



This report provides an overview of the impact of key actions implemented under the DG ECHO and IFRC Pilot Programmatic Partnership (PPP).

The report covers the period March 2022 to December 2024. The report complements existing reporting on the partnership which can be accessed on [ifrc.org](https://ifrc.org).



# Protection, Gender, and Inclusion in the ECHO & IFRC programmatic partnership

## ACHIEVEMENTS AND LESSONS LEARNED

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Cover photo: The Programmatic Partnership has allowed the Guatemala Red Cross to provide assistance to rural communities to strengthen their health.

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# Acronyms

Acronym	Definition
PGI	Protection, Gender and Inclusion
PP	Programmatic Partnership
NS	National Society
IFRC	International Federation of Red Cross and Red Crescent Societies
DAPS	Dignity, Access, Participation and Safety
CEA	Community Engagement and Accountability
DRM	Disaster Risk Management
SGBV	Sexual and Gender-Based Violence
CVA	Cash and Voucher Assistance
PSEA	Protection from Sexual Exploitation and Abuse
EWS	Early Warning Systems



Volunteers from the Zambian Red Cross visit communities to conduct an assessment on their needs during emergencies. Copyright IFRC/Netherlands Red Cross - Credit Netherlands Red Cross/Donna van der Knaap



Copyright IFRC/Red Cross Society of Panama - Credit Maria Victoria Langman



Volunteers of the local disaster management team of the Red Cross Society of Kyrgyzstan. Copyright Peter Biro/ECHO - Credit Peter Biro.



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# INTRODUCTION

Protection, Gender and Inclusion (PGI) is the IFRC's integrated approach to preventing, mitigating, identifying and responding to violence, discrimination and exclusion across all aspects of our work — institutionally, operationally and through partnerships, advocacy, and humanitarian diplomacy. This commitment is anchored in the *IFRC PGI Policy*, adopted in 2022, which included a reaffirmation of our collective responsibility to uphold the *Minimum Standards for Protection, Gender and Inclusion in Emergencies* across all sectors and contexts.

At the outset of the Programmatic Partnership (PP), PGI was not fully embedded in the programme design or theory of change, as IFRC standards already require all sectors to mainstream PGI principles. Following technical discussions with ECHO during the first year of implementation, an overarching indicator — Overall Indicator 4: “% of IFRC-supported programmes applying the Minimum Standards for Protection, Gender and Inclusion in Emergencies” — was added to the results framework. This strengthened accountability and encouraged National Societies to review and improve their PGI practice, including through the flexible use of the PGI Scorecard self-assessment where relevant.

While no dedicated country-level budget was assigned for PGI activities, a portion of the PP's Global Component budget enabled targeted coordination and technical support from IFRC global and regional teams, complemented by the expertise of EU National Societies where relevant.

Throughout the PP, National Societies adopted a two-tiered approach:

1. Systematically mainstreaming PGI and safeguarding

in all programmes and services by applying the principles of Dignity, Access, Participation and Safety (DAPS) at every stage — from assessment and design to implementation and monitoring.

2. Where sufficient capacity, contextual knowledge and resources existed, they also delivered specialised PGI services, such as support for survivors of sexual and gender-based violence or child protection case management, always aligned with the “do no harm” principle.

This report brings together concrete field examples that illustrate how this approach worked in practice: how National Societies institutionalised PGI within their structures, mainstreamed it systematically across the PP's five technical pillars — Disaster Risk Management (DRM), Epidemic and Pandemic Preparedness and Response, People on the Move, Cash and Voucher Assistance (CVA), and Risk Communication and Community Engagement and Accountability (CEA) — and delivered specialised interventions where feasible and safe to do so. These examples draw on the technical guidance, direct support and peer learning provided throughout the PP and highlight practical solutions, challenges overcome and lessons learned.

Together, these experiences demonstrate how the PP strengthened protective and inclusive humanitarian action and laid strong foundations for sustaining and expanding PGI integration. The progress documented here contributes directly to ongoing National Society Development and will inform future IFRC and partner programming — including any future Global Thematic Programmatic Partnership — to ensure that protection, gender equality and inclusion remain at the heart of humanitarian response.



## How to Read This Report

This report compiles selected, practical examples showing how Protection, Gender and Inclusion (PGI) and Safeguarding were strengthened under the ECHO-funded Programmatic Partnership (PP). It is intended as a reference for National Societies, partners and donors.

- The **Introduction** provides background and outlines the overall approach to PGI and Safeguarding within the PP.
- The **Mainstreaming PGI and Safeguarding** section describes how tailored tools, practical guidance, technical support and peer learning supported National Societies to apply minimum standards consistently. It also presents concrete examples of how PGI and Safeguarding were integrated across the five PP results: Disaster Risk Management (DRM), Epidemic and Pandemic Preparedness and Response, People on the Move,

Cash and Voucher Assistance (CVA), and Risk Communication and Community Engagement and Accountability (CEA).

- The **Specialised Interventions** section explains how dedicated protection activities were delivered in contexts where National Societies had the capacity and resources to do so safely and effectively.
- The **Institutionalising PGI and Safeguarding** section highlights how National Societies strengthened internal policies, strategies and systems to embed PGI and promote safe and accountable working environments sustainably.

Together, these sections illustrate practical results, share lessons learned, and show how the PP laid strong foundations for sustained PGI and Safeguarding integration in future programming.

# MAINSTREAMING PGI AND SAFEGUARDING ACROSS THE ACTION

Throughout the PP, National Societies strengthened the mainstreaming of PGI and safeguarding by combining clear guidance, practical tools and dedicated IFRC technical support. To support this, the IFRC PGI team produced a *Guidance Note on Mainstreaming and Integrating PGI in the PP*, providing concrete expectations and practical suggestions for all five Technical Pillars. This was complemented by a Roadmap and Guidelines for using the *PGI Scorecard self-assessment* — a flexible tool to help teams review capacities, identify gaps and develop realistic action plans. The *Scorecard was converted into an online form* (using Kobo) to make it easier to complete, and its roll-out was backed by webinars, country coaching and peer learning opportunities, helping National Societies adapt mainstreaming approaches to their local context.

Beyond written tools, IFRC global and regional teams ensured sustained uptake by delivering webinars, organising peer exchange sessions and providing one-to-one coaching — helping National Societies tailor approaches to their operating realities. Where some countries had yet to undertake the self-assessment, inspiring peer examples were shared to spark

momentum and learning. National Societies such as Burkina Faso, Zambia and Eswatini documented how they overcame practical barriers, motivated teams at headquarters and branch levels, and translated the minimum standards into tangible actions — from more inclusive targeting and safer feedback mechanisms to integrated safeguarding within Cash, DRM, Health and Migration activities. These experiences were shared through short case studies, regional discussions and peer-to-peer learning.

Together, this combination of targeted IFRC support, practical tools and cross-country exchange laid a strong foundation for the country examples that follow — showing how mainstreaming was put into practice in diverse contexts, often with limited dedicated resources but a consistent commitment to upholding dignity, access, participation and safety across the PP.

These mainstreaming efforts often went hand in hand with strengthening internal systems and commitments. The section in this report on Institutionalising PGI and Safeguarding describes how National Societies translated these lessons into updated policies, strategies and accountability measures that will outlast the PP.



*In Cameroon, Astadjam Ahman (left) widow, 65 years old, and mother of 9 sits in front of her house. As a result of the PP, she received cash assistance which was used to support her health and to help her children and grandchildren. Copyright French Red Cross - Credit Daniel Beloumou Olomo.*

## EXAMPLES OF MAINSTREAMING IN PRACTICE

The following country examples illustrate how different National Societies used the PGI Scorecard where relevant, and complemented it with concrete actions that ensured PGI measured were mainstreamed across the five technical pillars.



## Cameroon - Driving Inclusive Programming Across Results through the PGI Scorecard

In Cameroon, the Protection, Gender and Inclusion (PGI) self-assessment using the Scorecard became the driving force for integrating PGI principles more systematically across all “pillars”. Completed in the second year of the project, the Scorecard highlighted practical gaps in how minimum standards were applied in sectors such as cash assistance, WASH, health, and community engagement.

Concrete operational changes followed: for instance, cash distributions were restructured to be safer and more transparent, avoiding late-night distributions that posed security risks, and ensuring that beneficiary selection criteria were clearly explained to communities to build trust and reduce tensions. In health interventions, the Scorecard prompted teams to seek training on how to integrate minimum

standards in patient care, confidentiality, and safe access to health services.

The findings also shaped new capacity building: a dedicated three-day training on integrating PGI into cash interventions and updated modules on PGI within CEA workshops for focal points. Community feedback mechanisms were reinforced with clearer communication on selection processes and strengthened safeguarding messages during community sessions.

Overall, the Scorecard served as a practical evidence base for identifying gaps and motivating concrete adjustments, helping the National Society embed protection, dignity and accountability more deeply into daily activities across programme areas.

system, limited measures for inclusion, weak child participation, and insufficient women's involvement in mechanisms such as CEA.

Because the self-assessment was finalised close to the project's end, no immediate programme adjustments were made under the PP. However, the findings informed clear priority areas for future programming

— including partnerships with women's, children's and disability rights organisations, drafting PSEA and child safeguarding policies, improving inclusive volunteer engagement, adapting assessment tools, and strengthening awareness materials in accessible formats. These priorities will guide the upcoming PGI strategy and action plan.



## Lebanon - Strengthening PGI Institutionalisation and Long-Term Impact through the PGI Scorecard

In Lebanon, the completion of the PGI Scorecard self-assessment served as a critical catalyst for strengthening the Lebanese Red Cross's internal PGI systems and positioning PGI as a cross-cutting priority beyond the PP.

Although the Scorecard was conducted only once during the PP, it became the entry point for in-depth

discussions with the National Society, enabling the PGI file to expand beyond the disaster risk management department. Through joint sessions to complete the tool, key gaps were identified and prioritised, underscoring the need for dedicated capacity to coordinate PGI integration across all programme areas.



## Congo-Brazzaville - Identifying Gaps and Future Priorities through the PGI Scorecard

In the third year of the Programmatic Partnership, the Congolese Red Cross conducted a PGI Scorecard self-assessment between March and May, involving the PP disaster risk manager and assistant, health staff, the assistant to the PGI/CEA focal point, and the IFRC PGI Delegate.

The self-assessment showed that while efforts were made to integrate PGI across all Pillars, many standards remained only partially achieved — with 55% of standards either met or partially met overall, 63% in health, and 68% in disaster risk management. Key gaps included the absence of an internal protection

This assessment tool consists of guidance on how to ensure the application of the principles of “Dignity, Access, Participation and Safety” in all sectors of an emergency operation, based on the [IFRC minimum standards on protection, gender and inclusion in emergencies](#). It is intended to be used in conjunction with that guide.

It consists of a section of standards common to all sectors, followed by guidance for each sector.

It is intended to be used to facilitate discussion between PGI focal points and sector leads in how to ensure application of the minimum standards. Each sector should refer also to the standards common to all sectors.

Click the links in the table below to go to that section.

Standards common to all sectors			
<a href="#">Emergency Health</a>	<a href="#">Food Security</a>	<a href="#">Water, Sanitation and Hygiene (WaSH)</a>	<a href="#">Shelter</a>
<a href="#">Livelihoods</a>	<a href="#">Non-food Items (NFIs)</a>	<a href="#">Cash-based Interventions (CBIs)</a>	<a href="#">Disaster Risk Reduction (DRR)</a>

*For each assessment, in the box marked “S” rate your progress – A = Achieved, P = Partially achieved, N = Not achieved, X = Not applicable*

Figure 1: PGI Scorecard Self-Assessment Template

As a direct result, the Lebanese Red Cross created a new full-time PGI Focal Point role to lead mainstreaming efforts institutionally. This position, which evolved from a disaster risk management focus to a National Society-wide function, now oversees the development of Lebanon's first standalone PGI Strategy, ensuring alignment with IFRC minimum standards and strengthening regional positioning. The Scorecard process has proven its value as a practical trigger for internal reflection, concrete action planning, and sustained safeguarding and inclusion practices across operations.



## Yemen - Supporting Institutional Reflection and Child Safeguarding through the PGI Scorecard

In Yemen, the PGI Scorecard self-assessment was initiated in March 2024 and finalised in April 2025 after a year-long process. Although no formal action plan was developed within the PP, the exercise helped Yemen Red Crescent consolidate existing PGI practices and highlight areas needing continued focus. Notably, discussions during the Scorecard process familiarised staff with structured self-assessment tools, directly contributing to the timely completion of a Child Safeguarding Risk Assessment under a DREF operation. While a standalone PGI strategy is not yet in place, the experience strengthened internal awareness and laid the groundwork for future improvements in institutional safeguarding and inclusion.

Not all countries used the Scorecard as their main driver for mainstreaming. In other contexts, National Societies strengthened inclusive, protective services through dedicated training, community awareness, and integrated practical actions, as the Niger example shows below.

*A post-distribution monitoring survey taking place in Maradi, Niger. Copyright IFRC - Credit Zouloukalleyni Dourfaye*



## Niger - Reinforcing Safe, Inclusive Service Delivery through Training and Awareness

Throughout the PP, the Red Cross Society of Niger strengthened internal capacity by training 40 volunteers from the four target regions in PGI and the Minimum Protection Approach. Additionally, four volunteers, project staff and health workers received training in psychological first aid, psychosocial support and the Prevention of Sexual Exploitation and Abuse (PSEA).

Weekly awareness sessions with host and displaced communities consistently included gender-based violence prevention alongside key family practices, hygiene promotion and child health and nutrition. These efforts improved the National Society's ability to deliver safe, inclusive and accountable services across multiple programme areas.



## Honduras - Advancing PGI Integration through the PGI Scorecard and Multi-Sectoral Coordination

In Honduras, the Programmatic Partnership marked a significant step toward institutionalising PGI within the National Society through the implementation of the PGI Scorecard in 2023. This self-assessment identified key gaps, particularly in gender-based violence (GBV) awareness and menstrual hygiene management. In response, targeted trainings were conducted, a protection curriculum was developed, and institutional policies on data protection and safeguarding were introduced.

Building on this foundation, the project enhanced multi-sectoral coordination by working with national institutions such as the Ministry of Health, the Secretariat of Human Rights, and SEDESOL to support returned migrants and internally displaced persons. Key interventions included infrastructure improvements, psychosocial support, and dissemination of messages to prevent sexual abuse. Mechanisms were also put in place for the identification and referral of GBV cases, alongside prevention activities embedded within protection pathways.

To reinforce accountability and sustainability, a dedicated protection officer was appointed, and a strategic PGI management team was established. Together, these efforts ensured that PGI principles were mainstreamed across the response, promoting a more inclusive and rights-based approach throughout all project activities.



*The Programmatic Partnership supports community epidemic and pandemic preparedness efforts so local communities are better positioned to prevent, detect and respond to disease outbreaks and other health risks in Honduras. Copyright IFRC - Credit Hermanos Corallo.*

IFRC and BDRCS volunteers organize First Aid trainings in schools in Dhaka, Bangladesh. Copyright IFRC - Credit Fabeha Monir

## PILLAR 1 - DISASTER RISK MANAGEMENT

Under the PP, National Societies strengthened community preparedness and resilience by embedding PGI and safeguarding principles into risk assessments, school safety planning, and early warning systems. Many countries adapted evacuation drills and preparedness materials to reflect the specific needs of children, older persons and people with disabilities, working closely with communities and local authorities to ensure no one is left behind. Local disaster committees were also encouraged to include representatives from marginalised groups, helping shape risk planning and ensure access to life-saving information for all.



### Bangladesh - School Based Feedback

Under Pillar 1, Bangladesh used school-based platforms to gather children's perspectives on disaster preparedness. Teachers and students provided feedback on risk messages and drills, which informed revisions to ensure instructions were age-appropriate, easy to understand and accessible for all students, including those with low literacy or disabilities.

As part of the PPP project under the DCRM department of BDRCS, a series of impactful awareness events were conducted in schools. In alignment with the PPP activity plans, these campaigns took place in high schools across Dhaka, Rajshahi, and Sylhet. Students engaged in practical activities, such as First Aid training, and received important disaster-related awareness messages. Additionally, they were provided with key information on dengue prevention and vital health-related practices, including handwashing, food hygiene, and epidemic control.

To further engage students and evaluate the extent of their understanding, the PPP teams in Dhaka, Sylhet and Rajshahi organized a school-wide story-writing competition. This initiative allowed students to creatively reflect on what they had learned while demonstrating their ability to internalize and apply these insights in their daily lives. The stories showing how students translated the knowledge gained into practical, real-life actions, showcasing their contributions to health and safety practices within their communities and families. Through their stories, students showed how their behavior changed, their sense of responsibility grew, and how strongly they connected with the messages. This highlighted their role as active contributors to creating safer and healthier environments.

Sitting on the ground near her home, 49-year-old Patricia crushes stones that are then sold to people for use in building projects. This is one of several ways she supports her family. Photo: Zambia Red Cross Society



## **Zambia - Livelihood support for persons with disabilities – Patricia's story**

### *Patricia's path from exclusion to "a profound sense of belonging"*

Born in a rural, farming area in southern Zambia, Patricia Choongo Moolo was only three years old when she woke one day with a very high temperature. She was also unable to walk or talk.

Her mother took her to the nearest clinic, five kilometers away, where she was diagnosed with polio. From that time on, she lost the use of both of her legs.

As a result, Patricia has had to face and overcome many significant challenges: discrimination, financial hardships, limited access to education, and the social exclusion caused by deeply ingrained social stigma.

Her parents' friends and family, for example, discouraged them from sending Patricia to school, saying that she could never be good at anything. Fortunately, Patricia's parents refused to take this advice. They stood up for their daughter and ensured she finished her schooling.

Now, many years later, 49-year old Patricia is a widely respected member of the community, known as a courageous advocate for women's empowerment.

In fact, she has emerged as a leading voice in her community, playing an active and important role in shoring up her community's preparedness and resilience to natural disasters and health emergencies.

Her journey from social exclusion to the heart of community life, she says, was given a significant boost in recent years by a project that ensures marginalized people – including people with disabilities – have a voice and role in crisis preparedness.

*"Due to my disability and low self-esteem, I was previously unable to participate in community meetings. With the introduction of this project, I experienced a profound*

*sense of belonging and empowerment.”*

According to Patricia, the initiative enabled her to actively engage in local development efforts and contribute meaningfully to decisions being made in her community. For example, she serves as representative for individuals living with disabilities to her local disaster management committee.

In that role, she participates in disaster management training sessions and in community sensitization activities. During the End Cholera Now campaign, she went door-to-door with hygiene and prevention information and she goes through neighbourhoods regularly to spread awareness about early warning systems, and reducing flood risks.

At the same time, Patricia also works to support herself and her family. She works in the fields picking and selling produce on local roadsides. She also sells stones for building projects that she breaks up herself by hand.

To do her daily work, Patricia has two wheelchairs, the standard one and a tricycle wheelchair that can go over rough terrain. She uses that one for field work.

On a day-to-day basis, Patricia often interacts with many people, including some that have a disabilities,

and she encourages by saying that “a disability does not mean an in-ability”.

*“My disability enables me to reach out to many people, and especially to those with a disability,” she says. “They get encouraged after seeing me, and appreciate that when you are determined, you can accomplish anything”.*

### **About the partnership project: Beyond participation**

The PP project in Zambia includes the European Union, the Zambia Red Cross Society, the IFRC and the Netherlands Red Cross. Much of its work is done through Satellite Disaster Management Committees, which function as part of Zambia’s Disaster Management and Mitigation Unit.

A key element of the initiative centers around involving local voices in every step of the planning and implementation of disaster-preparedness and risk-reduction actions. This ensures that any actions taken address the specific needs of the community.

This also ensures the community is connecting with the national government. Committee members include community leaders, ex-government representatives, local stakeholders, and people from vulnerable groups. Special attention is paid to women, children

and people with disabilities.

But the programme goes a step further. Inclusion efforts involve concrete actions to remove physical, social, and economic barriers that hinder people with disabilities from fully participating. This is done through community discussions, storytelling, awareness raising, and by involving people with disabilities in all aspects of the work.

### **Overcoming stigmas and doubts**

At first, Patricia faced resistance from some community members who doubted her ability to take on this role. But Patricia persevered. By engaging with her community, she was able to successfully challenge misconceptions and stigmas.

But taking on these issues is not an easy challenge. In many parts of Zambia, women and girls – especially those with disabilities – face compounded challenges. These include greater risks of gender-based violence, economic marginalization, and a lack of access to essential services such as healthcare, education, and employment opportunities.

Many women with disabilities continue to struggle

against entrenched gender norms that limit their autonomy and access to resources, while economic dependency also hinders the full participation of many women with disabilities.

For many women with disabilities, this exclusion is even more pronounced, as they are often denied marriage prospects, inheritance rights, and the ability to fully participate in economic life. These harmful practices have long-lasting effects, leaving many women with disabilities economically vulnerable and socially isolated.

In addition, there are many structural barriers such as limited physical accessibility in public spaces, lack of assistive devices.

Despite the many structural barriers, Patricia says as long as she has her tricycle and determination, and the confidence and trust that the community has in her, she can accomplish any assignments given.

*“I have become a role model for many women who may hesitate to actively participate in community meetings and activities,” she says. “By taking the initiative myself, I aim to show that if I can do it, they can too—regardless of their circumstances.”*



## **Congo Brazzaville - Inclusive Early Warning and Early Action**

The Early Warning and Early Action system developed under the PP in Congo explicitly targeted the inclusion of vulnerable groups such as children, women, persons with disabilities, and older adults.

Community Intervention Teams were trained in early warning, risk analysis, and contingency planning,

using participatory approaches to design evacuation strategies and preparedness actions adapted to local risks. Early Warning System triggers were developed collaboratively with national authorities, with data transmitted by mobile phone to key stakeholders. Although no specific accessibility tools were used for persons with disabilities, awareness sessions were

conducted directly at the Madibo rehabilitation centre to reach people with disabilities. For children, schools were engaged mainly through civic education activities: teachers explained the local early warning system to students, using rain gauges installed in schools as practical learning tools. Youth and women's groups

actively contributed to the development of anticipatory plans and early action protocols. Inclusion measures were also linked to SGBV prevention by ensuring that early action addressed safety and protection risks during crises.



## Lebanon - Inclusive Risk Reduction and Preparedness

Under the ECHO Programmatic Partnership, the Lebanese Red Cross (LRC) embedded PGI principles across its Disaster Risk Reduction (DRR) work, ensuring that preparedness activities addressed the needs of vulnerable groups often overlooked in risk planning.

In North Lebanon, LRC supported Al Khadamat Al Ejtimaia Elderly Center by establishing a dedicated Emergency Response Team and providing first aid and firefighting training, enhancing safety for older persons during crises.

Similarly, the DRR team partnered with the National Autism Center in Zgharta to adapt evacuation drills and awareness sessions to meet the specific needs of children with autism.

In the South, school-based preparedness activities

ensured that students with chronic health conditions or developmental disabilities were actively supported by designated Inclusion Officers during drills.

In Mount Lebanon, the DRR unit worked with Ras El Matn Official School—welcoming 40 children with disabilities—to build staff capacity for inclusive evacuation procedures.

Lastly, a participatory risk workshop in Kfarshima Municipality brought together community members, including a woman with visual and speech impairments, to identify risks and advocate for more inclusive contingency plans.

These actions demonstrate how DRR activities were contextualised to protect the dignity, access, and safety of diverse community members.



## Madagascar - Dual-Use Evacuation Sites

Under Disaster Risk Management, four temporary dual-purpose shelters and classrooms were

constructed in Ankatafana, Mahela, Ambohimiarina II, and Tsiatosika. These sites are purposefully located

next to primary schools so that they can serve as additional classrooms when not used as shelters, ensuring continuity of education and flexible use of safe spaces. When activated during emergencies, the sites provide safe, dignified refuge for families, with latrines and water sources to uphold basic hygiene

and privacy standards. This dual-purpose design directly supports child protection by providing secure, accessible spaces for children to continue learning and reduces exposure to protection risks during displacement.



## Tajikistan - Safe Schools and Child-Led Preparedness in Risk-Prone Areas

*(Read the original full version of this article)*

Under the Programmatic Partnership, the Red Crescent Society of Tajikistan strengthened community resilience through an inclusive, child-centred approach to disaster risk reduction (DRR) and preparedness in complex, multi-hazard contexts. The project established 21 School Disaster Management Teams (SDMTs) and 21 Local Disaster Management Committees (LDMCs). SDMTs, made up of volunteer teachers and students, led preparedness activities adapted for different ages and abilities — including evacuation drills, practical first aid exercises, and child-led community outreach on hazards such as earthquakes, landslides and household accidents.

“Our teacher told us what to do in case of a mudslide or an earthquake, or what to do if someone breaks a bone or you need to give first aid,” says Manija, a student from Panjakent in Tajikistan. “If there is an earthquake, we find a place where there are no houses and sit there. We have to stay brave and calm and go out without rushing.”

In border villages near Uzbekistan, Red Crescent volunteers and teachers conducted awareness sessions to help children avoid landmine-contaminated areas and stay safe during local conflicts. Volunteers also promoted practical nature-based solutions, such as planting trees to stabilise slopes and reduce landslide risks. Monthly DRR classes in schools covered climate adaptation, hygiene, environmental protection and first aid, with strong efforts to ensure equal participation by girls and boys.

Public outreach used local TV, radio, printed materials and community events in schools, mosques and markets to reach a wide audience, including people with low literacy. LDMCs received training on psychosocial support, inclusive WASH and community engagement, while updated DRR and climate materials were shared widely through the Public Awareness and Public Education (PAPE) programme — reaching over 43,500 people with clear, accessible messaging. These integrated actions demonstrate how the Red Crescent supports safe, inclusive preparedness for multiple risks, from natural hazards to conflict-related threats.

*In the village of Changal, Panjakent, Tajikistan, schoolchildren learn how to act during an earthquake in a preparedness exercise organised by the Red Crescent, in cooperation with the programmatic partnership.*

## PILLAR 2 - EPIDEMIC AND PANDEMIC PREPAREDNESS AND RESPONSE

In the health and WASH sectors, PGI integration focused on ensuring equal access to services and information for women, men, girls, boys, and people with specific needs. National Societies reviewed health outreach tools for gender and age sensitivity, trained staff and volunteers on safe identification and referral of protection cases, and adapted hygiene promotion to include menstrual hygiene management and barrier-free WASH facilities for people with disabilities.



*Tchinabi Thérèse, president of the Kodek mothers' club in Maroua, Far-North Cameroon, exchanging with a girl on hygiene during a home visit. Under the ECHO programmatic partnership, the health pillar has set up mothers' clubs deployed in communities. Copyright IFRC – Credit IFRC.*

## **Cameroon** - International Women's Day: In Cameroon's Far North region, mothers' clubs provide a model for building a healthier, more prosperous future

*(Read the original full version of this article)*

In a region where diseases such as cholera and malaria continue to pose a significant risk to life, mothers' clubs are providing communities with essential information on health and hygiene, while also looking out for signs of potential health problems or outbreaks.

*"In the past, many women did not understand the importance of vaccination, menstrual hygiene, or prenatal consultations," says Tchinabi Thérèse, president of the Kodek mothers' club and mother of six children.*

*"Today, thanks to the training provided by the Red Cross, we know how to explain these topics to our community and convince them to adopt good practices."*

The work of the mothers' clubs goes beyond issues of health. They work with local parents, for example, to allow young girls to stay in school and they support a wide range of income-generating projects that provide women with their reliable sources of revenue.

The projects include a community farm that grows millet and cowpeas, a project in which members produce artisanal oils (sesame, balanites, moringa), a farm that raises sheep and many other initiatives.

In Cameroon's Far North, the results are tangible: local health authorities report that more women are now regularly visiting their local health centre, hospital births have increased, and proper hygiene practices are becoming widespread.

With the support of the Red Cross, these women are not simply recipients of humanitarian aid; they have become public health advocates within their own communities.

### Promoting equality, education and empowerment

Beyond their role in addressing health and hygiene issues, the mothers' clubs are also helping to empower women – particularly young women and girls – to have more control over their future and well-being.

One of the major challenges, for example, is the continued practice of early marriage, in which girls are married before they are able to finish school. To help change these practices, the Red Cross and the mothers' clubs are actively working together to change community attitudes and convince families to let girls finish their education.

*“In the past, girls were married off at 12 or 13 years*

*old,”* explains Aïssatou Dahirou, president of the Dougoï mothers' club. *“Today, thanks to awareness efforts, more and more families are allowing their daughters to continue their education.”*

Supported by the Red Cross, the mothers' clubs organize awareness sessions in schools and neighborhoods to encourage parents to keep their daughters in school. Their message: an educated girl can help lift her entire family out of poverty.

One of those parents, Soureya, did in fact change her thinking on the issue after visiting with the Kodek mothers' club.

*“I had to drop out of school in my first year of primary middle class,”* she says. *“Today, I want my daughters to go further than I did. Thanks to the Red Cross, I have understood the importance of education, and I do everything I can to keep my kids in school.”*

## Lebanon - Strengthening Health Services with PGI and SGBV Safeguards

As part of the PP, the Lebanese Red Cross strengthened safeguarding and inclusion within its health services. Healthcare and administrative staff in LRC medical centres received training on safe identification and referral for sexual- and gender-based violence (SGBV) survivors, helping ensure timely, survivor-centred care. Social workers maintained comprehensive mappings of protection and SGBV referral services

to connect survivors with medical and psychosocial support. In parallel, LRC deployed Mobile Medical Units (MMUs) to reach people with mobility challenges in underserved areas, improving equitable access to health and mental health services. These combined measures enhanced the National Society's capacity to deliver dignified, inclusive, and safe healthcare for all.

## Uganda - Inclusive Community Engagement for Epidemic Preparedness

In Uganda's Kapchorwa and Kween districts, the Uganda Red Cross Society (URCS) used the PP to strengthen community resilience against epidemics by embedding protection, gender, and inclusion (PGI) in all preparedness and response activities.

A gender-sensitive Knowledge, Attitudes, and Practices (KAP) survey conducted in early 2023 across 939 households revealed that women aged 18–49 had significantly lower knowledge about disease symptoms, transmission, and prevention than men — highlighting gaps in health information access for women despite their key caregiving roles.

In response, community engagement strategies were adapted to close these gaps:

- **Inclusive messaging:** Partnering with community radios and women's groups ensured that women received accurate, timely information.
- **Safe and dignified WASH:** Hygiene promotion tackled open defecation and encouraged safe sanitation, benefiting women and girls who face greater risks from poor WASH infrastructure.
- **Volunteer capacity:** More Red Cross volunteers — including women — were trained in epidemic response, first aid, and health promotion, shifting community norms about who provides trusted health advice.
- **Community-based surveillance:** Local influencers, traditional healers, and religious leaders were mobilised to reinforce protective health behaviours and inclusive surveillance.



These efforts fostered local ownership, as communities — including marginalised groups — were empowered to drive safer health practices. As one volunteer described:

*“When people learn about these diseases, they no longer fear alone — they know how to act, how to protect their families. Knowledge changes everything.”*

The Uganda case highlights how protection, gender, and inclusion are not add-ons but essential components of effective epidemic preparedness. Through the PP, URCS demonstrated how inclusive approaches can reduce risk, address inequality, and strengthen resilience from the ground up.



*Palestine Red Crescent Society volunteers responding to the needs of people affected by the ongoing violence between Israel and Palestine.. Copyright IFRC – Credit Palestine Red Crescent Society.*

## Occupied Palestinian Territories - Strengthening Community Health and Inclusion through CBHFA and Child-Friendly Activities

Under the Programmatic Partnership, the Palestine Red Crescent Society (PRCS) enhanced community health and inclusion through the Community-Based Health and First Aid (CBHFA) approach and dedicated child-friendly initiatives. In Khan Younis branch, PRCS volunteers conducted community mapping, hygiene promotion, and delivered reproductive health and psychosocial support services tailored to local needs. To promote safe, inclusive spaces, 80 children with disabilities from Gaza and the West Bank

participated in summer camps designed to support their psychosocial well-being and social inclusion. These activities also strengthened community first aid capacity, with 50 volunteers trained in first aid skills and safe referral pathways. By combining CBHFA outreach with inclusive child protection measures, PRCS demonstrated how PGI principles can reinforce community health, psychosocial support and child well-being in crisis-affected settings

## Bangladesh - Rajma: A Young Voice for Gender-Inclusive Dengue Prevention

Rajma, is a twelve-year old student from the Choto Bon Gram School of Rajshahi. She actively participated in the Dengue Awareness Cleanliness Campaign and the EPPR Art Competition under EPPR result of PP project. As part of the initiative, the school works closely with teachers, students, and parents to share responsibility in preventing dengue outbreaks. Rajma, along with her peers, engaged in community clean-up drives, ensuring that stagnant water was eliminated to prevent mosquito breeding.

As a young girl in a traditionally male-dominated space of community activism, Rajma's involvement emphasized the importance of gender-inclusive participation in health and emergency preparedness efforts. The campaign encouraged equal opportunities for both boys and girls to engage in leadership roles.

Recognizing the importance of child participation, the intervention adopted a student-centered approach, allowing children to actively shape awareness activities. Rajma contributed by helping organize peer education sessions, demonstrating that children can lead change within their own communities when provided with the right knowledge and support.

A child-friendly approach was integrated into the campaign to ensure that all students, including Rajma, felt safe and supported. Schools implemented

safeguarding mechanisms, such as designated focal points where students could report any issues, including concerns about hygiene, disease prevention, or even their own well-being.

Additionally, a hotline was established for students and parents to seek guidance on dengue prevention and report health concerns. Rajma shared the hotline number to all students and her friends which is an exceptional contribution at the age of 12.

Rajma personally experienced a transformation in awareness and behavior. She stated:

*"Before this campaign, I didn't know that small puddles near my home could be dangerous. Now, I remind my family to check for standing water every day. I feel proud to help keep my school and community safe."*

Her story reflects the power of student engagement in public health initiatives. By equipping children with knowledge and leadership opportunities, the campaign demonstrated how students can become agents within their own communities.

Her story highlights how education, engagement, and empowerment can drive long-term change, making schools and communities more resilient against public health threats.

## PILLAR 3 - PEOPLE ON THE MOVE

Under the PP, National Societies strengthened protection for migrants, refugees and internally displaced persons by mapping and reinforcing referral pathways for survivors of violence, abuse or exploitation, and training volunteers on safe identification and referral procedures. Protection services were linked with psychosocial support, community-based child protection, and dignity kits tailored to specific needs. Assistance such as shelter, cash and non-food items was delivered in ways that safeguarded dignity, ensured access for the most vulnerable, and promoted social cohesion between displaced and host communities.



*The French Red Cross and Chad Red Cross under the Programmatic Partnership between the IFRC and the EU distributing hygiene equipment to health centers in Djoumane, Chad. Supporting communities to prevent, detect and respond to epidemics and pandemics. Copyright IFRC – Credit Guillaume Binet.*

## Chad - Promoting Social Inclusion and Cohesion for displaced and host communities

Under the PP, the Red Cross of Chad strengthened social inclusion for displaced and host communities through participatory and culturally relevant activities. Six mixed community committees—each comprising 8 host community members and 12 displaced people—facilitated regular community dialogues, SGBV prevention sessions, environmental awareness, and conflict resolution workshops. Since April 2023, six “cultural days” have celebrated shared

heritage through performances, dances and theatre, building mutual understanding. 40 radio spots and 8 interactive radio programmes shared safety and rights information while reinforcing a sense of belonging. Joint reforestation campaigns and dignity kit distributions supported practical needs and strengthened community ties in Lake, Eastern Logone and Western Logone provinces.

## Democratic Republic of Congo - Protection and Assistance at Humanitarian Service Points

Under the Programmatic Partnership, the Red Cross of the Democratic Republic of Congo enhanced protection and assistance for displaced and conflict-affected populations, with a clear focus on PGI and child protection.

Across Uvira, Baraka, Ruzizi and Kalehe, seven Humanitarian Service Points (HSPs) provided integrated services: psychological first aid, psychosocial support, child protection referrals, and transfers to psychiatric centres like SOSAME. Volunteers were trained in trauma care, mental health support, protection principles, legal assistance and safe referral pathways. In Nundu health zone alone, 11,511 people were sensitized on gender-based violence and child protection through community workshops with local leaders and protection actors.

Child protection cases identified at HSPs were managed through guardian-led interviews and referred to specialised child protection services, ensuring safe, appropriate follow-up. Community

cohesion was reinforced through “cohesion houses” in Fizi, Sange and Uvira, which served as trusted spaces for inclusive dialogue, conflict mediation and community-driven solutions to tensions between displaced and host communities. A modular shelter design improved safe housing for vulnerable groups. Dignity kits supported women with hygiene-related protection concerns identified during psychosocial assessments. Additional hygiene kits responded to WASH feedback in Kalehe.

However, challenges persist: limited legal aid and socio-economic reintegration for SGBV survivors, gaps in psychiatric coverage, only one ambulance for both mobile clinics and urgent transfers, and no budget for staff debriefing despite heavy exposure to traumatic cases. These lessons underline the need for stronger emergency referral pathways, partnerships for holistic SGBV care, and continuous training and support for frontline teams to maintain quality, survivor-centred protection services.

Pregnant women attending an information and communication session on the dangers of Mpox at the Kavimvira reference health zone in the town of Uvira in South Kivu, Democratic Republic of Congo. Copyright IFRC – Credit Esther Nspau.



## Mali - Dignified Emergency Assistance for Displaced Families

Under Pillar 3, the Mali Red Cross provided humanitarian assistance and protection to people on the move, focusing in particular on the Inner Niger Delta area (Ségou region) where displacement risks are high due to floods and insecurity. Through the Rapid Response Mechanism and in coordination with partners such as Catholic Relief Services, the National Society supported 706 displaced households in San with cash (delivered in three instalments for food needs), plus shelters and non-food items provided by CRS. Pre-positioned kits and trained volunteers enabled rapid assessments and emergency shelter support so that the Mali Red Cross ensured a faster and more organized response that safeguarded the dignity, access and safety of displaced populations. This approach was further reinforced through active participation in local coordination mechanisms with other RRM actors to ensure complementarity and to address immediate protection needs. In addition, the distribution of school kits to displaced children and the pre-positioning of hygiene and non-food item kits contributed to meeting immediate needs in a way that supported dignity and access for vulnerable families. Overall, the result reached 61,319 people requiring urgent humanitarian assistance and protection support.

## Niger - Comprehensive Protection and Social Inclusion for IDPs

Under Pillar 3, the Red Cross Society of Niger provided comprehensive humanitarian assistance and protection to internally displaced people (IDPs) and host communities in

*Training taking place in the context of the PP in Tillabéri, Niger. Copyright IFRC - Credit Zouloukalleyni Daurfaye.*



the Diffa, Tillabéri and Tahoua regions, reaching over 149,000 people. The response integrated PGI principles throughout, ensuring access to free medical and psychosocial care, including referrals and food for hospitalized IDPs, as well as mental health support and weekly information, education and communication (IEC) sessions promoting healthy behaviors and the prevention of gender-based violence.

Psychosocial kits reached nearly 1,000 displaced households (including families with persons with disabilities), and delivery kits supported IDP women giving birth in supported health centres.

To improve living conditions safely and with dignity, 1,102 displaced households benefited from emergency shelters, and 120 beneficiaries received training in shelter construction techniques to reinforce ownership and maintenance.

Social inclusion and cohesion were strengthened through regular community activities such as clean-up campaigns, football matches, storytelling, group discussions, and traditional games that built friendship and solidarity between IDPs and host community youth. Women from both groups participated in craft and culinary workshops—jewelry-making, decoration, and soap production—supporting social reintegration and livelihood skills. Common-interest activities such as health discussion sessions and local fairs further brought communities together.

Child-friendly spaces were created by building sheds used for storing socio-recreational materials and providing a safe place for play and interaction among young IDP and host community children.

Coordination of the response was ensured through monthly consortium partner meetings, weekly internal planning sessions, and active participation in the GO-RRM group, enabling alignment with other rapid response actors and ensuring a coherent approach to addressing the urgent protection and assistance needs of displaced populations.

# Panama - Mainstreaming PGI approach and the DAPS framework in Darién

[Read the full detailed version of this case study](#)

In one of the most challenging migratory corridors in the Americas, the Red Cross Society of Panama is redefining how humanitarian response can be both protection-driven and community-informed. The National Society is applying the Protection, Gender and Inclusion (PGI) approach and the Dignity, Access, Participation and Safety (DAPS) framework to meet the evolving needs of people on the move through Darién.

While the PP is designed to enable locally led, flexible, and anticipatory action, Panama's experience demonstrates how those principles are being

translated into practical, high-impact solutions in real time.

*"In a context as changing as the Darién, where between 1,000 and 5,000 people can arrive in a single day, we learned that limitations in resources or infrastructure are not insurmountable barriers, but opportunities to improve our response capacity,"* said Carlina Pérez, PGI Focal Point at the Red Cross Society of Panama.

## Adapting Services Based on Real Needs

Three key innovations, grounded in ongoing dialogue with migrants and host communities, are shaping the response:



### 1. Inclusive Infrastructure Upgrades

Privacy dividers in consultation areas, accessible ramps and signage, shaded waiting areas, and redesigned hygiene facilities are directly addressing physical protection risks. These changes make care more dignified and accessible for people with disabilities, older adults, and mothers with young children.



### 2. Tailored Assistance Kits

The contents of hygiene and dignity kits have been adjusted based on migrant feedback, ensuring relevance and usefulness. Menstrual hygiene items, extra soap, and age- and gender-specific variations were introduced to improve impact and meet priority needs.



### 3. Strengthened Referral Pathways

Inter-agency coordination has led to the development of safe referral protocols for critical cases—including survivors of violence, unaccompanied children, and people with chronic health conditions. Partners such as Panama's Ministry of Health, UNHCR, UNICEF, and Médecins Sans Frontières are part of this coordinated effort.

*The Red Cross Society of Panama, the IFRC, and ECHO are supporting people facing immense challenges to their dignity and safety while on the move in the Darién jungle. Copyright IFRC/Red Cross Society of Panama - Credit Maria Victoria Langman*



***"The implementation of the PGI approach allowed us to sensitize both staff and communities to the importance of providing safe and dignified care," said Pérez. "Every adjustment, from modifying opening hours to installing ramps or partitions to ensure privacy, makes a real difference in the lives of the people we assist."***

Carlina Pérez,  
PGI Focal Point at the Red Cross Society of Panama





### A Model for Localization and Scalability

The flexibility of the PP funding model has allowed the Panama Red Cross to make timely adjustments, train field staff and volunteers, and embed community engagement mechanisms at every stage. Feedback loops have led to iterative improvements, demonstrating the value of sustained investment in localized, inclusive response models.

*“Listening directly to people in transit made it possible not only to identify specific needs, but also to design*

*context-specific solutions that made a tangible difference in their lives,”* the Panama team shared.

This approach is not only enhancing the dignity and safety of people on the move, but also building trust and resilience within host communities. The experience in Darién stands as a compelling example of how PGI mainstreaming, when backed by the operational space and resources of the PP, can result in transformative and replicable humanitarian interventions.

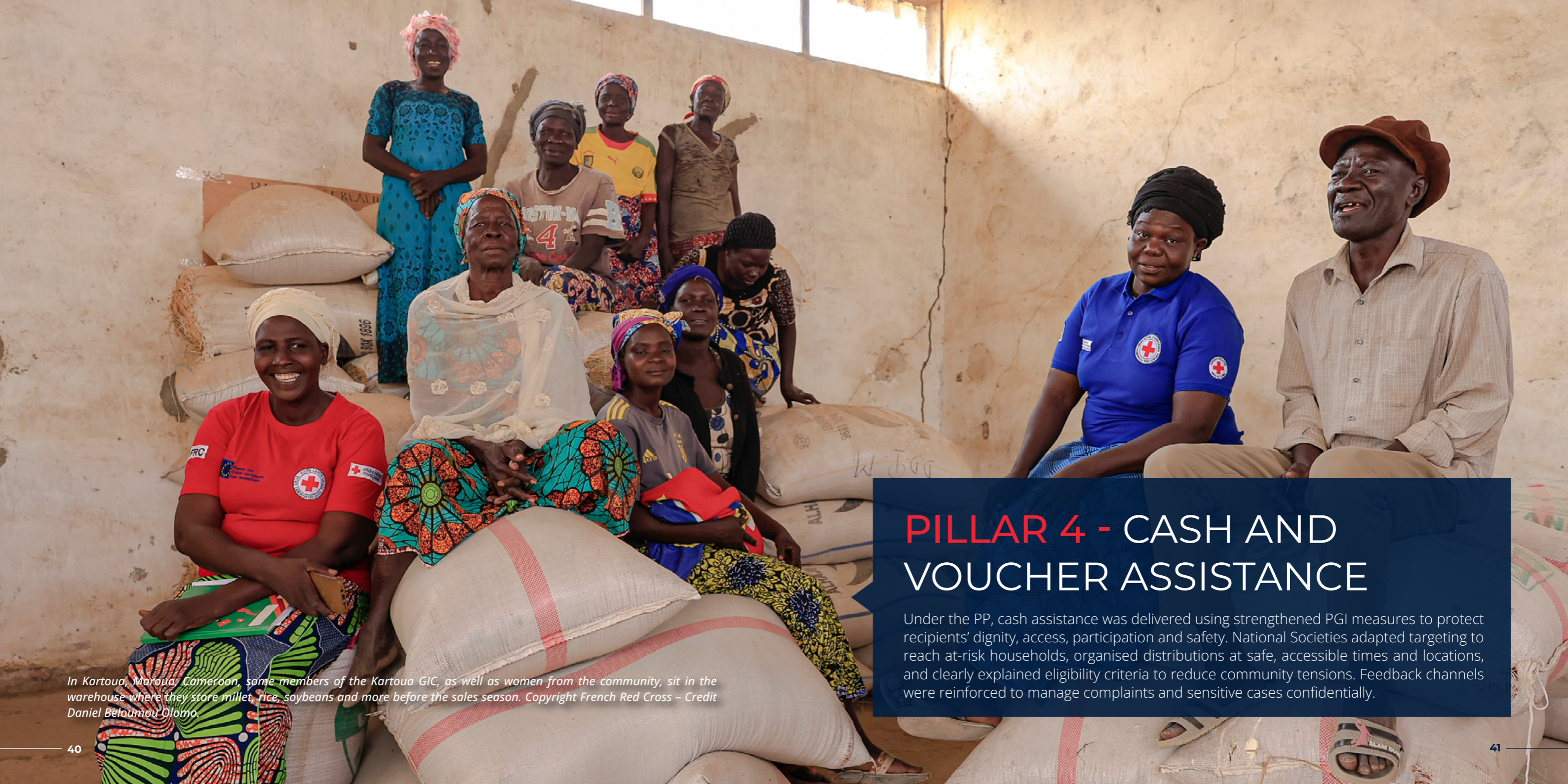
## Tajikistan - Strengthening Safe Referral Pathways for Displaced Populations

To strengthen protection and assistance for people on the move, the Red Crescent Society of Tajikistan joined a regional workshop on refugee and IDP contexts and case management. Supported by the Italian Red Cross, this training offered practical tools to develop Standard Operating Procedures (SOPs) for safe, protection-sensitive referrals. While the SOPs are still being finalised, RCST currently uses existing referral

pathways and a mapping of relevant organisations to guide actions on SGBV and other protection needs. These elements, together with PGI and safeguarding principles, are being integrated into the new SOPs. The process has also strengthened internal coordination on displacement and migration issues and reinforced cross-border and regional collaboration within the Red Cross Red Crescent Movement.



*The Red Crescent Society of Tajikistan supports people on the move, including Hanifa, who fled from Afghanistan with her children. The National Society distributes food, clothes, and cash assistance, among others. Copyright IFRC/Finnish Red Cross – Credit Veera Lehto-Michaud.*



## PILLAR 4 - CASH AND VOUCHER ASSISTANCE

Under the PP, cash assistance was delivered using strengthened PGI measures to protect recipients' dignity, access, participation and safety. National Societies adapted targeting to reach at-risk households, organised distributions at safe, accessible times and locations, and clearly explained eligibility criteria to reduce community tensions. Feedback channels were reinforced to manage complaints and sensitive cases confidentially.

*In Kartoua, Maroua, Cameroon, some members of the Kartoua GIC, as well as women from the community, sit in the warehouse where they store millet, rice, soybeans and more before the sales season. Copyright French Red Cross - Credit Daniel Beloumou Olomo.*

## Cameroon - From Survival to Leadership: How a Cereal Bank Transformed Lives in Kartoua

In Cameroon's Far North, the village of Kartoua has long lived in the shadow of adversity. Recurrent floods, chronic food insecurity, and limited access to basic services have made daily life difficult—especially for women, people with disabilities, and other marginalized groups. But in the face of these challenges, a quiet revolution is unfolding, led by the very people most affected.

Amina, a mother of three and long-time resident of Kartoua, remembers the uncertainty that once dominated her community. "During the floods, we used to lose everything—our crops, our food, our hope," she says. Yet today, Amina is a recognized leader in her village, and the driving force behind one of its most transformative initiatives: a women-led cereal bank.

### A Community Rises

With support from the Cameroon Red Cross, the French Red Cross, and the IFRC, Amina and a group of women came together to form a Groupe d'Initiative Commune (GIC). Their goal was simple but ambitious: to create a cereal bank that would store millet and rice, safeguard their food supply during times of scarcity, and build resilience from the ground up.

*"At first, the men laughed at us. They said we were wasting our time," Amina recalls. "But we believed in ourselves, and in what we were trying to do."*

Through training in storage techniques, cooperative management, and governance, the group gained not only technical skills but also the confidence to lead. The cereal bank was placed under a community committee, with women like Amina taking on key leadership roles.

*"We made sure women were involved from the start. People remembered how I helped during previous floods, and they chose me to lead," she says.*

### More Than Just a Storage Facility

The cereal bank quickly became a vital safety net for the entire village. During lean seasons, families could rely on it to put food on the table. But its impact went far beyond food security. It became a symbol of self-reliance, dignity, and transformation—especially for the women who ran it.

*"Before, we waited for others to decide for us. Now, we organize. We plan. Even the men come to ask us for advice," Amina says, smiling.*

Today, Amina is more than a community leader—she's a role model. Her daughters have watched her speak up, manage inventory, and host meetings. "Now they say they want to study hard, to be responsible, and to help the community just like I do."

### Challenges Along the Way

The journey was not without setbacks. Resistance from some men and traditional leaders, limited accessibility for elderly or disabled residents, and gaps in transparency and feedback mechanisms all presented hurdles. But with consistent support and a commitment to inclusivity, the community has continued to adapt and grow stronger.

### Lessons in Resilience

Kartoua's experience offers powerful lessons. First, meaningful change happens when communities—not outside actors—lead the way. Second, women's participation in recovery and development must be

intentional, nurtured, and supported. And finally, food security programs, when rooted in dignity and inclusion, can spark broader social change.

Amina's story is just one of many, but it reflects a

larger truth: resilience isn't just about surviving the next crisis. It's about transforming the systems that keep people vulnerable—and empowering those who have long been left out to lead the way forward.

## Eswatini - How cash and voucher assistance empowers women in Eswatini

The Baphalali Eswatini Red Cross Society is empowering women through cash and voucher assistance as part of the PP.

In Lubombo, Eswatini, IFRC's Cash and Voucher Assistance (CVA) is making a real difference in people's lives. Banele Mamba, a 31-year-old mother of five, had already been facing daily hardship when floods hit the region and damaged her home. "Water would seep in through the house," she says. "I was so worried—especially because I live with chronic illness. I didn't want the children to get sick from flu, cholera or other diseases."

Support arrived in the form of CVA from the Baphalali Eswatini Red Cross Society in partnership with the IFRC Pretoria Delegation, as part of the EU-funded Pilot Programmatic Partnership (ECHO PPP). Unlike in-kind aid, the cash transfer gave Banele the power to decide what her family needed most.

### Putting inclusion into practice

The ECHO PP-supported programme is an example of how IFRC places dignity and inclusion at the heart of its programme design. Tebukhosi Dlamini, Safe and Inclusive Programming Officer at Baphalali Eswatini

Red Cross Society, explains: *"We believe that people affected by crises are the best placed to decide their needs. By applying protection and gender-sensitive principles, we ensure that women like Banele are not only included but prioritised in selection processes."*

IFRC provided technical guidance and policy review support to the Eswatini National Society during the implementation of the programme. Using the DAPS framework (Dignity, Access, Participation, and Safety), the Pretoria Delegation applied a protection- and gender-sensitive lens across all stages of the programmatic partnership. They specifically identified women-headed households, survivors of gender-based violence, caregivers of orphaned children, and other at-risk groups as high priority. The process was guided by inclusive criteria co-developed with communities, ensuring transparency and fairness while upholding the dignity of recipients.

Through this approach, the IFRC Pretoria Delegation works to strengthen long-term resilience with its partners by supporting local farmers in four countries in southern Africa (Lesotho, Botswana, South Africa and Namibia), with seeds and agricultural inputs—ensuring communities are not only surviving today but are better prepared for the future.



Banele Mamba (right) received cash and voucher assistance from the Baphalali Eswatini Red Cross Society in partnership with the IFRC Pretoria Delegation. Photo: IFRC

### Key lessons learned

1. Embed PGI principles throughout all stages of programme design and implementation—ensuring that the unique needs, risks, and capacities of different groups, particularly women, children, people with disabilities, and other vulnerable populations, are considered and addressed.
2. Use the DAPS (Dignity, Access, Participation and Safety) framework at the community level to promote respect, protection, and inclusion.
3. Prioritise proactive, inclusive community engagement where feedback mechanisms are not only established but also trusted and accessible to

all segments of the population.

4. Strengthen the feedback loop by ensuring community input is used to inform and adjust programming. The use of community feedback is needed to shape programming decisions which helps build trust and ensures greater accountability to target populations.

*“It’s not enough to have feedback systems—we must make them visible, trusted, and used to shape decisions. That’s how we build real accountability,”*

Boitumelo Pihlela, PGI and CEA focal person at the IFRC Pretoria Delegation, stressed outlining the major takeaways of the programme.

## Somalia - Hope in Eyl: How Cash Assistance is Helping Mothers Like Shukri Rebuild Through Crisis

In the arid heart of Eyl District, Puntland, Somalia, 33-year-old Shukri is not just a mother of 10—she is a resilient entrepreneur, a provider, and a symbol of strength amid uncertainty.

Shukri runs a small tea shop that once helped her feed her family and pay for her children’s schooling. But like many in her drought-stricken community, she found herself on the brink when climate shocks forced livelihoods to collapse.

*“We were affected by the drought. People stopped buying from my shop, and it became hard to get loans. My husband hasn’t worked for three years since the fishing industry declined. I was struggling to keep our business afloat.”*

With monthly costs of \$92—including rent, electricity, and water—Shukri’s small business was becoming unsustainable. Her only source of income was crumbling just as her family’s needs were growing.

That’s when Somali Red Crescent Society (SRCS), through the ECHO PP’s Cash and Voucher Assistance (CVA) result, stepped in.

### Immediate Relief, Timely Impact

Through the support of the SRCS Garowe Branch, Shukri received \$150 in cash assistance—and not a

moment too soon.

*“It came during Ramadan, when we were most affected by the drought. The money helped me buy food, pay rent, cover school fees, and even pay off some debts. It was a blessing.”*

What surprised her even more was the speed of the support—just four days between registration and disbursement. For families facing daily hardships, this kind of efficient and dignified assistance can mean the difference between hope and despair.

### A Call for Sustained Support

While this one-time assistance offered critical relief, Shukri, like many others, hopes for longer-term solutions:

*“Please continue this kind of support, or consider microeconomic programs that help us build something sustainable.”*

Her story is a powerful reminder of the importance of flexible, fast, and community-centered cash assistance—especially for women and mothers at the frontlines of crisis.



## PILLAR 5 - RISK COMMUNICATION AND COMMUNITY ENGAGEMENT AND ACCOUNTABILITY

Community Engagement and Accountability (CEA) was a cross-cutting priority under the PP, enabling National Societies to uphold the core PGI principles of Dignity, Access, Participation and Safety (DAPS) across all Pillars. CEA systems were strengthened so that affected people — including women, children, persons with disabilities and other at-risk groups — could safely share feedback, report protection concerns and influence decision-making. Volunteers were trained to handle sensitive information, identify and refer protection cases appropriately, and tailor messages and channels to reach diverse community members in accessible, culturally appropriate ways.

## Congo Brazzaville - Risk Communication, Community Engagement, and Accountability (CEA)

In Owando and Likouala, volunteers received integrated training on CEA, PGI and Protection from Sexual Exploitation and Abuse (PSEA), led by the National Society's CEA Coordinator. The adapted modules strengthened volunteers' skills to collect sensitive feedback, recognise protection risks, and ensure safe referral where needed.

Fifteen community committees were then established across Brazzaville, Owando, Otendé, Mondzeli, Mossaka, Loukolela and Liranga. Each committee, made up of trained volunteers and trusted local members, systematically gathered community feedback, rumours and protection-related concerns,

including on access, dignity and inclusion.

This feedback was jointly analysed with programme staff and used to adjust interventions in real time. For example, reports of barriers to health services in Mossaka and Liranga led to prioritised medical outreach, while rumours and fear around vaccination in Loukolela triggered targeted, culturally adapted information campaigns with strong PGI and PSEA safeguards.

These committees continue to build trust, promote safe participation and uphold inclusive, accountable programming.

## Democratic Republic of Congo - Community Engagement and Accountability with PGI Integration

In the Democratic Republic of Congo, the Red Cross strengthened inclusive CEA systems that actively integrated PGI principles.

The national CEA strategy was finalised and validated through a multi-stakeholder workshop that included persons with disabilities and internally displaced persons. Volunteers and Community Outreach Units (COUs) applied disability-friendly and child-sensitive approaches during outreach and data collection, using tools aligned with the Washington Group's disability questions.

Structured feedback channels—including ICRC's green

line and community feedback forms—captured 452 community inputs, with PGI-related protection cases promptly referred to specialised actors and resolved within set timelines. Key themes included shelter, protection for displaced persons, cash assistance, psychosocial support and non-food items.

Insights from 24 focus groups and 10 participatory evaluations showed that meaningful consultation uncovers real needs, builds trust and ensures relevant, respectful aid. CEA practices such as adapted language and tailored awareness materials strengthened safe participation and informed consent for all.

Elements of the CEA strategy, including the feedback management system, have since been integrated into

other DRCRC programmes to reinforce accountability and maintain inclusive, people-centred services.



## Uganda - Integrating PGI into Community Engagement and Feedback Systems

In Uganda, the Uganda Red Cross Society (URCS) strengthened PGI integration within its community engagement and feedback systems under the PP. A national short-code toll-free hotline (111) and the main CEA line were rolled out, supported by CEA kiosks in six locations to ensure accessible channels for community feedback, including for sensitive protection cases.

All calls and feedback entries were captured through a digital system developed with NLRC 510, enabling categorisation, analysis and rapid referral of protection issues to the National PGI Focal Point. To ensure confidentiality and timely action, the CEA focal point flags sensitive cases for immediate follow-up.

This integrated system, piloted in March 2025, handled over 300 feedback entries across multiple projects, with clear procedures for managing SGBV

and child protection concerns through mapped referral pathways. For example, reports of domestic violence in Bunyangabu and a separate gender-based violence case were flagged through the system and escalated for follow-up, ensuring survivor safety in line with PP protocols.

Community volunteers (RCATs) and National Disaster Response Teams (NDRTs) trained in CEA and PGI support safe data collection and sensitise communities about their right to report protection concerns. These feedback mechanisms have been institutionalised through the URCS Essential Themes Strategy—fully funded under the PP—embedding PGI and CEA in all projects, planning tools, community radio and youth-friendly safe spaces to sustain protection, accountability and inclusive communication beyond the project's duration.

## SPECIALISED PGI

In addition to mainstreaming, in cases where the local context and capacity allowed National Societies also implemented specialised PGI services, ensuring these were targeted, safe and aligned with IFRC's "do no harm" approach. This specialized activities included survivor-centred case management and referrals for survivors of sexual and gender-based violence (SGBV), child protection interventions, and the creation of dedicated safe spaces such as Child Friendly Spaces and DAPS (Dignity, Access, Participation and Safety) centres. These interventions were supported by safeguarding measures and capacity-building for frontline staff where needed, and were always coordinated with national protection actors. By design, specialised protection actions were delivered only by National Societies with the required technical expertise and trusted partnerships to ensure sustainable support, demonstrating how the PP balanced ambition with careful risk management to maintain quality and survivor-centred practice in all contexts.

*Under the umbrella of the Programmatic Partnership, the Chad Red Cross and the French Red Cross raise awareness of diseases with epidemic potential and prepare communities for early detection and early action through education campaigns. Copyright IFRC – Credit Guillaume Binet.*

## Chad - Prevention and Response to Sexual and Gender-Based Violence (SGBV)

Under the Programmatic Partnership, the Red Cross of Chad strengthened specialised SGBV prevention and response capacities to better protect displaced and conflict-affected populations in Western Logone, Eastern Logone and the Lake provinces.

Six dedicated SGBV prevention and response committees, each composed of 12 gender-balanced community members, were revitalised and trained to address SGBV risks among displaced and host communities.

These committees remained active and vigilant, conducting two awareness sessions per month on displaced persons' rights, peaceful coexistence, SGBV prevention, reproductive health, menstrual hygiene, and non-communicable diseases, which helped promote healthy behaviour and empower local communities. They also provided basic psychosocial support and actively referred survivors to local SGBV service providers, which were mapped and geolocated with community input, covering reception centres, psychosocial and medical services, and emergency contacts.

In 2023 alone, these committees referred 19 SGBV cases, all of which were treated at health facilities and followed up through the appropriate courts. In addition, two training sessions were held for SGBV committee volunteers and three provincial focal points on identifying psychosocial needs and ensuring safe referral pathways, while joint community committees also received capacity building on social cohesion, peaceful cohabitation, the use of the SGBV incidence classification tool, gender concepts, and effective awareness-raising techniques.

In April 2024, 60 volunteers benefited from refresher training on psychosocial first aid delivered by certified Red Cross trainers to strengthen their capacity to provide quality psychosocial support and emergency care for survivors.

Despite these advances, service availability remains uneven, particularly in rural areas lacking specialised medical care and legal aid, which limits the comprehensiveness of the response. Efforts to expand partnerships with legal service providers and government agencies have begun to address these gaps, but sustainable solutions will require continued investment in protection infrastructure at the national level.

Beyond direct community engagement, the Red Cross of Chad reinforced its institutional role through active participation in the national Protection Cluster and SGBV Sub-Cluster, and by coordinating with IOM's Displacement Tracking Matrix to ensure that local protection efforts are aligned with broader national coordination and data systems.

Complementary activities such as local reforestation campaigns and environmental protection initiatives in displacement areas further supported community cohesion and indirectly contributed to creating safer environments for women and girls. Collectively, these integrated actions strengthened local capacity to prevent and respond to SGBV while promoting dignity, safety and access to protection services for vulnerable populations.



*DRC volunteers raising awareness of waterborne disease prevention door-to-door in the Kabindula district of Uvira, DRC. Copyright IFRC – Credit Esther Nsapu.*

## Democratic Republic of Congo - Gender, Child Protection, and SGBV Prevention and Response

Under the PP, the Red Cross of the DRC actively led gender and child protection coordination, co-leading the SGBV Sub-Cluster in Uvira and contributing to national Child Protection and Protection Clusters.

This co-leadership, alongside the State Gender Service, health authorities and OCHA, updated stakeholder mapping, revitalised SGBV thematic groups and ensured regular cluster meetings that reduced service duplication in targeted health areas. In partnership with the SGBV Working Group and UNHCR, joint missions in Kabimba and Kiliba monitored and addressed child marriage, with over 15 cases reported in 2025; however, gaps in legal follow-up and persistent community-level impunity remain challenges.

To build local capacity, 25 gender focal points from the Red Cross and partner organizations received a three-day training in Uvira covering holistic SGBV survivor care, referral pathways, child safeguarding, relevant laws, data collection tools and inclusion principles. These focal points remain active, alerting and referring cases during recent crises, although limited budgets constrained broader cascade training.

Risk mapping for SGBV and child protection used tailored questionnaires and focus groups with women, girls, boys, community leaders, authorities and health staff. Women's and girls' feedback directly shaped prevention activities, dignity kit design and

distribution, and referral procedures.

Community-led initiatives, such as denunciation clubs, trained women leaders in grassroots decision-making, while peace clubs and youth spaces offered safe spaces for dialogue and reporting. Advocacy messages co-developed with the Uvira Town Hall and SGBV Working Group urged authorities, armed groups and community leaders to prevent child recruitment, ensure education access, combat SGBV and impunity, and strengthen child protection systems.

Despite these advances, significant challenges persist: armed conflict heightens SGBV risks and disrupts PEP kit supply routes; holistic care remains incomplete, with limited legal and socio-economic reintegration options for survivors; and only seven of 22 health areas in Uvira Zone are partially covered by services. Coordination between health actors and SGBV services, including PEP kit supply chains, has improved but gaps remain, prompting local response plans to secure safe humanitarian corridors.

Lessons learned highlight the importance of integrated sensitization across all population segments, robust survivor tracking with free and informed consent, and continuous capacity building of frontline responders and community structures to address the complex drivers of SGBV and child protection risks in conflict settings.

## Uganda - Youth-Friendly Safe Spaces

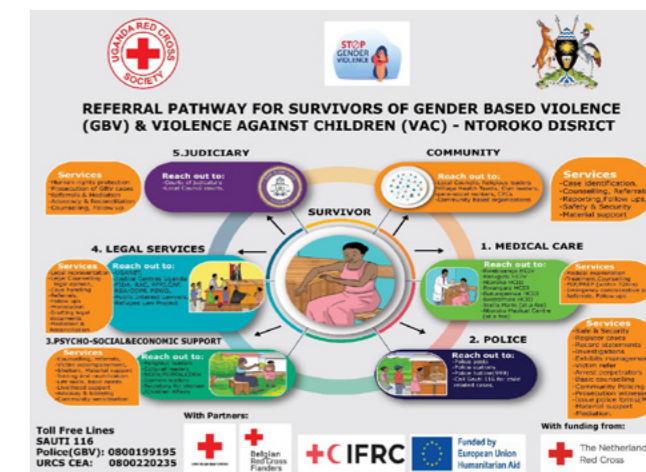
Under the ECHO Programmatic Partnership, the Uganda Red Cross Society (URCS) established and strengthened youth-friendly safe spaces in Kiryandongo refugee settlement to enhance protection, inclusion, and well-being for young people affected by displacement. Activities included organising friendly football matches with two youth teams of 11 players each, supported by a volunteer coach and two referees, while other youth participated as spectators. In parallel, 15 adolescent girls took part in sessions on sexual and reproductive health (SRH)

and menstrual hygiene management (MHM), including practical training on making reusable sanitary pads. These initiatives integrated key safeguarding and inclusion messages from URCS's Essential Themes Strategy, helping to reduce stress, build life skills, and encourage positive peer interaction. Participants expressed interest in formalising these groups into youth associations to continue peer-led sports and life skills activities, demonstrating community-driven protection and empowerment in practice.

## Uganda - Strengthening PGI Through SGBV and Child Protection Referral Pathways

Through the Programmatic Partnership (PP) initiative in Uganda, significant strides have been made in advancing Protection, Gender, and Inclusion (PGI) by reinforcing referral pathways for survivors of sexual and gender-based violence (SGBV) and child protection concerns. Working in collaboration with local and international partners, the project supported the development of multi-sectoral referral frameworks that improve access to essential services, including medical care, legal aid, psychosocial support, and community-based protection mechanisms.

This integrated and coordinated approach has enhanced the quality and timeliness of survivor-centred responses in key target districts—Bunyangabu, Kasese, and Ntoroko—ensuring that individuals at risk receive comprehensive support grounded in dignity, safety, and inclusion.





SRCS Cash and Voucher assistance (CVA) training in Garowe, Puntland, Somalia. Copyright IFRC – Credit Timothy Maina.

# STRENGTHENING INTERNAL SYSTEMS: INSTITUTIONALISING PGI AND SAFEGUARDING

Building on practical PGI and safeguarding integration throughout programme delivery — guided by tools like the Scorecard — many National Societies also strengthened their internal systems and leadership commitment during the PP. Supported by tailored IFRC technical advice, peer exchange and practical policy guidance, several National Societies used Scorecard findings to develop or update PGI policies, draft safeguarding action plans and appoint dedicated focal points. IFRC's network-wide coaching and leadership engagement further encouraged clear commitments to PGI and safeguarding within internal strategies, systems and codes of conduct.

These measures have laid a more robust foundation for embedding protection, gender equality and inclusion in National Societies' governance, accountability and workplace culture long after the PP concludes.

## Capacity Building

In August 2024, ECHO PP funded PGI in CVA training in Yaoundé and Maroua for staff and French RC colleagues. The team also carried out a PGI analysis in Yagoua, surveying the community to assess integration of PGI aspects in the PP project.

In Burkina Faso, a capacity strengthening session was held for the Tchériba community complaints management committee, focusing on community feedback mechanisms. The session had 15 participants, with a gender-balanced group of eight women and seven men, as part of the ECHO PP implementing team.

In Madagascar, under the ECHO PP, a PGI and PSEA training took place in the Manakara region in August 2024, benefiting 50 volunteers, two technicians, and two members of the governance team. Similarly, in Niger, from 26 to 28 August 2024, the team trained ECHO PP Project Cash Transfer Focal Points on PGI/PSEA, with 24 participants (17 men and 7 women).

In South Sudan, 25 volunteers (17 men and 8 women) received training on gender-based violence (GBV) and mental health and psychosocial support (MHPSS) in Aweil. Following the training, these volunteers conducted community awareness sessions over a three-month period, helping to strengthen prevention and response at the community level.

The following examples highlight how these institutional actions and capacity-building measures have reinforced safe, inclusive, and accountable systems across National Societies.

## Burkina Faso - Promoting Zero Tolerance for Sexual Exploitation and Abuse through Policy, Training and Community Engagement

The Burkina Faso Red Cross Society (BFRCS) implemented a wide range of safeguarding-related activities as part of the ECHO Programmatic Partnership. These measures covered policy development, institutional strengthening, community engagement, and operational integration of safeguarding principles.

The National Society undertook a review of its recruitment and management procedures for staff, volunteers, service providers, and partners to ensure alignment with the prevention of sexual exploitation and abuse (PSEA). In parallel, safeguarding, PGI, and whistleblower policies and strategies were either developed or reinforced during the program's implementation. Staff and volunteers were regularly briefed on the zero-tolerance policy toward sexual exploitation and abuse.

A total of 63 volunteers received specific PSEA and child protection training, complemented by sessions for board members, staff, and provincial committee representatives across 18 provincial committees. These sessions focused on the prevention of sexual exploitation and abuse within Red Cross operations, the implementation of PSEA strategies and policies in communities, and the integration of PGI principles. Training sessions were also delivered to volunteers across 16 provincial committees.

Awareness-raising efforts targeting communities included the broadcast of radio programmes on PSEA topics across ten community radio stations, as well as the organization of two theatre forums held in Fada N'Gourma and Kongoussi. These forums gathered over 650 community members to sensitize them on zero tolerance for sexual exploitation and abuse. Posters were also produced in French and four local languages—Mooré, Dioula, Fulfuldé, and Gourmantchéma—informing communities about the Red Cross's operational principles, the complaint management mechanism, and the PSEA policy.

To support safe and confidential reporting, the National Society developed and shared referral pathways for protection-related cases. Feedback and complaint mechanisms were reinforced with secure and confidential channels available to community members, and the Red Cross took part in monthly meetings of the PSEA inter-agency network.

Furthermore, PSEA and child protection messages were systematically integrated into health and hygiene promotion sessions within the program's WASH and health activities. A community perception survey was also conducted, offering additional insight into the community's understanding and reception of Red Cross interventions, including those related to protection and safeguarding.



A poster from the Burkinabe Red Cross demonstrating awareness-raising efforts informing communities about the National Society's humanitarian assistance as well as outlining feedback and complaint mechanisms. Copyright – Burkinabe Red Cross.

## Congo-Brazzaville - Institutionalisation of PGI and Safeguarding

The Congolese Red Cross has strengthened the institutionalisation of Protection, Gender and Inclusion (PGI) and safeguarding through integrated planning, training and governance measures under the Programmatic Partnership.

Training sessions on emergency needs assessments included modules on PGI, scenario planning and contingency planning to ensure that response actions are tailored to local contexts and responsive to the specific needs of vulnerable groups.

This was complemented by systematic contingency planning that incorporated PGI analysis to inform community-based preparedness.

As part of formalising PGI, the National Society developed a dedicated PGI action plan, validated by the Governance Board in December 2024. A national workshop in May 2025 shaped a comprehensive PGI strategy, now being finalised, with draft SOPs embedding PGI and CEA pending roll-out. Policies and standard operating procedures embedding PGI and Community Engagement and Accountability (CEA) principles were also drafted to guide consistent application across programmes, and are pending full roll-out.

To support these efforts, the Congolese Red Cross has appointed a PGI focal point at the secretariat and a gender and diversity focal point at the governance level.

Ongoing advocacy with leadership and collaboration with the Board of Directors have helped ensure institutional buy-in and progressive mainstreaming of

safeguarding and inclusion throughout the National Society's work.

## Guatemala - Strengthening Safeguarding through Policy, Education and Community Engagement

In Guatemala, the Programmatic Partnership project focused on strengthening the National Society's capacity to respond to emergencies with a robust protection, gender, and inclusion (PGI) lens. A dedicated PGI technical officer was recruited, and foundational policies on protection, gender, inclusion, and the prevention of sexual exploitation and abuse (PSEA) were developed. These policies were disseminated through workshops and supported by the creation of a PGI implementation and monitoring guide.

Educational and visibility materials formed a core part of the project's outreach strategy. These included a child-friendly coloring book, posters on child abuse prevention and disability inclusion, a "violéntómetro" (violence scale), and a pocket guide for safe referrals. Additional materials promoted a culture of peace and included tools such as promotional buttons to enhance visibility.

Institutional capacity was further strengthened through targeted training for staff and volunteers, including sessions with the Ministry of Public Health and virtual trainings on PGI in migratory contexts. At the community level, the project engaged leaders, students, and health committees through focus groups and educational activities - contributing to a stronger culture of inclusion and protection in both emergency response and everyday practice.



The Guatemala Red Cross provides assistance to rural communities in Quetzaltenango. Groups of women have been trained to create health committees to spread info in their communities about good health practices and epidemic and pandemic prevention. Copyright IFRC - Credit Hermanos Corallo.

## Democratic Republic of Congo - PSEA and PGI Institutionalisation

The Red Cross of the Democratic Republic of Congo strengthened its safeguarding systems under the Programmatic Partnership by developing and validating a National Society-wide PSEA strategy. All staff and volunteers completed online training through the IFRC Learning Platform covering PSEA and the Code of Conduct, with additional in-person sessions for personnel without IT access. PSEA, anti-fraud and corruption prevention topics were included in induction and refresher training for all staff and volunteers.

While a dedicated PGI strategy is still pending, PGI has been mainstreamed across interventions through awareness sessions in health areas and displacement sites, inclusive needs assessments, and local contingency planning. The National Society's leadership roles in the SGBV sub-cluster and Child Protection Cluster further strengthened internal systems and formal referral pathways for sensitive cases. Recommendations from community feedback mechanisms continue to inform ongoing improvements in safeguarding and inclusion practices.

## Ecuador - Advancing PGI Integration: Institutionalising Safeguarding through Capacity Building and Strategic Mainstreaming

Within the framework of the Programmatic Partnership, the Ecuadorean Red Cross has made notable progress in institutionalising PGI. Efforts were anchored around three strategic focus areas: securing institutional commitment to PGI, mainstreaming the approach across all programmes and operations, and reinforcing internal capacities through comprehensive training and tool development.

The project prioritised sustainability and complementarity by designing integrated interventions

that elevated the visibility of PGI and aligned with broader protection objectives. These initiatives were further supported by the development of policies, operational tools, and the active engagement of staff and volunteers. Evidence generation was also a key component, enabling data-informed planning and demonstrating the impact of PGI integration on both institutional practice and community outcomes.



*In 2022, 4 million people crossed the Colombia-Ecuador border. The Ecuadorean Red Cross provides life-saving humanitarian assistance. Copyright IFRC/Ecuadorean Red Cross - Credit IFRC.*



*Simulation exercise on earthquake safety and response at a school in Keñ-Jylga village, Osh province of Kyrgyzstan. Copyright Peter Biro/ECHO - Credit Peter Biro.*

## Kyrgyzstan - Institutional PGI Capacity and Safeguarding

Through the ECHO Programmatic Partnership, the Red Cross Society of Kyrgyzstan (RCSK) significantly strengthened its institutional capacity on PGI and safeguarding, prioritising decentralised learning and branch-level implementation. A five-day Training of Trainers (ToT) on Community Engagement and Accountability (CEA) and PGI was held in Bishkek for 20 staff from seven regional branches, facilitated by German Red Cross, IFRC, and experts from Turkey and Azerbaijan. This ToT equipped participants with practical tools to mainstream PGI and CEA in local programming and build in-country training capacity.

Following the ToT, these trainers cascaded knowledge to branch-level staff and volunteers, reaching at least 930 people in 2024, with 2025 data being compiled. PGI was systematically integrated into capacity-building sessions across all seven oblasts, including hotline and feedback management training, ensuring that staff and volunteers apply minimum PGI standards and child protection principles during emergency and routine operations. Trained volunteers also

embed PGI principles in their work with communities, reinforcing safe, inclusive and participatory practices on the ground.

Aligned with this capacity strengthening, RCSK adopted a PGI policy and now requires all branches to integrate PGI into their operational procedures and emergency response plans, allocating dedicated budgets to support implementation.

Under the PP, a dedicated safeguarding and internal accountability training was also delivered for RCSK staff, leadership, and board members. This session focused on handling sensitive cases and highlighted the need for clearer internal protections, leading to the drafting of a whistleblower policy with technical support from the IFRC Türkiye Delegation and Geneva safeguarding advisors. The training and policy development reflect a strategic shift from ad-hoc responses to a more structured, policy-based approach to safeguarding, better fulfilling the National Society's duty of care to its teams and the communities it serves.

# Tajikistan - Strengthening Disability Inclusion through Partnership and Evidence

Under the ECHO Programmatic Partnership, the Red Crescent Society of Tajikistan (RCST) advanced its commitment to disability inclusion through a close partnership with the League of Women with Disabilities, Ishtirok, supported by the Abilis Foundation. Building on years of engagement with persons with disabilities (PWDs), this collaboration enabled a comprehensive review of RCST's training and assessment manuals and the development of new Disability Inclusion Guidelines, which were formally endorsed by the National Society in 2024.

To put these guidelines into practice, the RCST conducted an inclusive community assessment in 21 villages across seven districts and delivered a three-day training course in Khujand province for 20 participants — including RCST staff, local authorities, health and social protection officials, community volunteers, and representatives of organizations of persons with disabilities. The training strengthened practical capacity to plan and deliver services that are accessible and respectful of diverse needs.

## Key Findings of the Community Disability Inclusion Assessment



### Physical Accessibility

- Many key facilities (schools, health centres, pharmacies, RCST buildings) are only partially accessible.
- Roads are often paved but obstructed by potholes, rocks, or steps.
- Few ramps exist: only about 33% of RCST buildings and 19% of schools and clinics have ramps; no pharmacies have ramps.
- Toilets rarely meet standards for people with disabilities.



### Social Inclusion

- About 60% of local disaster committees involve PWDs in discussing community issues.
- 57% involve them in planning, and about 51% in project implementation.
- Community attitudes remain mixed: PWDs are often seen more as aid recipients than active decision-makers.



### Information Accessibility

- 37% of PWDs report participating in community activities, mostly linked to receiving aid.
- Women with disabilities are significantly less involved than men.
- Many PWDs lack information about opportunities to engage.
- Barriers include inaccessible transport, obstacles at venues, and limited awareness.

Source: Inclusive Community Assessment in 21 target villages, 2024.

Findings have already driven tangible changes: WASH facilities and hygiene promotion activities now include barrier-free access and context-specific materials, developed with technical input from Ishtirok and guided by tools like the IFRC WASH-PGI Guidance Note. Training and communication materials in the health and WASH sectors were adapted to better address specific disability needs and were delivered in Tajik and Russian — the languages most widely

spoken in target communities. A community leader with a disability actively contributed throughout the process, ensuring that inclusion was shaped by lived experience and practical insight.

As next steps, RCST is further embedding disability inclusion into preparedness, health and community engagement programming — demonstrating sustained commitment beyond the PP.

## Tajikistan - Institutional PGI Framework Development

Under the ECHO Programmatic Partnership, the Red Crescent Society of Tajikistan (RCST) strengthened its institutional foundation for Protection, Gender and Inclusion (PGI) by conducting a self-assessment using IFRC's Minimum Standards for PGI in Emergencies. With active technical support from the IFRC Regional Office, the National Society formally developed and signed its PGI policy through broad internal consultations involving all key departments. The policy is now being disseminated across branches, with clear steps to embed PGI commitments into programmes, coordination mechanisms, and staff and volunteer training.

A dedicated safeguarding self-assessment workshop, funded through the PP, trained 32 staff and volunteers on protection from sexual exploitation and abuse, child safeguarding and harassment prevention. The workshop concluded with an action plan to strengthen internal safeguarding practices during disaster response operations. These measures ensure that PGI principles are not only integrated into emergency activities under the PP but also aligned with national strategic documents and the RCST's wider organisational strategy.

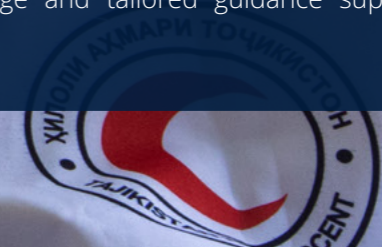


*Mashkhura and Abdurahmon, a volunteer with the Red Crescent Society of Tajikistan. He has shared information about first aid, health, and disaster preparedness in their community, which has had a positive impact on the lives of Mashkhura's family. Copyright IFRC/Finnish Red Cross – Credit Veera Lehto-Michaud.*

## KEY ACHIEVEMENTS

Throughout the Programmatic Partnership (PP), participating National Societies significantly strengthened the mainstreaming of Protection, Gender and Inclusion (PGI) and, where feasible, delivered specialised protection services tailored to local context and capacity.

- An overarching PGI indicator was added to the results framework, reinforcing accountability for applying minimum standards across planning, delivery and monitoring.
- Many National Societies undertook PGI Scorecard self-assessments and translated the findings into concrete actions to close practical gaps in protection, safeguarding and inclusion.
- Targeted IFRC technical support, peer exchange and tailored guidance supported consistent application of PGI principles across all five Pillars:



## Pillar 1

### Disaster Risk Management

Inclusive preparedness and early warning for children, persons with disabilities and older people.



## Pillar 2

### Epidemic and Pandemic Preparedness and Response

Gender-responsive health and WASH services and stronger SGBV safeguards.



## Pillar 3

### People on the Move

Safe shelter, case management and social cohesion activities for displaced populations and host communities.



## Pillar 4

### Cash and Voucher Assistance

Protection-sensitive targeting, safe distributions and accessible community feedback systems.



## Pillar 5

### Risk Communication, Community Engagement and Accountability

Safe, trusted feedback and complaints mechanisms, linked to effective referral pathways.

Together, these achievements demonstrate how the PP has strengthened protective, inclusive and accountable humanitarian action. The lessons learned and systems built through this partnership will continue to inform future global programming, National Society Development and the IFRC's collective commitment to put protection, gender and inclusion at the heart of humanitarian response.

Namely, these achievements are not endpoints—they are foundations. They show what is possible when PGI is no longer seen as a technical niche, but as a shared responsibility woven into the DNA of humanitarian response.

To sustain and scale what has been achieved, four imperatives stand out:



### 1. Invest in people

Continued investment in the training, coaching and empowerment of PGI focal points, volunteers and frontline workers is essential to embed inclusive practices in every corner of the Movement.



### 2. Strengthen systems

Institutionalisation of safeguarding, inclusive feedback mechanisms, and PGI accountability structures must remain a strategic priority for every National Society.



### 3. Enable adaptive leadership

: Local actors must have the autonomy, flexible funding and technical support to adapt PGI approaches to their unique contexts and communities.



### 4. Champion inclusion as a humanitarian norm

As crises grow more complex, the global humanitarian system must centre dignity, access, participation and safety—not as aspirations, but as minimum expectations.

In closing, the PGI journey under the PP has shown us that a safer, more inclusive humanitarian system is not only possible—it is already being built, every day, by committed National Societies, communities, and individuals. The task ahead is to deepen this progress, scale it across more contexts, and ensure that inclusion, dignity, and protection are not exceptions—but the rule.

*Safeguarding systems were reinforced through updated policies, clear referral pathways and capacity strengthening at all levels.*



*There are 18,000 dedicated volunteers of the South Sudan Red Cross who are working every day to give back to their communities. Copyright IFRC - Credit Babette Schenkels/Netherlands Red Cross*



*The women of the rural community of Quetzaltenango have created health communities to spread info about good health practices, under the umbrella of the PP. Copyright IFRC/Guatemalan Red Cross - Credit Hermanos Corallo - David Quijano.*

# ANNEX 1 – PGI COMMUNICATION AND VISIBILITY MATERIALS

## Video Documentation

### Migration Stories - Darien Gap Series

- Programmatic Partnership: Migration stories from the Darien Gap, Yennifer  
<https://www.youtube.com/watch?v=1xco-pYoTyo>  
Venezuelan migrant's journey highlighting dignity kits, menstrual hygiene promotion, and MHPSS support
- Programmatic Partnership: Migration stories from the Darien Gap, Francis  
<https://www.youtube.com/watch?v=jSw1JhpO5EQ>  
Male migrant accompanying pregnant women, demonstrating protection services at HSPs
- Programmatic Partnership: Migration stories from the Darien Gap, Luis  
<https://www.youtube.com/watch?v=nAuFV7MyRyk&list=PLrI6tpZ6pQmT05AhIG1uBlq5FCO3Qpwho&index=3>  
HIV-positive migrant and survivor of intimate partner violence, showcasing specialized MHPSS services
- Programmatic Partnership: Migration stories from the Darien Gap, Ángel  
<https://www.youtube.com/watch?v=mZPUNth68YA&list=PLrI6tpZ6pQmT05AhIG1uBlq5FCO3Qpwho&index=4>  
Father's experience highlighting maternal and child health services

### Displacement and Protection Stories

- Amou Kuot's Journey: Fleeing Sudan's Violence with Her Six Children  
<https://www.youtube.com/watch?v=8tk62UWjVvU&t=2s>  
Female-headed household fleeing violence, economic empowerment through CVA

- Story of Shahid A forcibly displaced boy from Myanmar

<https://www.youtube.com/watch?v=ZzYPZcrgFic&list=PLrI6tpZ6pQmT05AhIG1uBlq5FCO3Qpwho&index=7>

Child protection in displacement settings, shelter support

### Health and Disaster Response Stories

- Supporting Somalia: EU & IFRC Aid for SRCS

[https://www.youtube.com/watch?v=\\_9JNvYpzFps](https://www.youtube.com/watch?v=_9JNvYpzFps)

Child malnutrition interventions during drought response

- Heatwaves - A Story of Fatema

<https://www.youtube.com/watch?v=9DeVgoZrcIM&list=PLrI6tpZ6pQmT05AhIG1uBlq5FCO3Qpwho&index=6>

Community volunteer addressing heatwave impacts on vulnerable populations

- Preparing communities for disasters and epidemics and pandemics in Zambia

[https://www.youtube.com/watch?v=zYlpkC\\_5PYA&list=PLrI6tpZ6pQmT05AhIG1uBlq5FCO3Qpwho&index=8](https://www.youtube.com/watch?v=zYlpkC_5PYA&list=PLrI6tpZ6pQmT05AhIG1uBlq5FCO3Qpwho&index=8)

Flood and drought preparedness with focus on vulnerable populations

## IFRC Articles and Blog Posts

### Migration and Displacement

- From Sierra Leone to the Darien: migrants cross continents for a better future

<https://www.ifrc.org/article/sierra-leone-darien-migrants-cross-continents-better-future>

Migration journey documentation, protection services

- Migration: Ecuador Red Cross goes out on the streets to provide critical services for Venezuelan migrants --- every step of the way

<https://www.ifrc.org/article/migration-ecuador-red-cross-goes-out-streets-provide-critical-services-venezuelan-migrants>

Accessible services for migrants with disabilities, Cristia's and Belkis's stories

### Women's Empowerment and Leadership

- International Women's Day: In Cameroon's Far North region, mothers' clubs provide a model for building a healthier, more prosperous future

<https://www.ifrc.org/article/international-womens-day-camerouns-far-north-region-mothers-clubs-provide-model-building>

Women-led community health groups, economic empowerment

- Rural Guatemalan women at the heart of community health

<https://www.ifrc.org/article/rural-guatemalan-women-heart-community-health>

Women's health leadership, advocacy with Ministry of Health

- International Women's Day: Patricia's path from exclusion to 'a profound sense of belonging'

<https://www.ifrc.org/article/international-womens-day-patricias-path-exclusion-profound-sense-belonging>

Individual journey of inclusion and empowerment

### Cash and Voucher Assistance

- Transforming lives in Uganda through non-conditional cash support

<https://www.ifrc.org/article/uganda-transforming-lives-uganda-through-non-conditional-cash-support>

Antionette's story: widow achieving sustainable income in refugee camp

- Cash assistance: 'Today, I see a brighter future for my daughters'

<https://www.ifrc.org/article/cash-assistance-today-i-see-brighter-future-my-daughters>

Soumaira's story: orphaned woman starting small business in Cameroon

### Disaster Risk Management

- El Salvador: Red Cross supports communities before, during and after disasters

<https://www.ifrc.org/article/el-salvador-red-cross-supports-communities-during-and-after-disasters>

Rosa's story: multi-hazard disaster support prioritizing vulnerable populations

- Tajikistan: From landslides to landmines, partnership helps keep people safe and healthy

<https://www.ifrc.org/article/tajikistan-landslides-landmines-partnership-helps-keep-people-safe-and-healthy>

Children's disaster preparedness education in climate-vulnerable areas

- Hope amid the heat: Volunteers like Fatema Khatun help neighbors through sweltering heatwaves in Bangladesh

<https://www.ifrc.org/article/hope-amid-heat-volunteers-fatema-khatun-help-neighbors-through-sweltering-heatwaves>

Community-based heatwave response and early warning systems

### **Health and Epidemic Preparedness**

- Stronger, faster, safer: epidemic preparedness success stories from the Programmatic Partnership

<https://www.ifrc.org/article/stronger-faster-safer-epidemic-preparedness-success-stories-programmatic-partnership>

Burkina Faso immunization, Chad health communication

- Keeping humanity alive by helping communities stay safe from infectious diseases

<https://www.ifrc.org/article/world-red-cross-and-red-crescent-day-keeping-humanity-alive-helping-communities-stay-safe>

Chad community surveillance and health system strengthening

- Protecting communities from epidemics in Kyrgyzstan's rural north

<https://www.ifrc.org/article/protecting-communities-epidemics-kyrgyzstans-rural-north>

Zoonotic disease prevention education for children

### **Water, Sanitation and Hygiene**

- Water: A key element for stability and health in communities facing an insecure and changing world

<https://www.ifrc.org/article/water-key-element-stability-and-health-communities-facing-insecure-and-changing-world>

South Sudan clean water access, health outcomes for children and elderly

- World Water Day 2025: Clean water is about safety, health and so much more

<https://www.ifrc.org/article/world-water-day-2025-clean-water-about-safety-health-and-so-much-more>

Yemen water scarcity impact on girls' education, women's care burden

### **Community Story Collections**

- Through Their Eyes- A Collection of Community Stories

<https://bdracs.org/through-their-eyes-a-collection-of-community-stories/>

Bangladesh Red Crescent Society community story compilation