



SAFER ACCESS TO ESSENTIAL PUBLIC SERVICES



 [facebook.com/ICRC](https://www.facebook.com/ICRC)

 twitter.com/ICRC

Regional Delegation for Argentina,
Brazil, Chile, Paraguay and Uruguay
SHIS QI 15 Conj. 05, Casa 23, Lago Sul,
71635-250

Brasília, DF - Brazil

T +55 61 3106 2350

F +55 61 3248 7908

E-mail: bra_brasilia@icrc.org

www.icrc.org

© ICRC, February 2018



ICRC

Front cover: S. Lefcovich/ICRC

SAFER ACCESS TO ESSENTIAL PUBLIC SERVICES





ARMED VIOLENCE IN URBAN CENTRES

Two thirds of the world's population are expected to be living in urban centres by 2030. As these areas grow (often haphazardly), supporting this larger population will involve challenges and, in particular, a likely increase in armed violence.

It is a global trend typical of the 21st century, and reducing and mitigating its humanitarian consequences will require tailored approaches and responses.

In Brazil, the effects of rapid, unregulated urban sprawl are being felt as slums/favelas and low-income neighbourhoods on the outskirts of cities are increasingly perceived as violent places. In several cities, large territories are invaded by armed groups¹ that, in an effort to gain control over neighbourhoods and funds, confront both each other and police and military contingents carrying out operations to maintain law and order.

Between 2016 and 2017 armed violence increased, together with its most visible

indicators: murder rates, clashes between armed groups, deaths and injuries from stray bullets, etc. Moreover armed violence is an issue not only in very large cities such as Rio de Janeiro and São Paulo, but has encroached into medium-sized ones that were previously regarded as “quiet and safe”.

This transformation has affected local authorities which, in trying to provide essential services, are now faced with more obvious obstacles and challenges than in the past.

This effect of armed violence on access to key public services is not often covered in the media, but it is having an impact and is detrimental to Brazil’s efforts to achieve the Sustainable Development Goals.²

1 A reference to non-State armed groups involved in illicit activities. In Brazil, the main groups are known as “fações do tráfico de drogas” and “milícias” (“drug gangs” and “militias”).

2 The Sustainable Development Goals (SDGs), which Brazil is committed to achieving, are set out in the 2030 Development Agenda adopted by the United Nations General Assembly in 2015. See: <http://www.itamaraty.gov.br/en/politica-externa/desenvolvimento-sustentavel-e-meio-ambiente/6298-sustainable-development-goals-sdgs>.

THE COST OF ARMED VIOLENCE IN THE PROVISION OF KEY PUBLIC SERVICES

In addition to its direct consequences, armed violence in urban settings causes schools and health clinics or other core public service facilities to be shut down, at a high cost:

- Low-income communities, who are often vulnerable and have a limited supply of services available to them, are deprived of these services;
- It hinders the achievement of the Sustainable Development Goals and other aims set by the various levels of government (federal, state and municipal). For example, it can jeopardize the implementation of preventive health-care programmes, such as immunization campaigns, or access to treatment for chronic patients – situations that come at a high economic and social cost;
- The direct economic costs resulting from the various facilities being shut down. According to data from the Rio de Janeiro Municipal Health-

Care Department, the closing of every health-care unit costs an average of 30,000 Brazilian reais per day. Even after being shut down, schools continue to incur costs: school meals, for example, must be paid for regardless of whether the school is in operation or not. Added to the economic cost is the social cost of these facilities: many children rely on school meals for their required daily nutritional intake; in some cases, this is the only meal some children will have that day. Another significant obstacle to the provision of key public services is the difficulty of staffing areas that are vulnerable to armed violence, not to mention the high turnover of employees who are either directly or indirectly affected by violent events.

These are just a few examples to help illustrate the countless direct and indirect humanitarian consequences of the lack of access to key public services – consequences that are rarely analysed or measured by the authorities and rarely known to the general public.



"It is not easy to describe how a frightened face looks. To walk on the streets today, however, means to be surrounded by tense and fearful expressions. Even the local residents, who are used to seeing people carry guns, have serious faces and are extremely cautious when they talk. They say the present scenario is not normal. Since the middle of last year the clashes in the community have intensified, and lots of people say they have never seen so many gunfights, especially in daylight. Along with the confrontations between drug dealers and the police, there are now clashes between drug dealers and militiamen. In this situation, everybody is affected, and not only psychologically: schools, public health services and businesses are often forced to close or to interrupt their services."



A. Löhn/ICRC



N. Cohen/ICRC





THE ICRC'S WORK

The ICRC is concerned about the increasing humanitarian consequences of armed violence, so it has been developing specific responses in a number of countries (South Africa, Pakistan, Colombia, Mexico, Venezuela, etc.).

In Brazil, after offering its services to the Federal Government in 2009 the ICRC launched the Rio Project, which covered the municipality of Rio de Janeiro and included specific actions for the communities most affected by armed violence. As part of this project, the ICRC developed the Safer Access to Essential Public Services methodology, which it has since been implementing successfully in other municipalities.

The International Committee of the Red Cross at the regional level

The Regional Delegation of the International Committee of the Red Cross (ICRC) for Argentina, Brazil, Chile, Paraguay and Uruguay seeks to respond – and ensure that the relevant authorities respond – to the humanitarian needs of people affected by armed violence in urban settings.

The ICRC supports international humanitarian law (IHL) and humanitarian principles together with authorities and institutions from all five countries. It also helps National Red Cross

Societies to increase their capacity to respond to communities' humanitarian needs.

The organization seeks to raise awareness among the authorities and the public of the deep suffering of family members and the impact of the disappearance of a beloved person. It also provides support and training for specialists on the identification of the remains of missing persons.

In addition, the ICRC takes steps to minimize the effects of armed violence in urban settings. Experience in the poor communities of Rio de Janeiro in 2009–2013 resulted in integrated actions in health care and education, aimed at protecting the public and developing the resilience of people who live or work in these communities. Five years into a pilot project, the ICRC provides technical support for partners so they can follow up on these actions, ensure their sustainability and promote their expansion to other urban areas plagued by armed violence. When requested by the authorities, it supports the implementation and adaptation of these methodologies in other cities and regions of Brazil, and also in other countries around the world.



SAFER ACCESS FRAMEWORK (SAF)

Safer Access Framework (SAF) is a methodology designed to prevent, reduce, mitigate and respond to the consequences when a community is exposed to situations of armed violence.

The SAF methodology is harmonized with the policies and guidelines of ISO 31000, the international standard for risk management,³ and is based on and adapted from the ICRC's security protocols, drawn from its extensive experience in conflict and armed violence environments. Its objectives are as follows:

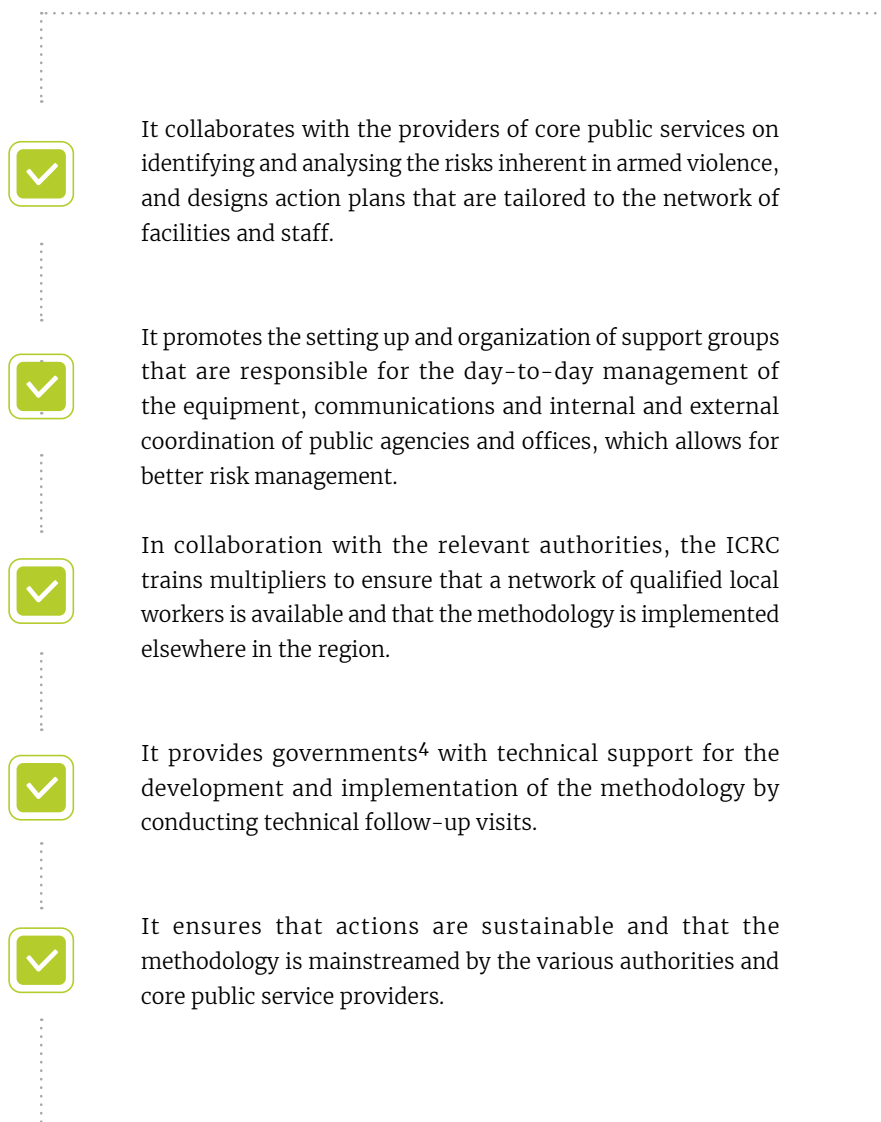
- To protect lives, foster safe environments and strengthen the resilience of staff in public institutions and essential public service facilities who are working in areas affected by armed violence.
- To collaborate with the departments in charge of providing essential public services to develop integral strategies for managing risks, managing crises, treating risks and managing stress, all based on concrete actions to put in place a self-protection system for staff.
- To promote changes in the knowledge, behaviour and attitude of staff and managers in the face of risks relating to armed violence, so that they can be managed in an effective, efficient and consistent manner.
- To improve the overall efficiency of services and to leverage human and financial resources.
- To expand access to essential public services by allowing workers to have free access to communities, and the communities to service delivery points.

³ ISO 31000:2009 (Risk Management – Principles and guidelines). ISO is an international standardization system developed by the International Organization for Standardization. See: <https://www.iso.org/home.html>.

SAF IMPLEMENTATION

The SAF involves raising awareness among managers and/or decision makers of the security situation of staff and people who operate in violent and insecure environments every day.

The ICRC extends its expertise and experience to local, state and federal authorities voluntarily and free of charge, and conducts programmes specifically tailored to local needs and to the capabilities of each public agency (department) as follows:



⁴ During the period of validity of the cooperation agreement between the ICRC and the municipal authorities. The agreement provides for technical support, and no remuneration is paid to the ICRC.

TESTIMONIAL: WHAT DOES THE SAF TOOL MEAN FOR MANAGEMENT AND FOR HEALTH WORKERS?

“The SAF tool proved to be a key solution, enabling management to respond more quickly, expertly and decisively to the consequences of the armed violence that was affecting health workers and preventing the public from having access to essential public services. It has also made it possible for us to have data to inform and direct managerial decisions, by entering the incidents of armed violence into a structured, standardized information system. This has translated into greater peace of mind and the certainty that we are using best practice to mitigate the consequences of the armed violence affecting our workers.

Management has a duty to protect its workers on the ground; it is our mission to take responsibility for one other. When workers on the ground give us positive feedback after using the SAF tool in their day-to-day work, it is extremely rewarding to know that we have their endorsement too.

For employees, the impact of the SAF has translated into reduced stress caused by armed violence in their work environment, thanks to their new perception of the risks inherent in the area where they operate. Improvements have also been made to communication between team members, between central management and the team on the ground, and in the analysis of violent incidents based on the correct identification of signs in the locality. At the same time, having a plan in place that makes it possible to report incidents easily and clearly, being able to receive a prompt response from the management and following up on the incident and its aftermath also help staff make safer decisions in a crisis.”





KEY ASPECTS OF THE SAF

The SAF methodology includes ongoing actions in four key areas; these are integral to the SAF and follow a schedule during implementation.

The methodology builds on the ICRC's experience and an adaptation of its rules, and draws on the ISO 31000 standard.

1 Context and risk analysis

Both access to the workplace and the provision of essential public services can be affected by risks associated with armed violence in urban centres.

Risks can range from property damage to loss of human life. They differ in probability of occurrence and severity of impact, are specific to individual environments, and vary over time. The first step, therefore, is to conduct a thorough analysis of the context and existing risks – an analysis that, given that the situation in areas affected by urban violence is constantly changing, should be carried out on an ongoing basis.

2 Risk treatment

Existing risks are often overlooked or simply addressed inappropriately, which fails to help reduce unwanted events.

The SAF involves a series of risk-awareness and risk-management activities carried out by a variety of actors in order to increase the security and protection of professionals and communities located in vulnerable areas.

EXAMPLE *It has come to the attention of the Rio de Janeiro Municipal Education Department that unprotected gas cylinders are located outside schools and are therefore exposed during shootings or clashes.*

Although it is not very likely that a cylinder would be hit, if it were, the impact could be very high, as an explosion could damage infrastructure and perhaps even cause death and injuries.



IDENTIFICATION

Exposed, unprotected gas cylinders.
Risk of explosion.



ANALYSIS

Likelihood of damage: low.
Impact: very high.



ASSESSMENT

Unsuitable infrastructure for the installation of gas cylinders, posing risks to everyone in the building.
Cost: low, and no complex actions are required.



TREATMENT

Adapt the site where cylinders are stored.
External Coordination: Fire Department.
Technical guidelines.





3 Crisis management

Although great care and competence are devoted to the Risk Management aspect, one cannot assume there will never be any risks, or rule out the possibility an unwanted event may occur. The Crisis Management aspect therefore deals with preparedness for a direct response to a potential safety incident affecting the infrastructure and staff of core public service facilities.

To prepare staff and premises, in addition to the risk management actions planned the SAF includes a Safer Access Plan in each facility where the methodology is used.

This plan is a binding document developed locally by staff with the support and endorsement of the authorities. It may entail drafting specific action protocols, establishing appropriate communication and coordination flows and assigning roles and responsibilities to each team member in the event of an incident. These preparation and organization efforts made prior to a crisis mean that the response will be structured, effective and less emotional, with benefits also for staff stress management.



4 Stress management

A particular focus on stress management stems from the need to support staff who are exposed daily to situations of armed violence and whose mental health may be affected. The stress caused by safety incidents (intense emotions aroused by the event) is considered, as well as the daily unease and insecurity that may reduce staff's resilience and well-being.

The perception shared by some workers, that managers seem to be insensitive to the challenges they face, is an aspect that also interferes directly with the staff's willingness to work in the most vulnerable areas. Introducing concrete actions for managing stress is an important way of helping these people.

Some psychosocial support measures for staff are recommended as part of the SAF, in addition to particular work flows and measures to care for mental health in the event of safety incidents.

PORTO ALEGRE

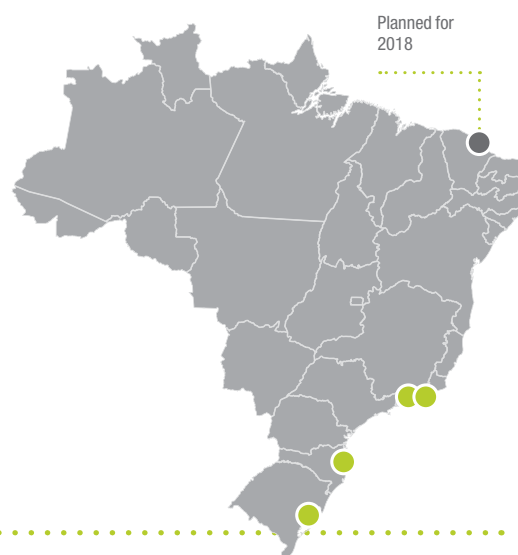


"It was an afternoon in November 2016. A team of five teachers and a coordinator were organizing a sports tournament with about 60 teenagers aged 15-18 in a sports gym, in an area on the outskirts of Porto Alegre, RS. Towards the end of the event, three armed men, not known to the group, came onto the court and began to attack one of the boys who was playing. When one of the teachers saw what was happening, he tried to intervene and was threatened with a weapon, while the others realized that the only exit had been closed by one of the invaders. The team were confused and did not know what to do. After beating the teenager, the attackers left. The team were severely traumatized by the incident and found it hard to return to their local area."

WHERE THE METHODOLOGY HAS BEEN IMPLEMENTED

The SAF has now been implemented in various cities in the south and south-east of Brazil, in areas highly vulnerable to armed violence: Duque de Caxias (Rio de Janeiro), Florianópolis (Santa Catarina), Porto Alegre (Rio Grande do Sul), and Rio de Janeiro (Rio de Janeiro).

Starting in 2018, implementation is planned in Fortaleza, CE, in the north-eastern region. In some of these municipalities the project has been implemented entirely by various government departments, which helps leverage risk management efforts.



The primary SAF domains are: health care, education and social assistance. Actions have also been carried out with workers in other fields, however, such as sports and leisure, housing and human rights.



MAIN RESULTS

Key outcomes from implementing the SAF include:

- Continued provision of services to people in the areas most vulnerable to armed violence;
- Integrated management across departments and services and the development of shared strategies for preventing safety incidents in cities;
- Improved internal organization and assignment of roles, including internal communication, coordination and teamwork;
- Empowerment of staff, increased satisfaction and commitment at work;
- Management of workers' stress and resulting decrease in turnover rates/easier allocation of staff;
- Effective allocation, provision and management of funds;
- Faster response to safety incidents.

"In August 2017, Safer Access training was delivered by the team of a Social Assistance Reference Centre (CRAS) in Porto Alegre, RS. Around 15 of the Centre's staff received training in the methodology and began putting together a Safer Access Plan, although some of them doubted the need to use the plan owing to their location, the physical facilities and the nature of the services offered. The day after the training a clash between local armed groups seemed imminent, but thanks to the training session the team visiting this district were able to identify the signs of risk and managed to return to the CRAS without any problem. The following week, an armed individual stormed into the CRAS looking for a young man who had taken refuge there. The team knew what to do and the incident had no major consequences. The internal evaluation under the Safer Access methodology showed that the whole team was confident in the plan they had made."



SAF NETWORK

The SAF is a platform for exchanging experiences and improving work; it brings together officials and workers from the municipalities where SAF has been or is being implemented. The primary objective of this initiative is to provide a joint learning environment by sharing good practices and disseminating overall SAF guidelines and innovative and successful experiences.

- The ICRC is an active member of the Network. In addition to its role in promoting meetings and providing technical guidance, it also takes into consideration all the comments and suggestions made by other participants, and incorporates them into its work and the process of implementing the SAF in the different municipalities.
- The participation of municipal representatives in the Network is vital to ensure that the SAF develops in a sustainable, competent and participatory manner over time. Feedback from the various participants shows that they see the meetings as opportunities to expand and strengthen their work, as they often encounter similar challenges and can have an open discussion about seeking the best solutions.
- The Network also helps raise awareness and generate buy-in of the relevant SAF work at the political and strategic levels, as it allows the different actors to share the benefits and progress of the work done by other municipalities with their own senior management, and to obtain its approval, even when implementation is in its early stages.

WHAT NEEDS TO BE DONE

Political commitment

The primary goal of the municipality should be to develop a public policy to protect the staff of core public service providers by improving their service and the conditions of access to and by the community.

This change may entail making other human and financial resources available. When the SAF is implemented fully and appropriately, however, most actions entail not financial costs but rather commitment and the political will to support the staff.

This commitment and willingness are translated into the development of public policies, directives, resolutions, internal protocols, internal reorganization and other actions that leverage the safe provision of public services.

Context and risk analyses

These are essential tools for understanding specifically how armed violence affects the provision of key public services, what the existing vulnerabilities are and how they should be patched or mitigated. The assessment provides initial indicators that enable SAF implementation to be properly evaluated and improved in the future.

A thorough understanding

It vital for the actors in charge of implementing the SAF to understand the far-reaching nature of risk management, which not only involves handling a crisis and dealing directly with any risks identified, but also means adopting measures to optimize communication, stress management and services, for instance.

Ongoing monitoring and improvement

In order for the SAF to be consistently effective in protecting workers and ensuring access by the public, it is necessary to monitor performance objectively and to make informed decisions in each scenario. This means it is important to put in place a monitoring system to keep track of indicators, improve crisis management and make objective decisions based on the situation in each district. Monitoring helps ensure consistency over time, even in the face of changes in a given district, and, when the data collected is carefully analysed, helps maintain the quality of work.



P. Santos/ICRC

Protection of key services and their staff

Under all circumstances, whether in times of peace or armed conflict, States have certain obligations, such as maintaining the health-care system in operation. They must therefore maintain core public services such as primary health care, access to a minimum of essential food, housing, basic health conditions, a clean drinking water supply, essential medicines, etc., while respecting the principles of non-discrimination and equitable access.

Brazil's Constitution defines the State as having the *duty* to provide certain social benefits, in relation, for example, to the *right* to education and the *right* to health, among others. The State must therefore extend education to all, universally, and must provide primary health care for all citizens.

The physical facilities, resources and staff that underpin the provision of key public services and contribute to the fulfilment of this constitutional obligation must be protected and respected by all in the performance of their duties.

Those whose work is to provide a core public service contribute to the common good of Brazilian society and, therefore, must be respected and must have their work appreciated by the public. The State can take numerous actions to bring this about, e.g. by

running public awareness campaigns that could in some way generate acceptance and protection for these workers, or by adopting appropriate administrative or legislative measures to ensure their safety and protection, for instance.

To this end, it is important for the authorities to ensure that their by-laws contain provisions for the protection of these workers. In the absence of appropriate rules, the authorities must adopt the necessary administrative or legislative measures immediately.

The work performed by these service providers and these employees is in the best interests of all Brazilian citizens. It is, therefore, universal and unbiased, as it must not make any distinction as to race, sex, religion or political or ideological affiliation.

Such protection, acceptance and respect need to be well understood by all Brazilian citizens, including those involved in armed violence – who, in particular, must understand how their actions either directly or indirectly affect access to key public services, and what consequences they have for the public as a whole. The work carried out by these service providers and their staff reflects the most basic principles of humanity.

In the case of Brazil, the domestic legal framework⁵ and the international rules (International Human Rights Law)⁶ that govern and protect the mission of core public service providers specify the following:

- Everyone has the right to life. States must refrain from deliberately withholding or delaying health care for the wounded or the sick in life-threatening circumstances.
- Whenever the use of force is unavoidable, law enforcement officials must ensure that health care is provided as quickly as possible.
- Everyone has the right to the highest standards of physical and mental health and to an adequate basic education. States must, at a minimum, provide primary health care and basic education.
- Everyone has the right to have access to public health and education facilities and services without being discriminated against.
- States must adopt active measures to enable and assist individuals to enjoy the right to health and education.

5 Including the 1988 Constitution of the Federative Republic of Brazil.

6 Pursuant to 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.

DUQUE DE CAXIAS



“A family health clinic in Duque de Caxias, RJ, opened its doors for another day’s work. At around 8:20 a.m. a group of armed individuals arrived, carrying a person who had been shot and demanding immediate treatment for him. Only the nurse and some community health agents were present. The nurse, who was in shock, put on an emergency dressing with great difficulty and then persuaded the group to take the wounded individual to a hospital for proper treatment. The health clinic staff were threatened, coerced and assaulted by members of the armed group, who even fired shots into the air at the clinic entrance. When leaving, they stole a patient’s car. As a result of this incident the health clinic was shut down for some years, which restricted the access of the people in that region to primary health-care services.”





“ We live in a climate of risk; we witness shootings almost every day. Most of the time, they occur in front of the clinic, which is in the street leading to our community. Before the SAF we lived in fear and didn’t know how to act, because didn’t know how to decide anything. We’d stay inside the clinic, with the building open, and we’d phone the department and wait for an order that

sometimes took ages to come – almost an hour, or even more. It was really bad. “Now that we have the SAF system, we do know what to do. Some days we can work normally even if something happens in the community; the area is quite big, and sometimes an incident doesn’t put us at risk. The programme has given us this sense of protection, this security and, most of all, this autonomy. ”

REPORTS FROM LOCAL AUTHORITY STAFF:

STAFF TRAINED IN 2016, NOW WORKING IN THE MANGUEIRINHA–DUQUE DE CAXIAS HEALTH CLINIC, RJ

“ After the SAF was implemented in the SESC Health Clinic the staff felt safer again. Of the 32 employees, only one didn’t return to work after the security incident. The staff no longer feel vulnerable in their work. ”

**REPORT FROM A DOCTOR IN THE SESC HEALTH CLINIC,
PORTO ALEGRE, RS**

“ It's great to know that we're now able to put together a document that is endorsed by the management and that focuses on the protection of workers. ”

**FOUNDATION FOR SOCIAL ASSISTANCE AND CITIZENSHIP.
REPORT FROM THE COORDINATOR OF SHELTER AR 10,
TRAINED IN 2016**

“ The timing was just great. I was prompted to rethink my attitudes in the workplace. I’d been doing a lot of things in the wrong way. ”

“ The clinic started shutting down less often. Since the SAF was introduced we’ve only had one severe incident, which was evaluated during the next shift, and the clinic re-opened that afternoon. ”

CHILD PROTECTION SERVICE: MEMBERS TRAINED IN OCTOBER 2016 IN PORTO ALEGRE, RS. REPORT FROM THE COORDINATOR-GENERAL OF THE CHILD PROTECTION SERVICE

“ Our work is a bit safer now as we’re able to assess and identify signs that previously went unnoticed. So, as a member of staff, I think the SAF is a great resource, and clinics that don’t have it should introduce it, because you never know when an incident might happen. ”

WORKERS IN THE SANTA LÚCIA FAMILY HEALTH CLINIC – FLORIANÓPOLIS, SC

“ The strategy was successful because our colleagues who had lived through similar situations became responsible for the training. They had been affected themselves, and they adopted the SAF methodology out of a desire to help other colleagues cope with the violence they are confronted with. ”

FLORIANÓPOLIS, SC – HEALTH-CARE REPORT FROM A COMMUNITY HEALTH AGENT (CHA) TRAINED IN 2016

“ I’ve been a CHA for 15 years now, and this was the first time anyone looked into and cared about the problem we face with street violence. ”

FLORIANÓPOLIS, SC – HEALTH-CARE REPORT FROM A COMMUNITY HEALTH AGENT (CHA) TRAINED IN 2016





We help people around the world affected by armed conflict and other violence, doing everything we can to protect their lives and dignity and to relieve their suffering, often with our Red Cross and Red Crescent partners. We also seek to prevent hardship by promoting and strengthening humanitarian law and championing universal humanitarian principles.



ICRC