



Child Health in Emergencies and Humanitarian Settings Subgroup Meeting Notes

February 25, 2021

Recording:

https://jsi.zoom.us/rec/share/SpZoRuS6SV57hmas_tchFzs_pozNYg2GfeFAZ4pQe-sUMcWlSjyyhL7pPWbRrS7.5tnVYnUBignWJJPx **Passcode: +5&92sS?**

Agenda:

- Update on workplan for the group for 2021-2022
 - Priority partnerships to engage with at global and regional level
 - Criteria for identifying priority countries
 - Lead and contributing partners for specific activities
 - Linkage with GHC
- Series of webinars:
 - Suggestions on topics and countries
- Update on discussions with ENAP community on better linkages between child health and newborn health communities
- AOB

Notes:

- Reminder of the goal & themes of the Child Health Task Force and CHEHS subgroup:
 - The goal of the Child Health Task Force is to **strengthen equitable and comprehensive child health programs, focusing on primary health care, inclusive of community health systems.**
 - Themes: Advocacy, coordination, support to countries, learning, & knowledge management
 - CHEHS subgroup purpose: Children in emergency settings have increased vulnerability and need for essential services. The subgroup can work with country governments and partners to ensure resilience in the health system to respond in the case of an emergency and ensure the continued provision of services for children. Learn more about the subgroup goal, objectives, TOR, and past meeting materials [here](#).
- Workplan review: feedback from members
 - Intermediate results:

- Are there opportunities to strengthen the neonatal component of this work in the workplan as newborns are even more vulnerable in humanitarian settings? (Shaimaa Ibrahim, UNICEF Iraq)
 - The Child Health Task Force co-chairs recently discussed how to strengthen newborn health through this platform with ENAP colleagues. To ensure this topic remains a priority.
 - At the same time, the unique value add of this group is the focus on post-neonatal, under-five children. (Nefra Faltas, USAID)
- How can we frame the workplan in a bi-directional way, i.e. both what can be brought from the humanitarian programming perspective to the development space and vice versa? (Nefra Faltas)
- Suggestion to include “emergencies” in the language of the workplan and more generally to articulate which types of settings the group will focus on (Naoko Kozuki, IRC)
 - "Emergencies" also does not necessarily imply a humanitarian setting. It would be helpful to incorporate the subgroup's name into the Objectives language/bullets. (Nefra Faltas)
 - The subgroup focuses on acute emergencies as well as the full range of humanitarian settings. (Fouzia Shafique, co-chair)
- In the first IR, “global and country level” should include “regional.” (Shaimaa Ibrahim)
 - Francis Ohanyido (West African Institute of Public Health) and Nefra Faltas agree.
- Activities for IR I:
 - Need to define "engagement"/articulate illustrative types of engagement. (Nefra Faltas)
- Global level groups:
 - Need to include a group that focuses on nutrition and IYCF related to humanitarian settings. (Shaimaa Ibrahim) The [Infant Feeding in Emergencies \(IFE\) Core Group](#) would be most appropriate. (Kathleen Myer, USAID)
 - The [Nutrition and Child Health subgroup](#) of the Child Health Task Force also addresses these topics.
 - Need to improve coordination between co-chairs of the subgroups. Suggestion to hold check-ins between subgroup co-chairs on a quarterly basis. (Smita Kumar, USAID)

- The CHEHS subgroup will create better linkages with the nutrition subgroup of the Task Force and the [Global Nutrition Cluster](#). (Fouzia Shafique)
 - Need to develop a systematic approach to coordination across global networks.
 - Create a standing agenda item for members to report on other calls/work they are involved in and the potential linkages. (Dyess Kasungami, CHTF Project Director)
 - This discussion underscores our need to prioritize the mapping activity, i.e. mapping activities to timelines in the workplan as our first step (Nefra Faltas)
- Country engagement & criteria:
 - WHO is particularly interested in the EMRO countries: e.g. Yemen, Somalia, Sudan, South Sudan - these could be good targets to look for results. (Valentina Buj, UNICEF)
 - Good idea to share country experiences during COVID-19 on delivering services in humanitarian settings (Shaimaa Ibrahim)
 - Important to bring in colleagues at the country level to understand how a group like ours at the global level can best meet their needs.
 - There are too many guidelines released with no direct support for countries provided to adopt and use them properly (Shaimaa Ibrahim)
 - PMI did a nice job of putting together a guideline to put together all the malaria in C19 guidelines. Most offices are protesting that they are drowning in the volume of guidelines. (Valentina Buj)
- Strengthening newborn health through cooperation with ENAP (Smita Kumar)
 - Highlighted three “buckets” to focus on for coordinating across global networks for newborn & child health:
 - **Process**
 - Map which members sit on which groups, assigning points of contact and who can report from each group to facilitate cross-communication.
 - Share workplans across groups to identify overlapping themes to make sure we are not working in silos and better harmonizing.
 - **Country prioritization and selection**
 - Determine if groups are targeting the same countries and advocating for child health within these countries.
 - **Key technical areas of support**
 - Pediatric death audits - overlap between ENAP and child health.

- Supply chain management - consider the child health equivalent of newborn kits & mobilizing supply chains to support the humanitarian responses.
- AOB
 - Topic for consideration: ensuring that development actors understand their role in the emergencies and humanitarian space. To bring development partners on board & identify how development actors and donors can support humanitarian work. (Smita Kumar)
- Next steps & action items:
 - **Co-chairs:**
 - To incorporate feedback from today and circulate a new version of the workplan for members' feedback.
 - To reach out to Dr. Shaimaa and other country colleagues on how to best meet their needs.
 - To disseminate the one-pager prepared by UNICEF colleagues on formalizing the relationship between this group and the Global Health Cluster.
 - **Members:**
 - To provide written feedback on the workplan by the end of next week by emailing childhealthtaskforce@jsi.com. If you would like to suggest edits in google doc form please indicate this in your email, and we will grant you access.
 - To volunteer to lead implementation of different activities, please email the co-chairs: Nureyan (nzunong@savechildren.org) and Fouzia (fshafique@unicef.org)
 - To suggest topics for webinars: areas where you see gaps in understanding of experiences and challenges along with potential speakers.
 - To provide feedback and/or endorsement of the one-pager on collaboration with the Global Health Cluster once it is shared.
 - **Secretariat:**
 - To identify champions for newborn health within each subgroup of the Child Health Task Force.