



No time for doubt:

Tackling urban risk

A glance at urban interventions by Red Cross Societies in Latin America and the Caribbean

© **International Federation of Red Cross
and Red Crescent Societies, Geneva, 2011**

Copies of all or part of this study may be made for noncommercial use, providing the source is acknowledged. The IFRC would appreciate receiving details of its use. Requests for commercial reproduction should be directed to the IFRC at secretariat@ifrc.org.

The opinions and recommendations expressed in this study do not necessarily represent the official policy of the IFRC or of individual National Red Cross or Red Crescent Societies. The designations and maps used do not imply the expression of any opinion on the part of the International Federation or National Societies concerning the legal status of a

territory or of its authorities. All photos used in this study are copyright of the IFRC unless otherwise indicated. Cover photo: IFRC.

P.O. Box 372
CH-1211 Geneva 19
Switzerland
Telephone: +41 22 730 4222
Telefax: +41 22 733 0395
E-mail: secretariat@ifrc.org
Web site: <http://www.ifrc.org>

No time for doubt: tackling urban risk
1212300 E 12/2011



No time for doubt: Tackling urban risk

A glance at urban interventions by Red Cross Societies in Latin America and the Caribbean

Strategy 2020 voices the collective determination of the IFRC to move forward in tackling the major challenges that confront humanity in the next decade. Informed by the needs and vulnerabilities of the diverse communities with whom we work, as well as the basic rights and freedoms to which all are entitled, this strategy seeks to benefit all who look to Red Cross Red Crescent to help to build a more humane, dignified, and peaceful world.

Over the next ten years, the collective focus of the IFRC will be on achieving the following strategic aims:

- 1. Save lives, protect livelihoods, and strengthen recovery from disasters and crises**
- 2. Enable healthy and safe living**
- 3. Promote social inclusion and a culture of non-violence and peace**

Acknowledgments

No Time for Doubt: Tackling Urban Risk

This publication is the result of an initiative launched by the Communication Unit of the International Federation of Red Cross Red Crescent Societies (IFRC) in the Americas Zone, led and coordinated by Lisa Monique Söderlindh, Communication Delegate. The case studies from Colombia, Nicaragua, and Jamaica, including the case study analysis, conclusions and recommendations, were developed by Allan Lavell, Urban Risk and Disaster Risk Management Consultant. The Beneficiary Stories, based on field interviews, were researched and written by Lisa Monique Söderlindh.

Acknowledgment for contributions to the second part of this publication goes to the Paraguayan Red Cross Health team and IFRC Health for technical review; the IFRC Regional Representation for the Andean Region; and Disaster Risk Reduction Consultant Haris E. Sanahuja, with contributions from Alexander Coles, Associate Professor of Geography and Environmental Sciences, Florida State University, Panama Campus and Paulo Froes, Senior Epidemiologist Consultant. Editorial support provided by Mary Jo Frederick, Faculty Member, Florida State University, Panama Campus. Photographs by Helkin René Díaz (Colombia), Nigel Dickinson (Nicaragua and Jamaica), Lisa Monique Söderlindh (Panama), and Helém Peña (Paraguay), Design and layout by Sébastien Calmus, Senior Officer, IFRC Design and Production team.

Thanks and acknowledgement to the National Red Cross Societies in Colombia, Jamaica and Nicaragua, who generously offered their time, logistical support and field coordination for the development of the case studies and the beneficiary stories. Acknowledgment is also extended to IFRC Disaster Risk Reduction Programme in the Americas for its financial contribution through funds provided by the Norwegian Red Cross and to the Department for International Development (DFID) for their funding support. Additional thanks go to IFRC staff members who offered time, input and technical advice throughout the publication process. Special thanks also go to the individuals who told their stories for this publication. Final acknowledgment is due to the Swedish Red Cross for their delegate secondment to IFRC, making the communication initiative on urban risk and this document possible.

Note: *The analysis, conclusions and recommendations of this publication do not necessarily reflect the views of IFRC or of the Red Cross Societies. The designations used do not imply an expression of opinion on the part of IFRC or National Societies concerning the legal status of a territory or of its authorities.*

Table of contents

Acknowledgments	2
Foreword	6
Introduction	9
1.1 Background	10
Part 1	14
2. Case Studies: Three Red Cross National Society urban interventions at a glance	14
2.1 Case study overview	14
Box 1.1 - Strategy 2020 Aims	14
2.2 Case Study Framework – Understanding ‘Urban Risk’	15
Box 2.1 – Urban terms	15
2.3 How can urban risk be addressed and managed?	18
2.3.2 Guiding Questions for urban risk interventions	20
3. Case Study I: Cali, Colombia	21
3.1 The urban context	21
3.2 The PANICA Programme – Territorial and social coverage	22
3.3 Programme purpose and beneficiary population	22
Box 3.1 – Violence terms	22
3.4 Project process and method	23
Box 3.2 – IFRC Strategy of Violence Prevention	24
3.5 Urban risk reflection	25
3.6 Learning points	27
4. Colombia: Stories from the field	28
4.1 Breaking the shackles of poverty	28
4.1.2 Moving from desperation to dignity	28
4.1.3 Prisoners of past trauma	31
4.1.4 Scraping by on the margins while battling to be let in	33
4.1.5 Keeping anti-social behaviours from taking root	36
5. Case Study II: Kingston, Jamaica	37
5.1 Urban Context	37
5.2 The Sexually Aware, Sensitized and Savvy Youth Project: Territorial and Social Coverage	38
5.3 Project purpose and target beneficiary population	38
5.4 Project Process and Method	39
Box 5.2 – IFRC Global Alliance on HIV in the Americas	39
5.5 Urban risk reflection and learning points	40
5.6 The Micro Economic Initiatives Project (MEI) – Project Territorial Coverage and Social coverage	41
Box 5.1 – Ten steps to creating safe environments for children and youth	41

5.7 Programme purpose and beneficiary population	42
5.8 Project Process and Method	42
5.9 Urban risk reflection and learning points	43
<hr/>	
6. Jamaica: stories from the field	44
6.1 Raising awareness of high risk behaviours and fighting discrimination and stigma around HIV and AIDS	44
6.1.1 Reconciling with illness: gaining a new outlook on life and preventing others from heading down the same path	44
6.1.2 Building backbone to fight stigma and discrimination	47
6.1.3 Getting informed: changing unsafe behaviours and ending discriminatory practices	49
Box 6.1 – HIV and AIDS in Jamaica	50
6.2 Restoring livelihoods and reducing vulnerability to urban socioeconomic-related risk	50
6.2.1 A micro business venture: securing schooling and boosting self-esteem	51
6.2.2 Resuming income-generating activity: moving beyond trauma	52
<hr/>	
7. Case study III: Managua, Nicaragua	53
7.1 The Urban Context	53
7.2 The EU-DIPECHO Seismic Preparedness project: territorial and social coverage	54
7.3 Project purpose and beneficiary population	55
7.4 Process and method	55
7.5 Urban risk reflection	56
7.6 Learning points	57
<hr/>	
8. Nicaragua: Stories from the field	58
8.1 Raising seismic risk awareness: changing mindsets for personal and societal transformation	58
8.1.1 Becoming a mitigation brigade member and steering towards the future	59
Box 8.1 – Living with disability in Nicaragua	62
8.1.2 Investing in young people to promote healthy behaviour ⁶³	
Box 8.2 – Nicaragua: The urban-rural gap	65
8.1.3 Applying urban search and rescue skills – breaking free from social marginalization and physical abuse	66
8.1.4 Practicing risk management and taking charge of personal health	67
8.1.5 Facing up to every-day risks through improved preparedness capacities	69
<hr/>	
9. Analysis and Conclusions	72
9.1 Urban risk management challenges: a thematic approach	72
9.2 Conclusions	73
<hr/>	
10. Recommendations	78
10.1 The Red Cross and Urban Risk: Themes and Method for the Future	78

PART 2	81
11. Urban risk: Waiting or taking action in Lima?	81
12. Paraguay: urbanization fuelling spread of dengue fever	82
13. Under a Veneer of Resilience: Panama City's growing disaster risk	87
Box 12.1 – IFRC response to dengue in the Americas	87
Box 13.1 – Panama City: Disasters in History	96
Box 13.2 – Heavy Rains in December 2010	96
Box 13.3 – The Dengue Situation in Panama	96
Figure 13.1 – Disaster Occurrence by Type of Hazard (1990-2009)	98
Figure 13.2 – Impacts by districts (1990-2009)	98
Figure 13.3 – People affected by type of Hazard (1990-2009)	98
Table 13.1 – Change in Population Growth and Housing Units between 2000 and 2010.	99
Figure 13.4 – Historical Evolution of Urban Expansion, Panama metropolitan area	99
14. Annex	100
14.1 Methodology	100
14.2 Methodical considerations and limitations	100



Foreword



In 2002, participants of the first ever World Urban Forum¹ in Nairobi concluded that “the future lies in the cities.” A decade later, the future is irrefutably here. More than half of the world’s population lives in cities and urbanization is increasing around the globe, making vulnerability to urban risk a defining feature of 21st century reality. This demographic trend has prompted a shift in the loci of humanitarian need and vulnerability from a rural to an urban setting as human suffering and poverty escalate and concentrate in cities.

The evolving pattern of vulnerability and risk is today a preoccupation of particular significance in the Americas, the most urbanized region in the world, with around 80 per cent of its 556 million inhabitants living in cities and towns. In only 15 years, figures are projected to rise to nearly 85 per cent, and according to the United Nations Population Fund, 90 to 95 per cent of the population will be living in cities by 2050. Furthermore, nearly 31 per cent of today’s urban dwellers in the Americas live in irregular settlements.

Although steadily becoming a priority preoccupation of the humanitarian and development community, efforts to tackle increasing vulnerability to urban risk have not co-evolved at the same pace as the challenges fuelled by rapid urbanization and unplanned population growth.

In 2010, the International Federation of Red Cross and Red Crescent (IFRC) devoted its annual flagship publication—the *World Disaster Report*—to the topic of urban risk and called for concerted action: *Before the tide of urbanization leaves us behind, the humanitarian community needs to bring about a sea-change in how we respond to the vulnerable people [the estimated one billion urban slum dwellers worldwide], and how we engage with governments which are struggling to understand what is happening in their cities and finding it difficult to resource an adequate response.*

The need to get up to speed in tackling vulnerability to urban hazard is critical. It is in this context that IFRC is rising to the urban challenge in the Americas Zone and launching urban risk, migration, climate change and violence as four thematic focus areas for integrated zone programming over the next four-year planning period (2012 to 2015). These key external trends are not only compounding impoverished communities’ exposure to hazards and the following risks posed by disasters and pandemics but also interacting to

1. The World Urban Forum is launched bi-annually by UN-HABITAT since its inaugural conference in 2002.

create various novel forms of vulnerability and crises that heighten marginalization, impoverishment and insecurity. The complex nature and potentially devastating impact of these trends must be addressed by concerted and focused action involving all 35 member National Societies as well as Movement partners, external collaborators and national governments across the continent.

This publication, developed in an effort to complement and inform the internal process of defining urban intervention strategies to manage urban risk in the Americas, provides a glimpse of how three National Red Cross Societies—among many other across the continent—are intervening in volatile urban settings. The cases studies and beneficiary stories from Colombia, Nicaragua and Jamaica, alongside reflection and learning from other urban settings including Paraguay, Panama and Peru, provide impetus for re-evaluating the lens through which we view and promote human development.

It is clear that addressing urban risk as well as the other key trends currently shaping the world requires not only a mind-shift in the Movement but a fundamental adaptation of our work. While global poverty and vulnerability is perceived historically as a rural phenomenon, the urban setting is fast gaining ground, with the fastest urbanization of poverty today occurring in Latin America. According to the Inter-American Development Bank, 66 per cent of Latin America's poor now reside in urban areas.² The trend in urbanization and its impact in the Americas calls for an extension of the rural-oriented focus that has come to epitomise the work of the humanitarian community.

It is now necessary to enlarge and adjust our services to better meet the consequences of process such as migration, climate change, and violence in urban areas, while not reducing or by any means downgrading the importance of our continued work in rural areas.

The changing world of needs, vulnerabilities and opportunities also encourages a move from the “fractured city” perspective that has dominated 21st century urban imaginary in the Americas to a more holistic systems perspective. Cities are political, administrative and sociological units that bring together different and often contradictory processes, offering some inhabitants prosperity while confining

2. Inter-American Development Bank (IDB). 2010 *Sustainability Report*. IDB Environmental and Social Safeguards Unit (VPS/ESG), New York, USA 2010.

others to the margins of vulnerability and risk. As the words and life stories of Red Cross Red Crescent beneficiaries portrayed in this publication illustrate, the strains and challenges of living as second-rate citizens on the urban edge is a precarious reality rooted in complex urban dynamics. Only by focusing attention on the interrelatedness of the different dynamics and processes within cities can the Red Cross Red Crescent effectively contribute to human development by identifying ways to reduce the risks that curb human progress and consign large segments of humanity to lives of poverty, exclusion and insecurity.

Our work in the urban setting must rest on the very foundation of the Red Cross Red Crescent development role, namely, integrated services and our three core pillars: providing local and national services that prevent and reduce vulnerability; building resilient community and civil society capacities; and changing mindsets that promote societal and personal transformation. Using all three key areas of work to approach urban contexts as multifaceted spaces that integrate both positive and negative tendencies through simultaneous processes provides increased opportunities to tackle the underlying causes of urban vulnerability. As demonstrated by the case studies, an integrated and collaborative approach to urban risk, involving cross-disciplinary and multi-sectoral dialogue, is most productive. An integrated approach to service provision also allows a better contribution to sustainable national development efforts through reduced disaster losses, improved population health, and enhanced social inclusion and well-being.

Urban risk concerns all of humanity, and tackling vulnerability to urban hazard in the Americas is an urgent necessity. The challenge is to make the ballooning urban population part of the solution rather than the problem. As the largest humanitarian network in the world, IFRC is in a key position to respond to unplanned urban growth and the resulting urban plight by creating the basic conditions that these communities need to collectively face the challenges at hand.

Xavier Castellanos,
Director of Americas Zone





01

Introduction

The International Federation of Red Cross and Red Crescent (IFRC) is responding to urban plight in the Americas Zone through the Secretariat's launch of urban risk, migration, climate change and violence as thematic focus areas for integrated zone programming over the next four-year planning period, from 2012 to 2015.

This publication endeavours to complement and inform the on-going internal process of identifying and defining common strategies for urban interventions to operate and manage urban risk in the Americas. It also aims to better capture and reflect National Red Cross Society experiences and practices of urban-based programming in Latin America and the Caribbean.

Part one presents case studies from Colombia, Nicaragua and Jamaica, providing snapshots of how three National Red Cross Societies in Latin America and the Caribbean are intervening in volatile urban settings. The case studies are accompanied by stories from the project beneficiaries in the field, giving voice to some of the most vulnerable urban dwellers in the cities of Cali, Managua and Kingston.

These case studies and beneficiary stories are followed by a global analysis from an urban risk perspective and a set of conclusions and recommendations in the search to support IFRC and its member National Societies to define future urban risk entry points and projects.

The second part of the publication provides reflections on urban risk focusing on Panama and Peru in addition to operational experiences and learnings from Paraguay.

This document is aimed at an internal audience, including but not limited to programme managers, coordinators, implementers and advisers at local branch, national, regional and zone levels to support Red Cross Red Crescent engagement and strategic dialogue with policy and decision makers, as well as with donors, opinion shapers and leaders. Although there is an awareness of urban-based problems and an on-going debate on approach at the National Society level, there is a need for a systematic approach to the process and intervention in addition to clear guidance on synergies, programming and project design and development.

The case studies represent a limited sample of Red Cross-inspired urban work in the LAC region. They are examples of projects and processes being carried out in larger urban centres and dealing with diverse risk issues that exist in many urban areas in general. Although the case studies cover major topics of concern from an urban risk perspective, they do not intend to be representative of the wide range of ongoing efforts in the LAC region in towns and cities. This document is to be considered in conjunction with other existing and forthcoming documents stemming from the current urban risk process initiated by IFRC in the Americas Zone and the range of activities and efforts that over the years have contributed to capture learning in the urban risk field.

The Central American urban risk project is implemented within the Disaster Risk Reduction (DRR) programme for the Americas and financed by the European Union Disaster Preparedness Programme (EU-DIPECHO). It attempts to develop a conceptual and methodological framework for addressing urban disaster risk and is complemented by a study which systematizes the already existing knowledge framework of urban disaster risk in the Americas. A range of consultations by the DRR programme have taken place with members of academia, NGOs, UN agencies and international corporations. These consultations, along with the integrated neighbourhood approach from the post-Haiti

response operation and the Red Cross Red Crescent recovery strategy, play an important role in the continued process of forging an approach to urban risk.

A further development is the IFRC and Colombian Red Cross dialogue with the Government of Colombia and the Association of Caribbean States (ACS) about an urban risk project to develop guidelines on standards, regulations and rights of homeowners and on land rights in urban areas after disasters. In addition, the project promotes promote the incorporation of risk management into development plans and urban risk awareness among decision makers and the public.

Various initiatives have been implemented over the years in the Americas with funding from the U.K. Department for International Development (DFID), the Norwegian Agency for International Assistance (NORAD), and the European Commission Humanitarian Aid Office (ECHO). As early as 2005, IFRC and Red Cross Societies in the Americas collaborated with the ProVention Consortium and the Organization for American States (OAS) to develop community-based Vulnerability and Capacity Assessment (VCA) tool-kits for semi-urban communities.

1.1 Background

The Red Cross Red Crescent has placed increased attention on urban risk in recognition of the complex challenges arising from rapid urbanization combined with unplanned population growth. This evolving focus spans chronic risk contexts related to health and sanitation; food security and nutrition; road safety; social, economic and political violence; human insecurity; and disaster risk associated with the probable occurrence of diverse types of both rapid and slow onset events such as hurricanes, earthquakes, floods, fires, and drought, as well as outbreaks of disease and infection including cholera, dengue, leptospirosis and HIV.

The evolving focus on urban risk is a reflection in part of the increasing dominance of an urban population and economy and rapidly escalating rates of unregulated urbanization in fragile and ungoverned spaces. The United Nations Population Fund (UNFPA) reports that more than 50 per cent of the world's population is located in towns and cities today, and the World Health Organization (WHO) predicts that six out of ten people will be living in urban areas by 2030, rising to seven out of ten by 2050. An estimated one billion persons now live in squatter settlements in cities according to the ISDR-UN 2009 Global Assessment Report on Disaster Risk Reduction. Furthermore, according to the 2010 IFRC *World Disaster Report*, 2.57 billion urban dwellers are living in low and middle-income nations and are vulnerable to unacceptable levels of risk.

The dominance of urban population is more prevalent in the Americas than elsewhere in the world. Its urban population, reports WHO, has increased 187 per cent since 1970, reaching nearly 80 per cent of its 556 million inhabitants. Six of the world's largest cities are also found in this hemisphere: Buenos Aires, Rio de Janeiro, São Paulo, Los Angeles, Mexico City, and New York City.

1.1.1 Historic patterns of urban risk

Despite the now dominant nature of urban population and economy and the new pressure it exerts in terms of concerns for urban safety, risk has always had a strong urban component and history is replete with many dramatic examples of "urban disaster." These include disasters associated with natural events such as the volcanic disasters of Pompeii in ancient history to Colombia in 1985, the

seismic disasters of Lisbon in the 18th century to Port-au-Prince in the early 21st, the hurricane disaster in Honduras in the 1960s to the New Orleans and Myanmar disasters in the 2000s, and the tsunami disasters of Callao, Peru, in the 18th century to Indonesia in 2004 and Japan in 2011; disasters associated with technological or anthropogenic events such as the Great Fire of London, the Halifax, Canada, ammunition explosion in the early 20th century and the Guadalajara underground petroleum explosions in 1991; and finally, disaster associated with disease outbreaks such as the Great Plague of medieval Europe, cholera epidemics in urban areas in different parts of the world in the 1990s, influenza pandemics including the H1N1 influenza virus in 2009, and the far greater incidence of HIV and AIDS in urban as opposed to rural areas since 1980.

1.1.2 Contemporary urban risk stimuli

The demand for attention to the topic of urban risk reflects causal factors that go beyond the empirical reality that risk is increasingly “urban.” This empirical reality is reinforced both by the dramatic recent impact of major events such as the Port-au-Prince urban disaster in 2010 and the concern about future potentially severe urban disasters, particularly in mega cities such as Caracas, Bogota, Lima or Mexico in the Latin American and Caribbean (LAC) region. These stimuli are complemented by the increased call from international organizations such as the International Strategy for Disaster Reduction and international financing mechanisms such as EU-DIPECHO or the World Bank for more attention to the development of urban resilience and urban risk reduction strategies.

1.1.3 Defining the urban risk discourse

Attempts to conceptualize, understand and provide guidance for intervening and controlling urban risk are not new, although such efforts have been far more prevalent since the 1990s in cases of urban disaster risk, food insecurity and violence. Urban health problems and epidemics have been the source of research and reflection since the 19th century with the discovery of the causes of cholera due to urban spatial mapping of its incidence and relation to safe water supplies; this relationship between density and concentration of population and the potential or real occurrence of epidemics is more or less obvious today. Although urban living has many advantages, increasingly dense populations and inadequate resources raise daunting challenges. Health inequity is both systematically, socially and culturally determined, with the urban poor suffering disproportionately from a wide range of diseases and health problems.

1.1.4 Inaugurating a Red Cross Red Crescent urban risk approach

In the search to understand urban risk, the Red Cross Red Crescent has taken a series of steps globally and regionally to promote debate to understand and identify the challenges faced by the National Societies.

Globally, the 2010 edition of the IFRC *World Disasters Report* reflects a growing concern for urban risk and is the organization’s first concerted action to direct increased attention towards the subject. This publication, written by academics and specialists on the topic, reviews a wide range of debated and innovative interpretations and recommendations regarding urban risk. Rather than a

summary of Red Cross views, attitudes and actions, this report provides a point of reference for Red Cross Red Crescent deliberations.

At the Latin American and Caribbean regional level, the publication in 2009 of the study “Urbanization in the Americas and Consequences for National Red Cross Societies,” provides arguments for greater involvement of the Red Cross Red Crescent in urban risk themes.³ This study concluded that “we may soon reach a point where urban vulnerability exceeds rural vulnerability in severity, magnitude and the number of people at risk of urban disaster,” and calls for a Red Cross “programme and service transition to relevance with regard to risk.” In fact, urban risk has probably exceeded rural risk in terms of economic and human loss and impact in most parts of the world. The postulated rural dominance of risk is most likely the result of rural biases about poverty and vulnerability and the more prevalent concern of many NGOs for rural populations and areas rather than a clearly established fact.

The debate on urban risk has since been fueled by the implementation of the Red Cross Central American urban disaster risk project financed by EU-DIPECHO. This project, with applications in various urban contexts in the region, has launched a set of sub-regional discussion forums and workshops in Costa Rica and Haiti.⁴ A two-day workshop in Colombia for Red Cross National Society representatives from Cuba, Belize, Colombia and Guatemala was also organized by the Norwegian Red Cross in September 2011, focusing on urban risk issues and programming needs at national levels.

3. Havenar-Daughton, B. *Urbanization in the Americas and Consequences for National Red Cross Societies*. Study conducted for IFRC Americas Zone, Panama, 2009.

4. Delgado, C. *Construcción de un marco metodológico y conceptual relativo a la reducción del riesgo de desastre*. IFRC-DIPECHO, 2011.





Part one

Case studies



2. Case Studies: Three Red Cross National Society urban interventions at a glance

The following case studies from Colombia, Jamaica and Nicaragua present three National Red Cross Societies' work in urban centres in Latin American and the Caribbean. Any project that deals with the reduction of urban risk will have an impact on the strategic aims of IFRC *Strategy 2020*, given the intimate link between risk reduction work and those aims. The case studies and accompanying beneficiary stories demonstrate how targeted National Societies, through their urban interventions and risk reduction efforts, are contributing to the strategic aims, guiding the actions of IFRC throughout this decade to *do more, do better, and reach further*.

Box 1.1 – Strategy 2020 Aims

Strategic aim 1: Save lives, protect livelihoods and strengthen recovery from disasters and crises;

Strategic aim 2: Enable healthier and safer living conditions;

Strategic aim 3: Promote social inclusion and a culture of non violence and peace.

2.1 Case study overview

The projects considered in the following chapter touch on four major problems of risk in cities. These projects, specified below, illustrate the chronic risk to disaster-risk continuum, spanning health, livelihood, welfare, urban violence and seismic-based disaster risk.

- **Colombia** – A project in the city of Cali within the Programme for Prevention and Support for Street Children and Youth (PANICA), supported by the Norwegian Red Cross and also implemented in other Colombian cities
- **Nicaragua** – A project on preparedness and mitigation of seismic risk in Managua supported by the Spanish, Italian and Dutch Red Cross Societies and financed through the EU DIPECHO
- **Jamaica** – Two projects implemented in Kingston, one stimulating Micro Economic Initiatives (MEI) for economic recovery of selected urban families in the aftermath of urban violence affecting central Kingston communities in 2010, and a second promoting Sexually Aware, Sensitized and Savvy Youth (SASSY) to prevent HIV and AIDS in volatile urban communities of the St. Catherine parish of the Metropolitan Area

2.2 Case Study Framework – Understanding 'Urban Risk'

The following summary provides a framework on urban risk and urban risk management processes against which present and future case study objectives, characteristics and methods can be examined. The framework defines and clarifies urban risk and urban risk reduction issues in order to advance an understanding of the processes and methods required for reducing risk in towns and cities.

Box 2.1 – Urban terms

Urban area / city

Different governments, scientists and institutions use different criteria and methods to define “urban” areas and “cities.”

The most commonly used criteria for urban include : administrative jurisdiction (limiting **urban** to the boundaries of state or provincial capitals, municipalities or other local jurisdictions) and population size with minimum concentrations ranging broadly from 5,000 to 20 million inhabitants (and even upwards – as seen in China today, some cities have more than 30 millions inhabitants).

Other criteria used to define **urban** include the economic base such as the proportion of the labour force employed in non-agricultural activities and availability of urban infrastructure.

Urbanization is measured by the percentage change in a city’s population from year to year (annual urban growth).

2.2.1 What is ‘risk’?

Risk is defined here as the probability of future adverse effects, loss, or damage to humans, their livelihoods, infrastructure and service support systems. The existence of risk requires the presence of a hazardous event or circumstance, exposed elements (people, assets or infrastructure) and conditions that predispose the exposed elements to adverse affects. This latter condition is referred to as vulnerability, while resilience is defined as a characteristic that permits the absorbing of and recovery from the adverse effects of external shocks.

2.2.2 What is ‘urban’?

Urban refers to very different sizes and complexities of cities and towns, from 5,000 to 20 million people, from single-function units to complex industrial-service-commercial complexes. While much attention is placed on mega cities or large metropolitan areas due to the size of the already existing risk problems they signify, small and medium sized centres still account for the majority of urban population worldwide, where recent evidence suggests that overall, accumulated risk is greater in absolute terms and growing faster.

2.2.3 What is ‘urban risk’?

Urban risk comprises a sub-set of risk conditions found in towns and cities of very different sizes, complexities and locations. Towns and cities—their size, internal forms, structures, functions and organization—are the manifest expression of urbanization processes and the material expression of the urban condition. These processes include population growth and rural to urban migration; environmental transformation and degradation; concentration and densification of population and economic activity; and spatial specialization or discrimination in the location of population, industry, services and commerce. Urban rent and urban land values are a major factor in spatial location and specialization processes. Urbanization processes are the basis for the generation or construction of particular conditions of risk designated as urban. These may be expressed as chronic or every-day risk represented in problems of health, accidents, addiction, human insecurity and the lack of adequate levels of income and employment.

2.2.4 What are the principle dimensions and characteristics of urban risk?

I. Urban concentration, centralization and densification process

A significant component of risk lies in the process of urban concentration, centralization and densification, including that of livelihoods, infrastructure, housing and services. High levels of synergy and inter-relationship between components of urban structure increase disaster risk. This increased risk can be seen where there is a lack of redundancy in urban systems, for example, the connectivity between two sectors of the city or with a surrounding area depending on a single highway or bridge; or where the concentration of hazards in an urban setting hit by an earthquake can result in fires and the release of toxic substances.

Concentration and density provide mechanisms and circumstances for the magnification of risk and eventual disaster or crisis, including the potential for the rapid propagation of health-related or social epidemics such as illness or violence. Centralization increases the relative impact of adverse effects once they occur in areas that have concentrations of significant social, economic, cultural and political assets and wealth of a country, region or locality.

II. Impoverishment process

A second significant contribution to the construction of urban risk is the process of pauperization that many towns and cities suffer, especially in developing country contexts, due to the lack of economic opportunities, the unequal distribution of wealth, and the processes of economic, social and political exclusion. These processes are amplified by the rural-to-urban migration of poor and/or displaced persons. Poverty and exclusion are territorialized, leading to the existence of sub-human or squatter settlements, often located on insecure land, which lack basic services and are subject to many types of social and physical hazard.

III. Lack of urban governance

The risk associated with concentration, density, synergy, poverty, and spatial and social exclusion is often exacerbated by a severe lack of governance at the urban level, inadequate participation and empowerment of at-risk urban social groups and territorial and social discrimination in the assignment of urban services and infrastructure. Governance of urban risk is complicated by the complexity of urban systems and the presence of numerous social representations and interests in a reduced space. This requires negotiation and the democratization of access to urban planning mechanisms and social intervention in support of human security. The politically or non-politically motivated allocation of urban services to certain insecure and hazardous areas in towns and cities leads to the “institutionalization” of urban risk. Finally, the lack of integration of urban governance systems and the dispersed control over urban territories constitutes a further factor favoring risk and the incapacity to intervene holistically.

IV. External factors

Although changes in the levels of vulnerability and exposure to different social and physical elements may best explain increases in urban risk, external factors such as the impacts of climate change on city ecosystems and local weather patterns, on water supply from urban aquifers or river basin supplies, and on urban drainage of flood waters will heighten pressures in the city and the incidence of urban disaster and health risk.

2.2.5 What major guises does urban risk adopt?

Urban risk adopts three major guises:

I. The first guise is chronic, every day risk associated with urban lifestyles and the lack of access to appropriate living and environmental conditions. This most severely affects the poor and is expressed in chronic unemployment and low income, ill-health, malnutrition, drug addiction, alcoholism and urban social and interpersonal violence.

II. The second guise is disaster risk, which is expressed materially in periodic adverse effects that result in loss and damage to humans, their assets and their support systems.

III. The third guise is urban risk associated with rural or extra-urban processes. This includes, for example, changes in rural land-use patterns leading to greater urban flooding or the opening of hydroelectricity facility sluice gates up river leading to lower basin flooding.

Many areas, particularly the poorer and more excluded zones of towns and cities, are simultaneously exposed to numerous types of risk along the chronic disaster risk spectrum. That is to say, many urban communities suffer health, disaster and violence risks at the same time. This may explain why urban disaster risk is often placed in second place behind other chronic risk contexts in the minds and pockets of urban-dwellers and city decision makers alike.

Despite the clear distinction between chronic and disaster risk, when the underlying causes of different types of risk are considered, these are many times the same. Thus, for example, social exclusion and poverty, generated by macro-social and economic processes, may be expressed concretely in terms of disaster risk, health risk or urban violence. Likewise, degradation of urban ecosystems may lead to increases in landslide hazards and loss of livelihood options, in turn leading to increases in poverty and vulnerability or the incidence of certain diseases.

2.3 How can urban risk be addressed and managed?

Whatever the type of risk and its urban context, risk may be looked at from two different but complementary angles which lead to a consideration of two different ways of dealing with and managing risk.

I. Existing risk

The first angle relates to existing risk. Examples include communities located in unsafe areas and using unsafe building techniques with poorly constructed hospitals and schools vulnerable to earthquakes or hurricanes, urban communities open to health risks due to existing unhygienic conditions, or communities with prevalent risk factors that help explain urban violence and the emergence of city gangs.

In the case of existing risk, high cost “corrective risk management” is required in order to change existing risk situations in already consolidated urban communities, such as the relocation of communities, the retrofitting of buildings, the socio-psychological rehabilitation of persons and families or the introduction of hygiene infrastructure.

II. Future risk

The second angle relates to risk that may be constructed in the future, with new development projects and social actions that do not take account the risk factors they may generate. Such factors may relate to exposure, hazard or vulnerability.

In the case of new risk, “prospective management” can be exercised, whereby risk factors are anticipated and nipped in the bud in the investment and project development process, considerably reducing overall costs. Underlying causes of risk are tempered and tackled from the beginning by linking risk management to sector and territorial development planning and poverty reduction programmes.

2.3.1 Choosing a methodological approach to urban risk reduction

Intervening in urban risk contexts, whether chronic or disaster-related, is generally more complex than intervention in rural areas. The complex nature of cities and towns, the number of social actors involved in the construction of risk, the coexistence of different risk contexts in the same areas, and the density of various organizations and social actors representing the population or searching to intervene in urban development from different hierarchical positions in urban governance calls for the need for particular methodological approaches to urban risk reduction. These include the need for:

I. wide-scale consultation and the participation of different social actors in the process of understanding risk and opening up the approaches to solving it, including informal governance agents such as leaders of urban gangs and informal community leaders;

II. and co-consideration of different risk contexts in a single area and opportunities for reducing risk contemporaneously through the same projects, processes and administrative arrangements.

2.3.2 Guiding Questions for urban risk interventions

Urban risk causal processes and reduction approaches, as well as options for interventions, should be viewed in relation to the different dimensions, characteristics and angles described in previous sections. The examination of existing Red Cross schemes and projects for dealing with risk in towns and cities may use the guiding questions below, a set of considerations to be taken into account when defining what type of actions are needed, designing future interventions in urban contexts and setting out to understand the strengths, weaknesses, sustainability or fragility of ongoing urban-based projects.

Guiding Questions:

1 The corrective or prospective nature of the intervention: Is the main purpose to tackle existing risk factors or to control the development of future risk factors?

2 In the search for common solutions, is the integration across different types of urban risk problems aimed at reducing or eliminating causal processes or addressing proposed solutions for already existing problems?

- 3** To what extent is recognition given to the correlation between determined urban processes and the generation of both chronic and disaster risk contexts in the same spatial jurisdictions?
- 4** What is the co-relationship between different types and manifestations of urban risk and the options for reducing these with and through the same types of action?
- 5** To what extent is recognition given to the governance process, the complexity of organizational systems and relations in urban as opposed to rural areas, and the need for inter-organizational collaboration in the reduction of urban risk?
- 6** To what extent is recognition given to the advocacy role and the structuring of collaborative agreements that take into account the complexity of urban risk and its solutions?
- 7** To what extent do projects empower urban communities to act autonomously in the future and to form an active part of governance mechanisms, as opposed to simply offer a solution in a corrective fashion supported and implemented by outside agencies?
- 8** To what extent is peer group work promoted using urban community members as instigators of change in the community, with the advantages this signifies for sustainability and replication?
- 9** To what extent do projects modify existing methods, time schedules and approaches (VCA analysis, transect counts, training schemes, etc.) in order to adjust to urban as opposed to rural conditions, or promote the design of new methods with the same ends?



3. Case study

Cali, Colombia



3.1 The urban context

Cali, located in south western Colombia, has a population of around 2.5 million. Attractive to the ethnically and racially diverse migrant population, the city has grown rapidly over the last 20 years as migrants from the Pacific coast and rural areas pour into the city, driven by poverty, violence and armed conflict, and hopes of employment and improved living conditions. The city has an industrial, service and commercial sector based on surrounding agricultural production, particularly sugar cane.

Located on the banks of the Cauca and Cali rivers in a seismically active zone traversed by multiple fault lines, the city is prone to disaster from flooding, landslides and earthquakes. The high levels of poverty and social and structural vulnerability combined with the expansion of the city onto hazard-prone land has increased disaster risk considerably in recent decades.

Cali is a study in contrasts. On the one hand, it is renowned for the hospitality and festiveness of its people, of which over 35 per cent are Afro-Colombian migrants mainly from the Pacific coast. Known as “Cali the party town” (*Cali Pachanguera*), it attracts many tourists due to its festivities and its setting in an attractive physical environment with a background of mountains. On the other hand, it is one of the most violent cities in Colombia and Latin America, and crime, from robbery to homicide, is rife. In the period from 2005 to 2009, the Cali Municipal Social Observatory reported nearly 8,000 murders. This five-year figure continues the trend of the last five years of endemic and structural urban violence. In 2010, the city experienced 82 homicides per 100,000—eight times what is considered epidemic level under international norms and over four times the rate for Bogota, Colombia’s capital. A significant portion of the homicides are concentrated in the 15-24 year group, estimated to be some 390,000 strong, and over 95 per cent are male.



Box 3.1 – Violence terms

Violence : The IFRC has defined violence as: “the use of force or power, either as an action omission in any setting, threatened, perceived or actual against oneself, another person, a group, a community that either results in or has a high likelihood of resulting in death, physical injury, psychological or emotional harm, mal-development or deprivation”

(IFRC, December 2008. IFRC high-level meeting on violence, Geneva, Switzerland.)

Urban violence is a form of community violence: its very definition is based on the urban setting where all kinds of violence happen. The violence that occurs behind closed doors of homes directly impacts the violence that happens on public streets; they are intertwined. Violence is a concern in communities around the world, though the risk is heightened where poverty, unregulated small arms availability and alcohol/drugs fuel the violent behaviors. Urban violence can include gang violence, organized crime and interpersonal violence.

IFRC Global Strategy on Violence Prevention, Mitigation and Response 2010- 2020.

3.2 The PANICA Programme – Territorial and social coverage

The Programme for Prevention and Support for Street Children and Youth (PANICA), supported by the Norwegian Red Cross and implemented in various Colombian cities, was started in 2004 in the Navarro rubbish tip area on the outskirts of Cali and advanced in 2009 to the El Calvario neighbourhood in the city centre. High levels of child and youth vulnerability exist in this area which is dominated by trading of all forms: murder by design, drugs, recycled rubbish and prostitution. Recently, the project has expanded to three additional areas: Commune 21 and the outer city municipalities of Zarzal and Yumbo.

3.3 Programme purpose and beneficiary population

PANICA has the overall goal of improving the quality of life of vulnerable girls, boys, youth and their families. Specific objectives include reducing the vulnerability of persons who have been internally displaced to project areas, who live or spend a great deal of their time on the street, or who suffer from urban school and juvenile violence.

The programme activities aim to improve the self-esteem and personal identity of children and mothers. Other key objectives include promoting socialization processes; improving health and hygiene; encouraging better use of leisure time; reinserting youth in the educational process; increasing the overall levels of school participation; improving living conditions; and providing stimulus for income-generating activities and employment opportunities.

As of June 2011, 842 girls, boys, youth and mothers, ranging from 5 to 80 years have been registered in the PANICA Project in Cali and included in a database of potential beneficiaries. Among these, 692 persons are from Cali, with 240 children at high risk and 129 mother heads of family from the infamous slum

area El Calvario. Nearly 82 per cent (686 persons) registered in the database are actively incorporated in the project to date. The projection for the current year was 430, indicating that the project is 59 per cent ahead of the expected advance for the current year, 2011.

3.4 Project process and method

The PANICA project is constructed as a process, including seven stages, listed below. The Project is at present in its fourth stage, although the stage varies according to the beneficiary.

- i) Exploring the relations between Red Cross professionals and volunteers and the local population;
- ii) Searching for mutual understanding between the Red Cross and children, youth and their parents;
- iii) Understanding urban and personal realities, classifying problems and causes, and discussing risk and protective factors;
- iv) Discussing principles for growth in human welfare and searching for alternatives;
- v) Delineating what can be changed and what cannot be changed based on self-evaluation and the consideration of realistic alternatives;
- vi) Searching for alternative ways of life; and
- vii) Defining alternative life styles

Box 3.2 – IFRC Strategy of Violence Prevention

“Advancing the Red Cross Red Crescent Fundamental Principles and humanitarian values, we commit to work with people vulnerable to violence, with a particular focus on children and youth; to prevent, mitigate and respond to violence (interpersonal and self-directed) locally and globally through advocacy and promoting change in knowledge, mindsets, attitudes and behaviours in order to foster environments that respect human dignity and diversity and are caring, safe and peaceful.” *IFRC Vision on Addressing Violence*

IFRC Global Strategy on Violence Prevention, Mitigation and Response 2010 -2020 targets three categories of violence:

1. Self-directed violence refers to violence by an individual against oneself. It is subdivided into suicidal behavior and self-abuse. Suicidal behavior includes suicidal thoughts, attempted suicides and completed suicides. Self-abuse covers self-mutilation and substance abuse or misuse.

2. Interpersonal violence is violence that occurs between individuals who often know each other to some degree. It occurs in homes, schools, workplaces and institutions. Examples include child abuse, bullying and harassment, family violence, and abuse of the elderly.

3. Community violence is a type of interpersonal violence that takes place at the community level (e.g. in urban settings) between people who may or may not know one another. Common forms of community violence include gang violence, violence by supporters of sports teams, mob attacks and sporadic crime.

Three full time professionals, one sociologist, one psychologist and one administrator, work with up to 40 Red Cross volunteers in administering and operating the project. The applied method involves the development of “protective factors” at an individual, family and community level and provision of psychosocial support and counselling. An increase in resilience and improved living conditions are sought through the removal or reduction of existing “risk factors,” referring to existing conditions that predispose children and youth to adverse effects and loss, and in this case, predispose them to participation in urban violence, crime and prostitution. Reduction of existing risk factors includes the distancing of children and youth from the streets and gangs, reinsertion in the educational process and improving the socio-economic status of their families.

Project activities include the use of football matches and tournaments for youth aged 12 to 18 years from two rival communities under the title “Good for you; good for all.” Additional activities include theatre shows, camps, excursions, group and focus discussions on health promotion, house visits to attend to particular social and psychological contexts and needs, and education on Sexually Transmitted Infections including HIV and AIDS. The central project objectives are reinforced by the mainstreaming of other Red Cross actions in community development.



3.5 Urban risk reflection

The following is a reflection on the PANICA project from an urban risk and urban risk management perspective:

1) Beneficiary population

Although both the target beneficiary group and the violence they are surrounded by are urban phenomena, the urban context and their experience in it are diverse. Although PANICA was originally designed to only deal with street children (those defined as living and occupying the street), the beneficiary population and the objectives of the intervention are in practice defined in far wider

terms, targeting not only street children, but displaced populations and youth and children vulnerable to urban school violence, as well as the children's families. This recognizes the need for integrated programming approaches based on the recognition of interrelated conditions/contexts and broadening definitions. It also reflects that urban youth and children cannot be targeted in separation from their family units.

2) Project design and purpose

The PANICA project design provides insight into the value of tackling future risk through prospective risk management. For example, PANICA programming focuses on efforts to reduce the probability of future youth participation in violence and gangs (prospective risk management) while acknowledging that existing risk factors must also be simultaneously addressed (corrective risk management). The processes leading to social anomie and exclusion are so great that attacking the problem of urban violence through efforts to reduce already existing risk factors can seem overwhelming. Still, dealing with fundamental underlying causes is essential to achieving a significant and sustainable reduction in urban violence and the affected population. By focusing on a future risk management approach, there is a possibility of reducing consolidated existing risk. The move from a corrective, symptom-based intervention to an ongoing, prospective, causal-based intervention is key and depends to a large extent on the complimentary and committed involvement of the State.

Certain causal factors (future risks) can be confronted through livelihood support schemes that increase family welfare at the community level. PANICA has introduced a component related to training for the development of urban economic enterprise. Although not originally considered, this activity is the result of suggestions made by the beneficiary population once the project had commenced and demonstrates the importance of participatory processes in project design and of attacking the basic causes of urban malaise. Promoting options for income generating activities for single women heads of household, for example, can increase school attendance and have a beneficial impact on both child and mother mental and physical health.

3) Project diagnostic process

The context of the PANICA project is unambiguously urban and the diagnostic tools must meet the challenges of that environment. It is characterized by population concentration and density, social and territorial exclusion, urban poverty and discrimination, multi-risk scenarios, a complexity of social actors and relations, and the absence of government presence and control. This has important repercussions regarding the nature of the early diagnostic processes required and used in projects such as PANICA to give credibility to particular approaches to intervention. The complex urban context clearly requires sophisticated participatory diagnostic techniques such as VCA to contend with the multiple social and economic variables, multi-risk circumstances, and multiple social actors, all of which exert an influence on the context and decisions.

4) External constraints

One type of external constraint involves the implementation of special measures and protocol to ensure the safety of project personnel and beneficiaries. Group activities are organized on weekends and house visits are undertaken when needed. Because of the environment, both involve a certain level of

personal risk for Red Cross workers. Following an incident where the personal security of the work group was severely compromised in El Calvario, all group activities are now held outside of the neighbourhood in churches or schools.

Another type of external constraint involves the dynamic nature of city processes of internal development and redevelopment which can affect the location-specific action of a programme. In the case of Cali, El Calvario neighbourhood is part of the Mayor's "Downtown Beautification Program." This includes a plan to relocate up to 2,500 families to the peripheral urban communities of Rancho Grande, which would alter many of the fundamental aspects of the present PANICA project in the central city area. The fact is that the State response to communities of people living in sub-human conditions is often relocation and subsequent redevelopment of central city areas. This is true of central Cali today with the building of the modern Paradise City on the ruins of various central Cali neighbourhoods. Relocation can redefine the problem and challenge the intervention by establishing new parameters and contexts. These include new challenges regarding access to employment opportunities, the mingling of potentially antagonistic social groups in the same territory, and the increasing of vulnerable groups such as street children, the displaced and those exposed to urban violence.

5) Project replicability

The problems faced in El Calvario and the other targeted communes such as Zarzal and Yumbo are prevalent in other degraded urban areas in Colombia, and the question of the replicability of schemes is a valid challenge given the magnitude of the problems. Estimates place the number of street children in Cali at nearly 4,000. Without local or national State-based intervention and support, the challenge of dealing with the potential beneficiary population is out of reach. Advocacy for sustained State action along with demonstrated effects of good practice are critical. The Red Cross is ideally equipped to play a major role in advocacy through the stimulation of support for wider concern and involvement of state and private sectors and in the demonstration of good practice.



6) Collaboration and cooperation

The sustainability and the scaling up of initiatives such as PANICA depend on a critical advocacy role to bring the public and private sector on board to reduce the stigma of the urban poor, especially in urban settings where inequality is blatantly evident and the contrasting conditions of urban zones, from opulent to destitute, are separated by short distances or are intermingled. Moreover, the prevalent trend in urban development is against integration and in favour of the relocation of the central city urban poor and the privatization of urban space (private clubs and shopping areas, private parks and gated communities, for example).

3.6 Learning points

Lessons learned from projects such as PANICA include the advantages of more integrated schemes and the need to introduce prospective, underlying cause-reducing elements within the frame of corrective schemes. By doing so, achievement of basic single theme project goals may be accompanied by indirect benefits in terms of other urban risk contexts associated with health, lack of hygiene and disaster risk.





4. Stories from the field Colombia,



4.1 Breaking the shackles of poverty

A stone's throw away from the prosperous city centre of Cali, another reality exists that few Colombians know about. In the urban netherworld of El Calvario, where entry without a police escort or a humanitarian flag is at your own risk, a slum community numbering approximately 2,500 families survives on informal labour activities that include trash recycling, street vending and drug trading. More than half of the 842 persons identified as most at risk and targeted by the Colombian Red Cross PANICA programme reside here. Four of these beneficiaries share their stories of living in the crosshairs of drugs abuse, violence, unemployment and poverty.

4.1.2 Moving from desperation to dignity

**37-year-old Jackeline Erazo, widow, mother of four children
and beneficiary of the PANICA programme; El Calvario, Cali, Colombia**

Jackeline Erazo lives behind ramshackle walls on one of the most crime-ridden streets in El Calvario with seven family members. She has not left her home for four years. Twenty-four hours a day, an electronic sensor locked to her right ankle confines her to the approximate 20 square metres (215 square feet) that make up her family's living space. Striving to sustain her household and feed her family, Jackeline hopes to someday be forgiven for her misdemeanour.

"A mother will do anything for her kids," says Erazo, who was placed under house arrest for having turned to crime after her husband was killed in a drive-by shooting outside of their home eleven years ago. "I was traumatized after the killing of my husband because I depended a lot on him. During one critical period in 2005, I was very depressed. I cried a lot and lost all my desire to do anything."





As time went by, Erazo could not feed her family. Lacking food, dogged by debt, and pressured by debt collectors, she was pushed to the brink of desperation. Her vulnerability led her to listen to bad advice. “Some girls told me that I should stop being a fool. One of them asked me to help her bring drugs into the prison. I was so confused that I couldn’t think clearly,” remembers Jackeline, sitting on a mattress that serves as a bed for her and her 13-year-old twin sons. With her hands clenched in her lap and rays of sunlight shining through gaps in the tin roof, Erazo discloses that she attempted to smuggle cocaine into the prison, but that her nerves gave her away. She was caught even before making it past the gates, behind which she would come to spend the next few months.

In prison, Erazo was filled with remorse for what she had attempted to do. “It was out of necessity, and when you are desperate, you’re not thinking straight,” she said, rocking back and forth almost imperceptibly. “I didn’t harm or kill anybody, but it was a big mistake. I apologize to society, to God and to my children; I pray to be given a second chance.”

With tears streaming her cheeks, Erazo reveals that it is the first time she has spoken so directly about her own wrong-doing. “It is as if a knot has been untied inside me,” she says with a pale smile. Meanwhile, a mouse scurries under the mattress behind her.

Maintaining family life under house arrest

After a few months in prison, Erazo was given permission to have surgery to remove a cyst that was found in one of her breasts. The biopsy results were to be submitted to the prison. However, as Jackeline could neither pay her bail nor afford an attorney to represent her, she was released from prison and placed under house arrest. As of today—five years after Erazo’s attempt to smuggle drugs into prison—she remains uninformed about the biopsy results and when she will be called to trial.

Erazo has placed her hope in the Colombian Red Cross efforts to help her get permission to visit a doctor and be re-examined; still, she has little option but



to cling to her means of getting through the day: the bleak chance of winning on the lottery; the belief that “faith can move mountains”; a monthly loan of 50,000 Colombian pesos (COP) from a lender who charges an interest rate of 15 per cent; and the income gained from her daily street vending of meat skewers. This business, made possible by Erazo’s children, who buy the ingredients, generates a daily average of 5,000 to 10,000 COP. The income allows Erazo to repay the lender, who collects a partial payment every second day, and with the few pesos that are left, feed her family.

Taking risks for survival

Erazo’s eldest son (21) and her 19-year-old daughter, who is the mother of two children, are both unemployed. Erazo’s 13-year-old twin sons and her 62-year-old mother do not earn an income either. As a result, the household depends almost entirely on the income generated by Erazo’s business. Yet as she ventures out in the street and seats herself behind a blue vending cart on a chair next to the doorstep, which is as far as her electronic ankle bracelet will allow her to go; she is only a few steps away from where her husband was shot to death. In El Calvario, just being on the street is taking a risk, a reality that Erazo intimately understands. She is well aware that if her family lost her, the children would be more likely to turn to crime to survive. Yet, until the day when the bracelet is removed from Erazo’s ankle, she has little choice but to carry on her vending business despite the risk of violence.

Growing dreams of the future

Fortunately, the situation that used to restrict Erazo’s thoughts to just getting through the day is being transformed by hope for a better future. “Four years ago, my concern was centred on getting food for my children. I never thought about how to get ahead and I didn’t have a dream,” reflects Erazo, who attributes her shift in mindset to the PANICA programme that she was admitted into in 2007. Since then, her family has benefitted from psychosocial support,

recreational therapy, educational activities designed to prevent her children from engaging in criminal activity, and food aid.

“The psychologists and volunteers of the Colombian Red Cross have pushed me forward while also helping me to improve my self-esteem. I have come to better value myself as a woman and to accept my mistakes and learn from them so that I don’t repeat them,” asserts Erazo calmly. In addition, her participation in the programme’s recreational activities, such as learning how to create jewellery and handicrafts, has nurtured her emerging dream to one day afford a sewing machine to start working with textiles and design.

“More than anything, I want to show the PANICA programme staff that I really can do things in the right way, behave well and help my children advance,” says Erazo, emphasizing that the programme has reinforced her determination to get her children out of the neighbourhood, “so that they don’t become criminals or something bad happens to them.”

Even though she wants to leave El Calvario, Erazo argues that the State has to start taking action to stop the violence in her community. “I would like for this neighbourhood to be like other ones, where there are truces between gangs. People can change and do productive things instead of committing crimes.”

“My story is very sad and harsh,” concludes Erazo, “but this is my reality and I have always been a fighter.”

4.1.3 Prisoners of past trauma



Flor Yamileth Caicedo, 34, mother of eight children and beneficiary of the PANICA programme; El Calvario, Cali, Colombia

Encountering abuse in early childhood and living on the drift until marrying her current husband, Flor Yamileth Caicedo, a 34-year-old mother of eight children, is familiar with the nuances of deprivation and degradation. “I lost my virginity when I was five years old; they drugged me and raped me,” says Caicedo, her eyes glazing over. “I remember it as if it were yesterday.”

Six years after Caicedo’s first exposure to sexual abuse, she became homeless, pushed into a life on the streets. “I will always find a way to sustain myself, even if that means sexual intercourse with men,” asserts Caicedo, who turned to prostitution when she was eleven years old.

“I have seen so many hardships that I constantly feel stressed and tense,” she continues, emphasizing that she has not engaged in prostitution since the age of 15, when she met her current husband. Nor has she worked outside of her home since becoming a mother apart from occasional jobs such as waste recycling, which makes a meagre contribution to the household economy. Each kilo of collected material earns 1,000 Colombian pesos (COP), around 50 cents US.

Poor but not homeless

“We don’t have any money, but at least we have a place to live,” says Caicedo, referring to her home address in the neighbourhood of El Molino in Cali, a local hub for drug trading and prostitution. Caicedo lives in an apartment 30 steps up from the street plagued by poor sanitation with her husband and six of their eight children. Her eldest son has been on the street since a few years back, and the second son is addicted to drugs and confined to prison for theft and physical assault.



The apartment's small porch, which has been turned into a storage space for laundry and shoes, provides a glimpse of the drug trading taking place on the opposite side of the street through a half-opened door. Next to a vending stall is a young boy playing with a plastic gun, pointing it towards people passing by. Further down the street, on the corner, stands a man whose daily task is to yell "green" when the drug trade can take place and "red" when the police are approaching. "I want to take my children out of here," exclaims Caicedo. "If we had an opportunity to move, we would, but it is in the hands of God. We have reached an impasse, a street without exit." Her painful words of resignation are followed by her hands, fiercely thrown up into the air as she releases a deep sigh. "I can't share my problems with my neighbours or anyone, and I don't want to," continues Caicedo. "Nobody helps anybody around here. I only trust my husband."

Trapped by fear

Scarred by her childhood experiences and foreseeing the dangers that can prey upon her children as soon as they step outside of the house, Caicedo is over-protective, in particular when it comes to her daughters. They are forbidden to leave home on their own. As a result, the apartment has become the children's only playground and their mother virtually their only friend.

"A friend is someone who defends you; who is there for you and doesn't betray you. That is why my mom is my mother and my friend. She protects us by not letting us go out in the streets or allowing us to play with other children that could get us in trouble," argues Jessica Rios, Jackeline's eldest daughter of 11 years. Like her mother, Jessica doesn't have any friends because she doesn't trust other children in her neighbourhood; more to the point, she wants to avoid ending up like her two brothers.

Jessica and her sister used to participate in the weekend events and workshops organized in the PANICA programme, but they can no longer do this. On the

weekends, their mother now visits her son in prison, and Jessica and her sister are prohibited from walking to the programme activities on their own.

Adjusting intervention

According to the PANICA programme coordinators, Caicedo's family is one of the most difficult cases. Efforts to provide educational and recreational support have gained weak results. As pointed out by the programme's sociologist, Fernanda Cardozo, the parents' eagerness to receive material aid such as food, hygiene and school supplies keeps them involved, but the programme has not had the kind of impact hoped for. The weak outcome has led the programme team to develop a new intervention strategy based on the family's particular situation, an acknowledgment that it is sometimes necessary to adjust programmes on a case-by-case basis.

4.1.4 Scraping by on the margins while battling to be let in



Pamela Montana, 46, beneficiary of the PANICA programme and the Colombian Red Cross HIV and AIDS programme; Cali, Colombia

For Pamela Montana, social activist and founder of the NGO Transmujer, an understanding of being born into the wrong gender and body has been with her since early childhood. Yet, meeting the world as a transwomen has thrust her into a life-long battle for her very existence and shoved her towards the margins of city life. Like dozens of other transgender persons, Pamela sells her body on the Street of Sin, Calle del Pecado, in downtown Cali.

"Discrimination started when I was born and given a male name," says Montana, who initiated a legal process to have her name changed following the adoption of the new Colombian constitution in 1991. After a long battle ending in the Supreme Court, Montana won the case. "As the first transwoman in Colombia, I succeeded at the age of 22 to have my male name on my identification card changed to a female one."

Being able to identify herself with a female name on a legal document is something she is very proud of, explains Montana, who has faced exclusion, discrimination and rejection as far back as she can remember. When coming out as a transwomen at the age of eleven, her family rejected her and forced her to move out of their home. As of today, only Montana's sister, one out of nine family members, speaks to her. "I have never been accepted by my family," says Montana as she arranges her hair behind her shoulders and adjusts her seating position.

From family rejection to the closed doors of society

After studying cosmetology, Montana started working as a hair dresser and stylist in a beauty salon, but was forced to quit after badly injuring her arm in a car accident at the age of 19. From then on, up until the age of 35, Montana lived in relationships with men who financially supported her. After splitting from her last partner, Montana started selling her belongings, and when nothing was left to sell, she resorted to the last option. "I never imagined I would have to stand on the corner of a street and sell my body for money. I didn't think that would ever happen to me," reflects Montana. "At that point, I started realizing the scale of the injustices facing transwomen."



Finding housing would prove to be a mission verging on the impossible; people's willingness to rent an apartment to a transgender is as good as non-existent, explains Montana. As a result, for the past ten years, she has slept either out on the street, or, when earnings have allowed, in a hotel. It has now been five months in a row that she has been forced to sleep on the pavement, which has resulted in her developing bronchitis, says Montana.

Facing life on the street has further meant an increase in her exposure to delinquency, discrimination and stigmatization. Having endured various forms of harassment such as being molested, stoned and robbed, Montana explains that she lives under constant threat. In 2010, 12 transwomen were killed in Cali; in the last four years, 49 died in the streets, placing the city's homicide rate for transgender persons among the highest in Latin America. These dire statistics make Montana "feel impotent, as if I can't do anything." On the other hand, she asserts, "the fear has transcended into increased strength to continue fighting for the rights of the transwoman community."

According to Colombia Diversa, a Lesbian, Gender, Bisexual and Transgender (LGBT) rights group, more than 3,500 transgender people live and work in Cali. The LGBT population has historically been exposed to social cleansing campaigns, stigmatization and police abuse. More than 3,900 people in Cali are homeless, of which 86 per cent are male, 14 per cent female, and a total of 11 per cent are children according to a study by the Colombian Red Cross.

Left in the lurch

As a founder and leader of Transmujer with membership of around 300 transwomen in Cali, Montana has presented different projects to the Government but consistently been given a cold shoulder. "There is always money for the indigenous populations and the minority groups, but never transwomen," bemoans Montana, emphasizing that the Government has never accepted transwomen. "We are not recognized as a minority group nor seen as humans; we are looked upon as trash."

"The Government only gives us access to training and business opportunities in the field of hairdressing or prostitution," adds Montana, and claims that the organizations working with sex workers neither recognize nor want anything to do with transwomen. "We are left abandoned with minimal opportunities in everything from employment to access to health care."

Breaking through stigma

Since 2009, the Colombian Red Cross has collaborated with Montana's organization, Transmujer, to promote safer sex and prevent sexually transmitted infections among transgender sex workers. This collaboration is part of the National Society work within the framework of the IFRC Global Alliance on HIV aimed at scaling up HIV programmes in Latin America and the Caribbean and has resulted in the launching of joint health events and sensitization sessions involving condom distribution and voluntary counselling and testing. However, the challenge to bring people together is daunting. Around 120 participants were expected to show up at the last health event organized by Montana's organization and the Colombian Red Cross, but in the end, only 22 showed up. "Transwomen are afraid of these types of events because they expose them to risk. If they take an HIV test and it turns out to be positive, they have a problem because they know it will be very difficult for them to access treatment and care and the stigma that they are already facing will intensify. In the end, it is often

seen as less harmful to stay uniformed,” explains Montana, stressing the determination to never halt her battle for transgender rights to ensure “opportunities other than standing on the corner of the street.”

4.1.5 Keeping anti-social behaviours from taking root

**Jeffrey Arley Murcia, 9, beneficiary of the PANICA programme;
El Calvario, Cali, Colombia**

At the end of the school day, 9-year-old Jeffrey Arley Murcia returns to his home in El Calvario, where he lives with his sister, mother, and grandmother. After completing his homework, he will watch television, play games on his computer or occupy himself with other in-door activities to distract him from the turmoil raging outside his walls. Although his home provides a measure of security, a thin line exists between this haven and the violence of the street, as Jeffrey’s family came to learn earlier in August when an uncle was mistakenly killed in their doorway. Gang members had come to kill someone else. “They thought my uncle was this person and killed him,” explains Jeffrey in a barely audible voice with eyes fixed on the floor.

“Bad” is the only word Jeffrey uses to describe how the violence and crime affects him. But as he speaks about his experience of joining the PANICA programme in 2009, he relaxes a bit and says that it “allows me to be with friends and spend time outside of the house.”

Participating in football matches, attending handicraft workshops and benefiting from home visits and counselling provided by the programme psychologist has changed Jeffrey’s behaviour. “Now I no longer disturb my classmates or scorn my teacher,” he explains.

Jeffrey’s words are matched by programme psychologist Diego Fernando Valencia’s observations: “He used to be a very problematic boy who refused to listen to his parents. Today, he is much more obedient and less explosive,” notes Diego.





5. Case study Kingston, Jamaica



5.1 Urban Context

Kingston, the capital and largest city of Jamaica, is located in the south eastern part of the island on one of the largest natural harbours in the world. It was founded and established as the capital of the country in 1692 following the devastating earthquake that totally destroyed Port Royal the same year. The parishes of St. Andrew, Kingston and St. Catherine together make up the metropolitan area of Kingston. The latest population census in 2001 recorded a population of 650,000 in Kingston, projected to rise to nearly 800,000 in 2011.

Located on the Caribbean hurricane belt, seismically active, crossed by gullies and with much low quality housing on mountain slopes, the city is vulnerable to diverse disaster risks and has projected maximum economic losses of well over a billion dollars should a major category five hurricane or high energy earthquake affect the area directly. The last major earthquake affecting the city occurred in 1907. Storm surge is also a major potential problem for the city, especially with the projected sea level rise in the Caribbean.

The present effort to push for the economic development of the old harbour-based centre of the city was preceded by the development of a new modern centre known as New Kingston in St. Andrew parish, where the majority of modern hotels, government agencies and modern commerce is located. The old city centre is a mixture of businesses and low quality or neglected housing and is near the neighbourhood of Tivoli Gardens, which, although poor, has open spaces and complete educational and health services.

Kingston, like many major cities in the LAC region, has grown through rural to urban migration and has many poor neighbourhoods in the parishes of Kingston, St. Andrew and St. Catherine. Poverty accounts for over 60 per cent of the city population. Many neighbourhoods are the result of past political party manoeuvring and affiliation, but are essentially given little attention by the

Box 5.1

IFRC Global Alliance on HIV in the Americas

The IFRC Global Alliance on HIV was launched in the Americas in 2008 to scale up the continental efforts to reduce vulnerability to HIV and its impact. The HIV pandemic in Latin America and the Caribbean is fuelled by a range of social and economic inequalities and exacerbated by high levels of stigma, discrimination, homophobia and gender inequality. Interventions must be expanded to address vulnerability and direct and indirect risk factors, including the culture of social violence, male attitudes, and migration.

Thirteen Red Cross Societies that are current members of the Global Alliance on HIV in the Americas are engaged in preventing further infection and reducing stigma and discrimination of people living with HIV and other most at-risk populations. More than 675,000 people across the continent were reached with prevention and anti-stigma messages as well as care, treatment and support services in the first six months of 2011. Over 2.6 million people were reached in 2010.

The Global Alliance on HIV in the Americas is supported by the Norwegian Red Cross and through bilateral partnerships with the American, Finnish, Italian, Dutch, and Spanish Red Cross Societies.

State today. With high levels of unemployment, a lack of opportunity for urban youth, and a high dependence on external remissions, many of these neighbourhoods are subject to intra-family violence, intra and inter-neighbourhood conflicts and high rates of homicide.

5.2 The Sexually Aware, Sensitized and Savvy Youth Project: Territorial and Social Coverage

The Sexually Aware, Sensitized and Savvy Youth (SASSY) project is being undertaken in 14 urban communities in Kingston.⁵ The most urbanized parishes have the highest cumulative number of AIDS cases, including Kingston and St. Andrew with 665 cases per 100,000 persons, and St. James with 930 AIDS cases per 100,000 persons.⁶ According to UNAIDS, approximately 32,000 people are living with HIV in Jamaica, the majority of which are urban dwellers.⁷ The prevalence rate of 1.7 per cent among adults aged 15 to 49 constitutes one of the highest rates in the Americas. The risk of HIV and AIDS and sexually transmitted infection in general is high among Jamaican urban youth, where cultural mores and sexual practices combine to create a grim reality. Relations with multiple partners, same gender sex, trans-generational sexual relationships, male and female prostitution, early sexual relations and a reluctance to use protection all increase the risk in urban areas. In addition, poor literacy skills many times limit access to prevention messages. Furthermore, a correlation may exist between various sexual practices and their consequences and the incidence of intra-personal and social violence.

5. These communities are Gordon Pen, Windsor Heights, Marverly, New Haven, Sea View, Waterhouse, Red Pond, Gregory Park, Frazers Content, Caymanas River, Braeton, Manning's Hill Road (Big Yaard), Jarret Lane and Nannyville.
6. Jamaica Ministry of Health, National HIV/STD Control Program. *Jamaica HIV/AIDS Epidemic Update Jan-June 2006*. Retrieved from www.jamaica-nap.org/aids_d.html
7. UNAIDS. *Country Profile – Jamaica*.

Box 5.2 – Ten steps to creating safe environments for children and youth

Building on 28 years of experience in violence prevention, the Canadian Red Cross “Respected: Violence & Abuse Prevention” program has developed a resource/methodology called “Ten Steps to Creating Safe Environments for Children and Youth” to help institutions and communities develop, implement and maintain protective systems.

The “Ten Steps” methodology is structured to provide concrete direction while providing communities and institutions space to identify their own needs, gaps, strengths and to design interventions that are culturally appropriate and contextual.

The ten steps are:

1. Understand the problem
2. Recognize people’s vulnerability and resilience
3. Define protection instruments
4. Create a prevention team
5. Complete a risk assessment
6. Develop policies and procedures
7. Educate adults, youth and children
8. Respond to disclosures of violence
9. Meet the challenges
10. Maintain safe environments

5.3 Project purpose and target beneficiary population

The SASSY Project, implemented within the framework of IFRC Global Alliance on HIV in the Americas, recognizes the critical need to develop engaging strategies to assist in improving the sexual and reproductive health of Jamaican adolescents living in volatile communities. It aims to improve sexual and reproductive health and reduce sexually transmitted and HIV infection rates in the country. The project attempts to improve sexual practices and behaviour among youths aged 15 to 24, dealing with a specific population that has fallen between the cracks of formal national educational mechanisms while also reaching out to youth who are still attending school. It further seeks to reduce urban violence on an intra-family and intra-community basis.

No fixed absolute number of direct beneficiaries exists, but by the end of the second year of project implementation, ending in 2011, it is projected that 3,000 youth will have been reached by the project.

5.4 Project Process and Method

The Jamaican Red Cross has gained vast experience in dealing with sex education and practice through its starship Project HIV youth peer education initiative “Together we Can.” This project, operational since 1992, is based on participatory and experiential learning approaches to sexual education.

The present SASSY Project is a youth-led, youth-driven approach featuring fun and engaging activities that lead to self-evaluation and a determination to

contribute to the control of HIV and other sexually transmitted infections. The project uses interactive educational sessions in informal, organized, and spontaneous settings to approach and educate urban youth. Youth clubs (including police youth clubs), churches, and community venues are used for lively sessions of games, role playing, street theatre and mock debates. Games addressing skills and risk perception, role play, music, group work and presentations are used. A Radio Drama called “Safe” is also employed. Topics dealt with in interactive sessions include decision making using a culture specific model; personal risk assessment; HIV and STI infection and prevention; and sexuality, which includes the sub-topics of safe sex practices, values, managing risk situations, negotiation and assertiveness skills, communication, condom use and group facilitation.

A total of 24 peer educators from the communities have been trained and are responsible for recruiting and training in the communities. These are highly committed urban neighbourhood youths between the ages of 20 to 30, male and female, who are specifically selected following interviews with Red Cross personnel. They have strong interpersonal communication skills and the ability to use entertainment such as theatre, song and dance as a means of transmitting messages.

5.5 Urban risk reflection and learning points

The project addresses what is predominantly an urban-based problem context. Considered from an urban risk perspective, the process and method employed provide a number of insights into urban specific aspects.

The project, in linking sexually transmitted diseases and the problem of urban violence, transcends a uni-thematic view and has permitted youth exposed to its training and educational practices to be introduced to principles of harmonious relations and peaceful, non-violent, existence. The SASSY project has included lessons from the Canadian Red Cross “10 Steps to Safer Living.” Peer educators have introduced the lessons from this project in communities where violence is rife or permanently latent.

Beyond the benefits for direct beneficiaries and apart from the appropriateness of using peer group educational methods, the project has allowed community peer educators to engage in fruitful and productive social activity that has been important for their own sense of self-esteem and welfare. When interviewed, they expressed that it was Red Cross involvement that prompted them to interview and participate, and that if it had been another type of organization, they may not have engaged so rapidly and willingly. This supports the notion that Red Cross has an important role to play in organization and neighbourhood governance.

The density of the urban youth population facilitates the use of group methods whereby youth clubs and other communal meeting places may be employed easily for educational activities. Moreover, the possibility of replication and transmission of practices is greater in more densely populated areas.

Finally, the project and group educational activities highlight the advantages of social organization in overcoming existing problems. Educational meetings such as those used in the SASSY project offer an entrance point to the discussion of intra-personal violence, foster community relations and organization in the future, and create more organized outlets and activities for urban youth.

5.6 The Micro Economic Initiatives Project (MEI) – Project Territorial Coverage and Social coverage

Background

In 2010, several west Kingston communities were involved in severe episodes of urban violence related to the sought-for extradition of an alleged drug lord. Use of army and police forces led to over 80 deaths prior to the capture and extradition of the drug lord. Many local community members and those from other parts of the city attempted to protect the drug lord, from whom they received social and economic support, substituting for the lack of government presence in their communities. This constitutes what is referred to as an “informal governance” context. Such informal governance arrangements are increasingly prevalent in LAC cities and have led to the emergence of urban gangs and gang control of excluded and marginalized urban territories and populations.

Many urban families either lost economic assets and/or family members and the sustainability of their lives was severely hampered in many cases by the prolonged violence. Following the capture of the alleged drug lord and the cease fire, multiple NGOs and government organizations launched projects in the city. It is in this context that the International Committee of the Red Cross (ICRC) offered to support the Jamaican Red Cross with an Economic Security Unit (Eco Sec) initiative for the development of a Micro Economic Initiative (MEI) in Kingston, adopting a livelihood support approach to urban recovery.

5.7 Programme purpose and beneficiary population

The project seeks to offer livelihood and income-generating options to families affected by urban violence by providing in-kind support for establishing urban businesses. Indirect effects are sought in terms of support for families and reinsertion in educational processes. Moreover, in fomenting entrepreneurial attitudes and formal financial practices, the project seeks to instigate new opportunities for individual growth and development as well as for social organization and local development.

The MEI Project targets families in communities of west Kingston. The communities are: Tivoli Gardens, Denham Town, Hannah Town, Fletchers Land, and Central Down Town, all central city communities typified by high rates of unemployment, elevated school drop-out rates, drug trading and urban violence. A total of 50 beneficiaries were selected to receive in-kind support for starting urban businesses.

5.8 Project Process and Method

Community leaders were asked to mobilize up to 25 potential candidates for the MEI project. This was achieved with the participation of Social Community Development Committees established by the Government. A selection procedure, including various assessment methods, was implemented in order to select the final 50 beneficiaries. This included criteria such as the loss of primary income earners during the conflict, damage to or loss of assets and economic resources and the presence of single parent families with more than three children. Families searching for support filled out questionnaires, provided

documentary evidence of need and loss and provided ideas on a business plan for their proposed enterprise.

The project, implemented from April to November 2011, has completed its preliminary preparatory stages; in-kind support has been provided to the majority of the enterprises selected and skill training for small business practices has been given to MEI beneficiaries by the Churches Co-operative Credit Union. This training covered business practices and business plans; saving options and the opening of savings accounts; addressing options for accessing funds to expand businesses; pension plans; and financial management (record keeping). The businesses that have been promoted include tailors, grocery stores, clothing retail, shoe making and produce sale.

5.9 Urban risk reflection and learning points

Supporting and promoting micro enterprise stimulated by micro credit schemes is not an urban concept as such but is practiced in many rural areas today as well. The scheme as developed in Kingston is a direct response to a very particular circumstance of urban violence that could be compared to a war zone, but the project's contribution to urban risk reduction involves the potential spin off effects on various risk and chronic risk contexts in particular.

Urban enterprise promotion in vulnerable groups can have important repercussions on welfare and human growth. The project can, for example, permit urban single, female headed households to secure a stable income, which in turn allows for children to attend school and other collateral humanitarian benefits that positively impact the root causes of urban malaise and violence. In this way, the project can create both economic opportunity and spur social advances in neighbourhoods, including options for better local organization. Moreover, if successfully implemented, such schemes could be self-replicable. Beneficiaries could provide the basis for savings and reinvestment by others on a rotational basis, encouraging urban solidarity and a sense of community.







6. Stories from the field Jamaica



6.1 Raising awareness of high risk behaviours and fighting discrimination and stigma around HIV and AIDS

The Jamaican Red Cross HIV programme, working in support of the national strategy to reduce vulnerability to HIV and its impact in Jamaica, reaches out with prevention, treatment, care and support services to nearly 7,000 people, including persons most at risk and people living with HIV. The programme, implemented within the framework of the IFRC's Global Alliance on HIV, also aims to reduce stigma and discrimination in the most urbanized parishes, Kingston, St. Andrew and St. Catherine, which have the highest cumulative number of AIDS cases and a growing urban paediatric HIV epidemic.

Living in a treacherous context of poverty, inequality and culturally entrenched unsafe and high risk behaviours and sexual practices, three beneficiaries share their stories of resiliency and active community leadership.

6.1.1 Reconciling with illness: gaining a new outlook on life and preventing others from heading down the same path

Thirty-nine-year-old Sylvia McNeil⁸, mother of two children and HIV peer educator of the Jamaican Red Cross; Kitson Town, St. Catherine, Jamaica

Having fought her way back from the brink of death, Sylvia McNeil welcomes each day with a sense of accomplishment and gratitude for the journey of personal growth that has led her to become who she is today, six years after having been diagnosed with tuberculosis and AIDS.



8. Pseudonym.

Being infected with HIV is partly a consequence of McNeil's desperation to feed her children. "I had separated with the children's father at the age of 18 after giving birth to my second child, but I continued meeting him until I got into a new relationship," explains McNeil. "I knew that he was seeing other women and we were not living together, but this is the way it goes in our culture; if you have a child and you don't give the father sex, you don't receive financial support from him."

Around thirteen years passed between the point at which McNeil believes she got infected and her diagnosis. "Most people die before reaching the phase I did. When I was in the hospital and eating 33 pills per day, I asked myself: 'Am I going to die?' My answer was 'No. I have two children to live for. You fight back and you move on,'" recalls Wynter in a voice full of both confidence and wisdom. "I accepted what had happened to me and then it gently came upon me that living with HIV and AIDS is not the end of the world. Life is life."

Embarking on a journey of personal growth

After nearly four months of hospitalization and treatment, McNeil joined an HIV and AIDS support group facilitated by the Jamaican Red Cross and was trained in Voluntary Counselling and Testing (VCT). She later became a Red Cross peer educator and has today lost count of the number of group sensitizations that she has led in the parish of St. Catherine, which has evolved from a mainly rural parish to one of the fastest growing and most densely populated urban areas in Jamaica.

"Most of the people in my town don't have the information and the knowledge that I have today. I feel privileged to have something to share with them and be able to eventually prevent others from going down the same path as I did," comments McNeil.

McNeil reflects that the combination of living with HIV and AIDS, being trained by the Jamaican Red Cross, interacting with National Society staff and members of the support group, and becoming a peer educator has made her "grow into a very tall tree." She goes on to explain that she dropped out of high school when she became pregnant at the age of 16. Today, she is taking community-based evening classes to resume the studies she interrupted 23 years ago.

"Education will move you from one place to the other and I will take whatever action needed if I see that my children are not moving on," says McNeil, adding that "the youth here don't strive to get out. They pick ackee and sell it on the market. I realized that we need to change how we raise our children and I had to prevent my children from repeating my own mistakes." With this insight came a focus on teaching her daughter everything that could possibly be taught about HIV and encouraging her to go back to school after having a child.

Developing self-reliance

Recalling the changes McNeil has made, she claims that up until three years ago, she would depend on her partner as the breadwinner. Today, however, she is self-sufficient. "Earning my own income and getting out of a bad relationship is among my greatest achievements," asserts McNeil. "Giving a woman the means to put her skills to use and thereby allowing her to manage her own living is one of the most important keys to enabling women to make better choices."

Seven years ago, she would have silently tolerated discriminatory remarks, whereas today, she does not shy away from confrontations. “I remember one of the nurses during my time in the health centre got tired of seeing me and said: ‘why don’t you hurry up and die so that we can get your bed?’ Today, I would never let anybody get away with speaking to me in that manner.”

But by being exposed to discrimination, McNeil became aware of her own set of value judgements and acknowledges that she used to judge people by what they did rather than who they were. Since being diagnosed with HIV, she has experienced a shift in her mindset and a new level of acceptance and compassion. She has felt the need to reflect on her own role in what manifests itself as a nationwide culture of homophobia. Today, several of her good friends are men who have sex with men (MSM), a situation that would not have been conceivable before her own journey with illness.

Finding the strength to carry on

Looking back at herself in a hospital bed seven years ago, McNeil thanks God for where she is today. “I am very much more grateful for life today. Of course, sometimes I feel like giving up. I will complain, but then I get up and carry on, and I find strength from meeting the HIV and AIDS support group,” says McNeil. The group, facilitated by volunteers of the Jamaican Red Cross, is composed of 15 members between the ages of 20 and 60. The twice-a-month meetings give her strength to carry on. In addition, McNeil gets encouragement from her 21-year-old daughter, who remains her fiercest supporter and is one of the few family members who know about McNeil’s status.

“I have not told my brothers or my parents yet. My mother doesn’t keep anything to herself; she would go directly to the church and ask everybody to pray for me. I thank God for being alive and that the antiretroviral medication works for me, but I don’t want to be defined by my status,” says McNeil. “I am just a person living my life, trying to make the best out of what I’ve got.”

6.1.2 Building backbone to fight stigma and discrimination

Twenty-five-year-old Akeilla Watson⁸, mother of two children and beneficiary of the Jamaican Red Cross Out of School Youth (OSY) and Sexually Aware and Sensitized Youth (SASSY) projects; West Prospect, St. Catherine, Jamaica

Around each corner awaits pointing fingers and cursing, never letting Akeilla Watson forget that she is living with HIV. “As soon as I step out of my house, people point at me and say ‘this girl has AIDS,’” says Watson.

It started with the nurse at the health centre, who officially disclosed Watson’s test result, and was followed by Watson’s mother, who told Watson’s father, who in turn spread the word to all the neighbours.

Becoming known as “HIV-positive” has resulted in a myriad of contexts where Watson faces discrimination and stigma: taxi drivers refuse to pick her up; she lost her job as a butcher in the local market; she is required to show a blood test when applying for a job as a babysitter; and she is approached by local police officers and asked about her illness. The list is endless, and Watson is not spared even at home. Along with her sister’s harassment comes her mother’s rejection and repeated suggestion that Watson move out and find a place of her own.



8. Pseudonym.



“If you are HIV positive or have AIDS, people in my area don’t even want to be in the same room as you. The lack of support from my family has not made things easier,” comments Watson, who was diagnosed as HIV-positive when becoming pregnant with her first child at the age of 19. After more than five years of separation, Watson has re-united with the father of her first child. Yet, on paper she remains married to the 81-year-old man who started sexually abusing her at the age of 14 when she was working as his housekeeper.

Facing up to life with HIV

After years of silently bearing the brunt of her illness and the ill-treatment of family and strangers, Watson is step by step reclaiming a sense of self-worth. “Meeting other people in my situation has allowed me to pick up the fight. Before, I sat at home and never talked with anybody about being HIV-positive. Each time I started thinking about my illness, I started to cry,” recalls Watson, who participates in a bi-weekly HIV and AIDS support group facilitated by the Jamaican Red Cross since January 2011.

Support in the form of household supplies and food for her youngest child of two years, who suffers from an intellectual disability, has helped Small in critical times, she continues, while becoming a trained peer-educator of the Sexually Aware and Sensitized Youth (SASSY) project and leading sensitization sessions has allowed her to start coming out of her shell.

“After my sessions, during which I share my own story, a few persons have come up to me and given me a hug. I could never have expected this to happen. Being met with compassion has thoroughly helped me to rise,” reflects Watson. “I am now learning to deal with my situation and talk to people about it. I have told myself: ‘no more swallowing it.’”

Fighting back against discrimination

Watson’s increased strength to face up to her situation is resulting in a less tolerance for the gaps and structures that allow stigma and discrimination to continue and prevent infected people from seeking treatment and care. “The Government needs to step up its action,” asserts Watson. “All cases of discrimination and public officials who are breaching their duties should be taken to court.”

“Sensitization, awareness-raising and knowledge-building work is essential because people here don’t know the difference between the HIV virus and AIDS or how transmission occurs,” adds Watson. She also expresses the need to address what is more deeply embedded in societal and cultural structures, such as unequal gender norms. Empowering women must be complemented with action to address practices that subject them to “hidden risks” common in urban areas, says Watson, and gives the example of men who drug and sexually assault women. “Five of the women I am currently trying to recruit into the SASSY project were invited out by men who sprinkled their drinks with drugs and then sexually assaulted them,” explains Watson. “Today, these women are all infected with HIV and they hate themselves. Why is it that they have come to think that they have done something wrong?” asks Watson.

6.1.3 Getting informed: changing unsafe behaviours and ending discriminatory practices



Jermaine Murray, 23, SASSY project peer educator; Windsor Heights, Central Village, St. Catherine, Jamaica

Becoming a SASSY peer educator for the Jamaican Red Cross served as an eye-opener for Jermaine Murray's own risk behaviours and perceptions. "I no longer have unprotected sex and have reduced my number of partners. I have also stopped telling people living with HIV and AIDS to leave our neighbourhood," explains Murray, pointing to fear and lack of knowledge about HIV transmission as the main causes of his behaviour. "Since I've learned that HIV does not spread by looking, touching or kissing somebody, I stopped discriminating against others."

The experience of being a peer-educator has further brought out his leadership skills and motivated him to establish a youth club for community members in his neighbourhood, says Jermaine with undisguised enthusiasm. Since August 2011, nearly 30 youth from Windsor Heights meet every Friday evening to speak about HIV and interrelated topics such as discrimination and violence prevention. "Leading this activity gives me something useful to do," comments Murray, who became unemployed six months ago when the game shop he used to work in was looted.

Resisting "business as usual"

Preventing further HIV and reducing discrimination and stigma requires action to address the high level of youth unemployment in urban Kingston and finding meaningful ways for them to spend their excess time, says Murray. Prevention also necessitates a critical look at both men and women's role and behaviour. As Murray points out, the practice of trading sex for financial support goes beyond women struggling to provide for their households; women are also trading sexual activity for consumer items such as handbags or shoes. Changing this requires males and females to think and act differently, and one of the biggest challenges remains that of changing the perception and behaviours among males between ages 16 and 25, among whom, Murray claims, the so called

Box 6.1 HIV and AIDS in Jamaica

- Since 1996, the Jamaican Ministry of Health National surveys have shown that at least 36% of adolescents are sexually active with the mean age of sexual initiation being 13 years for females and 11 years for males, reports the Jamaican Red Cross.¹⁰
- A study carried out in 2007 by The University of the West Indies in Kingston showed that multiple partners were the norm among males between 15 and 24 years. 76.2% of the males and 21.4% of the females had more than one partner. Males reported 5.68 and females 2.91 partners. 15.2% of those included in the study never used condoms, while 28.1% used them occasionally.¹¹
- According to the Jamaica Reproductive Health Survey, approximately 20.4% of young women in the age between 15 to 19 years report having been forced to have sexual intercourse at some point during their life. Overall, one-fifth of Jamaican women have experienced forced sexual intercourse.¹²

10. Jamaica Red Cross. *SASSY Project Proposal*. Kingston, 2010.

11. Figueroa, J.P., Duncan, J., Byfield, L., Harvey, K., Gebre, Y., Hylton-Kong, T., Hamer, F., Williams, E., Carrington, D., & Brathwaite, A.R. "A comprehensive response to the HIV/AIDS epidemic in Jamaica: A review of the past 20 years" in *West Indian Medical Journal*. Vol.57, (6) Dec. 2008.

12. Centres for Disease Control and Prevention (CDC). *Highlights from the Jamaica Reproductive Health Survey, 2002-03*. Retrieved from: www.cdc.gov/reproductivehealth/Surveys/Jamaica.htm



rude-boy attitude is pervasive. “This is deeply ingrained in Jamaican culture and consistently promoted by local singers, TV shows and movies,” he explains. “I would like to see rude-boy music change its degrading message.”

In his endeavour to counteract the effects of popular music, Murray has produced a rap song titled “Proper, Safer Sex.” The song, which he wrote for an out-of-school-youth contest organized by the Jamaican Red Cross, is soon to be broadcast on national radio.

“I hope that I will someday be able to live on my music,” says Murray and starts chanting the jingle with fingers tapping in the air in front of him.

6.2 Restoring livelihoods and reducing vulnerability to urban socioeconomic-related risk

One and a half years after police and military forces launched a large-scale operation aimed at taking an alleged drug lord into custody, resulting in a series of violent clashes and the city of Kingston being placed under a state of emergency, 50 beneficiaries affected by the urban violence have started up small businesses through in-kind support provided by the Jamaican Red Cross. Two beneficiaries tell how their income-generating activities have enabled them to recover livelihood security, increase opportunities for personal growth and reduce vulnerability to future socioeconomic-related risk.

6.2.1 A micro business venture: securing schooling and boosting self-esteem



Georgia Phillips, 35, single mother of six children and beneficiary of the Jamaican Red Cross Micro Economic Initiative Project (MEI); Downtown Kingston, Jamaica

Having learned to turn a deaf ear to people lecturing or bad-mouthing her, Georgia Phillips also learned to refrain from asking for or receiving a helping hand, convinced that it would only result in neighbourhood gossip. “I don’t live for them; I live my life,” grunts Georgia, sitting on the veranda in front of her turquoise house in one of the most active growth areas of public and private investment in the Kingston Metropolitan Area: Downtown Kingston.

Yet, as a single mother of six children, making ends meet has not been easy. “I have tried my best to raise my children and have always been a hard working person, striving to support myself,” remarks Phillips, who found herself in a precarious situation following the 2010 Kingston unrest. During the two-month long state of emergency imposed on 24 May 2010, Phillips and her children were prohibited from leaving their home due to the security situation. Consequently, Phillips had to suspend her income-generating activities, which at the time consisted of selling clothing. The two-month loss of income made it impossible for Phillips to cover the costs of two of her children’s schooling. “I was fortunate to receive support from the Jamaican Red Cross, which helped me sort out the situation and allow my children to go back to school,” says Phillips, releasing a deep breath.

In addition to covering enrolment fees and school books, she received a grant of 23,000 Jamaican dollars (270 US dollars) which she used to start up a drink and chips kiosk at a nearby bus stop. She emphasizes that the proximity to her home allows her to run home during the day and check in on her children, ranging from 3 years to her eldest daughter of 14.



The kiosk, which Phillips keeps open six days a week from seven in the morning to seven in the evening and later during weekends, generates between 1,500 to 2,500 Jamaican dollars per day. The income allows Phillips to save approximately 200 Jamaican dollars per day in a savings account for emergencies.

Personal growth through business management

Like all 50 beneficiaries admitted in the MEI project, Phillips participated in skills training for small enterprise practices before starting up her business. “The training gave me the needed knowledge to manage the financial side of my business. It also made me stand up straight and say that I am ready to take on the responsibilities and demands of working for myself,” recalls Phillips.

She goes on to speak more about the personal growth that came from the training and from starting her own business. “I learned to associate with people, and I still have contact with a few of the other beneficiaries of the project.” Being in charge of a business also helped her start to manage her weight, and Georgia proudly points out that she has already lost 50 pounds. “I feel rejuvenated and at peace with myself,” she says, nodding as she speaks. “I feel good; very good.”

6.2.2 Resuming income-generating activity: moving beyond trauma

Danville Palmer, 22, beneficiary of the Jamaican Red Cross Micro Economic Initiative Project (MEI); Hannatown, Kingston, Jamaica

When Danville Palmer found his grandmother’s home overtaken by policemen and shoved into a room with the other male members of his family, he recalled the stories of what had happened to other people in the neighbourhoods affected by the 2010 Kingston unrest. He gave himself a 50 per cent chance of leaving the room alive.



Left to live but traumatized by the killing he witnessed, Palmer stayed behind closed doors in his grandmother's house. Three months after the state of emergency was lifted, he mobilized his strength to resume daily life and return to work only to face an impasse. The fast-food restaurant which he had been running since 2009 was destroyed and the food supplies were gone. "I cleaned up the mess and decided to start over, but in the end, my financial situation did not allow me to move on," explains Danville.

Having heard other people talk about Jamaican Red Cross support of people whose livelihoods had been affected by the civil unrest, Palmer asked a community leader to find out more. When he learned about the Micro Economic Initiative project, he made an application. As one of fifty successful applicants, he was approved for an in-kind grant amounting to 26,000 Jamaican dollars (300 US dollars) which allowed him to start a juice and drinks business.

Reclaiming self-sufficiency

The vending stall, which Palmer keeps open seven days a week, receives an average of 30 customers per day. The income allows him to support himself and his mother, who is not working. Part of the earnings is used for paying off the debt for replacing some of the equipment that was destroyed in his old restaurant and another part is saved to cover unexpected costs.

"If I would not have received financial support from the Jamaican Red Cross which enabled me to restart my own business, I would have had to give up my home and live with my grandmother," states Palmer, acknowledging just how close he came to giving up. "Now, I can instead think of how to grow my business and pursue my dream, which is one day to be able to buy a house for my family."



7. Case study Managua, Nicaragua



7.1 The Urban Context

Managua, the capital of Nicaragua, was destroyed by an earthquake in December 1972. With a population of 1.4 million today, its present urban structure and form are a direct result of the earthquake, the process of reconstruction and the subsequent development problems the country has faced. With no real urban centre, Managua spreads out in a series of suburban centres and neighbourhoods, following a low-density, low-rise building pattern.

Much of the city's housing is low quality. According to recent estimates recorded in the 2010 *World Disaster Report*, over 79 per cent of the houses in Managua are of bad or mediocre quality and 18 per cent need complete renovation. Every year it is estimated that 3,000 homes are built without authorization and with no oversight as to the quality of construction. Poverty engulfs over 60 per cent of the population.

The triumph of the Sandinista Revolution in 1979 and the overthrow of Anastasio Somoza brought hope of betterment for the people, but successive governments, Sandinista to non-Sandinista and back again, have had little success in alleviating the situation. Today, Nicaragua is the second poorest country in the Americas after Haiti.

Managua, still a pole of attraction for rural and urban migrants, reflects the national malaise. Large areas of the city have very deficient social and environmental conditions, poor service provision, high density, health and hygiene problems, high levels of unemployment and growing expressions of urban violence among urban youth. About 45,000 families, or 220,000 persons, live in 274 informal settlements which lack access to electricity, water and sanitation. Managua, along with Habana, has traditionally been a location of relative tranquility in a region of growing urban violence and youth gangs or maras. Today that situation is changing in Managua.

Despite much experience with local and community organization at the city and rural levels, urban governance is weak in Managua. Whole areas, districts or neighbourhoods are immersed in problems of chronic, every day risk, and many are also subject to high levels of disaster risk associated with earthquakes, flooding and landsliding, in particular. The city sits on a complex local fault system, where 18 active faults have been identified, and is located along a chain of volcanoes on the edge of Lake Xolotán with river inlets that frequently flood.

7.2 The EU-DIPECHO Seismic Preparedness project: territorial and social coverage

The Nicaraguan National Red Cross is implementing a 15-month EU-DIPECHO financed project on seismic disaster risk preparedness and mitigation with the support of the Spanish, Italian and Dutch Red Cross Societies. The project has been operating in 12 vulnerable neighbourhoods in the fourth District of Managua since the end of 2010. This area, located near the northern exit of the city and on the shores of Lake Managua, is a textbook example of urban risk and the difficulties of urban risk management in general. It is an area of pervasive poverty and chronic risk which simultaneously suffers from high levels of seismic disaster risk and urban violence. The Las Torres and Hilario Sánchez neighbourhoods located within this District are notorious for high levels of poverty, growing insecurity and urban violence. High density occupation, low service provision, unemployment, insecure land tenure, overcrowding, difficult conditions for traffic and human circulation, poor building standards and low levels of hygiene and health combine to produce a diverse urban risk scenario.

7.3 Project purpose and beneficiary population

The project aims to strengthen earthquake preparedness and response capacities in the targeted areas to help reduce the vulnerability and increase the resilience capacity of its urban population. The direct beneficiaries of the project are the residents in the targeted neighbourhoods; the members of the Managua the Managua Municipal Committee for Disaster Preparedness, Mitigation, and Attention (COMUPRED); the technical staff of the Ministry of Education (MINED); the staff of healthcare units and the educative community of 24 schools in the targeted district; and the volunteer staff of the Nicaraguan Red Cross. The target population reaches 40,451 people in total; nearly 62 per cent is under 30 years of age, and of these, 36 per cent are adults and around 3 per cent are elderly. With an emphasis on seismic disaster preparedness and small scale works that mitigate seismic disaster risk, the project directly prioritizes gender and the inclusion of handicapped or other stigmatized social groups and persons.

7.4 Process and method

The selection of the project area was based on a situational analysis that highlighted the area's high levels of generic vulnerability in the context of high levels of poverty and urban population density. The project was agreed on consensually by the Red Cross, the national disaster agency National System for Preparedness, Mitigation, and Attention to Disasters (SINAPRED), the Civil Defense, local government, and community authorities and leaders, reflecting the complexity of organizational needs and arrangements in large cities.

Components of the project deal with training and increased coordination between various local and community actors and national academic and government authorities; risk monitoring and analysis; disaster preparedness and response plans; work with health and education authorities and the population in preparedness; and the provision of finance for small scale urban works that contribute to the reduction of disaster risk and the enhancement of community protection and cohesion. Work is based on the creation and training of district and neighbourhood committees and brigades, and participatory principles and the search for gender balance are critical in the approach.

As mentioned, the project mobilizes and coordinates with a large range of social actors from civil society, national and local government, international agencies and academia. This includes formal and non-formal leaderships and organizations at the community and District levels such as disaster prevention organizations linked to SINAPRED, the National Engineering University, the Ministries of Education and Health, the National Police, the Fire Department, the Municipal Information Centre, the National Institute for Territorial Studies, OFDA-AID, PAHO and deputy Mayors and district delegates.

7.5 Urban risk reflection

The Nicaraguan Red Cross has vast experience with disaster risk management and constitutes an important component of the nation's National Disaster Prevention System, SINAPRED. Along with Civil Defence, it is a prime mover of aid and assistance during times of disaster in both urban and rural areas. It has also increasingly been involved in pushing disaster preparedness and disaster risk reduction objectives. At the same time, the Nicaraguan Red Cross has substantial experience in other urban and rural risk problems such as health and hygiene, food security, and urban violence.

Despite this experience, the DIPECHO project represents a first incursion into metropolitan urban projects on disaster risk. The Nicaraguan Red Cross had only previously worked in rural and peripherally urban disaster contexts. In terms of project design, then, little direct consideration was given substantively and methodologically to the potential challenges of working in urban risk contexts as opposed to rural ones. Given this situation and the lack of previous experience working in high density, socially conflictive areas suffering from chronic risk, the project implementation process has revealed a series of contexts that need to be overcome organizationally and methodologically in order to achieve successful implementation in the urban context. In partial response, the project offers a framework for considering specifically urban seismic risk preparedness and mitigation challenges.

Cross-thematic focus

The project has recognized the need to consider prevailing urban social realities and competing demands for development assistance in communities with multiple social and economic problems and needs. Such contexts call for approaches that merge disaster reduction concerns with the resolution of other urban problems.

Coordination and cooperation

Overall, coordination and cooperation among a diverse group of social actors with presence and sometimes competing interests in the intervened areas is

one of the principle challenges and concerns of the project. The complex organizational scenario is a uniquely urban facet of the implementation process. In August 2011, a forum was organized and attended by 120 persons in order to examine needs of coordination among the territorial organizational levels of the disaster community, including the COMUPRED, CODIPREDS and COBAPREDS, the municipal, district and community level disaster organizations. Such efforts at coordination are critical and little has been done before on this matter. The efforts in Managua are reminiscent of the successful collaboration between university, municipality and community in Manizales, Colombia, a model of good urban risk management practice in Latin America.

Security

The existence of urban gangs, social violence and conflict between different neighbourhoods is the backdrop for a negotiated guarantee of the security of implementers and beneficiaries attending training courses or working in brigades. At-risk youth associated with urban violence were encouraged to participate in the brigades.

Time aspect

The timing of meetings or training sessions often requires special attention in the urban setting. Meetings with neighbourhood committees or school teachers demanded an adjustment of time schedules in accordance with urban work rhythms.

Inclusive approach

Importance has been given to an inclusive approach and to the incorporation of persons at social risk or disabled, those involved in urban gangs, and those practicing alternative life styles. Through the incorporation of this population, discrimination and stigma are reduced.

7.6 Learning points

In sum, the urban nature of the seismic risk context and attempts manage it are evident in the complex nature of the social and organizational arrangements. Cities often produce competing demands for social attention in poor neighbourhoods, with numerous organizations vying for prominence in a certain city space. Coordination, collaboration, advocacy and synergy, along with wide scale social participation in decision making and implementation are all necessary facets of urban risk reduction as demonstrated in the Managua case.

Urban risk reduction work clearly demands collaboration between different neighbourhoods and the breakdown of antagonisms between communities is a significant aspect of urban work. Cross thematic concerns, such as the linking of disaster, health risk and urban violence prevention are additional facets of great importance.



8. Stories from the field Nicaragua



8.1 Raising seismic risk awareness: changing mindsets for personal and societal transformation

Resilience and disaster management capacities of eight schools in urban Managua especially vulnerable to seismic risk have been strengthened through the formation of school mitigation brigades. A total of 345 students, trained by the Nicaraguan Red Cross, are engaged in key activities such as the development of School Seismic Security Plans and simulation drill exercises, all with a gender inclusive approach. The formation and training of Collapsed Structure Rescue Brigades-Light Level (BRECL) and Integrated Local Brigades (BRILOR) further involves more than 130 community members and youth-at-risk from neighbourhoods with high levels of insecurity.

Strengthening resilience and disaster management capacities reaches beyond its direct contribution to reducing exposure and vulnerability to seismic risk; with risk awareness and disaster mitigation skills come mindset and behavioural changes, fostering personal transformation and individual development. Six beneficiaries of the DIPECHO project on preparedness and mitigation of seismic risk, implemented by the Nicaraguan Red Cross and supported by the Spanish, Dutch and Italian Red Cross Societies, share their experience of becoming mitigation brigade members and how disaster preparedness training has impacted their lives.

8.1.1 Becoming a mitigation brigade member and steering towards the future

Marvin José Ocón Martínez, 21, member of the school evacuation brigade of Instituto Maestro Gabriel; Barrio San Luis, Managua, Nicaragua

In February 2010, Marvin José Ocón Martínez was asked if he would like to become a member of the school evacuation brigade and help to organize a drill simulating response during a seismic event. “How can I be part of an evacuation brigade if I am disabled?” was his immediate reply, followed by the disturbing thought: *What would I do if there were an earthquake? Where would I go?*



“We live with the memories of the 1972 earthquake and there is a high level of fear of seismic events in our society, but I had never previously asked myself this type of question,” says Ocón Martínez, adding that he did not think his school would show concern for a topic such as evacuation planning. “We live in the moment. We don’t recall the consequences of earthquakes or prepare for tomorrow.”

Ocón Martínez himself did not ever expect to face what he defines as the second most prevalent risk in his own life as well as in the lives of many of his friends and family members: street violence and delinquency. Looking fixedly into the distance, Ocón Martínez recalls the staggering incident five years ago that disabled him. “I was riding on the back of a friend’s motorbike. As we stopped at a traffic light, a group of youths approached us and tried to rob us. My friend sped up in an attempt to escape, but as we drove off, the robbers started shooting at us. I was hit in the back by three bullets.”

Denied school readmission

At the age of 16, Ocón Martínez had to face the hardship and challenge of reclaiming his place in a society that frequently slammed the door in his face, revealing discriminatory attitudes and ignorance regarding the special needs arising from life in a wheelchair.

“After a year of hospitalization and rehabilitation, I wanted to resume my education, but I was denied my right to enrol in school,” recalls Ocón Martínez. “I tried several schools, but each time I was given one after another fabricated excuse as to why I could not study there.”

In 2007, under the new Ortega government, improved legislation on disability rights was passed, offering a new opportunity for Ocón Martínez to demand his rights and finally resume his secondary studies.

Box 8.1

Living with disability in Nicaragua

- Although prohibited by Nicaraguan national law, discrimination against persons with physical and mental disabilities remains widespread in employment, education, access to health care, and the provision of state services. The protection and advancement of rights for persons with disabilities is weak and the majority of buildings remain inaccessible, mainly affecting wheelchair users in urban areas.
- In November 2010, representatives of several organizations of citizens with disabilities demonstrated in front of the Managua mayor’s office and called for implementation of the budget for accessible public works projects. The demonstrators lamented the lack of government attention to create or improve accessibility for persons with disabilities.
- The high number of people living with disabilities is partly a consequence of the civil war and violent upheavals in the interior regions of Nicaragua from 1960 to 1990. Landmines were laid by different military factions; by the Nicaraguan National Guard in 1970 and 1978, and then by the Nicaraguan Army and opposition forces from 1981 to 1989. The mines were later pushed around and washed to other parts by the Hurricane Mitch floods in 1998. The continued growth of the disabled population is caused by poverty, traffic accidents, civil unrest, and disasters. A Nicaraguan study on disability in 2003 found that accidents accounted for 12.2 % of disability.¹³

13. Instituto Nacional de Estadísticas y Censos, Cuesta Nicaragüense de Discapacidad. Managua, 2003.

Claiming the right to accessibility and reducing evacuation time

Ocón Martínez's disaster preparedness engagement was not only a moving experience because of what he learned, but also because he was included in the school's work on developing a seismic security plan and received attention concerning his special needs and vulnerability. "Tracing out my own evacuation route and participating in the simulation drill exercise gave me the proof of my ability to transport myself from the classroom to the post-evacuation meeting place," says Ocón Martínez. "It also taught me that while my classmates will have evacuated to the schoolyard in less than a minute after the alarm goes off, I will need an additional one minute and 58 seconds to get there. This time could be reduced by almost a minute if a ramp connected the school building with the yard," explains Ocón Martínez.

Every second counts in the Managua disaster context. Even with an early warning, citizens would have a maximum of only 10 to 15 seconds to seek safety before an earthquake begins due to the fact that epicentres are located no more than tens of kilometres right beneath the city centre. "The seconds I could gain if my school had wheelchair access could mean the difference between life and death," remarks Ocón Martínez, "and getting to the post-evacuation point 58 seconds quicker would mean almost one minute less fear."

With an understanding of the changes required to provide equal opportunities for wheelchair users to manage their own security during an emergency, Ocón Martínez came forward with a recommendation to his school administration. The recommendation, detailing the need to adapt the physical environment to allow for wheelchair accessibility, was taken into account in a micro-project proposal prepared by his school and presented to the Nicaraguan Red Cross for possible funding.

Reaching out to the disabled community

"Disaster preparedness and awareness-raising activities should be put into practice nationwide and reach all teachers and students," says Ocón Martínez, emphasizing the importance of reaching out to the large number of people who, like him, live with some sort of disability.

According to the National Technological Institute (INATEC) of Nicaragua, the disabled population is approximately fifteen 15 per cent of the Nicaraguan population, 5.8 million in 2010 according to the United Nations.

"I regularly meet with members of the national disabled peoples' organization, and when sharing my disaster preparedness knowledge with them, it becomes clear that they are not mindful of their heightened vulnerability in the event of an emergency," says Ocón Martínez, who also asserts that he would have remained with the very same mindset if it were not for the awareness-raising activities and training provided by the Nicaraguan Red Cross. "The knowledge I have gained on evacuation and disaster preparedness is not only useful for me in school but at home and elsewhere. It is true that I cannot change my past, but I don't have to look back. More importantly, I can influence my future."

A total of 60 students at Ocón Martínez's school, Instituto Maestro Gabriel, have been reached by activities of the DIPECHO project on preparedness and mitigation of seismic risk.

8.1.2 Investing in young people to promote healthy behaviour



Jordi Daniel Almendares Espinoza, 13, member of the First Aid Brigade of Escuela Josefa Toledo de Aguerrí; Ciudad Jardín, Managua, Nicaragua

Constantly smiling and frequently breaking out in laughter, 13-year-old Jordi Daniel Almendares Espinoza reveals less and less of the aggression that used to boil up inside of him. But resisting behaviour learned at home and widely reinforced in his environment remains a real challenge.

“Before getting involved in the disaster preparedness and response work introduced by the Nicaraguan Red Cross earlier this year, I could not be part of a team or listen to my classmates. I used to get aggressive and try to hit them,” recalls Jordi, who has been enrolled for six years at Escuela Josefa Toledo de Aguerrí, a life-skills oriented primary school for nearly 600 students from the ages of five to fifteen. “Becoming a first aid brigade and receiving training on how to organize ourselves during a disaster has made me understand the importance of learning how to collaborate.”

From policemen guilty of misconduct to children who receive virtually no guidance in life, there is a general carelessness and hopelessness in society, reflects Jordi, and uses himself as an example: “I used to think, ‘If there is an earthquake, I hope I will be able to grab my belongings and run away.’ Today, I feel prepared for a disaster and know how to save lives and treat sick people.” This knowledge, he explains, has led him to approach life differently and recognize the meaningfulness of serving one’s community rather than destroying it.

“I have not yet overcome my desire to dominate in a group situation, but my way of thinking and behaviour has thoroughly changed in the past six months. I have become less aggressive and the expression ‘words don’t kill’ has gained new significance.”

Learning from home

The journey of reaching for words rather than resorting to fists takes Jordi back to the violence he experienced as a child at home. Jordi recalls being obliged to work to contribute toward the household needs when he was seven. After rising in the early morning, he would follow his then 23-year-old mother to Mercado Israel Lewites, a major local market in south western Managua, and assist her in selling shoes and clothing. He would then spend the second half of the day at Escuela Josefa Toledo de Aguerrí, and upon coming home in the late afternoon, would often find his stepfather drunk.

“I told my mother that I did not like working at the market or being at home because of how my stepfather treated me,” says Jordi, recalling that he would close his eyes at times of being badly treated. Although he is grateful to his mother for giving him life, Jordi moved to his grandfather’s house “because he doesn’t hit me. He only uses words.”

“My mother was unable to care for me or give me any advice, and she barred my brother from her house when he started using drugs. But I don’t blame her. She has suffered a lot in her life,” says Jordi in a protective voice, explaining that his mother was only 15 when she gave birth to him. “She had to feed and raise my brother and me on her own, and I suppose she could not do for us what nobody had ever done for her.”



Addressing the parenting gap

At Josefa Toledo de Aguerri School, which caters to the special needs of students combining schooling with work or family commitments, a focus is placed on offering the students a supportive, guiding and caring hand. As in Jordi's case, a strong parental role is often a missing component in the children's lives.

"I feel well-treated here at school and I can speak with my teacher with whom I have a very good relationship," comments Jordi, who came to experience what it was like to be listened to and understood upon starting at Josefa Toledo de Aguerri School at the age of seven.

The common story of family dysfunction is echoed in various forms among the children and adolescents enrolled at Josefa Toledo de Aguerri. With common exposure to high levels of social and economic insecurity, urban violence, criminality and drug-abuse the potential for the perpetuation of the cycle of dysfunction is real.

Going beyond the disaster context

"The students have difficulties in collaborating and organizing themselves without ending up fighting. They resort to what they have learned from home or the street," says Jorge Danilo Pavón Calderón, who has been a teacher at Josefa Toledo de Aguerri for 17 years. "I have observed notable changes in the mindsets and behaviours of the students that are participating in the mitigation brigades."

Teaching the children how to think about preparedness and prevention goes beyond the disaster context, asserts Calderón, who has developed a school safety plan together with the 30 students who make up the school's five mitigation brigades: first aid, evacuation, fire prevention, psychosocial support and security. He emphasizes that participation in the mitigation brigades has an immediate effect in terms of helping keep students focussed on something productive and reducing the possibility of participating in unhealthy behaviour. Pavón Calderón

Box 8.2

Nicaragua: The urban-rural gap

- Despite comprehensive national labour legislation protecting children up to the age of 18, child labour rules are rarely enforced outside the small formal sector of the economy.
- Child labour most commonly occurs in the rural parts of the country, yet over 6,000 children work in some form of merchandising on the streets or in the markets of Managua.¹⁴
- Child abuse and human rights violations have increased most dramatically in poor rural areas of Nicaragua.¹⁵
- Child labour in rural Nicaragua occurs mainly in the agricultural sector on coffee plantations and subsistence farms and in the forestry and fishing industries.
- A study conducted by the Spanish NGO Interveda in 2011 shows that child labourers in rural areas are more likely to consider their work an opportunity to contribute to their family income and expressed a greater appreciation of their involvement in labour as part of their education than urban child labourers.¹⁶

believes that disaster preparedness and training helps the students to become “more aware of the total range of risks that they are exposed to and more proactive about those risks.” Identifying the risks in their own lives can create a desire in young people to prevent their own future children from what they have suffered through, Pavón Calderón explains.

In addition to Pavón Calderón, two other teachers at Josefa Toledo de Aguerri have been trained in school security in the DIPECHO project on preparedness and mitigation of seismic risk. A total of 24 teachers from 12 public schools in urban Managua have in turn been trained and formed into a School Security Safety Network to strengthen school preparation and response capacities.



8.1.3 Applying urban search and rescue skills – breaking free from social marginalization and physical abuse

Rosa Tamara Fernández, 19, member of the Collapsed Structure Rescue Brigade – Light Level; La Tenderí, Managua, Nicaragua

After getting married at the age of 14, Rosa Tamara Fernández became pregnant and dropped out of high school. Only a few months later, she moved out of her husband’s house and back in with her parents. For the next few years, Fernández would follow the daily routine of waking up early, taking care of her child, doing the wash, and keeping busy with other household chores. She hardly ever left the walls of her parents’ home because of fear of her former husband. “He physically hurt me very badly and also manipulated our son psychologically. Earlier this year, he came here with a knife and threatened us,” says Fernández, who filed a complaint against him following the incident.

Although under a restraining order, Fernández’s ex-husband still finds ways to intrude into her life. “He calls me and tells me that he will kill himself if I don’t see him or if I meet with other men. My hair has been falling out because I have been so stressed”.

14. US. Department of State. *Country Reports on Human Rights Practices: Nicaragua*. Washington, D.C. 2003. Retrieved from: www.state.gov/g/drl/rls/hrrpt/2003/27906.htm

15. Ibid.

16. Interveda. *Child Labour and Abuse: Two Evils to Eradicate*, 2011. Retrieved from: www.intervida.org/en/publications/library/child-labor-and-abuse-in-nicaragua



Taking charge of her own life by learning to save others' lives

Upon being approached by the Nicaraguan Red Cross and told about the training course in Collapsed Structure Rescue Brigade-Light Level (BRECL), Fernández agreed to participate in order to experience something new. The training got her out of the house for five days to learn pre-hospital care, how to use equipment such as a winch and how to locate and rescue people trapped in collapsed buildings. “The experience of struggling to get out of a tunnel, to save another life as well as my own, has made me overcome my fear,” describes Fernández. “It has allowed me to become more courageous and decisive: to continue my life without my ex-husband, free myself from his threats and fight for the future of my son.”

Participating in the course also allowed Fernández to meet new people and start building relationships with other participants. “The course opened my eyes to interacting with the world around me,” she says. “It also directly led me to enrol in a one year technical course in cashiering and computer skills.” The course, besides obliging her to leave the house once every Friday, will also increase her chances of finding a job.

“I look weak, I am young, and I am a woman, but the training course helped me recognize that I am able to fight for my community and to save lives,” asserts Fernández sitting up straight with one eye on her son, who sits parked on the floor in front of a softly humming television. “I have always seen myself as a fighter, but the course made me come to trust my capability to help other people in risk situations and move forward on my own to give me and my son a decent life.”

8.1.4 Practicing risk management and taking charge of personal health



Antonio López, 45, Vice Coordinator of the Committee for Preparedness, Mitigation, and Attention to Disaster (COBAPRED); La Tenderí, Managua, Nicaragua

“Let’s do it because it can be done” is the motto of Antonio Lopez, reflecting his passion for volunteer work as a community leader to prevent loss of life and reduce vulnerability to disaster. Spending approximately 25 hours per week on top of his work as a technician, Lopez is driven by a determination to “avoid what can be avoided.” Participating in the DIPECHO project trainings and activities facilitated by the Nicaraguan Red Cross has further committed Lopez to the task of teaching risk management.

“I remember when the earthquake struck in 1972. Like most others, I had never thought about the risk of earthquake at that time,” he recalls. “Today, the level of awareness of risk is higher, but not high enough. Speaking for myself, I feel that I know about 500 per cent more about natural hazards since then.”

Earthquakes have struck Nicaragua twice in the past century with an interval of approximately 40 years. The end of 2011 marks 39 years since the last earthquake. “I try to spread this word to everybody in my neighbourhood in order to take measures while there is still time to do so,” says Lopez, aware of the importance of spreading awareness and knowledge.

Managing risk and improving health

Lopez's participation in DIPECHO involves small-scale community projects to mitigate seismic disaster risk, specifically building and installing a drainage system to collect and carry away excess rainwater. The absence of a drainage system means parts of the neighbourhood get flooded with each heavy rain. "If a drainage system were in place, we would reduce the common problem of diarrhoea and other waterborne diseases. The environment itself would also improve," asserts Lopez.

He goes on to highlight how learning risk management helped him take charge of his own illness. Like an increasing number of Nicaraguans, Lopez lives with diabetes, an illness which is currently overburdening the national health system. Before March 2011, when Lopez first received training from the Nicaraguan Red Cross, his blood sugar levels were as high as 300 mg/dl. Practicing risk management in the case of his own illness has allowed him to lower his sugar levels to a consistent level ranging from 120 to 130 mg/dl. "I have prevented adverse situations by taking charge of every day choices, including strictly taking my medicine," says Lopez, who no longer gets dizzy and feels that he has a better quality of life.

8.1.5 Facing up to every-day risks through improved preparedness capacities



.....
Maria Lidia Tórrez Martínez, 21, member of the Collapsed Structure Rescue Brigade-Light level (BRECL); Las Torres, Managua, Nicaragua
.....

Maria Lidia Tórrez Martínez lives with her family of nine in a cement shack with a bullet pock-marked tin roof 80 metres (262 feet) from Lake Managua on the outskirts of the city. In local directions, that is "from the Armando Guido Building

.....



one block up and seven blocks to the lake, then one block up and one and a half block towards the lake.”

The Ortega government has assured residents that streets rebuilt after the 1972 earthquake will soon be given proper names, and for a few years now, the most vulnerable families living beside Lake Managua have been promised relocation to an area where the risk of flooding is less likely.

Amid the long-standing promises yet to be fulfilled and a range of daily hazards, Maria Lidia Tórrez Martínez clings to the hope that one day she will be able to leave her neighbourhood and the words of freedom and opportunity will translate into reality. Today though, Las Torres, once home of the Sandinista Revolution, is infamous for gang-violence and impoverishment and is the only life she knows:

“A terrible noise woke me up last night. It came from all corners and I was afraid that the whole house would fall apart. I soon understood that it was the rain again. I always get nervous when it rains because water comes in through the roof, but yesterday was not that bad; it was only a light rain. But then this morning, my heart almost stopped—there was a coral snake slithering across the kitchen floor. I froze and I thought about my baby sister. What if the snake had come close to my baby sister? Not long ago, there was a woman in our neighbourhood who died from being bitten by a snake. Well, my brothers killed the snake and no harm was caused. But we always have to remember to keep the door closed to keep out our unwelcome guests. There is an alligator from the lake that keeps coming around when it rains called “Short Tail” and the turtles that we have here in our neighbourhood are called “Chest Crushers” because they are poisonous and can kill you.

I was tired but left home as usual this morning at half past six and walked to the Oriental Market, where I work at a tire and repair garage. My stepfather and two brothers also work there. It is hard work, seven days a week. Sometimes I feel tired and I don't want to go to work, but I have to! We are ten people living in this house: my mother, my stepfather, my sisters and my brothers. All of us have to contribute to the household needs. For this reason, I quit school when I was 13 years old. I started working in the garage and have also had a few other jobs in the past years. For two years, I worked as a housekeeper, earning 2,000 Córdoba (90 US dollars) per month, but then they suddenly wanted to reduce my salary, so I quit and went back to work in the garage, where I earn 600 Córdoba (25 US dollars) per week. This is not a real salary because they don't normally let women work there, but since I am still young and the owner knows my stepfather, they make an exception. And they pay me less.

I usually leave the market around 6:30 in the evening. I always hurry home because the roads I have to walk are dangerous. Once I was attacked by a gang of six boys; they put a knife to my throat and stole all my belongings, then they beat me up. Another time, I was held up at gunpoint. There is constant violence and shooting between the gangs in my neighbourhood. They are not normally into sexual assault, but there is always the risk of getting into trouble or being hit by a stray bullet. We have a few holes in the wall and the roof at home, and I remember times when we had to lie down on the floor to protect ourselves from the bullets flying above our heads.

It didn't used to be like this when we first moved here, but around five years ago, everything changed and things have gotten very ugly. Why has it become worse? I can't really explain it. I know it started with stealing, which created a situation of revenge. Boys here grow up with feelings of hatred, but why? I used to ask them, ‘Why are you fighting?’ They would answer, ‘Because we are crazy.’ I told them that there is only one person who can take life away from us, and that is God.

I tell my family that we should sell our house and leave this neighbourhood.

Earlier this year, somebody from the Nicaraguan Red Cross came to talk to me about the training session on Search and Rescue in Collapsed Structures that they were organizing. I got very interested because I saw an opportunity to contribute to the good of my neighbourhood, but also because they said the training is demanding and 'for some people, even difficult.' I found that an interesting challenge, because I am a very strong person and I am not afraid of anything. The training turned out to be very challenging, just as they had warned! After the first day, my legs and arms were completely numb, but I told myself, 'I want to finish this course to go back to my neighbourhood and be prepared for any disaster.' After completing the training, I thank God for everything I have learned and even taught my brothers what I had learned. I feel prepared to face anything. If there is a disaster, as a brigade member, I will go to the disaster scene without any feeling of fear but with pride and willingness to help my people and nation. As a brigade member, I know what risk is. And yes—risk is all around me, each and every day. At work, I handle very heavy equipment and I use sharp blades. I also often have to run across heavily trafficked streets to pick up materials from another store nearby.

Living in this part of Managua, I don't have the freedom to walk anywhere without the risk of being targeted by violence or encountering other trouble. And with the lake nearby our house, we always face the risk of being flooded. Last rainy season, nearby houses were flooded and we were told by the firemen that we had to be evacuated. I remember being so sad, crying and wondering, 'what are we going to do now? Where are they going to place us?'

In the end, we were never evacuated, but I still fear that it will soon be our turn. We should be relocated to another place that is not so close to the lake. The Sandinista government said that the houses near the lake should be relocated so that the lake can be used for tourism. Our president said that in a speech three or four years ago, but some people say that they have heard this for more than eight years, yet nothing happens. We are still waiting.

My adolescent years are not very pleasant to look back at, and today, my stepfather places a lot of pressure on me. He says: 'I gave you a lot when you were a child. Now it is time for you to pay back.' Sometimes, when he comes back in the evening, drunk, he tells me that I should start thinking about leaving home. Yes, I wish I could 'pay back!' And I also wish I could leave! But it is not so easy for me. I have to give everything I earn to my mother. Sometimes I can keep 200 Cordoba (8 US dollars) per week. But I don't have any savings because what I can keep goes to necessities; I recently had to buy a new bed.

I wish that somebody would take us out of here; it would be a dream to move to a place where we have peace and where we can feel good. I know that I am still young and have opportunities and I would love to have a chance to study. And yes, I know that there are plenty of opportunities here in the city and in my country. I just wish that one day these opportunities would also present themselves to me."



**Analysis
and
conclusions**

By analyzing each of the four cases, the experience and evidence from urban risk reduction work can be gathered and considered from a comparative thematic perspective. This analysis is accompanied by conclusions and followed by recommendations for future urban risk projects.

9.1 Urban risk management challenges: a thematic approach

Urban risk can be categorized according to the central factor that defines it (health and hygiene, violence, livelihood weaknesses or disaster risk), but the different types of urban risk many times have similar underlying causes. Attempts to solve one may also provide an opportunity for advancing others in the same area of a city. The projects summarized in this document show how problems of urban violence, social anomie, livelihood weakness, income and employment problems, health concerns and disaster risk are oftentimes determined and coincident in urban spaces.

Distinct causal linkages exist in urban risk contexts:

In Cali, any attempt to reduce urban violence or its associated risk factors requires a consideration of existing livelihoods and alternative livelihood options. It also necessitates a consideration of urban governance factors such as the lack of State presence and concern for certain areas.

In Kingston, dealing with urban health problems associated with unsafe sexual practices requires a basic understanding and treatment of the problems of urban livelihoods and violence. Schemes such as the MEI Project are relevant in almost any urban environment with or without the prior existence of social violence. Livelihood stimuli may be seen as a basis for advancing risk reduction across the specific types of urban risk, which include violence, health, and disaster risk.

In Managua, the option for working with urban seismic risk reduction in the 12 targeted neighbourhoods has required a consideration of competing social demands for intervention in health, education, employment and urban security.

Acknowledging the complexity of relationships found in urban centres and the related nature of causal processes and effects precipitates the need for designing multi-goal integrated projects that cut across different specific urban risk topics. This integration can be achieved at the level of projects that attempt to influence and intervene in basic underlying causes of risk (prospective) or at the level of attempts to correctively revert existing problems (corrective). Greater attention must be given to the prospective processes that intervene in basic underlying causes and thus avoid risk factors in the future and provide a basis for sustainability of social advancement towards humanitarian goals.

9.2 Conclusions

The IFRC is placing urban risk as a priority focus area for integrated zone programming in the Americas Zone. This commitment requires that IFRC and the National Societies gain access to a pragmatically formulated statement on how they understand the specific nature, characteristics, types, causal processes and guidelines to optimum methods for intervening in urban risk. Secondly, ongoing and future projects in urban settings must explicitly identify the urban risk nature of the problems faced or expected and the methodological

challenges posed in solving these. This requires, as detailed below, a consideration of causal attributes, complex inter-thematic relations, organizational complexity, and the need for methodological innovation or modification.

I. Organizational relationships and negotiations in urban contexts

Project implementation in complex urban environments requires collaboration between different sector and territorially based organizations. Urban centres tend to exhibit far more complex and diverse organizational set-ups than rural areas, and an urban space will more likely be subject to diverse demands and pressures and the presence of a wider range of both social and institutional actors. Civil society, national and local government agencies, NGOs and international agencies come in closer and more immediate contact in the urban setting, and close cooperation and synergy are many times needed in order to achieve optimum results. Defining needs and ways of understanding problems may differ and competing demands may inform attitudes towards intervention.

Overall, the governance context and framework in urban centres is far more complex than in rural areas and attention must be placed on this fact in order to promote successful interventions. This implies a need for more time and input at the organizational level and an emphasis on advocacy. Moreover, both the complexity of the underlying causes of urban risk and the co-relationship between the causes of different urban risk types, as well as the complexity of organizational and social actor presence and demands, indicates that traditional diagnostic techniques used as a basis for designing particular interventions and stimulating grass roots participation must be fine tuned to take into account the need for a wider analytical basis and increased attention to the different organizational social actors present and their demands and interests.

Baseline and contextual situation analyses need to consider factors that are not normally taken into account in rural interventions. The social milieu in which interventions take place must be detailed and consideration must be given to things such as informal social actors and leaders of opinion, competing social demands for varied types and priorities of intervention, and the role of violence and social discrimination in neighbourhood affairs. This is even more important when dealing with urban neighbourhoods where the control of territory is at times in the hands of urban gangs. This is an obvious point of consideration in many cities in Latin America today and some projects cannot hope to be successful without co-optation, consideration or incorporation of such interests.

In Cali, as in any city, the resolution of problems of urban violence and the risk factors which lead to it require the presence and consideration of a wide range of social actors and social visions, and the PANICA Project has attempted to involve these in the achievement of its goals. This includes the private sector, church based organizations, local leaderships, and local and even national government institutions. The lack of interest demonstrated by local educational authorities for the goals of educational reinsertion is illustrative of one type of contradiction between project goals and the conditioning organizational environment. The need to change prevailing negative attitudes of the population as a whole toward such areas as El Calvario is obvious, but this requires the collaboration of the press, local government and the private sector.

Clearly, goals for the neighbourhood of El Calvario of central Cali cannot be divorced from a consideration of government plans and projects for degraded central city areas. The plans to relocate up to 2,500 families from El Calvario

to the Rancho Grande area on the outskirts of Cali will clearly influence the PANICA Project, and at the same time, the existence of such a plan most surely signifies that local government has a low interest in the goals and process of a project such as PANICA as it attempts to progress with urban redevelopment and relocation. Technocratic visions of the manipulation of urban space in order to resolve social problems and increase economic rationale and efficiency often end up replacing more integrated visions supported by social organizations.

In Kingston, attempts to provide options for improved health, to reduce violence or to provide economic opportunity involve the mobilization of numerous distinct social organizations, from government to civil society, in complimentary fashion. Particular goals must be supported by enabling environments with private sector support and adequate governance mechanisms. Provision of economic opportunities through the stimulation of urban business requires collaboration and agreement between local and community leaders and organizations, government social and economic development agencies, credit and financing agencies and the private sector.

In Managua, emphasis has been placed on the richness and diversity of state, civil society, private and NGO organizations involved and the need for active participation, collaboration and coordination between these. One of the major aspects of the urban seismic risk project is, in fact, the articulation and co-education of this diversity of organizations and interests. The differing perceptions of local, community and national organizations faced with different problems and needs is clear. The range of organizations or social actors includes not only formal sector actors but also informal leadership and influences at the neighbourhood level which were perhaps not identified at the beginning of the project and now require close attention. The presence of informal social actors and decision makers and the influence of social violence and inter-community conflicts have important repercussions in terms of project organization and implementation. Here, there has also been a felt need to recreate the notion of “community” in contexts where community, characterized as collaboration and mutual identity, has been eroded or lost and largely replaced with competition or conflict.

The overall lesson regarding organizational facets and collaboration is that **urban risk reduction projects require careful planning in terms of organizational and social group participation.** Multiple interests – some competing, others complimentary – will typify any urban environment and must be given close consideration in the design and development of interventions. Not only is the enactment of concrete measures for solving problems important in urban risk reduction initiatives, but also **the ability to promote and enact novel ways of understanding problems and their solutions and then establishing an adequate organizational framework and collaboration for implementing interventions. This requires advocacy skills and the ability to enhance good governance at the urban level and in different urban spaces.**

II. Scaling up from community to municipality: the need for inter-territorial coordination

Cities are complex administrative-political organisms. Neighbourhoods are grouped in districts, communes or parishes and are brought together under the notion of an urban or metropolitan government. Urban governance involves the coming together and collaboration of multiple groups from civil society, private sector and government. The causes of urban risk, whether health, violence, hygiene or disaster related, extend many times beyond the immediate areas where the impacts are felt; therefore, the reduction of underlying causal factors,

as opposed to simply dealing with the problem once it exists, **requires inter-social actor and inter-jurisdictional collaboration and coordination**. That is to say, it requires collaboration and coordination between community, district, city, and national administrative or political actors.

Reduction of risk factors in the El Calvario area of central Cali requires scaling up from neighbourhood organizations and actors through to local government and the private sector.

Reduction of health-related concerns in urban neighbourhoods of the St. Catherine parish of the Kingston area requires the collaboration of government ministries, local police and other sectors, while the stimulation of economic enterprise in central Kingston requires relations between neighbourhoods and their organizations and local and national government institutions.

Reduction of seismic risk in the 12 targeted beneficiary neighbourhoods in Managua requires articulation of overall district needs and goals and articulation with local and national government institutions as well as private sector and university actors.

Thus, **the need for collaboration and coordination between organizations and social actors operating in any one area is complemented by the need for vertical collaboration between organizations and agencies working at different territorial scales: community, district, city and national**.

III. The incorporation of stigmatized and marginalized social groups

Urban areas, particularly larger ones, are inhabited by diverse social groups of different ethnic and racial types: those practicing alternative sexual and lifestyle options; disabled persons, and others. Stigmatization, bias, discrimination and social exclusion are factors that tend to typify many inter-group relations and attitudes in urban areas. Heterogeneity as opposed to homogeneity typifies urban environments with the advantages of diversity and anonymity coupled many times with the disadvantage of discrimination and exclusion.

Urban risk reducing projects and processes can **advantageously build in goals to reduce stigmatization, discrimination and exclusion**, and several of the projects reviewed take up on this theme:

The Cali Project has a prevalent underlying theme of social stigmatization and discrimination, and beyond attempting to increase self awareness and self esteem in its beneficiaries, it also attempts to reduce negative attitudes towards excluded or stigmatised groups and work on improving ways that the social media and private groups react to and understand the problem of violence and the human groups involved.

The SASSY Project in Kingston attempts to reduce negative attitudes that lead to potential violence against stigmatized groups such as people living with HIV and AIDS and transgender people.

The seismic risk preparedness and mitigation project in Managua is geared toward considerations of gender and disability, and considerable effort has been made to guarantee that project activities and organizational roles take these two conditions well into account. Additionally, active reduction of stigmatization of persons associated with urban violence and alternative life styles in terms of sexual preferences has been taken on.

IV. Time in urban contexts

Urban settings many times require different approaches and stances regarding analytical methods and intervention strategies compared to rural settings, where many methods and approaches have been developed. Among the primary aspects to be considered is the one of time due to the demands of urban dwellers' daily life schedules and the complexity of the negotiation of collaborations in urban settings. The complexity of negotiations and organizational needs in urban areas far exceed those in rural areas. Moreover, the daily distribution and use of time by urban dwellers is very much different from rural areas. Special treatment of time is required with urban projects.

Urban training sessions normally signify the need for a non-continuous schedule whereby various sessions are required to complete training objectives. Demands on urban teachers may require after school hours training sessions; work demands on urban community dwellers during the week may require the need for weekend sessions; and security issues during the week may require training sessions and consultations to take place on weekends.

Negotiations between different social actors also require more time and are more diverse and extensive by nature.

10



**Recom-
mendations**

10.1 The Red Cross and Urban Risk: Themes and Method for the Future

Both the theoretical and empirical discussion of urban risk and the analysis of case studies provided in prior sections provide material for advancing ideas on key urban risk themes and methodological considerations to be taken up by the Red Cross. Suggestions on these topics take into consideration Red Cross objectives and strategic principles as well as the strengths and capabilities the organization has demonstrated in the past.

- Work should be concentrated on urban risk themes that derive essentially from causal factors related to poverty and social exclusion, while not underestimating the advocacy, mitigation and awareness rising role that IFRC can have in urban risk associated with structural aspects of the city-form, function, or centralization, such as building controls (urban planning and land-use planning). This guarantees a close correspondence between the notion of human vulnerability and risk and attention to significant human security issues: life, health and livelihoods.
- Given the similarity of many of the causal factors accounting for diverse forms of urban risk in poorer communities, whether chronic or disaster-related, and given the need to progress with interventions that eliminate or attenuate the root causes of risk, processes and projects that concentrate on such things as livelihood support, social organization and participatory local level diagnoses of risk scenarios should be developed directly by the Red Cross. Specialised activities relating to specific urban risk themes can then be added to the basic core of activities relating to risk and causal risk processes in general.
- Diagnostic techniques such as VCA should continue to be employed in urban areas, expanding their coverage and scope to include greater consideration of competing social demands in communities, the range of diverse social and political actors that exist and interact in urban space, and the role of violence in urban risk processes and interventions.
- The image and confidence in the Red Cross should be employed to foster its role in promoting better urban governance. The Red Cross can play an important role in fostering interagency collaboration, public-private-NGO sector collaboration and community-government interaction. As opposed to a direct implementer of urban risk reduction projects, the Red Cross can also play an important role as a broker of inter-social and organizational relations.
- More work should be fostered in smaller and medium-scale towns or cities where risk is more accessible to treatment, recognizing that risk is growing at a fast rate and will continue do so in the future.

References

Delgado, C. *Construcción de un marco metodológico y conceptual relativo a la reducción del riesgo de desastre*, IFRC-DIPECHO, 2011.

Havenar-Daughton, B. *Urbanization in the Americas and Consequences for National Red Cross Societies*. Study conducted for IFRC Americas Zone, Panama, 2009.

IFRC. *World Disasters Report 2010: Urban Risk*. Geneva.

Lavell, A. *Degradación Ambiental, Riesgo y Desastre Urbano: Hacia la Definición de una Agenda de Investigación*. Paper included in Fernández, M.A. (Ed.) *Degradación Ambiental, Riesgo y Desastre Urbano*, La Red, ITDG., Lima, Perú, 1996.

Lavell, A. *Desastres Urbanos: Una Visión Global*. Paper included in Lungo, M. (Ed.) *Riesgos Urbanos*. El Salvador, 2002.

Lavell, A., et al. *Gestión Local del Riesgo: Nociones en torno al concepto y práctica*. CEPREDENAC-PNUD. Panamá. Retrieved from www.cepredenac.org

Mansilla, E. *Riesgo urbano y políticas públicas en America Latina*. PNUD-ISDR, 2010.

SE
ALQUILA
PIEZA

CARRERA 10
CALLE 13A

tel. 880.2756





Part two

Urban Risk

Critical
Reflection



11. Urban risk: Waiting or taking action in Lima?

By: Iñigo Barrena, Regional Representative for the Andean Countries, IFRC

Few people are more aware of the ground they walk upon than the residents of Lima. Everyone is familiar with the 1746 earthquake and the 50-foot-high tsunami aftershock that destroyed the city and left Port of Callao completely under water; many still recall the earthquakes of 1966 and 1974; and few can forget either the 2001 Arequipa or the 2007 Pisco earthquakes. The earthquake that is yet to occur is in the back of everyone's mind, but what risk reduction mechanisms have been developed to mitigate its impact?

Although earthquakes are a common occurrence in Peru, and its location between two tectonic plates makes it extremely exposed, we must also recognize that disaster risk is a social construct. According to the General Secretary of the Andean Community,¹⁷ urban risk in the Andean sub-region is exacerbated by a pattern of occupation and land use where unsustainable practices include building settlements and engaging in livelihood activities on unstable land and building with poor quality techniques and materials. Environmental degradation and ecosystem deterioration has also increased the severity of disaster impact, particularly in the last 30 years. The port of Callao, the country's largest maritime facility, along with a large industrial and commercial area that includes the international airport, is in a zone of high vulnerability in the event of an earthquake or tsunami, illustrating how unregulated occupation and development over the years has exposed strategic economic and communication infrastructure to potential disaster.

Risk Factors

Many things come together to create strong risk factors and a high potential for disaster. These include a lack of adequate urban planning, a dearth of state regulations and policies, little in the way of diagnostic mechanisms, few preventive measures, a lack of public and private estate protection, and low political will and awareness.

Furthermore, low participation and weak coordination mechanisms between various actors increase the probability of an inadequate response. It is therefore critical that coordination spaces are established.

The key issue in urban areas such as Lima is not when an earthquake will occur, but rather what measures are being implemented to reduce current risks and prevent the creation of new ones. The cumulative risk in Lima is the result of historical growth, strongly suggesting that urban planning and development models must be revised in order to manage risks effectively.

Peru manifests high levels of population and economic density, a defining urban characteristic. In the past 67 years, Peru has gone from 5.5 inhabitants per square kilometre to 22. When this level of density exists in a context of social vulnerability, the risk potential soars. Lima has almost eight million inhabitants and manages around 70 per cent of the country's economy. These risk factors force us to consider some frightening scenarios. The earthquake in 1746 caused 15,000 deaths; what would the impact be today with Lima's population at 60,000 and 3,000 houses squeezed into only 150 blocks? What would the

17. General Secretary Andean Community, *Disaster Risk Reduction and Response Strategy 2009-2015*.

economic impact be today if an earthquake struck in the high-risk area of the main port of Callao, where 800,000 people live?¹⁸

Time for action

Now is the time to establish prevention and risk reduction measures in order to minimize the consequences of hazardous events. Lima and other Andean cities such as La Paz, Bogotá and Quito are at risk, as well as hundreds of cities in the region, including Cali, Potosi, Pisco, and Guayaquil. More than 70 per cent of the Andean population lives in urban areas. National programmes such as “sustainable cities,” managed by the Civil Defense (INDECI), are being implemented with the aim of tackling risks associated with urban living, but it is a complex and interdisciplinary task. Scaling up urban risk reduction management in the sub-region must be a priority over the next years. The Red Cross has a critical role to play which requires that we use our traditional measures to define our operational niche, be innovative and start working now.

12. Paraguay: urbanization fuelling spread of dengue fever

By: Paraguayan Red Cross with technical contributions from IFRC Health Team

Over the past few years, Paraguay, with a population of 6,349,000 has seen an increase in dengue fever cases during the rainy season, causing the loss of human life and endangering the health of the most vulnerable. Although prevalent throughout the country, WHO reports that the highest rate of dengue is concentrated in urban areas where 60 per cent of the population resides.¹⁹

In April 2011, the country suffered its historical worst dengue outbreak with a total of 38,206 confirmed cases and 62 reported deaths, according to the Paraguayan Ministry of Health. The highest numbers of dengue cases and fatalities were reported in the department of Alto Parana, which has experienced significant economic and population growth in the past 50 years, followed by the Metropolitan area, encompassing ten cities and home to more than 2 million inhabitants. This outbreak continues the trend of an increase in dengue fever cases witnessed over the past three years in Paraguay.

Factors behind the increase in dengue fever

Despite government efforts in vector control through cleaning campaigns and disease prevention, the incidence of dengue fever has not decreased in Paraguay. When examining the reasons behind the rise in incidence and spread of dengue fever, four main contributing factors can be considered.

The first factor is the country’s changing weather conditions. In the past few years, climatic variability has caused prolonged and uninterrupted rain during the rainy season, resulting in more frequent flooding and temperatures that have presented a favourable breeding ground for mosquitos as well as vector proliferation.

The second factor is a widespread lack of or access to basic services such as health care, education, housing assistance, water and sanitation needs. According to Pan American Health Organization (PAHO) data, only 43 per cent

18. UNISDR. Global Assessment Report, 2011.

19. WHO. Country Health Profile: Paraguay, Global Health Observatory, 2009.

of Paraguay's population of 6.3 million has access to drinking water, and there are only 4.9 doctors available for every 10,000 people.

The third factor is the social and demographic changes that have occurred in the last 50 years in Paraguay. The commercialization of agriculture and a lack of state agricultural plans combined with population growth and deforestation have led to a sharp increase in the number of landless families, boosting rural-urban migration. This urbanization has given rise to entirely new communities settling on the city outskirts where typical slum conditions prevail: overcrowding, a lack of solid waste management services and inadequate water supply and sewer systems. The unplanned urban growth has created ideal conditions for the increase of mosquito-transmitted diseases.

A final factor is the generalized lack of awareness of water, sanitation and hygiene matters which ties in with a lack of interest in prevention measures and low community involvement in activities that aim to prevent dengue fever and promote healthier living.

The growing burden of dengue – a regional trend

The dengue situation in Paraguay reflects a regional trend unfolding over the last decades. The incidence and distribution of dengue virus infection has dramatically increased in the tropical regions of Central and South America, including Paraguay, Bolivia, Peru, Brazil, Argentina, Honduras, Guatemala, and Nicaragua, as well as in the Caribbean islands. From the 1950s to the 1970s, the Americas was a virtually dengue-free zone because of the eradication of *Aedes aegypti*, the principle carrier in the Americas, in a continent-wide vector control campaign.²⁰ Nineteen countries were certified as dengue-free between 1952 and 1965.²¹ The return of dengue can be traced to a chain of alternating cause and effect events. First of all, the campaign was interrupted in the early 1970's during which there was an acceleration of uncontrolled urbanization and high population density. Meanwhile, the urban environment deteriorated and the waste management problems of many Latin American cities appeared. All of these things contribute to the return of dengue fever to the region. The first re-appearance of dengue fever was recorded in 1968, and by 2007, the disease had once more taken hold in all the aforementioned countries.²²

Dengue fever today ranks fifth on the list of neglected tropical diseases in the Americas and is endemic in many countries across the continent.²³ The re-emergence of the disease and the failure to control it illustrates the cultural, political, socio-economic and clinical challenges in keeping dengue fever eradicated on the continent. The dengue trend seen in the Americas also reflects the global pattern of dramatically growing dengue incidence rates in recent decades. Dengue is today recognized as the world's most important mosquito-born viral infection and is emerging in countries previously unaffected. According to WHO, some 2.5 billion people – two fifths of the world's population – are now at risk of dengue.

Learning from Paraguayan Red Cross dengue operation 2011

During the outbreak of April 2011, the Paraguayan Red Cross concentrated its action on decreasing the number of cases in the municipalities registering the highest rate of infestation. Many of the most adversely affected communities have populations with low educational awareness, limited resources to prevent

20. Shepard, D. S., et al. "Economic Impact of Dengue Illness" in the *American Journal of Tropical Medicine and Hygiene*, Vol 84 (2) pp.200-207, 2011.

21. Tapia-Conyer, R., Mendez-Galvan, J.F., & Gallardo-Rincon, H. "The growing burden of dengue in Latin America" in *The Journal of Clinical Virology*, Vol. 46, September 2009.

22. Ibid.

23. Hotez, P.J., Bottazzi, M.E., Franco-Paredes, C., Ault, S.K., & Periago, M.R. "The neglected tropical diseases of Latin America and the Caribbean: A review of disease burden and distribution and a road-map for control and elimination" in *Public Library of Science (PLoS) Neglected Tropical Diseases 2*: e300, 2008.

the disease, and living under the grim conditions characteristic of a lack of basic services.

The Paraguayan Red Cross, in coordination with the municipalities and health centres, worked to reduce disease propagation through the elimination of mosquito breeding grounds, health and sanitation promotion, and case detection. Operating within the framework of the National Contingency Plan, the operation's main objective was to decrease both mortality and morbidity rates in Paraguay's most vulnerable areas by means of control and prevention, with a particular focus on children, elders and pregnant women who were the most affected during the outbreak in April 2011. The second objective was to support the implementation of joint actions between the Ministry of Health and the corresponding city councils for vector control and dengue fever prevention through community intervention by providing educational information. The National Society also carried out a dengue-awareness communication campaign using different mass media outlets.

One of the main reflection points emerging from the emergency operation is the difficult challenge of involving community members in cleaning and fumigation activities. A step-by-step strategy was adopted and the work was performed in close cooperation with the main community-based groups. The approach was adjusted to each particular neighbourhood. Even so, increased participation could only be yielded gradually and some community members remained bystanders throughout the operation.

This situation raised the point that time constraints make it nearly impossible to change a community's mindset in the midst of an emergency operation. Communities where disease is at epidemic levels must be approached prior to potential outbreaks and reached by awareness-raising information and sustained training. Combating the proliferation of breeding grounds and lowering dengue fever incidence in Paraguay can only be achieved by on-going action in the areas of health promotion, disease prevention, educational activities, risk awareness and risk reduction.

Furthermore, education and cleaning campaigns during an epidemic need to be tailored to the specific characteristics of each setting. The approach and method to involve and activate communities in the response must be worked out based on the characteristics of the intervention area. Experience shows that it is easier to get people in rural areas involved in health fairs and fumigation activities than people in urban areas. This illustrates the particular importance of work in urban areas prior to endemics in order to sensitize inhabitants and increase preparedness of community-based working groups (mingas).

Another learning from the 2011 dengue operation is the importance of working jointly and in a coordinated manner with relevant State organizations and key actors such as the Ministry of Public Health and Social Welfare, the National Emergency Department, Municipality authorities, City Council representatives, the National Armed Forces (who were in charge of waste collection during the 2011 outbreak), the local communities through their mingas, and education institutions. Ensuring coordination and collaboration with different inter-institutional agencies is critical. Each of the actors provides a different type of complementary support, enabling more coverage and a more comprehensive response.

The tenacity of dengue fever as an endemic disease requires the recognition that unsanitary conditions and poor hygiene practices comprise one of the main underlying sources of vulnerability. Changing the mindset of the population regarding dengue fever requires extensive time investment and wide-scale

Box 12.1 – IFRC response to dengue in the Americas

In recognition of the critical role that the Red Cross Red Crescent has to play in eradicating dengue, IFRC in the Americas introduced dengue prevention and control, preparedness and response as part of the “Public Health in Emergencies” component within the zone Health and Care Programme in 2007.

During the last five years, around 870 Red Cross Volunteers have been mobilized and deployed as Regional Intervention Teams in Health in Emergencies and National Intervention Teams trained through the Epidemic Control for Volunteers (ECV) tool kit of the IFRC.

educational efforts. Environmental sanitation and hygiene development must become a priority to reduce the population’s exposure to risks of incidence and spread of the disease.

Although continuous awareness-raising and educational activities are crucial for lowering dengue fever rates, they must be accompanied by action to address water and sanitation issues such as inadequate waste management and sewage systems at the community level. This work must ultimately be led by the local authorities and the State.

13. Under a Veneer of Resilience: Panama City’s growing disaster risk

By: Haris E. Sanahuja, Disaster Risk Reduction Consultant, with contributions from Alexander Coles, Associate Professor of Geography and Environmental Sciences, Florida State University, Panama Campus, and Paulo Froes, Senior Epidemiologist Consultant

Panama City hardly looks like an example of an urban risk scenario in relation to other frequently disaster-stricken cities in the region. Yet, underneath the apparent benevolent conditions of metropolitan Panama lies a complex web of urban risk. Early symptoms of growing urban vulnerability provide a unique opportunity for the Red Cross to fill the gap in urban risk awareness to help draw attention to the situation while there is still time.

As a modern and influential metropolis in the region, Panama City, concentrating approximately 36 per cent of the country’s total population²⁴, is at a crucial moment in its development. With its dense skyline comprised of 174 high-rise buildings and another 107 skyscrapers currently under construction, the face of the city is rapidly changing against the backdrop of the significant economic growth of the last few years. Large urban development projects, including the ongoing 5.25 billion US dollar expansion project of the Panama Canal and other infrastructure investments such as the construction of a subway, are associated with an increase in real estate investment, an influx of well-resourced immigrants and a relatively stable banking sector. These elements have all contributed to Panama City claiming a regional strategic importance in geopolitical and economic terms. It ranks seventh on the list of “Most Competitive

24. The total population of Panama City is 1,272,672 people. (<http://www.municipio.gob.pa/es/economicacutaea.html>)



Cities of Latin America,” annually compiled by AméricaEconomía. The city, accounting for about 55 per cent of the country’s GDP, has also become one of the main international hubs for banking and commerce as well as a regional hub for UN agencies and humanitarian organizations hosted in the “City of Knowledge,” a government-sponsored cluster of academic organizations, technology companies and NGOs.²⁵

Panama City – the “safe destination”

A recent historical record of no major disasters and Panama’s location off the main path of Caribbean-originated hurricanes, which repeatedly wreak havoc in neighbouring countries, has further contributed to the sense that Panamanians inhabit a territory that is blessed by nature, even though the early history of Panama City was marked by a series of disasters (see Box 15.1). The impacts of hazards are rarely a source of concern, and even the notion of hazardousness appears to be missing in the imagination of many Panamanians. The well-known episode of the “water spouts,” occurring in 2002 and 2003 in the Panama Bay, serves as an example: many citizens crowded onto the coast to watch the natural phenomena unfold as if they were in an open sky theatre, ignoring the high level of danger.²⁶

The generalized perception that Panama has a low risk of disaster and is a “safe destination” has played an important historical role, favouring the construction of the famous inter-oceanic canal in Panama versus other more “dangerous” landscapes in Central America.²⁷ The apparent benevolent conditions of the country in terms of natural hazard impacts have also been the key message when marketing the country and its capital as a safe destination both for residential settlement and for a fast-growing tourist industry. However, this overall conception of Panama could be misleading. Rapidly increasing physical exposure of Panama City’s population, infrastructure and property, global and local ecological degradation and faulty waste management are all occurring in a context characterized by weak urban governance and a population with a generalized lack of disaster risk awareness. This sets the stage for an evolving urban risk scenario.

Evolving urban risk scenario

In attempting to describe and further understand the elements that are shaping Panama’s urban configuration and fast developing urban risk scenario in the metropolitan area (the districts of Panama, San Miguelito, Arraijan and Chorrera), no one main process or factor can be singled out. It is rather a complex combination where spatial conditioning for Panama’s growth and the major influence of commercial and financial accessibility criteria is associated with a dramatic increase of people and assets exposure, furthering environmental degradation in an area prone to different degrees of hydro-meteorological and geological hazards.

Human and physical exposure and vulnerability to hazards

According to the World Bank Natural Disaster Hotspot study in 2005, Panama ranked 14 among countries most exposed to multiple hazards based on land area and 35 among countries with the highest percentage of total population considered at a relatively high mortality risk from multiple hazards. The same

25. (www.municipio.gob.pa/es/economicacuteta.html)

26. “Informe Nacional de Panamá” prepared for the Regional Forum Mitch +5 and presented to SINAPROC. Tegucigalpa, 2004.

27. Panama and Nicaragua were the two main options considered by the US Senate for building a canal. A pro-Panama lobby sent every senator a Nicaraguan postage stamp showing the Momotombo volcano in full eruption. Even though the volcano was 150km from the proposed route, the stamp was enough to persuade the Senate to vote in favor of Panama by a mere eight votes.

study, indicating that Panama has inherited a high exposure to multiple hazards due to geographical features, also states that 15 per cent of its total area and 12.5 per cent of its total population are vulnerable to two or more hazards.

Adding to this multi-hazard urban scenario, climate change threatens to increase vulnerability of both human and ecological systems in Panama. More frequent and intense storms, floods, droughts and outbreaks of vector-borne diseases are expected to affect the livelihoods of the poorest and most marginalized members of society.²⁸

In terms of physical exposure, the disproportionate concentration of goods and services in the city, its relevance within the regional context, and the on-going and projected investments in large infrastructure projects calls for a closer consideration of economic losses. The Inter-American Development Bank 2009 Disaster Deficit Index (DDI) for Panama indicates that despite the current economic robustness of the country, in the event of a catastrophe with a recurrence interval of 100 years, the Government would not have sufficient resources to immediately cope with the losses and replace the stock of capital affected.²⁹

The occurrence and impact of hazards

The national disaster database DesInventar registers 1,635 damaging events during the period 1990 to 2009 in the metropolitan area associated with impacts from natural and biological hazards. Natural hazards of a hydro-meteorological origin, such as floods, windstorms, electrical storms, sea surges and landslides triggered by rains are the most frequent in terms of occurrence (See Fig. 13.1). Epidemics and technological hazards are also present in DesInventar disaster reports, adding to the multi-hazard urban scenario of Panama City.

Over the last two decades, DesInventar registered 436 deaths, 118,288 people affected, 25,358 houses damaged and 6,184 houses destroyed. Within the metropolitan area, the District of Panama has the highest share of the disaster impacts, with 80 per cent of the people affected and 91 and 83 per cent of the houses destroyed and damaged respectively. Floods are clearly the dominant hazard in terms of people affected, followed by fires, windstorms and tornados, and landslides (See figures 13.3 and 13.2).

For the analyzed period, 1990-2009, there are no impacts registered that can be associated with telluric movements, but the area is not exempt from seismic risk. In that sense, it is important to keep in mind that Panama City was seriously affected by a strong earthquake in April 1961, registering VIII on the Mercalli intensity scale. Other earthquakes have been felt in the city, such as the 1854 earthquake near Taboga Island and the 1921 earthquake which caused landslides in Pacora.³⁰

29. World Bank. *Panama Climate Risk and Adaptation Country Profile*, 2011.

30. The DDI measures the economic loss that a country could suffer when a catastrophic event takes place and the implications in terms of resources needed to address the situation.

31. Viquez, V. & Camacho, E. « El terremoto de Panamá La Vieja del 2 de mayo de 1621 » in *Revista Universidad* No. 48, pp.186-195, 1993.

Rapid urbanization and unplanned urban growth

Panama City is today the most densely populated capital in Latin American. Between 2000 and 2010, the population of the metropolitan area, including its four districts, grew 23.59 per cent, while its housing units increased 35.07 per cent (See Table 13.1).

Along with the historical urban-rural migration trend, Panama City has witnessed a strong incoming flow of foreigners in the last decade. Between 2002 and 2005, approximately 100,000 Colombians, 25,000 Canadians and thousands of Venezuelans, among others, have settled in the country, many in the

metropolitan area. According to the demographic projections, the population of the metropolitan area of Panama will reach 3.8 million by 2025.

In general terms, the spatial occupation of the city has been influenced by the degree of engagement of social groups with foreign capital, defining the occupancy of spaces among the high and low income sectors.³¹ The traditional zones of urban expansion in recent decades have been the San Miguelito District as well as the area around the “*Trans-Isthmic*” highway, towards *Las Cumbres*, *Alcalde*, *Díaz* and *Tocumen* (East Panama). Most of the growth in these areas has been ad hoc through formal and informal development and self-built construction.³²

The Districts of Arraijan and Chorrera (known as West Panama), just across the Americas Bridge, are new areas of urban expansion, bedroom-communities for an ever-increasing metropolitan population that works in Panama City. These districts show important relative increments in population growth, with projected figures of a nearly 50 per cent increase in 2010 compared to 2000. Arraijan has experienced an impressive growth in the construction of housing units over the last five years, with large formal housing projects known as *vivienda de carácter social* (low income housing) as well as informal construction taking place. Both Arraijan and SanMiguelito are densely populated and are located in physical settings prone to landslides and floods.

The city is also expanding over the coastal zone of the already polluted Panama Bay, making way for new and taller waterfront skyscrapers in Punta Pacífica and Costa del Este, currently packed with new developments along the South Corridor that joins downtown Panama with Tocumen International Airport. This urban expansion continues eastward along the Interamerican Highway, intersecting areas such as Tocumen and Pacora with a mix of industrial and residential use. This plume of expansion of the city, known as Panama East, is constantly affected by floods caused by several rivers originating in the nearby mountain ranges which discharge their waters into the Panama Bay.

Other areas newly subjected to rapid urbanization are the former US military bases Clayton and Howard of the now recovered and reverted Canal Zone. These areas that span the entrance of the Canal were characterized by small residential zones surrounded by large green areas connected to the major green lung of the city, the rainforest belt of the Metropolitan National Park. In just a decade, there have been dramatic changes in land use, with an increase in urban development to host an increasing foreign population, bringing in turn an additional wave of commercial and service-oriented infrastructure. These areas are also witnessing the enlargement of the Balboa Port facilities, the construction of new Pacific economic free zone in Howard, and the colossal excavation for the new set of locks for the Canal. Former Canal Zone residential areas such as Diablo Heights are being slowly squeezed between the exploding growth of the Port and the further development of the Panama Railroad Co., fuelled by the need to meet the expected additional commercial trade through the Canal.

Within these areas of continuous expansion for commercial and residential use, there are poor neighbourhoods with precarious housing and living conditions, such as *Curundú*, *El Chorrillo*, *San Felipe*, and *Juan Díaz*, among others, which are constantly subject to the impact of urban floods and natural hazards.³³

31. Uribe, A. “Los retos del crecimiento del área metropolitana” in *La Estrella*, 21 August, 2011.

32. Panama Ministry of Housing (MIVI). Plan de Desarrollo Urbano de las Áreas Metropolitanas del Pacífico y del Atlántico, Vol. II, Part 2, 2010 (www.mivi.gob.pa/urbanismo/4URBANISMO/urbanismo/plan.htm)

33. UNISDR. Country Profile Panamá. HFA-Pedia, Panama, 2011.

Environmental degradation and faulty waste management

Although Panama has developed a normative regulatory framework which includes national building codes, local land use regulations, and a new Plan for the Urban Development of Metropolitan Areas, there is much uncertainty regarding compliance with building codes and limited resources for implementation and enforcement of new land use regulations. The alteration of the urban geographic features, such as hill removal to allow for real estate development and the alteration of rivers and coastal areas, has sped up soil erosion and increased areas prone to landslides and floods.³⁴

The inappropriate disposal of residential and industrial wastes, including the disposal of high risk medical waste such as used syringes and needles, is a chronic problem in Panama, and particularly acute in the metropolitan area. The National Solid Waste Management Plan of the Ministry of Health states that in 2006, the country produced more than 1,500 tons of solid waste daily, of which a large percentage was not collected on time, creating a critical and chaotic situation. In mid-2007, the districts of Panama and San Miguelito collected 1,250 tons of garbage a day, a figure that has risen to 1,500 tons, reaching up to 1,900 tons on certain days, according to Filos Alonso, head of Cerro Patacón landfill.

The accumulation of trash and debris or materials deposited carelessly by construction companies and residents is in turn greatly exacerbating flooding in urban settings in Panama, where the problem is associated with faulty sewer systems. Panama City, with a sewer system dating back more than 50 years and extending over 490 kilometres, illustrates the issue. The oldest section of the system, located in the historic district of Casco Viejo, operates as a combined sewage and storm-water system. This mixed system has no large diameter collecting pipes, pumping stations or septic tanks and drains under the Bay of Panama. Seven rivers crossing the city are completely contaminated and 15 pumping stations are currently out of service, an overall grossly inadequate sewage treatment system³⁵. Although expanding, the flooding problem could be controlled and avoided with proper drainage maintenance and public education, avows urban planner Alvaro Uribe in an article entitled "A City without Urbanism."³⁶

A neglected dimension of urban vulnerability: the health perspective

From a health perspective, Panama City and other Panamanian urban centres have improved the overall epidemiological load from a range of infectious diseases during the past 15 years with the exception of vector-borne diseases such as dengue. Nevertheless, the vulnerability to an increased risk of various common infectious diseases, such as diarrheal disease, influenza and rodent-borne diseases, remains a serious concern in the country's urban areas.

During the past eight years, public health and health services assessments conducted by UNICEF in Latin America and the Caribbean (TACRO) in collaboration with a range of partners, including the Pan American Health Organization (PAHO), indicate that in addition to Panama City, several others cities and areas in Panama remain vulnerable to increased infectious and vector-borne diseases due to a range of unaddressed risk factors, including the complex interaction between the most vulnerable sectors of the population and the ongoing environmental and climate change challenges.

34. United Nations Environmental Programme (UNEP). *GEO-Panama Report*. Panama, 2009.

35. Ganci Cerrud, A. « Combinación de riesgo: Inundaciones, drenajes y metro » in *La Estrella*, 10 August, 2010.

36. Caballero, E. "Una ciudad sin urbanismo" in *La Estrella*, 26 June, 2011.

The increased risk of flooding, most acute in urban areas, in combination with climate change, is resulting in the increased risk of severe diseases such as *leptospirosis*, a bacterial disease that affects both humans and animals. Humans become infected through direct contact with the urine of infected animals or with a urine-contaminated environment. The severe complications of the disease are well-known to medical experts and range from meningitis to hearing loss, respiratory distress, and renal and liver failure.

In this context, renewed preventive efforts should be effectively promoted and implemented at different levels, from public health policies to community awareness promotion, to reduce serious risks. Both direct human behaviour and practices and awareness of environmental and climate change dimensions can play key roles.

Lack of risk awareness: the elemental source of vulnerability

As noted, the rapid and unplanned urbanization process which is transforming the metropolitan area is disrupting the city's normal dynamics. A range of natural as well as biological and technological hazards, including urban floods, landslides and fires, tidal surges, electrical and wind storms, and epidemics are compounded with a collapsing drainage system and the ongoing, unaddressed risks of inappropriate waste management. These elements show the effects of a city which is changing its relationship with its natural landscape.

Yet, beyond the increasing physical exposure, environmental degradation, weak urban governance, and sanitary and health concerns, there is a widespread lack of awareness about disaster risk in general and urban disaster risk in particular. This cultural associated type of vulnerability or inherent lack of risk awareness is at the core of the underlying sources of disaster risk, and in part drives the fast changing urban scenario. The hazardousness of the Panama City environment is gradually increasing, with vulnerability growing every day, and these small but constant urban disasters are simply seen as a normal facet of the expanding city.

The Government of Panama has made progress in recent years to building a stronger disaster risk reduction agenda. The increasing participatory and multi-stakeholder engagement work of the National Platform for Disaster Risk Reduction (DRR), as well as the recent enactment of a National Policy for Integral Disaster Risk Reduction in December 2010, are solid steps to raise the profile of DRR in the country. These efforts and developments reflect a political commitment and have been initiated mainly by regional and international organizations as part of their commitment in the DRR arena. As such, they provide a good platform to guide the implementation of priority measures to reduce vulnerability. Still, these efforts are not born from a true sense of urgency within Panamanian society about embracing disaster risk reduction, nor have the institutional and legislative foundations that have been established in recent years developed into concrete actions to reduce current and future vulnerability levels.

An opportunity for the National Society

Although the disaster risk in Panama, manifested in small-to-medium scaled events, does not match the major disasters that hit the headlines around the world, risk can accumulate and amount to substantive levels of damage. Having recognized the early symptoms of growing urban vulnerability, it would be extremely

unfortunate for both the development and humanitarian world if Panama were to witness a major disaster or a chronic series of disasters. Decisions that are taken today and in future years will either consolidate the already emerging vulnerability patterns or define a new trend toward disaster resilience.

From a risk reduction perspective, the capital of Panama City faces a unique and timely opportunity to address the still evolving urban risk scenario. Moving from a culture of vulnerability to disasters to a culture of prevention and preparedness is, however, a daunting challenge and requires major risk awareness work among members of civil society, especially the most vulnerable segments of society and the urban population. It is in this context that IFRC and the Red Cross Society of Panama could play a major role in filling the gap in disaster urban risk awareness in the Panama metropolitan area. The emergencies services already provided by the National Society and its informal education activities in poor neighbourhoods in Panama City can provide a strategic entry point to raise awareness of the growing disaster risk vulnerability and provide advocacy tools and materials to gradually change the dominating perception of urban risk.

The silent growth of vulnerability and the lack of major disasters in Panama provide a unique opportunity to advance beyond the disaster-response cycle that tends to concentrate and mobilize the energies of the National Red Cross Societies in the Americas. Promoting a culture of prevention and a safer urban environment without the common trigger of a disaster poses a great challenge, but it is one that the National Society is well positioned to assume by leaning on the experiences of other National Societies operating in disaster-prone urban environments in the Americas and the institutional wealth of risk management capacities.

Related graphics and text boxes:

Box 13.1 – Panama City: Disasters in History

Panama City was founded on August 15, 1519 by the Spanish conqueror Pedro Arias de Ávila. In 1539 and 1563, serious fires devastated entire parts of Panama City. By 1610, the urban population was approximately 5,000 people, with 500 houses, one hospital, several churches and a cathedral, which made Panama one of the major cities of colonial times. On May 2, 1610, the city was shaken by an earthquake that caused death, injury and structural damage. On February 21, 1644, when Panama was 8,000 inhabitants strong, an act of arson burnt more than 80 houses and several churches and convents, including the cathedral. On January 28, 1671, when the population had reached 15,000 people, much of the city was destroyed by a devastating fire caused by conflict with pirate Captain Henry Morgan. The city was rebuilt and formally established on January 21, 1673 in a peninsula located 8 km from the original settlement, currently known as “Casco Viejo.”

Box 13.2 – Heavy Rains in December 2010

Panama City normally receives upwards of 2000 mm of precipitation annually, but can ironically also suffer water shortages. From November to December 2010, heavy rains affected Panama, producing floods, water surges, and landslides in several provinces of the country. A total of 17 hours of prolonged heavy rain forced the closing of the Panama Canal, only the third time since its opening in 1914, and the first time SINAPROC reported 10 flood fatalities, with an estimated 16,866 individuals affected and 1,588 persons relocated to 26 shelters.

The torrential rainfall caused damage to housing and transportation infrastructure in the metropolitan area, affecting the provision of safe drinking water and forcing the suspension of the school year in the affected areas. The high level of sedimentation affected the operation of the main water treatment plant that supplies the city. A shortage of potable water in the capital lasted for 35 days and with the Government needing to distribute half a million bottles of water to alleviate the needs of those critically affected. An alert was issued warning of the potential health risks associated with this situation. The generally poor management of the situation by official authorities was highlighted in the national and international media.

Box 13.3 – The Dengue Situation in Panama

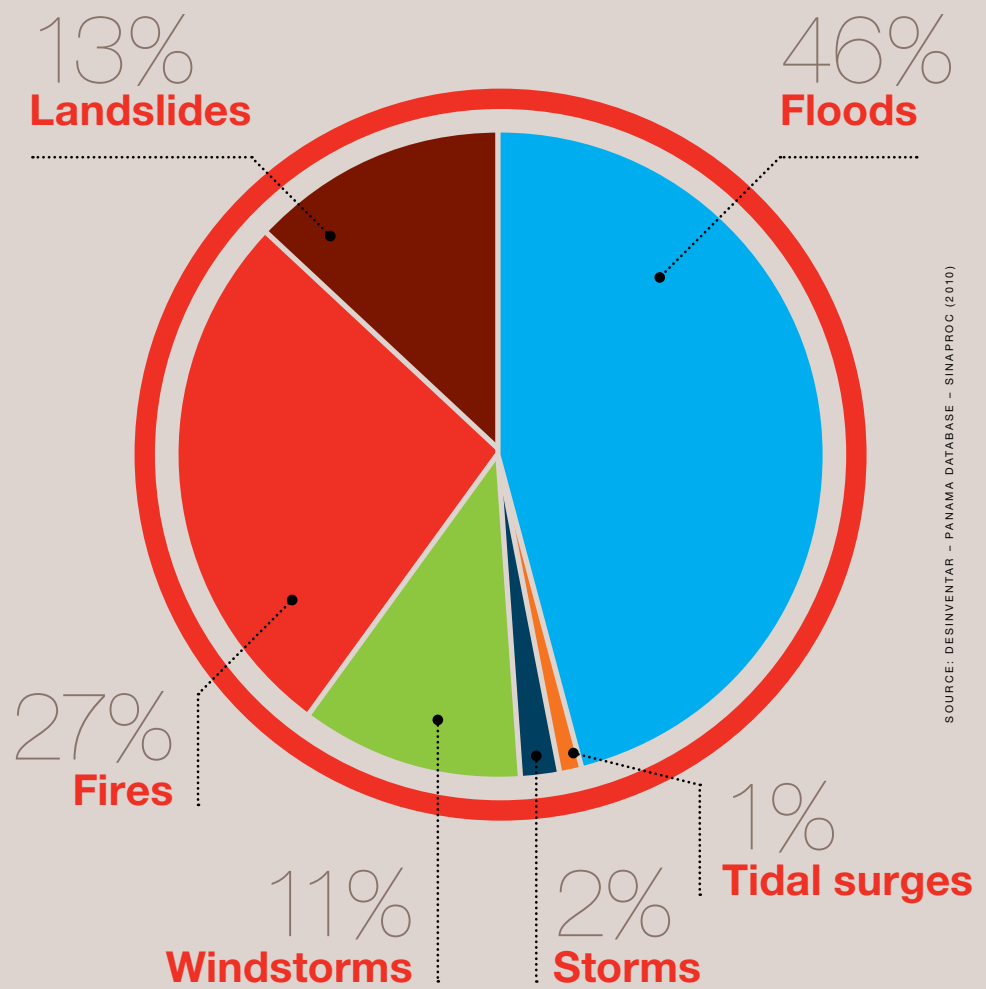
As part of the campaign for eradication of the *Aedes aegypti* mosquito, the recently created Authority for Urban and Domiciliary Cleaning (AAUD) has implemented a systematic fumigation in several of the low-income communities of the corregimiento of Juan Díaz. Along with fumigation, the activity includes cutting and cleaning high-grass empty lots, distribution of information and overall cleaning of the streets. According to the report, the infestation index for the corregimiento of Juan Díaz is 7.4%. The current scenario of dengue is more complex, though, because in addition to the presence of *Aedes aegypti* mosquito, the *Aedes albopictus* mosquito, also known as the tigre mosquito is sharing same locales but with greater threat.

The high construction activity in Panama City, which does not seem to be ending any time soon, greatly increases the risk of being bitten by either of these mosquitoes. The residual waste and water in construction sites, along with the high density of urban construction, are clearly important underlying factors in the current dengue epidemiological profile in Panama.³⁷

37. "Aumentan muertes por dengue hemorrágico" in *La Prensa*, 18 August, 2011.

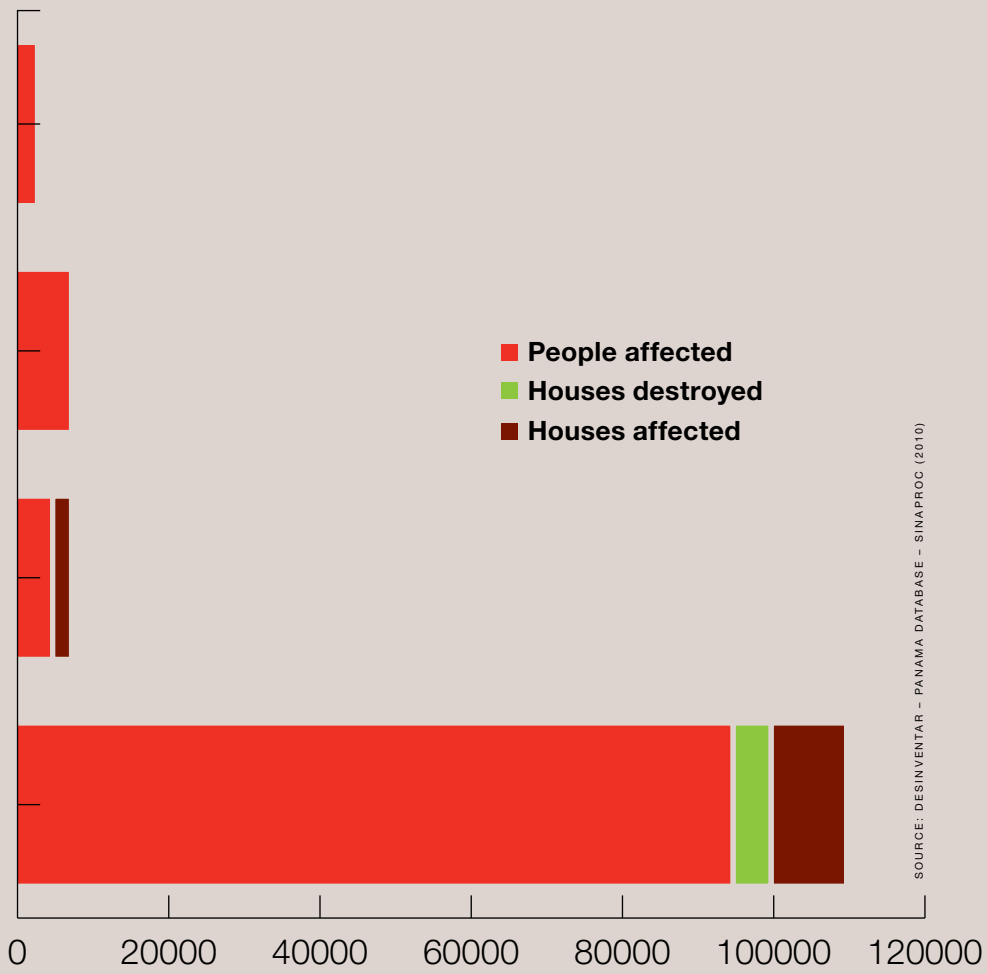
Figure 13.1

Disaster Occurrence by Type of Hazard
(1990-2009)



SOURCE: DESINVENTAR - PANAMA DATABASE - SINAPROC (2010)

Figure 13.2
Impacts by districts
(1990-2009)



SOURCE: DESINVENTAR – PANAMA DATABASE – SINAPROC (2010)

Figure 13.3
Impacts by districts
(1990-2009)

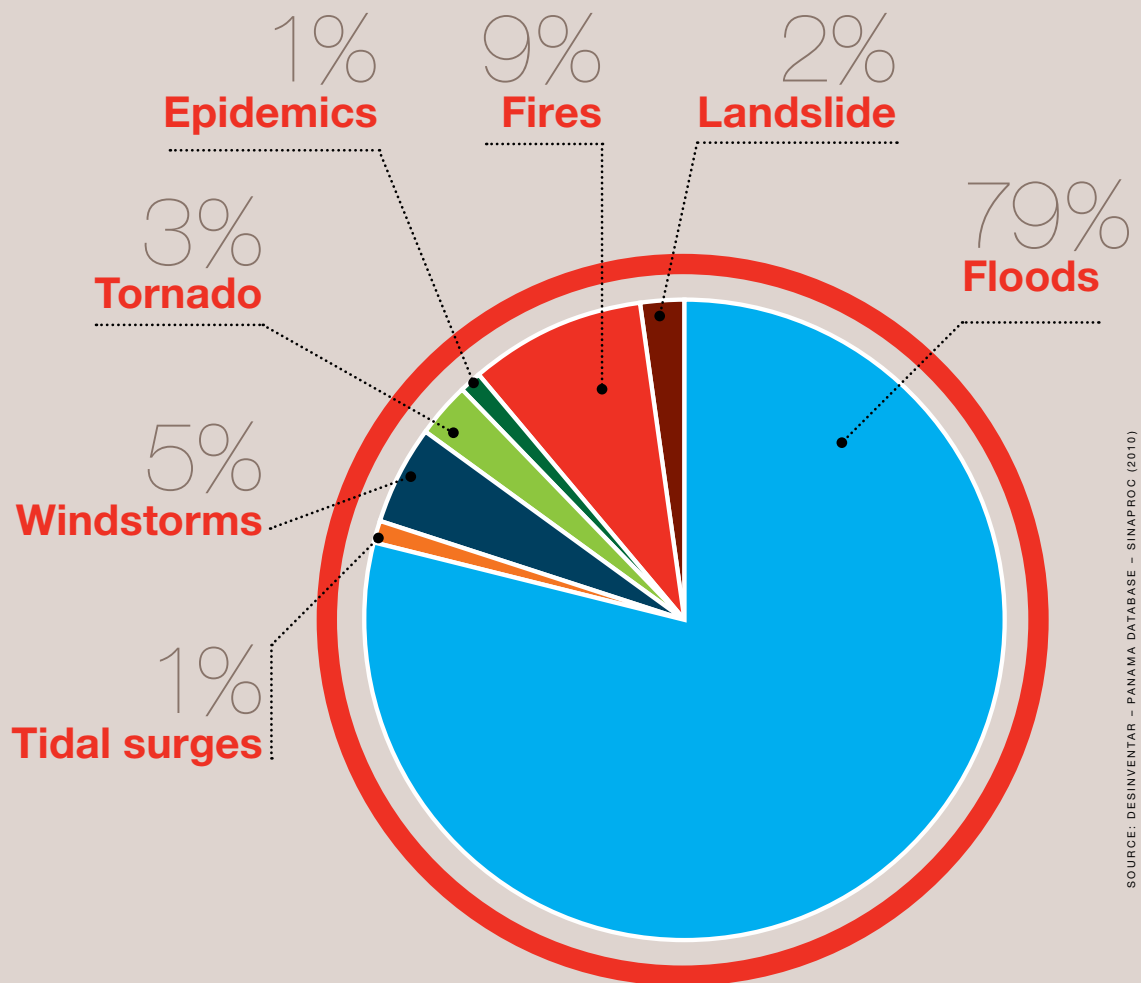


Table 13.1

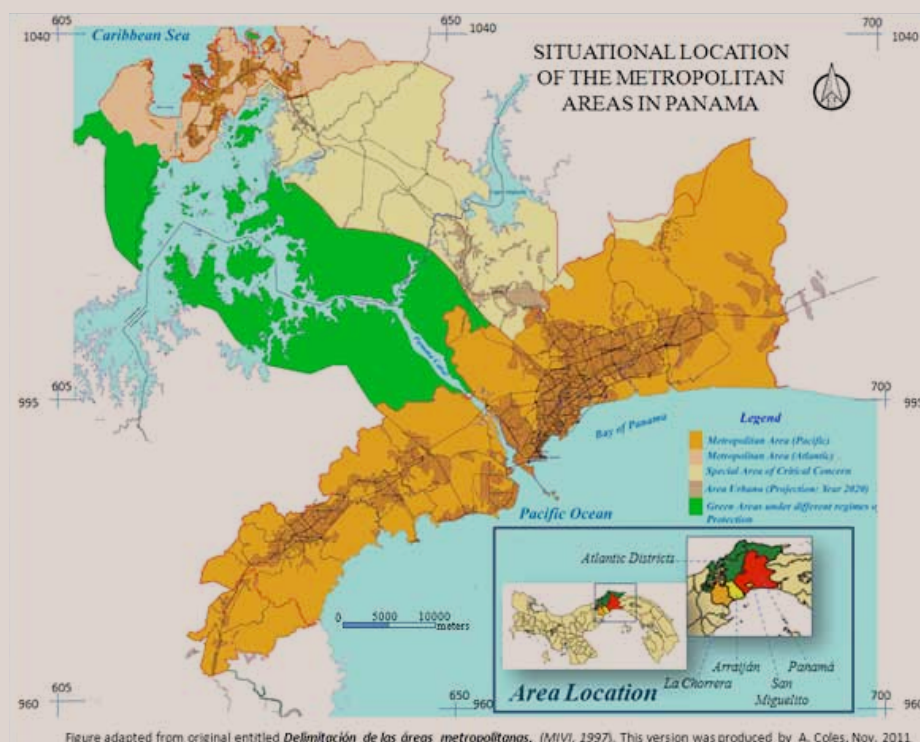
Change in Population Growth and Housing Units between 2000 and 2010

District	Housing 2000	Population 2000	Housing 2010	Pop. 2010	Housing Change	Housing % Change	Pop. Change	Pop. % Change
Arraiján	43085	149918	64306	220779	21221	49	70861	47.2
La Chorrera	35265	124656	51833	161470	16568	47	36814	29.5
Panamá	214242	708438	291112	880691	76870	36	172253	24.3
San Miguelito	73316	293745	86964	315019	13648	19	21274	7.2
TOTAL	365908	1,276,757	494,215	1,577,959	128307		301202	
% Change						35		23.6

SOURCE: INSTITUTO NACIONAL DE ESTADÍSTICAS Y CENSOS, CONTRALORÍA GENERAL DE LA REPÚBLICA, PANAMÁ. 2011. [HTTP://WWW.CONTRALORIA.GOB.PA](http://www.contraloria.gob.pa)

Figure 13.4

Historical Evolution of Urban Expansion, Panama metropolitean area



14. Annex

14.1 Methodology

The case studies from Colombia, Jamaica and Nicaragua are based on a desk review of existing documentation relating to the concerned projects, key IFRC documents, and literature from international agencies and academia. Field visits and on-site interviews with Red Cross project coordinators, implementers, volunteers and external stakeholders were also conducted in the country of each case study focus.

The projects are not examined in the light of their objectives and methods, achievements and shortfalls; rather, case studies are analysed first by the degree to which they correspond thematically, conceptually and methodologically to the characterization of “urban risk” and “urban risk reduction”; second, by how aspects relating to urban risk and the challenges it poses have been dealt with; and third, by what lessons the cases offer or confirm regarding future work in urban risk contexts. The characterization of urban risk is defined in section 2.2: “Case study framework–Understanding Urban Risk”.

14.2 Methodical considerations and limitations

Given the lack of a commonly accepted and specifically designed concept of “urban risk” or a policy framework and guidelines for Red Cross work on urban risk in the LAC region or elsewhere, none of the projects presented in the case studies were supported by a prior discussion, specification or definition of “urban risk,” which may have a practical or methodological impact.

Thus, rather than employing the cases to directly illustrate learning, good practice and methodological challenges and advances or in order to identify priorities and needs in the future specifically concerning urban risk, the cases are best used in a more indirect way to provide information or guidance on such matters. No detailed information on project coverage, results and method is offered due to the objective of concentrating on urban risk challenges and learning.

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

For more information on this IFRC publication, please contact:

In Panama

Xavier Castellanos

Director of Americas Zone

xavier.castellanos@ifrc.org

www.ifrc.org

Saving lives, changing minds.