based Sexual Violence. IFRC.
- Toolbox of the Resilience and Psychosocial Support Program. IFRC.
- Minimum standards for the protection of children in humanitarian action.
- Child Friendly Spaces Toolbox.
- Friendly Neighborhood Initiative. IFRC.
- Framework Gender-Based Sexual Violence in Emergencies. IFRC.
- Online Course for Child Protection. IFRC.

Community Engagement and Accountability.

- Guide and Toolbox for Community Engagement and Accountability. IFRC.
- Core Humanitarian Standard on Quality and Accountability.
- Core Humanitarian Standard on Quality and Accountability. Guidance Notes and Indicators.
- VCA - Vulnerability and Capacity Assessment.
- Friendly Neighborhoods.
- Implementation of Monitoring and Assessment methodologies such as: “Most Meaningful Change Stories “, focus groups, interviews with key informants, compilation of lessons learned, case studies.
- Guide for best practices for community-based reporting mechanisms: Protection against sexual exploitation and abuse.
- Communication to foster behavioral change address to community volunteers. IFRC Toolbox.





VI. RECOMMENDATIONS



VI. RECOMMENDATIONS.

Incorporating cross-cutting themes in emergency preparedness and response areas.

The following recommendations include the minimum standards of the international organizations, the guidelines of the IFRC and the Movement, and the recommendations of the experts on cross-cutting themes for the incorporation of gender and diversity, protection and community engagement and accountability in emergency preparedness and response.

1. General.

- Code of conduct:
 - Write or update the Code of Conduct emphasizing cross-cutting themes and prioritizing the prevention of all types of violence.
 - Organize trainings on the Code including cross-cutting themes during staff and volunteering induction.
 - Organize campaigns to socialize and disseminate the Code.
 - Ensure that staff and volunteers sign the Code every 2 years, to confirm their knowledge and to be a 'living document' of the NS.
- Review the conceptual frameworks of cross-cutting themes in agreement with the documentation of the Movement and the IFRC.
- Review the statutes, main policies, strategies, plans, programs, instruments and support systems in each NS in relation to the incorporation of cross-cutting themes.
- Include cross-cutting themes in the instruments and mechanisms for Vulnerability and Capacity Assessment (VCA) and Damage and Needs Assessment (DANA).

- Create a volunteerism policy that includes cross-cutting themes in the volunteer management cycle, impacting the recruitment, training and professionalization processes.
- Train staff on the incorporation of cross-cutting themes in all areas of emergency preparedness and response.
- Share all documents referring to policies, guidelines, regulations and tools for the incorporation of cross-cutting themes (both internal and external) between staff and volunteerism.
- Promote "Friendly Spaces", according to the assessments and analysis carried out, and focusing on women or men who require a greater degree of intervention (possibly to address issues related to psychosocial support and situations of violence).
- Disaggregate data by sex and age. Then, conduct analysis for decision-making in emergency interventions.



Photo: IFRC, 2011.

2. Mainstreaming of Gender and Diversity.

- Establish a Gender and Diversity Policy or adopt and adapt the IFRC policy, as well as its Strategic Framework on Gender and Diversity 2013-2020 to guide the integration of themes, including GBV, from a gender analysis.
- Establish gender parity criteria within NSs.
- Provide training workshops on gender and masculinities, promotion of gender and diversity, and women engagement and empowerment.
- Encourage women's participation and leadership in community disaster response brigades.
- Mainstream gender and diversity approach in emergencies health trainings (including PPS), WATSAN, livelihoods, food security, shelters, risk reduction and distribution of non-food items, among others.
- Place emphasis on childhood and the differential needs of girls and boys (GBV) during emergencies.
- Emphasize diversity and address the specific needs of people with disabilities, people with HIV, migrants, the elderly, and others.
- Disaggregate data by sex and age.



3. Mainstreaming of Protection.

- Identify and disseminate policies, guidelines, regulations and tools to include protection axis, including:
 - Minimum standards for child protection in humanitarian action.
 - Implementation of minimum standards on gender and diversity in emergency-driven programs.
 - Operational manual for the integral protection of children and adolescents in emergency or disaster situations.

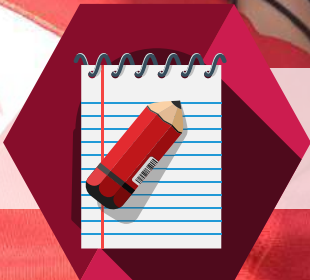




- PREDICTABLE, PREVENTABLE: Best Practices for Addressing Interpersonal and Self-Directed Violence During and After Disasters.
- Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.
- Integrate psychosocial, human rights and diversity approaches, and include the do no harm principle for all the interventions with communities, especially with child protection.
- Train on handling domestic violence, peaceful conflict resolution and culture of peace.
- Dissemination, integration and signing of the IFRC Child Protection Policy among staff and volunteers of the National Society.
- Empower and implement awareness sessions with children and adolescents as right holders and the government as their guarantor.
- Do not limit the disaster or crisis concept to natural disaster risks in child protection. Incorporate other risks, such as the risks of social exclusion or street violence.
- Establish alliances with other organizations (as UNICEF, Save the Children, World Vision) to incorporate child protection into all areas of disaster preparedness and response.
- Formulate strategies for prevention, mitigation and response to violence, including the gender and diversity approach to address GBV and violence and discrimination against diverse groups such as migrants, persons with disabilities, indigenous peoples, among others.
- Apply a policy of zero tolerance towards sexual harassment and gender discrimination within the NS.
- Develop case studies to strengthen the understanding of gender based violence in emergency contexts, violence against children and adolescents, children on the move, among other key topics on protection.

Mainstreaming of Community Engagement and Accountability (CEA).

- Incorporate the community into decision-making through participation in Community Emergency Response Plans.
- Develop policies or regulations for accountability to communities.
- Establish CEA guidelines and mechanisms (according to guidelines of the IFRC Community Engagement and Accountability Toolkit):
 - Support those involved in our programmes and operations to share honest, timely and accessible information with communities about who we are and what we are doing, using systems such as SMS, social media or radio broadcasts.
 - Find ways to engage communities in guiding programme design and delivery.
 - Set up systems for responding and acting on feedback, questions and complaints.
 - Provide innovative and participatory communication approaches that support communities to adopt safer and healthier practices.
 - Help create spaces for communities to speak out about the issues that affect them and make their voices heard to influence decision-makers to take action.
- Share lessons learned with programs, partners, humanitarian organizations and communities.
- Document good practices and share them with colleagues from other projects and partners.
- Elaboration of case studies.
- Use and establish mechanisms to identify rumors and stigmas.



VII. REFERENCES



Policies, guidelines, regulations and tools for the incorporation of cross-cutting themes in emergency preparedness and response

A. Gender and diversity	B. Protection	C. Community Engagement and Accountability
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