



TIPSHEET

PROTECTION AND HEALTH & NUTRITION¹



Updated January 2018²

Humanitarian protection is about improving safety, well-being and dignity for crisis-affected populations. Protection refers not only to what we do, but also the way we do it. These principles include:

Do not cause further harm or create new risk of harm



Non-discriminatory access to assistance and services



Identify the most vulnerable and their specific needs



Safe and dignified access to basic services



Community participation and empowerment



Strengthen positive community protection capacities

Humanitarian protection also includes being aware of specific protection issues that arise in disasters and emergencies, but do not fall within a particular sectoral or organisational mandate or capacity. These issues require information-sharing, advocacy or referral to specialized actors for appropriate response. Such issues include:

- Child protection concerns (e.g. identifying and assisting separated and unaccompanied children);
- Gender-based violence;
- Sexual exploitation and abuse; and
- Protection of people with disabilities (e.g. physical, neurological or mental); people displaced by disaster; and other vulnerable groups.

Protection problems may include discrimination, violence, abuse, exploitation, deliberate deprivation or neglect of vulnerable individuals or groups (e.g. religious and ethnic minorities; people with disabilities; women; children; youth; older people; and people of diverse sexual orientation, gender identity and expression and sexual characteristics - SOGIESC) within the affected population. Some of these issues may have existed in the community before the disaster, and may increase with the shock and stress of the disaster. Others may arise due to humanitarian assistance and the way in which emergency relief activities are designed and delivered (e.g. inappropriate, inaccessible or unfair distributions).

Assistance or services provided must be (i) appropriate and accessible to all those in need within a population and (ii) provided in a manner that does not expose vulnerable people to further risk of harm.

Disasters affect people differently based on their age, gender, disability and many other factors. Vulnerable individuals or groups face different risks and barriers to accessing assistance and services before, during and after a disaster. These diverse needs should be reflected in assessments and response actions across all sectors. Below is a non-exhaustive list providing initial guidance in supporting protection-oriented relief and recovery activities.

General Protection Considerations for Health and Nutrition

- Identify which government agencies and other national actors are responsible for the provision of assistance and take steps to work together with the responsible government authority or authorities.
- Identify the most vulnerable individuals or groups within the community and be aware of specific needs of all groups according to age and gender. Use this information to guide the design and delivery of assistance to ensure the most vulnerable can access assistance in safety and dignity.
- Disaggregate beneficiary data by sex and age.
- Communicate information on relief and recovery activities to the affected population in a range of formats (e.g. radio, TV, newspaper), and in the local language, to ensure accurate and timely information reaches the most vulnerable.
- Ensure all employees and contractors are inducted in your organization's child safeguarding policy (i.e. rules and a clear set of behaviours when dealing with children which is binding on all staff) and a Humanitarian Code of Conduct (e.g. Fiji Government Post-Tropical Cyclone Winston Code of Conduct) that addresses sexual exploitation and abuse.
- Ensure safe and equitable access to inclusive and non-discriminatory health services. If fees are in place, assist members of the targeted vulnerable population that are unable to pay for health care. Physical locations of health facilities should be easily accessible by children, people with disabilities and the elderly, and have appropriate service times.
- Take steps to ensure that health services are gender-sensitive with consideration for the following:

¹ A Protection Mainstreaming Tool for Emergency Response in the Pacific Region drawing on Global Protection Cluster Essential Protection Guidance and Tools. For more information contact pacificprotectioncluster@gmail.com or +679 3301 178 (UN Women, PHPC lead agency).

² Updated from the PHPC Think Protection! A Quick Guide to Integrating Protection into Disaster Response in the Pacific Region 2012.

- Does the health facility have both female and male staff?
- What are the local beliefs and practices on consultation with same-sex or opposite-sex health professionals?
- Involve local health workers where possible and ensure that the ethnic and gender balance of community health workers and staff at health facilities meet the needs of the population.
- Ensure health staff are aware of cultural beliefs and practices regarding pregnancy, birthing, menstruation, and women's and men's reproductive health; harmful traditional practices should be monitored and discouraged where possible.
- Provide training to female and male health professionals on the clinical management of rape.
- Provide training to female and male health professionals on assisting people with different disabilities (i.e. persons with impaired: hearing, vision, mobility, cognitive ability, mental health, etc.)
- Provide training to female and male health professionals on assisting people of diverse SOGIESC.
- Provide assistive devices for people with disabilities or referral to appropriate agencies to obtain assistive devices.
- Be aware of rehabilitation services to refer those with newly acquired disabilities as a result of the disaster.
- Provide culturally appropriate mental health services. (Note that trauma counselling and psychosocial services should not be provided by untrained staff. Where psychosocial support is not available in the health facility, ensure that health workers are aware of referral agencies and procedures. If appropriate referral services are not available, bring this to the attention of humanitarian coordinators and advocate for their establishment.)
- Ensure that health workers are trained to respond appropriately to gender-based violence (GBV) survivors and provide 24hr services where possible. Develop protocols with clear standards of care and treatment for children, women, men and those who are transgendered (e.g. a same-sex/gender, same-language health worker or chaperone is present in any medical examination of a potential GBV survivor) and procedures are in place to protect the privacy of survivors of GBV. Include a mechanism for ensuring physical safety; for providing psycho-social support and for storing medico-legal evidence. Provide linkages with local health care providers and social security networks.
- Liaise with the United Nations Population Fund for provision of Post-Exposure Prophylaxis (PEP) kits for health facilities.
- Provide preventive treatment of sexually transmitted infections, emergency contraceptives and safe birthing kits.
- Ensure that nutrition programs consider the special needs of vulnerable groups (e.g. pregnant/lactating women, children under five years, elderly) and support women to exclusively breastfeed their babies for the first six months.
- Document and register the presence of unaccompanied minors and inform relevant child protection actors (e.g. UNICEF, Save the Children, Ministry of Social Welfare).
- Ensure mechanisms are in place (and staff are aware of them) to monitor and report instances of abuse and exploitation.
- Implement a Code of Conduct for medical staff, including respect for private and confidential patient consultations and documentation as well as informed patient consent.
- Bodies of the deceased are released in accordance with tradition; families are supported to carry out appropriate rites.
- Enhance the capacity of community health workers to monitor, report and refer protection issues (e.g. identifying abuses such as deliberate starvation of children or members of vulnerable populations; physical or sexual abuse) and to report protection cases in confidence.
- Link services to the established referral pathways for comprehensive provision of GBV services.
- Incorporate GBV messages into health-related community outreach and awareness-raising activities (including prevention, where to report risk, health effects of different forms of GBV, benefits of health treatment and how to access care, using multiple formats to ensure accessibility).³
- Include the following questions in on-going monitoring of health and nutrition programs:
 - Are some groups affected more than others with health problems requiring medical treatment?
 - Are women, girls, boys and men of different ages and backgrounds able to access health services safely?
 - Are there any obstacles faced by GBV survivors in accessing appropriate healthcare (e.g. no female health professionals available to respond to the medical needs of GBV survivors)?

Protection Considerations for Emergency Assessments

- Analyze the composition of the affected population in detail, ensuring the population and household composition is disaggregated by sex and age. Include the number of single-headed households disaggregated by woman/girl/boy/man head of household; pregnant or lactating women; unaccompanied girls and boys; elderly women and men; people of diverse SOGIESC; women, children and men with disabilities (disaggregated by type of impairment); and women, children and men with serious or chronic illness.
- Assess the situation of all displaced people (including those in temporary settlements, those dispersed in smaller groups and those living with host families).
- Identify existing coping strategies adopted by the affected population to respond to the disaster and prevent further harm (i.e. positive and negative coping strategies).
- Based on the above information, sectoral staff should consider what arrangements are needed for females and for males with specific needs (such as those in the population groups listed above) to ensure they are able to access humanitarian assistance or services in safety with dignity, including consideration of privacy or mobility issues.



I'M NOT A PROTECTION SPECIALIST – WHAT CAN I DO?

Listen to adults' and children's concerns about their safety and include these in your activities.

³ https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

- Ensure host communities are included in assessments to avoid tensions arising between displaced people and host communities in terms of assistance provided (or not provided).