SUCCESS STORY

Partnering with Civil Society Organizations in the Middle East and North Africa to Improve Security for HIV Program Implementers

HIV program implementers — often members of key populations themselves — are frequently subjected to a range of harms. The development of security-related policies and staff sensitization on those policies require systematic identification of security gaps and priorities using vetted tools. They also require financial resources dedicated to improving security for implementers.

Introduction

The United States Agency for International Development (USAID) has a long history of working in the Middle East and North Africa (MENA) on goals related to health, democracy, and human rights. Their work under the POLICY Project II, the Health Policy Initiative, Leadership Management and Governance, and the Strengthening High Impact Interventions for an AIDS-free Generation (AIDSFree) project via relatively small, discrete activities developed over time resulted in strong partnerships with support groups that evolved to registered nongovernmental organizations (NGOs) and the first regional networks led by and for people living with HIV. Over time, these sustained partnerships created a strong foundation of individual organizations and civil society organization (CSO) networks serving key populations (i.e., men who have sex with men, female and male sex workers, transgender people, and people who inject drugs), as well as clients of sex workers and migrants, in a prohibitive regional context. An important consideration for key-population-led/competent CSOs working toward these goals in the region is the security of program implementers.

Multiple factors affect implementer security, including the legal context of the country, political will, political unrest, public opinion, religious perspectives, and health and economic crises.[1] Program implementers — often members of key populations themselves — are frequently subjected to a range of harms. They may suffer physical aggression, including sexual assault and other physical attacks, as well as psychological and social abuses such as sexual harassment, verbal abuse, character defamation, being outed as key population members or supporters, and invasion of privacy. Not only may physical injuries and death result, but mental health issues are common, and loss of reputation, privacy, and anonymity, loss of economic opportunity, and homelessness also occur. These personal harms are in addition to harms directed at their organizations, which may include defamation, theft of goods or data, hacking, and damage to property. Such abuses directed at individuals and organizations can make it extremely difficult for CSOs to carry out their missions of supporting key populations and achieving epidemic control.

Through the Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project and with support from the USAID Middle East Bureau Technical Services Health Office and the Democracy, Conflict, and Humanitarian Assistance Bureau, FHI 360 partnered with the Arab Foundation for Freedoms and Equality (AFE) beginning in 2019 to address the security risks HIV program implementers face. Here we describe their work to address these security challenges, particularly attacks against CSO staff and digital security, both of which hinder the region's ability to meet the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets.

LINKAGES Activities in the MENA Region

In the first phase of LINKAGES activities, FHI 360 staff conducted scoping visits in Algeria, Egypt, Lebanon, Morocco, and Tunisia and interviewed more than 40 key stakeholders to adapt an existing LINKAGES security toolkit to the MENA context. Revisions were also made to strengthen the self-assessment tool and improve the recommendations provided in the toolkit. Next, FHI 360 and AFE co-led a workshop with more than 20 program implementers to review and revise the

[1] https://www.fhi360.org/sites/default/files/media/documents/resource-aman-mena-toolkit-english.pdf.

![AMAN MENA toolkit cover]

Box 1. Local partners who contributed to the AMAN MENA Toolkit

- AIDS Algérie, Algeria
- Association de Protection Contre le Sida Algérie (APCS), Algeria
- Association de Lutte Contre le Sida (ALCS), Morocco
- 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/AIDS (UNAIDS), Regional Office for the Middle East and North Africa
- LebMASH, Lebanon
- Marsa Sexual Health Center, Lebanon
- MENA Rosa, Lebanon
- Organisation Panafricaine de Lutte Contre le Sida (OPALS), Morocco
- Soins Infirmiers et Développement Communautaire (SIDC), Lebanon

Note: This list is nonexhaustive, as some partners did not wish to include their names.

adapted toolkit and exchange security strategies. The resulting *AMAN MENA Toolkit: Security Protections for Organizations Working with Key Populations to Strengthen HIV Programming in the Middle East and North Africa* available in English, French, and Arabic is intended to help organizations identify and address their safety and security challenges (Box 1).

The positive reception of the toolkit among CSOs working in the region is indicative of substantial need in these areas and ultimately led to UNAIDS partnering with FHI 360, John Snow, Inc., and AIDSFree to develop an annex to the toolkit. That annex describes the security challenges for HIV programming in humanitarian settings in the MENA region, reviews international guidance for operations in humanitarian settings, and provides recommendations for implementing secure HIV programs in humanitarian contexts in MENA.

Capacity Building at the Organizational Level

As part of the toolkit finalization process, 18 CSOs from Algeria, Egypt, Lebanon, Morocco, and Tunisia used the toolkit's self-assessment tool to identify and address their safety and security challenges, as well as their strengths. From March to June 2020, LINKAGES then supported these CSOs to apply for small grants from USAID to be granted through LINKAGES. They could also apply to receive technical assistance from LINKAGES, whether in addition to the small grant or as standalone assistance, to strengthen security in one or more of the areas they had identified. FHI 360 assisted all organizations to write and revise their small grant proposals, prepare budgets, and meet standards for receiving funding from USAID.
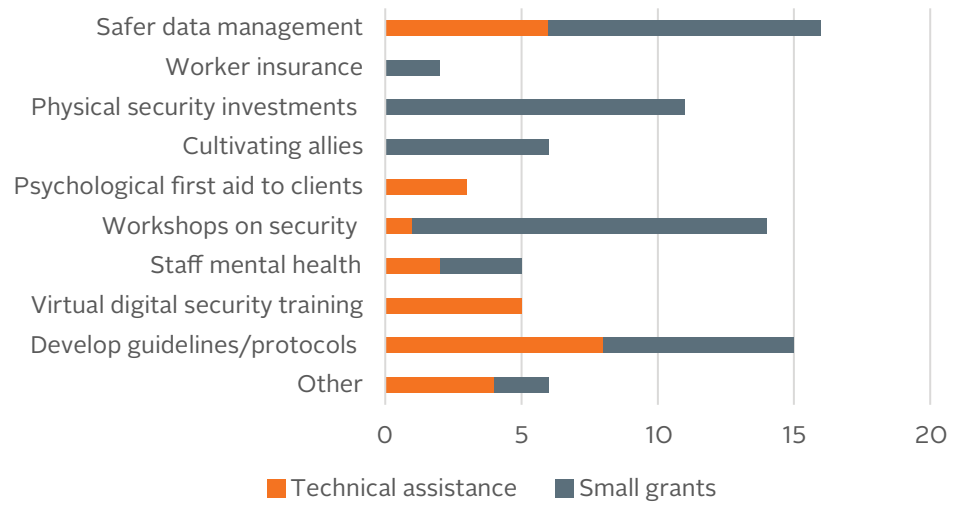
Fifteen of the 17 CSOs submitted small grant applications that required extensive support in budget building, requesting DUNS numbers, and other organizational strengthening. During the process, CSO and FHI 360 staff worked together via phone calls and virtual meetings to develop strong scopes of work supported by reasonable and allowable budgets. By the end of the small grant application process, all 15 CSOs had a deeper understanding of the FHI 360 and USAID requirements for receiving funding.

After funding was awarded (totaling ~US$175,000), LINKAGES provided technical assistance to implement the projects from July 2020 through April 2021. In addition, 11 CSOs received technical assistance from LINKAGES on topics beyond those covered in their small grants. Figure 1 provides more details on the topics most requested for technical assistance and small grant funding. These included safer data management, the development of guidelines and protocols, and workshops to share those new guidelines or to build capacity in security more generally. The category "other" included items such as a security assessment and technical assistance on monitoring the impact of security investments.

Throughout the implementation of the project, FHI 360, AFE, and each CSO communicated closely via WhatsApp, Skype, Zoom, and email regarding any issues that arose, such as those involving the transfer of funds. For example, despite one organization having completed its activities successfully, its funds had to be resent three times due to international banking regulations. Another CSO discovered that the country required it to have an official letter from an international organization before it would be permitted to receive funds. Others, particularly CSOs working in Lebanon, required special permission to receive funding in U.S. dollars since the local currency fluctuated wildly during the life of the activity.

Figure 1. LINKAGES support to CSOs by topic and type (technical assistance vs. small grants)

Summary of Achievements

As shown in Figure 1, a wide range of support was requested. Organizations reported that their investments, particularly in staff mental health and staff insurance, immediately improved morale and programming. CSOs also reported that having clear and formal guidance on security (e.g., how to safely conduct outreach), in place of the previous ad hoc approaches, improved the quality of their services and the professionalism of workers. Finally, cultivating additional allies improved the security context in a broader sense, as some individuals who might have targeted implementers of key population programs in the past now better understood their work and, in some cases, became aware that this work was supported by government authorities.

All organizations conducted self-assessments before and after investments by LINKAGES to gauge the status of their security concerns. Average scores for having security protocols in place increased from 71 percent to 76 percent, while those for having appropriate protections at physical sites increased from 52 percent to 78 percent. Data and communication security scores increased by 30 percent, from 45 percent to 75 percent. Interestingly, CSOs also saw increases in areas that had not been the focus of their small grants or technical assistance, which they attributed to their organizations having made their own no- or low-cost changes after identifying gaps.

Because LINKAGES made modifications to the self-assessment survey tool between the pre and post applications of the tool, some scores do not reflect all security investments made. For example, clarification was added to the survey question on security protocols in the post self-assessment such that a full score could only be achieved if a security protocol was both in place *and* staff had been sensitized on it, rather than just the former. Nonetheless, these improvements to the tool make the current version more useful for future self-assessments.

As project activities began to wind down, LINKAGES held two webinars to allow the CSOs to share how they had made use of the grants and technical assistance to improve security. The first webinar, in February 2021, was internal to the CSOs and LINKAGES and featured presentations by all CSOs. Attendees of that webinar then voted on which five CSOs should share their experiences during an external webinar for a broader audience in March 2021. Highlights from the activities of the five selected organizations are described below.

Frontliner membership card issued jointly by MENA Rosa and local NGOs

MENA Rosa, Lebanon/Regional (Egypt, Morocco, Algeria, Tunisia): Security of Frontliners

Since 2010, MENA Rosa has been supporting and empowering women and girls living with HIV or affected by HIV, along with their partners and families. With a presence in 10 countries in the region (Morocco, Algeria, Tunisia, Egypt, Sudan, Lebanon, Jordan, Bahrain, Oman, and Iran), this regional network led by women living with HIV seeks to support women in all their diversity—especially those living with HIV—to develop their leadership skills; participate effectively in advocacy; raise awareness about HIV care, treatment, support, and prevention; highlight the interconnection between gender-based violence (GBV) and HIV; and improve quality of life for those living with HIV.

The network used their small grant to address the safety of their "frontliners," the women living with HIV who volunteer to act as focal points in each country. In this role, they advocate for policy changes that benefit people living with HIV and educate women on HIV prevention, care, and treatment. Because frontliners are volunteers without legal status or institutional affiliation in their respective countries, their work in health care settings has not been recognized as valid, and they are frequently harassed. This perception that frontliners' role is not legitimate extends to community settings such as hot spots, where they enjoy even less appreciation and may be assaulted, verbally abused, or generally rejected by community members. In addition, as their work expands to include GBV, there is more potential for tension between frontliners and their own partners, as well as in the communities where they work.

With assistance from LINKAGES and the small grant, MENA Rosa developed security guidelines on physical, digital, and psychosocial security for their own frontliners and those of other organizations providing HIV-related outreach. A separate effort was dedicated to developing partnerships and signing memoranda of understanding with local NGOs willing to welcome frontliners as members. These affiliations served to validate frontliners' contributions and made NGOs more aware of the risks frontliners face. With the support of its NGO partners, MENA Rosa will continue to support frontliners' efforts to gain respect in the contexts where they work and to advocate for their safety.

Organisation Pan Africaine de Lutte Contre le Sida (OPALS), Morocco: Emergency Aid Skills for Field Staff

OPALS is a public benefit NGO created in Morocco in 1994 to address the needs of sex workers, men who have sex with men, migrants, people who inject drugs, and people living with HIV. The organization conducts sensitization on HIV prevention; provides assistance to beneficiaries for medical, psychosocial, and legal issues; and advocates with decision-makers on behalf of key populations.

Emergency aid training for OPALS peer educators

Credit: Pastor Jean Marie, OPALS program assistant

During its self-assessment on safety and security, OPALS identified the need to train workers to administer first aid to other workers or key population beneficiaries experiencing health emergencies such as illness, loss of consciousness, and wounds. Workers, including peer educators who encounter these emergencies while conducting outreach, lacked the skills that could make a difference in these situations.

To address this gap, OPALS applied for a small grant to train workers to administer emergency aid as needed in their day-to-day activities. OPALS also created an internal network of peer educators trained in first aid along with a national "safety" point of 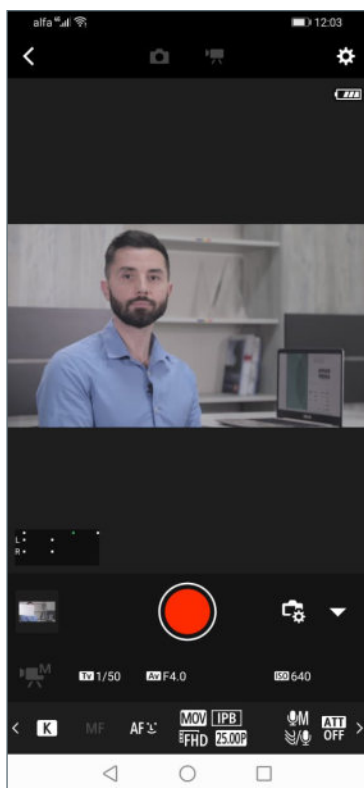contact, as well as developed an accident/incident notification system whereby incidents and trends can be tracked by leadership. In addition, emergency aid kits and fire extinguishers were provided to each OPALS location.

These actions have already increased the sense of security among workers and helped the organization track trends and deploy resources based on the security incidents documented. For example, when one hot spot reports more incidents than others, additional workers can be present at that location to help ensure that everyone is safe. The first aid trainings have helped protect staff, volunteers, and beneficiaries who experience health emergencies.

Online trainer for AIDS Algérie's digital security training

OPALS plans to sustain its ability to assist key population individuals with emergency needs through ongoing trainings of trainers to educate new and existing peer educators. Safety procedures that guide peers' responses to the emergencies they and their beneficiaries experience have also been integrated into peer educator protocols and displayed in all OPALS offices.

Association pour l'Information sur les Drogues et le SIDA (AIDS Algérie), Algeria: Digital Security

In 1990, AIDS Algérie was established as an NGO in Algeria to help ensure individual and community health. The organization conducts information, education, and communication activities with key populations on HIV prevention, mobilizes national and international partners for HIV efforts, assists with HIV-related research studies, offers support to people living with HIV, and conducts advocacy and resource mobilization.

AIDS Algérie's challenges with security lie in their increasing reliance on online platforms, particularly in the COVID-19 context. Whereas most of their work was previously conducted in the field, the NGO now has a strong presence on virtual platforms but had had little to no staff training on how to maintain safety in the online context. In addition, rising Internet violence has created psychological, social, and economic repercussions. Therefore, AIDS Algérie sought to map its online vulnerabilities and develop procedures to address them.

With technical assistance from LINKAGES, AIDS Algérie used its small grant to train the field staff on digital security. Their perspective was that prioritization of data security will lead to improved physical security, particularly in cases where online posts may incite real-world violence. Two trainings were held, in Algiers and Oran. Training topics included an introduction on digital security, how to assess digital security risks, protecting online systems against malware and hacking, the need for secure passwords, protection of sensitive data, keeping communication confidential, and the safe use of lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI) websites. This training, which was developed by AFE, is available for self-guided and facilitated use to equip staff to protect their organization against data loss and data theft, ensure that beneficiary data are kept confidential, and prevent external surveillance of devices and communication. AIDS Algérie has now integrated these protections into its operations to counteract assaults from hackers.

Bedayaa Organization, Egypt: Mental Health and Crisis Response

Bedayaa has been working to promote the rights of LGBTQI+ with regard to sexual orientation, gender identity, and gender expression in Egypt and Sudan since 2010. Within the safe spaces

Bedayaa staff at a training on psychological first aid and self-care

Credit: Bedayaa staff member

the organization has created, LGBTQI+ are encouraged to communicate, share experiences, and access legal and health services, as well as build their capacity as activists. Bedayaa also advocates against the two countries' discriminative laws through campaigning and lobbying.

Recent crackdowns on LGBTQI+ people, coupled with COVID-19 forcing young people from the LGBTQI+ community to be at home with unsupportive or hostile family members, have increased the suicide rate among this population. Service providers from Bedayaa found themselves struggling to meet HIV and mental-health related needs of their beneficiaries. In some cases, this led to vicarious trauma among providers, who are often members of the same community; burnout also increased. As such, Bedayaa requested technical assistance to improve their psychological first aid for beneficiaries and self-care for the providers affected.

LINKAGES provided virtual training to inform the organization's protocols for managing suicidality among clients, thereby reducing client risks and the mental health burden on providers. The training also stressed the need for regular reflection and planned activities to address worker well-being and the institution of practices such as mindfulness and breaks from work to improve provider mental health.

The organization reported positive changes following the trainings, including the creation of a culture that proactively works to avoid burnout and acknowledges the stress of activism coupled with service provision.

ALCS mobile unit provides HIV testing services

Credit: ALCS field staff member

While the security work under LINKAGES MENA ends in April 2021, new work focused on making virtual mental health services available to program implementers and beneficiaries in a secure online environment will begin later in the year.

Association de Lutte Contre le Sida (ALCS), Morocco: Worker/Accident Insurance

ALCS was created in Morocco in 1988 to serve people living with HIV, men who have sex with men, sex workers, migrants, and people who inject drugs. Through the mobilization of doctors, social and therapeutic workers, and field staff, as well as salaried staff and local authorities and stakeholders, ALCS provides free, anonymous HIV testing at 24 testing facilities and five mobile units; health care management for people living with HIV; harm-reduction programming; and programming around income generation.

Through the security self-assessment, ALCS identified safety concerns related to homophobic aggression instigated by drug dealers, criminals, and clients of sex workers at key population meeting places. The assessment also revealed motor vehicle accidents, difficult terrain to reach testing locations, and exposure to blood during activities in squatter communities as posing dangers to staff.

ALCS decided to explore insurance coverage as an avenue for addressing these concerns. The organization consulted insurance brokers about coverage for its service vehicles and mobile units, multi-risk insurance, work accident insurance for workers, insurance supplements for salaried employees, and individual accident/risk coverage including accidental death, permanent physical disability, and medical fees. Individual accident policies were then procured for 200 field staff beginning in January 2021 following negotiations about an exclusion for preexisting conditions (mostly focused on HIV status).

Preliminary feedback from field staff and supervisors about accident insurance has been very positive. Field staff report feeling more comfortable carrying out their responsibilities, decreased stress levels, and a heightened sense of belonging within the ALCS organization. They also report a greater ability to do their jobs and be present to beneficiaries, including because they feel more comfortable during outreach.

Conclusions

Several key themes emerged from this project. First, all CSOs concluded that the development of security-related policies is essential, as is staff sensitization on the policies. However, this requires systematic identification of gaps and priorities using vetted tools. It also requires financial resources dedicated to these efforts—but HIV programs do not specifically fund activities related to security. This is what made this grant opportunity and assistance from LINKAGES so valuable.

Second, mental health and digital security/safer data management are two areas where needs are increasing and investments should be made. As evident in Figure 1, the combined topics of psychological first aid and mental health support to providers were the fourth most requested type of help, while data safety and digital security training combined were requested most often. COVID-19 exacerbates and makes each of these concerns more urgent.

Third, all security is contextual and, therefore, we cannot assume that one size will fit all. As the MENA Rosa presenter reminded the webinar audience, "Sometimes the donor is thinking of encrypting messages, is thinking of high-level digital capacity, staying anonymous and all that, while on the ground, our focal points don't even have the necessary smartphone device or laptop or tablets. Or the infrastructure is not conducive to communication. We always have electricity cuts, always have poor Internet connections."

Finally, the security of implementers is an ethical imperative that, as the OPALS webinar presenter noted, "has no price." Making these investments now—and continuing to fund those, such as insurance, that should be built into HIV budgets—prevents and mitigates harms that may come and is an important part of donor and international NGOs' obligations to those delivering services on the front lines. Notably, this type of work requires a flexible framework that takes into account local context, as well as each implementer's technical and organizational capacity, and that gives implementers the chance to systematically identify their needs. This approach should be maintained going forward.

The effort is worthwhile. Ultimately, the opportunity for organizations to enhance their security measures helps implementers feel valued and secure, improves HIV program performance, and meets the ethical obligations of donors and global partners.