

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 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](#)

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](#)

Annex 1:

Aide-memoire to support the risk assessment and context analysis

Violent incidents that could affect health care

Remember: incidents may impact people, structures, or vehicles, or may block or hinder access to and the delivery of care!

Interpersonal or reactive violence (no use of weapons)

- Verbal abuse
- Physical assault
- Coercing, intimidating or threatening health care personnel
- Sexual assaults against health personnel, patients, or people in a health facility or medical transport vehicle

General criminality

- Theft or robbery of personal items within a health facility
- Theft or robbery of medical goods, equipment and transport vehicles
- Looting of health facilities, medical storage facilities or medical transport vehicles
- Destruction of health facilities, medical storage facilities or medical transport vehicles (this includes arson)

Violence using weapons

- Shelling, bombing, or setting fire to a health facility or medical transport vehicle, even if there are no victims (deaths or injuries)
- Shooting at a person (health personnel or patients), health facility or medical transport vehicle, even if there are no victims
- Armed entry into a health facility, with hostile behaviour towards people
- Shooting at a medical transport vehicle while it is moving
- Killing medical personnel or patients
- Injuring health personnel or patients
- Coercing, intimidating or threatening health personnel

Blocking or hindering health care in some way

- Kidnapping health personnel or patients
- Intentionally blocking health personnel from reaching people in need of care

- Intentionally blocking patients from reaching a health care facility
- Misinformation or disinformation campaigns to prevent health services from being delivered
- Arresting health personnel for carrying out their duties in line with medical ethics
- Arresting or abducting health personnel to intentionally reduce or compromise the delivery of care
- Denying or deliberately failing to provide assistance to people in need of health care
- Discriminating against people in need of health care
- Forcibly interfering with the functioning of a health facility or medical transport vehicle (e.g. depriving them of electricity, water, fuel, etc.)

Elements that may play a role in a context analysis by increasing risks or exposing the health facility, a transport vehicle, the health team and patients to danger

Possible scenarios

- Ongoing hostilities causing overwhelming health needs or reducing the availability of care
- Proximity to front lines during hostilities
- Weapons freely circulating in the area (regardless of whether they are legally owned or not)
- Social protests or civil unrest
- The provision of health care services during a state of siege or in encircled, divided or occupied territories
- High levels of criminality in the area
- Areas frequented by military personnel or near military bases
- Restrictive cultural environment (e.g. affecting behaviour, personal relations, etc.)
- History of violence against health care in the area
- Presence of armed groups restricting normal access to health care or health goods
- Existence of legislation or security practices that restrict access of certain groups to health care
- Existence of legislation or security practices that criminalise care for certain groups
- Interference with health services or the dissemination of negative information about such services for political gain (e.g. vaccination programmes, Ebola interventions, etc.)
- Aggressive social media campaigns

Possible triggers of health care response/intervention

- Mass-casualty event (especially those involving violence, like a terrorist attack)
- Public health emergency
- Newly discovered pathogen or treatment

- Violent incident (e.g. domestic violence or the need to treat war-related wounds)
- Negative community response a new service that was previously not available and that people may not understand
- Closure of services in the surrounding area or closure of a particular service in the facility
- Lack of acknowledgement of the service by armed actors, community members or other influential stakeholders

Nature of the services provided

- Provision of emergency services (including by, but not restricted to, emergency departments)
- Mental health services
- Provision of sexual and reproductive health services
- Mobile health services (e.g. ambulances, vaccinations)
- Epidemic or pandemic response
- Provision of services to marginalised, discriminated against or specifically vulnerable populations (e.g. people living with disabilities, detainees, displaced people)

Structure of the facility

- Lack of or inadequate waiting areas for people accompanying patients
- Lack of the ability to control people circulating within the health facility
- Lack of control over people's entry to and exit from the health facility
- Lack of division between different areas in a health facility
- Lack of private space for health care personnel to rest
- Makeshift or temporary structures (less able to resist if attacked because usually made of plastic or other flimsy materials)
- The presence of dormitories or other spaces for longer-stay patients or people attending to/ accompanying patients, which may lead to various forms of co-living and tensions

Personnel

- Team working for long periods without rest or working under continuous stress
- Team predominantly composed of less experienced members
- Team predominantly composed of members with a high degree of resistance to change or with a "I want to be a hero" attitude
- International team, or team coming from a different part of the country
- Team members who do not speak the local language
- Team members with poorly developed communication skills for a particular context
- Team members with previous exposure to violence and/or who normalise the violent events

Annex 2: Examples of context analyses, risk assessments and contingency plans

Example 1

A drug storage facility was looted in the night, and the health service manager triggered appropriate responses when he arrived at the facility next morning.

Example of a possible context analysis

- This is a primary health care facility in a rural village with a catchment population of 15,000 people from the same ethnic group and religion.
- Gangs are present in the area and some criminal acts have occurred, while police are sometimes hostile towards the population, which they see as being “aligned” with the gangs.
- Team: two nurses, one doctor, two health care assistants. A doctor is the team lead, and a supervisor from the district office visits once a month.
- Incidents that occurred in the past year: two incidents of looting (including the one in the night that triggered the response to address this violence), three threats against health workers (two by gang members, one by the police), one incident of shooting in the area surrounding the facility (between gang members and the police).

Example of a possible risk assessment using the risk assessment matrix (see Table 3 on page 32)

Violent incident/ event	Likelihood	Impact	Vulnerable person or object (what/where/who?)
Threats against health workers	Likely	Moderate	Health personnel
Looting of medical drugs	Somewhat likely	Severe	Drug storage facility/area, availability of supplies
Assault on health workers	Unlikely	Severe	Health personnel
Intentional denial of care to a person in need (e.g. if the person is seen as a criminal)	Likely	Severe	Patients, people in need of care
Shootings in the surroundings of the health facility	Unlikely	Minor	Health facility structural integrity, people circulating in and out of the health facility
Hostile armed entry into the health facility	Somewhat likely	Moderate	People circulating in the health facility
Theft of personal items in the health facility	Unlikely	Minor	Personal objects of people circulating in the health facility

Other issues that might be identified that increase exposure to risks: doors are in bad condition, making it very easy to break in; police and gang members believe that the health service is passing information to the “other side”; health care assistants and one of the nurses have only just started working in the community; health care services are often unavailable for gang members because they are scared to come to the health facility.

Plans to increase the facility’s preparedness – and when they should be implemented:

- *Mitigate or prevent threats against health workers:* create radio spots to talk about the importance of respect for and trustful relations with health workers; discuss with the community the importance of medical confidentiality; ensure training in medical ethics for all health personnel (especially the new members) – **in the next months.**
- *Prevent looting of medical drugs:* reinforce security around the drug storage area with stronger doors or locks, and evaluate if it is possible to install an alarm system to sound an alert if someone breaks in – **URGENT.**
- *Prevent the intentional denial of care:* hold discussions with the security forces (police) to talk about the ethical duties of health workers and the need to provide care to all, without distinction; request support from the health authorities to define the protocols that should be followed if security forces are searching for a member of an armed group, in order to avoid creating negative perceptions for the health team – **as soon as possible.**
- *Assault on health workers:* define safe behaviour and how to take shelter (hide) if a hostile person is in the health facility; define coordination mechanisms to request external help to control the hostile person (ideally, by working with community members) – **URGENT.**
- *Hostile armed entry to the health facility:* paint and hang posters forbidding people from bringing weapons into the health facility, and ask the community to support the initiative and obey this rule; train health team members to adopt safe behaviour if there is an armed threat – **in the next months.**
- *Shootings in the health facility’s surroundings:* discuss with the team the need for safe behaviour and train them to carry out contingency actions, such as closing and blocking windows and doors – **if and when possible.**
- *Theft of personal items:* remind people circulating in the facility to keep their personal items safe, and carry out community-level activities to reinforce the need to respect the environment of the health care facility – **URGENT.**

Example 2

A health service is coping with an outbreak of infectious disease in a conflict-affected context. They assess the risks they face in this context and decide to integrate actions into their daily work to address tensions with the local community and other types of insecurity.

Example of a possible context analysis

- This is a primary health care facility in a rural village with a catchment population of 20,000 people; the facility works mostly through outreach activities.
- Team: two nurses, six community health workers. A doctor supervises the work and visits the clinic twice per week, but does not participate in the outreach activities.
- Outreach activities are planned and carried out with the support of community leaders. The team is identified with blue vests donated by the regional department of health.
- Currently there is an ongoing outbreak of a known infectious disease affecting mainly children who have missed or skipped vaccinations. The community understands the need to vaccinate, but they do not like to be pressured or feel that the health team is invading their daily lives.
- Incidents that occurred in the past year: one theft of the personal items of a community health worker during an outreach activity, two threats by community members who did not want to be home-visited, one situation of verbal aggression between the doctor and a community leader who disagreed on the prioritisation of actions to assist the community.

Example of a possible risk assessment using the risk assessment matrix (see Table 3 on page 32)

Violent incident/ event	Likelihood	Impact	Vulnerable person or object (what/where/who?)
Threats against health workers	Somewhat likely	Moderate	Health personnel
Assault on health workers	Very unlikely	Severe	Health personnel
Verbal aggression between community members and health personnel	Somewhat likely	Moderate	Reduced trust, less coordination for outreach activities
Theft of personal items during outreach activity	Somewhat likely	Minor	Personal objects of people circulating in the health facility

Other issues that can be identified that increase exposure to risks: the outbreak response has not been discussed with community leaders, but simply mandated from the regional office of the department of health; only four out of six team members have phones that can be used in an emergency (the other ones only work if there is sufficient airtime credit); the issue of the tension between the doctor and the community leader has never been addressed.

Plans to increase the facility's preparedness – and when they should be implemented:

- *Mitigate or prevent threats against health workers:* develop community forums where people can come and present their views about the health service and what it offers; discuss with the community the importance of containing an infectious disease outbreak and the means to do it – **URGENT**.
- *Assaults on health workers:* define safe behaviour and the coordination mechanisms to request external help in case the team is working away from the facility; help all health personnel to keep minimal airtime credit in their phones for emergency scenarios; define the team protocols and codes used to indicate that the environment is unsafe and that they should pack their equipment and leave – **URGENT**.
- *Verbal aggressions between community members and health personnel:* paint and hang posters encouraging respectful behaviour; train the team to adopt specific de-escalating behaviour in cases of aggressive interactions, but also make them self-aware of their own behaviour – **as soon as possible**.
- *Theft of personal items:* remind health personnel to keep their private belongings safe during outreach activities; carry out community-level activities to reinforce the need for community members to respect the safe delivery of all health care activities – **URGENT**.

Example 3

A community is experiencing mounting pressure from violence, the growing presence of armed actors, and increased fighting in the surroundings that threaten the health service working in the area.

Example of a possible context analysis

- This is a secondary-level facility in a small town with a catchment population of 50,000 people, and with 20 beds capacity. It typically receives cases of complicated births, household injuries, road accidents (the most important trauma cases), and people with severe complications due to chronic or infectious diseases.
- Team: two nurses, six assistant nurses, two doctors, one midwife. One of the doctors is also the director of the hospital.
- The town is being increasingly surrounded by armed actors fighting a regional conflict, and the small hospital is receiving almost daily trauma cases resulting from the fighting. This increases the health care needs and results in a lack of capacity to cope with surges in patient admissions. The hospital director is worried that the hospital might get caught in the fighting as the front line approaches.
- Incidents that occurred in the past year: one theft of a doctor's personal items, two threats from community members who wanted their family members to receive priority care, two reported cases in the past few weeks of patients who had died at home because it was unsafe to go out and seek care at the hospital because of shooting in the area.

Example of a possible risk assessment using the risk assessment matrix (see Table 3 on page 32)

Violent incident/ event	Likelihood	Impact	Vulnerable person or object (what/where/who?)
Assault of health workers	Somewhat likely	Severe	Health personnel
People unable to come to the hospital due to insecurity	Very unlikely	Severe	People in need of care and access to health care
Shootings in the hospital surroundings	Very likely	Moderate	Health facility structural integrity, people circulating in and out of the health facility
Hostile armed entry to the health facility	Somewhat likely	Moderate to severe	People circulating in the health facility
Theft of personal items during outreach activity	Somewhat likely	Minor	Personal possessions of people circulating in the health facility

Other issues that can be identified that increase exposure to risks: the entry and exit points of the hospital compound are not well controlled and the gate is open most of the time; there is currently no coordination mechanism between the ambulance service and the hospital (the ambulance just arrives whenever it picks up a patient, but there is no previous warning or communication between the services); local people know that the compound is a hospital, but there are no proper external markings or means of identification that can inform strangers entering the area that the building is a hospital; there are no identified safe areas within the small hospital building.

Plan to increase the facility’s preparedness – and when it should be implemented:

- *Assault on health workers:* define safe behaviour and the coordination mechanisms used to request external help in case the team is assaulted; make means of communication available to be used in emergencies; implement policies to safeguard and support survivors – **URGENT**.
- *People unable to come to the hospital due to insecurity:* develop and implement a coordination mechanism with the ambulance service so that ambulances can be on standby for cases in need of urgent transport; remind the ambulance service to also operate according to a risk management protocol designed to prevent further casualties and injuries; communicate externally (via radio or other public information channels) about the importance of allowing people in need of care to make their way safely to a hospital; as far as possible, establish channels for remote support for urgent cases (e.g. hotlines over which people can receive advice through the phone) – **URGENT**.
- *Shootings in the health facility’s surroundings:* discuss with the team the need for safe behaviour and train them to carry out contingency procedures such as closing and blocking windows and doors, moving patients to areas with less exposure to external walls, and ensuring that the hospital’s external perimeter is adequately identified with hospital signs; request the relevant authorities to issue public statements and directly

communicate with conflict parties to encourage them take due precautions when fighting in the vicinity of a health facility – **URGENT**.

- *Hostile armed entry to the health facility*: paint and hang posters forbidding people from bringing weapons into the health facility; train the team to adopt safe behaviour practices to deal with an armed threat; reduce the number of entry and exit points to the compound and the building and control these exit/entry points properly; define coordination mechanisms to request external support to deal with an immediate threat and/or violence – **URGENT**.
- *Theft of personal items*: remind health personnel to keep their private belongings safe during outreach activities, and carry out community-level activities to reinforce the need to respect the safe delivery of health care activities – **if and when possible**.



**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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