



THE SAFER ACCESS TO ESSENTIAL PUBLIC SERVICES PROGRAMME



THE SAFER ACCESS TO ESSENTIAL PUBLIC SERVICES PROGRAMME WAS DEVELOPED BY THE INTERNATIONAL COMMITTEE OF THE RED CROSS (ICRC) WITH THE AIM OF MITIGATING THE CONSEQUENCES OF ARMED VIOLENCE FOR PROFESSIONALS AND THE PEOPLE THEY SERVE, BY STRENGTHENING PUBLIC INSTITUTIONS' CAPACITY FOR CONTEXT ANALYSIS IN RELATION TO ARMED VIOLENCE, RISK MANAGEMENT, CRISIS MANAGEMENT AND STRESS MANAGEMENT.

THESE ACTIONS AIM TO PROMOTE BEHAVIOURAL IN PROFESSIONALS AND MANAGERS, TO STRENGTHEN THEIR RESILIENCE WHEN FACED WITH THE RISKS AND IMPACTS OF ARMED VIOLENCE, AND TO REDUCE THE CONSEQUENCES OF VIOLENCE FOR THE PROVISION OF AND ACCESS TO SERVICES.

INDEX

1

THE ICRC'S WORK

Page 05

2

ARMED VIOLENCE AND THE PROVISION OF, AND ACCESS TO, ESSENTIAL PUBLIC SERVICES: BACKGROUND AND PROSPECTS

Page 07

3

SAFER ACCESS TO ESSENTIAL PUBLIC SERVICES

Page 13

4

KEY ASPECTS OF THE SAFER ACCESS METHODOLOGY

Page 21





A. Rodrigues/ICRC

THE ICRC'S WORK

The International Committee of the Red Cross (ICRC) is a humanitarian organization that helps people affected by armed conflict and other situations of violence around the world, doing everything possible to safeguard their lives and dignity and to alleviate their suffering.

The organization, which has a history going back over 160 years, is active today in more than 100 countries. Humanitarian work entails being in the field, having contact with the local people, understanding their suffering and bringing them protection and assistance. To make its work as relevant as possible, the ICRC assesses a community's

needs, either directly or in cooperation with our partners in the International Red Cross and Red Crescent Movement, the authorities or other organizations.

As for the context in which the ICRC operates: contrary to what might popularly be supposed, many countries and regions that are not experiencing a war, as defined by International Humanitarian Law, are impacted just as significantly by armed violence. This violence has serious consequences besides deaths and injuries, such as the lack of (or lack of access to) essential services, disappearances, forced displacement and detention.

REGIONAL DELEGATION: THE INTERNATIONAL COMMITTEE OF THE RED CROSS (ICRC) IN BRAZIL

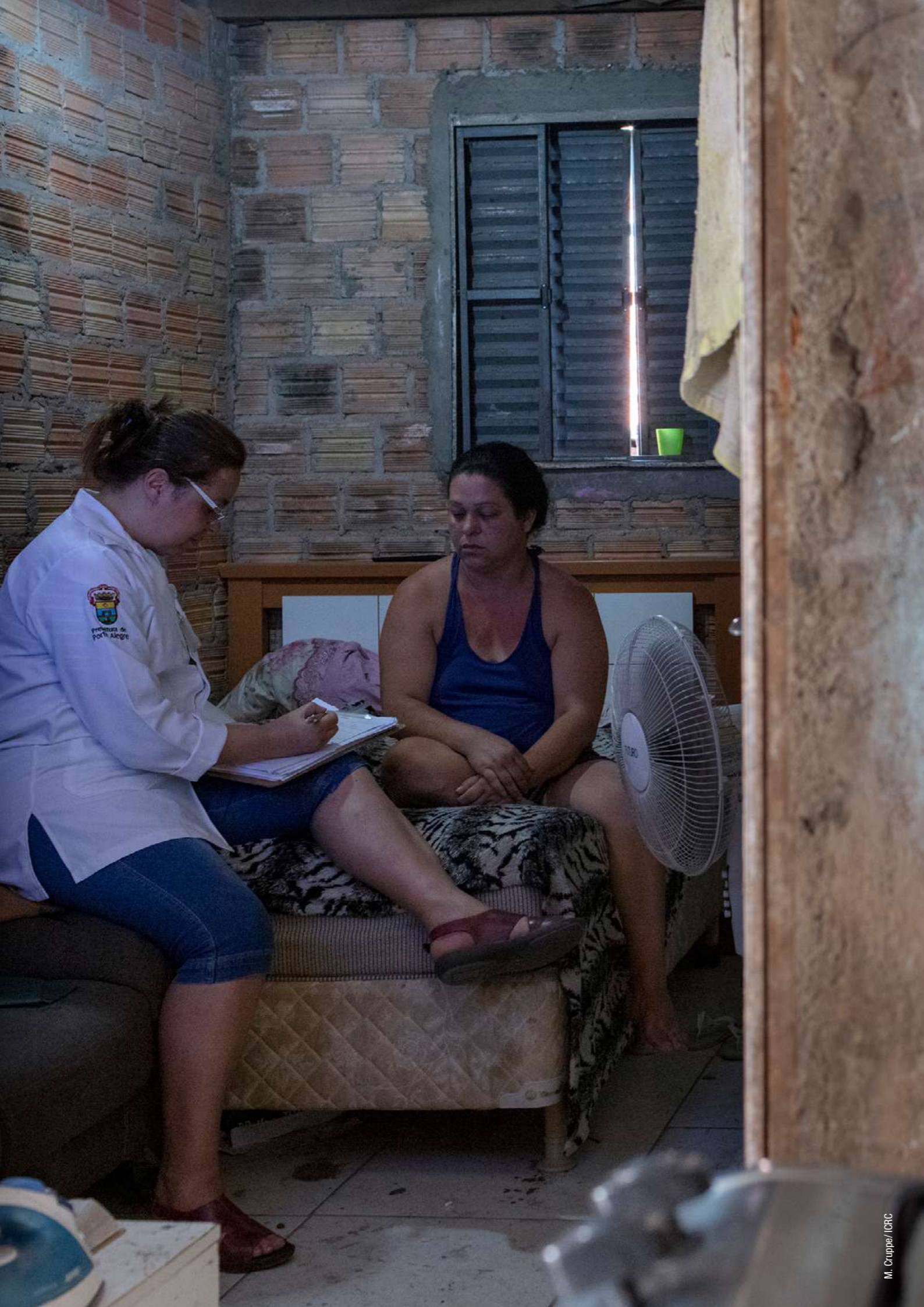
In Brazil, the ICRC has a delegation whose regional operations also cover Argentina, Chile, Paraguay and Uruguay. The Regional Delegation follows an annual strategic plan with operational priorities, and has a team that works collaboratively in partnerships, making its work more far-reaching and sustainable, always with the ultimate goal of better meeting the needs of the people it serves.

In this region, we also work in the following areas: Cooperation with the National Red Cross Societies; Protection – which includes the Detention, Forensics, Mental Health and Psychosocial Support, and Restoring Family Links programmes; Safer Access to Essential Public Services; the Police and Security Forces Programme; Promoting International Humanitarian Law; Legal; Communication; Logistics; and Human Resources.

In Brazil and throughout the region, the ICRC develops activities and works in partnership

with local governments, organizations and society to respond, and promote responses by the authorities, to the basic needs of local communities on three priority issues:

- The consequences of armed violence: a complex issue with serious humanitarian consequences. Some of these are obvious, such as the numbers of killings, shootings and injuries, while others are less visible, such as the disappearance of individuals, internal displacement, and the lack of (or lack of access to) essential public services.
- The needs of migrants and host communities.
- The promotion and adoption of International Humanitarian Law (IHL), International Human Rights Law (IHRL) and humanitarian principles, which are pillars of the ICRC's work in the countries covered by the Regional Delegation.



ARMED VIOLENCE AND THE PROVISION OF, AND ACCESS TO, ESSENTIAL PUBLIC SERVICES: BACKGROUND AND PROSPECTS

With 68% of the world's population likely to be living in cities by 2050¹, urban growth, often uncontrolled, may well throw up different challenges when it comes to absorbing people. Given the prospect of demographic pressure, one of these challenges may lie in the probable increase in armed violence which, in addition to its more visible consequences, such as people being injured and killed, can have other less obvious effects, such as its impact on the provision of essential public services and people's access to them.

This global dynamic – the urbanization of the world – calls for strategic approaches and responses from the authorities and managers of public institutions. These responses need to be adapted to each context, so that the consequences of the situation can effectively be reduced and mitigated.

In Brazil, these effects are being felt now. In a number of municipalities, large areas are

beset by the presence of armed groups² that clash with the police and security forces, and with the Armed Forces (when they are conducting law and order operations) and/or with each other, in disputes over territory or local economic resources.

These days, armed violence is not only a feature of large metropolises – it has reached medium-sized cities that used to be regarded as “quiet” and “free” of this type of violence.

This situation poses a major challenge for people who need to access services, for the professionals who work in the public service units and also for the authorities, who have to contend with a series of difficulties and obstacles in order to provide essential public services for people. The effect of armed violence on access to essential public services is also impacting, at great cost, on the country's efforts to achieve the Sustainable Development Goals.³

¹ Source: United Nations Human Settlements Programme (UN-Habitat). World Cities Report, 2020.

² This expression refers to weapon bearers involved in illegal activities, such as drug trafficking.

³ The Sustainable Development Goals (SDGs) are set out in a Resolution of the United Nations General Assembly, which Brazil has endorsed, committing itself to implementing the 2030 Agenda for Sustainable Development. See <https://sdgs.un.org/statements/brazil-13814>. Available in: <https://brasil.un.org/pt-br/sdgs>.

THE IMPACT OF ARMED VIOLENCE ON THE PROVISION OF AND ACCESS TO SERVICES: GENERAL ASPECTS

In more sensitive and unsafe situations it is often necessary to interrupt various services that should be offered to the local community, or even to shut down schools, health units, social assistance units and other essential public services, in order to safeguard the integrity and lives of those who work in and/or use them.

Environments with high rates of armed violence can also affect the mental health of the professionals who work to provide these services: it is not uncommon to see reports of symptoms of stress and exhaustion associated with situations of armed violence. In an ICRC study of professionals working in health, education and social care facilities, it was found that some **60% of the staff had already experienced and/or had become aware of situations of armed violence occurring in the place where they worked**, and that this could affect their work. The study showed that a situation of armed violence has a greater impact on professionals who experienced and/or knew about it – they noticed their own signs of anxiety, stress, depression and burnout, etc. – than on those who have had no connection to such a situation.

This picture reminds us how armed violence impacts the mental health of these professionals and, as a result, the provision of essential public services, especially when we consider the quality of the services and local people's access to them. In such situations it is not uncommon to hear reports of, for example:

- a high turnover of professionals;
- job vacancies in the units worst affected by armed violence;
- absenteeism from work;
- other situations affecting the quality of the provision of essential public services.

In the same study, the psychological consequences of armed violence, identified by the professionals themselves in interviews, are a warning sign of what is happening to these workers who are experiencing situations of armed violence, or who become aware of them, in their daily work. The results point to recurrent depression, anxiety and stress, indicating a worrying scenario.

This situation also entails a high economic and social cost for the entire community, which needs to cope with a whole range of challenges, such as:



increasing the **limited access to essential public services** for people from communities in areas at risk of armed violence, who are often badly affected already by the inadequate provision of services;



the social impacts on people who **depend on the activities or services the units provide**. For example: children who depend on school meals for their required nutritional intake, as in some cases this is the only meal they get in the day; users of the Unified Health System who need either to get specific medicines or to have them administered in a particular health unit, etc.;



increasing obstacles preventing **children and young people from attending school**; difficulty in staying on at school (dropout);



the difficulty of accessing basic and essential services in social assistance units. For example, access to Federal Government programmes to support and monitor child development, professional training programmes, projects aimed at homeless people, etc.

It's not easy to describe frightened face. Walking the streets these days, however, means being surrounded by expressions of tension and fear. Even residents already used to people wielding weapons look grave and are extremely reticent when they speak. The current scenario, they say, isn't normal. Since the middle of last year, clashes in the community have intensified, and many say they've never seen so many shootouts, especially in broad daylight. As well as clashes between drug dealers and the police, now there are clashes between local bandits and militias. In this situation, everyone is hurt, and not just psychologically: very often schools and health clinics are closed, as well as shops.

— Municipal professional from Rio de Janeiro (Rio de Janeiro).



We heard that someone who was armed had died, and that this had led to fighting between armed factions, for control of the area. Then the rumours started: ‘They’re going to invade, they’re going to invade!’ The team was already unsettled, so we decided then to close the unit. People retreated into their homes. Then we saw the bakery closing, and the market. After a while everyone left the health unit together, wearing our distinctive lab coats, with the windows open, and we left safely by the safest route.

– **Municipal health-care professional from Porto Alegre (Rio Grande do Sul).**

In the confrontation we experienced, around our school, we saw armoured vehicles and heavily armed individuals. Fires, bursts of gunfire and a lot of rushing around the place were reported near the school. We told people to take shelter inside the school, showing them how safe it was so that they wouldn’t panic – they were already very distressed. The Safer Access programme broadened our outlook and helped us develop these strategies.

– **Municipal education professional in Rio de Janeiro (Rio de Janeiro).**

In the shootings we had very near the Social Assistance Reference Centre (CRAS) the team felt unsafe, afraid to leave at the end of the working day. The CRAS space is completely open: one shot actually did hit the unit, but at a time when it was shut, and there was no risk to the team. But it could have been worse.

– **Municipal social work professional in Vila Velha (Espírito Santo).**

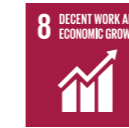
5. difficulty for institutions at different levels to meet the Sustainable Development Goals, such as:



Goal 3. Ensure healthy lives and promote well-being for all, at all ages.



Goal 4. Ensure access to inclusive, quality and equitable education, and promote lifelong learning opportunities for all.



Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all.



Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all, and build effective, accountable and inclusive institutions at all levels.



Goal 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development.

Given all this, it is recommended that the impact of armed violence on essential public services, which is rarely analysed, measured or known by the general public, should be on institutions’ agendas as an important topic to discuss when seeking improvements and high quality in the provision of essential public services and ensuring they can be accessed by all.

Public institutions and their managers still face challenges in doing their work. They include:

1. barriers to carrying out the organization’s core activities, which are fundamental to achieving its goals, such as those set by the different spheres of government (federal, state or municipal). For example, implementing preventive health programmes, vaccination campaigns, access to medicines and treatments for people with chronic diseases, actively looking for service users in the area, adhering to the school calendar, etc.;
2. difficulty in allocating professionals to the areas most vulnerable to armed violence, and high turnover of professionals who are direct or indirect victims of incidents relating to armed violence;
3. difficulty in evaluating and measuring the impact of public policies. For example, assessing learning;
4. direct economic costs incurred by the closure of the units providing services. For example, school closures entail spending on school lunches, which have to be paid for regardless of whether or not the school is open;

The armed violence situation in the area has always been a very complex issue, because it involves a lot of variables. We try to manage things so that we keep providing services to the maximum, so that people are safe, and at the same time we keep up our care for the community. It’s important for us to keep monitoring the area and the dynamics there so that we can break down any potential barriers to our doing our work. Of course, many situations can’t be avoided, but we can improve some outcomes if we behave more safely, if we can understand what steps we need to take to prevent the situation from worsening, not to exacerbate a situation of violence that occurs in the area, so that it doesn’t end up impacting on the provision of health services.

— .” **Municipal health-care manager in Florianópolis (Santa Catarina).**



SAFER ACCESS TO ESSENTIAL PUBLIC SERVICES

As we have seen, Safer Access is a programme that seeks to mitigate the repercussions of armed violence on professionals and the people they serve, by supporting public institutions in developing risk-management procedures. In this way it is hoped to encourage changes in the knowledge, behaviour and attitudes of professionals and managers living with armed violence-related risks that impact their services, enabling them to manage these risks effectively, efficiently and coherently and ensuring continued access to essential public services.

To enable humanitarian activities to be carried out at the lowest level of risk to all, the Safer Access programme is underpinned by the ICRC's internal guidelines and procedures, which draw on the organization's extensive experience of working in contexts of armed conflict and armed violence around the world. The programme's bases and recommendations are adapted to the reality of essential public services: they respect the particular nature of the various contexts and scenarios of armed violence, focusing on the different situations and challenges faced by the professionals who work to provide these services, and by the people receiving them.

In 2009, through the **Rio Project**, a pilot project run in the municipality of Rio de Janeiro, the ICRC developed specific, targeted actions for the communities most affected by armed violence in Rio, **leading to integrated actions** in the fields of **health and education** to protect local people and develop the resilience of those living or working in these communities. In this context, the **Safer Access to Essential Public Services** and **Safer Behaviour** methodologies were applied for the benefit of those working in health and education, respectively, and the people they served.

After five years of the **Rio Project**, **understanding the relevance of these actions for public institutions in Brazil**, the ICRC began to offer its technical support to help ensure that the actions could continue in a sustainable way.

Since then the ICRC has supported a number of institutions working in different areas, such as health, education, social assistance, sports and leisure, youth and human rights, in implementing the Safer Access programme and developing their operational strategies and procedures for managing armed violence-related risks.

In this way, the ICRC supports and encourages our partners to develop:



a risk management framework, offering technical support for organizing tailored action plans based on identifying armed violence-related risks that impact on the service units, professionals and local people benefiting from the services;



internal communication and coordination flows that are efficient and agile, together with external flows involving other key bodies, to promote risk- and crisis-management activities;



a network of local professionals trained in Safer Access, with the capacity to multiply the methodology internally, who act as a support group for monitoring Safer Access operational activities in the institution;



the sustainability of its Safer Access actions, as well as the response capacities developed throughout the partnership with the ICRC, so that the Safer Access methodology is incorporated as an institutional culture, in line with the organization's values and internal culture.

Improved over time thanks to collaboration and participation, continually relying on contributions from partner institutions and their active participation, Safer Access has been evaluating its methodological bases. Currently, the Safer Access methodology, parameterized by the guidelines of international standard ABNT NBR ISO 31000⁴, includes a series of materials and support tools such as guides, manuals and other technical documents to help partners in implementing it.

Seeking to support and facilitate even further the implementation of the Safer Access methodology in institutions, in 2019, at the request of our partners, the ICRC developed the Safer Access

platform and app. These tools are designed to facilitate rapid communication during crisis management, as well as the gathering, monitoring and analysis of data regarding the impact of situations of armed violence on the provision of and access to services. The tool also offers resources that optimize internal communication, with the result that response actions in stress management are tailored to the professionals in the units requesting them.

Between 2019 and 2022 our partners accessed them around **400,000 times**, thereby **confirming the usefulness of the Safer Access platform and app and their contribution to the process of working with the programme.**

⁴ ABNT BR ISO 31000 is a technical document that gives guidelines for different types of organizations in managing the risks inherent in carrying out their operational activities. This standard can be applied to any activity or sector and can be customized for any organization, as it is adaptable and respects different contexts and particular features. It is, therefore, an important international guiding document, aimed at people who create and protect value within organizations.

SAFER ACCESS DIGITAL PLATFORM AND APP: RISK MANAGEMENT SUPPORT FOR MANAGERS AND INSTITUTIONS

Designed to **support and facilitate the implementation of the Safer Access methodology in institutions**, the Safer Access platform and app help with:

- **operationalizing internal communication flows** in situations of risk or crisis involving armed violence: by offering the partner resources that optimize rapid, effective communication **between the centre and the units**;
- **effective, efficient crisis management**: as it enables real-time data to be received on situations of armed violence affecting the units and services, the professionals and the people they assist;
- **better monitoring and analysis of data from the network of services**: platform features facilitate the gathering, monitoring and analysis of data on the impact of armed violence-related events on the provision of and access to services;
- **support decision-making by senior managers**: by providing timely, high-quality data for the decisions necessary for managing operational risks associated with armed violence;
- **the well-being of the professionals and the people they serve**: who now have another resource to strengthen access to essential public services and the quality of service provision for the community.

a snapshot of both the situation with the services and the immediate impacts caused by the armed violence. In this way, management can provide appropriate, timely support for the units, the teams and the service users who are in a risky situation or are going through a crisis. **The information obtained through the notification system** also helps managers in making decision about how to prioritize and handle the risks identified.

The Safer Access platform and app also **facilitate the implementation of digital contingency plans (Safer Access Plans)** developed by the units and validated by management, which are key to identifying and prioritizing the risks and mitigation measures to be adopted by each unit.

Through access to an integrated panel of indicators, which contains the data collected by the institution itself through the notifications, the Safer Access platform also allows the manager to **identify and measure the impact of armed violence on the services and to monitor how the implementation of the Safer Access methodology develops, in addition to providing an expert context analysis of armed violence and its impact on the services provided by the institution.**

Also in the field of technological innovations and updates, in 2021 the ICRC developed a distance learning course on Safer Behaviour to offer this training format too to professionals in partner institutions. In 2022 over **8,000** professionals throughout Brazil were trained in Safer Behaviour.

Through a **notification system with real-time alerts**, the platform makes it possible to monitor the functioning of the service units and the armed violence incidents that have affected them, providing the manager with

The great advantage of Safer Access is how easy it is to monitor and record information: now, centrally, in real time, we can monitor information about what is happening in the municipality's units, while the units can immediately signal that in a simple and very effective, agile way.

– **Municipal health-care professional in Duque de Caxias (Rio de Janeiro).**



WORKING IN PARTNERSHIP TO BUILD CAPACITY

Through the Safer Access programme the ICRC supports institutions in developing and implementing **armed violence-related risk management strategies**, with a view to introducing **internal procedures** that will **foster the adoption of safer behaviours and practices** by all their staff.

At local level, the Safer Access programme encourages the development and implementation of **specific actions** in each service unit (through a contingency plan – the Safer Access Plan), which boosts professionals' ability to take action when facing a situation or of risk crisis relating to armed violence. It also recommends a series of safer attitudes and behaviours that professionals should adopt systematically in their daily work to ensure they are always protecting themselves.

Here the ICRC **guides, accompanies and encourages** the partner in **developing**

concrete actions at all levels of the institution, encouraging the adoption of these safer access procedures – and actions – and their incorporation into institutional culture.

It is important to mention that the ICRC offers its knowledge and experience to municipal, state and federal public authorities on a **voluntary basis**: no financial resources are transferred between the ICRC and the partner institution, which will make available only the **human, technological and material resources** necessary to develop the actions recommended in the Safer Access programme – for example, by freeing professionals to work in the Safer Access support group or to act as facilitators/multipliers of the Safer Access and/or Safer Behaviour methodologies in the institution, providing suitable rooms for training courses, adapting its professionals' workloads so they can take part in training, and so on.

BENEFITS OF SAFER ACCESS FOR PARTNER INSTITUTIONS AND THE COMMUNITY

Although the benefits⁵ of the Safer Access programme are felt differently by the different professionals who work in essential public services, notably owing to the dynamics of armed violence, which differs from one area to another, we can highlight some benefits cited by the professionals who have been implementing the programme.

The Safer Access programme provides knowledge and criteria for decision making by professionals by means of systematic practices that will prepare them to act in times of risk and/or crisis relating to armed violence. For example:

- The Safer Access programme helps raise awareness among professionals about the importance of understanding the dynamics of armed violence in the area they work in, the risks they are exposed to and the need to adopt safer measures and behaviours, ensuring the provision of services at minimum risk to all.
- The Safer Access programme helps to strengthen the capacity to manage armed violence-related risks at all levels of the institution, strategic and operational, and its objectives are aligned with the strategic plans of the partner institutions.
- Statements from professionals trained in Safer Access indicate that the programme helps reduce the periods of closure of units faced with situations of armed violence, thanks to the adoption of risk management procedures and the strengthened resilience of the professionals and institutions confronting these situations.

⁵ The benefits of the Safer Access presented in this document were extracted from the results of consultancy "Assessment on the Results qualitativos and Safer Access to Essential Public Services Program", held in 2022..

WHERE THE METHODOLOGY HAS ALREADY BEEN IMPLEMENTED

In Brazil, the Safer Access programme has already been implemented in several cities. It is currently being run in the southern, south-eastern and north-eastern regions, in the municipalities of: Porto Alegre (RS), Florianópolis (SC), Duque de Caxias (RJ), Rio de Janeiro (RJ), São Paulo (SP), Vila Velha (ES) and Fortaleza (CE). In some of these municipalities, different government departments came together to implement the methodology, thereby optimizing the work of risk management.



To date, more than **40,000** professionals from partner institutions have already been trained in Safer Access. This means that around **1,600** units have implemented the Safer Access programme, and an estimated **4 million** people have benefited from these trained units.

When there was a crisis in one of our health units, the Safer Access support groups were in direct contact with the professionals who were on duty to calm them down and give guidance on the Safer Behaviour procedures, with measures to limit consequences, thus supporting the unit by coordinating the crisis management. The teams from the Emergency Medical Service (SAMU) and the security forces arrived on the scene quickly to support the professionals and patients who were injured and shaken by the crisis, and to give the necessary care and conduct enquiries. **Having the Safer Access framework was vital in handling the crisis in this unit, and also in its aftermath**, as trained listeners took care of the professionals to reduce the consequences for their mental health.

– Municipal health-care professional from Fortaleza (Ceará).

We know how difficult it is for our professionals to work day after day in areas where there is armed violence. And when a risk management methodology is implemented and there is an agreement between the professionals on **action methods in for dealing with the dynamics in this area**, you have a huge advantage.

– Municipal health-care professional from Duque de Caxias (Rio de Janeiro).

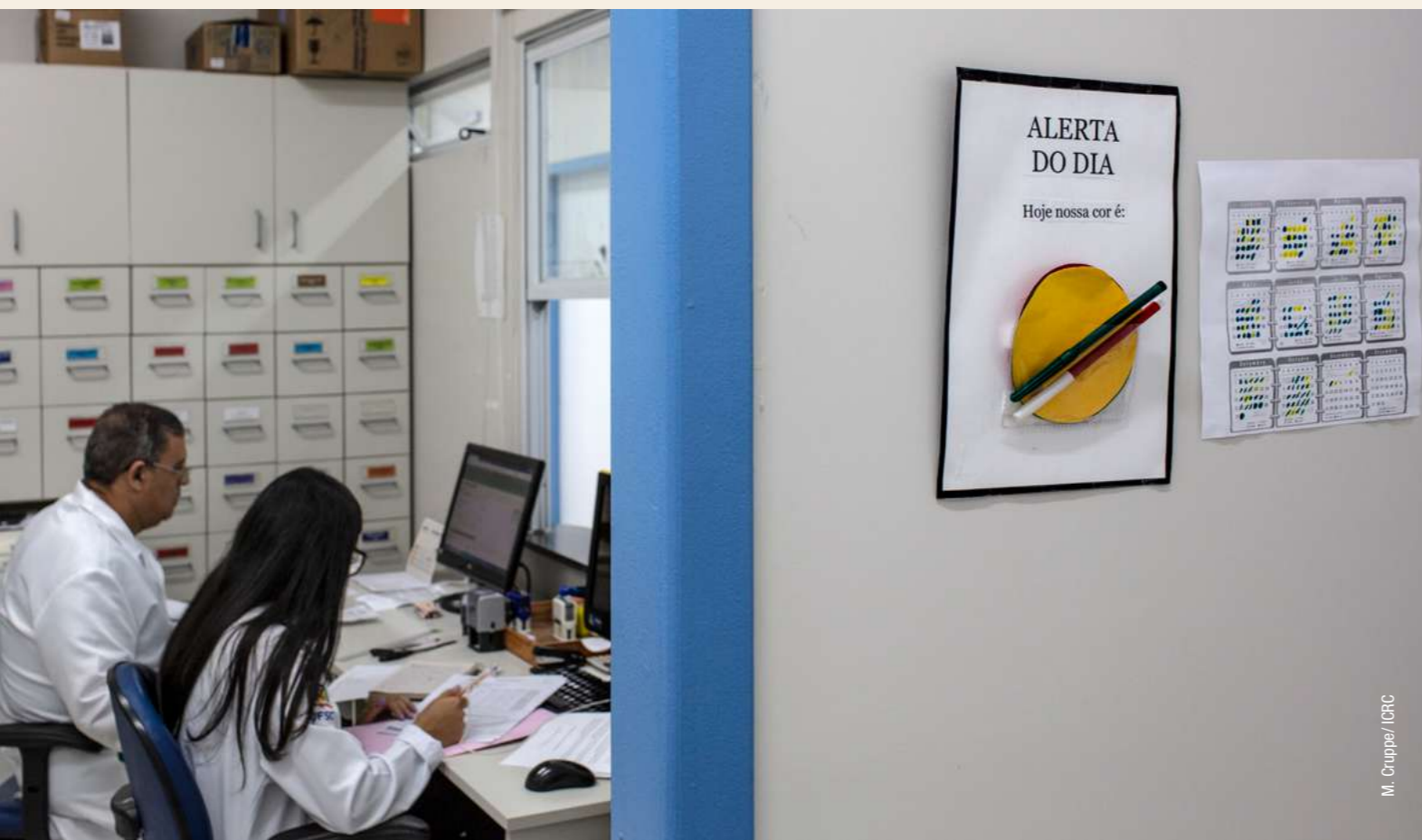
NATIONAL MEETING OF THE SAFER ACCESS NETWORK

The National Meeting of the Safer Access Network is an ICRC initiative in which professionals from partner institutions exchange their experiences of implementing the Safer Access programme. The main aim of these meetings is to facilitate these exchanges between partners and to foster spaces for joint learning through the sharing of good practices and lessons learned. The space is also an opportunity for the ICRC to present updates or new programme features it has provided, and for partners to present any innovative or successful experiences.

The ICRC is an active participant in the Safer Access Network: in addition to its role fostering meetings and contributing technical recommendations and guidance, it also takes a broad look at the comments and suggestions of other participants, which it incorporates into its work and into the process of implementing the Safer Access programme in the municipalities.

Participation in the Safer Access Network by representatives of the municipalities is **fundamental if the programme is to develop in a sustainable, skilled and participatory way over time**. The different reports presented by the participants show that the meetings are times of growth, of strengthening the work, as participants often encounter similar challenges and can discuss them openly, seeking the best solutions [together].

The Safer Access Network also facilitates an understanding and acceptance of the political and strategic aspects, and the relevance of Safer Access work, as it enables participants to learn about different experiences and outcomes – thereby passing on and legitimizing, together with their senior management, the benefits and progress of work done by other municipalities, even when implementation has only just begun.



M. Cruppe / ICRC

VII National Meeting of the Safer Access Network, Brasília (DF), 2022.



E. Marra / ICRC



KEY ASPECTS OF THE SAFER ACCESS METHODOLOGY

Safer Access work entails ongoing actions in four cross-cutting strands, which must guide the implementation of the Safer Access methodology. They are:

1. ANALYSIS OF CONTEXT AND RISKS

The first step in implementing risk management strategies in an institution is to know and analyse the different settings in which the network's service units are located, and to identify the armed violence-related risks impacting on the provision of and access to services.

This analysis provides managers with high-quality, timely information about the context and the particular features of each area, which is useful in designing a more assertive action plan that really does meet local needs.

Although analysing context and risk is a crucial strand in the planning phase of the Safer Access programme, given the changing nature of armed violence the institution must conduct this mapping continuously and systematically. When this is done properly, the strand expands the institution's capacity to choose the best available solutions for mitigating risks – that is, to choose which responses need to be implemented or, for existing ones, need to be improved or adapted in order to reduce the impacts of armed violence on professionals and the people benefiting from the services.

“Once there was an armed confrontation near a school, and the mother of a student was shot at. **The biggest problem for us are the clashes around the units that end up affecting people who work there or who use the services.** In the outlying neighborhoods the confrontation is very often not with the unit, but things happen in the surrounding area. The professionals and the units are not a target, but they end up becoming prisoners of the situation unfolding in the area. I think Safer Access can help us know what to do in each situation.

– Municipal education professional in Vila Velha (Espírito Santo).

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2. RISK MANAGEMENT

Very often, the risks that affect the provision of and access to essential public services either are not noticed or are treated inappropriately, which does not help in reducing people's exposure to risks. The Safer Access methodology sets out a chain of activities for identifying and managing risk.

The risk management strand presupposes, and reinforces the importance of the fact that, based on their knowledge of the armed violence-related risks affecting the services, the professionals and the people they serve, an institution's decision makers can take action in response to the risks they have identified.

With the information contained in the contingency plan (Safer Access Plan), therefore, and with the other data gathered throughout the implementation of the Safer Access programme from monitoring the situations of armed violence that are impacting on the services, a manager has access to information that helps him or her make the most assertive decisions, taking an overall perspective.

For managing risks relating to infrastructure and identification, for example, the Safer Access methodology recommends using the **Probability x Impact Matrix (P x I Matrix)**, an instrument the ICRC offers our partners for facilitating the analysis and management of infrastructure-related risks, and of issues to do with identifying professionals and service units. Using the matrix, risks can be classified according to the likelihood they will occur and the impact they may have on individuals and services if they do occur. The results of this classification show the manager what priority should be given to managing that risk, while decisions made must take into account the armed violence situation in the areas where these units are located.

With the risks properly identified and with the help of the professionals in the units, the manager then has the information necessary for choosing the best alternatives available for dealing with them. This also leads to more assertive targeting in the allocation of public resources.

3. CRISIS MANAGEMENT

Even if the risk management strand is handled extremely carefully and skilfully, it is not possible to count on a total absence of risks, nor to rule out completely the possibility that an unwanted event may occur. The crisis management strand therefore includes preparation for and a direct response to a situation of armed violence that may occur, involving infrastructure, professionals working in essential public services and the people benefiting from these services.

For this, in addition to the actions planned for managing risks centrally, implementing Safer Access involves drafting, locally, a **Safer Access Plan** in each unit where the methodology is used.

A Safer Access Plan is a binding document drawn up locally by employees, their immediate superiors and managers at the central level, in a process that is participatory and integrated and with the support of senior managers in the institution who validate the Safer Access Plans before they are put into practice.

In addition to establishing appropriate communication and coordination flows in the institution, the Safer Access Plan organizes the tasks and functions of an operational Safer Access group in the unit – the Decision Making Group – which is responsible for coordinating the Safer Access actions centrally. The Safer Access Plan is also an important document for surveying the risks to which professionals and the people they serve are exposed, from the point of view of those actually living in the areas.

It is important to emphasize that the implementation of crisis management strategies **should involve the whole institution and should be widely communicated internally**. In order to be really effective, and to produce the hoped-for results, the action procedures must be specific, clear, aligned and coordinated at all levels, and must be known to all professionals in the institution.

This work of **preparing and organizing in advance of a crisis** allows for a structured, effective response. This also has a positive impact on the mental health of the professionals working in essential services.

*I was in the middle of a session when, suddenly, there was a shootout very close to the unit. The patient and I immediately ducked down and waited for the exchange of gunfire to stop. Still crouching down, I crawled to open the door to the surgery and saw that, outside, many people were also lying on the floor: some were quiet, others crying. When we realized that there was no more shooting we **guided everyone to our safe place in the unit and talked to them about how we would lead everyone safely out of there**. We reassured those who were more nervous and needed emotional support. These situations always cause apprehension, even though that wasn't the first episode I experienced. Before Safer Access, we went through these situations and nothing was done: the professionals were constantly afraid, felt unsafe and didn't know what to do. That changed.*

– *Municipal health-care professional in Florianópolis (Santa Catarina).*

*I was in class with the students and we heard gunshots. **The first thing we said to do, when we heard shooting, was to duck down**. Some students did what we said, others left the room, very frightened, and others went to the window, which was right on the side of the street where the noise was coming from. They were teenagers, they went there out of curiosity, putting themselves and everyone else who was there at risk. I urged them to get down. They did, but they told me later that that was already 'common in the area', that they 'were already used to it'. The porter, who was desperate, ran out, and we couldn't carry on with our work. The students' parents went desperately looking for their children, to pick them up. **Almost every week there are reports of gunshots, of deaths**. I wonder, what if we had had better internal and external communication at the time, would we not have been able to guide the parents better? What might our communication with the parents have been like at that time? What might communication between the professionals inside the school have been like? And how might we have guided the students who said 'this is normal for us'? Students who maybe had no idea of the risk this attitude of theirs was posing to them and to everyone. Now, with Safer Access, we're discussing this as well.*

– *Municipal education professional in Vila Velha (Espírito Santo).*

4. MANAGING STRESS

The development of a specific strand in the programme on stress management arose from the need for institutions to **offer adequate support to professionals** who are exposed daily to situations of armed violence, and whose mental health may be affected.

In the context of Safer Access, stress management encompasses both the stress caused directly by situations of armed violence (mobilization of intense emotions linked to the events, from having experienced them) and the daily discomfort and insecurity generated by these environments, which can cause stress and reduce professionals' resilience and sense of well-being.

When implementing Safer Access it is recommended that mental health-care measures and psychosocial support be planned and communicated to all of an institution's professionals in an accessible manner. These actions should be carried out both systematically and regularly, through the promotion of safe, respectful spaces for talking and listening, conversation circles, meetings for discussing the issue, self-care activities, etc., as well as through more targeted actions, especially for professionals who have experienced or witnessed situations of armed violence in the course of their work. In these cases, being attended to appropriately after situations of armed violence and, where

relevant, being referred to specialized care, may be vital to professionals' mental health and well-being.

To broaden the range of stress management activities offered under the Safer Access programme, linkages can be set up with other institutions in the locality, for example technical cooperation agreements with occupational health bodies; care flows for units in the service network itself; referral of cases to the specialized network; and partnerships with universities running courses in the area, among other initiatives.

In view of the above, and given the lack of public policies in this sphere, the ICRC encourages its partner institutions to work on developing standards that incorporate mental health care and psychosocial support for people working in places vulnerable to armed violence. These actions can be introduced by extending existing occupational health policies to cover the issue of armed violence, taking into account mental health and psychosocial care in people's work environments.

In this way, actions to manage armed violence-related stress will gain the force and institutional support they need, bringing more guarantees to people working in essential public services.

WHAT NEEDS TO BE DONE

POLITICAL COMMITMENT

Municipalities or public institutions wishing to implement the Safer Access methodology should seek to make Safer Access an integral and inseparable part of their institutional culture. To this end it is essential that cross-cutting risk-management strategies are thought out and put into practice, involving professionals at all levels of activity, as well as ensuring that public policies to promote the protection and well-being of professionals and service users are drawn up and consolidated. To implement Safer Access fully and properly, most actions do not entail financial costs, but they do require the commitment and **political will to support the professionals and the people served**. This commitment and will can be translated into a series of measures such as: drawing up public policies; publishing ordinances, resolutions or internal procedures; internal reorganization; and other measures to promote the provision of public services more safely for all. An institution will then be able to consolidate its management of armed violence-related risks, with the aim of protecting the professionals delivering essential public services and improving both the service and the community's means of access to it.

STRENGTHENING CONTEXT AND RISK ANALYSIS IN ORDER TO MAP IMPACT

As a key strategy for mapping the impact of armed violence on service provision, the ICRC provides technical support for our partners, helping them develop their analysis of context and risk by making personalized technical recommendations and providing materials and tools for putting them into practice. Context and risk analysis, which an institution should carry out regularly and frequently, are essential **to understanding and monitoring how armed violence affects the provision of and access to essential public services, what vulnerabilities exist in terms of Safer Access, and how they should be mitigated**. This analysis makes it possible to establish a baseline, right at the beginning of a partnership, to guide the planning of how Safer Access will be implemented and how, in the future, the methodology can be properly evaluated and improved, based on the managers' clear visualization of consistent, timely, high-quality indicators.

A CROSS-CUTTING UNDERSTANDING OF RISK MANAGEMENT

To implement the Safer Access programme, it is essential for the ICRC's partner institutions to understand the **comprehensive nature of risk management**, which needs to involve all levels and all staff in the institution so that it effectively becomes part of the institutional culture. It is also important to make it clear to everyone, especially the group responsible for implementing it in the institution, that the methodology recommends not only the management of crises that may arise but also integrated actions for **dealing with the risks that are observed, adopting measures that evaluate communication (both internal and external) and managing stress**, among other activities

MONITORING FOR CONTINUOUS IMPROVEMENT

In order for Safer Access to be always efficient and in line with people's needs, both in protecting professionals and guaranteeing local people's access to services, **how work is actually done within the scope of the Safer Access programme needs to be observed objectively so that appropriate decisions can be made in each new scenario**. To this end, it is important to implement systems that facilitate monitoring and analysis, for example by using the Safer Access **digital platform and app**, which act as a complete and comprehensive system for monitoring indicators, improving crisis management and making objective decisions regarding the situation in each area. The continuous monitoring of incidents allows coherence over time, even if the dynamics in the areas changes, and it also favours an ongoing evaluation of the work, based on a careful analysis of the data collected

*When I first adopted the ICRC's Safer Access methodology, in 2018, I came to believe that management's attitude should be focused more on the **care and mental health of our staff**, and on how users can access our services more safely. Today I am certain that, through Safer Access, we are endeavouring **to ensure the continuity of our services, for both professionals and users, with safer behaviours and attitudes**.*

– Municipal social assistance professional in Fortaleza (Ceará).

Safer Access was very important at these times, because the step-by-step approach to interpreting the signals in the environment, in the surroundings, helps a manager to make a more sensible decision, to keep everyone safer.

– Municipal education professional in Rio de Janeiro (Rio de Janeiro).

PROTECTING ESSENTIAL PUBLIC SERVICES AND THEIR PROFESSIONALS

In all circumstances, whether in peacetime or otherwise, States have certain obligations, such as, for example, maintaining a system that provides essential public services. They should therefore provide essential public services including primary health care, access to a minimum of essential food, housing, basic sanitary conditions, clean drinking water and essential medicines, etc., while respecting the principles of non-discrimination and equitable access.

The Brazilian constitution defines the State as having a duty with regard to certain social benefits, such as the right to education, or the right to health, among others. It must therefore provide access to school for all, and also basic primary health-care services for all.

The physical structures, the resources and the professionals involved in delivering essential public services and contributing to the fulfilment of this constitutional requirement need to be protected and respected by all while these services are being provided.

Those who provide an essential public service are serving the common good for Brazilian society and should therefore be publicly respected and recognized for their work. There are many measures the State can adopt to achieve this goal, for example by running public communication

campaigns that can in some way promote the acceptance and protection of these professionals, or by adopting appropriate administrative or legislative measures to ensure better security and protection for them while they are at work in the area, among other activities.

In this context it is important for the authorities to verify whether there are rules in their domestic legal system that ensure the protection of these professionals. Where there are no adequate standards, the authorities should promptly adopt the administrative or legislative measures necessary for implementing such standards through concrete actions.

The work of these services and professionals is done in the interests of all Brazilians. It is therefore universal and impartial, as it must be carried out without making any distinction as to race, sex, creed or political or ideological orientation.

This protection, acceptance and respect must be understood by all Brazilians, including the perpetrators of armed violence. In particular, they must understand how their actions directly or indirectly affect access to essential public services, and their consequences for the population as a whole. The work of these services and their staff upholds the most basic humanitarian principles.

In the case of Brazil, the Brazilian legal system⁶ and the international norms (International Human Rights Law)⁷ that regulate and protect the mission of providers of essential public services stipulate, among other things, that:

- Everyone has the right to life. States must refrain from deliberately withholding or delaying health care for the wounded and sick in circumstances that threaten life.
- Whenever the use of force cannot be prevented, law enforcement officials should ensure health care as soon as possible.
- Everyone is entitled to the highest standards of physical and mental health, and to an adequate basic education. As a minimum, States should offer basic health care and basic education.
- Everyone is entitled to have access to public health and education facilities and services without being discriminated against.
- States should take active steps to enable and assist individuals to enjoy the right to health and education.

⁶ For example, the 1988 Constitution of the Federative Republic of Brazil.

⁷ In accordance with the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, and various other international treaties.

On the importance of the Safer Access strategy, I would like to point out: provide safe spaces for discussion and recommend what attitudes the team should, what behaviour gives greatest protection. Professionals who are better prepared are in a better position to ensure and expand services to the community.





– Municipal health-care professional in Florianópolis (Santa Catarina).

In my fifteen years as a community health worker, it was the first time that anyone looked at and cared about the problem we were having with violence on the street.

– Municipal health-care professional in Florianópolis (Santa Catarina).



The ICRC helps people throughout the world who are affected by armed conflict and other situations of violence by doing everything possible to protect their dignity and alleviate their suffering, often in conjunction with Red Cross and Red Crescent partners. It also seeks to prevent difficulties in promoting and strengthening International Humanitarian Law and defending universal humanitarian principles.

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