**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
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| * 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
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| 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
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| * 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
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| 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,
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| * 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
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