



Security Protections for Organizations
Working with Key Populations to
Strengthen HIV Programming
in the Middle East and North Africa

AMAN MENA

Secure in the MENA region

December 2020



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“Aman” is an Arabic word for “safe” or “secure.” The organizations who contributed to the toolkit titled it “AMAN MENA” because, across a region with many differences, Arabic is spoken everywhere.

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Association de Lutte Contre les Infections Sexuellement Transmissibles et le SIDA et de Promotion de la Santé (ANISS), Algeria

Association Marocaine de Solidarité et de Développement (AMSED), Morocco

Association Tunisienne de Lutte contre les MST et le Sida Tunis (ATL MST sida Tunis), Tunisia

Association Tunisienne De Prévention Positive (ATP+), Tunisia

Bedayaa Organization, Egypt

El Hayet Association of People Living with HIV, Algeria

El Nour, Egypt

Freedom Drugs and HIV Programme, Egypt

International Treatment Preparedness Coalition MENA (ITPC MENA), Morocco

Joint United Nations Programme on HIV and AIDS (UNAIDS), Regional Office for the Middle East and North Africa

LebMASH, Lebanon

Marsa Sexual Health Center, Lebanon

MENA Rosa, Lebanon

OPALS, Morocco

Soins Infirmiers Et Développement Communautaire (SIDC), Lebanon

Tunisian Association for Justice and Equality (DAMJ), Tunisia

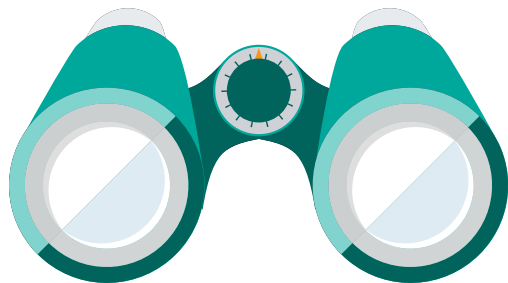
ACRONYMS

CSO	Civil society organization	MENA	Middle East and North Africa	UIC	Unique identifier codes
CCM	Country coordinating mechanism	MOH	Ministry of Health	UN	United Nations
GBV	Gender-based violence	NAP	National AIDS Program		
KP	Key population	PLHIV	People living with HIV		

INTRODUCTION

BACKGROUND

There is a growing awareness of the violence experienced by members of and individuals who work with key populations (KPs) most affected by HIV.

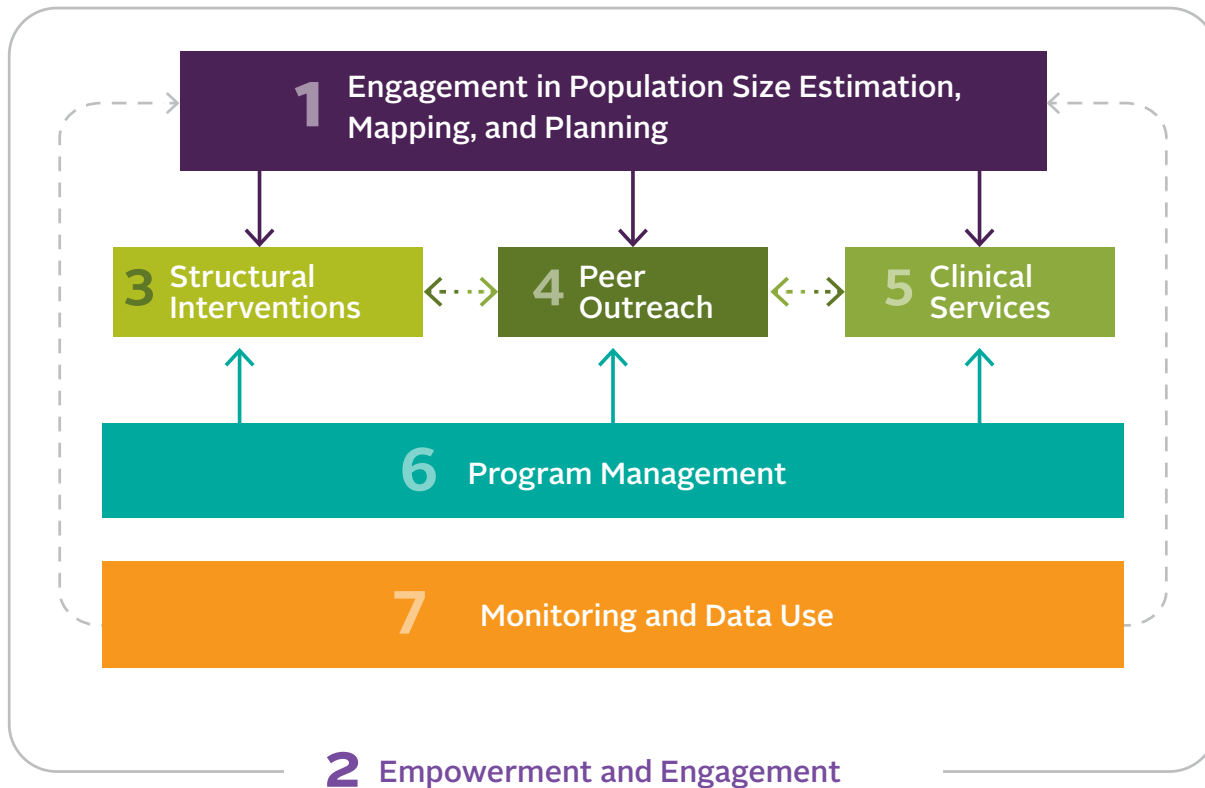


Evidence of the impact of such violence—on the safety and security of individuals, families, and communities—has been documented by a range of organizations and, in turn, has been the subject of national, regional, and global advocacy. Countries in the Middle East and North Africa (MENA) are no exception.

In recent years, a series of extreme situations across MENA have highlighted that hostile environments and rights violations affect the safety and security not only of KP members, but also the people, organizations, and programs that support them and their right to health. In this way, safety and security challenges can negatively affect all aspects of the HIV program cycle as illustrated in **Figure 1**, which is based on guidance produced by LINKAGES¹. Additionally, in many HIV programs, the staff, volunteers, and associates are themselves KP members. As such, they experience safety and security challenges in both their professional and personal lives.

Many organizations and individuals operating HIV programs in the region have found effective ways to limit or mitigate the harm from safety and security challenges and/or respond effectively in the face of violence. However, a greater and more systematic investment is needed to strengthen safety and security for the protection of implementers and programs working to achieve epidemic control.

FIGURE 1: SAFETY AND SECURITY CHALLENGE EXAMPLES IN SEVEN KEY POPULATION PROGRAM AREAS IN MENA



1. It can be difficult to undertake behavioral or biomedical surveys or other health surveillance when data collectors cannot move freely due to safety concerns. Individuals conducting surveys, especially if they are peers, run the risk of arrest or having the data they have collected confiscated. Without reliable data, the HIV program is unable to understand the extent of need and to advocate effectively for a strengthened response.

2. Hiring members of KPs or engaging civil society organizations (CSOs) led by KP members—which is acknowledged as a central component of effective HIV programming for key populations²—is much more difficult when safety concerns require individuals and CSOs to reduce their visibility in order to prevent attack.

- 3. Widespread hostility toward KP members makes it more difficult to link them to services, such as support from a lawyer, that could address some of the structural risks—for example, discrimination in formal workplaces—that increase their vulnerability to HIV.
- 4. Harassment of workers during outreach by both the families of beneficiaries and law enforcement limits the times of day and locations where outreach can be safely conducted, thereby limiting the reach of the program. In many settings distributing condoms, lubricant, or harm-reduction materials is not safe under any condition or is safe only if the outreach worker carries very small quantities.
- 5. Doctors, nurses, psychologists, and other clinical staff may be targeted for their work with KP members, increasing burnout and making it more difficult to find qualified staff.
- 6. Managers of an HIV program might be unable to meet their programmatic objectives if a large proportion of their energy and project resources is required to respond to safety and security challenges.
- 7. A threatening environment—such as with regular police raids and cyberattacks—makes it difficult for HIV program implementers to ensure the safety of electronic data. Theft of equipment such as laptops, especially when project budgets do not cover replacement, can inhibit data entry and management.

INTRODUCTION

PURPOSE AND AUDIENCE

This toolkit was developed to help organizations and individuals implementing HIV programs for and with key populations in the MENA region to more effectively address safety and security challenges.



It can be used for KP and people living with HIV (PLHIV) initiatives and collectives; HIV program implementers (including health care workers and other medical staff); local, national, and regional networks working on KP issues and/or HIV; international NGOs, donors, government ministries and national AIDS programs; and United Nations organizations operating in MENA. The toolkit focuses on implementer safety, although acknowledges that the safety and security challenges experienced by *implementers* of HIV programs also, inevitably, affect *beneficiaries* of those services. While the toolkit was designed with CSOs in mind, public sector implementers, such as health care workers, will also find many of the challenges and strategies relevant to their work.

The toolkit amplifies good programming by identifying and cataloging promising practices and tools from the region, making overarching recommendations to address safety and security challenges and providing a systematic approach (via checklist) to identify and respond to one's own safety and security gaps. It is not prescriptive. While recommendations and specific examples are provided, readers should use the information presented to weigh the best options and determine whether a specific practice, recommendation, or resource is appropriate for their setting. All decisions should be made keeping in mind that HIV programs for and with KP members must strive to "first do no harm."³

INTRODUCTION

DESCRIPTION

The toolkit contains three tools, as described in **Table 1**. These tools are meant to be used together.

We recommend that an organization interested in making KP programs safer to implement begin by reading [Tool 1: Review of Issues, Promising Practices, and Recommendations](#) to understand the issues, their impacts, and how other organizations have responded to safety and security challenges. Once the reader understands the importance and general approach to investments in safety and security, they can use [Tool 2: Checklist](#) to assess their existing efforts to address safety and security challenges and identify areas for improvement. Each item on the checklist is also a potential strategy they can begin to employ or strengthen further. As such, after completing the checklist the reader may return to Tool 1 to read examples of safety and security strategies that fall under strategy areas they wish to strengthen and/or the reader

may select resources from [Tool 3: Annotated Bibliography](#) to address the gaps they identified. For example, they may review another organization's guidance on increasing the safety of outreach activities to inform their own practices.

Alternatively, organizations can begin by completing Tool 2 to identify their strengths and gaps and read Tool 1 with priority areas for investment in mind.



TOOL 1: REVIEW	The review describes contextual factors shaping safety and security challenges in the MENA region, details the impact of such challenges on the HIV response, identifies promising practices, and makes recommendations to help mitigate and respond effectively to safety and security challenges in KP programs.
TOOL 2: CHECKLIST	A checklist and instructions on how to use the checklist help HIV program implementers operating in MENA systematically explore, self-assess, and make plans to respond to the safety and security needs of their organizations. When completing the checklist in Excel, a dashboard automatically populates, allowing implementers to score themselves and chart their progress in seven domains and three cross-cutting areas.
TOOL 3: ANNOTATED BIBLIOGRAPHY	This list of resources includes policies, trainings, and guidelines developed or employed in MENA. Each listing includes year of publication, description of relevant content, language, and access information.

INTRODUCTION

KEY TERMS

The terminology used in the toolkit is informed by the resources of a range of CSOs, donors, and United Nations (UN) agencies, as well as security experts (see box “Definitions” for key terms).



While key populations may be defined in different ways, this toolkit focuses on four groups as identified in the LINKAGES project:

- Men who have sex with men
- People who inject drugs
- Sex workers
- Transgender people

This toolkit defines HIV programs as activities, services, and advocacy related to HIV prevention, care, support, and treatment. It primarily focuses on workers involved in the implementation of such efforts. This includes paid staff as well as paid and unpaid volunteers, associates, contractors, and casual workers. Examples include:

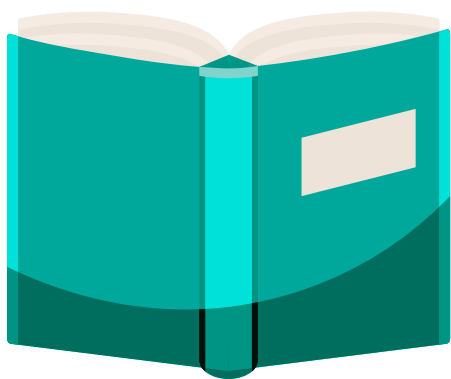
- Outreach workers and community mobilizers
- Peer educators/navigators
- Community health workers
- Community members
- Program directors and managers

- Program officers
- Drop-in center workers
- Clinicians (e.g., doctors, nurses)
- Counselors and psychosocial support providers
- Office staff (e.g., receptionists)
- Support staff (e.g., drivers, guards)
- Community activists, advocates, and campaigners
- Lawyers and paralegals
- Allies and championsⁱ

ⁱ These may include donors, family members, religious leaders, media, politicians, and law enforcement officers who promote the well-being of members of KPs. However, it should be acknowledged that some close family members, friends, or religious leaders may be perpetrators rather than friendly and supportive allies or champions.

INTRODUCTION

DEFINITIONS



Violence against members of KPs violates their right to health and negatively impacts the ability of HIV programs to effectively respond to the epidemic. Violence refers to⁴:

- Economic abuse (e.g., blackmail, robbery, a client refusing to pay, withholding economic resources)
- Psychological/emotional abuse (e.g., humiliation, bullying, verbal abuse, making someone feel afraid)
- Physical abuse (e.g., choking, hitting, kicking, use of a weapon)
- Sexual abuse (e.g., rape, groping, forced sex without a condom)
- Institutional and systemic violations of rights, including extrajudicial killings, deregistration as retaliation, arbitrary arrest and/or detention, denial of the right to assemble, confiscation of essential HIV prevention commodities (e.g., condoms and lubricants)

Safety and Security: The terms security and safety are often used interchangeably, but have different definitions. Security is primarily concerned with intentional acts of violence, aggression, and/or criminal acts against agency staff, assets, or property, whereas safety relates to unintentional or accidental acts, events, or hazards.⁵ The emphasis of the toolkit is on security, but safety is often addressed simultaneously.

Risk⁶: the probability that something harmful will happen

Threat: indication/sign that someone wants to hurt, damage, or punish another; these are external

Capacity: any resource (financial, ability, contacts, infrastructure, personality, etc.) that can be used to improve security; these are internal

Vulnerability: anything that puts someone at a higher level of exposure to those who want to harm them

INTRODUCTION

METHODOLOGY AND LIMITATIONS

This toolkit is a regional adaptation of the *Safety and Security Toolkit: Strengthening the Implementation of HIV Programs for and with Key Populations* initially developed by the LINKAGES project and Frontline AIDS (2018).⁷



Adaptations for MENA were made based on a desk review of safety and security challenges in the region, scoping visits to conduct interviews with HIV program implementers and stakeholders across MENA, technical expertise from security experts at the Arab Foundation for Freedom and Equality (AFE), and a workshop of HIV program implementers operating in MENA.

To ensure the safety of those who contributed to the toolkit, the organizations sharing challenges will not be named and limited identifying information is included as per each organizations' preferences. Organizations that contributed strategies or other content will be named only with their written consent.

It is important to be explicit about's scope. This toolkit will not focus on the safety of beneficiaries. While this topic is important in its own right and maintaining beneficiary safety also helps protect program implementers—for example, if a beneficiary is harmed through negligence or inappropriate behavior by the CSO, there may be a backlash against the organization—this document does not go into the many topics necessary to protect beneficiaries, including medical best practices and crisis response in KP communities.

TOOL 1

REVIEW OF CONTEXT, PROMISING PRACTICES, AND RECOMMENDATIONS

PURPOSE AND CONTENT

This tool describes safety and security challenges faced by key population programs in MENA, details the effect of these challenges on the HIV response, and identifies best practices and recommendations to help program implementers mitigate and respond effectively to these challenges.

 *Click on each circle to learn more*

TOOL 1



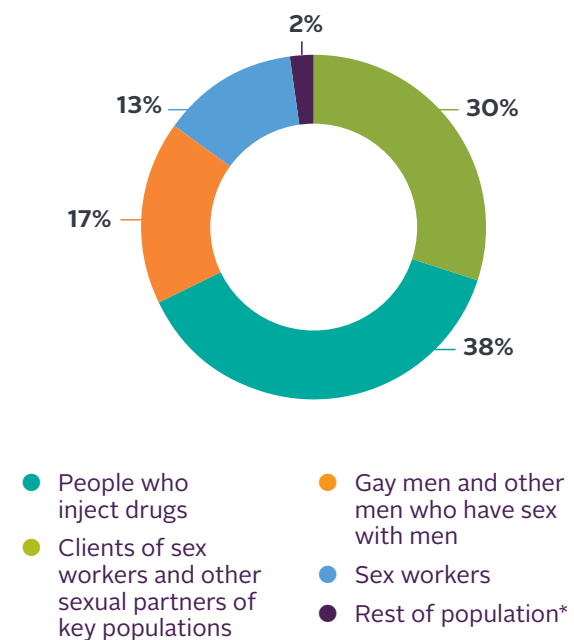
FACTORS SHAPING SAFETY AND SECURITY CHALLENGES

Operating HIV programs in the MENA region is uniquely challenging. The epidemic in the region is concentrated; key population members and their partners accounted for more than 95 percent of new HIV infections in 2017.

By way of comparison, globally, KP members and their sexual partners accounted for 47 percent of new infections.⁸ This is represented dramatically by UNAIDS in their 2018 report that shows only 2 percent of infections in the region occurring among members of the “rest of the population” (Figure 2).⁹

While KP members and their sexual partners account for 95 percent of HIV infections, and international guidance on effective HIV programming mandates a focus on key populations,¹⁰ a variety of factors make KP programming in MENA challenging. These factors are explored in Table 2; and the unique combinations of these factors in different settings help to explain variation regionally.

FIGURE 2: DISTRIBUTION OF NEW HIV INFECTIONS IN MENA, 2017



* Individuals in this category did not report any HIV-related risk behavior.
Source: UNAIDS special analysis, 2018



TABLE 2. ENVIRONMENTAL FACTORS AFFECTING THE SAFETY AND SECURITY OF HIV PROGRAMS IN MENA

FACTOR ⁱⁱ	EXPLANATION AND EXAMPLES
CRIMINALIZATION	When same sex sexual relationships, drug use, and sex work are criminalized, ⁱⁱⁱ individuals providing HIV services to KP members can be perceived as condoning illegal behavior, increasing their risk of being targeted by law enforcement. The criminalization of sex outside of marriage can also impact the safety with which commodities such as condoms can be carried and distributed.
STRENGTH AND CAPACITY OF THE MINISTRY OF HEALTH OR NATIONAL AIDS PROGRAM	<p>The support of an influential Ministry of Health (MOH) or National AIDS Program (NAP) can help program implementers connect to other ministries (such as the Ministry of the Interior) to explain the importance of efforts to curb the HIV epidemic, including through work with KP members. The MOH or NAP can also be called upon to explain the importance of the program publicly if there are questions about government endorsement of implementers' activities. Identification cards with an MOH stamp and/or an official letter describing the MOH's support for the specific program activity can also be provided.</p> <p>The capacity and strength of the ministry primarily tasked with HIV response may also affect their coordination with other ministries in a way that impacts the security of KP programs. For example, if the MOH approves outreach to KP members but has not coordinated with the Ministry of Interior, or their attempts at coordination have been unsuccessful, outreach workers may be arrested by law enforcement even while participating in a government-supported initiative.</p>
STRENGTH OF CIVIL SOCIETY	CSOs play an important role in advocating for HIV services that meet the needs of KP members—such as CSO-based HIV testing services—and in holding governments accountable when services do not meet local needs or abuses against implementers occur. Organizations operating in countries with strong civil society may be more able to seek formal approval of strategies that are safer to implement (e.g., there is less chance of stigmatizing behavior toward both implementers and beneficiaries when HIV tests are provided at CSOs; there is also less need for peers to travel with beneficiaries to government facilities, limiting danger during transit) and to prevent abuses from occurring with impunity. There is a worrying trend of reduced space for civil society to operate across the region. ¹¹
NATIONAL HIV STRATEGY THAT INCLUDES KEY POPULATIONS	A National HIV strategy, publicly endorsed by the government, can provide support to implementers and help them connect to other government entities at national and local levels. At the same time, it is important to understand the limits of the strategy's reach. In many cases, other agencies, such as law enforcement, have not been sensitized on the National HIV strategy or do not recognize its relevance to their mandate. In this case, program implementers can still be targeted, especially if they are providing services to criminalized groups. National strategies can also provide guidance on safety and security aspects of programming that must be in place to meet quality standards.

ⁱ While these factors can be changed overtime, and some HIV programs also engage in advocacy to address root causes of safety and security challenges, HIV programs operating now can use their local knowledge of each of these factors to decide what risk mitigation strategies are needed and which are feasible.champions.

ⁱⁱⁱ Transgender people are often charged under laws criminalizing other KP members either because they also engage in criminalized behaviors or because gender identity and sexual orientation are inappropriately conflated.

TABLE 2. ENVIRONMENTAL FACTORS AFFECTING THE SAFETY AND SECURITY OF HIV PROGRAMS IN MENA

FACTOR	EXPLANATION AND EXAMPLES
POLITICAL WILL	<p>When HIV prevalence is high or HIV incidence is increasing rapidly, there can be more pressure on the government to provide HIV-related services and more understanding among the public of the need for such services. However, particularly in places where surveillance efforts have been curtailed, the data needed to create political will may be lacking.</p>
POLITICAL UNREST OR RAPID CHANGE	<p>Rapid social change occurring during times of political unrest can create opportunities for coalition building between KP-serving and KP-led organizations and others working for positive change. However, it can also mean increased oversight by government over civil society or restricted/observed movements for everyone, including those operating HIV programs. KP members may also become targets of scapegoating if there is a desire to distract from dissatisfaction with those in power.</p> <p>Rapid or serial changes in government leadership can also make it difficult to form relationships with government players because of high levels of turnover at institutions such as the MOH. This can impact implementers' ability to form strong alliances that would allow them to look to government for support.</p>
FUNDING/ FUNDERS	<p>Inconsistent or inadequate funding makes security more difficult for program implementers who lose experienced staff and institutional knowledge on how to safely program. The mental health of remaining staff also suffers. Inconsistent or inadequate funding can also cause important overhead costs, such as building insurance or updated computer software, to become unaffordable affecting the ability of the implementers to operate safely. Finally, when funders prioritize low costs per person reached without simultaneously setting security standards, the organization that is able to “win” a new contract may do so by saving money in unsafe ways, such as using only the cheapest forms of transport (even when it is not safe to do so) or sending out peer educators alone instead of in pairs.</p> <p>Unintentionally divisive funding: International donors may also make requests of programmers that increase harm to KP-serving organizations. For example, asking that an organization focus only on the rights of a few when so many others' rights are restricted can cause a backlash and position some key populations as privileged and working in alignment with Western interests instead of working to improve the rights of all people.</p>

TABLE 2. ENVIRONMENTAL FACTORS AFFECTING THE SAFETY AND SECURITY OF HIV PROGRAMS IN MENA

FACTOR	EXPLANATION AND EXAMPLES
FUNDING/ FUNDERS, CONTINUED	<p>Internal barriers to funding mean it is not only donor willingness to support programming that determines HIV program implementers' access to resources. In places where government oversight or bureaucracy limits access to timely funding, even adequate funding cannot be absorbed and used by those who need it.</p> <p>Failure by funders to contemplate security adequately: Funders are rarely willing to cover expenses such as insurance for staff and volunteers or psychological support for implementers to avoid burnout. This has a direct impact on the type of support implementing agencies can provide for their workers.</p> <p>Explicit funder commitments: Funders' active engagement in security processes, such as budget line items dedicated to security measures or commitments to support HIV program implementers if they come under attack, also influence how safely HIV programs can operate. When country coordinating mechanisms (CCM) are strong, this can be an important setting for discussions on how to manage and resource security issues that occur.</p>
PUBLIC OPINION	<p>KP members across the region continue to be perceived negatively, even while views of younger generations diverge somewhat from those who are older. This is particularly true for men who have sex with men—an attitude that is attributed in part to holy books that speak clearly against homosexuality and in part to the perception that other KP members deserve sympathy as victims of their circumstances (sex workers) or are individuals with an illness (people who use drugs). In contrast, men who have sex with men and transgender people are often described as having chosen to act against culture and religion. Compounding the issue are attacks against gender and sexual minorities by governments seeking to rally conservative backers, often as a diversion from governance failures.¹²</p>
RURAL/URBAN LOCATION	<p>Services for KP members are often concentrated in urban areas and may be perceived as more normal/ acceptable in this setting. Urban areas are also generally less conservative than rural ones. Additionally, outreach efforts in rural areas require travel over greater distances, increasing the vulnerabilities that come with movement such as abuses on public transport or attacks on mobile clinics, which often have less security than permanent locations. As a result, organizations operating in rural spaces are more likely to face security challenges than those in urban areas.</p>
RELIGIOUS INTERPRETATIONS	<p>While KP members may be perceived to break with religious teachings, there are many aspects of any health program that explicitly align with Islam and Christianity, the two major religions in the region. Media, government, and religious leaders' interpretations of religious teachings influence whether efforts to protect and meet the needs of KP members are perceived as acceptable by the broader society, which has ramifications for implementer safety.</p>

TABLE 2. ENVIRONMENTAL FACTORS AFFECTING THE SAFETY AND SECURITY OF HIV PROGRAMS IN MENA

FACTOR	EXPLANATION AND EXAMPLES
HEALTH AND ECONOMIC CRISES	<p>Health crises, such as COVID-19, and economic crises, such as high levels of unemployment or rapid depreciation of local currency, impact everyone's security, including the implementers of HIV programs for key populations. Curfews and lockdowns related to COVID-19 can result in harms to outreach teams seeking to distribute medication or services to individuals who cannot safely leave their homes, and efforts to prevent COVID-19 can be used as excuses to track or arrest individuals working with KP members. Large-scale economic desperation also leads to increases in theft and crimes that are not targeted at KP programs but may view them as well-resourced, especially if they receive international support.</p> <p>Mental health stress to implementers is also exacerbated in these contexts. Concerns about their own safety on the job are compounded by the ever-increasing needs of beneficiaries during a crisis (such as nutritional support), limitations on the ability of the project to act to meet these needs (such as decreases in funding or limitations on movement), and workers' own personal anxieties and struggles.</p>
QUALITY OF SERVICES PROVIDED	<p>Poor service quality—particularly mishandling of confidential information or failure to offer services that meet a minimum standard for cleanliness and professionalism—and outdated service delivery models increase the chances that an organization will come under attack and have no one to rise to their defense. Staying up to date with WHO recommendations on services offered and the way in which these services are implemented can help build beneficiary and power-holder support for programming. Conversely, high-quality service provision and positive results can be highlighted nationally and internationally. In some cases, this can reduce the likelihood of attack because the organization becomes recognized as making an important contribution to local health.</p>

Several factors related to operations and management, although not specific to security, impact how safely an organization can operate (Table 3). While not the focus of this toolkit, strengthening any one of these areas will also limit security risks faced by an organization.

NATURE AND IMPACT OF SAFETY AND SECURITY CHALLENGES

The desk review, scoping visits, and workshop identified a number of safety and security challenges that can occur within the implementation of HIV programs for and with

key populations in MENA. These can affect individuals, organizations, and workplaces.

The collective result of these incidents is often a pervasive climate of fear that threatens the existence of organizations and makes it extremely difficult, sometimes impossible, for them to work effectively.

The case studies below provide a selection of examples of real-life safety and security challenges experienced by organizations operating KP programs in MENA. A more detailed set challenges and impacts is provided in Annex A.

CASE STUDIES: SAFETY AND SECURITY IN HIV PROGRAMS FOR AND WITH KEY POPULATIONS

- Media campaigns against a CSO—characterizing CSO leadership and staff as promoting homosexuality and prostitution—resulted in mental health harm and social ostracization of CSO workers. The organization was forced to shut down for weeks until waves of popular anger died down, limiting access to HIV services.
- An individual posing as a beneficiary came into a CSO serving KP members and filmed condom distribution. The individual then posted the video online and claimed the CSO engaged in illegal



TABLE 3. INTERNAL FACTORS AFFECTING THE SAFETY AND SECURITY OF HIV PROGRAMS IN MENA

FACTOR	EXPLANATION AND EXAMPLES
ORGANIZATIONAL MANAGEMENT STRUCTURES	Strong organizational management is important to ensure the effective operation of programs. This includes the ability to manage funds appropriately—reducing the opportunity for fraud—and to train workers to prevent mistakes or abuses.
WORKPLACE STANDARDS	Workplace standards for occupational safety increase the positive perception of services offered (i.e., fewer people injured when receiving services) and increase workers’ well-being (i.e., fewer workers injured and more confidence from workers in the organization’s ability/desire to protect them). This should include standards related to fraud, sexual harassment, safeguarding, and a grievance process. Enforcing workplace standards for the qualifications of individuals allowed to perform tasks, such as HIV tests, also helps protect the reputation of the organization and ensure quality.
STAFF TURNOVER	Organizations with high levels of staff turnover struggle to standardize the way in which workers behave (e.g., it takes time to train staff on codes of conduct and official duties) and lose institutional memory that may have helped them avoid or mitigate future harms.

and immoral activity. The CSO was attacked by angry neighbors and had to cease operations for a time.

- An outreach worker was imprisoned for several days for carrying condoms. Upon release, the worker was rejected by family members and became homeless. This affected both the individual’s ability to work and the morale of other outreach staff.
- Beneficiaries became angry with and verbally abused CSO workers when the CSO could not meet their holistic needs, such as nutritional support. The CSO workers experienced mental distress and fear for their physical safety. In some cases, workers left the organization due to the stress.
- Outreach workers have been arrested for “soliciting sex” when they distribute condoms, limiting their ability to effectively deliver commodities.
- A mobile testing bus was nearly run over when extremist university students formed a crowd to protest against messages, such as the importance of using condoms, which they considered “immoral”. This limited future outreach efforts in the district.
- A CSO’s website was hacked and online trolling campaigns were organized against it after the CSO sought to decrease stigma against KP members through public messaging. Money had to be diverted from other programming or obtained through fundraising to increase cybersecurity.
- Verbal abuse, theft, and sometimes physical attacks against program implementer staff, including clinicians, were reported at drop-in centers. This led to stress, economic loss, and turnover among workers.
- The family of a beneficiary learned their child was receiving services from a CSO that sought to reduce the risk of HIV infection among KP members. The family accused the CSO of trafficking the beneficiary and sought to bring criminal charges. The CSO’s reputation suffered, and staff time had to be diverted to address the false charge.

TOOL 1



PREVENTING, MITIGATING, OR RESPONDING TO SAFETY AND SECURITY CHALLENGES

STRATEGIES

HIV program implementers have diverse strategies for keeping themselves safe.

Not all strategies are right or necessary for everyone, particularly because the nature of HIV programming and the local context differs from one implementer to another. We have divided the safety and security strategies used by program implementers into seven domains.

1. CULTIVATING AND SENSITIZING EXTERNAL ALLIES

Strategies in this category are designed to build coalitions that can protect the operation of an HIV program. For example, public collaboration with and official endorsements by national ministries, United Nations agencies, or local authorities and law enforcement can protect an organization's operations because that organization is clearly supported by state and international actors, limiting scrutiny or suspicion of their actions.

ILLUSTRATIVE DECISION POINTS

- Whether to become officially registered—Benefits of this approach may include government protection and access to state and some additional international resources; drawbacks include more government oversight of operations, potential delays as processes may take many years, and exposure if the organization previously operated discretely.
- Who to engage with—Consider the strength of various organizations and individuals in your area, what each can offer, and the amount of funding and effort required to engage each successfully.

Benefits of engaging with religious leaders include their ability to speak positively about the actions of an HIV program implementer or to ask the community to refrain from inciting violence against the HIV program implementer and/or its beneficiaries. Drawbacks include the potential for conflict if the organization is seen as favoring a religion or religious sect and excluding others and difficulty overcoming distrust among

workers or beneficiaries who have experienced trauma in past interactions with religious leaders or communities.

- Benefits of engaging with *law enforcement* may include reductions in arrests of workers performing program activities or safer travel during outreach; drawbacks include time required to engage safely and effectively, which often must begin with high ranking officials; and high turnover of law enforcement staff, which may require continual training.
- Benefits of engaging *universities* include having their assistance in conducting research and studies, ensuring the quality of the results and increasing acceptance by government officials; drawbacks may include increased time for implementation and less control over the process and research design.
- Benefits of engaging with *public figures*, such as popular singers, actors, athletes, philanthropists, business owners, and other famous individuals, include their ability to decrease stigma

against KP members among a wider audience; drawbacks include their need for training, such as an ability to speak consistently and accurately about health issues and scientific literature.

2. INFLUENCING PUBLIC PERCEPTION OF THE PROJECT OR ORGANIZATION

Strategies to positively influence public opinion can provide safety through visibility and community support. A project or program implementer that is well known and well perceived is less likely to be attacked than one that is unknown or negatively perceived, including because potential attackers understand that they cannot act with impunity. Some organizations cast a broad net in their programming, offering services to many communities—such as pregnant women and migrants—not only to KP members. In this way, an organization can demonstrate a clear value to its neighbors who are less likely to turn against the organization, even if they are not supportive of work with KP members.

ILLUSTRATIVE DECISION POINTS

- What topics to engage on, in addition to HIV, is an important choice. Issues such as gender-based violence (GBV), reproductive health, economic empowerment, and women's empowerment disproportionately affect key populations and are linked to HIV. These are causes that can bring together a wide coalition as they are generally understood to be pressing issues facing all of society.
- Deciding to work in a coalition, while it can strengthen alliances, also limits the organization's ability to focus on its own mission as pursuing collective goals can take time and energy away from the CSO's original area of focus.

3. DOCUMENTING HARMS FOR TRACKING AND ADVOCACY

Many organizations working with vulnerable communities seek to record abuses in order to facilitate advocacy goals and reduce for attackers. Documentation can also allow clearer understanding of ongoing trends and may help predict crackdowns or unsafe areas for operation.

ILLUSTRATIVE DECISION POINTS

- Whether the organization has the capacity to assist those whose experiences of abuse they document is an important consideration. If the organization is only able to document abuses but not respond to them, or if the organization does not have resources to analyze data and use it for advocacy, this approach may cause harm because the individuals reporting harm will not receive direct support, such as psychological first aid.
- Whether the organization can safely store data is an important practical and ethical consideration. If the organization does not have that capacity, then collecting information on abuses could put individuals at risk for additional victimization.
- Whether the organization has an ability to use information gathered should also be considered. If information is collected but never used, there can be fatigue or disillusionment from those sharing their stories and their mental health can be impacted. In addition, reporting of abuses may begin to decrease, which could falsely suggest less violations.

4. PROTECTING OFFICES, DROP-IN CENTERS, AND OTHER PHYSICAL LOCATIONS

These strategies are important to deploy if the program implementer has workers at a specific physical location, and particularly if beneficiaries also come to this location (e.g., a drop-in center or clinic). These protections include locks, cameras or closed-circuit television, layouts that involve multiple entrances/exits, and procedures to govern flow of and behavior by beneficiaries while on the premises.

ILLUSTRATIVE DECISION POINTS

- When using cameras, remember to weigh the dangers of recording beneficiaries of KP programs (especially in criminalized contexts), the willingness of beneficiaries to visit a space that includes cameras, and the safety of staff and property. Using a camera also necessitates developing a policy to guide the use and destruction of recordings in a way that limits breaches in confidentiality and conveying this policy in a transparent way to beneficiaries.
- Locating a clinic in a neighborhood with fewer security incidents can help staff and beneficiaries feel safe but may also mean it is less accessible to those who most need the services it provides. Considering transportation options and routes for workers and beneficiaries is an important part of the process.

5. KEEPING WORKERS SAFE DURING PHYSICAL AND DIGITAL OUTREACH

These strategies focus on outreach and are relevant to programs that conduct outreach in the physical and/or digital world. They include approaches such as finding and monitoring safe routes for outreach, preventing sexual harassment by beneficiaries in the field (especially when connections to beneficiaries are made through forums like dating applications), tracking workers, and training workers to interact with law enforcement and potentially aggressive beneficiaries.

ILLUSTRATIVE DECISION POINTS

- Hosting outreach online may be safer than in-person operations. However, digital surveillance is a serious consideration, as are safety concerns when transitioning clients from online to offline which involves in-person meeting of an individual who may only be known to the outreach worker through their online interactions (versus interacting with an individual that other beneficiaries bring to the program). In addition, in a context in which KP members are not all online, there is a risk of increasing the digital divide between individuals with more and less access to technology, such as smart phones.
- Talking about individual risks to KP implementers requires organizations to take steps to prevent the advice they give to promote safety from causing harm. In the past, some security trainings for peer educators have emphasized the need for them to minimize any signs that they are KP members. For example, workers may be told to dress and act more in line with gender norms to avoid calling attention to themselves. While this advice may be viewed as simply practical, it can violate individuals' rights to autonomy or seem to blame them for

any attacks that occur by suggesting that their nonconforming behaviors are the issue. Such advice also does not consider the harms done to individuals forced to live in a way that is not true to themselves, which has psychological ramifications. Security trainings should be practical but should also pose questions to those being trained instead of being prescriptive, making it clear multiple factors should be weighed in determining how to stay safe and that it is not wrong to be true to oneself.

6. DEVELOPING FUNCTIONAL AND INSTITUTIONALIZED SECURITY PROTOCOLS, INCLUDING FOR EMERGENCIES

Almost all organizations have some activities in place to protect safety, even if it is as simple as talking to workers about following their intuition. However, when strategies are not institutionalized, they do not protect everyone equally, put the onus on the workers and not the organization, and are less sustainable. Furthermore, some responses to safety challenges—such as psychological support to workers—must be institutionalized to avoid harm to workers who may not otherwise get the support they need.

ILLUSTRATIVE DECISION POINTS

- Developing protocols or policies while maintaining flexibility to be responsive to the dynamic nature of safety issues is another area where intensive thought is required. Policies and protocols need to be adaptable and flexible. At the same time, they should be explicit enough to clearly indicate who has decision-making power (emergencies, in particular, require a common understanding of what should be done and who can determine these steps). As such, when developing policies, organizations should also plan for regular opportunities to revise and

renew them. There should also be a mechanism for emergency review and revision during crisis situations, such as the COVID-19 pandemic, where many policies may need to be revised or new policies developed to account for new risks and realities.

7. KEEPING DATA AND COMMUNICATIONS SAFE

HIV programs handle sensitive data on beneficiaries. Their materials and messages between workers may also be sensitive. Protections for data and secure forms of communication can prevent leaks that may lead to blackmail or other abuse, including physical harm to workers.

ILLUSTRATIVE DECISION POINTS

- The level of technology to employ varies. Some data protections are low-tech, such as keeping paper files in a locked cabinet. Others require encryption, cloud storage, software updates that necessitate some comfort with technology, and funds to purchase and continually update software and equipment. When determining which options are appropriate and feasible, consider both the sensitivity of the data the organization handles as well as the current and future resources and staff available to support digital safety. All digital safety should also include continual sensitization of workers to ensure they use technologies (especially new technologies) appropriately.

CASE STUDIES

Through the scoping visits, literature review, and workshop several promising practices in each area were identified. Brief case studies from the MENA region are provided in **Table 4** for illustrative purposes. They represent strategies that have been implemented in real life, have demonstrated positive outcomes, and have potential to be adapted or replicated. These case studies highlight the combined nature of safety and security strategies. Rarely is one strategy used in isolation.



TABLE 4. CASE STUDIES OF PROMISING PRACTICES

STRATEGY TYPE	EXAMPLE
<p>INFLUENCING PUBLIC PERCEPTION OF THE PROJECT OR ORGANIZATION</p>	<p>ALCS in Morocco uses several techniques to ensure the public knows about and understands their important work. This includes a standard approach to sharing information among their staff/workers via regular sensitization so that all workers are prepared to describe ALCS’ work in a consistent way, creating a newsletter that is circulated to the public and donors on their efforts to keep Morocco healthy, and engaging with well-known and respected local scientists in a public way. They also engage in efforts to ensure the media knows how to report on their work. This includes establishing trusted contacts within the media, always writing press releases to avoid being misquoted, and training members of media on who KP members are and how to talk about issues such as HIV. See Tool 3 for their media training tool and newsletter.</p> <p>OPALS in Morocco works with a broad group of beneficiaries on topics that go beyond HIV, in a public and accessible way, to demonstrate their value to society as a whole. Activities include public health quizzes, such as the OPALS AIDS Quiz, which help users of any population to understand their own level of knowledge and personal risks regarding HIV, STIs, and cervical cancer. The quiz also improves their knowledge of sexual and reproductive health, while at the same time familiarizing a wider audience with the issues facing various sub-groups, including members of key populations. OPALS also offers a wide range of health services based on the “self-care” approach such as prenatal care, to ensure that they meet the wider needs of key population members while meeting the needs of larger groups, such as pregnant women.</p>
<p>CULTIVATING AND SENSITIZING EXTERNAL ALLIES</p>	<p>LebMASH in Lebanon runs a competition each year for medical students called “Break the Silence: Willing to be Allies.” In this competition medical students are encouraged to work more openly on peer-reviewed research papers pertaining to KP health. The winner receives a partnership with GLMA USA (Health Professionals Advancing LGBT Equality) and participates in the yearly GLMA conference to learn from fellow allies in the United States. The winner then returns to present to their fellow students and faculty. In some cases, the winner also receives media attention, normalizing and celebrating quality health care for KP members.</p> <p>AIDS Algérie and El Hayet in Algeria work in partnership with the government of Algeria to design and implement programs for KP members. These programs are co-designed with the Ministry of Health to meet the country’s HIV-related targets, and activities receive explicit permission, including letters for outreach workers to carry stating their purpose.</p>

TABLE 4. CASE STUDIES OF PROMISING PRACTICES

STRATEGY TYPE	EXAMPLE
CULTIVATING AND SENSITIZING EXTERNAL ALLIES, CONTINUED	<p>APCS in Algeria is inclusive and works with a broad range of stakeholders to keep their workers safe. They sensitize religious leaders, uniformed service members, elected officials, and other NGOs so that these groups understand the work of APCS and its strategic importance to the health of all Algerians.</p> <p>Freedom Programme in Egypt conducts meetings to share facts about key populations with religious leaders. This includes introducing these leaders to the families of KP members (such as parents and children) to help them see KP members as part of society and as whole beings, not simply as “behaviors.” As part of these efforts, religious leaders participated in developing the <i>Cairo Declaration of Religious Leaders in the Arab States in Response to the HIV/AIDS Epidemic</i> (an activity led by FHI 360). This document was signed by Muslim and Christian leaders across the region and described their commitment to realizing the value of each human being. See Tool 3 for the declaration.</p>
PROTECTING OFFICES, DROP-IN CENTERS, AND OTHER PHYSICAL LOCATIONS	<p>El Nour in Egypt helps KP members feel safe at government-run facilities without sacrificing their own safety as implementers. They do this by sensitizing providers in the government facilities on key issues such as confidentiality and the importance of KP members to the HIV response to ensure that they respect the peers accompanying KP members to services.</p> <p>An organization in Tunisia works to ensure the mental health of their staff as part of their holistic approach to security at their drop-in centers. Beneficiaries at these centers experience a range of extreme stresses and can take out their frustration on the staff. As a result, the psychologist at the center works not only with the beneficiaries—thereby preventing outbursts toward staff—but also supports the service providers and reminds them that their mental health is an important asset to both themselves and the goals they are working toward.</p> <p>DAMJ in Tunisia works with allied realtors to review new locations for offices in order to find locations with fewer dangers from neighbors or landlords who may not be supportive of KP programming.</p> <p>Bedayaa in Egypt follows strict rules when welcoming new beneficiaries into HIV testing/counselling and referral systems. This is in order to ensure that no one who wishes to cause the organization or its beneficiaries harm is allowed on the premises. Potential clients submit an online application and must then be vouched for by an existing staff person or volunteer. If a new client is accepted, an appointment is arranged in a way that limits contact with others receiving services in order to protect confidentiality and avoid the gathering of groups. Finally, program participants receive instructions on appropriate behaviors before they visit the premises for the first time. This extensive process keeps beneficiaries, staff members, volunteers and consultants safe.</p>
DOCUMENTING HARMS FOR TRACKING AND ADVOCACY	<p>AFE operating regionally trains journalists and activists to report on attacks and rights abuses against KP members without sensationalism while highlighting their shared humanity and the harms to collective health and well-being that arise from anti-KP abuse.</p>

TABLE 4. CASE STUDIES OF PROMISING PRACTICES

STRATEGY TYPE	EXAMPLE
KEEPING WORKERS SAFE DURING PHYSICAL AND DIGITAL OUTREACH	<p>SIDC in Lebanon keeps their workers safe during outreach by adopting several complementary measures. First, the peer selection process ensures that chosen peer outreach workers can abide by the rules that govern outreach. Second, once hired, peers receive training to ensure that they understand the risks and limitations of their work. This includes training on what SIDC stands ready to do to support its workers should an incident occur—an important part of helping workers decide the level of risk they feel comfortable taking on. The training also builds peers' capacity to conduct outreach safely, covering topics such as nonviolent communication and how to interact with law enforcement safely. In addition, each peer is provided with an ID card that is signed by the National Aids Program, allowing peer outreach workers to clearly and quickly demonstrate that their work is endorsed by the government.</p> <p>MENA Rosa in Lebanon ensures that their focal points in the MENA Region have the self-esteem and information they need to speak to individuals from all different backgrounds. The training includes learning about different communication styles, network and advocacy, how to create strong relationships with key stakeholders, and the local legal context in which each focal point operates.</p> <p>AMSED in Morocco tracks outreach workers while they are in the field to ensure that if they experience security issues, the organization can intervene promptly. This includes using phones to track the GPS location of staff and regular check-ins via phone between managers and peer educators when outreach begins and ends.</p> <p>ANISS in Algeria works with their outreach staff to ensure they feel safe during activities by planning routes with the staff and allowing them to decide on the number of commodities they will carry with them.</p> <p>ATP+ in Tunisia provides counseling to peers who are harassed during outreach or who experience abuse from their families because of their participation in the key population program. Counseling focuses on mitigating the psychological harm of the abuse and helping the peer prevent or avoid further abusive situations.</p>
DEVELOPING FUNCTIONAL AND INSTITUTIONALIZED SECURITY PROTOCOLS, INCLUDING FOR EMERGENCIES	<p>m-Coalition members in Tunisia successfully applied to the international coalition of Dignity for All for funds to address a pattern of robberies affecting their organization. The funds were able to cover improved physical security measures.</p> <p>ALCS in Morocco institutionalized expectations for appropriate staff behavior via a code of ethics that all workers must sign when they begin to work with the organization. This code prevents abuse of beneficiaries or inappropriate behavior by staff that could lead to a security incident. It includes charters on confidentiality, anonymity, and appropriate data management. To ensure the code is taken seriously, it is in the contract of each person joining the organization and is revisited during all large organizational meetings.</p>
KEEPING DATA AND COMMUNICATIONS SAFE	<p>FHI 360 in Egypt instituted unique identifier codes (UIC) codes to ensure that data on KP members could not be used to identify individuals. All those handling data were asked to sign a code of ethics and immediate action was taken if a breach in data safety occurred, including retraining workers as appropriate.</p>

TABLE 4. CASE STUDIES OF PROMISING PRACTICES

STRATEGY TYPE	EXAMPLE
CROSSCUTTING: EMERGENCY PREPAREDNESS	Marsa Sexual Health Center in Lebanon trains all their workers on how to set their own boundaries in order to limit sexual harassment at work and explains the services available if an incident of harassment occurs. In this case, the services of a mental health professional are immediately offered to the individual worker affected.
CROSSCUTTING: DIGITAL SAFETY	AFE , along with others organizations in the MENA region, are part of a Facebook advisory board. Via this mechanism, organizations can provide information directly to Facebook administrators about individuals or pages inciting violence against KP members in the MENA region.
CROSSCUTTING: COVID-19	Caritas in Egypt has begun virtual support groups for implementers of KP programs to help them manage the COVID-19 crisis. These support groups meet by using ZOOM Cloud meetings in addition to psychological support through helpline to share accurate information about the virus while helping workers sort through their own fears and anxieties as well as those of their beneficiaries.

TOOL 1



RECOMMENDATIONS TO INFORM THE RESPONSE TO SAFETY AND SECURITY CHALLENGES

The review, scoping visits, and security workshop also led to the development of broad recommendations to help inform current and future programming for and with key populations in MENA:

1. MAKE HIV PROGRAM PRINCIPLES AND APPROACHES THE FOUNDATION OF SECURITY EFFORTS.

Responses to safety and security should follow the same good practice principles and approaches as other aspects of HIV programming. Examples include:

- **Do no harm**—prioritizing the well-being of program implementers and ensuring that actions do not make situations worse, especially for those who have already been harmed, in either the short- or long-term.
- **Nothing about us, without us**—ensuring that security efforts are informed and led by program implementers themselves, including KP members who implement programs
- **Rights-based approach**—ensuring the rights and dignity of program implementers are protected and respected and responses do not, for example, require them to stop being true to themselves in order to stay safe
- **Country-led/owned approach**—ensuring that decisions are made by local/national organizations (where appropriate and useful, supported by regional and international stakeholders).

2. MAKE SECURITY A PRIORITY AND RESOURCE IT EXPLICITLY.

Safety and security in KP programs should never be assumed or left to chance. Ideally, it should be contemplated from the proposal stage of a project. In the risk assessment portion of the proposal, the applicant should identify priority risks while the proposal itself details activities to respond to these risks. Annex A offers examples of security challenges that organizations can review and use as they consider their own risks.

BUDGETING FOR SECURITY

Upfront investment in planning and prevention is significantly easier and more cost-effective than having to take reactive measures (such as relocating an office). Setting aside funds to support outreach workers or others who experience harm, for example, to cover hospital fees in case of violence, allows for immediate action when a crisis occurs and demonstrates to workers that an organization is committed to their well-being.

Safety and security safeguards should be an organizational priority and an essential component of all HIV programming for and with KP members. As such, security activities should have specific budget line items (**Budgeting for Security**). Such safeguards are not a luxury or added extra, but a necessity. When activities to promote safety and security are not explicitly included in donor requests for proposals, it is important to lobby for their inclusion in budgets and work plans. The inclusion of security in budgets supports the recommendations of normative guidance, such as the World Health Organization guidelines and KP implementation tools, that prevention and action in response to violence against KP members is a *critical enabler* of effective responses to HIV.^{13,14,15,16,17}

Worker mental health is of particular importance to organizational security efforts and should be resourced and programmed for explicitly. Implementing activities for an HIV program brings with it a unique set of mental health strains. Beyond the violence and abuse that can be perpetrated against implementers for their work, they also meet daily with beneficiaries who have needs that often far exceed the capacity of the organization. Being unable to meet needs for basics such as safe housing and nutritional support takes a toll on workers' mental health, and organizations must make investments in worker mental health to avoid burnout and negative outcomes for workers, such as substance abuse.

3. MAKE A SAFE WORKPLACE THE EMPLOYER'S RESPONSIBILITY.

Many gaps must be addressed to ensure a safe and secure environment for KP program implementers, whether at established offices and clinics or in the field. Many donors do not fund safety and security activities in their HIV programming and, in some cases, organizations seeking to provide employees with insurance also find that local structures—such as policy plans available—do not meet their needs. The result too often is that workers are left responsible for their personal safety and security.

However, global standards require that employers bear and fulfill an ethical duty of care to ensuring the safety and security of their employees (e.g., guidelines provided by the International Labour Organization).¹⁸ In the case of CSOs where resources are limited, donors need to be stronger advocates for safety and security in programming and provide a means for implementing organizations to budget and plan for safety and security so that they can uphold their duty of care to their employees. Holding up successful and responsible organizations as positive examples can not only give them the accolades they deserve, but also influence the field.



TABLE 5. ASSESSING THREATS AND LIMITING AN ATTACKER'S ABILITY TO ACT

A systematic approach to **assessing threats**¹⁹ includes asking the following questions

1. What are the facts surrounding the threat?
2. Is there a series of threats that became more systematic or frequent over time?
3. Who is the person who is making the threats?
4. What is the objective of the threat?
5. Do you think the threat is serious?

Threats can be countered by considering and removing (when possible) **what an attacker needs**²⁰ to carry out an act of violence.

- **Access:** to the potential victim/organization physically or virtually
- **Resources:** anything that can be used to carry out the attack— information on the victim's location or weaknesses; weapon, transport, money, etc.
- **Impunity:** legal and/or social
- **Motive:** reason to act

4. PLAN AHEAD AND MAKE SURE THAT EVERYONE KNOWS THE PLAN (WHILE MAINTAINING FLEXIBILITY).

Prevention and response measures for safety and security should be carefully identified and mapped out within an organizational security plan that is developed, known, and owned by the whole organization or institution. The plan should be rationalized, systematic, and informed by evidence in the relevant local context. It should identify critical threats and risks to safety and security and provide a clear, step-by-step guide for what actions should be taken, by whom, and when. A successful plan complements the emergency plans of key partners, such as key-population-friendly HIV clinics.

The plan should also be responsive to which threats are most serious and include actions designed to limit the ability of an attacker to carry out violence. See **Table 5** for more on assessing the seriousness of a threat and identifying the resources that an attacker needs to perpetrate abuse.

Finally, a good security plan requires systematically deciding which specific threats are the priority by identifying which carry the most risk to the organization (e.g., not only those that are serious but also will have the largest impact). Since it will not be possible to take all desired steps to improve security at one time, respond to the most pressing safety and security challenges first.

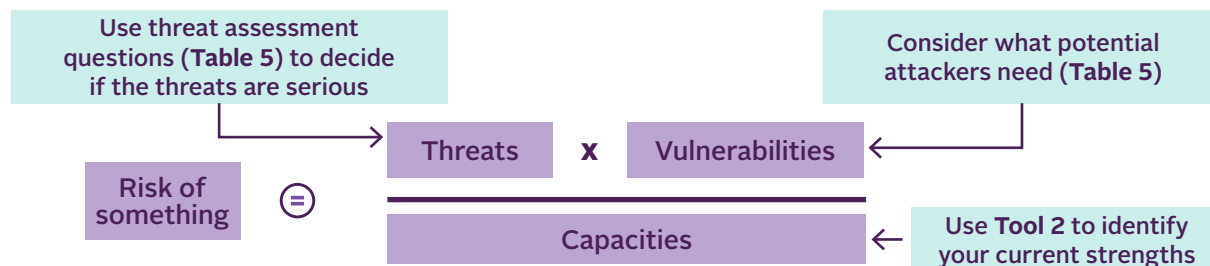
See **Figure 3** for a formula to identify the priority security challenges by determining the risk of specific harmful outcomes that the organization believes may occur. It includes an example.

5. EXPLICITLY DISCUSS THE LEVEL OF RISK THAT IS ACCEPTABLE ORGANIZATIONALLY AND INDIVIDUALLY.

Activities to improve safety and security should be based on an appreciation that every individual, organization, and program has a different level of comfort with and tolerance of risk. An organization's security plan should not, for example, be based solely on the *risk appetite* of the director, who may, personally, be more used to or prepared to face threats. Realistically, in hostile environments, it is likely that all work with key populations will be associated with *some* degree of risk. However, no one should feel forced to take risks they are uncomfortable with. All workers should have—preferably *before* a security incident occurs—the opportunity to think through and articulate what they, personally, are comfortable doing. Examples of options include accepting the level of risk, reducing the level of risk, sharing the risk, or avoiding the risk.²¹ Once the individual levels of risk appetite are understood, individuals and their organizations can make informed decisions about how to respond to actual risks that are identified.

When environments change, risks change as well. This means conversations should be ongoing about identifying risks, discussing acceptable levels of risk, and helping workers understand what the organization will do to help mitigate risks. For example, during COVID-19, the risk of participating in outreach efforts changed dramatically. Individuals who were more likely to have severe complications from infection—such as those with underlying health conditions—were now at greater risk

FIGURE 3. FORMULA TO DETERMINE RISK THAT A SPECIFIC HARM WILL OCCUR



EXAMPLE	
Pick a specific risk (location, activity, person):	Our CSO is worried that our outreach workers will be physically assaulted during outreach to bars.
Consider threats that make the risk more or less likely:	Verbal abuse, including threats of physical violence, have occurred since the project began and have recently increased (systematic/frequent); the perpetrators are often the bar owners (who is making the threat) who do not want outreach to occur in their businesses (objective).
Name your vulnerabilities:	Outreach is done by sex workers who are seen as unlikely to report abuse (impunity for perpetrators); outreach occurs at night on a regular basis (resources—their location is known); transport is on foot (access to carry out an attack); bar owners do not want the outreach workers to encourage sex workers to use condoms because they believe clients will pay less (motive).
Name your capacities:	Peer outreach workers wear ID cards that show they are connected to the Ministry of Health and include a phone number to reach a locally trained police officer; peers go out in pairs; peers have phones with pre-paid airtime in case they encounter issues; peers have a noncontroversial message to describe their work; peers whereabouts are tracked via logbook and GPS; peers have safe havens in each neighborhood they work in because they are known and respected by other sex workers.
Decide what to do:	Given all of these factors, decide whether the capacities to prevent the harm from occurring are sufficient to outweigh the threats and vulnerabilities. If not, develop a security plan that will help you to decrease vulnerabilities (when possible) and increase capacities. For example, the program may decide to begin sensitizing bar owners to decrease their abusive behaviors or it may decide to relocate outreach activities to other places sex workers gather.

during outreach then those without underlying health conditions. As these risks were new, it was important for organizations to help workers assess their own risks and then decide how much risk they felt comfortable taking on, ideally with support from their organizations to be assigned to other tasks if in-person outreach was deemed too risky.

6. OPERATE WITH A KNOWLEDGE OF BOTH THE ACTUAL RISKS AND THEIR UNDERLYING CAUSES (INCLUDING LEGAL FRAMEWORKS).

Responses to safety and security incidents need to be informed not only by the immediate causes (the trigger) but the longer-term influencing factors (the root causes). Equally, responses must be tailored to the specific context—cultural, political, legal, etc.—in which challenges occur. As discussed in the Illustrative Decision Points in Section 3 of Tool 1, something may be feasible and effective in one context (e.g., dialogue with the police) while it causes harm in another.

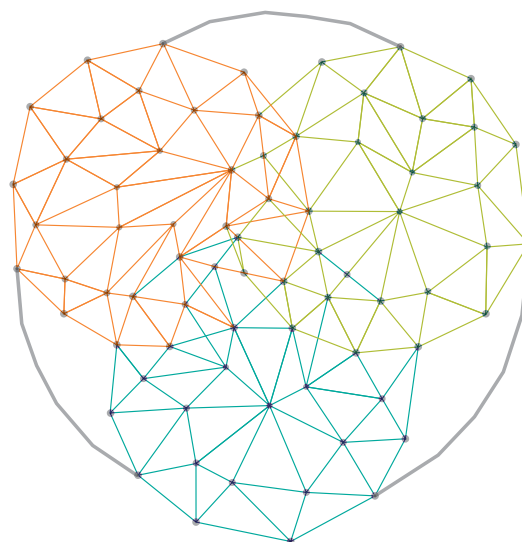
An important component of understanding the risks and their causes is a review of the legal framework in a country to determine what activities, if any, may come under scrutiny from law enforcement and to understand and be able to articulate your rights as a program implementer. This information should be shared broadly with workers who also receive capacity building on how to articulate these rights to local authorities or others who may have questions about their activities.

7. ACKNOWLEDGE THE DIFFERENT VULNERABILITIES AND CAPACITIES OF EACH WORKER IN SECURITY PLANNING.

Safety and security responses must be based on a constant mindfulness that staff and volunteers for HIV programs who are themselves members of KPs face double vulnerability in both their

FIGURE 4. A HOLISTIC APPROACH TO SAFETY AND SECURITY

- △ **PHYSICAL SECURITY**
Threats to our physical integrity.
Threats to our homes, buildings, vehicles.
- △ **PSYCHO-SOCIAL SECURITY**
Threats to our psychological well-being.
- △ **DIGITAL SECURITY**
Threats to our information, communication and equipment.
- Holistic security analysis, strategies and tactics.



Source: Tactical Technology Collective. *Holistic Security: A Strategy Manual for Human Rights Defenders*. Berlin: Tactical Technology Collective; 2016.

professional and personal lives. This is also the case for individuals living with HIV and those who are undocumented or part of refugee communities. All the individuals working in KP programs have distinct vulnerabilities and capacities that should be taken into account instead of using a one-size-fits-all approach. It is especially important to consider issues related to:

- **Gender.** For example, in some contexts, staff members who are cis female,^{iv} transgender, or cis male with more feminine gender expressions may be especially vulnerable to GBV within the implementation of HIV programs and, in turn, may need more and/or different prevention

and response measures compared to other colleagues. Power dynamics within organizations can also be affected by gender and specific attention should be paid to ensuring a workplace free of sexual harassment.

- **Age.** For example, there may be power dynamics within the organization that favor older or younger workers. A worker's age is also likely to impact threats they experience during outreach; younger workers experience greater surveillance by police in some settings, especially during periods of political upheaval.

- **Different groups and subgroups of key populations.** There are issues to consider:
 - **Between key populations.** For example, staff members working with specific key populations (such as people who inject drugs) will need safety and security responses tailored to concerns relating to overdose, drug interaction, and safe injecting practices. Also, some key populations may face unique challenges within responses to incidents (for example, transgender people may lack official documentation and be unable to lodge an official complaint).
 - **Within KP programs.** For example, safety issues may be different when doing outreach with men who have sex with me at hotspots, in residences, or online.
 - **Multiple vulnerabilities.** For example, workers that support individuals who belong to more than one KP group may be vulnerable to multiple safety and security challenges and require a unique set of responses. For instance, workers who serve sex workers who inject drugs may need to carry a range of commodities (syringes, condoms, etc.) that might heighten their risk of arrest and detention.
- **Different legal status.** This includes considerations for individuals who may be in a country without legal documentation or those with criminal records who may face tougher penalties if they interact with the judicial system.

^{iv} Cisgender refers to individuals whose gender identity aligns to their sex assigned at birth. A person who sees herself as a woman and who was assigned female at birth is a cis female.

8. GET TO KNOW ALL STAKEHOLDERS, NOT JUST OBVIOUS ALLIES.

It is critical to try to reach out to the individuals and institutions that either directly or indirectly lay behind safety and security challenges. This may involve building relationships with stakeholder groups such as law enforcement, religious leaders, and community leaders. Such partnerships may take time and require significant patience but can bring important rewards. For example, when such stakeholders become members, rather than opponents, of local emergency response teams. Taking time to make personal connections and learn from other groups working with different communities is a useful tactic.

9. IDENTIFY BOTH THREATS (PHYSICAL, DIGITAL, PSYCHOLOGICAL) AND SECURITY STRATEGIES HOLISTICALLY.

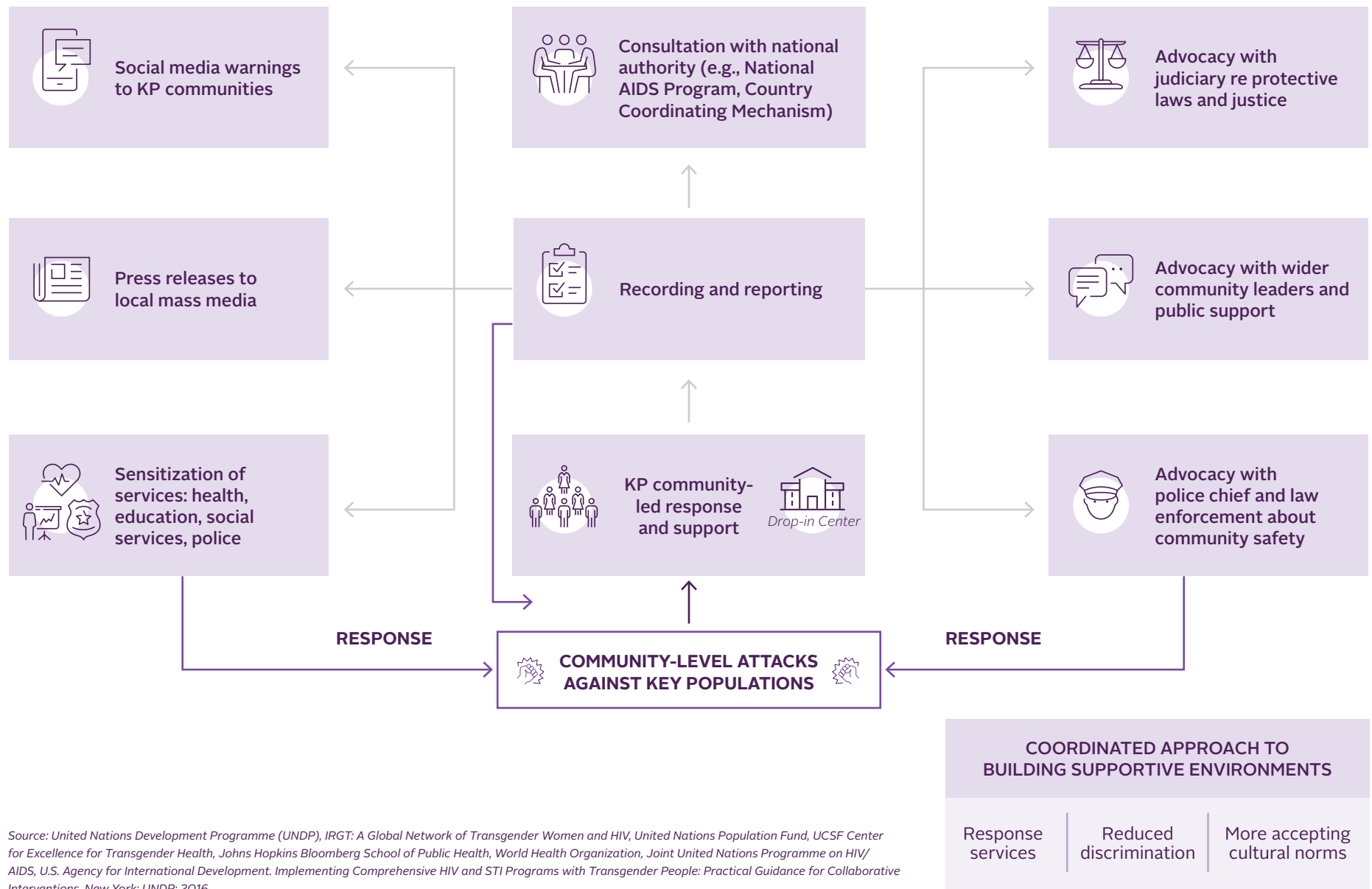
Safety and security challenges in KP communities and HIV programs are rarely one-dimensional. They also change over time. As such, responses need to be:

- **Holistic**—addressing physical, psychosocial, and digital safety and security, as suggested by the Tactical Technology Collective [see Figure 4].²² Responses should involve both inward-facing initiatives (e.g., developing and communicating an emergency plan) and outward-facing initiatives (e.g., building relations with local stakeholders).
- **Comprehensive**—using a multilevel and multifaceted approach [see Figure 5].²³
- **Flexible**—having the potential to modify plans and adapt quickly and effectively, such as in response to a sudden change in the security environment.

10. BE TOGETHER, WORK IN COALITION, AND LEARN FROM ONE ANOTHER.

Be aware of safety and security as a collective. While each KP program or implementing organization has distinct safety and security challenges, overlaps exist. Sharing challenges, successes, and questions provides an opportunity to learn from and reflect critically on experiences, strategies, and resources that can then be leveraged to strengthen safety and security responses. Coordinating bodies such as the Foundation+ Platform, coordinated by Association de Lutte Contre le Sida, can be leveraged in the MENA region.

FIGURE 5. A COMPREHENSIVE APPROACH TO VIOLENCE WITHIN PROGRAMS



Source: United Nations Development Programme (UNDP), IRGT: A Global Network of Transgender Women and HIV, United Nations Population Fund, UCSF Center for Excellence for Transgender Health, Johns Hopkins Bloomberg School of Public Health, World Health Organization, Joint United Nations Programme on HIV/AIDS, U.S. Agency for International Development. *Implementing Comprehensive HIV and STI Programs with Transgender People: Practical Guidance for Collaborative Interventions*. New York: UNDP; 2016.

TOOL 2

 *Click on each circle to learn more*

CHECKLIST OF SAFETY AND SECURITY STRATEGIES

PURPOSE AND CONTENT

This tool explains how to use a practical checklist, which is provided, to help program implementers systematically explore and make plans to respond to their safety and security needs. It includes questions about strategies under seven areas of safety and security—described in more detail under Section 3 of Tool 1—as well as cross-cutting questions on emergency preparedness, digital security, and COVID-19.

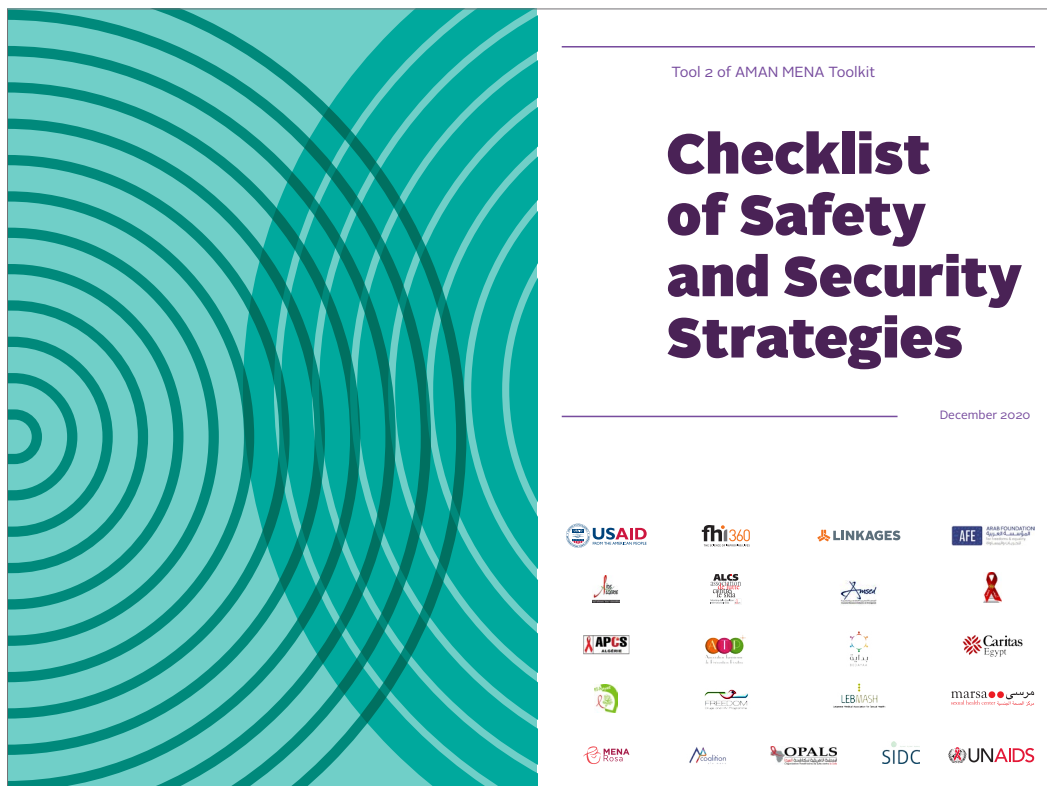
TOOL 2




HOW TO USE THE CHECKLIST

This user-friendly checklist poses straightforward questions to support you in planning and implementing actions to improve your safety as you work on HIV programming for key populations.

The tool is designed to complement, not replace, organizations' more detailed strategies and policies on areas such as security, human resources, risk management, and protection to ensure the full range of safety and security issues is addressed.



 To download the checklist, click the image above or insert <https://www.fhi360.org/sites/default/files/media/documents/aman-mena-english.xlsx> into your web browser

TOOL 2



IDENTIFYING NEEDS AND OPPORTUNITIES IN ADVANCE

Conducting a safety and security needs assessment before implementing Tool 2 may be useful. Such an assessment could involve hiring an expert to help identify and then brief your organization on the pressing safety concerns that pose a risk for your program or staff.

The assessment may include a review of relevant details of the criminal law and examples of how others implementing programs have responded to those laws, contact information of local allies within the police and other law enforcement agencies who may be able to assist your group, any hot spots where the prevailing social attitudes are particularly hostile and might jeopardize outreach, and a mapping of recent violence in your area that could be linked to threats to your program or organization. However, a needs assessment is not required, and organizations may already be aware of their main risks and potential allies based on their years implementing programs or their active monitoring of security incidents.

TOOL 2



COMPLETING THE CHECKLIST

Key workers involved in reviewing the checklist and implementing activities in response to identified gaps are the members of a safety and security management team. If no such team exists, the first step in this process is to form one (see box titled **Safety and security management team**).

Once the team is formed, you should collectively agree on when you will use the checklist. The checklist can be used regularly as part of routine safety and security planning in your organization or program. For example, you could review the checklist every six months at a meeting of the safety and security management team. It may also be used when a specific safety and security incident occurs or begins to happen more frequently to help you systematically think about options for mitigating future harms.

SAFETY AND SECURITY MANAGEMENT TEAM

MEMBERS

The size and composition of this team will vary depending on the size of your organization. Each organization should identify a **safety and security focal point**—someone who coordinates the organizational response, who has been trained in safety and security, and who sensitizes and updates colleagues on internal safety and security policies. Ideally, the safety and security management team should include:

- Safety and security focal point
- One person from senior management (or an individual with decision-making power)
- One or two staff members from different levels in the organization
- Someone with information technology expertise if digital security will be discussed

RESPONSIBILITIES

Beyond the completion of the checklist, the duties of the safety and security management team should include making strategic decisions about, developing procedures for, and coordinating the implementation of safety and security policies.

Whenever the checklist is used, it should be completed in a safe and private space where it is possible to speak openly. Because Tool 2 is designed to inform policies and procedures governing activities wherever program design, implementation, and monitoring occurs, the safety and security team should visit those sites or speak

to representatives from those sites to better understand the unique challenges and needs in different settings.

When completing the checklist, refer to each section heading to determine what type of organization should complete this portion.

For example, some sections should be filled out by lead agencies (such as principal recipients of the Global Fund) as well as organizations who are implementing activities (such as Global Fund subrecipients). Others, such as section D, which covers safety at physical locations, should only be completed by those who implement activities directly but should be done individually for each site instead of at an organizational level. This is further discussed in the box **How can collaborating organizations and regional networks work together to meaningfully complete the checklist?**

For all those completing the various sections of the checklist, please read each question in Column B. If the question requires further clarification, refer to Column C where clarification is offered. After each question put a “1” under either yes, no, somewhat, or not applicable to indicate the response that best aligns with your organization’s reality.

- **Yes:** This answer indicates that the organization routinely implements this strategy. For example, under question 1. “Does the organization take actions to be visible to the public, portraying a positive image?” if the organization has a continued campaign to be visible in a positive way, they would put a 1 under “yes.”
- **No:** This answer indicates that the organization has never engaged in this strategy and does not currently implement it. For example, under question 1. “Does the organization take actions to be visible to the public, portraying a positive image?” if the organization has never conducted activities to have positive public visibility, they would put a 1 under “no.”
- **Somewhat:** This answer indicates that the organization has used this strategy in the

HOW CAN COLLABORATING ORGANIZATIONS AND REGIONAL NETWORKS WORK TOGETHER TO MEANINGFULLY COMPLETE THE CHECKLIST?

The rationale for having different organizations complete different sections of the checklist is that not all strategy types are relevant to each organization, and organizations working together can complement one another. Especially in the context of an umbrella organization and several implementing partners all working on the same objectives, the way an organization completes the checklist may be dependent on their collaborators’ approaches to security. For example, if a lead organization has asked all implementing partners to direct journalists’ questions to the Ministry of Health, then each implementing partner will simply mark questions such as “Does the organization have a designated member for talking to the media?” with “not applicable” because they do not need to have someone designated to speak to the media based on the approach used by the lead organization.

Regional networks may be unsure which components of the checklist to complete. Central leadership of such regional networks will likely benefit from completing the sections indicated as for “the organization leading the project” while their member agencies may wish to fill out the components indicated as for “individual organizations implementing activities.” They can then look at their collective results to determine where the network would like to focus their energies to fill gaps as well as share good practices across organizations.

past but is not currently using the strategy, or that the strategy is only partially employed. For example, under question 1. “Does the organization take actions to be visible to the public, portraying a positive image?” if the organization only does public activities in some of the districts where it implements or previously had a publicity campaign that is no longer operational, they would put a 1 under “somewhat.”

- **Not applicable:** This answer indicates that this strategy is not relevant or useful to the organization. For example, under question 1. “Does the organization take actions to be visible to the public, portraying a positive image?” some organizations do not wish to be visible in any way because they feel that visibility may result in harm. In this case, avoiding public visibility is a well-thought-out choice and they

would choose “not applicable” because this strategy is not useful to them. Activities that are irrelevant, such as questions on outreach for an organization that only delivers services at a clinic, would also be marked as “not applicable.”

In the column following the yes/no/somewhat/not applicable responses there is room for the person(s) completing the survey to explain their answer under “notes.” See **Notes** for more.

NOTES

While it is not required that an organization fill out the “notes” column after each question, filling it out will help make decisions on next steps, particularly if you select “somewhat” as a response and wish to provide details explaining your choice.

TOOL 2



INTERPRETING SCORES

Each “yes” answer awards a full point to the organization, “somewhat” awards a half point, “no” awards zero points.

An answer of “not applicable” does not affect the score positively or negatively. Beyond each lettered section, A-G, there are cross-cutting scores for Emergency Preparedness, Digital Safety, and COVID-19. When you fill out the checklist, consider that this tool is designed for your own personal use and your scores will only be shared if you choose to make them available to others. See the box **Getting the most out of the checklist** for additional information.

Your scores are presented as a graph on the second tab of the Excel document, “Responses Graph.”

GETTING THE MOST OUT OF THE CHECKLIST

This checklist is designed to be useful to implementers. If a strategy is not useful or relevant to your organization, marking it as “not applicable” will not impact your score and will allow you to focus only on those strategies that you think would be beneficial to employ. What you mark as “no” or “somewhat” is also not a reflection of a failure. Many of these important components of security have not been contemplated or funded in HIV programs. You can use low scores (which will result from selecting “no” and “somewhat”) to work with your funder and organization to highlight areas for growth while high scores may indicate that your organization could provide technical assistance or guidance to others embarking in this new area.

TOOL 2



ADDRESSING IDENTIFIED GAPS

When you complete the checklist, you will identify safety and security strengths and gaps. When you identify gaps, you have two immediate options within the toolkit. Looking at the strategic area under which you identified a gap, refer to the examples in **Tool 1** that correspond to that strategic area.

Examples in [Table 4](#) and the considerations described in [Section 3 of Tool 1](#) will be most useful once you have chosen specific areas for improvement. Alternatively, you can look at the annotated bibliography ([Tool 3](#)) to identify resources that directly address the gap identified.

Concurrently, you could share the gap(s) you have identified with other implementers working in your area, as they may have already developed strategies or tools that meet your needs or that could be adapted. Once you know the strategies or resources that could help you address any gaps, you may find you need additional funding—for example, to implement a safety and security training, to create an emergency response fund that can be drawn on in the case of a safety and security incident, or to install physical protections such as bars on windows. While it is possible to address many safety and security challenges without additional funding, raising and appropriately allocating resources may be an important role for the safety and security management team. This could include advocating to donors about the importance of safety and security and ensuring that all grant proposals include a safety and security budget line.

One low- or no-cost way to address identified gaps, particularly as they relate to making services available to victims of violence, is through referral. Some questions in the checklist discuss services that could be needed after a security incident (e.g., psychosocial counseling/support, medical care, or legal assistance). Whenever such service gaps are noted, consider what services your organization can provide and when it is more appropriate and sustainable to rely on the expertise of trusted partners or those that you could sensitize further.

TOOL 2



CONSIDERATIONS THROUGHOUT THE PROCESS: COMMUNICATION, CONFIDENTIALITY, AND REVIEW

It is important that the safety and security management team communicates consistently with and has opportunities to receive feedback and questions from other workers at the organization.

While the team's communication is not limited to this activity, in regards to Tool 2, the team should share the results from completing the checklist, next steps to address gaps, and any updated information—such as changes to emergency procedures or contact information for the safety and security focal point—as it becomes available.

When communicating with others working within the program or to external audiences about cases of violence—including when using this information to complete the checklist—respect confidentiality by keeping identifying information as private as possible. The principle of “do no harm” should be at the center of (1) all decisions regarding what, how much, and with whom information about specific incidents should be shared and (2) the actions taken both when completing the checklist and whenever supporting victims of violence.

As with any tool, the checklist's usefulness will be determined by how it is used. Each time the safety and security management team uses the checklist, consider including time to discuss the tool itself. Update and revise as needed to best fit your needs and your local context.

You are now ready to complete the checklist in the Excel file.

TOOL 2



SCENARIOS TO TEST EXISTING RESPONSES TO SAFETY AND SECURITY

After completing the checklist, which only allows you to respond with “yes,” “no,” “somewhat” and “not applicable,” you may find it useful to talk through the scenarios below to determine in a more practical and applied way whether the policies and procedures you have in place are sufficient to manage each of these cases.

You may also want to add your own scenarios for discussion, based on what has been happening in and around your community.

Your answers to these scenarios can also help you think concretely about content to include in any new safety and security policies and procedures that the checklist helped you determine are needed.

Ask yourselves “What would we do as an organization if...?” in each of the following examples. See [Annex B](#) for example solutions after you have brainstormed your own. There are no one right answers. Each will depend on your context.

1. The local safety and security situation suddenly gets much worse, with daily reports of verbal/physical abuse against KP beneficiaries involved in our HIV program.
2. We need to use the program budget to address urgent safety and security needs (e.g., security for the office, software to protect online files), but if we do, we won't have sufficient funding to meet our original targets.

3. A worker reports that he or she has been harassed by another worker.
4. An outreach worker is arrested while distributing condoms and is being held by police.
5. After an HIV outreach activity among a KP community, a beneficiary posts photos of the outreach workers and community members on Facebook and tags them.
6. The office is raided by the police and they take all the files and computers.
7. A hostile article about your organization is printed in the newspaper; it gives the address of your clinic and includes photographs of two of your clinicians.
8. A peer outreach worker at your organization is blackmailed by a beneficiary who threatens to tell the worker's parents that the worker is gay.

Develop your own scenario, based on the primary concerns in your context.

TOOL 3

ANNOTATED BIBLIOGRAPHY

PURPOSE AND CONTENT

This annotated bibliography presents a range of practical resources—policies, trainings, and guidelines—relating to safety and security within the implementation of HIV programs for and with key populations.

RESOURCES

- 1. Resource Name: DAL - Activist Security Guide**
Author organization: Arab Foundation for Freedoms and Equality and M-Coalition
Year published: 2016
Scope: Regional (MENA)
Language: Arabic
Short Description: DAL is a simple security guide for activists working on promoting diversity, sexual and reproductive health, and rights with a focus on lesbian, gay, bisexual, and transgender (LGBT) individuals and their vulnerability in the MENA environment. The guide allows readers to assess their own security through a series of exercises and indicators, which will help them plan and improve their security. The guide is simple to use and allows users to self-teach.
Access: AFEMENA.org and M-Coalition.org
- 2. Resource Name: SIDC Peer Educator Training Manual**
Author organization: SIDC
Year published: 2008
Scope: Lebanon
Language: Arabic
Short Description: This manual contains a brief with all the information outreach workers might need to share with both beneficiaries and other community members during their work. It also describes the code of conduct that peers are expected to follow, equips peers with skills on how to nonviolently resolve conflicts, provides recommendations on interactions with authorities or security forces during outreach, and describes the commitment of SIDC to each of its workers.
Access: www.sidc-lebanon.org
- 3. Resource Name: همزة وصل Hamzet wassil- Training Manual for MSM peer educators**
Author organization: International HIV/AIDS Alliance
Year published: 2016
Scope: MENA
Language: Arabic and English
Short Description: This toolkit is composed of three modules and one manual. Each module describes different measures and tools to assure safe, comprehensive, and efficient outreach programming.
Access: www.sidc-lebanon.org
- 4. Resource Name: Donor Newsletters**
Author organization: ALCS
Year published: Monthly
Scope: Morocco
Language: French
Short Description: Each month ALCS keeps their donors informed on their activities using a template that quickly and easily conveys the importance of their work and makes clear that they are operating transparently. These donors can then be called up to clarify the nature of their work as needed.
Access: <https://www.alcs.ma/>
- 5. Resource Name: Journalist Guide**
Author organization: ALCS
Year published:
Scope: Morocco
Language: French
Short Description: ALCS trains journalists to cover the issue of HIV in a respectful and nonstigmatizing way. Their training provides appropriate terminology and includes an agreement to be signed by those trained.
Access: alcs@menara.ma
- 6. Resource Name: Peer Educator Terms of Reference**
Author organization: ALCS
Year published:
Scope: Morocco
Language: French
Short Description: ALCS makes the code of conduct clear for each peer in the Terms of Reference. In this way, peers understand the measures in place to keep them safe and their responsibilities for the safety of others.
Access: alcs@menara.ma
- 7. Resource Name: Memorandum of Understanding for Program Activities**
Author organization: ANISS
Year published: Regularly
Scope: Algeria
Language: French
Short Description: Peers carry the memorandum of understanding (MOU) to make clear that their activities are in line with national objectives and priorities of the government.
Access: aniss2300@yahoo.fr
- 8. Resource Name: The Cairo Declaration of Religious Leaders in the Arab States in Response to the HIV/AIDS Epidemic**
Author organization: FHI 360
Year published: 2004
Scope: MENA Region
Language: English and Arabic
Short Description: This document was signed by Muslim and Christian leaders across the region and described their commitment to realizing the value of each human being.
Access: <https://www.fhi360.org/resource/cairo-declaration-religious-leaders-arab-states-response-hivaids-epidemic-pdfs-arabic-and>

- 9. Resource Name: Ensuring Compliance with the LINKAGES Data Safety and Security Checklist**
Author organization: FHI 360
Year published: 2020
Scope: Global
Language: English
Short Description: To protect service users' data, implementer safety, and programmatic integrity, LINKAGES developed a list of actions that should be taken by implementing partners (IPs) collecting, managing, analyzing, and storing such data, referred to as the Data Safety and Security Checklist. This PDF describes how to use an Excel checklist linked within the PDF.
Access: <https://www.fhi360.org/sites/default/files/media/documents/data-safety-guidance.pdf>
- 10. Resource name: Guide for medical, psychological and social support for STI, HIV AIDS and Vulnerable**
Author organization: Abdelaziz TADJEDDINE , APCS, DAR EL GHARB
Year published : 2011
Scope: MENA
Language: French
Short Description: Sensitize health staff to support KP and vulnerable population. Reduce stigma and discrimination of Health staff.
Access: apcsalgerie31@gmail.com
- 11. Islamic and Christian Guide to face Aids**
Author organization: UNDP Regional AIDS Program in Arab countries
Year published: 2005
Scope: End discrimination and stigma
Language: Arabic
Short Description: Transformative training for religious leaders to heighten awareness, increase commitment, and abolish stigma.
Access: terryhelmy@hotmail.com
- 12. Resource name: Digital Safety Series**
Author organization: AFE
Year published: 2020
Scope: MENA
Language: Arabic/English
Short Description: AFE digital security videos are an awareness-raising material designed to improve the knowledge of key population regarding digital security. In these videos, three main characters in everyday situations encounter digital threats and learn how to overcome them.
Access: <https://www.youtube.com/channel/UCteBcrckBhLL41JjNkNxjgA/featured>
- 13. Resource Name: Bedayaa's Work Health, Safety and Security Policy**
Author organization: Bedayaa
Year published: 2019
Scope: Egypt
Language: English
Short Description: This policy - which includes sections for context, risk management, decision making and incident reports as well as emergency and evacuation plan - aims to remove or reduce the risks to the health, safety and welfare of all workers, contractors and visitors, and anyone else who may be affected by our business operations to ensure all work activities are done safely.
Access: info@bedayaa.org
- 14. Resource name: Support to Draft Standard Operating Procedures Addressing Safety in Key Population Programs**
Author organization: AIDS Free and LINKAGES Projects
Year published: 2020
Scope: MENA Regional
Language: English
Short Description: This document makes recommendations about and provides sample text for standard operating procedures to strengthen the security of organizations implementing HIV programs with key populations.
Access: RLDayton@fhi360.org

15. Resource name: Peer educator training guide

Author organization: Association Marocaine de Solidarité et de Développement “AMSED”

Year published: 2009

Scope: Morocco

Language: Arabic

Short Description: AMSED produced a training guide on HIV prevention among sex workers through the peer education approach. Frequently updated, this guide serves as a reference for training on safety when performing their duties with the target population. This guide describes the code of conduct, ethics and methods of peaceful communication to be adopted when working with key populations.

Access: k.tahri@amsed.ma

16. Resource name: AMSED Procedures Manual

Author organization: Association Marocaine de Solidarité et de Développement “AMSED”

Year published: 2010

Scope: Morocco

Language: French

Short Description: AMSED places the safety of its staff at the top of its agenda by integrating safety into its updated Procedures Manual. The measures described in this manual enhance the physical safety of staff working in HIV programs, the security of the assets of the association, and the digital security of the data provided and collected within the framework of programs.

Access: k.tahri@amsed.ma

ANNEX A

UNDERSTANDING SAFETY AND SECURITY CHALLENGES AND THEIR IMPACTS

Many organizations implementing HIV programs are asked to undertake risk assessments as part of applying for funding. This annex provides examples, taken from the MENA region, that the organization and donor may consider based on their context.

SAFETY AND SECURITY CHALLENGES WITHIN THE IMPLEMENTATION OF HIV PROGRAMS AND THEIR IMPACT ON WORKERS AND HIV PROGRAMS

FACTOR	EXPLANATION AND EXAMPLES	IMPACT
INDIVIDUALS INVOLVED IN IMPLEMENTING HIV PROGRAMS	<ul style="list-style-type: none"> • Sexual assault, including rape • Sexual harassment by other workers and unwanted sexual advances by beneficiaries • Outing as a KP member or an individual who works with KP members • Verbal abuse and intimidation, including death threats • Intrusion of privacy (e.g., at home or in social media) • Blackmail and extortion • Defamation of character • Hate speech and calls for violence (including by media) • Eviction from home • Eviction from social groups (e.g., religious groups, family networks) • Law enforcement harassment, surveillance, and crackdowns, including unlawful arrest, detention, strip-search, and confiscation of commodities (e.g., condoms, lubricant, and needles) • Harm while in law enforcement custody, including forced anal examination or lack of access to ARVs • Lack of law enforcement support when abuses are reported • Theft of personal property • Threats to partners, children, and family • Accusations of terrorism • Physical attack (e.g., beating, stabbing, shooting) • Murder 	<ul style="list-style-type: none"> • Short- and long-term trauma • Loss of privacy and anonymity • Loss of reputation • Isolation from family, community, religion • Loss of employment and income (this is especially true of individuals who volunteer with KP programs and have other paid employment elsewhere) • Loss of property and possessions • Fear (e.g., of going out alone or of being blackmailed) • Homelessness • Loss of liberty (e.g., due to arrest or detention) • Government monitoring • Harassment on/inability to safely employ social media for personal use • Mental health problems (e.g., anxiety, isolation, depression, suicide) • Burnout • Restricted movement or forced to hide • Forced to seek asylum outside the country • Physical injury (e.g., bruising, broken bones, lasting disability) • Death

SAFETY AND SECURITY CHALLENGES WITHIN THE IMPLEMENTATION OF HIV PROGRAMS AND THEIR IMPACT ON WORKERS AND HIV PROGRAMS, CONTINUED

FACTOR	EXPLANATION AND EXAMPLES	IMPACT
<p>ORGANIZATIONS AND OFFICES INVOLVED IN IMPLEMENTING HIV PROGRAMS</p>	<ul style="list-style-type: none"> • Sites ransacked and raided • Sites vandalized (e.g., windows broken, rooms set on fire) • Equipment damaged (e.g., vehicles, mobile outreach units) • Equipment stolen or confiscated (e.g., computers) • Email systems/social media hacked • Physical and online records destroyed or confidential information used to harm beneficiaries and staff • Commodities removed or stolen (e.g., condoms, lubricants) • Surveillance (e.g., by police or vigilantes) • Electricity or water supplies stopped or damaged • Defamation of organization’s reputation (including through surreptitious filming) 	<ul style="list-style-type: none"> • Forced relocation or going underground • Property missing or damaged • Loss of data • Forced purchase of new equipment (e.g., computers) using organizational funds (not programmatic funds) or managing without equipment • No or reduced services offered • Limited access to clients • Reduced ability to distribute commodities • Loss of staff (e.g., due to fear, burnout, or ill health) • Provision of fewer and lower quality HIV interventions (e.g., testing events) • Inability to meet deliverables for programs funded by donors, decreasing opportunities for future funding • Withdrawal of partner organizations (especially those working primarily with the general population) and isolation from mainstream civil society • Breakdown of referral systems when partnering agencies no longer wish to collaborate • Forced reassignment of time, resources, and energy to safety and security issues (detracting from core work and services) • Damage to organizational profile and reputation • Deregistration as an organization • Temporary or permanent closure

Safety and security challenges affecting HIV programming for and with key populations in MENA occur in a wide variety of locations. These locations are in addition to abuses that often affect KP members in their personal lives, including violence in the home.

- On the way to/from program activities
- On the way to/from offices (e.g., on public transport)
- In communities
- At offices
- At drop-in centers
- At clinics and other service delivery points
- At educational organizations
- In social settings (e.g., parties)
- At police stations
- At outreach locations (e.g., streets, bars, injection sites, HIV testing events)
- At decision-making locations (e.g., government meetings, officials' offices, religious organizations)
- During research activities (e.g., focus group discussions)
- In the media (e.g., in newspapers, on the television)
- Online (e.g., on Facebook, Instagram, or Grindr)

There are a wide variety of perpetrators of violence responsible for safety and security challenges. Each of these perpetrators can play both a direct role (such as a community vigilante who physically attacks an outreach worker) and an indirect role (such as a journalist whose article inspires acts of violence or outs someone as a member of a KP). Because KP members' behaviors are often illegal and stigmatized, outing someone serves to weaponize society against them. At the same time, almost all of the individuals in this list can also be allies to KP program implementers, helping them to prevent or mitigate the impact of violence against themselves as well as beneficiaries.

- Law enforcement officers, sometimes acting within the law and other times abusing their authority
- Local and national authorities, including Ministries of Interior, Finance, Health, and Justice
- Landlords of spaces used by CSOs
- Community leaders
- Neighbors and community members located near the CSO
- Community mobs and vigilantes
- Student groups
- Disgruntled CSO workers or former workers
- Family members, intimate partners, and friends of workers
- Program beneficiaries and their families (especially if there are unrealistic expectations about what the program can offer)
- Health care providers
- Religious leaders, including lay leaders such as women's groups within religious organizations

- Decision-makers (e.g., politicians, judiciary)
- Journalists and the media
- Influential figures on social media
- Anonymous attackers online
- Members of other CSOs (especially competitors)
- Educational institutions (e.g., school directors abusing CSO representatives in schools)
- Other KP members at hot spots or third parties such as drug dealers or madams/pimps
- Human traffickers
- Donors who do not adequately fund security in KP programs
- Current or former intimate partners of CSO staff

ANNEX B

POSSIBLE SOLUTIONS TO SCENARIOS IN TOOL 2

Below are the sample security incidents from Scenarios to Test Existing Responses to Safety And Security in Tool 2 along with ideas for both preventing these incidents and mitigating their impacts regardless of whether preventative measures were taken.

Please note that the answers below are not meant to be prescriptive. An action that would result in positive outcomes in one context will cause harm in another. As such, there are no “right” answers and each organization must decide what is applicable and appropriate in their own context.

1. The local safety and security situation suddenly gets much worse, with daily reports of verbal/ physical abuse against KP beneficiaries involved in our HIV program.

In advance:

- Put a tracking system in place to record security incidents affecting the organization and a system to document abuses against beneficiaries. Reviewing the events documented in these systems can help identify trends, and you can share this information with others that you may wish to activate or prepare for future action.

After the incident:

- Pause program activities that involve outreach or are otherwise higher risk

- Call allies, such as larger organizations (ministries, police, more established NGOs) to ask for their support
- Have the organization’s security team complete Tool 2 to identify priority gaps that will help you mitigate risk during this time of heightened danger
- Report back to the donor with the issue, proposed responses, and any anticipated changes in ability to meet objectives/targets

2. We need to use the program budget to address urgent safety and security needs (e.g., security for the office, software to protect online files), but if we do, we won’t have sufficient funding to meet our original targets.

In advance:

- Negotiate with the donor to have the flexibility to dedicate resources to organizational security or to have specific line items for security-related emergency funds.

After the incident:

- Apply for security grant from Dignity for All, Frontline Defenders, or another similar funding source
- Before acting, report back to the donor with the issue, proposed responses, and any anticipated changes in ability to meet objectives/targets

3. A worker reports that he or she has been harassed by another worker.

In advance:

- Develop policies to address grievances that ensure multiple levels of accountability, such as complaints directly to the board, and socialize all workers on their policies as part of on-boarding

After the incident:

- Follow existing policies to address the harassment without putting the victim at risk of retaliation OR develop new policies if no relevant policies exist
- Retrain workers on the code of conduct (or provide an initial training)
- Offer mental health support to the person who was harassed

4. An outreach worker is arrested while distributing condoms and is being held by police.

In advance:

- Work with local authorities to receive permission for all outreach activities, and train senior and front-line law enforcement officers on their role in the HIV response, including creating an enabling environment for outreach activities.

- Train outreach staff to explain the nature of their activities to law enforcement and provide them with official documentation (such as ID cards or letters from local authorities or the Ministry of Health) describing their purpose.
- Identify lawyers who can support the organization as needed if issues arise.

After the incident:

- Call allied lawyers or an in-house attorney to follow up immediately (if there is no funding for a lawyer and no opportunity to engage a lawyer pro bono, reach out to Dignity for All [focused on LGBT communities], Frontline Defenders, The Lifeline Embattled CSO Assistance Fund, or other funds for support)
- If contacts with the police exist, call these individuals to discuss next steps.
- If there is a desire to make the issue more publicly visible (for example, by activating allies), ensure that this case is thoroughly investigated before taking this step.

5. After an HIV outreach activity with KP members, a beneficiary posts photos of the outreach workers and community members on Facebook and tags them.

In advance:

- Inform people who come to any events whether the space is photo-friendly (this can also help beneficiaries who see others taking photos to remind them of policies or report them as needed)

After the incident:

- If the photos are posted without negative intent, reach out to the person to take them down and explain the importance of not posting such photos in the future.

- If an individual knowingly violated clear policies or will not take down photos, do not allow them to participate in future events.
- Report the individual to Facebook administrators who can suspend their profile.
- Notify those who were identified and explain the steps being taken to address the issue. Provide them with support as needed if the posting causes emotional or physical abuse.

6. The office is raided by the police, and they take all the files and computers.

In advance:

- Protect all technology that includes stored information with passwords and encryption.

After the incident:

- Create a plan that describes what will happen to support those named if data are leaked (for example, helping people who are identified on the files)
- Reach out to senior allies within the police force to give you advice on how to proceed. For example, clarify what will be done with these materials and encourage them not to misuse or share medical files and other personal information.
- If the seizure was not legal, consider contacting a lawyer to challenge materials taken without a warrant.
- Report back to the donor with the issue, proposed responses, and any anticipated changes in ability to meet objectives/targets.

7. A hostile article about your organization is printed in the newspaper; it gives the address of your clinic and includes photographs of two of your clinicians.

In advance:

- Connect with local authorities and law enforcement to explain, in conjunction with a local Ministry of Health official, the nature of the activities undertaken by the organization.
- Register your organization.
- Work to build relationships with power holders, such as religious leaders, who can defend your organization.
- Have a clear policy that describes how your organization interacts with journalists and use press statements instead of interviews, from which comments may be distorted or taken out of context.

After the incident:

- Inform allied local authorities of the issue and ask for their support in case violence against the organization or individual providers occurs
- Support the clinicians to relocate briefly if they believe they will be in danger at their homes
- Have the Ministry of Health write an article clarifying the role of the organization and its importance to the health of the community
- Stop operations at the clinic and support beneficiaries to receive services elsewhere until the issue passes
- Report back to the donor with the issue, proposed responses, and any anticipated changes in ability to meet objectives/targets

8. A peer outreach worker at your organization is blackmailed by a beneficiary who threatens to tell the worker's parents that the worker is gay.

In advance:


- Have a clear code of conduct for program participants that includes expectations of confidentiality and describes consequences of a failure to meet these expectations.

After the incident:

- Support the mental health of the worker by providing active listening and linking them to a counselor if desired
- Explain the local legal context (for example, is the beneficiary's action illegal) and options to the worker; these include no action (blackmail is often not carried out) and blocking the beneficiary on social media and phone. Once the worker decides on an option, provide support as relevant as they carry out their choice.
- Prevent the beneficiary from returning to any future program events

REFERENCES

1. U.S. Agency for International Development (USAID), Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES), U.S. President's Emergency Plan for AIDS Relief (PEPFAR), FHI 360. Key population implementation guide. Durham (NC): FHI 360; 2016.
2. World Health Organization. (2014). Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.
3. Beyrer C, Grady C, Bekker L, McIntyre J, Over M, Jarlais D. A framework for ethical engagement with key populations in PEPFAR programs. [no date; accessed 2018 Jan 23]. PEPFAR.
4. United Nations Population Fund, Global Forum on MSM & HIV, United Nations Development Programme, World Health Organization, United States Agency for International Development, World Bank. Implementing comprehensive HIV and STI programs with men who have sex with men: practical guidance for collaborative interventions (the "MSMIT"). New York: United Nations Population Fund; 2015.
5. Bickley S. Security risk management: a basic guide for smaller NGOs. London: European Interagency Security Forum (EISF); 2017.
6. Synergía Security Training. Delivered in Lilongwe, Malawi. 2016.
7. The International HIV/AIDS Alliance, LINKAGES. Safety and security toolkit: strengthening the implementation of HIV programs for and with key populations. Durham (NC): FHI 360; 2018.
8. Joint United Nations Programme on HIV/AIDS (UNAIDS). UNAIDS data 2018. Geneva: UNAIDS: 2018. Available from: https://www.aidsdatahub.org/sites/default/files/publication/UNAIDS_Data_2018.pdf.
9. Joint United Nations Programme on HIV/AIDS (UNAIDS). UNAIDS data 2018. Geneva: UNAIDS: 2018. Available from: https://www.aidsdatahub.org/sites/default/files/publication/UNAIDS_Data_2018.pdf.
10. World Health Organization (WHO). Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations–2016 update. Geneva: WHO; 2016.
11. Freedom House. Freedom in the world 2018: the annual survey of political rights and civil liberties. Washington (DC): Freedom House. Available from: https://freedomhouse.org/sites/default/files/2020-02/FreedomintheWorld2018COMPLETEBOOK_0.pdf.
12. Human Rights Watch. Human Rights Watch: world report 2018. New York: Seven Stories Press; 2017. Available from: https://www.hrw.org/sites/default/files/world_report_download/201801world_report_web.pdf.
13. World Health Organization (WHO). Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations–2016 update. Geneva: WHO; 2016.
14. United Nations Population Fund, Global Forum on MSM & HIV, United Nations Development Programme, World Health Organization, United States Agency for International Development, World Bank. Implementing comprehensive HIV and STI programs with men who have sex with men: practical guidance for collaborative interventions (the "MSMIT"). New York: United Nations Population Fund; 2015.

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15. United Nations Office on Drugs and Crime, International Network of People Who Use Drugs, Joint United Nations Programme on HIV/AIDS, United Nations Development Programme, United Nations Population Fund, World Health Organization, et al. Implementing comprehensive HIV and HCV programs with people who inject drugs: practical guidance for collaborative interventions (the “IDUIT”). Vienna: United Nations Office on Drugs and Crime; 2017.
 16. World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, World Bank. Implementing comprehensive HIV/STI programs with sex workers: practical approaches from collaborative interventions (the “SWIT”). Geneva: World Health Organization; 2013.
 17. United Nations Development Program (UNDP), IRGT: A Global Network of Transgender Women and HIV, United Nations Population Fund, UCSF Center for Excellence for Transgender Health, Johns Hopkins Bloomberg School of Public Health, World Health Organization, Joint United Nations Programme on HIV/AIDS, U.S. Agency for International Development. Implementing comprehensive HIV and STI programs with transgender people: practical guidance for collaborative interventions (the “TRANSIT”). New York: UNDP; 2016.
 18. International Labour Organization (ILO). Health and life at work: a basic human right. Geneva: ILO; 2009.
 19. Synergía Security Training. Delivered in Lilongwe, Malawi. 2016.
 20. Synergía Security Training. Delivered in Lilongwe, Malawi. 2016.
 21. Protection International (PI). Protection manual for LGBTI human rights defenders. Brussels: PI; 2010.
 22. Tactical Technology Collective. Holistic security: a strategy manual for human rights defenders. Berlin: The Collective; 2016.
 23. Implementing Comprehensive HIV and STI Programs with Transgender People.