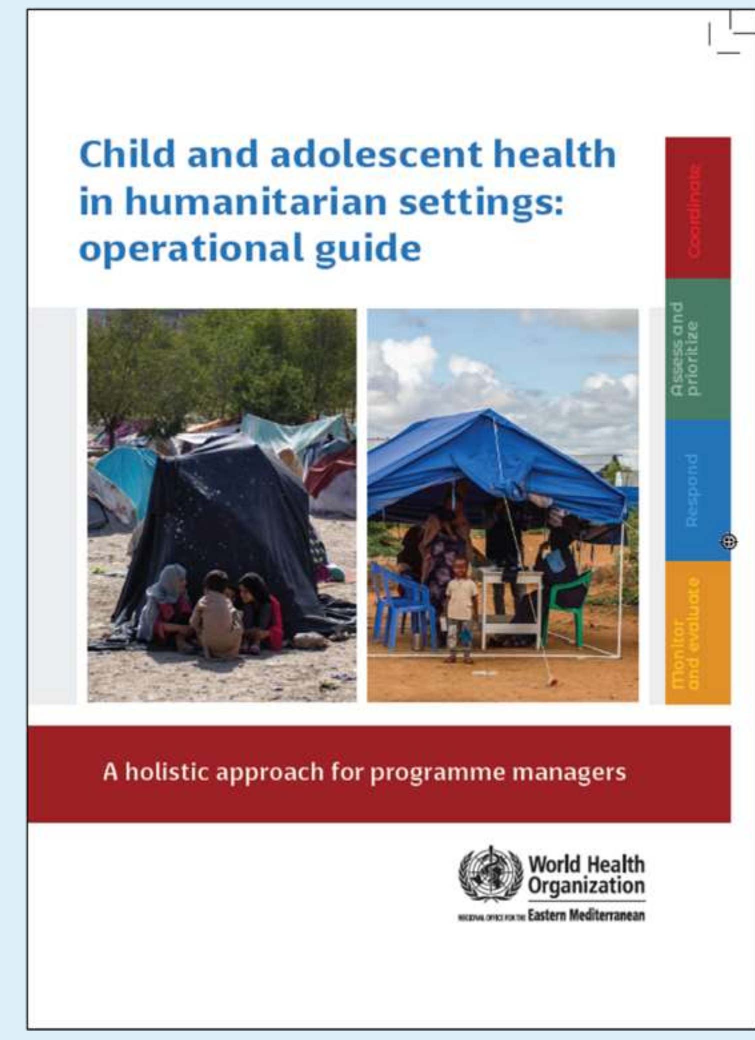
Module 3: Respond (part 1)
World Health Organization
Regional Office for the Eastern Mediterranean

# 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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# Respond


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# 1. Establish service delivery structures

# General health service delivery levels in emergencies

- **Household and community**
  - Care in the community, including camps
  - Providers: community health workers, traditional birth attendants
- **Clinics/Primary Care Facilities**
  - Care at small health facilities, mobile clinics
  - Providers: nurses, midwives, health assistants
- **Hospitals/Secondary and Tertiary Health Facilities**
  - Care at established hospitals, including camp hospitals
  - Providers: full range of medical, nursing, and allied health professionals

# Challenges to delivery of CAH services during emergencies

## Service disruption and facility destruction

- Essential health promotion and prevention services breakdown
- Treatment activities disrupted
- Supply chain disruptions
- Loss of healthcare providers and affordability of essential services
- Reduced access to water, power, sanitation, and food
- Damaged roads and transportation challenges

## Population movements

- Mobile and crowded populations
- Loss of livelihoods
- Rapid urbanization due to displacement

## Competing priorities

- Overwhelming health systems with new issues (e.g. injury and epidemic disease)
- Neglect of other essential services

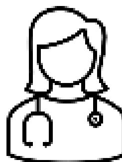
## Lack of safety

- Threats to security and safety of affected populations and healthcare workers
- Impaired access due to mobility restrictions (e.g. curfews)

# Health services for changing children and adolescent needs

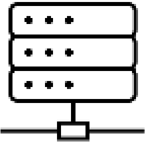
- Health service structures must undergo significant changes to respond effectively to **evolving health needs for children and adolescents**
- This may involve:
    - Changes in **scopes of practice**
    - Introduction of **new services** (e.g., outreach)
    - **Modification** of existing delivery methods

# Key actions – health service structure

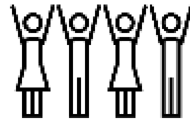


**Lead coordination of priority health services**

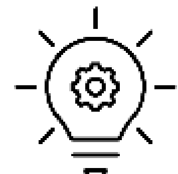
- The health cluster/sector lead advocates for CAH priorities through the RMNCAH/CAH working group



**Review and adapt service delivery** to effectively provide prioritized health services based on needs assessment



**Engage the community** in designing relevant health services, involving young people and women and incorporating accountability processes



Identify opportunities and threats to **reach populations**. Establish temporary health outposts, provide mobile services, deploy community workers, and strengthen referral pathways for essential services.

For more details please refer to the operational guide

# Key indicator – Health services structure

The RMNCAH/CAH working group and partners have worked with the health cluster lead to **review service delivery capacity and develop an action plan**

Availability of health facilities

Proportion of health care facilities **using triage and referral system**

Proportion of the **population within 5km of the health facility**

For more details please refer to the operational guide

# 2. Decide on an essential services package

# Essential services package for emergency situations - considerations

- **Lists the services delivered at each level**: community, primary care, hospital
- Links to **minimum requirement** for: staffing, medications, medical supplies
- Should address **needs of children of different ages**
- Should be based on **priorities** identified and realities of **constraints** of service delivery
- Should be defined as part of **preparedness**, put in place during **response**, and expanded during **recovery**

# Priority areas for children in humanitarian emergencies

- **Newborns** (<28 days)
  - Biggest risks: prematurity, sepsis, birth asphyxia, small for gestational age and tetanus
  - Priority services: safe birth, essential newborn care, care for small and sick newborns, prompt recognition and treatment of infection
- **Young children** (<5 years)
  - Biggest risks: respiratory infection, diarrhea, measles, undernutrition, meningitis
  - Priority services: prevention and treatment of common infections (incl immunization), nutritional deficiencies, child safety
- **Older children** (5-9 years)
  - Biggest risks: infection, injury, mental health issues, nutrition
  - Priority services: prevention and treatment of common infections and illness, chronic conditions, child safety and psychological well-being
- **Young adolescents** (10-14 years)
  - Biggest risks: injury, infection, mental health issues
  - Priority services: safety and violence, SRH, treatment of common infections, chronic conditions, psychological wellbeing
- **Older adolescents** (15-19 years)
  - Biggest risks: injury, infection, mental health issues, substance abuse, pregnancy, childbirth
  - Priority services: safety and violence, SRH, treatment for common infections, chronic conditions, psychological wellbeing

# 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

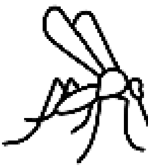
2.9 Sexual and reproductive health

2.10 WASH

# 2.1 Acute conditions (general)

- Leading causes of death in all age groups during humanitarian emergencies: **diarrhea, respiratory infections, measles, malaria**
- **Newborns** are at particularly high risk of death during emergencies because of poor antenatal care, maternal illness, undernutrition, and lack of safe birth options
- Main cause of neonatal death: **prematurity, infection and intrapartum complications**
- Most complications can be prevented or addressed by **simple measures**:
  - Clean delivery and cord care
  - Keeping the baby warm
  - Skin-to-skin contact
  - Supporting breastfeeding
  - Monitoring of danger signs (e.g. bleeding, hypertension)

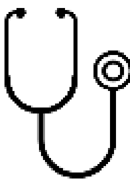
# Key actions – acute conditions (general) (1/2)



**Developing prevention measures**

- Prioritize safe water, hygiene, vector-borne infections, vaccines, public safety, safe delivery, and early illness recognition in children

- Develop **public health education messages** promoting early care-seeking and advocating for antenatal, skilled birth, and postnatal care

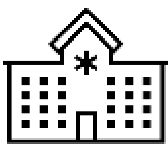


**Provide health care at all first-level health facilities**

- Using standard case management protocols (like Integrated Management of Childhood Illness, IMNCI), with skilled staff and essential supplies
- Implement standard operating procedure (SOP) at the community level, integrating community case management

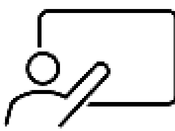
For more details please refer to the operational guide

# Key actions – acute conditions (general) (2/2)



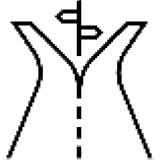
**Provide health care at hospitals based on standard case management protocols**

- Provide standardized secondary/tertiary care, including emergency obstetric and newborn care, surgical services, and pediatric care, with trained staff and essential supplies



**Implement triage, diagnostics and management protocols**

- For conditions like pneumonia, malaria, diarrhea, measles, meningitis, undernutrition, dengue, obstetric, and newborn complications. Provide staff training



**Provide referral care for management of severe illness**

- Create communication and transportation systems covering community, primary care, and hospitals to manage obstetric, newborn, and child emergencies

For more details please refer to the operational guide

# Key indicator – Acute conditions (general)

The RMNCAH/CAH working group and partners outlined **acute care priorities for newborns, children, and adolescents**. They advocated for these within the health cluster, successfully integrating them into the **cluster plan**.

# 2.2 Chronic conditions (general)

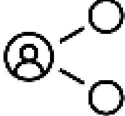
- Characterized by
  - Their **prolonged duration** (>3 months)
  - **Substantial impact on the child and family's life**
  - **Specific healthcare service needs**
- Encompass various conditions: neurological, respiratory, cardiac, endocrine, sensory, etc.
- Proper support enhances **community resilience in crises**

# Key actions – chronic conditions (general)

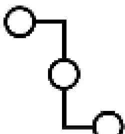
**Collaborate for access to care**

The RMCAH/CAH working group and members cooperate with partners to ensure access to care for children and adolescents with chronic health conditions

**Involve affected children and adolescents and their families in planning**



**Document and share prevalence data of chronic health conditions and disability** for needs assessment and evaluation during disasters



**Identify and ensure continued treatment for individuals with chronic conditions**

- From before the emergency, avoiding sudden interruptions of treatment
- Establish clear procedures for chronic conditions during emergencies
- Ensure availability of essential diagnostic equipment and medication through primary care

For more details please refer to the operational guide

# Key indicator – Chronic conditions (general)

The RMNCAH/CAH working group has identified **priority chronic care needs, essential medicines and medical supplies**, and communicated these to providers, in collaboration with the health cluster

Health facilities have **adequate medication for children and adolescents who were receiving treatment for chronic conditions** before the emergency to continue receiving this medicine

## 2.3 Child safety and protection issues

- **Unintentional injuries** (falls, traffic incidents) contribute to 30-50% of deaths, heightened risks in humanitarian settings
- **Conflict-related deaths:** 75% are intentional or unintentional harm to women and children (e.g. landmines, crossfire)
- **Violence** after disasters may rise, affecting families and communities, with children facing extreme violence and lasting psychological effects
- **Sexual and gender-based violence**: often concealed, but prevalent in all emergencies, causing injuries and death, unwanted pregnancies, mental health issues etc.
- **Other protection concerns**: vulnerability to exploitation, trafficking, armed forces recruitment, risking abuse, addiction, and injury

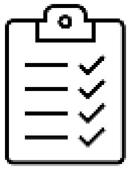
# Key actions – child safety and protection

**Integrate child safety**

- Collaborate with the protection cluster for child safety in all sectors
- Strengthen child protection systems and raise awareness during emergencies

**Contribute to protection cluster activities**

- Advocate for diversity, inclusion, and children's agency
- Encourage CAH partners to establish child safety policies
- Involve children in responses, implement risk reduction, and map protection services
- Establish case management for high-risk children, ensure organizational codes, and create safe spaces



**Develop coordination plans**

- Address sexual violence, assess armed forces involvement, and support survivor assistance
- Prioritize action on child labor, assume caregiver presence, and promote diversion in justice systems

# Key indicators – Child safety and protection

The RMNCAH/CAH working group and partners have developed and adopted **child safety and protection measures within their organizations**

The RMNCAH/CAH working group **works collaboratively with the protection cluster to support full integration of child safety into humanitarian action**

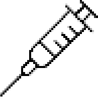
# 2.4 Disease outbreaks and immunization

- Disease outbreaks in emergencies demand **focus on immunization and prevention for all age groups**
- **Measles** is a major threat, full immunization coverage is essential across all age groups
- Critical vaccine-preventable infections include **cholera, meningitis, yellow fever, polio, tetanus, diphtheria, and pneumococcal infections**
- Collaboration across sectors is essential to **assess risks, monitor outbreaks, and execute a coordinated response** involving immunization, water and sanitation, communication, and supply chain efforts

# Key actions – Disease outbreaks and immunization

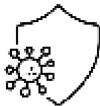
**Prepare for outbreaks**

- RMNCAH/CAH working group and partners collaborate on outbreak planning with the health cluster and other clusters
- Implement vector control and early warning systems
- Train healthcare staff and communities for outbreak detection



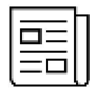
**Immunization planning**

- Estimate and improve vaccination coverage, conduct mass campaigns for at-risk age groups
- Establish vaccination systems for mobile populations.



**Ensure vaccine supply and reactivity**

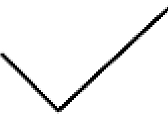
- Address cold chain challenges, consider vaccination for imminent outbreaks
- Re-establish national immunization programs



Screen children attending health services for vaccination status. Administer any needed vaccinations.

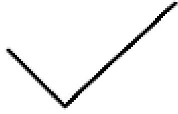
# Key indicators – Disease outbreaks and immunization

RMNCAH/CAH working group and partners contributed to the **creation and dissemination of the multisector outbreak response plan**



RMNCAH/CAH working group and partners **support re-establishment of the national immunization programme**

**Case fatality rate** of measles: aim for < 5% in conflict settings

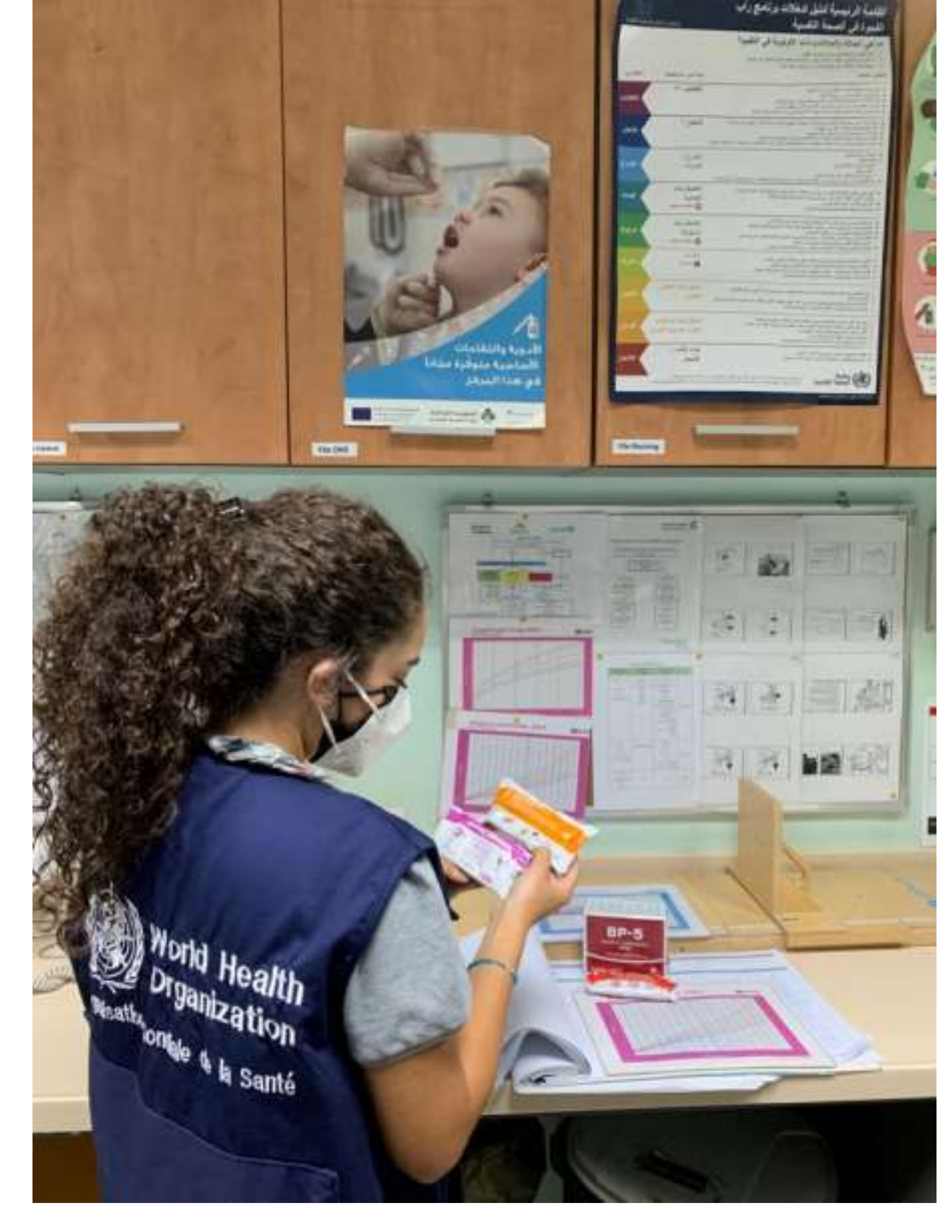


The **national immunization programme** has been re-established: 100% enrolment of infants in **national immunization programmes**

For more details please refer to the operational guide

# 2.5 Nutrition and food security

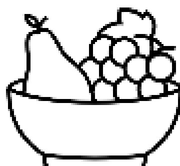
- **Limited access to essentials** in emergencies heightens acute undernutrition risks
- Undernutrition rates surge during humanitarian crises, contributing to **over a 1/3rd of deaths in children <5**
- A severely malnourished young child is **9 times more likely to die** than a well-nourished counterpart
- Undernutrition critically threatens child survival in emergencies due to **displacement, food supply disruptions, crop issues, and challenges in cooking fuel, energy, privacy, and sanitation**



# Nutrition and food security

- **Supporting breastfeeding is crucial;** breastfed infants have at least 6 times higher survival rates in early months, preventing undernutrition and infant mortality in emergencies
- **Undernutrition survivors face long-term consequences** affecting cognitive, social, motor skill, physical, and emotional development
- **Micronutrient deficiency in children heightens the risk of death** from infectious diseases and impairs physical and mental development.
- **Maternal deficiency during pregnancy** and breastfeeding raises the risk of poor health and development in children.
- Providing **fortified foods and micronutrient supplements** is a key response to address micronutrient deficiency.

# Key actions – Nutrition and food security



**Assess and plan for nutrition**

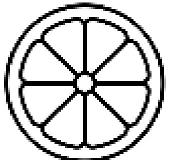
- RMNCAH/CAH working group and partners assist nutrition cluster lead in planning and implementing programs for priority nutrition needs

- Evaluate national and local capacity for the nutrition response

**Address severe acute malnutrition**

- Establish strategies for inpatient and outpatient interventions.

- Maximize access to interventions through community engagement



**Manage micronutrient deficiencies**

- Determine common deficiencies and train health staff, providing necessary micronutrient supplements for age groups

**Establish infant and young child feeding policies**

- Set policies for infant and young child feeding during emergencies.

- Prioritize pregnant and breastfeeding women for support

For more details please refer to the operational guide

# Key indicators – Nutrition and food security

RMNCAH/CAH working group and partners have **supported the nutrition cluster lead to assess, plan and implement preventative and curative programmes**.

Conduct at least 1 systematic and objective **food security needs assessments** in the first week of an emergency response

**Feeding programme outcomes**: Died: < 3%. Recovered: > 75%. Defaulted: < 15%

**National/organizational policies address infant and young child feeding in emergencies**. During preparedness or within 4 weeks of the start of the emergency.

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 74-77):
    - General acute and chronic conditions
    - Danger, violence and child protection
    - Disease outbreaks and immunization
    - Nutrition and food security

# Thank you

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