



FAQs: What Can and Cannot Be Done with ACLED Data on Disorder Involving Health Workers

The scope of the data

Q: How does ACLED define ‘health workers’?

A: Health workers include all civilians who engage in actions with the primary goal of providing health services to a community. A non-exhaustive list includes: doctors, nurses, midwives, vaccinators, etc. Health workers are coded as an *associate actor* when they are involved in an event, regardless of whether they were specifically targeted or not. For example, if a civilian is killed by a car bomb in a market and it is later discovered that they were a doctor, the event would have the ‘Health Workers’ *associate actor* coded, as would an event in which a hospital was bombed and a doctor inside was killed.

Q: What does ‘disorder involving health workers’ mean?

A: The ‘Health Workers’ *associate actor* is coded in any event involving health workers. This includes cases in which health workers are specifically targeted (e.g. militants shoot dead a vaccine administrator) or events in which health workers are part of a larger group of civilian victims (e.g. an attack on a hospital kills both health workers and patients). The ‘Health Workers’ *associate actor* may be found under any event type; *disorder* includes all forms of political violence and demonstrations.

Q: Do these data capture all types of violence that health workers face?

A: No. Only political violence is included, meaning that criminal violence is excluded. For example, if a random person (not affiliated with any group or showing no specific motive) shoots an ambulance driver, this would not be coded as it is not *political* violence (which is ACLED’s catchment).

Q: Can these data tell me how many health workers have been targeted?

A: No. ACLED is an event-based dataset, meaning that each entry in the dataset is an ‘event’; events are denoted by the involvement of designated actors, occurring in a specific named location and on a specific day. Even in events in which health workers were targeted (such as in Violence Against Civilians events), an event can involve one to many victims (e.g. three doctors killed by a mob in a specific town on a certain day is collected as a single event; a hospital attacked in a specific town on a certain day is coded the same way). The number of *events* should therefore not be conflated with the number of *victims* – in the same way that the number of violent events in the ACLED dataset should not be conflated with the number of fatalities. These capture different trends.

Coverage in both time and space

Q: What countries and regions are covered in these data?

A: All countries covered by ACLED – currently 149 countries and territories across Africa, South & Southeast Asia, the Middle East, Southeastern & Eastern Europe & the Balkans, the Caucasus & Central Asia, and Latin America & the Caribbean – are included. Future spatial expansions by

ACLED include Western Europe, and East Asia; these new regions and countries will also include this new categorization for all years of coverage, as will any new efforts aimed at historical coding.

Q: Can I do regional comparisons using these data?

A: Yes, with certain caveats. An important point to remember regarding coverage is ACLED's non-uniform coverage of regions over time. ACLED began as an African data project and hence data covering the African continent span back to 1997 (covered to present). An expansion later to South & Southeast Asia means that data covering those regions for the most part span back to 2010 (covered to present). An expansion then to the Middle East means that data covering that region for the most part span back to 2016 (covered to present). Most recently, further expansions have resulted in the coverage of regions with different temporal scopes. It is imperative to keep this in mind when reviewing trends across regions over time so as not to introduce an artificial spike into the data with the introduction of new regions into the timeline. (Please reference [ACLED's coverage](#) for a full list of regions and their coverage periods.) The time period from 2019 to present is easiest to compare across regions as all regions of ACLED coverage cover this period; for time periods extending back before 2019, it is important for the user to ensure they are comparing countries across periods of time that are equally covered (i.e. do not compare trends from 1997 to present between Burundi [where coverage extends back to 1997] and Syria [where coverage extends back to 2017]).

Q: What time period is covered in these data?

A: Temporal coverage across regions of ACLED coverage varies (see Q&A above). Once ACLED begins coverage of a country, it is continuously covered.

Data accessibility

Q: How can I access these data?

A: These data are publicly accessible via ACLED's website as a [curated data file](#). The file is updated on a weekly basis, allowing users to monitor these trends in near-real-time for analysis, programming, early warning, advocacy, and more. You will note that all events involving health workers will include 'Health Workers' as an *associate actor* in one of the respective columns. Other columns such as the *sub-event type* and *country* column can also be filtered for more specific analysis (e.g. health workers in peaceful demonstrations, or health workers involved in disorder in Yemen). For more on accessibility and relevant stipulations, please see ACLED's [Terms of Use and Attribution Policy](#).

Q: How often are data updated?

A: Data are updated on a weekly basis in conjunction with ACLED's weekly data release schedule (with new data published every Monday/Tuesday covering the week prior, in addition to any supplemental or updated information). ACLED works to maintain a 'living dataset', meaning that in addition to weekly releases of new data covering the week prior, supplementation of historic periods is also ongoing with information from new sources, targeted research, and new partnerships being integrated.

Q: How do I cite these data?

A: Please see ACLED's [Terms of Use and Attribution Policy](#).

Other

Q: How can I help improve ACLED's coverage of disorder involving health workers?

A: If you are an organization collecting information on disorder involving health workers and are interested in a partnership with ACLED to help extend coverage of these threats to health workers further, please reach out to us at admin@acleddata.com.