

## Checklist for Protection Mainstreaming in Health

### Key protection concerns – WHAT AUTHORITIES SHOULD CONSIDER

#### Key messages

Every affected person should have equitable access to health facilities and services.

Health services should include services for survivors of gender based violence.

The needs of vulnerable groups should be considered.

#### 1. Access

- Ensure that health service delivery is based on needs, **inclusive and non-discriminatory**.
- Ensure that needs assessment of health services include vulnerable groups within affected communities (including children, older persons, women and persons with disabilities).
- Provide **female health workers** to allow for **culturally appropriate services for women and girls**. Dedicated spaces for women and adequate waiting areas should be considered.
- Ensure a private consultation/examination room for women and girls. Where appropriate, specific hours/days are set aside for consultations for women and children only.
- Health facilities should have **easy access for people with disabilities and older persons**.
- Ensure availability of **outreach services for older persons and persons with disabilities**.
- Where user fees are charged, arrangements should be made to ensure that those unable to afford the fees still have timely and ready access (e.g. fee waivers, vouchers, etc.)

#### 2. Information Sharing and available services

- Ensure data is disaggregated by age, sex and disability to better inform program and policies. When age-disaggregating data, ensure to disaggregate older persons (over 60 years old), not just adults in one group.
- Ensure that community-based structures and services (such as women's centers and child protection centers) have information about availability and location of health services and referral services. **Contact the Protection Cluster** to discuss/distribute the community-based referral mechanisms.
- If there are specialized services in the area (e.g. hearing aids, prosthetics, mobility aids), make sure that health workers know about such services, so that they can make referrals.
- Work together with the **Protection Cluster** to inform communities about the right to health
- The privacy of patients must be protected from public by screens or partitions. Staff should also be sensitized to patients' confidentiality requirements.
- Reproductive health care must be available for women and girls, including survivors of gender based violence.

#### 3. Gender Based Violence

- Ensure that health workers are sensitized to respond to survivors of gender based violence and familiar with "Standard Operational Procedures on Gender Based Violence" and respect for confidentiality. Work

together with **Gender Based Violence Sub Cluster**.

- Provide 24-hour access for survivors of gender-based violence
- Provide 24-hour access for women/girls for complications of pregnancy and child birth.
- Ensure that health workers know how to refer individuals to psycho-social and legal supports, if available, for survivors of gender-based violence, witnesses and people who wish report violations or seek legal redress.

#### **4. Children**

- Ensure that health workers having knowledge and skills relevant to working with children are available at health facilities, or can be contacted immediately.
- Where children are moved from one health facility to another, health agencies should ensure that their documentation travels with them and that their family members travels with the child.
- Where a child survivor of gender based violence is identified, health workers should refer to “Standard Operational Procedures on Gender Based Violence” for appropriate actions.

#### **5. Psycho-social support**

- Support coordination of inter-sectoral mental health and psycho-social support and be aware of referral services.
- Organize orientation and training of health workers in mental health and psycho-social support, where appropriate.
- Ensure psycho-social support activities meet the needs of each group in the community (including children, youth, men and women). Facilitate culturally and socially acceptable practices for healing and psycho-social support to the affected communities. “The IASC Guidelines on Mental Health and Psycho-social Support in Emergency Settings” may be a reference
- Ensure assessments and situation analysis includes mental health and psycho-social issues.

#### **6. Community Mobilization**

- Support cultural, social or religious activities and practices that play a role in safeguarding health. This might, for instance, include traditional healing practices that help people to overcome grief or trauma.
- Involve communities, both men and women, in assessments, planning and implementation of projects. Community leaders, women’s groups and youth associations can also play an important role in disseminating information and educating their peers about prevention and treatment of disease and other health risks.
- Consult associations of people with disabilities and older persons on their priorities related to health.