**Health Emergencies in Large Populations (H.E.L.P.) Course**

**Humanitarian Protection**

**Time: 90 minutes**

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| **Educational Objectives: What should participants be able to do at the end of the course** | **Enabling Objectives: The interim steps that build on each other and lead to the final educational objectives** | **Core issues / reference topics** |
| 1. *Participants are able to* explain the concept of humanitarian protection and identify main protection issues of people affected by acute and protracted humanitarian crises | * 1. *Participants are able to* explain how humanitarian protection is defined and understood by humanitarian actors | * IASC definition   Keep people safe from violence, abuse, coercion and deliberate deprivation   * Authorities (state, non-state) have the primary responsibility to protect and uphold the rights of people within their territory (legal obligations) -Link to module Legal framework |
| * 1. *Participants are able to* identify protection problems and underlying risks that people and communities may encounter | * Understanding protection risks in context * Protection from what?   + Violence / the threat of violence, abuse,coercion, deprivation * Who are affected?   + Individual, family, community, population group, services….   + Vulnerabilities   + How do people and communities address those risks/issues?   + Capacities, resilience   + Negative coping mechanisms |
| 1. *Participants are able to* identify appropriate interventions to meet protection needs of affected people in acute and protracted humanitarian crises | * 1. *Participants are able to* explain complementary roles of authorities and humanitarian actors in addressing the protection needs of a population see modules Setting the Scene and Actors in humanitarian Interventions /Coordination | * Layers of responsibilities * Authorities - other actors * Actors with a specific protection mandate * Actors without a specific protection mandate * The role of affected people and communities in their own protection: resilience? * Protection mainstreaming * Minimum protection approach?   + Do no harm |
| * 1. *Participants are able to* explain types of interventions that are carried out in the area of humanitarian protection | * Egg model for levels of protection interventions * Preventive action * Responsive action * Remedial action * Environment building * Response strategies   + Modes of action See Module Program cycle management * Encourage and persuade authorities to fulfil their obligations * Support existing capacities! * Mobilization of third parties * Substitution/Setting up own services * Denunciation * Selected examples activities   + Individual, family, community, authority level * Related to health /public health interventions |
| 1. *Participants are able* to describe ways in which protection and health interventions are intertwined | * 1. *Participants are able to* explain in which ways health interventions may contribute towards protection aims and objectives and vice versa | * Public health professionals’ closeness, listening to, contact with affected people -> source of information for protection issues   + Need for respect of dignity   + Informed consent   + Patient confidentiality /medical file   + ‘’Data dilemma’’ for collecting and sharing data (do no harm)-See Module Data collection, analysis and sharing * Violence against health care see Module Violence against health care * Practical examples, e.g. distance water point, separate well-lit latrines, livelihood support, evacuation of wounded outside of conflict zone, |
| * 1. *Participants are able to* describe ways to strengthen the Protection – Health relationship | * Integrated approaches   + Clear process in place in respect of confidentiality and local law, communication, cooperative coordination, collaborative activities -See Module Actors in humanitarian interventions /coordination |