

Child Health in Emergencies Working Group Teleconferences

10 August 2018

Participants

Nate Miller: UNICEF
Nureyan Zunong: Save the Children
Leonardo Shamamba: IRC
Elaine Scudder: Save the Children
Katie Morris: Save the Children
Clementine: Save the Children
Nabila Zaka: UNICEF
Miriam Awadallah: UNICEF USA
Karla Fredricks: MedGlobal
Jerome Pfaffmann: UNICEF HQ
Alonso Rosales: World Vision
Smita Kimar: USAID HQ, GH Bureau, MCHN Office
Louisa Baxter: Save the Children UK
Mariabruna Jennings: MCSP

Recording Link:

https://mcsprogram.adobeconnect.com/pm9krktmfr52/?OWASP_CSRFTOKEN=3d25ff9ffa41ea962169c84a92a3d9c63daa7bf255b072cab679973b6b6724f

Agenda and notes

1. Greetings
2. Presentation on *Quality of Care in Humanitarian Settings* – Nabila Zaka, UNICEF
 1. Cancelled due to technical difficulties
 2. Reschedule to next meeting
3. Presentation on *Newborn Health in Humanitarian Settings* – Elaine Scudder, Save the Children
 1. Questions may be directed to either Elaine Scudder (escudder@savethechilder.org) or Katie Morris (kmorris@savethechildren.org)
4. Presentation of the CHEHS Subgroup Workplan Matrix – Nate Miller, subgroup co-chair
 1. Objective is to finalize this with feedback from subgroup members
 2. Please note that Key Task 1 of Activity 1.1 (reach out to potential members and launch of subgroup) is an on-going process
 3. Coordination is the main function of the group
 1. The group provides a platform for communication between subgroup members. This can be informal or through communication with the co-chairs (Nate and Nureyan)
 2. We will plan quarterly meetings, including an annual meeting in Washington, DC.
 4. Need to contribute to mapping as a component of Activity 1.3 (learning and knowledge management)
 1. Online spreadsheet sent to entire task force from David Hamer should be filled out with members' on-going and past research, particularly under the humanitarian tab.

2. Suggestion to organize sessions at conference to disseminate growing findings.
5. Review of potential task teams
 1. Created to delve further into specific topics. These groups are deliverables-focused and a mode of organizing the CHEHS subgroup's work.
 2. Need a couple of co-leads for each of the task teams:
 1. Ex. Nate and Nureyan are leading the Community Health in Humanitarian Settings task team.
 2. Ideas for additional task groups are the following: QoC, technologies, supply chains, and community engagement and social and behavioral change.
 1. Need to identify task teams as well as some specific deliverables, such as proposal writing for funding.
 2. Subgroup members are all encouraged to reach out the subgroup co-chairs to volunteer to co-lead a group or to join one.
 1. This can be done officially during a subgroup meeting or even via email to Nate or Nureyan.
5. Overall Questions and Comments
 1. Regarding the task teams, discussion focused on:
 1. iCCM in emergencies operational guidance: The iCCM guidance is not likely to include newborns, but rather to focus on more operational matters. The long term goal is to work on operational guidance on community health in emergency settings. This may integrate newborn and other interventions such as nutrition.
 2. Suggestion to work with the existing financing subgroup on fund raising.
 3. The need for linkage between development and emergency actors was highlighted. The work on iCCM/community health in emergencies will be a step towards addressing this need by making development programs more adaptable when crises happen.
 4. Supply chain in emergency settings has been identified as a topic for future presentations, and Nate and Smita will discuss this further.
 5. Suggestion to discuss with Democracy and Governance bureau, which is currently working on a fragility analysis framework and attempting to see how this might be related to the subgroup's work. Interest was expressed in looking at different indices of fragility and seeing how health outcomes relate. Nate and Smita will discuss.

Next Steps

1. Plan to have face-to-face meeting in DC in December (7 December 2018).
2. Potential to meet virtually in October 2018 if there is interest. An email will be sent out as we approach October.
3. Any suggestions for presentations may be sent to Nate and Nureyan.
4. New members of the subgroup should share contact information.
5. Workplan will be finalized and more task teams will hopefully eventually be added.
6. Members should start or continue to fill out the humanitarian tab of the excel spreadsheet that was emailed to the entire subgroup as part of mapping contribution efforts.

7. Interested members should email Nate and Nureya with suggestions for task group themes or with their interest to co-lead one of them.
8. The quality of care presentation prepared by Nabila to be planned for a future meeting.