

# SAFER ACCESS TO ESSENTIAL PUBLIC SERVICES

EVALUATING THE RESULTS OF THE SAFER  
ACCESS METHODOLOGY: A SUMMARY

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# INDÍCE

<b>HEAD OF THE ICRC REGIONAL DELEGATION MESSAGE.....</b>	<b>5</b>
<b>PREFACE.....</b>	<b>6</b>
<b>THE CONTEXT .....</b>	<b>7</b>
The impact of armed violence on essential public services in Brazil and the humanitarian work of the ICRC.....	7
The Safer Access to Essential Public Services Programme .....	9
<b>EVALUATION OF THE QUALITATIVE AND QUANTITATIVE RESULTS OF THE SAFER ACCESS TO ESSENTIAL PUBLIC SERVICES IN BRAZIL .....</b>	<b>11</b>
Evaluation methodology.....	12
Quantitative and qualitative results of the evaluation .....	14
1. Findings.....	14
2. Other results.....	20
Overall conclusions and recommendations .....	23
<b>ANNEXES .....</b>	<b>25</b>

## TECHNICAL INFORMATION

This publication is based on the final evaluation report of the Safer Access to Essential Public Services programme in Brazil, conducted in 2022 by the Plan Eval consultancy firm and focusing on its its qualitative and quantitative results.

The publication was supervised by the ICRC team: Karen Cerqueira, coordinator of the Safer Access programme; Nathalia Isabela Araújo Lopes, Safer Access Projects Officer; Regislany Morais, Safer Access Projects Officer; Fernanda Ribeiro, Safer Access Projects Officer; Sandra Lefcovich, Communication Coordinator; Gabriela Borelli, Communication Adviser.

All graphs and charts were prepared by the Plan Eval consultancy.

Safer Access to Essential Public Services programme team: Fernanda Puoci Vogel Ribeiro, Flávia Tatiana Ferreira Caetano, Janaína de Souza dos Reis Domingos, Karen Cerqueira, Luana Silva Fagundes, Nathalia Isabela Araújo Lopes, Regislany Morais, Ricardo Laino Martins and Vanessa Alves de Sousa.

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# HEAD OF THE ICRC REGIONAL DELEGATION MESSAGE

Children absorbed in activities at school or crèche who are startled by the sound of gunshots. The teacher who feels unsafe leaving home when she hears news of police operations and armed groups roaming around. Educators who apply for a transfer from their place of work, for fear of violence. The patient whose medical appointment is postponed because of a shoot-out. The community health worker who cannot conduct home visits because of clashes in the area. The office managers who start their day by sharing information and notifications about the situation in the communities.

The critical situations that mothers, fathers, children, teenagers, educators, people responsible for coordinating and running schools, cleaners, community workers, health professionals, porters, social workers and many other workers and residents have to face are many, and recurring. It is services essential to communities that are interrupted and undermined by armed violence in many Brazilian cities.

Given this challenging situation and its widespread impact on people's lives, based on our experience of working in situations of armed violence throughout the world, together with partners in a range of Brazilian cities we – collectively, with the participation of local governments – have developed what is known today as the Safer Access to Essential Public Services programme. It has been a complex, intense, enriching journey, on which we have learned many lessons.

Since 2009 we have been working in communities with different municipal offices, implementing the Safer Access programme in six states. What conclusions can we draw at this point? How do our partners feel? What has changed the daily lives of the people who use the Safer Access methodology and have adopted safer behaviour? What results have we produced to date, and how relevant is this initiative? We in the International Committee of the Red Cross (ICRC) decided to take stock, to see what we got right and what we could improve on.

This Evaluation of Results shows the main findings of our effort, which has involved teams made up of ICRC staff and our implementing partners. A specialised external agency used mixed data-collection methods including focus groups, interviews and questionnaires, involving more than 500 people. The aim was to measure the relevance, coherence, effectiveness, impact and sustainability of the Safer Access programme, especially over the long term. Eight municipal offices in four major cities took part.

The feedback and conclusions that emerged from the study show that Safer Access is appropriate, relevant and necessary for strengthening the resilience of professionals working in education, health care and social services who assist thousands of suffering people with the misfortune to be caught up in the dynamics of armed violence. Developing criteria for making better decisions at the critical moment, building capacity, autonomy, organization, following guidelines, strengthening resilience, keeping essential public service facilities open, keeping teams safe, broadening access to services – the list is a long one, and it can be read in the following pages.

The evaluation shows that, fortunately, we are all on the right road to change this situation, sustainably. For us, the ICRC Regional Delegation, it is vital that we should be able to continue helping Brazilian authorities and society with humanitarian responses to armed violence. We are counting on your support and participation so that we can continue together, and go farther..



**Alexandre Formisano**

Chefe da Delegação Regional do CICV

## PREFACE

To assess the outcomes and impacts of the Safer Access to Essential Public Services programme, carried out in Brazil by its partners there, the ICRC held an external consultation focusing on the programme's implementation process and findings. Eight Brazilian partners – municipal and state institutions – took part in the evaluation. A quantitative and qualitative approach was adopted, using mixed data-gathering methods to assess the programme's performance in terms of relevance, coherence, effectiveness, impact and sustainability.

Despite some post-pandemic limitations on collecting data, it was nevertheless possible to identify how using the Safer Access methodology had helped both to strengthen the resilience of those working in the areas of health, education and social welfare, and to ensure that these public services continued to be provided. This was achieved through skill development and behavioural changes in the partners studied: through the adoption of internal policies, for example, and regular guidance from the partners to both the professionals and the service users; through greater recognition of the impact of armed violence; and through changes in how people reacted when confronted with a risk.

In this context, the evaluation showed that the Safer Access methodology, whose aims were aligned with strategic planning in the partner institutions, helped strengthen the latter's capacity for managing risks associated with armed violence – at all levels, both strategic and operational. The methodology prepares professionals to act when faced with a risk and/or a crisis involving armed violence, equipping them with the knowledge and criteria required for systematic decision making. These professionals, for their part, have become more aware of the importance of understanding the dynamics of armed violence in the places they work in, the risks they are exposed to, and the need to take safety precautions and adopt safer behaviour.

Finally, feedback from professionals who were trained in the methodology show that Safer Access has helped to shorten the time in which facilities are shut down because of situations of armed violence – thanks to the adoption of risk management procedures and the now strengthened resilience of the professionals and institutions dealing with these situations.

Limitations encountered during the evaluation process make it impossible to draw inferences as to the causes underlying the findings. The techniques used, however, have made it possible to observe trends, and also to put forward hypotheses about impact which can be tested in the future. Lastly, recommendations have been put forward for reinforcing and maximizing the outcomes of the actions and for optimizing the implementation process.



## THE CONTEXT

### THE IMPACT OF ARMED VIOLENCE ON ESSENTIAL PUBLIC SERVICES IN BRAZIL AND THE HUMANITARIAN WORK OF THE ICRC

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of armed violence and to provide them with assistance. To this end, the ICRC endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

In Brazil, in partnership with local authorities and organizations the ICRC develops humanitarian activities and works to respond, and promote state governments' responses, to people's basic needs, with priorities such as migrants, disappeared people, separated family members, people affected by

urban violence, people deprived of their freedom, promoting International Humanitarian Law (IHL) and access to essential public services.

In sensitive, unsafe contexts, it is very often necessary to restrict or suspend various services that should be provided for the community, for example by shutting down schools, health-care or social welfare facilities or other essential public services, in order to protect the bodily integrity and even the lives of those who work in or who use these services.

When situations of violence occur in or near public service facilities, they not only cause the services to be suspended and, at times, temporarily shut down, but they end up damaging professionals' health and their physical and mental well-being. This in turn can lead, in the medium and long term, to the absence of these professionals on medical ground, to transfers or job vacancies, or even to the definitive closure of the facilities, which are unable to function under the conditions prevailing in that area. The local people then see their access to these services being restricted, whether because of invisible barriers that make it hard for them to reach the buildings or because they find facilities shut down or with no staff there to attend to them, because of the violence in the area.

So, as well as affecting institutions and professionals and their ability to provide services, the violence directly affects local residents, especially those in the more vulnerable areas, as it restricts their access to basic services that are essential for their well-being and their economic and social development.



## THE SAFER ACCESS TO ESSENTIAL PUBLIC SERVICES PROGRAMME

The Safer Access programme was developed by the ICRC in order to mitigate the consequences of armed violence, for professionals and the people they serve, by strengthening public bodies' capacity to analyse armed violence contexts, manage risks, handle crises and deal with stress. The hope is that this will promote changes in the professionals' and managers' knowledge, behaviour and attitude to living with the risks associated with armed violence which are impacting on services, enabling them to manage these risks effectively, efficiently and consistently and extending the public's access to essential services.

The programme is underpinned by the ICRC's internal guidelines and operating procedures, and its 160-odd years' experience of armed conflict and armed violence the world over. It promotes a risk-management methodology that is adapted to the real-life situation of public services in Brazil and meets the ABNT NBR ISO 31000 international standard. It thus strives to respect the particular features of each type of service, and the different armed violence settings and different dynamics and challenges faced by professionals working in the services located in these areas and by the people they assist.



# EVALUATION OF THE QUALITATIVE AND QUANTITATIVE RESULTS OF THE SAFER ACCESS TO ESSENTIAL PUBLIC SERVICES PROGRAMME



For the ICRC, an evaluation is a systematic process aimed at learning. We use it to generate evidence and insights to inform our decision making as we work to achieve results for people affected by conflict and other situations of armed violence.

In order to understand the scope and range of the Safer Access programme, the ICRC commissioned an external evaluation of the programme's qualitative and quantitative results. We wanted to analyse above all its long-term results, using the following criteria:

- a) **Relevance** – to see how far the programme's design met the needs and expectations of the parties concerned (our partner institutions and their staff).
- b) **Coherence** – to examine its internal coherence – in other words, how the programme's objectives fitted in with our partner institutions' objectives and strategies.
- c) **Effectiveness** – to see to what extent the programme achieved the hoped-for objectives and results, bearing in mind that some of these results relate to internal and some to external effectiveness. We also wanted to analyse whether risks had been managed effectively by the partner institutions.
- d) **Impact** – to see whether the Safer Access programme produced positive and/or negative changes, in particular in terms of the professionals' resilience, or by promoting safer behaviour or enabling essential public services to be maintained or expanded.
- e) **Sustainability** – to identify which results or capacities contribute to the programme's sustainability, what challenges (internal and/or external) can threaten it, and how the ICRC and our partner institutions overcame them.

This report sets out the evaluation methodology and the main findings and recommendations that were identified as being common to all the partners involved in the evaluation.

## EVALUATION METHODOLOGY

The evaluation adopted a qualitative and quantitative approach<sup>1</sup> designed to identify the results achieved and lessons learned through the programme. To this end, the evaluation<sup>2</sup> was directed at the partners who had been implementing the Safer Access programme for longer – those who started it in 2016 and have continued to follow it actively. In total, eight **municipal offices that have been implementing the Safer Access programme** took part, from the municipalities of **Duque de Caxias (Rio de Janeiro)**, **Rio de Janeiro (Rio de Janeiro)**, **Porto Alegre (Rio Grande do Sul)** and **Fortaleza (Ceará)**.

Both primary and secondary mixed data-collection methods were used in conducting this evaluation, such as annual implementation reports and methodological standards, inter alia. The quantitative data collected by the programme were analysed, and 22 interviews were conducted, 20 focus groups were held and 352 questionnaires filled in. In all, **523 people were consulted during the evaluation**, including people from different management levels in the partner institutions, professionals working in essential public services and members of the community, in addition to ICRC members.

<sup>1</sup> The evaluation process was inclusive and participatory, in line with both the human rights and equality principles upheld by the *United Nations Evaluation Group (UNEG)* and the ICRC's technical guidelines for evaluations, guided by ethical commitments, both formal and procedural. All the data-collection activities complied with the General Data Protection Regulation (GDPR), which ensures respect for both national and international data-protection legislation.

<sup>2</sup> Although the Safer Access xx currently involves 19 partnerships in 7 different cities, the evaluation covered those municipalities that had been implementing the programme for the longest period, starting between 2016 and 2018. The period analysed went from 2016 to 2020, depending on when the partner began its implementation.

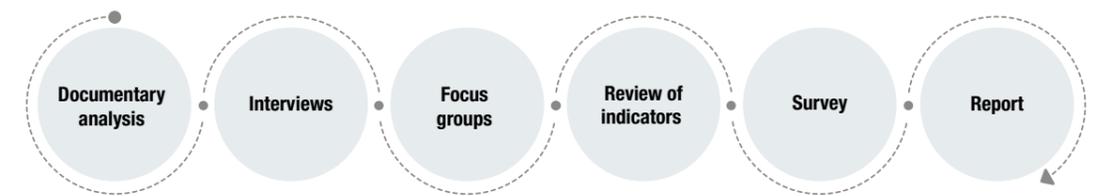


FIGURE 4 – MIXED METHODS USED

## EVALUATION LIMITS

It had been expected that some limiting factors might in some way compromise the collection of primary data for this evaluation – the COVID-19 pandemic, for example, which made travel impossible and for the most part ruled out in-person interviews and focus groups, in addition to other external factors that reduced the extent of the data collected.

As regards quantitative aspects, statistical methods were used during the evaluation to validate the data and give a better triangulation of the qualitative results. Essentially, in an impact evaluation process it is highly desirable to use experimental or quasi-experimental methods to analyse the intervention, as these techniques allow us to isolate external factors linked to its context, and they in turn enable us to infer cause-and-effect relationships and the intervention's desired impact.

Despite the absence of experimental or quasi-experimental methods, which meant that drawing any inference as to what caused the results, the techniques used did make it possible to analyse trends and to put forward hypotheses about impact which can be tested in the future.





G. Christ/ICRC

## QUANTITATIVE AND QUALITATIVE RESULTS OF THE EVALUATION

### 1. FINDINGS

As a programme designed to promote concrete actions and measures to prevent, reduce, mitigate and deal with risks, so that services can be provided at the lowest level of risk in areas vulnerable to armed violence, Safer Access has been assessed overall as being **relevant, coherent and effective** and as **leading managers and top professionals to change how they face and deal with situations of crisis sparked by armed violence**.

This process of learning from the evaluation also enabled us to identify relevant issues to take into account when applying the methodology in practice, in particular when looking at armed violence from different perspectives and in different contexts.

Below, the evaluation's main findings:

### RELEVANCE

#### FINDING 1

The Safer Access programme is relevant insofar as it provides criteria for making decisions on whether or not to shut down facilities and/or suspend their activities, and systematic practices for preparing professionals to identify signs of risk and to take action in a time of crisis. The evaluation emphasized its greatest relevance for partner institutions with a critical background of armed violence in their areas, making it necessary to adopt procedures and systematic practices that minimize the risks to professionals and help ensure that local people can have uninterrupted access to essential public services.

The Safer Access programme is highly rated by managers and professionals who see it as promoting improvements in internal organizational and management processes, both centrally in municipal offices and locally in the facilities.

#### FINDING 2

The Safer Access programme helped develop greater capacity for context analysis, safer behaviour and crisis management among professionals who had access to the methodology in comparison to groups that did not, in the context of armed violence situations.



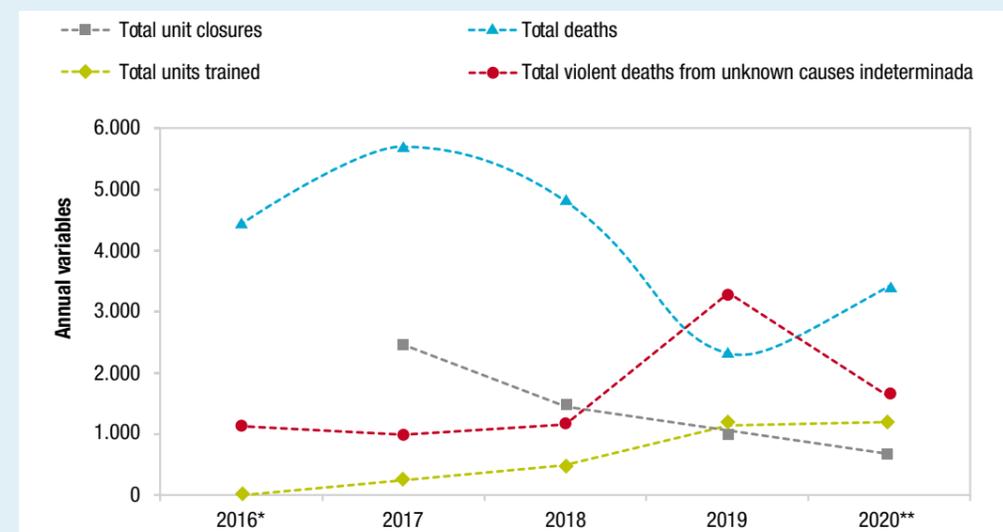
M. Gruppe/ICRC

## EFFECTIVENESS


**FINDING 3**

In this evaluation, a positive correlation was identified between the increase in public service units trained in the Safer Access methodology and the reduction in unit closures during the period under scrutiny. That is to say, there was an almost perfectly inverse relationship between “total units closed” and “total units trained”, with the coefficient (rho) being -0.988.<sup>3</sup> Although the relationship cannot be treated as causal,<sup>4</sup> since to date there has been no evaluation of the programme’s impact, this correlation suggests the hypothesis that Safer Access helped professionals identify signs and risks, assess the impact of a crisis and take decisions designed to ensure that a service was provided at minimum risk to the professionals and users – hence its relevance for the most critical situations of armed violence.

In other words, a sharp trend was observed in the reduction of closures reported by the essential public service units trained since 2017. This tendency may effectively be linked to the expansion of trained service units in the municipalities and the declining trend in the number of killings. The graph below presents the absolute values of the historical series, taking into account the data available for that period.



**GRAPH 1 - HISTORICAL SERIES: IMPLEMENTATION OF THE SAFER ACCESS PROGRAMME AND INDICATORS OF VIOLENCE IN THE MUNICIPALITIES SURVEYED BETWEEN 2016 AND 2020**

Source: DataSUS (2022), Safer Access Data History (2020). Graphic by Plan Eval.

Note: (\*) there are no consistent data available for the number of units trained.

(\*\*) the period of social isolation starting in March 2020 needs to be taken into account.

- The Spearman coefficient (rho) was identified as the most suitable for the characteristics of the data (monotonic function), which may or may not show linearity. This coefficient, used during the analyses, can be interpreted in the range from -1 to 1, where the closer the coefficient’s position in relation to the extremes, the more positively or negatively the variables are related.
- As regards quantitative aspects, statistical methods were used during the evaluation to validate the data and give a better triangulation of the qualitative results. Essentially, in an impact evaluation process it is highly desirable to use experimental or quasi-experimental methods to analyse the intervention, as these techniques allow us to isolate external factors linked to its context, and they in turn enable us to infer cause-and-effect relationships and the intervention’s desired impact.

## EFFECTIVENESS


**FINDING 4**

At this point, the results of the quantitative and qualitative analyses indicate that a challenge for the Safer Access programme is to support the development of responses to stressful situations that affect professionals working in essential public services. **The institutions’ stress-management strategies were evaluated by the survey participants as being non-existent, or ineffective, in all the partner institutions consulted.**



D. Moreno/CICV

## IMPACT


**FINDING 5**

**Positive changes produced by the Safer Access programme were perceived in the resilience of top professionals.** These changes, however, are observed to be more marked in areas where the impacts of violence affect professionals most severely and most repeatedly.

The greater the intensity of top professionals’ exposure to situations of armed violence, the greater their feeling of insecurity and lack of confidence. In this context, the evaluation showed that the programme could reduce the professionals’ sense of insecurity, by promoting safer practices and reducing the length of time in which the units are closed, although it is in the external context that the decisive factors causing the professionals to feel secure are to be found.

The evaluation was also able to conclude that greater awareness of the programme, and in particular of the importance of daily risk notifications, is the main positive change leading to the adoption of safer behaviours in essential public services. This proves that professionals already understand the impacts of violence on these services, and have mastered the methodology to the point where they can make pertinent recommendations for improving the data collection process.

In this regard, another correlation identified in this evaluation also stands out: the increased awareness regarding appropriate risk notifications and the use of the Safer Access platform which correlates with the proportional reduction in high, critical risks recorded. *Although it is not possible to treat this inference as causal*, it has been observed that the development of capacity for context analysis may be related to an improvement in the professionals' decision making as regards the measures to be adopted in each type of armed violence incident they have identified. This prevents the adoption of inappropriate or disproportionate measures, which can result in a restricted provision of services or greater exposure to risks.

In the average of the historical series there was a real reduction of 8% of critical risk notifications and 1% of high risk notifications, compared with a 9% increase in the total of medium-risk notifications. In other words, on analysing the data on risk notifications it can be seen that throughout the implementation of Safer Access the number of absolute and proportional notifications of medium risk increased, while notifications of greater criticality decreased, as shown in the graph below.

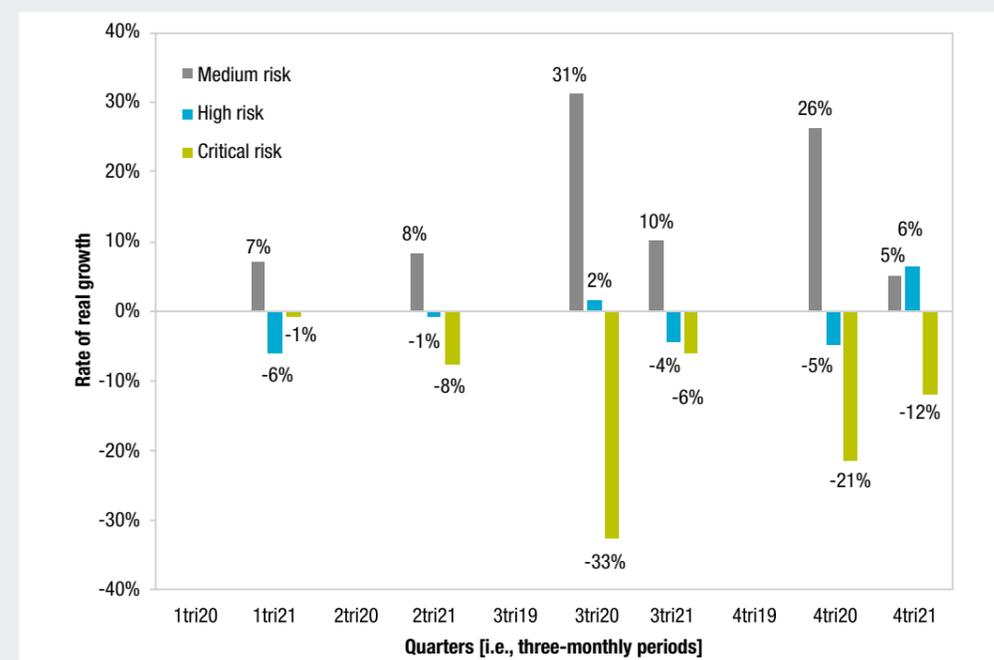


CHART 2 - COMPARATIVE CHART SHOWING THE QUARTERLY VARIATION IN RISK NOTIFICATIONS

## COHERENCE



### FINDING 6

In general, the objectives of Safer Access can be seen to be aligned with the partner institutions' strategic planning. It is also possible, however, to note the importance of heightening the understanding of the methodology and its implementation both among managers and among professionals from units that have undergone training. It is worth emphasizing that the uniqueness of each context and the individual features of the institutions are factors that influence how the methodology is followed in practice, and they deserve to be given greater attention during the implementation process.

## SUSTAINABILITY



### FINDING 7

The strategies for implementing and operationalizing Safer Access, such as training, validating contingency policies and using the Safer Access platform, are negatively affected by external factors such as the turnover of professionals, work overload and deficiencies in the technological infrastructure of the implementing institutions, which threaten the operational sustainability of the programme. So the positive contributions that Safer Access promotes, in order to ensure that safer essential public services are provided, may be threatened by the challenges of putting the methodology's procedures into practice.



### FINDING 8

Intersectoral links and the institutionalization of laws are key when designing sustainability strategies for the Safer Access programme, which need to continue being improved and expanded by the ICRC and its partners. There is a need to continue strengthening the links between different secretariats and to try and integrate permanent staff into the groups responsible for implementing the Safer Access xx, with a view to ensuring the continuity of the actions at the operational level and sustainability at the strategic level. Another mechanism suggested as a possible way of ensuring the sustainability of the programme, despite changes in the institutions' technical or political staff, was to create a coordinating position, different from an executive role, for someone who would be responsible for ensuring that the authorities were fully informed and aware and that the background and experience accumulated are passed on.

Intersectorality in these municipalities was also underlined as an important factor, including for institutionalizing the Safer Access Law.



### FINDING 9

Owing to the impact of the COVID-19 health crisis on essential public services, and the ensuing difficulties experienced over the past two years by our partner institutions, the ICRC's technical support is still assessed as being fundamental to promoting the legitimacy and sustainability the Safer Access programme needs in order to continue its implementation and operationalisation, at both its strategic and its operational level.

The **Findings** establish the Safer Access programme as relevant in that it provides criteria for taking decisions on whether to close units and/or suspend activities, and contributes to capacity building. In addition it was observed that the greater the intensity of top professionals' exposure to situations of armed violence, the greater their feeling of insecurity and lack of confidence, and it was assessed that Safer Access, by promoting safer practices and shortening units' closure periods, would be useful in reducing their sense of insecurity. With the growing awareness of the programme, in particular the importance of daily risk notifications, the adoption of safer behaviours in essential public services stood out as the main positive change.

In general there is an alignment between the objectives of the Safer Access programme and strategic planning by the partner institutions, although the strategies for implementing and operationalizing Safer Access – such as training, approving contingency plans and using the Safer Access platform – may be negatively affected by external factors, as happened during the pandemic.

And, of course, there are aspects to be improved and developed, such as stress management strategies and intersectoral coordination, and the institutionalization of laws, as they are considered fundamental to the design of sustainability strategies for Safer Access, leading to the prospect of working on the partners' autonomy in applying the methodology.

## 2. OTHER RESULTS

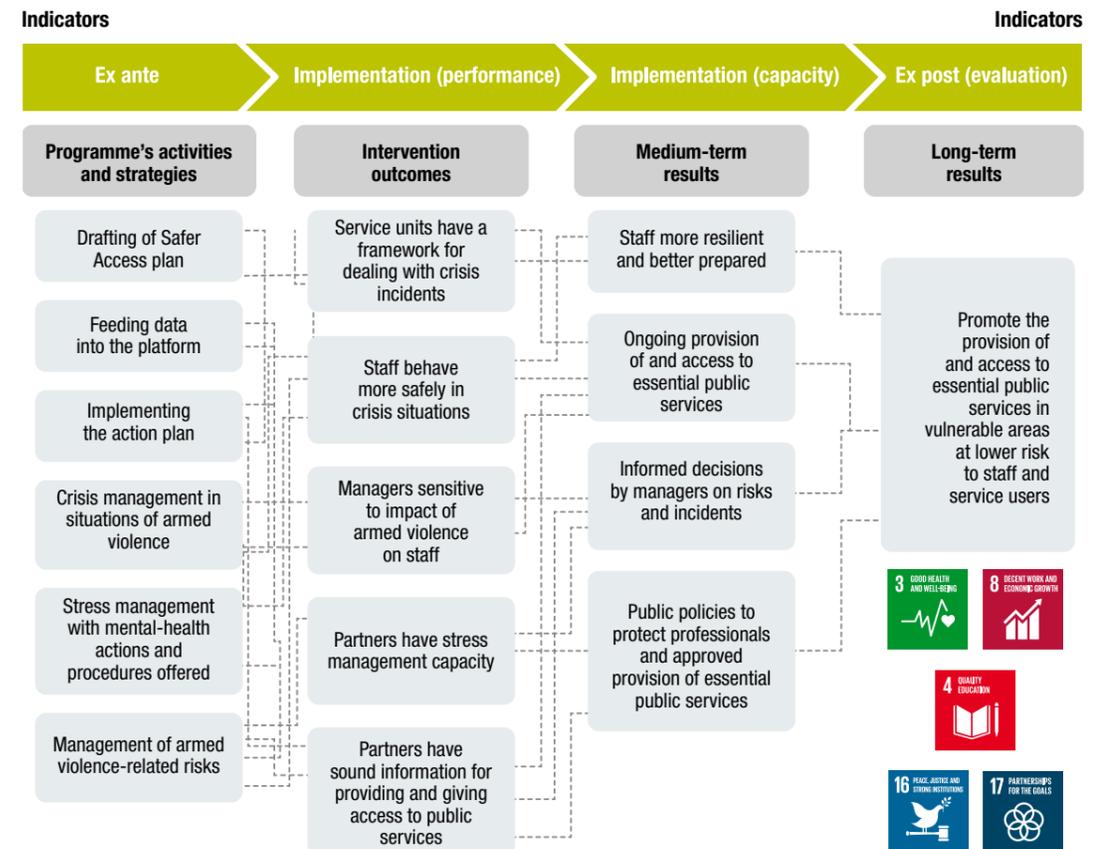
The evaluation of the qualitative and quantitative results of the Safer Access to Essential Public Services programme in Brazil identified aspects that are important for strengthening its implementation. In addition, its implementation and impact indicators were reviewed and updated, to further its continual improvement.

To this end, three activities were carried out within the scope of the consultation: (a) delimitation of the programme's Change Theory; (b) qualitative and quantitative evaluation of the indicators used so far; and (c) feedback on the results, together with a presentation of the monitoring and evaluation plan for the revised programme. The ICRC's partners and staff played an active part in all of these activities.

Around 80 (eighty) indicators grouped in the Safer Access index for context, implementation and impact analysis were reviewed. They were being used by the partners with due regard for the particular features of each municipality/secretariat, but without the homogeneity necessary to guarantee an efficient monitoring process. As a result of this evaluation it was suggested that a new matrix should be designed, with up to 24 (twenty-four) indicators common to all partners.

The main aim, in revising the indicators, was to improve the monitoring and evaluation capacity of the Safer Access programme, to allow the results of the intervention to be understood and measured over time. The logframe of the Safer Access programme is set out in the table below:

### INTERVENTION FRAMEWORK: SAFER ACCESS PROGRAMME



The evaluating consultancy designed and validated the Developed Capabilities Scale for the Safer Access programme as a methodological framework within which to monitor and assess how the capacity of the partners, units and professionals taking part in the programme had developed, under four main headings:



A survey was conducted as part of the evaluation, involving **384 questionnaires** sent to a **random sample** of professionals from units trained and not trained in Safer Access, asking them about the subject of the survey and the impact of armed violence in areas of the four municipalities.

The results indicate that the Safer Access programme may have contributed to capacity building and behavioural changes in the professionals and in the organizational culture of public service units, especially when compared with professionals who did not have access to the methodology in a context of armed violence. Behavioural change and the development of new skills were linked mainly to the application of procedures in situations of risk and crisis; the adoption of safer behaviours; and the identification of the consequences of armed violence.

Based on these results, it can be assumed that the Safer Access programme has contributed to the development of skills and behavioural changes in the professionals and public service units in the four municipalities analysed. It is worth highlighting that the programme may have helped in three main areas of competence: the first, linked to the adoption of internal policies and regular guidance from the partners to the professionals and service users; the second, relating to the perception of the impact of armed violence; and the third, relating to a safer way of behaving on the part of professionals in times of crisis – key competences in helping to maintain the provision of public services and boosting the resilience of professionals.

However, the programme showed no significant differences in capacities relating to mental health or psychosocial care in the aftermath of stress or a crisis. These capacities, although influenced by the programme, entail other variables that need to be identified and understood in a particular way in each context in which Safer Access is implemented. The variables deserve particular attention because they can have a direct influence by reducing the turnover of professionals and improving access to and the provision of public services. It is also important to emphasize the importance of strengthening efforts to carry out preventive actions relating to stress, or to provide care and comfort after crisis events.

The Developed Capacities Scale is an important outcome of this evaluation. It will constitute the programme's Monitoring and Evaluation Matrix, together with other evaluation tools and models. It is suggested that this scale be applied after a period of more than three years of implementation by the partner, as in most programmes behavioural changes are visible in the medium and long term.



T. Queiroz / ICRG

## OVERALL CONCLUSION AND RECOMMENDATIONS



M. Cruppe / ICRG

Safer Access, as a programme that seeks to “mitigate the effects of violence, keeping units open to benefit users and professionals”, was assessed, overall, as relevant, coherent, effective and bringing about changes in how managers and top professionals began to face and deal with situations of crisis sparked by armed violence.

**Positive changes produced by Safer Access were observed in the resilience of top professionals.** These changes are perceived differently, and with differing degrees of intensity, in the areas evaluated, as they would be linked more directly to the dynamics of violence in an area than to the adoption of the methodology, as would be expected.

And although the factors that are decisive in how safe the professionals feel are to be found in the external context, **the assessment showed that Safer Access was able to reduce their sense of insecurity by promoting safer practices and reducing the length of time during which the units were closed.** With this in mind it is suggested that the capacity and intensity of training in the methodology should be increased, taking into account the particular attributes of the partners and the units.

The results are positive insofar as the programme is **implemented in areas regarded as very vulnerable and violent**, which justifies the use of procedures and systematic practices necessary to ensure that local people have uninterrupted access to essential public services. The Safer Access methodology is rated highly by managers and professionals who see it as promoting administrative security, both for the municipal office at central level and for the units at local level.

In addition, **it was shown that professionals who had access to the methodology developed superior skills** in comparison to groups that had not accessed the programme, in the context of armed violence. Using data from the Safer Access Notification System and public safety indicators, **a significant positive correlation was statistically measured between the increase in units trained in the methodology and the reduction in unit closures, between 2016 and 2020.**

The evaluation also identified aspects to improve when applying the methodology in practice, especially when different perspectives and contexts are taken into account.

## RECOMMENDATIONS

Based on the analyses in this evaluation, geared towards learning and improving the implementation, operationalization and sustainability of the Safer Access programme, the following recommendations are made:

### The ICRC should:

- Offer Safer Behaviour content for settings less exposed to armed violence, and earmark the Safer Access methodology for settings with a higher incidence of this violence.
- Provide technical support to promote the legitimacy the programme needs, and continue to implement and operationalize it at both the central and operational levels in the municipalities. However, strategies need to continue to be designed so that the partners can carry out the programme autonomously, without relying on direct support from the ICRC.
- Step up the advocacy to have partner municipalities make Safer Access a public policy and incorporate the Safer Access xx into their different public policies as an innovative, cross-cutting initiative.
- Develop minimum parameters for drafting stress management procedures in line with the Safer Access methodology.
- Constantly update the methodological and technological resources of the Safer Access methodology. Update the programme's monitoring and evaluation plan based on the findings of this evaluation.

### Partners implementing the Safer Access for Essential Public Services programme should:

- Strengthen their political and technical commitment by implementing the methodology in its four areas of action – context analysis, risk management, crisis management and stress management.
- Strengthen and expand intersectoral linkages.
- Commit to the sustainability of the Safer Access programme by developing practices and actions that will enable its results to be maintained in the short, medium and long term, such as publishing laws and regulations and having qualified professionals – preferably those in permanent positions – trained in the Safer Access methodology.
- Align the Safer Access programme with other local programmes to encourage the sharing of practices and actions aimed at building a culture of peace and nonviolent communication in the service units.
- Share training in the skills available under the programme, in particular by offering the Safer Access course to all professionals, as a way to lessen the high turnover problem currently affecting the implementation of the Safer Access programme.
- Strengthen the capacity of those working at management and operational levels of Safer Access to use and manage the Safer Access platform and app.
- In the Safer Access programme management group in each partner institution, promote the creation of dedicated stress management teams who would be trained – in principle, by the ICRC – in the basic elements set out in the stress management procedure provided.
- In the Technical Cooperation Agreements, adopt mechanisms to predict the professionals' availability, to encourage them to take part in evaluation processes.

# ANNEX

## ANNEX 1 - REFERENCES AND RESULTS OF INDICATORS OF COMPETENCE AND CAPACITY

TABLE - LIST OF SAFER ACCESS PROGRAMME COMPETENCES AND CAPACITIES

Competences	Code	Variable	Description of indicators
The armed violence setting	1.1	ind_viol	Identify, precisely, the impacts of armed violence on the provision of public services and on the work of the professionals working in the area.
	1.2	apl_prot	A service system applies or possesses coordinated protocols and actions to reduce the consequences of armed violence.
	1.3	pol_impc	The Municipal Secretariat has internal policies or appropriate guidelines for professionals and/or the users of public services regarding the impacts of armed violence.
	1.4	pol_impc_us	The unit provides appropriate procedures and/or guidance for service users in situations of risk or armed violence.
Risk, stress and crisis management	2.1	info_viol	Information on the context of armed violence in the area worked in is shared through communication (social network groups, phone calls, etc.) with residents and professionals living in the area.
	2.2	comu_viol	The unit has formal information and/or communication methods for sharing updates about situations of armed violence among work colleagues, other units or the Municipal Secretariat.
	2.3	locs_seg	The unit has safe, protected places in which to stay temporarily in situations of crisis caused by armed violence.
	2.4	prev_viol	Preventive measures or actions that can reduce the risk of armed violence in the service unit in which a person works.
	2.5	mot_trab	Staff are motivated to continue working in a public service unit on a regular basis, even if they should happen to witness situations of armed violence in the area.
	2.6	supt_psi	Practical mental health care and/or psychosocial support is in place to prevent stress, or for after crisis events caused by armed violence.

Competences	Code	Variable	Description of indicators
Safer behaviour	3.1	comp_vio	Staff understand the dynamics, characteristics and particular features of the community and the area they work in, and events that may potentially alter daily life in the area.
	3.2	ind_sinais	Can identify potential signs of armed violence that might alter the families' daily lives and trading practices, for example, in the area they work in.
	3.3	rot_seg	Knows and can explain safe routes for evacuation if faced with situations of armed violence in the unit or area worked in.
	3.4	mod_seg	Feels prepared to act safely in times of crisis generated by armed violence in the workplace.
	3.5	cms_loc	Colleagues know safer behaviours and adopt them in the workplace.
Essential public services are continued	4.1	red_rotat	In the unit they work in, staff notice a reduction in the turnover or transfer of professionals as a result of armed violence.
	4.2	seg_trab	Staff feel safe and/or protected when performing work-related activities in the unit.
	4.3	red_temp	Reduction in the time the unit worked in is shut down owing exclusively to situations of armed violence.

## ANNEX 2 - METHODS USED IN THE EVALUATION

TABLE 6 - QUANTITATIVE METHODS APPLIED TO THE REVISION OF INDICATORS

Method	Summary
Likert Scale	This represents a range of numerical or verbal responses whereby interviewees give their opinion on a given subject. The scale can be represented by average or absolute results, depending on the aim of the research. It is widely used to measure opinions, perceptions or behaviours.
Arithmetic mean	This represents the average of the scores given by the partners and the ICRC team to the criteria for evaluating the indicators.

TABLE 8 - STATISTICAL METHODS APPLIED TO THE SURVEY

Method	Summary
Cluster analysis	Clustering can be achieved through the k-means algorithm whereby the data are grouped according to their characteristics. In this case, it was possible to identify the units that are most impacted by armed violence on the basis of the programme's monitoring metrics.
Simple differences	This represents the mean difference between two comparison groups, using only post-treatment data for each one. In this method, baseline data from before the implementation of the intervention are not considered.
Median	This indicates the level of skills most frequently developed by the professionals consulted.
Arithmetic mean	This indicates the average result for the skills and abilities developed.

TABLE 10 - STATISTICAL METHODS APPLIED IN THE EVALUATION

Método	Resumo
Exponential trend analysis	Forecast the behaviour of the notifications and indicators of programme results, linked with the indicators of violence.
Spearman test	Correlate context variables of armed violence and the results of programme implementation.
Fisher's test	Test of significance between explanatory and model-dependent variables.
Pearson's test	Correlation between the developed capacity variables and the safety perception indicators.
Moving average	Remove seasonality from the data.



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Chile, Paraguay and Uruguay**

SHIS Q I 15 Conj. 05, Casa 23, Lago Sul,  
ZIP Code 71635-250 Brasília, DF - Brazil  
T: +55 (61) 3106-2350  
[bra\\_brasilia\\_mailbox@icrc.org](mailto:bra_brasilia_mailbox@icrc.org)  
[www.cicv.org.br](http://www.cicv.org.br)  
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