GENDER & PROTECTION CLUSTER

Gender and Protection Checklist | Health and Nutrition

Why does gender and protection matter in health and nutrition programs?

- In disasters, access to health and nutrition services is necessary for health and safety. Health and nutrition programs can provide dignity and protection (i.e. prevent and respond to exploitation, abuse, violence and injury to others).
- Responses need to be careful not to increase protection risks. E.g. maintain confidentiality of a sexual assault survivor seeking medical help, to prevent retaliation by her attacker.
- All people have a right to health services and freedom from hunger, so it is important to make sure that everyone, including vulnerable people, can access health and nutrition services.
- Vulnerable people may include women, girls and boys, people with disability, older people. E.g.
  - women and girls have specific health care needs for sexual, reproductive and maternal health, and additional nutrition needs when pregnant and lactating
  - children under five are especially vulnerable to disease and malnutrition
  - in periods of food insecurity, girls may be forced to marry early, or women and girls forced to exchange sex for food; or skip meals to feed other family members.
- Understanding the needs of vulnerable people and targeting them in health and nutrition programs helps the whole community recover faster from disasters and build resilience.

Assessment

- Consult directly with vulnerable people to make sure their concerns and needs are heard; e.g. encourage women, girls and boys, and people with disability to speak for themselves.
- Assess the health and nutrition needs of vulnerable community members by sex, age and disability, and prioritise these (e.g. include women and child heads of households, and children with disability).
- Assess accessibility of health and nutrition facilities at village, province and national levels, e.g. what facilities are available and where are they located; is emergency transport (e.g. ambulance) available; are there communication services (e.g. phones, radio) between facilities and workers?
- Assess the quality of health and nutrition service delivery at village, province and national levels, e.g.
  - what health and nutrition support is provided, e.g. family planning; maternal and neonatal care; clinical management of rape; psychosocial support services; health promotion?
  - what clinical training have health and nutritional workers received?
  - how many male and female health and nutritional officers are there?
- Assess customs and traditions preventing use of health or nutrition services; e.g. shame preventing rape survivors accessing health response; lack of knowledge about sexually transmitted disease; preferences for using traditional birth attendants.
- Identify any protection risks associated with health and nutrition services, e.g. lack of trained clinical staff to perform deliveries of babies or potential backlash by men resistant to family planning.

Access

- Prioritise the most vulnerable people for health and nutrition services, e.g. pregnant and lactating women, children under five, people with severe or moderate acute malnutrition, and people with chronic illness (including HIV/AIDS or malaria).
- Match health facility locations and opening hours to the needs of men, women, boys, and girls.
- Increase access to health and nutrition services: e.g. through outreach services, mobile units, emergency transport (ambulances), health focal points and communication systems.
- Aim for gender balanced health and nutrition teams, and prioritise female staff for maternal health and clinical management of rape training.

- Communicate health and nutrition messages through different methods (e.g. extension workers, health focal points, radio, sms messaging, posters, newsletters, television or loudspeaker), so that information reaches everyone (e.g. literate, illiterate or children).
- Consider any cultural practices that limit access to health and nutrition services and discuss with community leaders on ways to prevent discrimination, exploitation and abuse.

Safety and dignity

- Consult with vulnerable groups about ways to minimise safety risks associated with health and nutrition services, e.g. safe locations and routes to health facilities; providing accessibility features at facilities for people with disability (such as hand rails and ramps).
- Make sure that patient confidentiality and privacy is respected in any consultation, counselling or personal information sharing.
- Train local health and nutrition workers on gender-sensitive service delivery.
- Make sure there are health staff trained in clinical management of rape and psychosocial support.
- Monitor and respond to safety concerns with health and nutrition service delivery, including risks of exploitation, abuse, violence, or injury.
- Consult with gender based violence specialists on ways to respond safely and confidentially, including where to refer survivors to other services and support.

Participation, empowerment and accountability

- Provide staff with guidance and training about the situation for and capacities of vulnerable people.
- Inform communities about their right to health services and where and how to access health care. E.g. provide targeted information sessions to pregnant and lactating women, and children.
- Engage vulnerable people in decision-making about health and nutrition services to meet their needs; e.g. include women, young people and people with disability in village health committees.
- Provide training and policies to staff on prevention of sexual exploitation and abuse. Provide information to communities explaining that beneficiaries, particularly women and girls, do not have to pay or provide services or favours in exchange for health or nutrition assistance.
- Set up accessible, confidential and well-understood mechanisms for suggestions and complaints.

Monitoring

- Collect and monitor data on beneficiaries by sex, age and disability.
- Monitor to find out who is not able to access health and nutrition services, and address any barriers they face.
- Monitor for unintended outcomes of health and nutrition services; e.g. malnourished women sharing their nutritional treatment supplies with family members, which then delays their own recovery.

This checklist was adapted from:

- *IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015*
- *Health Programs – Tips for Protection Mainstreaming, Global Protection Cluster, May 2014*
- *Health Gender Marker Tip Sheet, Inter-Agency Standing Committee, September 2012*
- *Nutrition Gender Marker Tip Sheet, Inter-Agency Standing Committee, September 2012*