

Health

Tips for Protection Mainstreaming

Edition 1 (May 2014)


The content for this note is taken mainly from the following sources:

- [Minimum Inter-Agency Standards for Protection Mainstreaming \(WVI\)](#)
- [Disabilities among Refugees and Conflict-Affected Populations - Resource Kit for Fieldworkers \(WRC\)](#)
- [Minimum Standards for Child Protection in Humanitarian Action \(CPWG\)](#)
- [GBV Guidelines \(IASC\)](#)
- [Humanitarian Charter & Minimum Standards in Humanitarian Response \(SPHERE\)](#)


This note is divided into three sections, representing the four key elements of Protection Mainstreaming. The content is not meant to be exhaustive, but presents examples of key actions that should be taken to ensure the integration of protection principles *in the delivery of humanitarian assistance*.

Although each action described should be considered throughout implementation, there are some key actions which are especially important to consider during emergencies and during the assessment/project design stage of the project cycle. These are highlighted with the following symbol-codes:

- Emergencies 
- Assessment & Project Design Stage 

Some actions can be sensitive by their nature. In these cases, it is suggested to reach out to a Protection specialist. These are highlighted with the following symbol: 

Prioritize safety & dignity, and avoid doing harm

- Ensure that the **LOCATION** of health facilities and routes to them are away from actual or potential threats such as violence; especially the risk or threat of gender based violence (GBV), and attacks from armed groups. 

Notes:

- Identify areas in and around the clinic that could be potentially unsafe like dark alleys, proximity to the bush and mount lights or place security around them.
- Consider installing lights near health centers, especially if lighting is not possible, consider alternatives such as providing torches for each household. Be careful not to put individuals at risk with valuable assets
- Do not place facilities near possible perpetrators. N.B. The police and armed forces are often seen as perpetrators of violations. Whether they provide a reassuring feeling or instill fear depends on the location. It is important to consult the community and potential beneficiaries about their preferences.
- Arrange appropriate policing if required

- Make **INFRASTRUCTURE** adaptations such as ramps and railings to health facilities and latrines so that all individuals and groups can access and use them in safety and dignity. Use direct observation and discussion groups with persons with disabilities in the community to identify the type of adaptations that are needed.
- Ensure that the health services are **RESPECTFUL AND INCLUSIVE OF CULTURAL AND RELIGIOUS PRACTICE**.

Notes:

- Consider the Power Dynamics between a health staff and the patient. How can this affect the patient's responses, behavior, and general attitude towards the staff and services provided?
- Consider separate waiting areas (male/female).
- Employ female health staff members with skills and experience working with women
- Employ health staff members with skills and experience working with children

- Ensure that **CONFIDENTIALITY AND PRIVACY** is respected in any form of consultation, counseling or personal information sharing.

Notes:

- Ensure examination rooms are well separated from public spaces or the waiting area.
- If separate rooms cannot be provided, consider establishing a dry-wall or at least put up a curtain.
- Ensure that an information sharing protocol is established so that a survivor of abuse will not need to repeat their story, potentially exposing them to further trauma; and all efforts are made to ensure her confidentiality
- Do not collect information which is not needed to contribute towards promoting the well-being of the individual.

- Do not share **IDENTIFIABLE INFORMATION** unless consent has been given by the beneficiary (e.g. names, addresses, or traits and characteristics about the case that can lead to identification, etc.).

Notes:

- If requesting consent to collect and use data, make sure it is properly informed and that the beneficiary has the capacity to give consent (e.g. children or persons with intellectual disabilities may give consent without fully understanding or having the capacity to do so)
- Make sure that data storage is secure and that contingency plans are in place to secure, move or destroy the data in the event that the area must be evacuated.

- Health facilities need latrines. **DESIGN** must preserve the safety and dignity of its users.

Notes:

- Physically separate and label the latrines "male" & "female". Have separate latrine/toilets for males and females and make sure they are labeled clearly for all literacy levels.
- Ensure latrine design accounts for children (e.g. size of pits may present a safety risk for children)
- It is preferable that latrines and showers can be locked from the inside to ensure privacy. Discuss this with beneficiaries what they would prefer. *Example: Children in one country were reluctant to use traditional sliding locks and had alternative ideas (e.g. wood and nails)*

- If setting up Health facilities for displaced communities, consult them as well as host communities about health needs so as to **AVOID COMMUNITY TENSIONS**. Make sure that there is no tension or inequality that could lead to violence and harassment of one group or another

Notes:

- Assess whether inequitable access to health care is causing tension or conflict within the community AND with other surrounding communities.
- In camp settings, consider also providing services to the local/host community.

- Employ female health **STAFF** members with skills and experience working with women and children

- Put in place guidelines and mechanisms for monitoring and reporting instances of abuse and exploitation.



Notes:

- Ensure all staff sign and adhere to a code of conduct that includes a “whistle blower” policy
- Establish an accessible and well understood mechanism for complaints.
- Ensure staff understand and sign the code of conduct.
- There should be annual meetings on the code of conduct to remind everyone of their obligations.

Meaningful Access





- Ensure that the health facilities are accessible to all

Notes:

- Discuss with all representative samples of society (e.g. men, women, girls, boys, the elderly, ethnic groups, persons with disabilities) that should have access to the services we provide. If necessary, adapt the location to reduce the distance and to ensure that the most vulnerable/marginalized have access. 
- Consider how seasonal environmental conditions can prevent access to secondary health care centers and hospitals (e.g. floods). Are transport mechanisms in place to make access possible in these conditions?
- Organize transport if necessary.  In non-emergency contexts, consider pooled funds for emergency transport services.

- Ensure that services can be accessed by **PERSONS WITH REDUCED MOBILITY** (e.g. persons with physical disabilities, the elderly, bed-ridden individuals)

Notes:

- Make access paths smooth and fit ramps for wheelchair access. Consider different physical disabilities. Different wheelchairs may require different amounts of space. Artificial limbs may make even relatively short distances difficult. Talk to persons with disabilities about what solutions would best fit their needs.  
- If some individuals cannot access the services, ensure that special arrangements are made to make them available (e.g. mobile health teams). 
- Team up with a local NGO working with persons with disabilities to train staff and mobilize individuals for home counseling and services. 

- Ensure that services can be accessed by **PERSONS WITH NON-MOBILITY-RELATED DISABILITIES** (e.g. the blind, hard of hearing, intellectually disabled)

Notes:

- Provide information about services in both verbal and written form.
- Ensure that staff is trained to work with individuals with intellectual disabilities, including on how to ensure proper confidentiality and informed consent. Local NGOs often already have the technical knowledge.

- Ensure that health **STAFF** are representative of gender and ethnic differences.

Notes:

- Health centers should have both male and female doctors/nurses. If female doctors/nurses are not available, consider advocating with the authorities to organize a female doctor rotation between locations. In this case, women must be adequately informed of which days a female doctor will be available.

- Ensure that health **STAFF** know how to respond to the specific needs of victims of grave human rights violations, including rape and physical abuse.

Notes:

- Staff should be trained and capable of providing psychosocial support to reduce trauma. If staff is not trained,

they should have the information to refer patients to these services. To avoid trauma and reduce the chance of being singled out in the health center, victims of grave human rights violations should be prioritized.

- Staff should ensure the confidentiality of survivors and respect the wishes about the care provided.
- Train health staff to identify and respond to traditional harmful practices.
- Set up referral networks for services required in response to instances of abuse and exploitation in line with best practice.
- Special consideration should be given to the design of rooms, type of furnishings and equipment etc. that are in the examination/consultation rooms used for survivors of torture. This should be considered in design phase. Must avoid possibility of re-traumatization.


- Ensure that beneficiaries **KNOW** their right to health care, and where/how to obtain it.

Notes:

- Rights awareness should be provided in sufficient quantity in languages understandable to all beneficiaries, especially to new arrivals in displacement settings.
- Printed materials should consider literacy levels (e.g. use of pictograms instead of text). Lack of awareness about rights and services is regularly a gap identified in assessments.




- **MONITOR** access, discrimination, and whether any services are being diverted.

Notes:

- Ensure project indicators (e.g. # of individuals accessing services) are disaggregated by age, gender, and location or specific group (e.g. persons with disabilities, ethnic minorities). 
- Compare disaggregated client numbers to existing demographic data. Discrepancies can tell you which groups do not have access.
- Where possible train the health committees and beneficiaries to do this. Committees can also work with contractors to make sure designs are disability friendly.
- Make sure services are reaching the most vulnerable.

- Identify what are the **POWER DYNAMICS** within the intervention area. Who has access to health care?


Notes:

- Consult with the Protection Cluster/ Protection Actors, including the GBV and Child Protection sub-clusters, about power dynamics in the area of intervention.   
- Use this information to inform monitoring activities and identify any barriers to access or discrimination against particular groups.

Accountability, Participation & Empowerment

- Identify **LOCAL AUTHORITIES AND CIVIL SOCIETY** specialized in working with **PERSONS WITH LOW MOBILITY OR DISABILITIES**. Strengthen and support their role, and learn from their experience how to improve service delivery.

Notes:

- Coordinate with specialized agencies to identify low-mobility individuals and include them in the program assistance. Most countries already have national or local NGOs offering services to vulnerable groups. These may not operate in the same areas, but could become a valuable resource for the training of staff and the referral of cases. 
- Especially around reproductive health and family planning it is important to consult with boy and girl adolescents but make sure that girls are consulted separately. It might be useful to use NGO's working with youth but also recognize that the most at risk youth are more likely not associated with a group.

- Actors operating in the same locality could help mobilizing low-mobility individuals for key activities.
- Key international NGOs working on these issues include Handicap International and HelpAge

□ Ensure that Health **STAFF** and committees are representative of all layers of society (e.g. gender, age, ethnicity, socio-economic group, persons with disabilities, etc.).

□ Before leaving an area, make sure that the responsible actors and systems for health care are in place.

Notes:

- This will involve coordination with local authorities and possibly suppliers, but should focus on community capacities to maintain the structures in place (e.g. health committees).
- The plan on how to go about doing this should be spelled out during the design phase.

□ **REPORT AND SHARE PROTECTION CONCERNS** with the protection cluster, including the GBV and Child Protection sub-clusters. Other actors may be able to provide assistance.

Notes:

- Cases of violations should be referred promptly and in accordance with standard operating procedures established in the area, always keeping in mind the abovementioned actions to ensure safety & dignity. ⚠

□ Make sure to **CONSULT** all layers of society when identifying and responding to Health needs

Notes:

- Different criteria may affect the power dynamics. For example, in some places it will be important to consult different socio-economic groups (e.g. ethnic or economic minorities). In all situations, one should include women, men, boys, girls, the elderly, and persons with disabilities to understand their needs and preferences for location, design, and methodology of Health assistance. 📄
- It is not enough to just consider the protection needs of all layers of society. They have to be involved in identifying the solutions. In addition to making the response more relevant and potentially durable, this will build the confidence and self-esteem of the beneficiaries concerned. 📄

□ Ensure that **HEALTH COMMITTEES** are **REPRESENTATIVE** of all layers of society and that all members are trained on “protection mainstreaming principles”.

Notes:

- They can play a key role in identifying issues related to exclusion, discrimination.

□ Find out what the **COPING STRATEGIES** are. Where do people go when they get sick? What kind of treatments can they expect? Are they placing their safety and dignity at risk? Does one group have access over others? Are women allowed to access formal health care? Do they need to be accompanied by male members of their families? Risks must be recognized as soon as possible and interventions undertaken to help people avoid resorting to negative coping strategies.

Notes:

- What distances will people travel for services other than primary health care? (e.g. emergency obstetrics care) Is there a risk involved in the travel? Do people seek alternative forms of treatment? (e.g. traditional healers) Consider establishing systems for emergency transport (e.g. pooled funds for taxi services) 📄
- Consider learning from local practice. Local plants and remedies may provide effective medical remedies while being cheaper, more accessible, and generally more sustainable. ⚠
- Work with traditional healers to improve access to services.

□ Set up accessible, well understood **MECHANISMS FOR SUGGESTIONS AND COMPLAINTS**

Notes:

- Do not assume an “open door” policy is enough. Make sure that there are other possibilities for submitting complaints that do not require the beneficiary exposing themselves to project staff.
- RESPOND to complaints, regardless of whether corrective measures can/need to be put in place.
- Staff the mechanism with both men and women and ensure it is accessible for children.
- Organize awareness raising sessions so that people know how it works.
- Complaints mechanisms should be in line with Protection from Sexual Exploitation and Abusive systems.
- Consider a joint complaints mechanism with other sectors (e.g. Protection) to minimize confusion.