

IASC Protection Cluster: Protection Checklist for the Health and Nutrition Cluster

This document follows the NRC camp management handbook, the NRC/CMP Camp Management Toolkit and the IASC Guidelines on Human Rights and Natural Disaster

Vulnerable groups are people who frequently have been shown to be at increased risk of various problems in diverse emergencies, including women, children, elderly people, persons experiencing severe social stigma (e.g. Dalit), detainees, young men at risk of detention, abduction or being targets of violence, extremely poor people, refugees, internally displaced persons (IDPs) and migrants in irregular situations, people with pre-existing, severe physical, neurological or mental disabilities or disorders, as well as persons suffering from chronic illness¹.

- Has staff received training on GBV / protection issues, including clinical management of rape?
- Are the physical locations of the health facilities easily accessible to all including children, disabled and elderly?
- Are all the displaced informed about the availability and location of services?
- Are the times at which services are provided appropriate for all persons including women, children and elderly?
- Is privacy and confidentiality of all services ensured?
- Are there female staff available for health check-ups?
- Have military personnel and humanitarian workers been informed not to take a child to hospital without ensuring that families and caregivers are informed and a caregiver accompanies the child?
- Is there a mechanism to ensure that sick children remaining at home for care are cared for?
- Have the children of admitted single parents been provided with alternative care options?
- Is exclusive breastfeeding for the first 6 months supported and encouraged?
- Is a same-sex, same-language health worker or chaperone present in any medical examination of a potential GBV survivor?
- Are emergency contraceptives, preventive treatment of STIs, and post-exposure prophylaxis (PEP) treatment available?
- Is there a referral system for survivors of GBV including a mechanism for ensuring physical safety; for providing psycho-social support; for storing medico-legal evidence? Is there a link with local health care providers and social security networks?
- Are harmful traditional practices being monitored and discouraged?
- Are 24 hour services available for survivors of GBV?
- Does the monitoring mechanism capture any gender-, caste- based or other discriminatory issues related to food-security?
- Are food items and nutrition programmes designed in a manner that takes into account the special needs of vulnerable groups² such as pregnant and lactating women, under 5 year olds and elderly?
- For infants whose mothers have died or cannot lactate, have substitute mothers (wet nurses) from the community who have been breast-feeding their own infants been sought; traditional and cultural infant feeding practices explored; development of support groups with community participation for breastfeeding explored?

¹ IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

² *Vulnerable groups are people who frequently have been shown to be at increased risk of various problems in diverse emergencies, including women, children, elderly people, persons experiencing severe social stigma (e.g. Dalit), detainees, young men at risk of detention, abduction or being targets of violence, extremely poor people, refugees, internally displaced persons (IDPs) and migrants in irregular situations, people with pre-existing, severe physical, neurological or mental disabilities or disorders, as well as persons suffering from chronic illness .*