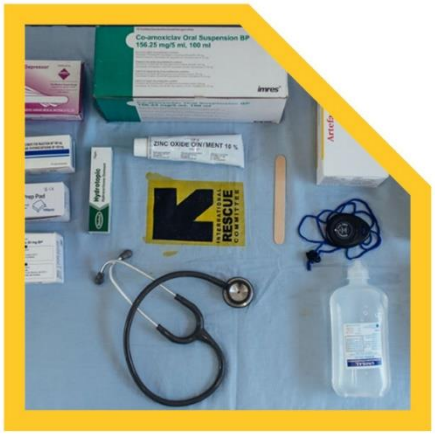
JOINT HEALTH STAFF SURVEY

Protection of Health Care In Northeast Nigeria



INTERNATIONAL RESCUE COMMITTEE

ACKNOWLEDGEMENTS

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The survey team also wants to thank the participants to the Joint Analysis Session, held on the 6th of October.

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- Borno, IRC Supported Health Facility, Nigeria, 2021, KC Nwakalor
- Borno, IRC Staff in Health Facility, Nigeria, 2021, KC Nwakalor
- Borno, Medical Supplies, Nigeria, 2021, KC Nwakalor

Survey undertaken in collaboration with

HEALTH SECTOR NIGERIA

protectionsector NIGERIA

GOGGOJI ZUMUNCHI Development Initiative GZDI Caring for all

SAFEGUARDING HEALTH IN CONFLICT

Insecurity Insight Data on People in Danger

FIRST STEP ACTION for children initiative

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IRC Borno, KC Nwakalor, 2021

KEY FINDINGS

- The survey shines a light on the high levels of insecurity health workers across the BAY states are exposed to. In September 2022, **477 frontline health workers** provided their perspectives on the main risks they face, the root causes of these concerns and priority interventions required to reduce the violence, and its impact on the population. (see section *Methodology*)
- Four out of 10 respondents have been exposed to an attack against health care since the start of 2021. The findings show the **repetitive nature of such violence:** 80% of those who experienced one incident, experienced at least one more. The majority of attacks were reported in Borno. However, the large number of attacks reported outside of Borno State confirm that health workers and communities continue to face severe risks all across the northeastern part of the country. (*Characteristics of the violence*)
- The most commonly reported incidents are direct **attacks on facilities** and the **kidnapping of health staff**. These attacks are directly linked to a lack of services in inaccessible areas, with armed groups forcefully taking staff and health resources to service non-state armed group members and communities in areas with limited health services. (*Kidnapping*)

"Health workers are targeted because they are perceived to be critical to the society and government, and attack on them is believed to cause severe damage on the society, governments and humanitarian entities efforts in health response."
(Nurse, Yobe)

- **Thirteen health staff were killed** in the 50 incidents reported. In addition to the direct impact on the lives of staff and patients, the impact of these incidents on the health system is far reaching: a **combined 2,356 working days, or 6.6 years, were missed** by health staff following the incidents reported. (*Effects on the health system and population*)
- The results also provide an indication of the **impact of such violence on the psychological wellbeing** of the population: almost 80% of the respondents who experienced an attack reported one or more symptoms of heightened distress. However, support is limited - Almost half of the respondents who witnessed an incident did not receive any type of formal support after this attack. (*Effects on the health system and population*)
- **After 46% of reported incidents, communities faced additional difficulties accessing needed health services.** Patients are afraid to visit the clinic or stay overnight and violence leads to even more shortages in staff and medicines. Respondents reported that **nutrition services** were impacted in one third of the incidents reported (*Effects on the health system and population*)
- **Recommendations** by experts show that this growing concern requires concerted efforts by all who care about the safety of staff, and right to health, in the northeast of the country. The required interventions range from the implementation of meaningful **humanitarian access strategies**, additional **funding to keep facilities safe**, to ensuring **accountability** for identified perpetrators. (*Recommendations*)

CONTEXT

Over a decade of conflict in the northeast Nigeria between armed groups and the Nigerian military has led to about 350,000 deaths. Nearly 2.2 million people have been internally displaced. The 2022 Humanitarian Needs Overview identified 8.7 million individuals in the three states of Borno, Adamawa and Yobe (collectively, the "BAY" states) to be in need of humanitarian assistance. Three million children and pregnant/lactating women are estimated to need nutrition services.[1] Since the summer of 2019, humanitarian partners have faced increasing access restrictions to these areas. An estimated 733,000 people in need live in areas inaccessible to international humanitarian actors.[2]

The health system in the BAY states is in crisis as a result of the impact of the conflict, due to dilapidated infrastructure, lack of qualified staff, gaps in the supply of medicines and medical supplies, under-funding, and insecurity.[3] Violence against healthcare workers contributes to this widespread failure of the health care system to meet even the basic health needs of the population. The Safeguarding Health in Conflict Coalition documented as many as 16 incidents of violence, or threats of violence, directly targeting health care in the first 9 months of 2022.[4]

Health workers in the BAY states face extreme risks at work: since early 2021, at least 9 health care workers have been kidnapped.[5] Reporting of such incidents in the country takes place via the **WHO coordinated Surveillance System for Attacks (SSA)** and is complemented by the work of the **Safeguarding Health in Conflict Coalition**.

Such event reporting, however, is not designed to capture healthcare worker perspectives on this violence, its root causes, impact, and viable solutions. In general, the available literature provides only limited insights on the scope, scale, and impact of violence against health care in the northeast of the country. This survey complements the existing analysis with insights from frontline health care workers in the BAY states, to support response and advocacy activities.

[1] Humanitarian Needs Overview, February 2022, https://reliefweb.int/report/nigeria/nigeria-humanitarian-needs-overview-2022-february-2022
[2] Humanitarian Needs Overview, February 2022, https://reliefweb.int/report/nigeria/nigeria-humanitarian-needs-overview-2022-february-2022
[3] Humanitarian Needs Overview, February 2022, https://reliefweb.int/report/nigeria/nigeria-humanitarian-needs-overview-2022-february-2022
[4] https://map.insecurityinsight.org/health
[5] Insecurity Insight, Attacks on Health Care 2016-2022 https://data.humdata.org/dataset/ee89c911-33e4-42e9-b3e2-f538cd3e21d5/resource/f1c230af-46b6-45e6-8a4c-fcfa20e13a75/download/2016-2022-nigeria-attacks-on-health-care-incident-data.xlsx

METHODOLOGY and OBJECTIVES

The objective of the study is twofold: to identify incidents of violence against health care as experienced by health care staff since the start of 2021 and health worker perspectives on causes, impact and what works in terms of prevention and response.

Between 8 September and 2 October 2022, 477 health workers[6] across all BAY states provided their perspectives on the following main research questions:

- Can health care workers **SAFELY DO THEIR WORK**, and if not why?
- What are the most **COMMON INCIDENTS** of violence against health care workers **since start 2021** and what are the characteristics of these incidents?
- What has been the **IMPACT** of these incidents on staff wellbeing and work, on the health system/sector, on access to health care and nutrition for the wider community?
- What are the **PRIORITIES** in preventing such incidents and reducing their impact?

These insights were collected using a self-administered online form[7]. Efforts were made to include health workers in areas with limited connectivity, including through outreach by phone.

The report follows the WHO's definition of an attack on health care: '*any act of verbal or physical violence, threat of violence or other psychological violence, or obstruction that interferes with the availability, access and delivery of curative and/or preventive health services*.' Of the 116 incidents reported, 66 were excluded from the final analysis due to insufficient geographic detail, a lack of coherent description of events, or they concerned general violence in an area instead of an attack targeting health care (unless health staff was reportedly injured or killed).

The Protection Analytical Framework, tailored to include threats affecting health care, formed the basis for the analysis[8]. The questions were processed and summarized using "Dedoose" software. Initial results were interpreted by 27 protection, security, and health experts during a joint analysis session on the 6th of October 2022.

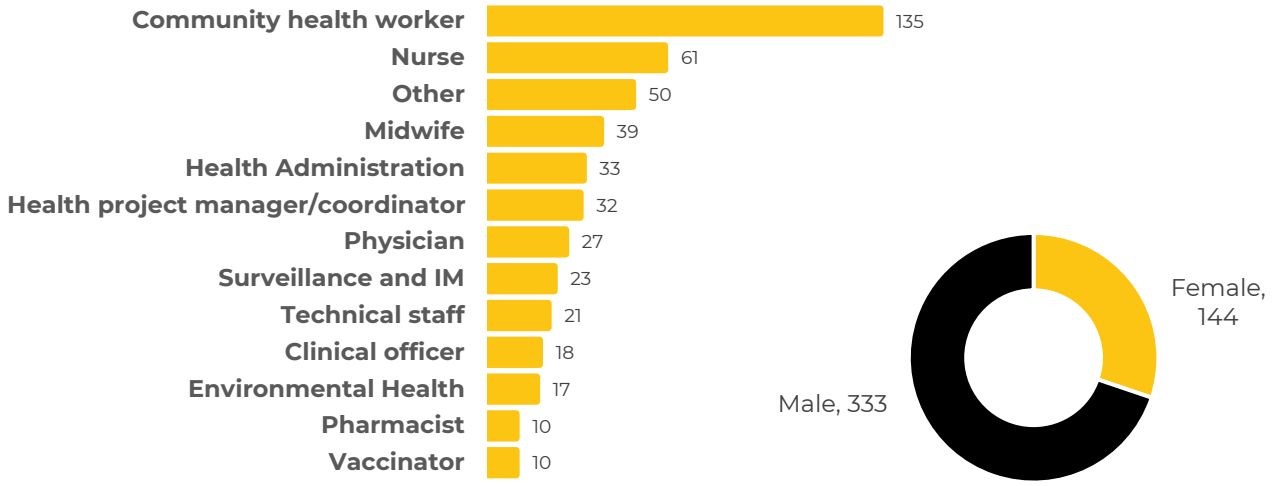
[6] Of the 838 respondents who opened the survey, 477 were eligible and their responses were included within the analysis.

[7] This method was chosen considering two factors: research feasibility and response bias. Lessons learned from surveys with health workers in different countries have shown that it can be difficult to plan data collection with this group of respondents, due to their high and volatile workload. A short, self-administered survey allows health staff to provide the responses at their own convenience. In addition, the survey contains several variables that staff might be hesitant to report on, for instance their perspectives on priority interventions, highlighting possible gaps in their employers' practices, as well as security incidents. Existing literature has shown that anonymous, self-administered surveys have the potential to collect more comprehensive information on sensitive topics compared to surveys administers by an enumerator team.

[8] https://www.globalprotectioncluster.org/wp-content/uploads/PAF_An-Introduction.pdf

Graph 1: ***Respondent Characteristics***

477 Respondents



Limitations

The results presented within this report should be used considering the following limitations:

- In the absence of a comprehensive list of all health workers in Nigeria, the study relied on a **convenience sample**. As such, the findings cannot be taken as representative for the health force within the three states. In addition, it is likely that those who have experienced violence are more likely to take the time to participate in the survey, as compared to those who have not been exposed to general unsafety or insecurity.
- **Health staff in remote, hard to reach areas**, are likely underrepresented within the survey, due to the limited connectivity within these areas. However, the survey team made concerted efforts to include health workers across the BAY states within the survey, including through selected phone-based interviews.
- **Only one out of three respondents are female**. (see graph 1) As such, the results underreport situations that female health workers are more likely to be exposed to, including gender-based violence.
- It is likely that incidents considered **sensitive**, for instance those related to gender-based violence, or where the health worker considers themselves partly at fault, are underreported. To reduce this bias, and promote more comprehensive reporting, the self-administrated survey was kept anonymous.
- The majority of surveys (309) were filled in by staff working in Yobe. As such, this **geographic distribution** is likely to have biased the overall results towards the situation in that particular state. Where relevant, state specific differences are reported throughout the text.

MAIN THREATS TO SAFETY PATIENTS AND STAFF

Perceptions on safety and risk

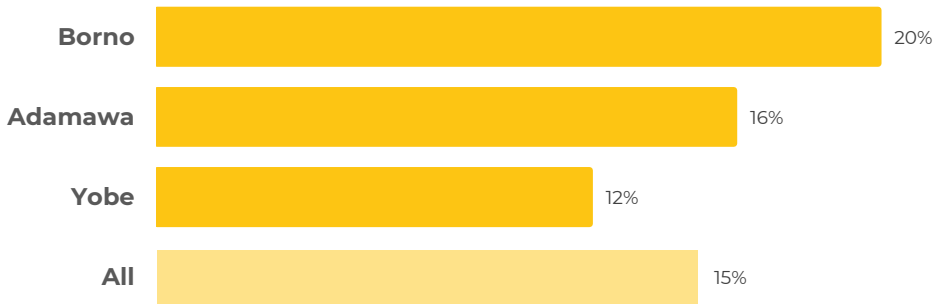
The overall insecurity situation in the BAY states regularly exposes civilians, including health staff, to security incidents and risks. **One out of 6 health workers surveyed did not feel safe** traveling to work, at the health facility or when providing health services within the community in the month before data collection. This ranges from 12% of health workers in Yobe feeling unsafe to 20% of health workers in Borno state.[9]

Considering the widespread insecurity incidents reported as part of the survey, this proportion, while of concern, appears relatively low: health workers might be normalizing the violence to which they are regularly exposed.

In all three states, **kidnapping** was highlighted by respondents as the main risk to their safety. **Attacks by armed groups** on health infrastructure and **fighting on the way to or from the facility** were identified as the main additional risks. Respondents also highlighted the **shortage of personal protective equipment (PPE)** as an important risk, exposing health workers to the risk of COVID and other communicable diseases.

An important part of the security concerns reported by health workers is related to direct attacks on health care, health workers or patients. **Thirty-seven percent of all respondents have witnessed one or more such incident since the start of 2021,** including as many as 55% of respondents in Borno.

Graph 2: ***% of respondents NOT FEELING SAFE at work or travelling from and to work***



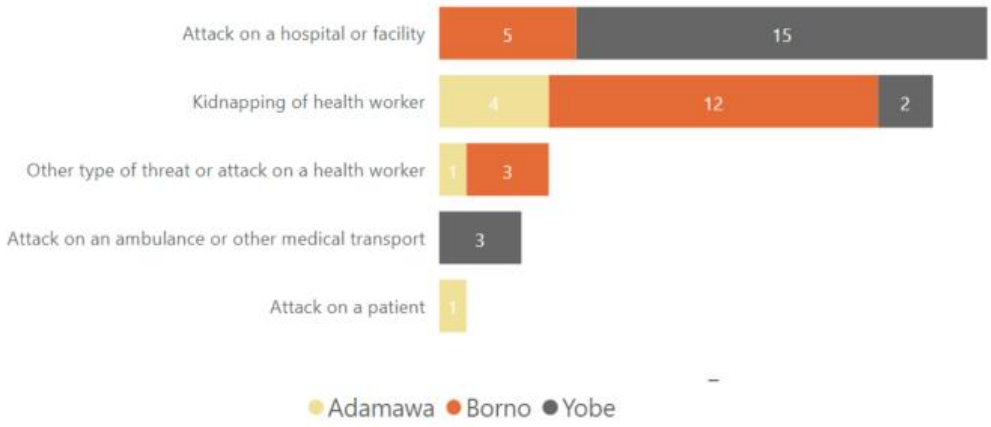
[9] There were no significant differences recorded between female and male staff regarding their perceptions of safety.

Characteristics of the violence

The findings show the repetitive nature of the violence: 80% of those who experienced one incident, experienced at least one more. Seven percent witnessed more than 10 incidents since early 2021.

Respondents provided specific detail on 50 specific incidents since the start of 2021. Among those, the most common type of incidents were direct attacks on a hospital or facility and kidnapping of health workers.

Graph 3: ***Type of incidents by state since 2021, as reported by respondents***



Attacks on hospitals and facilities

Sixty-seven respondents, or 14% of those interviewed, witnessed a direct attack on health facilities since the start of 2021. Twenty of the 50 incidents detailed by respondents concerned such an attack.

¨They brought their group member and forced health workers to attend [to] their patient and leave other patients. ¨ (Yobe 2022)

¨They attacked the clinic, but we escaped, they have carried away all the equipment in the clinic.¨ (Borno 2022)

One of the main reasons for these attacks, according to respondents, is to cut off essential services. According to respondents, health facility and staff are also at risk as they are seen as representing the Government of Nigeria. Taking medical equipment and medicines is sometimes an objective in itself, or the, often valuable, items are sold.

¨When they need medical supplies, they attack the facility.¨ (Borno 2022)

¨Because of the services rendered to the community. So that the community does not get services.¨ (Yobe 2022)

Kidnapping

The main reason health staff does not feel safe on the way or at work is due to the risk of kidnapping. Fifty-nine out of the 477 respondents (12%) have witnessed or directly experienced a kidnapping incident. Most recorded kidnapping took place in Borno, a reflection of the particularly severe security situation within the state.

"The gated premises of an INGO was infiltrated by AOGs at night. They abducted a staff and the two security guards on duty."(Borno 2022)

While kidnapping is a risk for all civilians in the BAY states, health staff is particularly targeted. According to respondents, one of the main reasons for these attacks is to provide health care to members of the armed group. In addition, health workers are perceived as specifically wealthy and as such a target for ransom payments. The longer-term impact on the communities is also an objective in itself according to respondents, with the kidnapping and targeting of health workers seen as a key reason

"The arm opposition group need skilled health workers to provide medical care for them and people under their care."

Reaching health services

Insecurity and direct attacks directly impact the ability of patients to reach the required services. Eighteen percent of respondents, or 83 out of the 477, report at least one instance during which health workers were unable to reach patients or patients were unable to reach health services due to armed group presence or violence limiting access. Communities interviewed as part of IRC Protection Monitoring reported being unable to pass military-run checkpoints on the way to health facilities, especially when trying to reach services after the official curfew time.

This violence also directly targets medical transport, making it more difficult to ensure patients reach the required services.

"Unknown gunmen attacked an ambulance and injured a health worker." (Yobe 202)

EFFECTS ON THE HEALTH SYSTEM AND POPULATION

Impact on Health Staff

In one out of 3 incidents reported, health staff were injured or killed. According to the respondents, **13 health staff were killed in the 50 incidents reported** since the start of 2021, including 3 women. In comparison, during the same period, 19 health

workers were killed in Syria and 20 in Ukraine.[10] At least 23 health workers (5 women) suffered injuries during an attack.

The findings indicate that health workers who have witnessed or experienced violent incidents are experiencing signs of **heightened distress**. Seventy-nine percent of the 172 respondents who experienced an attack reported one or more such symptoms.

After a violent incident

50% of respondents felt little interest or pleasure in doing things

32% felt down or hopeless

30% felt tired or had little energy

The results indicate that there remains a major gap in support for those who have experienced such incidents. 80 out of the 177(45%) respondents who witnessed an incident since 2021 **DID NOT** receive any formal support.[11] Eleven respondents reported the death of a co-worker or patient during one of the attacks, a highly traumatizing experience. Only half of these received any type of formal psychosocial support services, such as individual or group counseling or a debrief session.

Impact on the Health System

Sixty-four of the 177 health workers (36%) who witnessed an incident had to take time off work after the experience. As such, a **combined 2,356 working days, or 6.6 years, were missed by health staff following the incidents reported as part of this survey.**

Due to the direct impact on health facilities, and relocation of health staff, health facilities in 9 areas were forced to suspend services after the incident. Two of these health facilities, in Gujba, Yobe and Monguno, Borno were closed for more than a month.

[10] Insecurity Insight https://map.insecurityinsight.org/health

[11] Formal support within the context of this survey refers to medical services and/or psychosocial support services (e.g., individual or group counseling, debriefing services, etc.)

Impact on Population Access

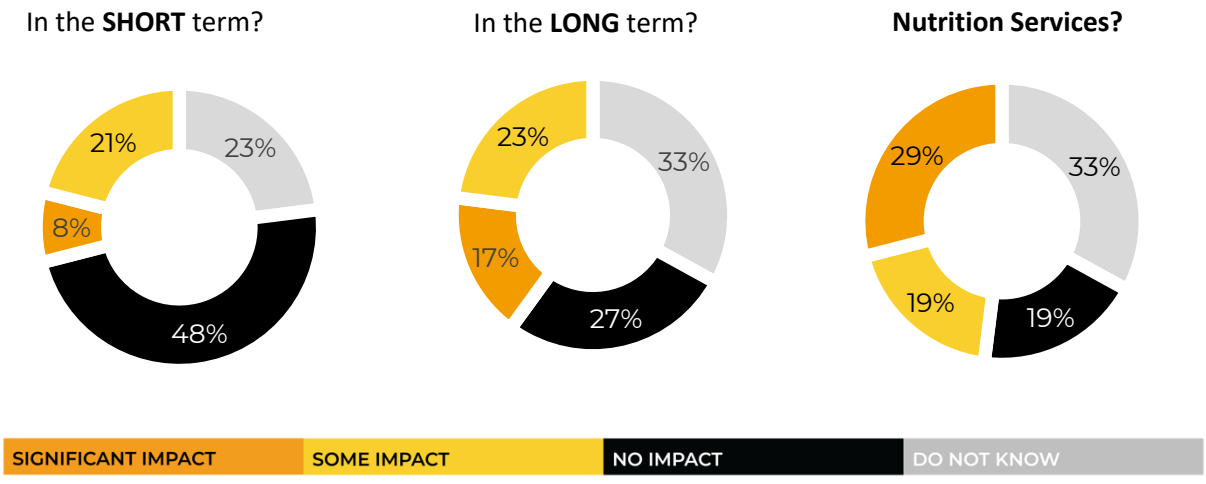
The resulting suspension of health services, absence of staff and missing medical supplies have a direct effect on communities´ access to health care. According to the respondents, **after 46% of reported incidents, communities faced additional difficulties accessing the health services needed**. The main immediate impact reported by respondents include the unwillingness of the population to visit health services, or stay overnight, out of fear of additional attacks. Illustratively, in one-third of the LGAs visited by IRC protection monitoring teams in Nigeria's northeastern states in 2021 household members reported that they did not feel safe at the local hospital.

Respondents indicated that after one third of the incidents, the impact on access to health care continues to be seen even after 3 months (see graph 4). This partly reflects the limited capacity of the health system to recover from any attack.

In 9 cases, the **health facility had to close or significantly reduce services**, forcing communities to delay seeking support or find alternative solutions. During IRC Protection Monitoring in the affected areas, communities highlighted the lack of updated information as a main barrier to accessing health care: if a hospital closes, people do not know where else they can go to seek services.

The longer-term impact on health services is clearly illustrated when looking at the available clinical data. For example, during the period of continuous infiltrations by members of the armed opposition groups into Monguno Town, Borno, in July and August 2022, the total number of outpatient consultations in IRC facilities dropped from over 3,000 patients in June to just above 300 in July and August combined. As such, a large number of patients were forced to forego treatment, or travel longer, through insecure areas, to reach alternative health facilities.[12]

Graph 4: ***Did this incident effect the ability of the population to access health care….?***



[12] IRC Internal ODP Clinical Data, 2022

The impact on health services extends to nutrition services provide as part of the health system: respondents reported that **nutrition services** were impacted in one third of the incidents reported (17 out of 50 incidents). Respondents highlighted the suspension of RUTF distribution, patients inability to reach facilities and general fear to seek services as the main reasons for the reduced access to these services. This is particularly worrying in light of the deteriorating nutrition crisis, with 1.5M children under the age of 5 expected to suffer from acute malnutrition this year.[13]

BARRIERS TO ACCESSING HEALTH CARE

The health system in the BAY states faces a variety of challenges. The surveyed health workers highlighted in particular: insufficient health staff, the shortage of medicine and insufficient equipment as the main obstacles to providing quality health services. This reflects the communities perspectives on the main barriers to accessing health care: communities interviewed in 2022 highlight the shortage of medicine and staff as the main reasons for not being able to access lifesaving care.

"Insufficient drugs in the health facilities has hampered access. Some community members after visiting the health facility twice or three times without getting drugs, they decide not to go to the health facility the next time they are sick. (IRC Protection Monitoring)"

While the direct causes of these shortages are manifold, the survey has demonstrated that violence against health care has further depleted the health resources available to communities in the past and will continue to do so in the future if no adequate measures are taken.

[13] IPC, Acute Food Insecurity and Acute Malnutrition Analysis June 2022, https://reliefweb.int/report/nigeria/nigeria-ipc-acute-food-insecurity-and-acute-malnutrition-analysis-january-december-2022-published-june-23-2022

RECOMMENDATIONS FOR RESPONSE

The survey respondents, and health and protection experts consulted during the joint analysis session prioritized the following interventions to reduce the violence, and its impact on the population in the BAY states:

To the Ministry of Health, NGOs and other actors providing health services:

- Ensure sufficient resources are in place to adopt **basic security measures for all facilities**, including security staff and regularly maintained perimeter wall or fence and other security measures as outlined within the ICRC **Security Survey for Health Facilities tool**.
- Systematize health **staff security training**. Implement such training jointly with other health and security actors, to expand the reach and reduced resources required. Ensure frontline staff of **implementing partners** are included within these initiatives.
- Provide **safe transport** for health workers, and accommodation where possible, to avoid risks faced on the way to and from work.
- Strengthen **duty of care** towards health staff, including that of implementing organizations, by providing post-incident psychological support services to staff and their families.
- Promote local ownership of health structures, including training of community volunteers, community level early warning mechanisms and through other **community structures**. Provide funding opportunities to enable interested youth to start working in the medical field.
- Ensure **adequate monitoring and reporting of attacks** on healthcare to strengthen accountability efforts. Report any incident to the MoH Federal Government's Community Health Management Information System (CHMIS) and other relevant data collection mechanisms to support analysis of characteristics and joint response/advocacy efforts.

"Health care providers should work with and through local communities, not only by informing them but also involving them as an element of health care delivery .... to foster the community's ownership of health service delivery; "

To donors

- Support health activities within the forthcoming **Humanitarian Response Plan**, ensuring that sufficient funding is available to meet identified health needs. Currently the plan, is just 49% funded.
- Fund **mental health and psychosocial services** (MHPSS) for Health Care Workers who have been exposed to security incidents, in the form of stand-alone health service provision for health care providers in addition to community level MHPSS modules.
- Prioritize measures to ensure health services can be provided, and accessed**, safely**. This includes allocating sufficient resources to security management, risk analysis and protective measures.

To the Government of Nigeria

- Prioritize **health care spending**, with specific considerations to reduce violence against health care.
- Jointly develop and support the implementation of meaningful **humanitarian access strategies**, promoting a principled approach to humanitarian assistance programming.
- To avoid impunity, ensure perpetrators of violence are held **accountable** for their actions. Any accountability mechanism implemented as part of the transitional justice process is to include violence against health care within its scope.
- Protection of health care should be systematically integrated within the **portfolio of the ministry of health**.

This remote, rapid survey provides an initial indication of the scope of the problem. Follow up research is recommended to monitor and strengthen the understanding of violence against health care in Nigeria. Priority **information gaps** to be addressed include the immediate and longer-term impact of this violence on health workers and the community, including morbidity and mortality patterns, as well as best practices on what works to protect the workforce and patients.

ANNEX A – Questionnaire

INFORMED CONSENT

The **objective** of this survey is to understand the risks that public and private frontline health care workers in Adamawa, Borno and Yobe are exposed to, and ways to mitigate these risks, to support response and advocacy activities. This study is led by (name participating org)

The survey takes around **15 minutes** to complete. You can use your mobile phone, computer or tablet to complete the survey. The results of this survey will be processed by IRC.

Only anonymized information will be shared with other organizations. Any information shared will not be specific to you or any of the incidents described. The results of this survey will be processed by IRC.

Participation is voluntary and you can **end the survey at any time**. The survey includes several questions that might cause discomfort. You do not have to share any information you do not feel comfortable sharing. You can end the survey, or skip the question, if you experience any type of stress or discomfort during the survey. Refusal to participate in this survey, or ending the survey before completing it, will not have any impact on your work or benefits. By agreeing to participate in this survey you do not give up any legal rights. All information collected will be anonymized before use. There are no foreseeable risks to participating in this study.

The survey is anonymous, which means that we will **not collect personally identifiable information**. However, at the end of the survey, you can voluntarily leave your contact details if you would like to directly receive the results of this survey and/or would like to participate in future surveys. If you decide to provide this information, we will not use this information for any purpose other than described. Your personal details will be stored separately from the response you have provided.

In case of questions about this survey, do not hesitate to reach out to ().

You will not be directly compensated for your participation in this survey. However, your participation in this survey is essential to strength health services in Nigeria. **Thank you for your time**.

Would you like to continue with the survey?

What is your gender?	Male Female Other
How old are you?	
Where do you mostly work	
Which category best describes your present professional group	Physician Nurse Midwife Community health worker Pharmacist Ambulance worker Health project manager or coordinator Clinical officer Technical staff (laboratory/sterilization) Other, please specify:
In the past 4 weeks, did you face any challenges in undertaking your day-to-day job?	Yes No Do not know Do not want to respond
◀ If 'yes', what are the top 3 challenges	PATIENTS unable to reach health services due to INSECURITY PATIENTS unable to reach health services due to lack of roads, transport etc. HEALTH STAFF unable to reach health services or patients due to insecurity HEALTH STAFF unable to reach health services or patients due to lack of roads, transport etc. ATTACKS or threats against the health facility and/or its staff, including looting of the health facility Low MEDICINE stock or limited drug supply Not enough NURSES, specialists, or trained doctors Not enough EQUIPMENT, or it is damaged Not enough available HEALTH FACILITIES Infrastructure is of low quality Other
Right now, how safe do you feel doing your work?	Very safe Quite safe Not safe, not unsafe Not so safe Not safe at all
◀ if '*not so safe*' or '*not safe at all*' what are the main reasons you do not feel safe?	Free text
◀ if '*not so safe*' or '*not safe at all*' what would be the main actions that could make you feel safer?	Free text

Right now, how safe did you feel travelling to work?	Very safe Quite safe Not safe, not unsafe Not so safe Not safe at all
◀ if '*not so safe*' or '*not safe at all*' what are the main reasons you do not feel safe?	Free text
◀ if '*not so safe*' or '*not safe at all*' what would be the main actions that could make you feel safer?	Free text
Since the start of 2021 have you witnessed or directly experienced one or more of the following incidents targeting health care, health staff or patients? Select all that apply.	Attack on a hospital or facility Kidnapping of health worker Other type of threat or attack on a health worker Attack on an ambulance or other medical transport Attack on a patient Health worker unable to reach patients due to armed group and/or violence limiting access. Patients unable to reach services due to armed group and/or violence limiting access Other No
How many of these incidents have you seen or directly experienced in total since the start of 2021?	
INCIDENT REPORTING	
◀ If '*yes*'. For each of these attacks, would you be willing to provide further detail? This information will only be used to help prevent attacks in the future. The information will be treated with complete confidentiality. If you feel that including a particular detail jeopardizes your security, or that of anyone else, please leave it out.	
◀ *For each specific incident*	
What as the date of the incident?	Date/Time
State/LGA where incident occured	
Describe what happened: who did what to whom and when	Free text
Where any people injured or killed because of the incident? How many people were killed?	Integer
How many of these were health workers?	Integer
How many were female health workers?	Integer
How many people suffered physical injuries?	Integer
How many of these were health workers?	Integer
How many were female health workers?	Integer

◀ if '*Attack on health facility*' Was the health facility able to continue to provide services after the attack?	
◀ if '*No, the health facility suspended services*' For how long was the facility closed?	Free text
Did this incident effect the ability of the population to access health care in the week after the incident*?*	No impact Some impact - reduced ability for population to access services Significant impact - population mostly unable to access services Do not know
Did this incident effect the ability of the population to access health care in the longer term (after 3 months after the incident)?	No impact Some impact - reduced ability for population to access services Significant impact - population mostly unable to access services Do not know
Were nutrition services impacted?	No impact Some impact - reduced ability for population to access services Significant impact - population mostly unable to access services Do not know
Have any of these attacks had a direct effect on you?	Yes No Do not know Do not want to respond
◀ If '*yes*', what type of effect?	Injury Death of a co-worker or patient Injury of a friend, family member Death of a friend, family member The place I work was damaged
◀ **If 'yes', have you received**	Medical services Psychosocial support services (e.g., individual or group counseling, debriefing services, etc.) Other (**please** specify) No services
Did you have to take time off from work after being attacked?	Yes No Do not want to respond
◀ If '*yes*', for how long?	Free text

It is normal for people who have witnessed and/or personally experienced stressful situations to experience distress. Signs (or symptoms) of distress can be temporary, occur in cycles or even persist for long periods of time. Please review the list below and select all that apply to you since the incidents	Little interest or pleasure in doing things? Feeling down, depressed or hopeless? Trouble falling or staying asleep or sleeping too much? Feeling tired or having little energy? Poor appetite or overeating? Feeling bad about yourself – or that you are a failure or have let yourself or your family down? Trouble concentrating on things, such as reading the newspaper or watching television? Moving or speaking so slowly that other people could have noticed? Or so fidgety or restless that you have been moving a lot more than usual?
◀ If '*yes*' **The causes of distress vary widely, and usually involve a combination of factors. It is common for people to experience signs or symptoms of distress following stressful. If you would like to receive support to manage temporary or cyclical distress symptoms or if you are experiencing signs of distress that are persisting for a long period of time, please contact (MHPSS focal point).** **If you or someone you know is in immediate risk of self-harm, suicide, or hurting another person: call ____ or the local emergency number.**	

In general, why do you think health workers are targeted in attacks?	Free text
In your opinion, what are the three most important measures that could prevent attacks targeting health care?	Free text
Would you like to receive the results of this survey?	Yes No Do not know Do not want to respond
Would you like to participate in follow up surveys?	Yes No Do not know Do not want to respond
◀ If '*yes*', provide your email and/or phone number	Free text