

# 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**

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## Other modules in the handbook

- [🔗 Module 1: Addressing violence against health care: introduction](#)
- [🔗 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](#)

# Generating awareness and communicating to create violence-free environments

## Objectives of this chapter



### Groundwork

Define key messages that can be transmitted to relevant stakeholders when advocating for a violence-free environment for health care.



### Action

Carry out activities that are appropriate in the local environment to build acceptance and establish transparent and constructive communication between health care personnel, communities, and other stakeholders.



### Challenges

Working with the community in violence-affected areas; respecting medical ethics; and listening to feedback from service users, even when talking about triggers of violence.



## Groundwork

### Acceptance, trust, respect and transparent communication

Awareness is a key building block of any plans and procedures to address violence against health care. The objective is to make health personnel, the community, external partners and others, such as armed actors, aware of how violence has negative consequences for everyone involved in a health care service, and that even in the most extraordinary circumstances, it is important to maintain a violence-free environment to ensure access to care and the quality of the care provided to those in need. By building consensus around the need to protect health care from violence, all stakeholders – but particularly armed actors – can be encouraged to behave in a way that respects the importance of health care services to those in need.

To achieve these goals, transparent communication and honest dialogue are imperative. Any communication or dialogue should be appropriate to the unique culture of the particular community being provided with health care, which will enhance trust levels between health care personnel and that community. Effective communication/dialogue helps to identify where and

how the health care service needs to adjust its practices to the community's need, while staff and patients need be aware of both their rights and responsibilities.

## Key messages

All communication needs to be context specific. Table 1 suggests some general messages that should be communicated, the possible content of such messages, and possible audiences. These suggestions can be used to develop the most appropriate communication strategy for each situation. This is not an exhaustive list, and the best and most appropriate messages should be identified in group discussions that consider multiple and diverse perspectives on the unique context that a health service is operating in. Key messages should be tested with the intended audience before any information campaign is rolled out. Specific contexts, such as a disease outbreak or changes in the health programme, may require a communication strategy to explain the reason for any new approach to health care.

**Table 1: Key messages**

Possible messages and their content	Possible audiences
<p><b>Violence is never acceptable.</b> Describe incidents of violence against health care and its consequences, with a focus on the local community's realities and experiences. Draw a parallel between the occurrence of violence and the reduction of health services' availability that will impact the whole of society.</p>	<ul style="list-style-type: none"> <li>• Community members and users of the service</li> <li>• Authorities</li> <li>• Armed actors</li> <li>• Health care personnel, including support staff</li> </ul>
<p><b>Violence is not just attacks using heavy weapons.</b> Violence can happen in different ways, but it is always negatively disruptive, reducing the capacity of a health service to provide care. Even violent reactive behaviour such as anger or accusations may contribute to undermining trust and undervaluing health care. It also heavily impacts health care personnel's well-being.</p>	<ul style="list-style-type: none"> <li>• Health care personnel</li> <li>• Community members and users of the service</li> <li>• Partners or sponsors of the health service</li> </ul>
<p><b>Health care must be protected from attacks.</b> While carefully taking context into account, focus on the key message that in fragile and conflict-affected scenarios, health care should be especially protected because this is when it is needed most. Besides the fact that health care is protected by international humanitarian law, parties to a conflict (and weapons bearers in general) should avoid putting health care in danger. At the community level, everyone has a role to play in ensuring that health care is protected. Authorities and sponsors must ensure that adequate measures are in place to prevent acts of violence against health care and punish those who commit such acts.</p>	<ul style="list-style-type: none"> <li>• Armed actors</li> <li>• Community members and users of the service</li> <li>• Authorities</li> <li>• Health care personnel</li> <li>• Partners or sponsors of the health service</li> </ul>

<p><b>The presence of weapons in health facilities has negative consequences.</b></p> <p>Emphasise risks related to the presence of weapons, such as the killing of patients, the accidental discharge of weapons, attempts at theft in the health care setting, and threats against people. Advocate for no-weapons spaces in all health care facilities. If applicable, focus on the risks posed by weapons to groups such as children, the elderly, people living with disabilities or pregnant women, who might be particularly in danger (children might be curious about weapons, while the others might have reduced mobility to shelter in time if a weapon is used).</p>	<ul style="list-style-type: none"> <li>• Community members and users of the service</li> <li>• Armed actors</li> <li>• Authorities</li> <li>• Health care personnel</li> </ul>
<p><b>Access to health care is a right.</b></p> <p>Emphasise the locally relevant barriers to accessing health care, including curfews, checkpoints, and a general lack of safety that hamper people’s ability to go to health facilities. Discuss solutions with authorities and weapons bearers, including ways to obtain permission to go to health facilities in case of medical emergencies.</p>	<ul style="list-style-type: none"> <li>• Community members and users of the service</li> <li>• Armed actors</li> <li>• Authorities</li> <li>• Health care personnel</li> </ul>
<p><b>The community needs to trust and accept the health service and its personnel, just as much as the health personnel and service must cater to the community’s needs and rights.</b></p> <p>Subjects like the level of trust between health personnel and the community, or the community’s satisfaction with the services can also be discussed in the conversation, because they might also relate to internal tensions affecting the health service.</p>	<ul style="list-style-type: none"> <li>• Community members and users of the service</li> <li>• Authorities</li> <li>• Healthcare personnel</li> <li>• Partners or sponsors of the health service</li> </ul>

### Data and information on violence against health care

Insecurity Insight, the World Health Organization and the Safeguarding Health in Conflict Coalition provide open-source information on the nature and patterns of violence against health care. The Health Care in Danger Initiative of the Red Cross and Red Crescent Movement and many professional associations have also published material on this subject. Please note that different organisations refer differently to the problem, and you may find that different terms are used to refer to it, such as “attacks on health care”, “violence against health care” or “occupational violence in the health care sector”.



## Action

### Communication from the health team – who should deliver key messages?

- Various health workers can participate, but the health workers who are most trusted or most respected by the community and the users of the health service are the best messengers for leading the conversation.
- Managerial staff and health authorities are usually best placed to communicate concerns to peer authorities and funding bodies.
- Community health workers can amplify key messages and incorporate some of them in their daily activities and the networks they manage within communities.
- Education services, community leaders, academics, and humanitarians can be important partners to advocate on behalf of the health service and health workers.

### Engaging audiences to communicate key messages

Messages that call for the protection of health care can be communicated in many different ways. Targeted communication campaigns can create widespread awareness, while specific concerns can be included in dialogue with interlocutors. Not all pertinent messages need to be communicated in one single activity. It can be more effective to concentrate on one or two messages at a time that are designed to be clearly understood and accepted by a specific audience.

#### Communities

Communities can play an important role in protecting health care. A community refers to a group of people joined together by a common interest, characteristic or experience such as geographic location, ethnic composition, age, faith or health needs.

Communities are best engaged through participatory activities both in the identification and spreading of messages.

These could include:

- developing and sharing key messages using **posters or parts of structures (e.g. blank walls) on which messages can be written;**
- developing and carrying out **cultural activities** such as painting (e.g. decorating external walls with no-violence messages and visuals), music or theatre;
- developing and recording **communication content** (e.g. radio or social media spots, interviews to be shared online, or videos about the importance of respect for health services);
- **awareness-raising sessions** in waiting areas in the health care facility; and
- **round-table discussions** involving health personnel, the community, health care leaders, and any other stakeholders.

Communities need to be engaged through **honest conversations** about fears and risks. Communities may have concerns about health programmes, and these need to be understood.

**Communication around public health measures** such as vaccination campaigns or responses to disease outbreaks are best addressed through dialogue between communities and health care providers that promotes a positive and respectful environment in which health care can be effectively delivered.

Feedback mechanisms about health programmes in the form of “hotlines” or a book in which patients can express their gratitude or complaints can be ways to engage the community. This will ensure that fears, dissatisfaction, and questions are quickly addressed to reinforce the trusting relationship between health personnel and the community.

Social media channels can be used to disseminate negative messages or misinformation and disinformation about health care services and campaigns. Health services should therefore monitor social media, which can provide an understanding of the dominant themes affecting community members’ attitudes to services and programmes. Health services can also use appropriate social media strategies to disseminate relevant information about their work.

### Box 2: Social media and awareness of violence against health care

Misconceptions about the purpose and motives of health programmes are often spread on social media platforms. This can create negative sentiments towards public health initiatives that can even turn into hate speech and incitement to violence, putting health care programmes at risk.

Examples of such misconceptions on social media include the following:

- A belief circulated in Uganda that the public health measures taken against Ebola in the country in 2022 were motivated by the intention to displace people from their land in order to gain access to natural resources, which put outreach workers at risk. See: <https://bit.ly/UGAEbolaNov2022>
- A lack of knowledge about the medical ethics requirement to treat people according to their needs and not military affiliation triggered outbursts of hatred towards health care providers in Burkina Faso in 2023 when people heard on social media that health workers had assisted wounded members of the conflict party that they (the social media users) did not support, putting life-saving health care services at risk. See: <https://bit.ly/MSFBurkinaSMMMMar2023>
- Principles of neutrality prevented doctors in Sudan in 2023 and 2024 from naming the conflict party that had attacked multiple hospitals in statements that called for the protection of health care led to aggressive criticism online and accusations that health workers were fuelling the conflict through their perceived support for perpetrators of atrocities against civilians. See: <https://bit.ly/SDNMSFCriticisedSep2023>

The widespread use of social media is changing conflict awareness. Today, every person with a smart phone in a conflict zone has become a war observer – and possibly a war reporter. The horror of experiencing war is shared with millions who see and hear about real-life experiences from people they can relate to. Health services’ failure to engage with communities can contribute to misinformation and disinformation that increases suspicion of the intentions behind health care activities.

## Discussing traumatic experiences can be difficult and can trigger very strong or painful emotional reactions

Awareness-raising events may cause difficult emotions among conflict-affected communities. It is important to consider the need for follow-up action to provide additional psychosocial support if people react very emotionally during such events or the atmosphere becomes tense.

Prior to the activity or event, provide guidance to the leading team on how to identify signs of emotional distress and discuss what can be done if these signs are present. Ensure that the teams are aware of the relevant government or humanitarian mental health and psychosocial support (MHPSS) referral mechanisms that can be activated if people need immediate support.

## Managing authorities, funding bodies and partners

Managing authorities, funding bodies and partners are instrumental in creating the framework within which health care is provided. Managing authorities often create the legal and administrative rules, while funding bodies determine budgets and priorities. Partners can support training and capacity development in health services.

Authorities, funding bodies and partners are the best stakeholders to approach when the aim is to develop concrete risk management proposals and workplans. **Round-table discussions, briefing sessions or technical meetings** are useful ways of creating awareness and requesting support. In some instances, private and confidential dialogue with trusted partners can help to develop the right kind of support.

## Health workers

Health workers have a right to a dignified and safe working environment that allows them to focus on the provision of care. They also have the responsibility to uphold ethical principles and always to act with respect towards the community. Health workers also have a duty to support the health programme and facility managers in implementing security management activities by communicating concerns and respecting protocols.

Health programme managers can organise learning sessions for health care personnel about their rights and responsibilities, and the importance of ethical, non-discriminatory and respectful behaviour among people both working in and using the service. During health emergencies and conflict-affected settings, ethical conduct and acceptance by the community are part of any safety and security strategy.

Internal discussions can be held to discuss how frontline health workers perceive the problem of risk management, and this can be important to ensure internal support for the relevant strategies and programmes. Such discussions can also be organised for specific groups such as community outreach workers, female staff or staff members from specific ethnic groups who may experience unique vulnerabilities and may not feel able to express their concerns during a wider discussion.

Such discussions need to be conducted in a climate in which health workers feel that there will be no risk that voicing their fears and concerns will lead to negative repercussions.

### **Weapons bearers, state forces, non-state armed groups, and war/conflict parties**

State security forces may have the capacity to protect health care providers working in a particular country or region. In other situations, the actions of both state security forces and other weapons bearers and armed groups can put health care providers at risks.

The context will determine when and how communication may be addressed to state or non-state forces to ask that they respect health care. In some contexts, direct contact may be possible to discuss specific incidents or concerns. In other cases, health care providers can seek support from partners such as humanitarian organisations to advocate on their behalf. Health care providers can also seek advocacy support for their situation from the international community.

### **Monitoring changes and impact**

The monitoring of changes to the relationships between health care providers and the community or weapons bearers following communication efforts provides important lessons to inform further messaging. Communication to promote respect for health care should be a regular activity to maintain awareness and ensure new members in the various stakeholder groups are also sensitised to the issue. Continuous communication will improve trust and positive perceptions.

If a communication effort has not generated positive results, the message and dialogue strategy need to be reviewed and revised.

#### **Remember, community members are allies!**

Developing a positive and respectful relationship with the community using the health service is not only useful for security, but will ensure access to and the quality of health care. Community members are an essential part of any health service and should not be treated as a threat. If there is tension between the community and the health service, remember to evaluate whether and how the health service has been operating, because the triggers of the tension might be in the service, not in the community!



## **Challenges**

### **Selecting the right approach and appropriate messages**

Selecting the right and most effective messages is a difficult process that requires high levels of sensitivity towards concerns in violence-affected environments. In each context, careful consideration of different perspectives, concerns and fears among the various stakeholders need to be tested against each other. Feedback on whether the proposed messages are appropriate or will work can only be provided in an environment characterised by trust.

*Examples:* A video or song played in an area where patients wait for a consultation may be more appropriate to engage community members than graphs with statistics about the extent of violence against health care in the community, region or country. Carefully compiled data will be key in any conversation with a donor or an official from the country's ministry of health.

## **Ethical challenges of providing care in fragile contexts**

The provision of health care in emergencies or fragile violence-affected contexts can be very complex and poses many ethical dilemmas. Prioritising how limited medical resources will be utilised can be challenging when medical needs are increasing and violence is growing worse. Providing impartial care can be difficult when certain groups are seen to be “the enemy”. Medical ethics are very complex. Health personnel should be well trained and ready to explain their ethical duties to interlocutors (community members, armed actors, social media users, etc.). Ethical principles governing the provision of health care should be communicated and presented transparently to avoid tensions and violence that may arise if people misunderstanding these principles.

## **Addressing the causes of violence**

Violence against health care occurs in specific contexts. Communities and health workers often fear the perpetrators of violence, and identifying specific perpetrators often creates fear and tension. Communication needs to occur in an environment of trust, and the risk of retaliation caused by particular messages needs to be addressed.

In some instances, scarce resources and low quality of care may be a cause of violence, and if this is the case these issues need to be addressed by raising the concern with superiors or other health authorities who can contribute to efforts to correct this problem as soon as possible.

## **Further resources**

### **Additional guidance and information to generate awareness of the problem**

Annual reports on violence against healthcare – Safeguarding Health in Conflict Coalition website

Videos for campaigns and other advocacy material – [Health Care in Danger, ICRC website](#)

[WHO and ILO official guidance on occupational health for the health sector](#)

Developing acceptance of the health service – ECHO: <https://acceptanceresearch.wordpress.com/wp-content/uploads/2010/10/dg-echo-security-training-manual-module-5-image-and-acceptance.pdf>

The Acceptance Toolkit – USAID and Save the Children: <https://acceptanceresearch.wordpress.com/wp-content/uploads/2012/01/acceptance-toolkit-final-for-print-with-notes.pdf>

### **Examples of Good practices on generating awareness on the problem**

[Prevention and protection against attacks on healthcare: good practices](#) – WHO (Chapter 3)

[Ministers of Health Meeting on Protection of Health Care from Violence](#) – ICRC report

[Impact of COVID and Violence against Healthcare](#) – ICN, ICRC, IHF and WMA report (Chapter 4)

\* [Experiences of the International Red Cross/Red Crescent Movement](#)

## Take-aways

- Promoting respectful interactions between health workers, the community, service users and other stakeholders helps to ensure that everyone understands that in all circumstances violence is an undesired event.
- Violence is never acceptable, and it will always have negative consequences for the capacity of health care systems or facilities and the quality of the care that they provide.
- There are several ways of engaging in discussions and campaigns to keep the health service free from violence – so be creative and adjust the type of activity you use to the needs of your service!
- It is important to discuss their rights and responsibilities with health workers and the need to always respect medical ethics. In insecure and conflict-affected contexts, it is necessary to ensure medical neutrality – i.e. not to engage in any action that might be interpreted as being part of the hostilities or supporting one side against the other.
- Authorities, partners, and sponsors should be made aware of the problem of violence against health care and should support measures to address this issue.



**Insecurity  
Insight**

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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