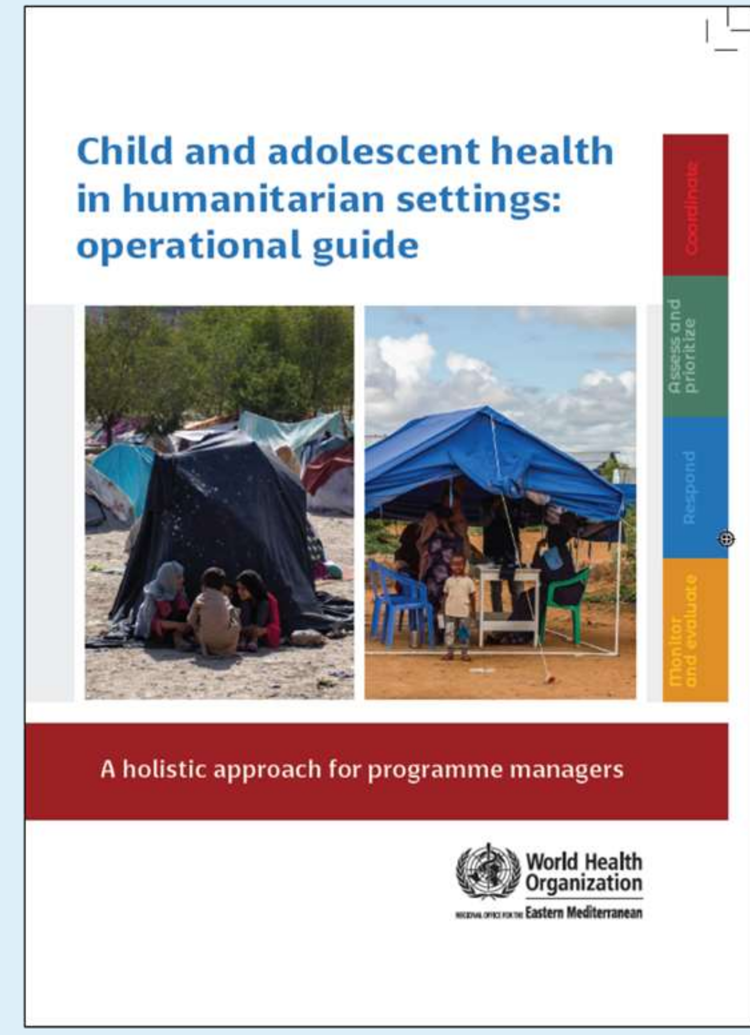
Module 3: Respond (part 2)
World Health Organization
Regional Office for the Eastern Mediterranean

Child and adolescent health in humanitarian settings: operational guide



The four interconnected programmatic action areas of the operational guide

1 COORDINATE

How to take a coordinated approach to child and adolescent health in a humanitarian emergency

2 ASSESS & PRIORITISE

How to obtain data on child/adolescent health (via needs assessment) and use it to prioritize actions

3 RESPOND

How to plan and enact a coordinated set of activities addressing the identified child and adolescent health priorities

4 MONITOR, EVALUATE & REVIEW

How to use data systems to review and improve child and adolescent health-related activities

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2. Decide on an essential services package

Important CAH fields for an essential service package

2.1 Acute conditions (general)

2.2 Chronic conditions (general)

2.3 Child safety and protection

2.4 Disease outbreaks and immunization

2.5 Nutrition and food security

2.6 Child development and education

2.7 Disability

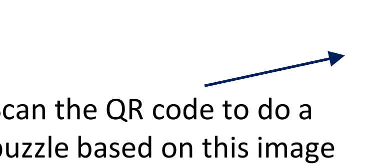
2.8 Psychosocial distress and mental health

2.9 Sexual and reproductive health

2.10 WASH

2.6 Child development and education

- **Nurturing care** is essential for child development
- **Early childhood development (ECD)** should be integrated into all humanitarian activities
- Children in conflict face **compounded risks to their development** due to experiences like displacement, migration, and resettlement, which may include integration into new settings like refugee camps or host communities. This could cause toxic stress that affects child development in general.



Scan the QR code to do a puzzle based on this image

GOOD HEALTH
ADEQUATE NUTRITION
RESPONSIVE CAREGIVING
SECURITY AND SAFETY
OPPORTUNITIES FOR EARLY LEARNING
Components of nurturing care

Nurturing care components

Nurturing care: refers to the conditions needed by children to reach their full potential - keeping children safe, healthy and well nourished, paying attention and responding to their needs and interests, encouraging them to explore their environment and interact with caregivers and others.

Good health of children and caregivers

Adequate nutrition – maternal and child

Safety and security – children and their families

Opportunities for early learning

Responsive caregiving

Education and early childhood development

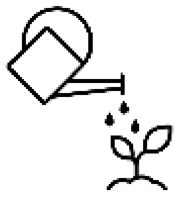
- Education is **vital during emergencies**, sustaining communities
- Crucial for **development and well-being**
- Provides **physical, psychosocial, and cognitive protection**
- Enables **early identification of at-risk children and those with additional needs**
- **Shields children from dangers** like exploitation, early marriage, and involvement in crime
- Equips children with **problem-solving and critical-thinking skills**
- Educational venues serve as **hubs for delivering essential support** (food, WASH education, health services)
- Promotes inclusion and equality through **equitable access for high-risk groups**

Nurturing care for children living in humanitarian settings – recommendations

1. Ensure **responsive care** for infants and children in the first 3 years
2. Encourage **early learning activities** with parents and caregivers during the first 3 years
3. Integrate **support for responsive care and early learning into nutrition interventions** for infants and young children
4. Integrate **psychosocial interventions for maternal mental health** into early childhood health and development services

Actions can be tailored to different phases of emergencies, adjusting interventions based on contextual factors such as duration and type of humanitarian or security issues

Key actions – Child development and education



Integrate nurturing care in humanitarian action

- The RMNCAH/CAH working group collaborates with education and other sectors to integrate nurturing care for all children in humanitarian action (refer to annex 5 and 6)

- Share health promotion messages and information

For more details, please refer to the operational guide

Key indicator – Child development and education

The RMNCAH/CAH working group and lead education cluster agency have regular meetings **to strengthen coordination of activities**

2.7 Disability

- Disability is an umbrella term covering **impairments, activity limitations, and participation restrictions**
- During crises, people with disabilities are more likely to be **left behind, abandoned or neglected**
- Disasters and armed conflict **increase the number of children and adolescents with disabilities**, to increase resilience this should be considered in humanitarian preparedness
- Often overlooked, resulting in **inaccessible and inappropriate services**
- Humanitarian agencies must ensure **inclusive and appropriate actions** for children and adolescents with disabilities

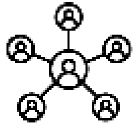
Children and adolescents with disabilities

- **Disability inclusion is crucial** across all stages of humanitarian planning, delivery, and evaluation
- **Heightened risks when their coping mechanisms** and support systems are compromised
- Challenges include the **loss of assistive devices, medications, and social supports, increasing dependency on caregivers**
- **Accessibility issues, social stigma, and negative attitudes** can prevent access to mainstream humanitarian services and food distribution
- **Particularly vulnerable** to abuse and neglect
- Consider the **role of caregivers with disabilities** so they can respond to the needs of their children

Key actions – Disability

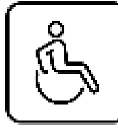
Promote disability inclusion

- RMNCAH/CAH working group and partners promote **disability-inclusive approaches** in all activities (Annex 7)

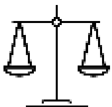


Include children, adolescents, and families with disabilities in planning

- Promote independence and self-management



Ensure **assistive devices** are available for children and adolescents with mobility or communication issues



Challenge discriminatory attitudes and promote equity

Key indicator – Disability

All health care providers and partner agencies have adopted **policies on disability-inclusive action**, and are **translating these into concrete actions**

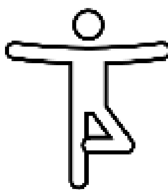
2.8 Psychosocial distress and mental health in humanitarian settings

- Humanitarian emergencies expose children and adolescents to **psychosocial traumas such as displacement, food insecurity, and armed violence**
- Emergencies weaken familial and community supports, **escalating the risks of psychosocial issues and exacerbating pre-existing problems**
- Children of all ages may express distress through **developmental regression, anxiety, sleep problems, and changes in behavior both in and out of school**

Psychosocial distress and mental health in humanitarian settings

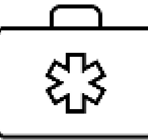
- **Substance abuse** is a significant concern, especially for individuals in the armed forces
- Many young people face considerable loss and require **support for grief and bereavement**
- Humanitarian emergencies **can unmask, trigger or exacerbate serious mental health problems** (depression, anxiety, or post-traumatic stress disorder)

Key actions – Psychosocial distress and mental health



Promote good mental health and wellbeing

- By the RMNCAH/CAH working group and partners work with child protection, education and other sectors

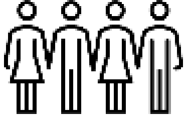


Ensure availability of basic clinical mental health care

- For priority conditions (including depression, anxiety, post-traumatic stress disorder) at every health facility

Protect the rights of people with severe mental health problems

- In the community, hospitals and institutions (e.g. schools and the workplace)



Strengthen pre-existing community networks for psychosocial support to children and adolescents

- Focusing on community networks can provide valuable support to the most vulnerable groups, helping them cope with stress and build resilience

For more details, please refer to the operational guide

Key indicator – Psychosocial distress and mental health

The RMNCAH/CAH working group and partners have **identified mental health priorities for children, adolescents, and their carers and families**, in collaboration with the health cluster

Basic mental health services are available at every facility

2.9 Sexual and reproductive health

- Sexual and reproductive health affects **children of all ages**
- **Adolescents require culturally sensitive information** for safeguarding their sexual and reproductive health
- Children and adolescents face **risks of sexual exploitation, violence, and forced marriage**, requiring adolescent-friendly support
- Pregnant adolescents are of greater risk for complications during pregnancy and childbirth

Sexually transmitted infections and unsafe abortions

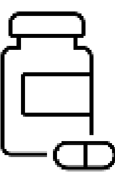
50% new HIV infections occur in people aged 15–24 years, and 1/3th of new cases of curable STIs affect people <25 years

Annually, 5 million adolescents (15-18 years) have unsafe abortions, causing 70 000 abortion-related deaths

Children and adolescents increased risks during crisis

Early pregnancy	Unmet need for contraception and unwanted pregnancy	HIV/AIDS and other sexually transmitted infections
Unsafe abortion	Sexual and gender-based violence (in all forms)	Difficulties with the management of menstrual hygiene

Key actions – Sexual and reproductive health (1/2)



Promoting adolescent health

- Collaborate across clusters to **establish education and referral services**
- Source and procure **contraceptive supplies**, ensuring availability
- Train community workers for **community-based family planning services**

Addressing gender-based violence

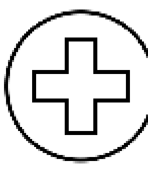
- Coordinate health sector **efforts against sexual violence**
- Provide **comprehensive care for survivors**
- **Raise community awareness about gender-based violence**

For more details, please refer to the operational guide

Key actions – Sexual and reproductive health (2/2)

Enhancing maternal and newborn care for adolescents

- Establish a **24/7 referral system for obstetric emergencies**
- Provide **adolescent-friendly maternal and newborn care**
- Coordinate **identification of pregnant adolescents** in communities among clusters



Preventing STIs in adolescents

- Provide **discreet access to free condoms** at adolescent-oriented points
- Establish comprehensive **prevention and treatment services for STIs**
- Offer **care, support, and treatment for people living with HIV**

For more details, please refer to the operational guide

Key indicators – Sexual and reproductive health

The RMNCAH/CAH working group and partners have **developed and communicated a plan to address sexual and reproductive health** issues across the lifespan

Gender-based violence programmes have been established, and **referral pathways** for children and adolescents are available and appropriate

All services, including obstetric and maternity services, are **adolescent friendly**

2.10 WASH

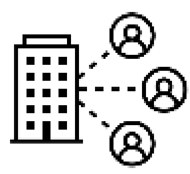
- Faecal-oral diseases may contribute to over **40% of deaths in the acute phase of an emergency**
- Overcrowded WASH facilities can be a considerable **threat to children's safety**
- WASH implementation **may enable children and adolescents, especially girls, to attend school**
- When designing refugee shelter and WASH facilities, **ensuring safe access for women and girls** is essential
- Consider and meet the **WASH needs of individuals with disabilities or chronic health conditions**

Enhancing public health in humanitarian settings through WASH initiatives

The main objective of WASH programmes in humanitarian settings is to **reduce the risk of faecal–oral diseases and exposure to vectors that can carry disease**. This is achieved through:

- Promotion of **good hygiene** practices
- Provision of **safe drinking water**
- Reduction of **environmental health risks**
- Provision of conditions that allow people to live with **health, dignity, comfort and security**

Key actions – WASH (1/2)



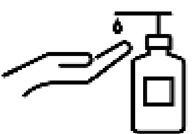
Collaborate on holistic WASH programs

- RMNCAH/CAH group collaborates **on comprehensive WASH** with cluster leads
- Implement **WHO's WASH facility improvement tool** for health facilities

Engage communities and assess risks

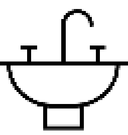
- Engage communities and stakeholders for **WASH risks and coping strategies**
- Identify **public health threats**, assess behaviors, and train for monitoring

Key actions – WASH (2/2)



Promote hygiene and train behaviors

- Promote **children's WASH needs**, emphasizing handwashing and safe water
- Consult for hygiene items, develop menstrual hygiene solutions, ensure appropriate facilities



Define infrastructure and manage environment

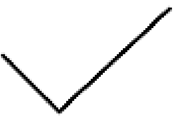
- Define structures for **water management** (short- and long-term)
- Determine **safe excreta management** (consider gender and culture)
- Collaborate for **clean environment with waste and vector control**

For more details, please refer to the operational guide

Key indicators – WASH

The RMNCAH/CAH working group and partners have contributed to the WASH sector plan, and regularly meet to support programme implementation

Achieve 100% of affected populations have suitable hygiene items, use water and soap for handwashing


Achieve 100% satisfaction with the consultation on menstrual hygiene management systems, including toilets and disposal systems

For more details, please refer to the operational guide

3. Strengthen the health care workforce

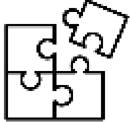
Challenges faced by local health care workers in emergencies

- Local health care workers face a **triple burden during emergencies**:
    - Recovering from **personal injury and loss**
    - **Assisting their family and friends**
    - **Providing care to the broader population**
- **The loss of skilled health care workers** is a significant challenge in emergencies
- Health needs during emergencies are often greater and different, requiring **varied skill sets and expertise**

Key actions – health workforce

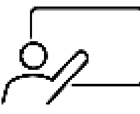
Evaluate and plan workforce response

- Collaborate with the health cluster lead to assess current health workforce capacity and needs



Optimize staffing levels

- Review existing staffing levels using national standards adapted to the emergency setting



Coordinate recruitment and training

- Collaborate with government and health agencies for staff recruitment, training, and deployment
- Recruit a diverse staff matching skill needs, gender, and ethnic ratios, considering paid and volunteer roles

Integrate local health workers and provide support

- Include local health workers in the emergency response
- Provide flexible working conditions, training for new roles, and support during crisis situations

For more details, please refer to the operational guide

Key indicator – health workforce

The RMNCAH/CAH working group and partners have supported the health cluster to **evaluate the current health workforce capacity and needs**, and established a plan for response

Availability of health workers

- 1–2 community health workers per 1000 population
- 23 qualified health workers per 10 000 population

For more details, please refer to the operational guide

4. Obtain essential medicines and medical supplies

Efficient supply chain management

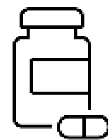
- **Assess current supply chains** before acquiring more to avoid overstocking and understocking
- Adjust orders based on **potential disruptions and changing health needs**
- **Collaborate with the WFP-led logistics cluster** for effective coordination and information management
- Consider **UN emergency kits** for acute crises with supply disruptions

Key actions – Medicine and supplies

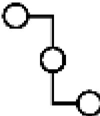
Collaborate for prioritizing supplies

- The RMNCAH/CAH working group and partners should collaborate with health cluster and sector leads to assess and prioritize essential supplies for children and adolescents

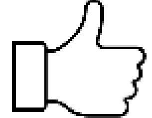
Evaluate existing supply chains and order lists before rushing to obtain more



Establish and use a standardized essential medicines and medical device list based on the essential services package and service delivery plan. Advocate for critical inclusions.



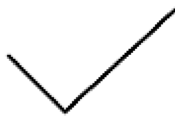
Ensure the availability of **safe, essential medical devices** through an effective management system



Accept **donations of medicine and medical equipment** only if they adhere to internationally recognized guidelines

For more details, please refer to the operational guide

Key indicator – Medicines and supplies



Total number of **days key medicines were not available** in the past 30 days, e.g. paracetamol, amoxicillin, oxytocin and sodium valproate

Total **number of days basic equipment was not available or not functional** in the past 30 days, e.g. blood sugar machine, pulse oximeter, thermometer, scales, soap, chlorhexidine, mid-upper arm circumference bands and stethoscope.

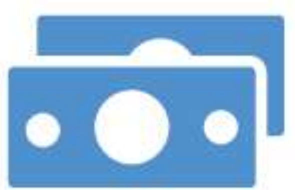
5. Obtain financing

Essential services funding – recommendations

- Health agencies should **proactively identify funding needs** for training, material development, procurement, salaries, and other service delivery costs
- Acknowledge that the humanitarian funding **process can be slow**
- **Plan for delays** from proposal development to fund approval and provision
- **Be proactive in seeking potential donors** early in the process
- **Utilize experienced grant writers** to enhance the effectiveness of funding proposals
- The UN Central Emergency Response Fund (**CERF**) was established in 2006 to receive and disburse funds for the UN's global emergency response

UN Central Emergency Relief Fund (CERF)

CONTRIBUTIONS



Donors contribute to CERF before urgent needs arise.

IDENTIFYING HUMANITARIAN NEEDS

Aid workers identify the most urgent types of life-saving assistance that affected people need, such as shelter, food, clean water and medicine.

MANAGING FUNDS

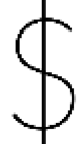
CERF pools these donations into a single fund.

REQUESTING CERF FUNDING

UN agencies and their partners work together to prioritize life-saving relief activities. They request CERF funding through the top UN official in the country.

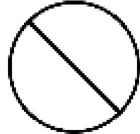
UN Central Emergency Relief Fund (CERF)

Key actions – financing



Proactively identify funding needs
- The RMNCAH/CAH working group collaborates with partners and the health cluster lead to identify funding needs and potential donors proactively

Health service providers aim to **identify and mobilize financial resources to offer free health care** during emergencies



Health service providers **aim to abolish or suspend user fees** for the duration of the emergency

Organizations **provide support to government health facilities to cover financial gaps** resulting from the abolition and/or suspension of user fees

For more details, please refer to the operational guide

Key indicator – financing

Provision of **primary health care to the affected people is free of charge** at all government and nongovernmental organization facilities for the duration of the humanitarian response

For more details, please refer to the operational guide

Resources and tools

- For general resources and tools, as well as specific information on the following topics, please refer to the operational guide (page 74-75 and 77-79):
    - Child development and education
    - Disability
    - Psychosocial distress and mental health
    - Sexual and reproductive health
    - WASH

Thank you

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