

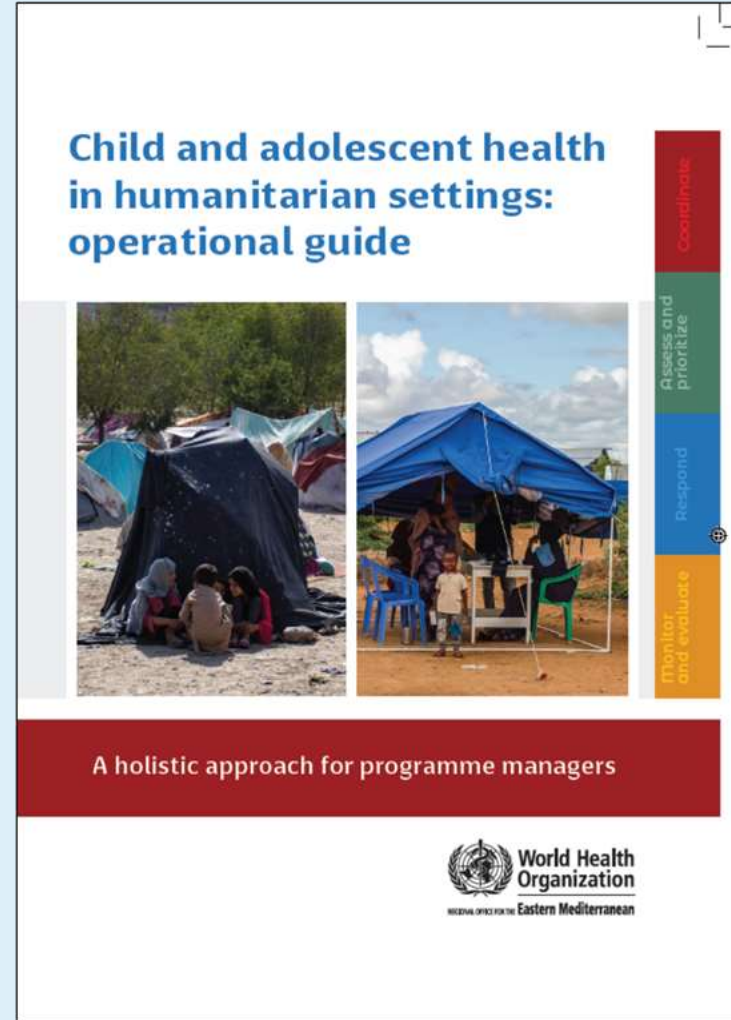


# Module 1: Coordinate



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# Child and adolescent health in humanitarian settings: operational guide



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# How to use the guide

- A. Get familiar with the entire guide**
- B. Identify areas most useful for your team (usually coordinate)**
- C. Review key actions and step by step approach to address the key actions (to the best of your ability)**
- D. Repeat the cycle, each time addressing things more fully**
  - Work through the entire guide in preparation for an emergency
  - Quickly work through the guide in the first month of an emergency, then systematically revisit all the sections over the next 3-6 months.
  - Systematically review all of the guide every 6 months during a protracted emergency and into the recovery period.
  - Use the Self-Assessment Progress Tracker (Annex 1) to track your improvement.

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# Implementing the guide



## Dr Tedros on an organizational shift

- “WHO is known for the quality of its normative work, but **there is little value in publishing a guideline if nobody uses it.** We need a much greater emphasis on making sure our world-class technical work is used at country level, and a much greater focus on measuring the impact of that work.”



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# Humanitarian Principles

- Humanitarian action is guided by humanitarian principles:  
**humanity, impartiality, neutrality, independence**
- These are grounded in human rights and international law:
  - The right to **live with dignity**
  - The right to **receive humanitarian assistance**
  - The right to **protection and security**
- Children have additional rights
  - **Convention of the Rights of the Child**

# Core Humanitarian Standard

Consensus document setting the 9 principles to help humanitarian actors **improve the quality and effectiveness of humanitarian action**



# The Sphere Handbook

Humanitarian Charter  
and Minimum Standards  
in Humanitarian Response

 Sphere  
2018 Edition



## The Sphere Handbook

- Main humanitarian guidance documents
- Created by a broad group of humanitarian actors, accepted by most humanitarian agencies
- Includes the **Humanitarian Charter** – outlines ethical and legal foundations of humanitarian action, and the **Minimum Standards in the Humanitarian Response**
- Standards have been adopted by UN and other agencies
- **Main sources for key actions and indicators in the operational guide**
- [Link](#)

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# Effective Coordination in Humanitarian Emergencies

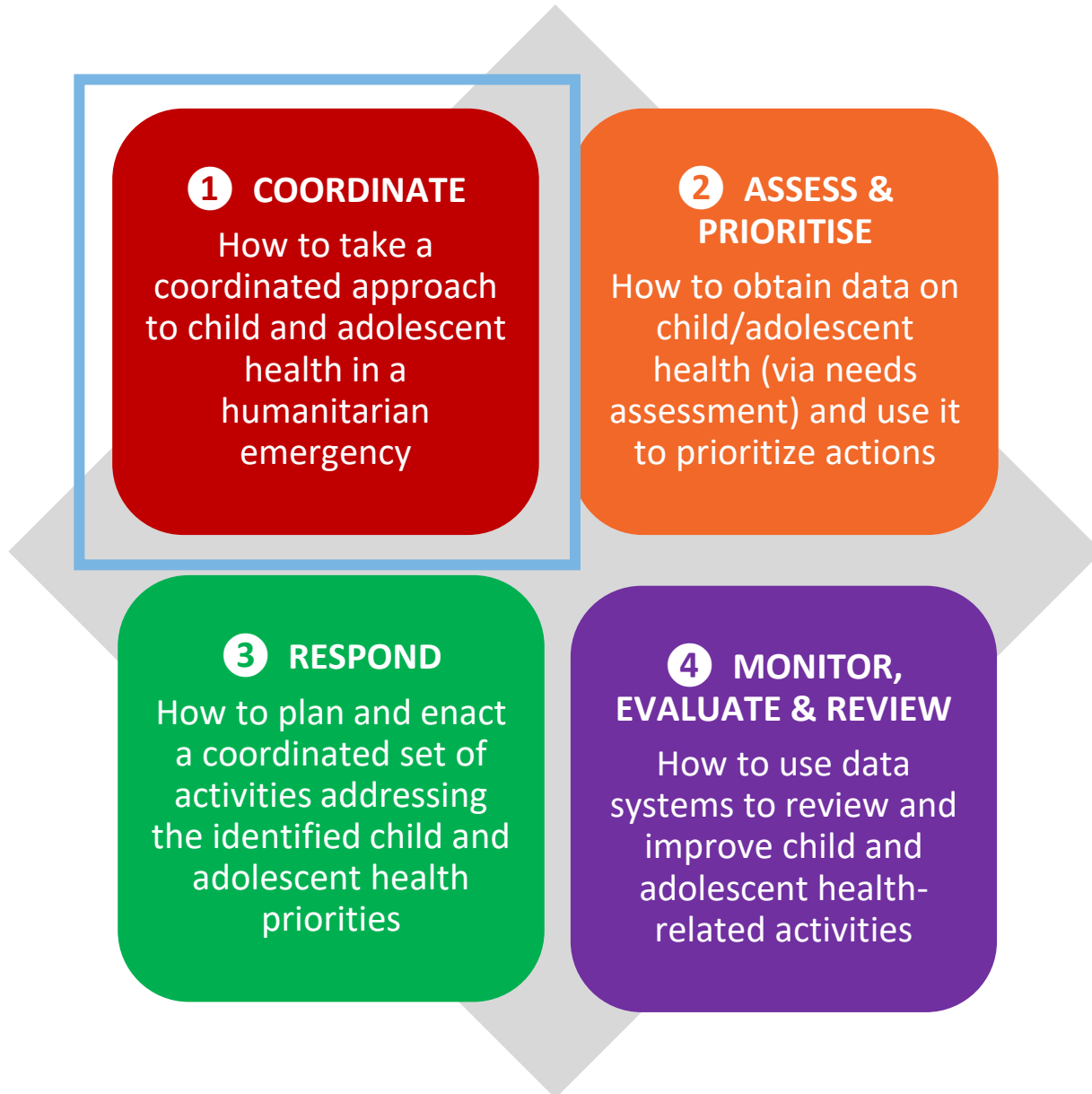
*“Humanitarian coordination involves **bringing together humanitarian actors to ensure a coherent and principled response to emergencies**. The aim is to assist people when they most need relief and protection. Humanitarian coordination seeks to **improve the effectiveness of humanitarian response by ensuring greater predictability, accountability, and partnership.**”*

- Effective coordination is essential, yet challenging
  - Variations in approaches and perceived priorities among humanitarian actors
  - Importance of **system-wide coordination for quick and efficient assistance**
- The coordination section guides you in **setting up and participating effectively in coordination structures during humanitarian emergencies**





## The four interconnected programmatic action areas of the operational guide



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# Coordinate – how to take a coordinated approach to child and adolescent health in a humanitarian emergency

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# 1. Participate in humanitarian structures



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# Participate in humanitarian structures

To integrate child and adolescent health into humanitarian action effectively, governments and organizations must be able to navigate humanitarian structures

## Global level

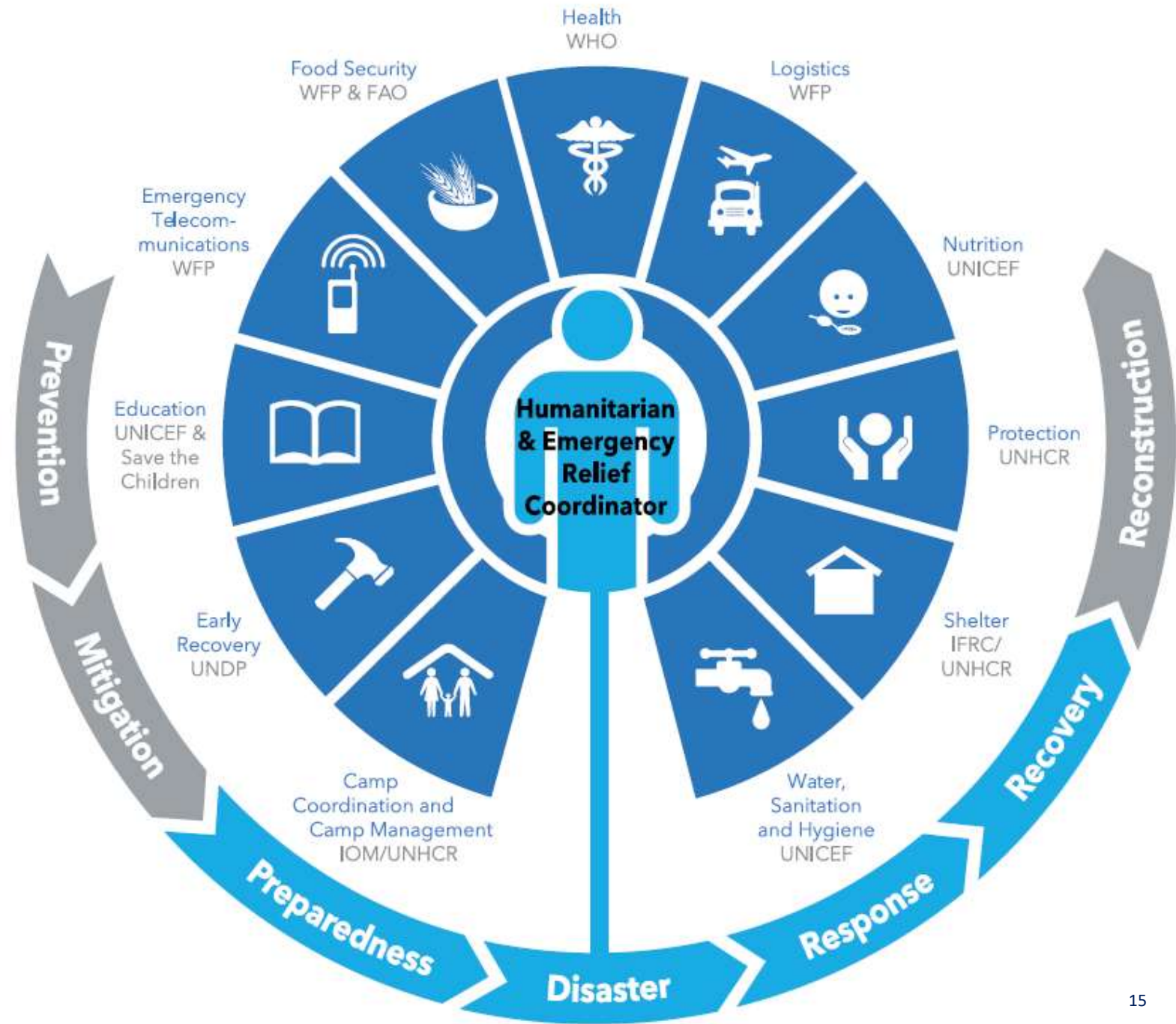
- **Inter-Agency Standing Committee (IASC)**
  - Coordinates humanitarian action and is headed by the Emergency Relief Coordinator
  - Composed of **UN agencies and international NGOs**
  - Responsible for coordinating key agencies assigning responsibilities and sharing resources and information
  - Designates responsibility using a **cluster approach**

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# Cluster approach

- A cluster approach may be used in **humanitarian emergencies**
- The cluster approach is activated by the Emergency Relief Coordinator (ERC) at the request of the Humanitarian Coordinator, with the endorsement of the inter-agency standing committee (IASC) principals
- All clusters have lead organisations, **Cluster Lead Agencies**, operating at the global and country levels
- The cluster system **spreads accountability for the delivery of services** (health, shelter, etc) across different cluster lead agencies
- Clusters are **groups of humanitarian UN and non-UN organizations** in each of the main sectors of humanitarian action (water, health, shelter, logistics etc)
- They are designated by IASC and have clear responsibilities for coordination
- Aim: **to build capacity of national systems to respond to humanitarian situations with a protection and accountability lens and progressively hand over coordination to local entities**

# Clusters and global lead agencies for humanitarian action



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# Participate in humanitarian structures

To integrate child and adolescent health into humanitarian action effectively, governments and organizations must be able to navigate humanitarian structures

## National level

- Clusters are only activated by IASC when existing structures are unable or unwilling to meet the needs of a particular humanitarian emergency
- In-country clusters are intended to be a temporary coordination solution with handover to local authorities as soon as feasible
- United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) or national government usually oversees all clusters





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## Participate in humanitarian structures

- Humanitarian emergencies attract a **wide range of actors**
- Governance structures may not always be clear, especially in the early stages of an emergency
- Clusters should go **beyond information sharing and make coordinated decisions about resources, activities, and strategic direction**
- A **RMNCAH/child and adolescent health working group** can fulfil the role of health cluster, preferably led by the ministry of health



# Key actions – humanitarian structures



## Identify and communicate

- Contact the leading health cluster organization (national or subnational) to coordinate activities
- Share your work areas and offer coordination support



## Support coordination

- Assist in establishing a coordination mechanism if existing ones are lacking or weak



## Conduct coordination meetings

- Conduct regular coordination meetings at different levels involving health-related organizations



## Share information

- Regularly share updates and bulletins, involving all health-related organizations

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## Key indicator – humanitarian structures



Your organization is connected with the health sector/cluster in your region, actively communicates with partners and contributes to health (and other) sector/cluster updates



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## 2. Identify key humanitarian actors



# Identify key humanitarian actors

Most important actors:  
**affected communities and individuals**

**Local community:**  
health facilities, schools,  
civil society groups

**Government:**  
ministries of health, other  
ministries, district health  
directors

**Local NGOs**

**Interagency:**  
IASC, IAWG, International  
Military, SCHR

**UN:**  
UNOCHA, WHO, UNICEF,  
UNDP, UNFPA, UNHCR,  
WFP, UNRWA, OHCHR, FAO,  
UN-Habitat, Department of  
Peace Operations

**International NGOs:**  
CARE International, Caritas,  
ICRC, IFRC, MSF, IRC, Save  
the Children, World Vision,  
Oxfam, Islamic Relief, and  
more



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# Roles and responsibilities of major actors in the humanitarian field

- **UN Agencies:** Coordination and technical expertise
- **Governments:** Main responsibility for population protection, coordination, implementation, funding, local expertise
- **Local Community and NGOs:** Main providers of humanitarian action, staff, local expertise
- **International NGOs:** Implementation, coordination in specific areas, staff, technical expertise, advocacy and resource mobilisation



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# Accountability to Affected Populations

- **Taking Account:** Enabling input from affected populations
- **Giving Account:** Providing information on actions and reasons
- **Being Held to Account:** Allowing communities to assess the quality of the response

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# Inter-Agency Standing Committee (IASC) Commitments on Accountability to Affected Populations



## Leadership/Governance

- Integrate feedback and accountability mechanisms into all aspects: strategies, proposals, monitoring, evaluations, recruitment, and reporting.



## Transparency

- Provide accessible and timely information to affected populations.
- Facilitate dialogue for informed decisions.



## Feedback and Complaints

- Actively seek views of affected populations to improve policy and practice.
- Streamline robust feedback and complaint mechanisms.



## Participation

- Enable active involvement of affected populations in decision-making processes.
- Establish clear guidelines for engagement and representation of marginalized groups.



## Design, Monitoring, and Evaluation

- Engage affected populations in designing, monitoring, and evaluating program goals.
- Report and learn from the process to improve outcomes.





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# Key actions – humanitarian actors



## Identify and engage partners

- Identify and reach out to partners within child and adolescent health
- Work collaboratively to establish common systems and prevent duplication



## Integrate Core Humanitarian Standards

- Integrate the Core Humanitarian Standards into your operations
- Utilize these standards to hold yourselves (and others) accountable for humanitarian engagement



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## Key indicator – humanitarian actors



Health sector leads have identified and connected with the health sector lead agency and partners in child and adolescent health, and are committed to working together.



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### 3. Establish or strengthen an RMNCAH/CAH working group



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# Establish or strengthen an RMNCAH/CAH working group

- **Importance of interagency RMNCAH/CAH working group:** essential for effective and cooperative integration of RMNCAH/CAH activities into humanitarian action
- Should operate under the **health cluster**
- **WHO and MoH are accountable** for RMNCAH/CAH activities and should nominate a leading agency(ies) for the working group
- Can be led by government bodies, local or international NGOs, or UN agencies collaborating effectively with MoH
- Include members from **various sectors/clusters** (nutrition, protection, WASH, education) due to cross-cutting issues related to child and adolescent health
- Important to **coordinate activities locally and provide feedback**, linked to both local health authorities and the national RMNCAH/CAH working group

# Key actions – working group



**Identify lead agency(ies)** to lead the RMNCAH/CAH working group



**Establish working group at your level**

- Determine composition, including civil society members and young people
- Develop ToRs and roles
- Develop a plan for working group meetings, communication, and coordination with other humanitarian responders



**Liaise with stakeholders**

- Clarify roles and integrate RMNCAH/CAH priorities into the humanitarian response plan



**Engage partners and contribute updates**

- Meet regularly and contribute to health and other cluster/sector updates



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## Key indicators – working group



- ✓ At the onset of an emergency response, a national **RMNCAH/CAH working group** has been established (under the health cluster) with a nominated group lead and **clear terms of reference**. Subnational RMNCAH/CAH working groups have been established where needed.
- ✓ The RMNCAH/CAH working groups **meet regularly and communicate their activities** with other agencies, clusters/sectors and the community
- ✓ **RMNCAH/CAH issues are fully included in humanitarian response plans**

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## 4. Communicate clearly



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## Communicate clearly

- Effective communication strategies require an understanding of **the situation, affected people, current response efforts, and available communication channels**
- It is important to address the **needs and capacities of children in communication strategies**
- Useful Tool: **UNICEF's Communication for Humanitarian Action Toolkit (CHAT)** provides useful tools





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## Communication for humanitarian action toolkit (CHAT) principles

1. Be prepared and **communicate now**
2. **Work with partners** and coordinate communication activities
3. **Engage with communities**
4. Build an **evidence base** through formative research
5. Promote **awareness and action**
6. Wherever possible, **test your approach**
7. **Assess your impact**



# Key actions – communication



## Communicate

- Communicate urgent messages to the affected population now – **do not delay**



## Develop a communication strategy

- Assess the current situation to identify priorities, target populations and existing communications  
- Involve children and young people



## Coordinate

Coordinate CAH-related health messages between agencies and sectors



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## Key indicators – communication



The RMNCAH/CAH working group, and individual organizations, have **developed a communication strategy and are working together to implement it**



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## 5. Advocate strongly



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# Advocate strongly

- **Advocate to decision-makers about the benefits of effective coordination**
  - Target audience: government, NGOs, UN agencies, community leaders, donors, and health managers at all levels (local, national, global)
- **Be an effective change agent**
  - Advocate for the health needs of children and adolescents to decision-makers
- **Engage children, adolescents, and parents**



# Nurturing care for children living in humanitarian settings

- **Humanitarian standards** vary in their intention to children and their caregivers
- In 2021 a thematic brief was launched to shed light on **the need to better ensure children in humanitarian settings receive nurturing care**
- The brief summarizes what programme planners and implementers can do to **minimize the impact that emergencies have on the lives of young children and their families**



## Nurturing care for children living in humanitarian settings



### What is nurturing care?

What happens during early childhood (pregnancy to age 8) lays the foundation for a lifetime. We have made great strides in improving child survival, but we also need to create the conditions to help children thrive as they grow and develop. This requires providing children with nurturing care, especially in the earliest years (pregnancy to age 3).

Nurturing care comprises of five interrelated and indivisible components: good health, adequate nutrition, safety and security, responsive caregiving and opportunities for early learning. Nurturing care protects children from the worst effects of adversity and produces lifelong and intergenerational benefits for health, productivity and social cohesion.

Nurturing care happens when we maximize every interaction with a child. Every moment, small or large, structured or unstructured, is an opportunity to ensure children are healthy, receive nutritious food, are safe and learning about themselves, others and their world. What we do matters, but how we do it matters more.

This brief summarizes actions that programme planners and implementers should take to minimize the impact that emergencies have on the lives of young children and their families. It calls upon all relevant stakeholders to invest in evidence-based policies and interventions that have been shown to build resilience and mitigate the harmful effects of emergencies.

### Why is nurturing care important in humanitarian settings?

The early years in a child's life are critical in building a foundation for optimal development through a stable and nurturing environment, as described in the *Nurturing Care Framework (1)*.

However, infants and young children in humanitarian settings face massive challenges to survive and, even more so, to thrive. As the number of crisis-affected people continues to rise, so does the proportion of future generations who experience the severe distress

of displacement and conflict. When children are deprived of opportunities to develop, the ability of families, communities and economies to flourish is limited.

More than 29 million children were born into conflict-affected areas in 2018 (2). Young children in these situations face compounded risks to their development stemming from a continuum of experiences which may include forced displacement, migration and resettlement in a new setting, such as a refugee camp, or integration within host communities. These experiences are likely to result in mothers, infants and young children having limited access to preventive and curative health services; high risk for malnutrition; elevated levels of insecurity, violence and stress; and other potential effects arising from socioeconomic adversity or extreme poverty.

# Key actions – advocacy



## Take the lead

- RMNCAH/CAH working group takes the lead in advocating for CAH in humanitarian settings



## Work together

- Health leaders / agencies in CAH work together to advocate for the needs of children and adolescents, including: human rights, data, prioritization, funding, community, participation



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## Key indicators – advocacy



The RMNCAH/CAH working group, and individual organizations, **work together to advocate for the health needs of children and adolescents**





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# Resources – Coordinate

- Core Humanitarian Standard on Quality and Accountability. Geneva: HAP International, People in Aid and the Sphere Project; 2014 (<https://corehumanitarianstandard.org/language-versions>)
- Health cluster guide: a practical handbook. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO' (<https://fctc.who.int/publications/i/item/9789240004726>)
- IASC Operational guidance for cluster lead agencies on working with national authorities. Geneva: Inter-Agency Standing Committee; 2011 (<https://reliefweb.int/report/world/operational-guidance-cluster-lead-agencies-working-national-authorities-july-2011>)
- Reference module for cluster coordination at country level. Geneva: Inter-Agency Standing Committee; 2015 (<https://interagencystandingcommittee.org/iasc-transformative-agenda/iasc-reference-module-cluster-coordination-country-level-revised-july-2015>).

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# Tools – Coordinate

1. **Humanitarian ID:** Personalized ID for humanitarian workers, granting access to contact lists and platforms like [Humanitarian Response](#) and [ReliefWeb](#).
2. **Humanitarian Response:** Central website for humanitarian tools and services, enabling information exchange among operational responders during emergencies. Provided by [UN OCHA](#).
3. **ReliefWeb:** Leading source for global crises and disasters information, offering reports, maps, infographics, and videos. Provided by [UN OCHA](#).
4. **Humanitarian Data Exchange (HDX):** Open platform for sharing humanitarian data, aiming to make it easily accessible for analysis. Provided by [UN OCHA](#).
5. **NGO Coordination Resource Centre:** One-stop-shop for nongovernmental organizations during humanitarian emergencies. Provided by the [International Council of Voluntary Agencies](#).
6. **Accountability to Affected Populations:** [Tools to assist in implementing the IASC AAP commitments](#).
7. **Operational Guidance on Accountability to Affected Populations (AAP):** Health Cluster's [guidance from August 2017](#).
8. **Communicating Risk in Public Health Emergencies:** [WHO guideline for emergency risk communication \(ERC\) policy and practice](#).
9. **Communication for Humanitarian Action Toolkit (CHAT):** Toolkit by [United Nations Children’s Fund](#) containing strategy tool, survey tool, and additional useful information.
10. **Behaviour Change Communication in Emergencies:** [Toolkit by UNICEF](#) for behavior change communication during emergencies.
11. **Using Social Media for Crisis Engagement:** [Guide by ICRC, IFRC, and UN OCHA](#) on utilizing social media for engaging affected populations.

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# Thank you

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