

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

Contents

Assessing the risks of violence and increasing preparedness to better prevent and cope with it	3
Objectives of this chapter	3
Groundwork	3
Context analysis and risk assessment	3
Action	7
Increasing preparedness by designing and implementing measures to manage, reduce, or mitigate risks and their impact	7
Challenges	12
Identifying feasible, efficient and sustainable measures that protect staff and do not hinder or prevent access to health care	12
Take-aways	15

Other modules in the handbook

- [🔗 Module 1: Addressing violence against health care: introduction](#)
- [🔗 Module 2: Generating awareness and communicating to create violence-free environments](#)
- [🔗 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](#)

Assessing the risks of violence and increasing preparedness to better prevent and cope with it

Objectives of this chapter



Groundwork

Gather information about the context, carry out a risk assessment and identify the vulnerabilities of the health service.



Action

Implement measures to address the identified risks and reduce or mitigate them to enhance the health service's preparedness to cope with the issue of violence against health care.



Challenges

Implementing measures that are feasible, efficient, and sustainable and do not hinder or block the access to health care of people in need.



Groundwork

Context analysis and risk assessment

Context analysis and risk assessment create an understanding of the environment in which health care programmes are delivered. Context analysis identifies the underlying political, social and cultural factors that can influence how these programmes are perceived. This requires understanding who may be fighting whom, and where, why and how these dynamics may affect health care providers. Risk assessments consider the likelihood of health care infrastructure and workers being attacked, as well as the vulnerabilities of key parts of the health system and their capacity to protect staff and programmes during crises caused by violence.

Context analysis and risk assessments start by gathering information about the realities of the environment surrounding the health service and the health care that it offers.

Understanding the health service and its environment

How long has the health service operated in the area?

Which health care services are provided?

What are the health needs of the population?

What are the community dynamics (leaders, religious groups, ethnic groups, clans, etc.)?

What are the typical patterns of criminality and insecurity in the surrounding area?

Understanding patterns of violence against health care

If possible, try to understand the known violent events that have directly affected health care in the local environment and obtain detailed information about these events beyond simple statistics for how often they happen. Key questions include:

- What type of violence has occurred?
- What time of day and where did these incidents happen?
- Who were the main victims?
- Which components of the health service or its personnel were attacked or affected by the attacks?
- Who were the alleged (or known) perpetrators?
- What was the motivation for the attacks?
- Were these one-off incidents or part of a pattern?

Information about the triggers of violence and the relationships between the health workers, the community and other actors (e.g. weapons bearers or civil authorities) is equally important.

Ensure a sensitive approach when gathering information about the context.

Be aware that mentioning personal names or identifying victims and perpetrators in public might bring additional risks. Make sure that you determine whether certain information would be kept confidential, and what type of information can be shared with others for mobilisation or information purposes.

Understanding the consequences of violence against health care for the provision of health care

- How does the violence affect health services (personnel, facilities, transport, supplies, etc.)?
- Which services are interrupted or stopped?
- What are the consequences for patients?
- How quickly can the service be reopened and are there alternative health services that those in need can access?
- Which patients are most affected by the interruption of services?

A context analysis and risk assessment are needed even in contexts where there is no history of violence against health care.

It is important to make sure whether the absence of reports of violence means “lack of reporting” or “the absence of incidents”. If there is no previous history of violence, but the general context is one of fragility (war, violent or insecure neighbourhoods, ongoing social protests or public health emergencies), it is still useful to carry out an assessment of possible risks and design related measures to deal with them. This is particularly important in a deteriorating security context where circumstances may be changing rapidly. At the same time, **it is important that assessments do not cause fear and contribute to increased feelings of insecurity.**

Who should participate in the context analysis?

The best context analysis is carried out by using a participative process. Diverse perspectives from different staff members, health authorities and community members provide nuance and details. Proactive contributions help to identify wide-ranging concerns, therefore

- include different views on the same risks; and
- use as many different sources of information as possible.

Be aware that different people may experience the same situation differently. For example, a man might not be afraid to walk in the neighbourhood of the health facility, but a woman might feel uncomfortable or in danger. Similarly, a receptionist at the entrance to a health facility may feel more vulnerable than a doctor or laboratory technician working further away from the entrance. It is therefore important to listen to and incorporate all contributions to the risk assessment.

After gathering sufficient information about the context, the risk assessment should follow the steps described below.

How to decide whether a violent incident will affect health care

Annex 1 contains a long (although not exhaustive) list of possible events that might be considered to be violence against health care, and that may impact people (health personnel, patients or other community members), structures or assets (the health facility, medical transport vehicles, medical storage facilities), or access in general (intentional blockages/obstacles and actions that prevent health care from being delivered and those in need from accessing care).

To help decide what is relevant to the risk management strategy of a particular health service, consider whether the event will have a negative effect on the delivery of health care services, e.g. verbal abuse of the receptionist will make it difficult for them to work effectively and will hamper the ability of the facility to run smoothly. Therefore, this can be considered a violent event.

- 1. List violent events** that may occur near a health service, rate each one according to the **likelihood that it will occur** and estimate its **impact**. Do not consider only major disruptions such as the damaging or destruction of infrastructure and the closure of services. Consider also the impact of a particular violent incident on the availability of health personnel, the loss of the health service's access to a certain area or population, the loss of the ability of those in need to access health care, the loss of material and medical goods, the loss of personal items, and the psychological impact on people (personnel and patients).
- 2. Assess the vulnerabilities** of the health service, especially those that arise from the risks you have identified. There is a comprehensive list of possible vulnerabilities in Annex 1 of this handbook.

A vulnerability assessment helps to identify the areas that need particular attention in order to mitigate specific risks.

Examples of vulnerabilities:

- The health facility has no available means of communication; only staff members' personal mobile phones are available.
- The doors and windows of the health facility cannot be securely locked.
- A group of displaced people are living close to the health facility, and the local community does not welcome this new group.
- To reach the health facility, people in need of health care must go through a checkpoint controlled by armed actors that often charge money for passage.

Table 2 gives some examples of possible violent events and vulnerabilities that can be identified.

Table 2: Examples of possible violent events and vulnerabilities

Possible violent incidents	Probability of occurrence	Impact	What and who are vulnerable?
Looting of the drug storage facility	Very likely	Moderate (loss of materials that can be replaced) OR High (loss of materials that will result in the withdrawal of services)	Drug storage area; medication Patients who depend on the drugs
Armed assault on a patient	Moderately unlikely	Severe (loss of life; psychosocial harm) Reduced ability of health staff to care for patients	Patients; health care personnel; areas close to the entrance of the facility Long-term impact on mental health of the wider health work force
Sexual assault on a nurse	Unlikely in the health facility Moderately likely on way to and from work	Severe (physical and psychosocial harm; the health worker might leave the service)	Health care personnel (specify if a group is particularly affected, e.g. women)
Interpersonal violence (physical assault) because of lack of trust between health workers and community members	Very likely	Minor, if on staff (low-level physical harm; psychosocial harm) BUT Severe for community (reduced provision of a particular health service to the community)	All persons circulating and working in the facility; areas where closer interaction occurs between patients and health personnel (consultation rooms or wards) Patients requiring the service that was attacked

3. Arrange the gathered information (likelihood and impact) in a matrix, like this example:

Table 3: Risk assessment matrix

Impact	Negligible	Minor	Moderate	Severe	Critical
	<ul style="list-style-type: none"> No serious injuries Minimal loss or damage to assets No delays to programmes 	<ul style="list-style-type: none"> Minor injuries Some loss or damage to assets Some delays to programmes 	<ul style="list-style-type: none"> Non-life-threatening injuries High stress Loss of or damage to assets Some delays to programmes 	<ul style="list-style-type: none"> Serious injuries Major destruction of assets Severe disruption to programmes 	<ul style="list-style-type: none"> Death or severe injury Complete destruction or total loss of assets Loss of programmes and projects
Probability					
Very likely Daily	Low	Medium	High	Very high	Very high
Likely Once per year	Low	Medium	High	High	Very high
Moderately unlikely Every year	Very low	Low	Medium	High	High
Unlikely Every 2-3 years	Very low	Low	Low	Medium	Medium
Very unlikely Every 4+ years	Very low	Very low	Very low	Low	Low

By using the colour codes, it is possible to work out the degree of risk and identify what threats might be potentially more worrying for local health care personnel, patients, and health structures and facilities.

By using the risk assessment matrix and identifying threats and vulnerabilities, it is possible to determine what the priority areas are for improving security risk management, whether to focus on specific facilities or personnel, and whether to take steps to reduce or mitigate the likelihood of specific events or reduce their impact.



Increasing preparedness by designing and implementing measures to manage, reduce, or mitigate risks and their impact

Preparedness refers to the health service putting in place procedures to manage security risks and ensure better coping mechanisms and responses to any violent incidents **before they occur**.

After the context analysis, risk assessment and identification of the vulnerabilities of a health service, the measures to increase preparedness can be designed and implemented.

Who should lead the design and implementation of appropriate measures?

- Managers are well placed to have an overview of what is needed to manage the risks facing the health care service after the context analysis and risk assessment have been completed and preparedness measures have been designed and put in place, and so will be well placed to lead implementation, but the actual measures will most likely be implemented by specific team members.
- A group of representatives of the service may need to be involved in the process, and health authorities need to be duly informed about, assist with and, if needed, sponsor the security risk management actions, thus providing a supportive environment for their design and implementation.
- Partnerships with other stakeholders can provide technical guidance and financial support. Make sure that your needs are discussed with possible partners: the humanitarian community, civilian authorities, civil protection or firefighting services, funding bodies or, when needed and possible, security forces.

Security incidents affecting health care and police services

In most countries that are not at war or affected by conflict, the police force is the authority responsible for ensuring security. However, even in peaceful circumstances, community members might perceive the police or other state security agents as being hostile and threatening.

A health service's involvement with the police needs to be carefully managed to avoid perceptions that the health service is collaborating with state security agents – possibly against the community. It may even be an unfortunate reality that police may have strong links to a particular group, which may then limit the ability of others to access the service.

Other armed actors such as the military and members of non-state armed groups who might control or simply live in the area in which a health service operates need to be considered as part of a risk assessment.

Health services do not carry out security work, which means that no confidential medical information should ever be shared with security authorities without due process. Weapons bearer should not normally be allowed to enter a health facility.

Table 4, below, lists possible preparedness interventions designed to reduce risk. All measures should be adapted to any particular context and service. It is unlikely that all measures can be implemented at once. But a single measure has limited impact, so several measures should be implemented that (1) are most appropriate for a particular context, and (2) can be realistically implemented with the resources available to the health service. A priority plan will then be needed to build the health service's capacity to implement the measures for as long as they are needed.

Table 4: Interventions to increase preparedness and reduce risk

Categories	Possible measures	Possible supporting stakeholders
A health facility's physical structure	<ul style="list-style-type: none"> • Reinforce passive security (expand the perimeter of the facility, reinforce doors/ windows, create safe areas, identify and protect critical zones, etc.) • Include barriers or "labyrinths"¹ to control the circulation of people or vehicles and prevent the exposure of areas to open view, and consider using locally accepted material to do so (plant pots, murals painted by the community, etc.) • Reinforce the structure of key areas and assets in the facility (e.g. water and electricity supply systems) • Create safe areas to mitigate specific risks (biological contamination, groups with reduced mobility or special needs, etc.) 	<ul style="list-style-type: none"> • Firefighters • Civil protection teams • Humanitarian organisations in general • Humanitarian security organisations • Police or military, if community members do not perceive them as a threat
Management	<ul style="list-style-type: none"> • Implement mechanisms for reporting incidents of violence • Regularly repeat the risk assessments and adjust plans according to circumstances. Consider doing this at fixed intervals, but reviews should occur after incidents • Include security and awareness training for on-boarding (i.e. newly appointed) staff, and regular drills and training to practise and correct the application of contingency plans • Include security management actions in referral and medevac procedures • Add security as a standing item on the agenda of regular meetings (e.g. monthly for all staff, weekly for management) 	<ul style="list-style-type: none"> • Civil or health authorities • Humanitarian organisations in general • Humanitarian security organisations • Partners or sponsors of health services

¹ In this context, a labyrinth is a series of barriers that make it impossible to walk straight into a health facility. The way the barriers are arranged must allow people to access the facility, but should require them to take several turns back and forth when they do so. Barriers to manage vehicles work on the same principle of preventing easy and direct access.

Categories	Possible measures	Possible supporting stakeholders
Norms and protocols	<ul style="list-style-type: none"> • Implement a no-weapons policy in health care facilities, and put up clear signage to communicate it • Advocate for sanctions on crimes and violations against health care • Develop ethical protocols and support committees that follow up on misconduct • Develop and implement norms for using identification symbols for the health facility and medical vehicles, and to identify staff, so that they can be easily differentiated from other non-medical facilities, vehicles and people 	<ul style="list-style-type: none"> • Civil or health authorities • Community leaders • Academics with expertise in health care or human rights • Health care professional associations • Police, if community members do not perceive them as a threat • Humanitarian organisations in general • Partners or sponsors of health services
Coordination	<ul style="list-style-type: none"> • Define when and how health teams would coordinate with security forces, and establish clear responsibilities for both sides • Define when and how inter-facility coordination is expected to happen, and prioritise the adoption of safe procedures (safe routes, safe exchanges of information) • Design standard procedures for communicating with family members of patients or peer health care personnel to break bad news or provide reliable information in an emergency scenario • Inform relevant stakeholders about, support the development of, and promote operational protocols to prevent delays or discriminatory behaviour against people (patients or health personnel) at checkpoints and other barriers 	<ul style="list-style-type: none"> • Police, military, and other armed actors as needed and if possible • Civil or health authorities • Humanitarian organisations in general • Humanitarian security organisations • Partners or sponsors of health services
Engagement with community	<ul style="list-style-type: none"> • Implement mechanisms for making complaints and asking questions to reinforce local accountability 	<ul style="list-style-type: none"> • Civil or health authorities • Community leaders

Categories	Possible measures	Possible supporting stakeholders
	<ul style="list-style-type: none"> • Reinforce transparency in all communications about services, functioning hours and criteria for access to health facilities and programmes • Implement codes of conduct for staff and patients • Encourage training to improve the communication skills of staff members • Carry out regular surveillance of social media platforms to identify potential threats and negative perceptions associated with the health service and health workers 	<ul style="list-style-type: none"> • Humanitarian organisations in general • Partners or sponsors of health services
Care and support	<ul style="list-style-type: none"> • Ensure respectful working conditions for all staff • Implement policies and services to provide psychosocial support for staff • Implement mechanisms for addressing conduct violations and other tension points among staff and with patients • Develop referral procedures for providing specialised support to workers who are victims of violence for both their physical and mental health needs as required 	<ul style="list-style-type: none"> • Civil or health authorities • Community leaders • Health care professional associations • Humanitarian organisations in general • Partners or sponsors of health services
Contingency plans	<ul style="list-style-type: none"> • Develop and implement ways to continue providing services during and after emergencies, and criteria for when these measures should be implemented • Implement measures to prevent the total disruption of services if violent incidents occur (instal generators, obtain extra supplies of drugs and water, adapt routes used to access and exit the health facility, etc.) • Use locks to isolate critical areas, such as operating rooms and places where medications are stored • Develop and implement specific procedures (depending on risk!) to: 	<ul style="list-style-type: none"> • Civil or health authorities • Humanitarian organisations in general • Humanitarian security organisations • Civil protection teams • Partners or sponsors of health services • Police, military as needed and if possible

Categories	Possible measures	Possible supporting stakeholders
	<ul style="list-style-type: none"> • de-escalate tense situations • deal with violent threats or armed entries • deal with hostage-taking situations • mitigate the adverse consequences of a lack of access to basic resources (water, electricity, communication systems) 	
Safe access	<ul style="list-style-type: none"> • Map out access routes to health facilities and instal clear and distinctive signs on these routes • Obtain authorisations and put procedures in place to facilitate the movements of medical vehicles and people seeking health care • Develop risk management protocols to assess daily risks and impose “red zones” when needed • Disseminate rules for the safe behaviour of people moving into and out of the health service 	<ul style="list-style-type: none"> • Civil or health authorities • Community leaders • Humanitarian organisations in general • Humanitarian security organisations • Partners or sponsors of health services • Police, military or other armed actors as needed and if possible

Staff need to be properly trained and response measures need to be regularly practised.

Annex 2 contains examples of the entire process of managing risk, including how measures were selected based on a context analysis and risk assessment, and then implemented at particular times and according to the degree of urgency of each.

Challenges

Identifying feasible, efficient and sustainable measures that protect staff and do not hinder or prevent access to health care

The best way to decide which measures should be prioritised is to consider whether they are feasible (it must be realistically possible to implement them), and what their likely impact would be on staff, communities, and access to care. Questions that should be asked include the following:

Is this measure feasible, efficient and sustainable?

- How is this measure expected to reduce any of the risks previously identified and assessed?
- Is this measure adequate and is it adapted to local realities and security needs?

- Will this measure help the health service to better cope with a violent incident, should one occur?
- Does this measure require constant renewed financial investment? Are repair, adjustment or recovery costs within the health service's budget?
- Does this measure require a great deal of training and/or specialised personnel?

Does this measure ensure patient access to health care and respect the ethical principles of health care?

- Will this measure harm the relationship between health personnel and the community, or create negative perceptions of the health service and the health care team?
- Will the community feel scared, disrespected or mistreated if this measure is implemented?
- Will this measure make it easier or more difficult for communities and individuals to access the health service?
- Will health workers be asked to carry out activities or procedures that might negatively affect the quality of their work?
- Will this measure create any form of discriminatory practice within the health service?
- Will the measure create any risks that the confidentiality of medical data will be compromised?

Table 5: Solutions and related issues that should be taken into account/considered

Proposed solution	Consideration
Purchase and install security cameras	<ul style="list-style-type: none"> • Do the security cameras require a consistent supply of electricity? Can this be guaranteed? • Are personnel available to monitor the images on the security cameras and manage suspicious or dangerous behaviour? • Is there a risk that key stakeholders might misinterpret the purpose of the cameras? • Would patients feel threatened or violated by the cameras? • Is there a risk that the cameras may become the target of an attack?
Copy the contingency plan of a health care provider in another location	<ul style="list-style-type: none"> • Is the contingency plan aligned with the realities of violence in the local environment? - How do the risk and vulnerabilities assessments of the plan you are copying compare to those of your own health service? • Are the action points in the plan realistic for the local context? • Is the copied contingency plan proposing actions that might be problematic for your local context, such as calling the security forces to intervene during violent incidents?
Employing security guards	<ul style="list-style-type: none"> • Would the presence of security guards (armed or not) give the impression that the health facility is aligned with any groups of armed actors? • Would the checking of bags and/or searching people at the entrance of the facility be perceived as too invasive by the community?

Key points

- **Be creative**
- **Respect medical ethics**
- **Balance access and security**

Ideas

- Use colour-coded bracelets to identify health personnel and patients and distinguish them from other people circulating in the area.
- Use plants to create a natural perimeter wall without over-securing the health care facility.

Further resources

Additional guidance on developing a risk assessment and managing security

Security Risk Management Toolkit: Assessments – [GISF](#)

Toolkit: Evidence that Protects Health Care – [CPHHR](#), [IRC](#), [Insecurity Insight](#), [PHR](#), [SHCC](#)

Security and Safety Manual for Humanitarian Personnel – [ICRC \(Chapter 3\)](#)

Operational Security Management in Violent Environments – [Humanitarian Practice Network](#)

Guidance on using private security guards – [GISF Security to Go Module](#)

Additional guidance on developing measures for enhanced security preparedness

[Checklist for patient safety \(all levels of security\)](#) – [WHO Red Book](#) (see pages 72 and 73)

[WHO Guidelines on Occupational Safety during Emergencies](#) (see Chapter 8)

[Security Challenge: Mob Attacks](#), quick sheet on protecting a medical facility against a mob attack – [Insecurity Insight](#)

[Security Challenge, preparedness guidance for different scenarios](#) – [Insecurity Insight](#)

[Prevention of Entry of Weapons into Health Facilities: A Toolkit](#) – [Health Care in Danger](#), [ICRC](#)

[Vaccination in Emergency Settings](#) – [ICRC](#), [IFRC](#), and [WHO Joint Note](#)

[Enhancing passive security for health care facilities](#) – [Health Care in Danger](#), [ICRC](#)

[SAFE: Security and Safety Manual for Humanitarian Personnel](#) – [ICRC](#)

[Training Manual for Ambulance and Pre-Hospital Response in Risk Situations](#) – [Norwegian Red Cross](#)

[Safer COVID-19 Response: Checklist for Health-Care Services](#) – [ICRC](#) (this can serve as a model for responding to other emergencies)

[Security Risk Management: A Basic Guide for Smaller NGOs](#) – [GISF](#)

Trainings

Emergency Healthcare in Insecure Settings – Disaster Ready and Insecurity Insight (please register at www.disasterready.org to access the online course)

De-escalating Violence in Health-Care Settings – Health Care in Danger, ICRC

Stay Safe – International Federation of the Red Cross and Red Crescent Societies

Personal Safety and Security Certificate – Disaster Ready (free online training)

Examples of good practices in improving/increasing preparedness

Stopping Attacks on Health Care – WHO (Section 4.3)

Violence against Health Care: Current Practices to Prevent, Reduce or Mitigate Violence against Health Care – ICRC, ICN, IHF and WMA

Best Practices for Ambulance Services in Risk Situations – Norwegian Red Cross

Preventing Violence Against Health Workers – WHO (a collection of cases)

Take-aways:

- Risk assessments are essential for proper preparedness.
- Participatory risk assessments provide broader insights by including many stakeholders.
- Risk assessments need to be updated.
- Prioritising action should be based on good risk assessments.
- Measures can be implemented with the support of outside stakeholders such as local authorities, humanitarian organisations, partners or sponsors of the health programme.
- It is essential to balance reducing risks and simultaneously ensuring that people needing health care can access the health service.
- Transparent and clear communications support the implementation of appropriate risk management measures.
- Training is essential if risk management measures are to be properly implemented.
- Security risk management is not a separate activity, but should be part of planning and service provision.
- Good security risk management measures help to keep staff safe, but risks remain.



**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.

Insecurity Insight. Rue Fendt 1. 1201 Geneva. Switzerland
www.insecurityinsight.org
info@insecurityinsight.org

