

SECURITY RISK MANAGEMENT FOR HEALTH CARE SERVICES

**Handbook for Addressing the Risks of
Violence against Health Care in Insecure
and Conflict-affected Settings**



The security risk management for health care (SR4H) cycle

Module

1

**Addressing violence against health care:
introduction**

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Other modules in the handbook

- [🔗 Module 2: Generating awareness and communicating to create violence-free environments](#)
- [🔗 Module 3: Assessing the risks of violence and increasing preparedness to better prevent and cope with it](#)
- [🔗 Module 4: Responding to violent incidents](#)
- [🔗 Module 5: The aftermath of incidents, and working towards sustainable access to health care](#)
- [🔗 Module 6: Annex 1: Aide-memoire to support the risk assessment and context analysis and Annex 2: Examples of context analyses, risk assessments and contingency plans](#)

Complete handbook

- [🔗 Security risk management for health care services: Handbook for Addressing the Risks of Violence against Health Care in Insecure and Conflict-affected Settings](#)

French version of handbook

- [🔗 Gestion des Risques de Sécurité pour les Services de Santé: Manuel de gestion des risques de violence à l'encontre des soins de santé dans les situations d'insécurité et de conflit](#)

Spanish version of handbook

- [🔗 Gestión de riesgos de seguridad para los servicios de atención de salud: Manual para afrontar los riesgos de violencia contra la atención de salud en entornos inseguros y afectados por conflictos](#)

Arabic version of handbook

- [🔗 إدارة المخاطر الأمنية لخدمات الرعاية الصحية : كُتيب للتعامل مع مخاطر العنف ضد الرعاية الصحية في البيئات غير الآمنة والمتأثرة بالنزاعات](#)

Foreword

Health care needs to be protected from violence. In insecure and conflict-affected settings, health care facilities and workers come under attack and patients are denied access to health care. This handbook offers guidance for health care providers on how to protect staff and maintain health services when insecurity and violence threaten health care infrastructure and workers, and people's access to care when they need it. Administrators and coordinators of health services can put in place practical measures that protect infrastructure and, most importantly, save lives. The handbook aims to support people responsible for running health care programmes in implementing best risk management practices, in light of the fundamental principle that health care service providers have a duty of care towards both staff and patients.

The contents of this handbook are based on a decade of monitoring incidents of violence against health care for the Safeguarding Health in Conflict Coalition and incorporates insights on the consequences of this violence collected by the Researching the Impact of Attacks on Healthcare (RIAH) project. The proposed approach has been informed by principles supported by the operational work of the Humanitarian Action Support (H2H) Network. The proposed solutions are based on a review of existing guidance and good practices of the NGO and humanitarian sector with decades of experience of working in conflict-affected environments.

The handbook offers operational and pragmatic solutions that are informed by reported patterns of violence, individual health worker's experiences, and studies of how violence disrupted the provision of services. It covers awareness of the risks of violence against health care, responses to violent acts, and the development of long-term sustainable changes that ensure greater protection for health care personnel, services, and infrastructure. The handbook proposes a framework that balances the rights and responsibilities of health workers and patients and the communities they come from. The aim is to promote safe working environments for health care professionals and efforts to ensure the continuation of health care during conflict.

The handbook has been written for health care providers working in conflict-affected areas. The suggested approach can be applied by health care providers during a humanitarian response, by health care providers working for national health service structures, and by voluntary health care initiatives. Funding bodies that support the provision of health care during conflict can use this handbook to identify support that their local implementing partner or partners may need to put better protection measures in place. Existing practice will vary between countries and health programmes, and as such requires locally adapted approaches to implementing best practice during emergencies and crises.

The handbook provides guidance on how to create awareness of the risks that health services may face during conflict, to prepare and train personnel to respond effectively to such risks, and to learn from tragic incidents how to develop and implement sustainable best practice. Awareness, preparedness, appropriate response, and sustainability are key building blocks of efforts to address violence against health care. To protect health care, the competent authorities also need to hold the perpetrators of such violence accountable.

We hope that the practical solutions proposed in this handbook provide helpful advice and actionable suggestions for how to better protect health workers, patients and access to care during conflict.

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For suggestions for improvement, training or any other feedback please write to us at info@insecurityinsight.org

Glossary

Acceptance: The strategy of serving a population not through imposing the presence of a new facility and teams, but by building trust and being accepted in that space as a positive contributor to the well-being of the population.

Armed actors: Soldiers, policemen, members of militias, members of armed groups, and any other persons who carry weapons, whether legally or not.

Community: A group of people joined together by a common interest, characteristic or experience such as geographic location, ethnic composition, age, faith or health care need.

Contingency plan: A series of planned actions to be carried out when an undesired event occurs.

Disinformation: False information that is deliberately intended to mislead or manipulate people.

Ethical dilemma: A complex situation in which a health care worker must balance different principles of health care ethics to find the best decision to implement and action to take.

Impartiality: The ethical duty of providing care without any discrimination, beyond the medical needs of patients.

International humanitarian law (IHL): A set of internationally agreed laws that are valid in times of war (armed conflict), and that grant special protection to teams providing health care in an impartial and neutral manner.

International human rights law (IHRL): A set of internationally agreed rights that are valid at all times, and that grant people fundamental rights such as the right to benefit from quality health care in a timely manner, and the right not to be the subject of violence.

Medical neutrality: The responsibility to refrain from engaging in hostilities in any way and the right to be protected while impartially providing health care.

Misinformation: Incorrect or misleading information. Misinformation does not necessarily have a specific malicious intent (disinformation is different in that it is deliberately designed to deceive people – see definition above). Misinformation can include inaccurate, incomplete, misleading, or false information, as well as selective or half-truths.

Parties to a war or conflict: Groups that are fighting each other, regardless of whether they are part of a state structure or not.

Reactive behaviour: Behaviour that is immediate, not the result of conscious thought, and not intended to cause harm, but is triggered by intense suffering and powerful emotions, such as when one receives news of the death of a loved person.

Security forces: Agents connected to a state-run structure (e.g. police, armed forces) that are in principle part of the various state structures designed to maintain law and order.

Introduction

About this handbook

This handbook **provides guidance on addressing violence against health care. It was developed to assist health services in middle- and low-income contexts affected by situations of insecurity, violence or war/conflict.** It provides advice on how to implement a range of actions intended to promote respectful and violence-free environments, and prepare individuals or organisations to face and respond appropriately to violent events/incidents and deal with the aftermath of such events/incidents.

The handbook has been written for administrators, managers and coordinators of health care programmes, and focuses on the duty of care and the responsibility to provide a safe environment for health care workers and patients. Health professionals have a medical duty of care towards their patients, which they can only fulfil if managers are able to ensure a safe working environment. The competent authorities (e.g. senior administrators and coordinators) have a responsibility to empower health programme managers with the knowledge and skills they need by providing them with appropriate frameworks to guide and govern their work and by holding perpetrators of violence against health services accountable.

The handbook recognises that few health care managers receive formal guidance or training on to respond to violence of some kind and ensure that health services they manage continue to function when violence erupts. Humanitarian organisations have developed security risk management practices over the past decades, and many humanitarian health care providers employ professional security risk managers to ensure that appropriate, effective risk management practices guide health care programmes when they are faced with violent events. In some high-income settings, manuals providing such guidance have been developed for hospital and ambulance personnel. This handbook brings together some of the best practice based on such existing guidance and proposes a framework adapted for health care providers working with limited resources in conflict-affected settings where appropriate risk management practices are not consistently implemented.

The implementation of the proposed guidance can be challenging if there are no dedicated personnel tasked with ensuring appropriate security guidance and risk management, no dedicated budget, and no contingency plans for responding to violence and ensuring security. The handbook therefore includes references to further guidance and reading materials that may help those responsible to develop the necessary infrastructure and human resource capacity to implement best risk management practices.

The objective of this handbook is to promote an approach that considers the safety and security of health professionals while ensuring patients' access to care. The aim is to enable the provision of health care during periods of insecurity or war. In essence, this means that health workers and the health infrastructure should be properly protected. Patients depend on health workers and properly functioning health care facilities, and they need to be able to access health care when they need care.

Many health workers live and work in areas affected by insecurity, violence, and war/conflict. In their efforts to deliver care even under the most difficult circumstances, they are often exposed to violence. In these challenging contexts, health care facilities strive to sustain the adequate delivery of services, and frequently have to deal with criminality, blockages or obstacles of some kind that limit their capacity to fulfil their mandate, and a fragile relationship with armed actors.

During conflict, demands on the health service change. Frequently, demands increase as more people suffer injuries or health impacts from the conflict, including malnutrition. Insecurity and the damaging or destruction of infrastructure make access to health care for those in need difficult, which often contributes to mortality during conflict.

The handbook considers ways to ensure the safety and well-being of health care workers and the safety and security of health facilities, medical supplies (equipment, medications), and medical transport, as well as the ability of people in need to access health services during periods of insecurity or conflict.

Security risk management practices that focus on context assessment, mitigation measures, and how critical¹ to the provision of health care particular programmes can help to protect staff, health care facilities and infrastructure, and access to health care.

In essence, therefore, the handbook has been written for health programme managers with the responsibility to enable effective programme delivery and manage any risks that may prevent this.

Structure of the handbook

The SR4H handbook starts with a short description of the various forms of violence against health care that it addresses. The main part of the handbook is structured in four chapters that cover the key factors that need to be in place to ensure the appropriate management of risks that threaten health care. This is summed up in the following diagram:

¹ The security risk management procedures proposed in the handbook do not treat all health services the same, but may give different weight to more critically needed services, such as an emergency department in a health care facility and ambulance networks.

Figure 1: The security risk management for health care (SR4H) cycle



Awareness: Generating awareness of possible threats facing health and communicating ways of managing these threats to ensure as far as possible a violence-free environment in which health care services can function properly.

Preparedness: Assessing the risks and putting systems and procedures in to better prevent and cope with violence before it occurs.

Response: How to respond if a violent incident occurs.

Sustainability: Dealing with the aftermath of violent incidents and working towards sustainable health care provision and access to health care.

Each chapter has three main sections:



Elements that need to be put in place to prepare for action



Implementing activities, measures and other significant interventions to each step of the cycle



Particular sensitivities and points of attention that should be considered in that step

The content is visually represented as a rolling cycle of activities, highlighting that all measures are part of the wider structure in which health care programmes are rolled out, and that their implementation requires continuous improvements and adaptation as part of the larger system. Entry points for implementation can be found at any stage of the cycle, and the guidance in this handbook does not have to be implemented step-by-step in the order in which it appears in the handbook. Many programme managers seek guidance on how to address violence following adverse experiences when they have attempted to respond to an incident, or because of the limitations imposed by their organisation's workplans or budget allocations.

The implementation of all the proposed solutions would require a substantial allocation of resources that are frequently not available and require an awareness of the importance of the proposed risk management measures within the wider health care system. This handbook can also be used to identify activities for workplans or project proposals as the starting point for efforts to design and implement safer practices.

The chapters also include boxes with tips, reminders and other important elements, and each chapter contains resources for further reading on a particular chapter's topic.

How to use this handbook

The guidance given in this handbook is designed to provide support for those seeking to address violence against health care in a comprehensive manner, ranging from preventive to response measures, including actions to reinforce preparedness, enhance coordination and enable trust. In particular, the handbook has been written to guide health services working outside the humanitarian system that may face severe resource limitations, including no dedicated personnel responsible for security guidance or management, no dedicated risk management budget, and no ready-made contingency plans for dealing with violence and ensuring security. All chapters include references to existing guidance for further information on how to build internal systems to better protect staff and services during conflict.

The security risk management approach presented in this handbook is based on the **SR4H cycle of components** presented in Figure 1. The cyclical nature of the proposed steps determines that actions are not final until all steps have been implemented. However, implementation will never be fully and completely finalised, because an ever-changing threat environment and new experiences of threats to health care will always inform the four steps of the cycle, and each step will always need updating and improving. Therefore, the handbook and the guidance it gives provide a **sustainable and dynamic approach to continuously improving security risk management** and better protecting health care from violence.

The chapters follow the components of the SR4H cycle given in Figure 1 (and repeated throughout), which outlines the handbook's approach to the problem of risk management for health care, but this **does not mean that the order in which the steps are implemented must necessarily follow the order in which the handbook discusses them**, and different steps can be implemented at appropriate moments **in response to the specific threats faced at any particular time**. For example, a health service might start implementing "groundwork" activities for all steps of the cycle, before looking into the "action" section of a particular step. Alternatively, implementation

can start with response to an incident before addressing awareness or communication. At the same time, it is important to see all the individual measures as part of a comprehensive, interactive whole that contributes to a better system for ensuring the security of health care during conflict.

Recommendations for health care managers:

- Start with the most relevant and appropriate actions given in the various chapters of this handbook.
- Propose or lead the implementation of individual steps that improve security management in your health service.
- Envisage a comprehensive security risk management approach to deal with possible threats, but focus one by one on individually achievable steps.
- Select the most relevant and feasible steps from anywhere in the full risk management cycle and try to get budget and staff time allocated to implement these steps.
- Discuss relevant ideas, define the specific steps that will be taken, delegate appropriate tasks, lead the development and implementation of the safety and security measures that are developed, and actively participate in their implementation.
- Explore the extra guidance material provided in this handbook according to the needs of your health service, guide your colleagues through the reading of the material and lessons learned from it, and ensure a person-centred approach to all measures.
- Mobilise state authorities and other stakeholders for support. In terms of possible support measures ranging from financial sponsorship to technical advisory support, much can be done in partnership with other areas of public services (firefighters, education services, civil protection), humanitarian organisations, academics and, when appropriate, state security agents.

Recommendations for donors, INGOs, governments and the relevant authorities:

- *INGOs* (International non-governmental organisations) can use this handbook to start a conversation with their local implementing partner or partners to verify the extent to which they are prepared to respond to violence and to identify possible areas of support to give to them if they are operating in violent settings.
- *Donors, INGOs, governments and relevant authorities* can consider options for providing direct support, whether providing financial and technical support or training, or through partnerships with front line health care services.
- *INGOs, governments and relevant authorities* can implement the following actions:
 - Include data about violence against health care in the regular monitoring of programmes. This should include data on violence against staff and facilities, and the violent obstruction of access to health care. The objectives would be to better understand how violence reduces the effectiveness of health care programmes and then take appropriate measures to prevent this.

- Use mechanisms to identify the needs of staff and patients affected by violence and implement support for affected health workers. These processes should be based on the recognition that health workers are central to the quality of any health care system and that workers suffering from poor mental health and burnout are unable to deliver their mandated health services.
- Allocate budget for security training and actions related to security risk management adapted to health care providers.
- Include criteria for security risk management in the reference documents of health programmes, provide technical and financial support for their implementation.
- Insist on the implementation of a comprehensive security risk management approach even in peaceful areas to prepare facilities and personnel for potential changes in the context in which they operate by using a person-centred approach and avoiding the unnecessary securitisation or militarisation of health care.
- *Donors and INGOs* can support partner health services with continued sponsorship in the face of insecurity and violence. They should recognise that halting a programme in the aftermath of an attack has devastating consequences for access to health care in violence- and crisis-affected areas.

Addressing violence against health care: Introduction

Violence against health care

According to the World Health Organization (WHO), an attack on or violence against health care is **“any act of verbal or physical violence or obstruction or threat of violence that interferes with the availability, access and delivery of curative and/or preventive health services during emergencies”**. Violence or harassment that happens outside of emergency settings, but within the context of the provision of care, is considered occupational violence under the WHO and International Labour Organization (ILO) framework.

This definition includes violent acts that might be against a person (i.e. a health care worker,² a patient, a family member accompanying a patient, or a community member who is present in a health care facility); against a structure (a health clinic, a first-aid post or mobile clinic, a hospital, a medical laboratory, a drug storage facility, etc.); or against transport vehicles (ambulances or any other official transport vehicle used to transport sick or wounded people). Violence might also be used to prevent access to health care. In this case, the most common are actions that block or obstruct the provision of health care in some way (denial of care, denial of passage for people seeking care, arrest of health care personnel, denial of the transport of medical goods, etc.).³

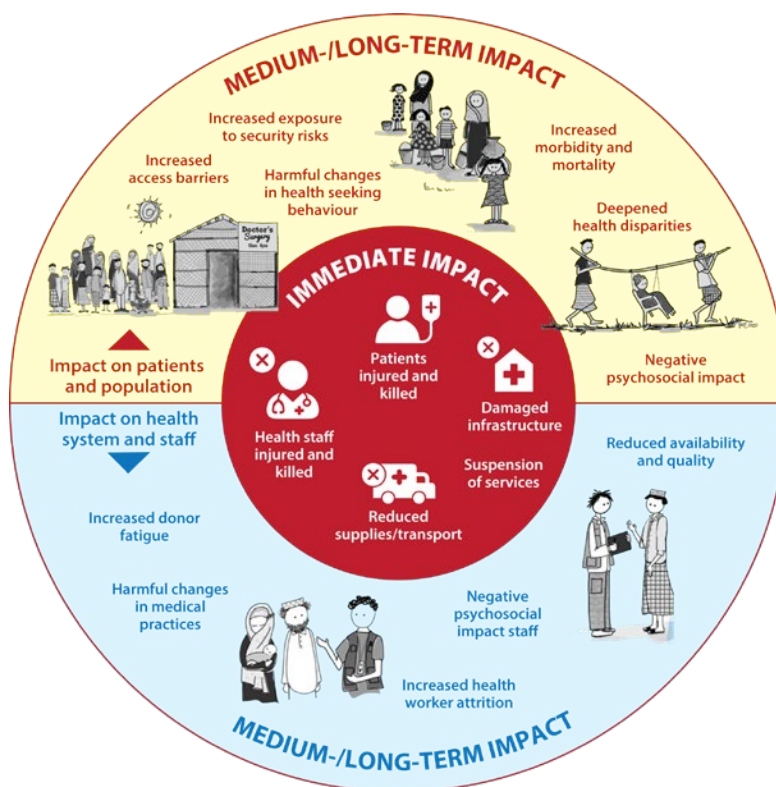
Violence against health care is a reality that occurs in war-affected countries or areas, during political and organised criminal violence, and during public health emergencies around the globe. Violence against health care may also occur in environments affected by violence, and even in peaceful areas, when a disaster or emergency is followed by an emergency response.

Addressing violence against health care is not only important to protect life when violent actions or attacks occur. It is essential to prevent the cascading consequences of such violence that weaken the health care system and the quality of care that follow from repeated attacks and the normalisation of violence. Violence against health care leads to the loss of health personnel, wastes resources, and forces closures of services, which in turn lead to an increase in morbidity and mortality among the population reliant on these services. Because of the wide range of these impacts, addressing violence through security risk management is a complex task that requires putting access to health care and the people affected by violence at the centre of policies.

² For the definition of health care worker, please see page vi of the WHO-ILO guidance document.

³ In Annex 1 you will see a comprehensive list of acts of violence given according to Insecurity Insight’s glossary.

Figure 2: The impact of violence against health care



Balancing access to health care and the protection of health workers: cross-cutting elements of security risk management

Managing security risks with access to healthcare at the center of decision-making

- Effective measures should **balance sustaining access to health care and protecting health workers from harm**. While the objective of every health service is to guarantee access to health services for all people in need of health care, it is necessary to protect the health personnel and patients from harm and avoid unnecessary exposure to risks. If decision-makers are facing the issues of whether to authorise an ambulance to move or to reopen a health service after a violent incident, they should first make sure that all possible prevention and mitigation measures are put in place to protect both staff and patients. Decisions to halt health programmes and health care services need to consider the direct and indirect consequences of such decisions for patients and public health.
- **The provision of health care should not be securitised:** The provision of care should always be carried out in respectful and dignified manner. Health care settings need to be open to the public and should not feel like restricted or unwelcoming places. Security measures should not cause fear or trigger tensions between users and workers in a health service. Any links between security forces and health services should not be perceived as collaboration: health personnel are not police agents.

- **Transparent communication and proactive reputation management help to build and maintain trust:** Effective health care requires patients and funding bodies to trust the quality and efficiency of the service. Avoiding false statements about the aim of security measures is important in security risk management. Some measures might entail a preventive component, but the expected results of the measures should not be exaggerated.⁴ According to the same logic, preparedness can prevent certain attacks, but because perpetrators are not under the control of the health service, violence can still occur. Implementing actions to manage security risks should not generate or exacerbate fear among patients, staff or funding bodies (conversations about security can trigger fear). Transparency regarding the reasons why and procedures under which security is being addressed is important in order to create constructive and empowering environments instead of sparking fear and doubts.

Respecting and balancing rights and responsibilities⁵

- **Rights and responsibilities of health care workers:** Health workers must practise health care in accordance with accepted medical ethics (see Box 1), always prioritising the safe and timely delivery of care by qualified personnel. They must also refrain from engaging in hostilities or acting in ways that militarily favour one or the other side involved in the conflict. Health workers have the right not to be attacked, persecuted or detained for carrying out their duties in accordance with medical ethics. The elements listed so far refer to what is often called “medical neutrality”. Health workers might also be covered by certain protective rights as workers according to responsibilities typically called “duty of care” that must be fulfilled by their employer. These duties will depend on the context, but often entail the right to work in a safe and dignified working space, to be properly remunerated (sometimes with additional hazard pay), to be covered by medical insurance, and to have the option of taking leave of absence under certain circumstances.
- **Rights and responsibilities of community members:** Every person has the right to receive health care that is available, accessible, acceptable and of good quality.⁶ It should be provided to all people in need without discrimination. Community members should respect the provision of health care by not acting in ways that prevent it from being delivered or that harm others. Acts of violence by the community against health care workers, vehicles or a health facility should not be permitted in any circumstances.
- **Rights and responsibilities of armed actors:** Soldiers, policemen, members of militias and armed groups, and others who carry weapons have clear responsibilities to respect and protect health care from harm, and to actively contribute to the continuity of the provision of care, even amid fighting. In general, armed actors should not disturb the provision of health care or act in ways that prevent it from being provided, because this would be hindering every person’s right to receive health care, as previously stated. Armed actors also have the right to receive care like every other person does whenever it is needed.

⁴ For example, if a security measure changing the structure of a facility can deter an armed entry by giving people extra time to hide in safe areas, this should not be presented as “preventing armed entries”.

⁵ Although some of the responsibilities are not legally binding in all contexts, they are based on the principles of IHRL and respect for the lives, dignity, and well-being of others.

⁶ This is also a basic right under IHRL.

Box 1: Respect for medical ethics

The management of security risks must not violate medical ethics. Measures designed to reduce risk or prevent violence must be respectful of ethical principles such as providing impartial and dignified treatment, respecting the confidentiality of medical information, and providing the best possible care in every health-related situation. Medical ethics are applicable at all times when health care is being provided, and its principles are non-negotiable. The key principles of medical ethics are:

- **Patient autonomy:** The decisions of patients regarding their health and treatment must be respected.
- **Beneficence:** Health care activities should strive to offer the greatest benefit possible to the person receiving such care.
- **Non-maleficence:** Health care activities should not cause harm.
- **Justice:** The distribution of resources should be fair for all members of the population being served.
- **Impartiality of care:** Decisions affecting care are made solely based on health needs and available resources, and no other factors (e.g. religion, ethnicity, political affiliation, military affiliation, etc.) may be used to deny health care services or prevent people from receiving health care.

Further guidance on medical ethics can be found in the following resources:

- [WMA International Code of Medical Ethics – World Medical Association](#)
- [The ICN Code of Ethics for Nurses – International Council of Nurses \(ICN\)](#)
- [Ethical Principles of Health Care in Times of Armed Conflict and Other Emergencies](#)
- [Booklet entitled “Health Care in Danger” – International Committee of the Red Cross \(ICRC\)](#)

- **Respect for legal obligations:** Some countries have legal obligations that employers must fulfil to ensure the well-being of their employees. In addition, health workers might be bound by certain legal obligations, such as cases of mandatory reporting or the use of protective personal equipment. These obligations must be respected at all times and balanced with the need to increase or manage measures to ensure security.

Figure 3: Health care-related rights and responsibilities



Understanding local challenges and responding with context-adapted measures

- Participation of the whole health care system in security risk management:** Most activities included in a comprehensive security risk management strategy for the health sector have to be implemented by those tasked with the responsibility to manage health care programmes. However, a comprehensive approach requires (1) the active participation of all health workers, support staff, and health authorities in designing responses and respecting protocols, and (2) the provision of active support by funding bodies and partners to enable the implementation of and generate respect for such measures among patients, their families and armed actors.
- Adapting measures to manage security risks to the context in which health care services are provided:** Practical security risk management measures need to be affordable, practical, legal, and safe for any context and health care provider. Some available health care security management manuals are designed to be used in high-income settings that can afford to pay for dedicated risk management staff and high-tech security solutions. Humanitarian security risk management is based on the concept of health care providers' work being accepted by local communities, authorities and armed actors. Guided by humanitarian principles, humanitarian security risk management may seek contact and negotiations with armed groups to ensure the independent and ethical provision of health services in ways that are not a feasible option for other health programmes. A comprehensive security risk management strategy for health care identifies the most appropriate needs of each context and adapts its provisions accordingly.

- **Implementing prevention and preparedness measures:** While it might not always be possible to implement exactly the same measure that are proposed in guides and case studies, adapting these measures to local realities will make them most effective. Locally available resources for related sectors and discussions with health workers and communities may help to identify alternative appropriate actions and mobilise support from authorities and other organisations such as humanitarian partners or funding bodies/donors.



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Data on People in Danger

The SR4H handbook provides guidance on how to implement a range of actions intended to promote respectful and violence-free environments and prepare individuals or organisations to face and respond appropriately to violent incidents, also dealing with the aftermath of such events. It was developed to assist health services in middle- and low-income contexts affected by situations of insecurity or war. This handbook brings together some of the best practices on security risk management and proposes a framework adapted for health care providers working with limited resources. The objective of this handbook is to promote an approach that considers the safety and security of health professionals while ensuring patients' access to care.

Insecurity Insight is a humanitarian to humanitarian (h2h) organisation which delivers data products and services to humanitarian and aid organisations, advocacy groups and researchers. By offering innovation ideas, tools, data and methodologies, Insecurity Insight enables other organisations to assist and protect people affected by disaster and conflict. Insecurity Insight is committed to the humanitarian principles.

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