JOINT HEALTH STAFF SURVEY

Protection of Health Care South Sudan

MEDAIR

CHILDREN AID
WE INSPIRE BREAK THROUGH

IHO Impact Health Organisation
"Saving lives"

INTERNATIONAL RESCUE COMMITTEE

The Rescue Initiative
South Sudan

UNH South Sudan

ACKNOWLEDGEMENTS

This study would not have been possible without the efforts of the Medair, Children Aid South Sudan, Impact Health Organization, The Rescue Initiative South Sudan, and United Network for Health workers in South Sudan country teams. This survey was undertaken in collaboration with the South Sudan Health Cluster and South Sudan Protection Cluster. In addition, the survey team wants to thank all respondents who shared their experiences as part of this survey.

The survey team also wants to thank the participants to the Joint Analysis Session, held on the 1st of September 2022 in Juba, South Sudan.

Photo Credits (left to right)

- IRC staff takes care of Peter, held by his mother, at home in Northern Bahr El Ghazal, South Sudan, 2021. Adrienne Surprenant, 2021
- IRC nutrition staff during house visits in Northern Bahr el Ghazal, South Sudan Adrienne Surprenant, 2021
- Counseling by IRC staff, in Jamjang, South Sudan, Adrienne Surprenant, 2021

Survey undertaken in collaboration with

HEALTH CLUSTER

Protection Cluster South Sudan

TAHA

SAFEGUARDING HEALTH IN CONFLICT

Insecurity Insight
Data on People in Danger

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IRC nutrition staff during house visits in Northern Bahr el Ghazal, South Sudan / Adrienne Surprenant, 2021

CONTEXT

Since December 2013, South Sudan has experienced intermittent civil war and intercommunal violence. While the 2018 peace agreement – the **Revitalized Agreement on the Resolution of Conflict in South Sudan** – has led to a fragile truce, localized violence remains common, reflecting tensions over land and resources, cattle raiding, and reprisal attacks.

More than 70% of the estimated 12.4 million people in the country require humanitarian assistance.[1] 5.5 million people are in need of health services, while 2 million people urgently need nutrition assistance.[2] The health system relies heavily on international humanitarian assistance. 80% of the population reports facing barriers in accessing health services.[3] According to UNICEF, South Sudan has one of the highest infant mortality rates in the world, with 62 deaths for every 1,000 live births in 2019. Malaria is the leading cause of morbidity and mortality[4] and a cholera outbreak was reported in March 2022, with more than 300 confirmed cases as of early September[5].

Violence against healthcare workers contributes to this widespread failure of the health care system to meet even the basic health needs of the population. Recent analysis by the **ICRC** and **Human Rights Watch** note a surge in attacks on aid workers, and emphasize the far reaching impact of the continuing violence on the right to health.

Health workers in South Sudan face extreme risks at work: in the first 8 months of 2022, at least 8 health care workers were injured or killed. Such incidents are reported through 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 workers´ perspectives on this violence, its root causes, impact, and possible solutions. In general, the available literature provides only very limited insights on the scope, scale and impact of violence against health care in the country. This survey complements the existing analysis with insights from frontline health care workers in South Sudan, to support response and advocacy activities.

[1] HNO February 2022 https://reliefweb.int/report/south-sudan/south-sudan-humanitarian-needs-overview-2022-february-2022
[2] Ibid
[3] Ibid
[4] Ibid
[5] Government of South Sudan and WHO, 7 September 2022, South Sudan Cholera Outbreak Situation Report #7, https://reliefweb.int/report/south-sudan/south-sudan-cholera-outbreak-situation-report-no-017-4-september-2022

METHODOLOGY

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 to better understand health workers perspectives on causes, impact and what works in terms of prevention and response.

Between 11 and 30 August 2022, 126 health workers across all states in South Sudan provided their perspectives on the following main research questions:

- Can health care workers **SAFELY DO THEIR WORK**, and if not why?
- What are 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, on access to health care and nutrition services 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.[6] Efforts have been made to include health workers in areas with limited connectivity, including by providing transport to areas with connectivity.

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 66 reported incidents, 23 were excluded from the final analysis due to insufficient geographic detail, a lack of a coherent description of events, or because they concerned general violence in an area (unless health workers were reportedly injured or killed during this violence).

The Protection Analytical Framework, tailored to include threats affecting health care, formed the basis for the analysis.[7] The questions were processed and summarized using the "Dedoose" software. Initial results were interpreted by 25 protection and health experts during a joint analysis session on the 1st of September 2022.

[6] 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.

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

Limitations

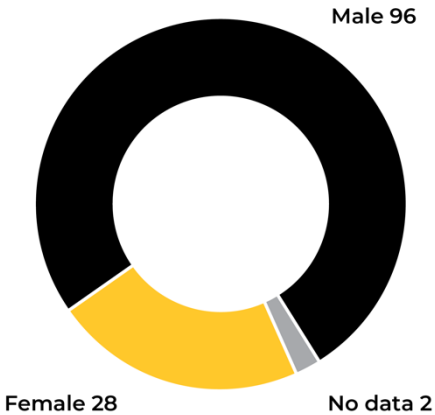
The results presented within this report should be used considering the following limitations:

- In the absence of a comprehensive list of all health workers in South Sudan, the study relied on a **convenience sample**. As such, the findings cannot be taken as representative for the health workforce within the country. Additionally, it is likely that those who have experienced violence are more likely to take the time to complete the survey, as compared to those who have not been exposed to insecurity.
- **Healthcare workers in remote, hard to reach areas**, are likely underrepresented within the survey, due to the limited connectivity within these areas. However, the survey partners made concerted efforts to include staff across the country within the survey, including by providing transport from areas without connectivity to places where respondents could successfully complete the survey. 76% of respondents work in rural areas, which shows that the survey includes the perspectives of those working in some of the most difficult conditions within the country.
- **Only one out of four respondents are female**. As such, the results are likely to be biased against risks 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.

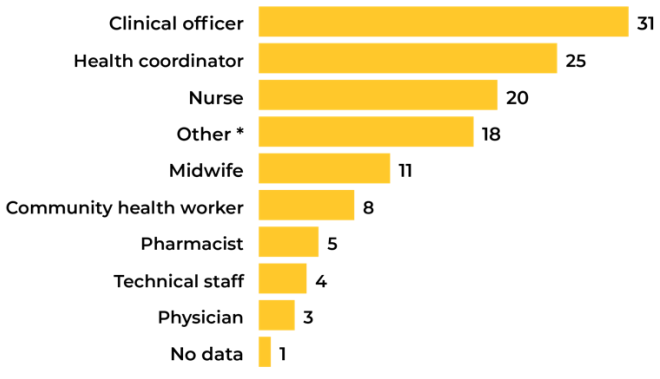
Graph I: ***Respondent Characteristics***

126 Respondents

Gender Respondents



Profession Respondents



* *Including vaccinators, health facility administrators etc.*

MAIN THREATS TO THE SAFETY OF PATIENTS & STAFF

The 2022 Humanitarian Outcomes report identified South Sudan as the world´s most dangerous country to be an aid worker.[8] Since the start of 2022, 12 aid workers have been killed. 11 of these are national humanitarian workers.[9]

The widespread insecurity is reflected within the survey findings: **One out of three respondents did not feel safe** when travelling to their place of work, when providing health services at a health center or within the community. 9% of respondents felt very unsafe. The main reasons for feeling unsafe at their place of work include risks of attacks by armed groups (16 respondents) and threats by patients or family members (9 respondents). Presence of armed groups on the way to the workplace was highlighted by 17 respondents as the reason for feeling unsafe, while 10 mentioned active conflict/fighting on the way to or from their workplace.

Origins of Incidents

Being regularly exposed to the incidents reported, respondents highlighted socio economic, social and conflict related reasons as the primary cause of these incidents:

SOCIO-ECONOMIC	SOCIAL NORMS	CONFLICT DYNAMICS
Health workers are seen as wealthy and therefore a target for robbery. Local disagreement over NGO recruitment practices, including health staff hired from outside of the community.	Limited understanding by the community on importance of the services provided by health workers Staff offering services seen as sensitive, including family planning interventions Personal disputes between patient and staff	Health workers are suspected of treating members of armed groups or other communities. Attacks are seen as providing strategic advantage Displacing or inducing fear in a population.

[8] OCHA, Honouring aid workers, the Humanitarian Coordinator calls for joint action to address humanitarian crisis in South Sudan and an end to attacks against civilians and humanitarians, 18 August 2022 https://reliefweb.int/report/south-sudan/honouring-aid-workers-humanitarian-coordinator-calls-joint-action-address-humanitarian-crisis-south-sudan-and-end-attacks-against-civilians-and-humanitarians

[9] Insecurity Insight, Dataset Aid Worker Killed, Injured, Kidnapped or Arrested https://data.humdata.org/dataset/sind-aid-worker-kka-dataset

Characteristics of Incidents

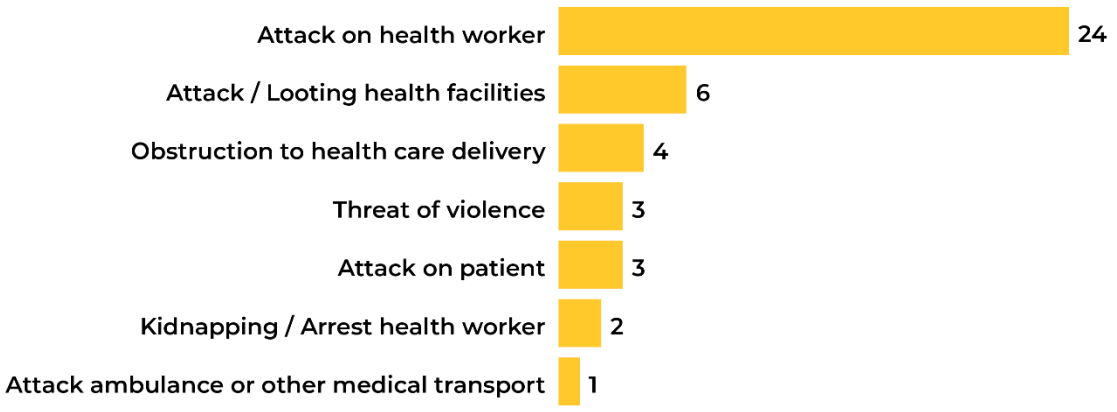
Respondents reported 66 incidents, 43 of which could be verified.[10] **As such, healthcare workers in the geographic areas covered by the survey faced an attack every 14 days, on average, since early 2021**. The actual number of incidents is likely to be much higher: smaller scale attacks are often under reported; health staff is not always aware of incidents that patients face when trying to reach services and not all geographic areas were covered by this survey.

Incidents do not only occur during the dry season, which is traditionally related to an increase in violence in South Sudan: 60% of incidents took place during the rainy season, between May and October.

The findings show the repetitive nature of the violence: of the 82 respondents who witnessed or experienced an incident since early 2021, 72% had been exposed to more than one violent incident.

The respondents report incidents not only at health facilities and in the community, but also on the way to work. 13 of the 43 incidents, or 30%, occurred when health staff was travelling through or from work. Illustratively, respondents call for safe transport to work as one of the main priorities to reduce the violence they face. **Health workers are more likely to be injured or killed when an incident occurs on the way to or from work**: In 4 out of the 13 incidents happening on the road, a staff worker was killed, compared to 8 out of the 30 incidents occurring at a health facility.[11]

Graph 2: ***Type of incidents since 2021, as reported by respondents***



[10] During the same period, 20 incidents were reported as part of the **WHO Surveillance System for Attacks** and 62 by the **Safeguarding Health in Conflict Coalition**. These discrepancies can be explained by a difference in geographic coverage, data sources and definitions used.
[11] This analysis is confirmed by other information sources: 4 people were killed in 11 incidents on the way or to a health facility recorded by **Insecurity Insight**, compared to 7 killed in the remaining 49 incidents recorded.

TYPE OF INCIDENT	EXAMPLE OF INCIDENT *as shared by the respondents*
Attack on health worker	"A health specialist was killed by unknown gunmen"
Attack / looting health care facilities	"Armed youth attacked the health facilities, looted them and destroyed all the remaining properties"
Obstruction to health care delivery	"The host community blocked the facility for days demanding some staffs to be sent away and their positions given to the host community"
Threat of violence	"Health staff received a letter to leave within 24hrs and was relocated"
Attack on patient	"Patient was assaulted by a soldier entering the facility"
Kidnapping/arrest health Worker	"The whole team was arrested and spent days in jail"
Attack ambulance or other medical transport	"An armed group stole the ambulance"

In 6 states (Central Equatoria, Jonglei, Northern Bahr el Ghazal, Unity, Upper Nile and Warrap) and Abyei Administrative Area, staff reported specific instances where **patients were unable to reach services and health staff were unable to reach patients due to armed group and/or violence limiting access**.

EFFECTS ON THE HEALTH SYSTEM AND POPULATION

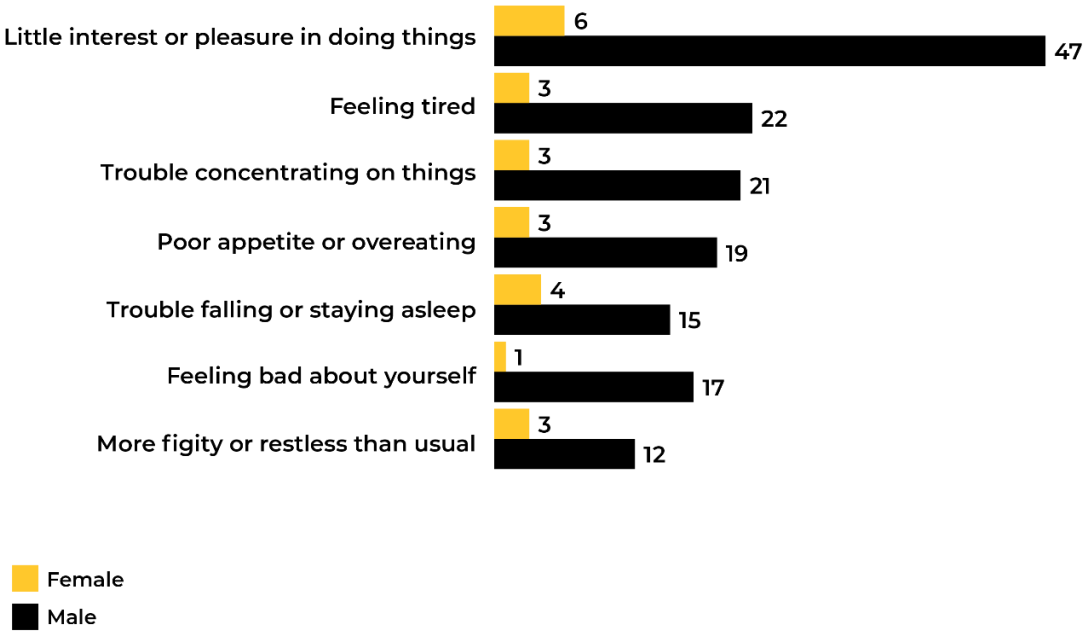
Impact on Health Staff

As many as **18 health staff were killed in the 43 incidents reported** since the start of 2021, including 6 women. In comparison, 19 health workers were killed in Syria and 20 in Ukraine during the same period.[12] At least 19 health workers (4 women) suffered injuries.

The findings indicate that health workers who have witnessed or experienced violent incidents are experiencing signs of **heightened distress**. Of the 82 respondents who experienced an attack, 64% reported little interest or pleasure in doing things after the incident. 23% reported having trouble falling or staying asleep (see graph 3).

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

Graph 3: ***Symptoms of distress reported among respondents after a violent incident***



** of the 126 respondents, 82 reported experiencing symptoms of distress.*

The results indicate that there remains a major gap in support for those who have experienced such incidents. One out of three directly affected by an incident have not received any services. 10 respondents reported receiving psychosocial support services. **Of the 12 respondents who directly experienced an incident during which health staff was killed, only half received formal support.**[13]

Impact on the Health System

23 of the 82 health workers who witnessed an incident had to take time off work after the experience. **A combined 1,212 working days, or 3.5 years, were missed by health staff following the incidents reported as part of this survey** (on average 50 days per health staff).

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. 6 of these health facilities were closed for more than a month.

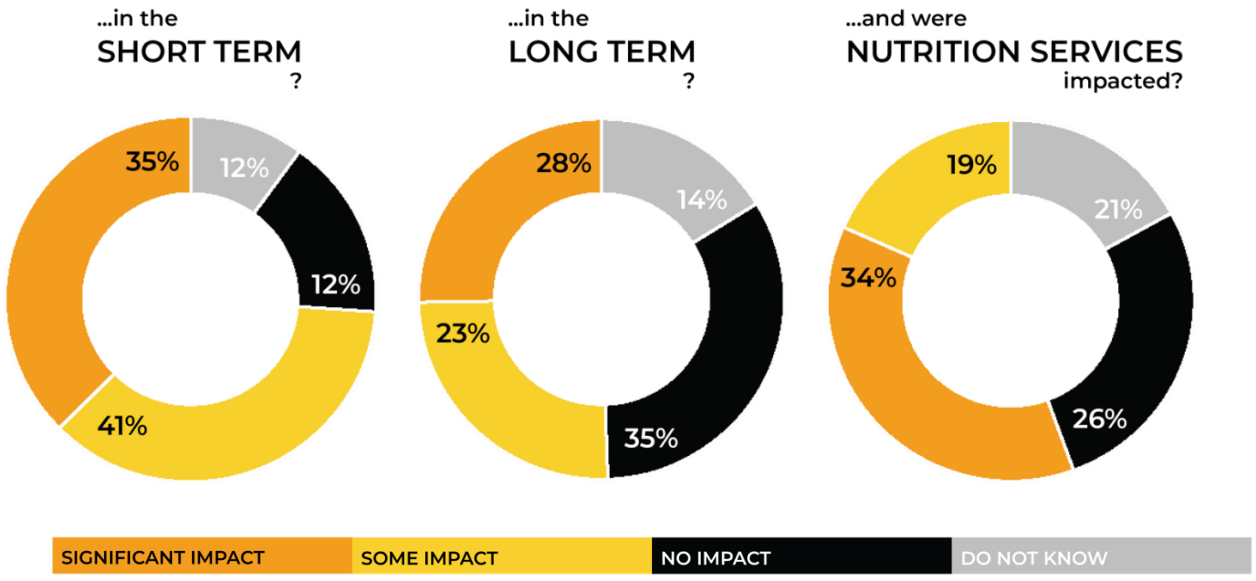
[13] Formal support within this survey refers to medical services and/or psychosocial support services (e.g., individual or group counseling, debriefing services, etc.)

Impact on Community Access

This impact on health workers and the health system has a direct effect on communities´ access to health care. According to the respondents, **after 73% of reported incidents, communities faced additional difficulties in accessing the required health services**. The reluctance of the population to visit health services, out of fear, is among the most important immediate effects reported by respondents. In 9 cases, the **health facility had to close or significantly reduce services**, forcing communities to delay seeking support or find alternative solutions. For example, two respondents note an increase in deliveries at home, instead of at the clinic, following a security incident, which poses additional risks for women and newborns. Respondents indicated that for half of the incidents, the impact on access to health care continues to be seen even after 3 months (see graph 4). This reflects in part the limited capacity of the health system to recover from any attack.

The longer-term impact on health services is clearly illustrated when looking at the available clinical data. For example, in the three months before armed youth attacked health facilities in Mayendit, these facilities served almost 10,000 patients. During the three months after the attack, not even half of these patients could receive support, with only 4,000 visits reported.[14] As such, a large number of patients were forced to forego treatment, or travel longer, through insecure areas, to reach alternative health facilities.

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



[14] South Sudan Health Information System, accessed in September 2022

Respondents reported that **nutrition services** were impacted in more than half of the incidents reported (23 out of 43 incidents reported). Looting of nutrition supplies was specifically mentioned by multiple respondents.

Respondents report a resulting increase in morbidity and malnutrition. It should be noted that these findings reflect the impact according to the respondents´ perspectives. Additional research is required to measure the specific causal relationship between violence against health care and morbidity and mortality patterns.

RECOMMENDATIONS FOR RESPONSE

The following recommendations are based on respondents´ feedback to the question "*what are the 3 most important measures that could prevent incidents*" as well as suggestions from health and protection experts provided during the joint analysis workshop:

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

- Ensure there are sufficient resources are in place to adopt **basic security measures for all facilities**, including regularly maintained perimeter wall or fence, separate spaces for relatives, separate entrances for staff, visible identification for staff and facilities and other security measures as outlined within the ICRC **Security Survey for Health Facilities tool**.
- A high number of security incidents occur on the way to and from work: to reduce risks during this movement, develop a region-specific **safe transport plan**.
- Ensure a **community sensitization strategy** is in place, considering specifically community acceptance around recruitment of staff from other parts of the country and awareness raising on sensitive topics, such as family planning. In addition, community dialogue protocols are to be developed to reduce tensions after unexpected medical complications, for instance if a patient dies following a standard procedure.
- Promote local ownership of health structures, including training of community volunteers, community level early warning mechanisms, CHD and other through **community structures**.
- Strengthen **duty of care** towards health staff, including that of implementing organizations, by providing post-incident psychological support services to staff and their families.
- Implement **non-violent feedback mechanisms** for patients and their relatives.
- Build context specific safety, **humanitarian access and negotiation skills** among health staff to protect and promote health service provision. Develop

and implement these initiatives 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.

- Ensure **adequate and standardize monitoring and reporting of attacks** on healthcare to strengthen accountability efforts. Report any incident to the Safeguarding Health in Conflict Coalition, International NGO Safety Organisation (INSO) and/or the WHO SSA to support analysis of characteristics and joint strategy/advocacy efforts.
- Increase transparency and systematization of **recruitment policies and practices** including
    - Minimum qualification standards and standardized health worker recruitment protocols
    - Community messaging to clarify that health workers have the right to work wherever their services are needed
    - Mandatory provision of personnel safety and security training prior to deployment of health workers.
    - Training on non-violent communication methods, specifically focused on reducing tensions between patients, relatives and health workers.
- Prioritize violence against health care in joint Health and Protection Cluster analysis, advocacy and response coordination efforts, including as part of the **Joint Health and Protection Operational Framework** roll-out.

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 46% funded and the health sector just 20%.
- 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 South Sudan

- Prioritize **health care spending**, with specific considerations to reduce violence against health care.
- 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.
- Strengthen the **legal framework** in place to protect health staff, including by granting special legal protection to health workers and criminalizing such violence. Countries who have adopted such frameworks, such as Nigeria and Colombia (TBC), can serve as an example. The legal framework is to be accompanied by a practical enforcement strategy.
- Protection of health care should be systematically integrated within the **portfolio of the ministry of health**.
- Implement **community sensitization activities** and dialogue with a range of stakeholders to promote respect for health care and humanitarian assistance.
- Develop and implement a national level **community awareness strategy**, based in community led approaches, to ensure understanding that professionals can and should be able to work in any part of South Sudan, regardless of their background.

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 South Sudan. 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 frontline health care workers in South Sudan are exposed to, and ways to mitigate these risks, to support response and advocacy activities. This study is led by IRC, Children Aid, Impact Health Organization (IHO), The Rescue Initiative South Sudan (TRI-SS), United Networks for Health South Sudan (UNHSS) and Medair.

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.

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 South Sudan. **Thank you for your time**.

Would you like to continue with the survey?

What is your gender?	Male Female Other
How old are you?	
In which state or area are you working right now?	
How would you describe the area where you mostly work?	Urban (state capital or main town) Rural area Do not know
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*	
Do you remember the date/time of the incident?	Date/Time
Location	
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