

Child health in emergencies and humanitarian settings

2018 End-of-year activity report

December 2018

Background

Since 2016, the iCCM Task Force has been undergoing a process of reflecting on and changing its scope and terms of reference. In recognition of an evolution in global child health priorities, with a greater focus on health system strengthening and strengthening the community health platform to deliver a comprehensive package of services across the RMNCH continuum, the Task Force has expanded its scope from iCCM only to child health. This change in scope will also align with the priorities of new funding mechanisms, such as the Global Financing Facility, which emphasizes the continuum of care and development of integrated investment plans. The new Child Health Task Force includes a number of sub-groups, including:

- Costing and financing
- Institutionalizing iCCM
- Strength of implementation (workforce issues, supply chain management, supervision, demand generation and social mobilization)
- M&E
- Expansion of the child health package (inclusion of ECD, TB/HIV, Newborn)
- Child health in emergencies
- Private sector involvement
- Innovations and digital health

Accordingly, the Child Health in Emergencies and Humanitarian Settings Subgroup was established. During 2018 the subgroup was primarily focused with the establishment of the group and identification of priorities.

ToR

The terms of reference (<https://www.childhealthtaskforce.org/resources/2018/child-health-emergencies-and-humanitarian-settings-subgroup-terms-reference>) for the subgroup identified the mandate, operating structure and procedures, which are detailed below.

Mandate

The goal of the Child health in emergencies and humanitarian settings is to strengthen equitable and comprehensive child health programs – focused on children aged 0 to 18 in line with Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030) – through primary health care, inclusive of community health systems in emergencies and fragile settings. This will be achieved by providing a forum for:

- Sharing of information, evidence, and best practices
- Coordination of activities at the global level
- Advocacy
- Joint fund raising

The subgroup also provides an opportunity to more effectively coordinate and share information with other multi-agency coordinating bodies, such as the Global Health Cluster, the UHC2030 partnership, the Sphere Project, the CORE Group, and the Inter-Agency Working Group on Reproductive Health in Crises.

Operating Structure and Procedures

Leadership

The subgroup is led by two co-chairs (from UNICEF and Save the Children). Roles and responsibilities of subgroup co-chairs include:

- Organize and facilitate subgroup meetings
- Facilitate the selection of priority activities and deliverables of the subgroup
- Track the progress on completing deliverables
- Coordinate and track the activities of the sub-groups

Members

Membership in the subgroup is open to donors, governments, and partners at global and country levels working to strengthen equitable and comprehensive child health programs focused on children aged 0 to 18 years of age in emergency or fragile settings.

Members include existing iCCM in Emergencies subgroup members and new child health stakeholders in line with the expanded mandate of the subgroup. Additional members will be recruited through invitations to individuals and organizations implementing child health programs in emergency and fragile settings and through presenting the subgroup to interested audiences at meetings and conferences.

Roles and responsibilities of subgroup members include:

- Define specific objectives, tasks, and deliverables for the subgroup
- Provide technical leadership and facilitate development of standards, activities, and products that will advance child health programs in emergencies and fragile settings
- Develop and disseminate tools and offer trainings to child health program managers to increase program performance and quality through analysis, reporting, and use of data
- Identify knowledge gaps and propose research to build evidence on child health programming
- Sharing of information, evidence, and best practices with the subgroup
- Support coordination, advocacy, and fund raising efforts of the subgroup

Meetings

Meetings are held on a quarterly basis. Ideally, one meeting per year will be face-to-face to allow for more in-depth discussion of technical issues, review of progress in the last year, and planning for the coming year.

Task teams

Sub-groups focused on specific topics will be decided by the members during the subgroup launch meeting.

Workplan

A workplan (<https://www.childhealthtaskforce.org/resources/2018/chehs-subgroup-workplan-matrix-2018-2019>) for 2018-2019 was developed. The primary high-level activities of the subgroup are:

- **Formation of subgroup:** Launch the subgroup, finalize the subgroup ToR and workplan.
- **Coordination:** Foster organizational collaboration at global and country levels in support of comprehensive child health programs.
- **Learning and knowledge management:** Organize presentations, dissemination of evidence and experiences
- **Task teams:** The subgroup also sought to identify concrete deliverables that could be achieved through task teams. To date, one task team has been created to develop operational guidance on iCCM in humanitarian settings. Additional priority topics identified by the group were: quality of care, supply chain, technologies, and SBCC.

Meetings

Four meetings were held (in March, June, August, and December). The first three meetings were to discuss the establishment of the group, ToR, and workplan. The third meeting also included presentations on quality of care in humanitarian settings

(<https://unicef.sharepoint.com/:p:/r/sites/PD-Health/CCH/QoC%20in%20humanitarian%20settings.pptx?d=wcc867bbcdf8f40a8b9293e04681914ce&csf=1&e=xfcYco>) and the Newborn Health in Humanitarian Settings Field Guide (<https://unicef.sharepoint.com/:p:/r/sites/PD-Health/CCH/Newborn%20Field%20Guide.pptx?d=wd7550ff7508d4f378b718972992282cc&csf=1&e=3s081c>). The final meeting was held face-to-face in Washington DC and by teleconference and focused on how to coordinate between different working groups related to child health in humanitarian settings (CHEHS subgroup [https://unicef.sharepoint.com/:p:/r/sites/PD-Health/CCH/CHEHS%20subgroup%20presentation_07Dec2018.ppt?d=wdd3019719b134d09913eecf3b59d08c9&csf=1&e=7ydcgn], Global Health Cluster, Humanitarian-Development Nexus Working Group, and IAWG Maternal, Newborn Working Group [<https://unicef.sharepoint.com/:p:/r/sites/PD-Health/CCH/IAWG%20MNH%20Overview%202018.pptx?d=w078b8de6871648a7af2cf8a9696a3b73&csf=1&e=eye4nk>]).

A webinar (https://www.youtube.com/watch?v=bFk_4KPDzsl) was also conducted presenting the results of studies on community-based maternal, newborn, and child health services in emergencies in Guinea, Liberia, Sierra Leone (Ebola outbreak), Bangladesh (flooding), Central African Republic (conflict), and South Sudan (conflict).

Next steps

The future direction of the subgroup is partially dependent on what happens with the Child Health Task Force. If the CHTF continues, we will have to decide if that group is the best home for the subgroup or is preferable to link up to another group (like GHC). If the CHTF does not continue, we will have to decide if the group should continue as an independent entity or tie itself to a larger group. We will also have to decide if the group should be focused on the core mandate of coordination and sharing of information or whether it should be focused on achieving concrete deliverables, which will require funding.