



Introduction to the training course: Child and Adolescent Health in Humanitarian Settings



Children and adolescents around the globe

- Total population <18 years: 2.4 billion (**30% world population**)
- Estimated **25% is affected by conflict or disaster**
 - 31 million forcibly displaced
 - 13 million regarded as refugees



Children and adolescents in the Eastern Mediterranean Region

Children and adolescents >40% of population



Additional risks in humanitarian settings

- Limited access to **health facilities**
- Limited access to **education**
- Limited access to **WASH**
- Limited access to **social protection**
- Higher chance of **inter-personal or gender-based violence**
- Risk of **military recruitment**
- **Displacements** from their home



Situation:

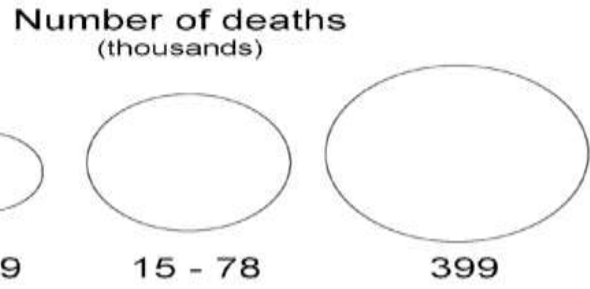
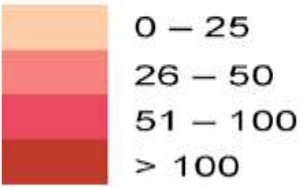
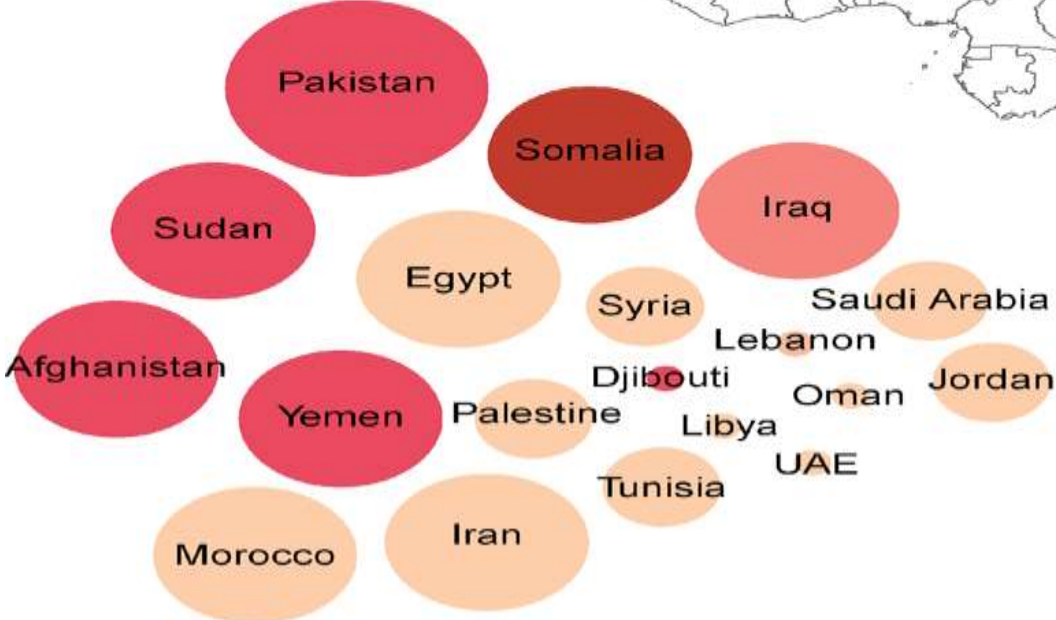
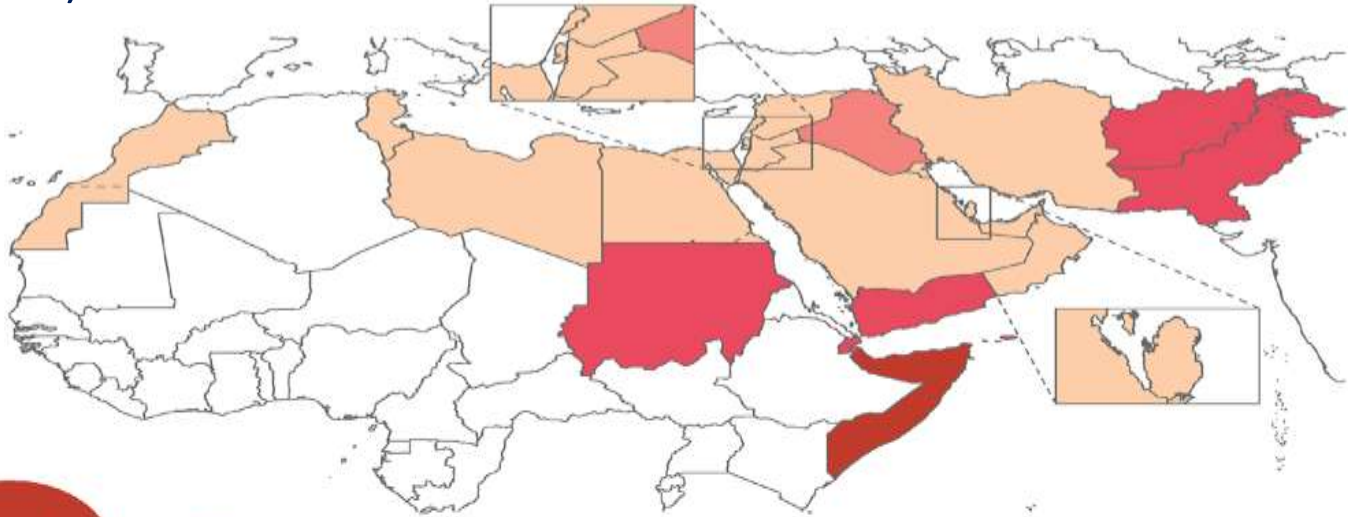
Survive



- **29 million** babies were born in humanitarian and fragile settings including refugees' communities in 2018
- Worldwide, **women and children** are up to **14 times** more likely than men **to die** in a disaster
- **60%** of preventable **maternal deaths**, **53%** of preventable **under-5 deaths** and **45%** of **newborn deaths** take place in settings of conflict, **displacement**, and natural disasters
- **Mortality and morbidity** rates of under-5 children are **twenty times** higher in emergency affected settings than less fragile settings.
- At any time, **4 %** of emergency-affected population are **pregnant women** while **15%** of them will develop some **complications**
- In Jordan, **50%** of **Syrian under-5 children** do not have access to essential health services including **vaccination** and disability support.

Under five mortality rate (U5MR) in the Eastern Mediterranean Region

(deaths per 1000 live births)



Source: IGCME Report, 2020

Situation:

Thrive



- Including refugees' communities, **43%** of under-5 children are at risk of poor development in low- and middle-income countries
- Worse in sub-Saharan Africa (66%) representing a tremendous **loss of social, education and economic potential**
- For **parents and caregivers** in conflict settings there is an increased risk of **mental health** challenges, including **anxiety and depression**.
- **10,000** Syrian refugee children are **unaccompanied/separated**
- In Lebanon, **83%** of refugee children (**15-17 years**) are out of school
- **Adolescent girls** in refugees' settings are more vulnerable to harmful practices such as **early and forced marriages** resulting in **early pregnancies** in settings where **access to services** is an issue for all women, and particularly for young girls.
- Among Syrian refugees in Jordan, **child marriage** increased from **11 %** in 2011 to **25%** in 2013



*In refugee camps, millions of women and girls are at risk of sexual violence, disease or death when they have to access **TOILETS OR SHOWERS, OR SEARCH FOR WATER AND FIREWOOD** in unsafe areas*



AT LEAST 1 IN 5

*female refugees and internally displaced persons in countries affected by conflict are victims of **SEXUAL VIOLENCE***

Humanitarian situation in the Region



127 million people in need of humanitarian assistance – **37% of people in need globally** – 64% of the world's refugees

Types of emergencies in EMR

- **Rapid onset:** earthquakes, floods
- **Slow onset:** drought, displaced populations
- **Complex:** national / international conflict, displaced populations
- **Disease outbreaks:** COVID-19, cholera, poliomyelitis, malaria

What do these data show us?

The continued high child mortality, with common infections remaining key causes of death, is an expression of increasing inequities and the multiple deprivations children in these countries face



Underperforming health systems

Gaps in:

- Availability
- Access
- Quality
- Coverage of evidence-based interventions and services



Accumulation of risk factors

- Poverty
- Food insecurity / malnutrition
- Lack of access to clean water and sanitation
- Air pollution
- Conflict, insecurity, fragility



Health hazards of humanitarian settings in children and adolescents

Direct effects

- Trauma-related **deaths and disability**
- **Mental health challenges**
- **Gender-based violence**

Indirect effects

- **Obstetric complications**
- **Non-Communicable diseases (NCDs)**
- **Infectious diseases**
- **Malnutrition**



Global and Regional opportunities on child and adolescent health



VISION

By 2030, a world in which every woman, child and adolescent in every setting realizes their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.

OBJECTIVES AND TARGETS aligned with the Sustainable Development Goals (SDGs)



SURVIVE *End preventable deaths*

- Reduce global maternal mortality to less than 70 per 100,000 live births
- Reduce newborn mortality to at least as low as 12 per 1,000 live births in every country
- Reduce under-five mortality to at least as low as 25 per 1,000 live births in every country
- End epidemics of HIV, tuberculosis, malaria, neglected tropical diseases and other communicable diseases
- Reduce by one third premature mortality from non-communicable diseases and promote mental health and well-being



THRIVE *Ensure health and well-being*

- End all forms of malnutrition and address the nutritional needs of children, adolescent girls, and pregnant and lactating women
- Ensure universal access to sexual and reproductive health-care services (including for family planning) and rights
- Ensure that all girls and boys have access to good-quality early childhood development
- Substantially reduce pollution-related deaths and illnesses
- Achieve universal health coverage, including financial risk protection and access to quality essential services, medicines and vaccines



TRANSFORM *Expand enabling environments*

- Eradicate extreme poverty
- Ensure that all girls and boys complete free, equitable and good-quality primary and secondary education
- Eliminate all harmful practices and all discrimination and violence against women and girls
- Achieve universal and equitable access to safe and affordable drinking water and to adequate and equitable sanitation and hygiene
- Enhance scientific research, upgrade technological capabilities and encourage innovation
- Provide legal identity for all, including birth registration
- Enhance the global partnership for sustainable development

SDGs and the global strategy for women's, children's, and adolescents' health 2016 - 2030

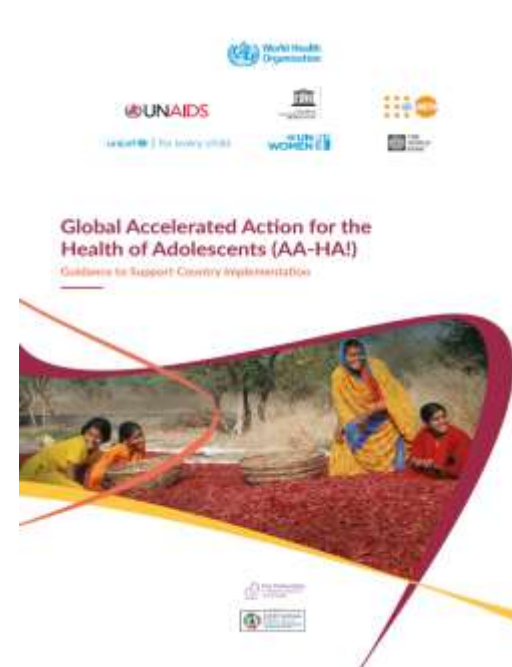
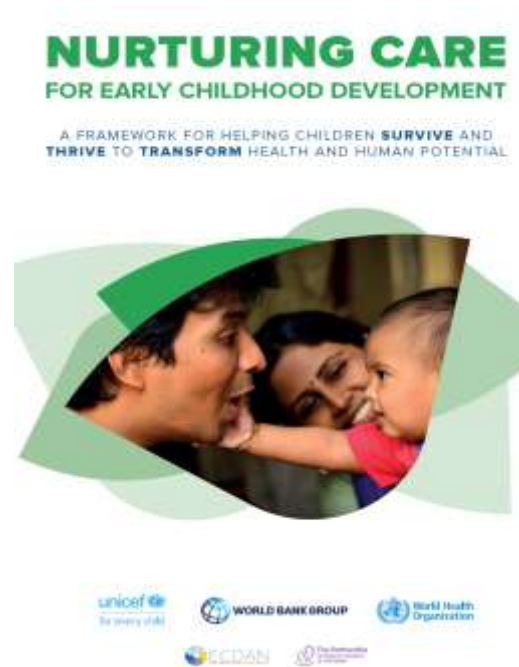
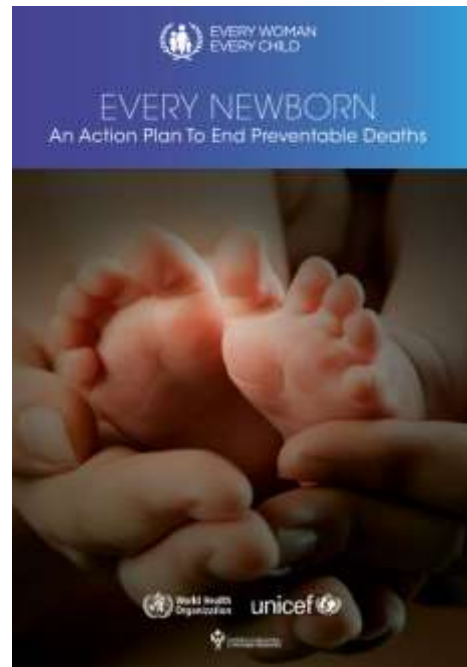
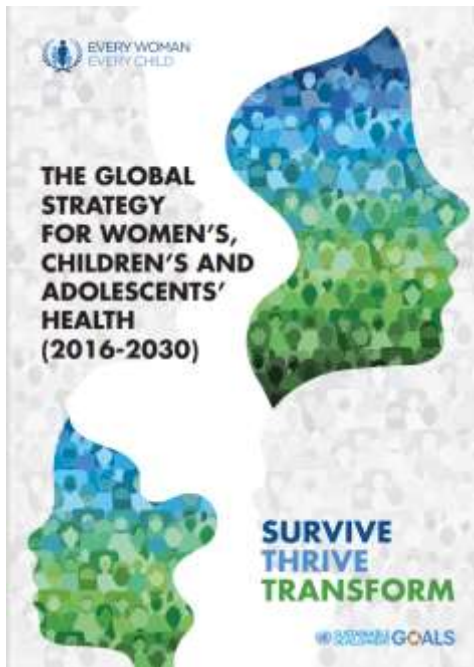
1. SURVIVE End preventable deaths

2. THRIVE Ensure health and well-being

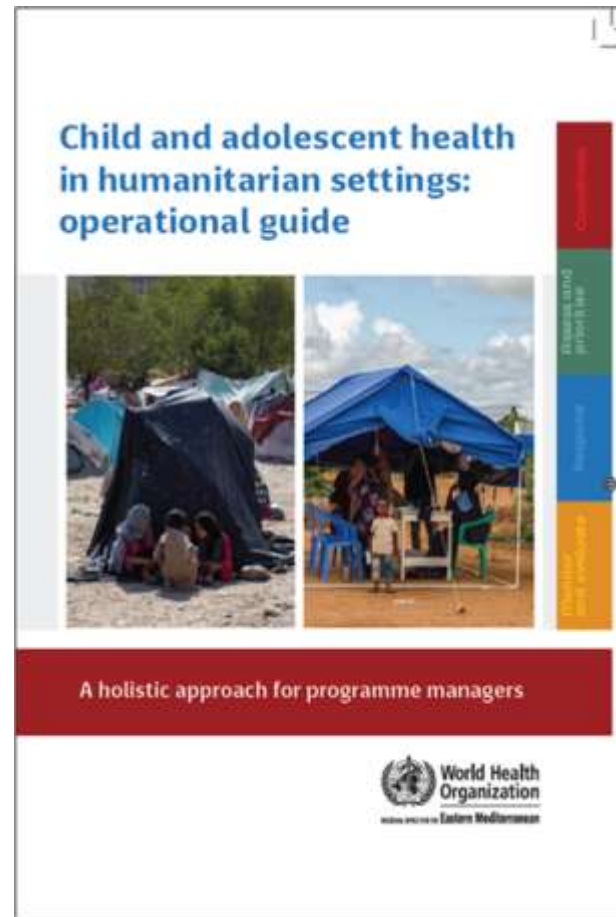
3. TRANSFORM Expand enabling environments

Source: EWEC Global Strategy for Women's Children's and Adolescents' Health, 2016 - 2030

Global guidance on child and adolescent health



Regional guidance on child and adolescent health



Improving the health and development of newborns, children and adolescents in the Eastern Mediterranean Region

- The regional implementation framework for newborn, child and adolescent health, 2019-2023
- Goals:
 - Support **cost-effective, evidence-based interventions** within the framework of **UHC and humanitarian action**
 - Implement **age-specific interventions**
 - Prioritize **adolescent health and development** for a stronger focus

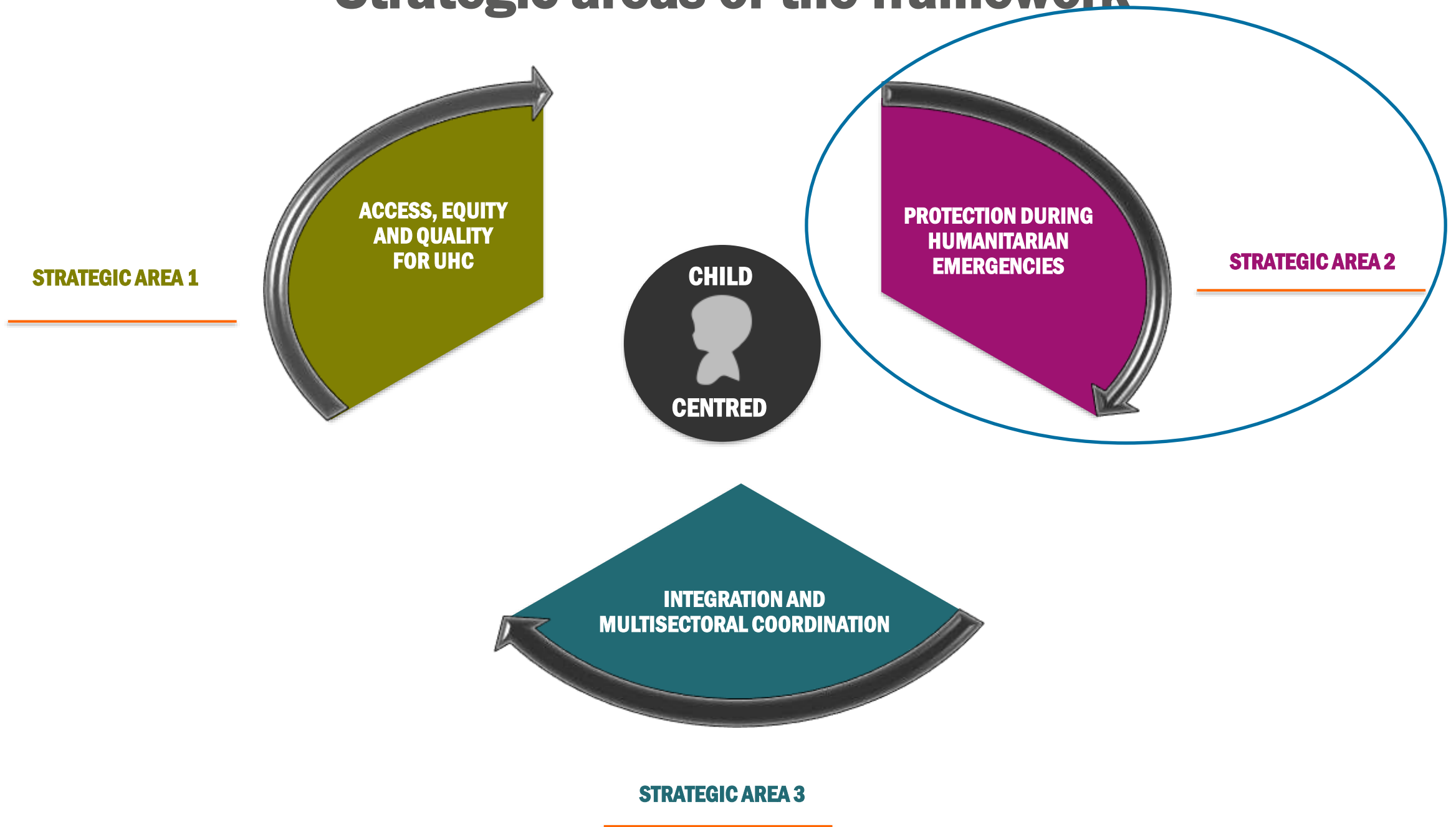


Improving the health and development of newborns, children and adolescents in the Eastern Mediterranean Region

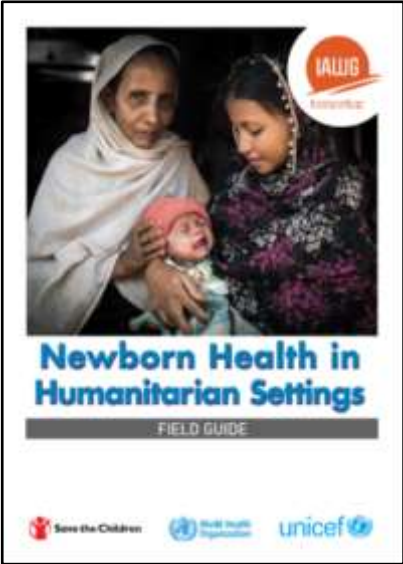
The regional implementation framework for newborn, child and adolescent health, 2019–2023



Strategic areas of the framework



Rationale: Significant gap



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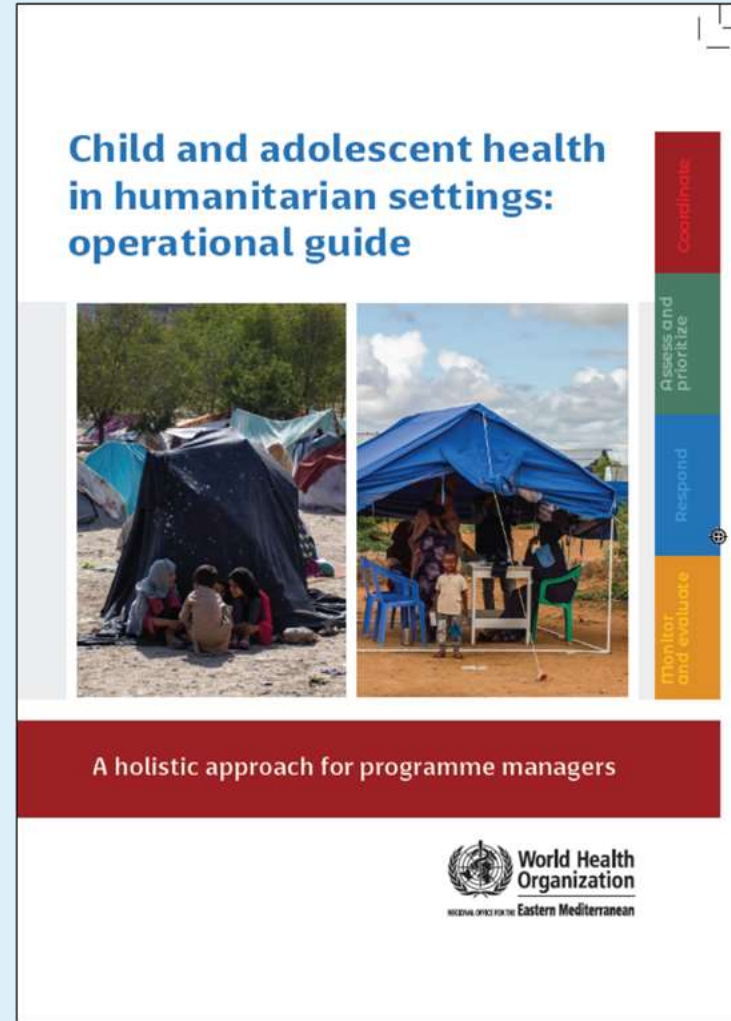
a call for solidarity and action



World Health Organization

REGIONAL OFFICE FOR THE Eastern Mediterranean

Child and adolescent health in humanitarian settings: operational guide



Operational guide - background

In 2017, the WHO Regional Office for the Eastern Mediterranean initiated:

- (i) A rapid review to identify the **gaps in the current approaches** in responding to child and adolescent health during humanitarian emergencies, and
- (ii) Drafting of **new guidance for child and adolescent health during humanitarian emergencies**. Stakeholder feedback.

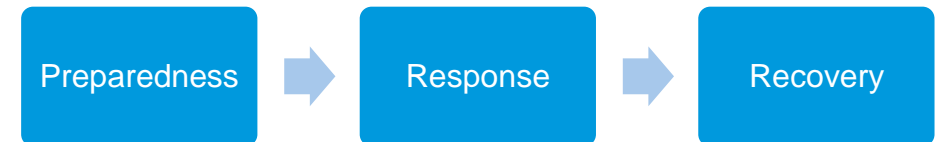
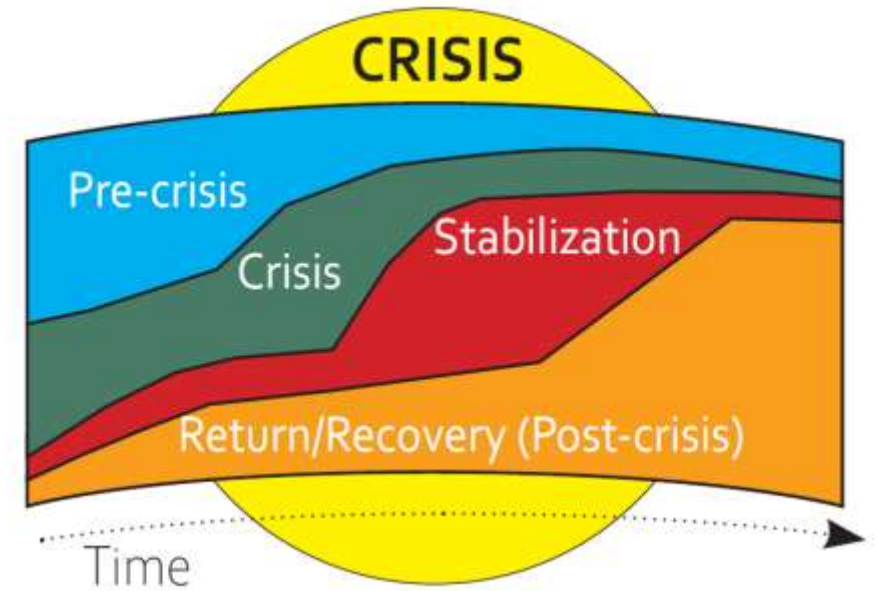
Operational guide - Summary of findings

- **Diverse current capacity, activities, and needs**
 - Awareness of limitations, and eager for support to improve
 - Desire to expand beyond under 5s, infection, immunization, and nutrition
- **Many activities happening – but challenges with coordination**
 - Within and between sectors / clusters
- **Many information resources exist – but often not meeting needs**
 - Access / availability
 - Appropriateness

Operational guide - Purpose (1/3)

To provide programmatic guidance on child and adolescent health in humanitarian emergencies

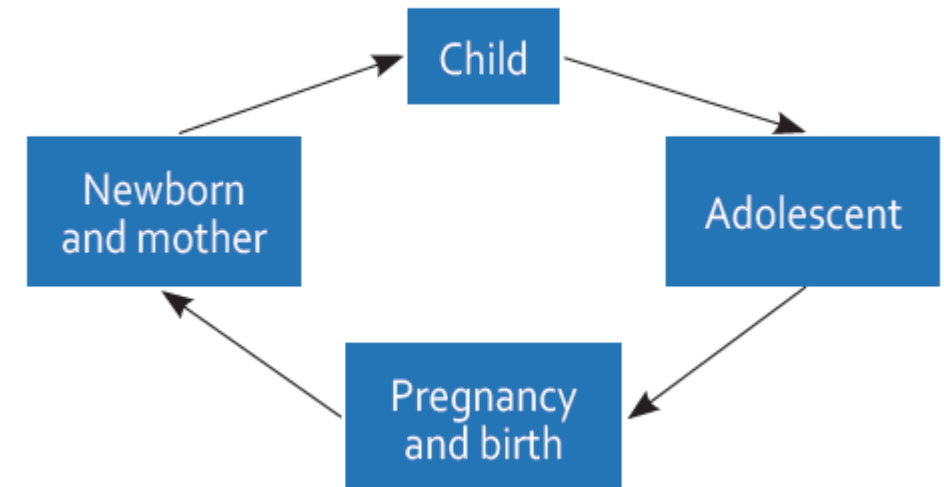
- Programmatic guidance – plan, implement, manage, evaluate



Operational guide - Purpose (2/3)

To provide programmatic guidance on child and adolescent health in humanitarian emergencies

- Programmatic guidance – plan, implement, manage, evaluate
- **Make children visible – from birth to adolescence**



Operational guide - Purpose (3/3)

To provide programmatic guidance on child and adolescent health in humanitarian emergencies

- Programmatic guidance – plan, implement, manage, evaluate
- Make children visible – from birth to adolescence
- **Simple, action-oriented, structured approach that complements existing standards and resources**



Operational guide - Audience

Program managers and leaders in health (and related fields), at every stage of an emergency

- Health sector and other sectors
- Government and non-governments (NGOs, UN agencies, funding agencies)
- National and sub-national



Content of the operational guide

- **Step-by-step programmatic guide**, providing a clear approach to child and adolescent health in emergencies
 - Key concepts
 - Key actions and indicators
 - Resources and tools

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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Review Meeting on the Implementation of the Operational Guide for Child and Adolescent Health in Humanitarian Setting – Sudan 2018

Lessons learnt in Sudan



- The Operational Guide is **user friendly**, puts more emphasis on addressing child and adolescent health needs in a **comprehensive manner**
- **Using existing coordination platforms** and widening inclusion of child and adolescent health partners approach in these platforms is **sustainable and efficient**
- The operational **guide facilitates and strengthens harmonization and alignment of the different CAH partners efforts in humanitarian and emergency setting**

Next steps operational guide

- **Dissemination** to health cluster, INGOs, NGOs, ..
- **Country-based workshops** in focus countries in the Region
- **Online self-paced training** accessible to everyone
- **Blended coach-based interactive e-training** to broaden the audience and make it easy to access

Blended online training course on CAH in humanitarian settings

Training objectives

Equip program staff to **meet child and adolescent health needs in humanitarian emergencies** by:

- Understanding comprehensive health needs from **birth to adolescence**
- Strengthening **emergency child and adolescent health capacity** in the Eastern Mediterranean Region
- Developing **programmatic skills using a structure approach**, based on key chapters of the **operational guide**: coordinate, assess and prioritize, respond, and monitor, evaluate and review

Course overview

- **Target Audience:** Program managers and decision-makers in health and related fields
- **Applicability:** Suitable for all stages of a humanitarian emergency
- **Participants:** Individuals from various sectors, including health, government, NGOs, UN agencies, funding agencies, working in countries affected by emergencies in the Eastern Mediterranean Region



Our training team



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Course schedule

Duration: 6 weeks

Week 1

- Introduction webinar
- Module 1: **Coordinate** – a coordinated approach to child and adolescent health in emergencies

Week 2

- Module 2: **Assess and prioritize** – data gathering and action prioritization

Week 3

- Module 3: **Respond (Part 1)** – planning for child and adolescent health priorities

Week 4

- Module 3: **Respond (Part 2)** – continued planning for health priorities

Week 5

- Webinar: Country experience – success stories

Week 6

- Module 4: **Monitor, evaluate, and review** – using data systems to improve activities
- End of course meeting

Requirements of participants for modules



Study the **video presentation** and slide sets



Read all **accompanying documents**



Participate in **webinars** for the modules this applies to



Complete a **short assignment or the group work** depending on the week



Reply on the Google Groups forum to the **experience questions**



Review the feedback provided by the **coach** assigned to each participant



Expected learning outcomes

- Deepen understanding of **complex child and adolescent health needs in emergencies**
- Acquire enhanced **knowledge and skills** on the modules: coordinate, assess and prioritize, respond, and monitor, evaluate and review.
- Evaluate **successful country experiences** in advanced health interventions
- Apply advanced knowledge to **strengthen capacity for CAH in humanitarian settings**

Thank you

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