



URBAN VIOLENCE AND THE ICRC'S HUMANITARIAN RESPONSE

A GROWING GLOBAL PROBLEM...

The destructive force of urban violence on people's lives and livelihoods – and the suffering it causes – is a major concern of the International Committee of the Red Cross (ICRC) in many contexts in which it works around the world.

This violence – often symptomatic of the socio-economic pressures linked to rapid urbanization, soaring population growth and large population movements – will be one of the defining features, and key challenges, of the twenty-first century.

With two-thirds of the world's population predicted to live in urban areas by 2050 – many of them in burgeoning megacities – authorities will face increasing challenges in meeting the needs of urban populations, including housing, infrastructure, employment and access to basic services such as health care and education.

Many large cities of South Asia, Africa and Latin America are already suffering the consequences of rapid and unregulated expansion – most visibly in neglected and violence-affected slums and shantytowns. The correlation between urbanization and violence is unquestionably a complex one, with many factors at play, such as social inequality, unequal distribution of resources, lack of investment, low levels of education and high unemployment. Many large cities have certain areas that are very unsafe for the population, as well as for State agencies or civil society organizations that try to operate in them. With gangs and armed actors clashing with State security forces, and fighting among themselves for control of neighbourhoods and economic resources, some urban areas appear severely dysfunctional and practically ungovernable. The State response in many cases seeks to suppress the violence, primarily through law enforcement means, rather than to address its underlying causes. This tends to perpetuate the instability and fragility of these urban areas.



...WITH MASSIVE HUMANITARIAN CONSEQUENCES

For the people – particularly young people – struggling to survive in such environments, the impact of chronic armed violence on their lives is profound and all-pervasive. Violent deaths and the risk of being intentionally or inadvertently killed or wounded, or subjected to sexual violence, threats or extortion, are among a host of factors causing constant fear and debilitating stigma. Beyond the direct consequences of the violence, the indirect and mostly invisible effects – such as forced displacement, disappearance, child recruitment into gangs and long-term mental health issues – can be just as harmful. They seriously impede people's access to the most basic services, such as education and health, and to jobs that provide a dignified livelihood.

Take, as just one example, a mother of four living in a violent slum in a large city in Latin America. Her husband, a motorcycle mechanic, suddenly disappears without trace, plunging the family into anguish and uncertainty, and without easy recourse to law enforcement mechanisms. With the breadwinner gone, the woman struggles to provide for herself and her children. She worries constantly about their safety: her eldest son, aged 15, is at risk of being recruited by one of the local gangs, while her daughters are vulnerable to the sexual violence prevalent in the neighbourhood. The local school – which functions only erratically owing to the threats affecting the teachers, and the interruptions caused by regular shootings in the neighbourhood – offers little protection. Everyone the woman knows has been directly or indirectly affected by the violence, with family members killed or injured, missing, recruited or in detention. The constant stress makes the woman ill, yet she is unable to get the psychological support or care she needs. The violence has caused the nearby health clinic to close and made health-care workers afraid to enter the neighbourhood.

Variations on this story can be found countless times in some of the most deprived and most violent areas of large cities in different parts of the world. Yet while each of these urban contexts may have some common characteristics, each one has its own specific dynamics too – be they in the causes of violence, which may be rooted in political, social, ethnic or post-conflict issues, or in the nature and severity of the humanitarian consequences.

OUR APPROACH...

The ICRC works in a number of urban settings to mitigate the direct and indirect humanitarian consequences of violence. Drawing on many years of experience working in volatile, dangerous and polarized environments, the ICRC adopts a neutral, independent and impartial approach. At the same time, it is a pragmatic and innovative approach, tailored to the specific needs of the affected communities and the particular dynamics of each context.

Fully involving the individuals and communities affected by violence is crucial to achieving a sound understanding and assessment of their needs and coping mechanisms, to designing and implementing an effective response that helps bolster their resilience, and ultimately to helping ensure the sustainability of programmes.

Partnerships and collaboration are vital. The ICRC works closely with local service providers, connecting them with vulnerable people and communities to facilitate safer access to basic services. The aim is not to substitute for service providers, but rather to support them in maintaining continuous service provision to the extent possible.

The ICRC also typically works with National Red Cross and Red Crescent Societies, civil society organizations and local authorities. It supports the latter to better measure the impact of chronic armed violence on the population and on their own staff, and thus to design an appropriate integrated response. Working with partners also helps to ensure that once a particular programme is seen to be relevant and effective, it is more likely to be replicated and scaled up in other localities affected by violence, by authorities or other actors, achieving wider coverage and better sustainability.

More broadly, the ICRC seeks to engage, wherever possible, in constructive dialogue with all stakeholders present in a particular urban setting, including armed and security forces, and armed groups. The aim is to gain understanding and acceptance for the ICRC's work and ultimately to positively influence behaviour in order to minimize the impact of violence on the population, improve people's safety and ensure better respect of human rights.

...IN ACTION

The ICRC initially offers its services and expertise at a national level in order to gain the support of the State in question and to operate in full transparency.

The ICRC engages with affected communities and finds the most appropriate entry point based on actual needs. This could be, for example, first-aid training and public health campaigns, or promoting protection and respect for health-care services, often in support of the National Red Cross or Red Crescent Society. On this basis, together with local public agencies or civil society actors, the ICRC designs and implements a range of health, education or other social activities tailored to the specific needs of the community.

At the community level, typical activities may include: improving access to basic services such as health care, water and sanitation, and boosting food security; developing or strengthening communities' existing positive coping mechanisms and social unity programmes; promoting life skills and safe behaviour, particularly in schools in order to reduce young people's exposure to risk; vocational training; and psychosocial support. Specific initiatives seek to address the needs of violence-affected people, taking into account the particular vulnerabilities of certain categories, such as children and young people, migrants and displaced people, people deprived of their liberty, and the missing and their families.

Alongside this, the ICRC's work with local and national authorities is more structural in nature, aimed at building and developing their institutions' capacity in areas within the ICRC's own fields of expertise. Activities at this level may include, for example, working with government agencies to develop self-protection protocols for their staff working in at-risk areas, and working with penitentiary services to strengthen their capacity and address systemic weaknesses. This will in turn improve detention conditions and ensure dignified treatment, thus boosting detainees' chances of successful reintegration into society.

The ICRC may, where appropriate, provide advice and training to authorities on the proper and dignified management of

human remains in line with international standards, helping to make sure that proper records are kept with a view to preventing disappearances. The ICRC may also encourage the authorities to put in place an integrated institutional response to the multiple needs of the families of missing persons. It also engages in dialogue with law enforcement agencies on specific issues, such as the use of force, arrest and detention (promoting compliance with human rights law and domestic legislation). In this way, the ICRC aims to not only help address short-term humanitarian needs, but ultimately contribute to longer-term socio-economic development. Its actions may in many cases indirectly bolster States' pursuit of the Sustainable Development Goals, such as those pertaining to health and education.

SNAPSHOTS OF THE ICRC'S WORK IN THE FIELD



RIO DE JANEIRO, BRAZIL

A five-year project (2009–2013) implemented in partnership with the local health and education authorities in *favelas* affected by armed violence, aimed at improving people's access to health care and education and enhancing their general safety. In the area of primary health care, for instance, the project addressed issues such as limited access to health services, mental health problems and specific vulnerabilities aggravated by armed violence. The programmes were designed to better measure the effects of violence on people's health, increase the availability and quality of health services and make health professionals less exposed to the risks of armed violence, thereby facilitating their access to affected communities. Particularly vulnerable groups, such as adolescent mothers and their children, were provided with health and psychosocial support tailored to their specific needs. Many of the activities developed through the project were subsequently turned into public policies by the Rio health authorities and implemented in areas of the city where a need was identified. They have also served as a model for other cities in Brazil facing similar issues.



KHAYELITSHA, CAPE TOWN, SOUTH AFRICA

A three-year project (2011–2014) using sports to mitigate the effects of violence in Khayelitsha township. With a clear correlation between poor school attendance and violence, the programme targeted at-risk youth – particularly young men aged 14–17 – and provided them with a safe space and alternatives to joining gangs or engaging in antisocial behaviour. Football coaching was complemented by academic tutoring, life-skills coaching and a leadership programme, all designed to promote behavioural change and positive empowerment. Former gang members were also involved in workshops as facilitators. In collaboration with its local civil society partner, the ICRC developed an evidence-based approach to tackling urban violence. According to a follow-up study, the project resulted in a decrease in violence in and around the project area.



BELFAST, NORTHERN IRELAND, UK

Since 2013, the ICRC's activities have aimed to mitigate the impact of violence perpetrated by armed groups against communities despite the 1998 agreement meant to end decades of conflict. In addition to its direct dialogue with weapon bearers on these issues, the ICRC supports a number of community organizations that mediate on behalf of those under threat of violence, and engages directly with some of the armed groups in a dialogue around humanitarian concerns, including the consequences of armed violence and sexual violence, as well as problems faced by ex-combatants and ex-detainees. The ICRC works to influence decision-makers to protect and assist victims or their families, and to improve conditions of detention and treatment of detainees, including access to proper health care. It also commissioned a report on psychological trauma among ex-combatants and a mapping of the violence in Northern Ireland.



ICRC

KARACHI, PAKISTAN

An ongoing project that began in 2014, designed on the basis of in-depth studies and large-scale consultations with the health-care community, authorities and other partners, to address the problem of violence against health care in a complex context of urban violence. This context is characterized by armed attacks on health-care facilities and a broad range of violent incidents of lower intensity, many of them perpetrated by patient carers and members of the public. In response, wide-ranging activities include protection-focused training and developing manuals and other materials for health-care workers and medical colleges; influencing decision-makers to improve legal and administrative mechanisms for the protection of health care; a high-visibility media campaign to increase respect for ambulance services; engaging with law enforcement agencies; and assessing the physical safety of health-care facilities and sharing recommendations with relevant stakeholders. The impact of all the aspects of the project is continuously and rigorously monitored. The ambulance campaign, for example, resulted in a marked increase in the number of drivers giving right of way to ambulances.



A. Cisneros/ICRC

CIUDAD JUAREZ, MEXICO

The Creating Humanitarian Spaces programme was launched in Ciudad Juarez in 2012, in partnership with the Chihuahua State education authorities and the Mexican Red Cross, with the aim of helping communities affected both directly and indirectly by armed violence. Their access to essential public services – such as health, employment and education – had been reduced. The programme seeks to strengthen the resilience, dignity and respect of people living in these situations, working primarily with students and teachers. Areas of focus include peer-to-peer education, first-aid training, psychological and psychosocial support, community development and formal education. In the five years since its introduction, the programme has reduced school dropout rates; improved relationships between students and teachers and among students themselves; and has had a positive influence on students' behaviour towards their families and communities and improved their prospects for the future. The programme has also created safe communal spaces, such as a school medical facility and a sports ground, which helps strengthen social ties.



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