Child Health in Emergencies and Humanitarian Settings Subgroup
August 26 2021

Agenda

• Update on bilateral partners consultations and work plan implementation - Fouzia
• Nurturing Care Framework application in humanitarian settings – Lessons learnt from Cox’s bazaar – Katie Murphy (IRC)
• Reaching zero dose communities in humanitarian settings – Dr. Ahmadu Yakubu,
• ‘Health Situation Analysis – Children in humanitarian crisis’ – Chris Anold Balwanak (postponed)
• Any other business
Update on bilateral partners consultations and work plan implementation - Fouzia
Child Health in Emergencies and Humanitarian Settings Subgroup

Nurturing Care Framework application in humanitarian settings – Lessons learnt from Cox’s bazaar – Katie Murphy (IRC)
Strengthening Nurturing Care in Crisis and Conflict Settings
August 26, 2020
CHEH/ IRC Discussion
Specific threats faced by young children in conflict and crisis

• Most sensitive period of brain development
• Interactions with caregivers and the environment in the first years of life lay the foundation for future academic success (and health, wellbeing, prosperity)
• Limited access to ECD services, fragmented systems and shifting contexts
NURTURING CARE WITHIN HUMANITARIAN AND REFUGEE RESPONSE PLANS

Figure 1: Elements of nurturing care in 26 active response plans

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Learning</td>
<td>9%</td>
</tr>
<tr>
<td>Caregiving</td>
<td>10%</td>
</tr>
<tr>
<td>Health</td>
<td>22%</td>
</tr>
<tr>
<td>Safety &amp; Security</td>
<td>24%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>58%</td>
</tr>
</tbody>
</table>
Factors Affecting Healthy Development and Equity

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Healthy development

Protective factors
- Skilled birth attendant
- Birth registration
- Social and group support
- Immunisations
- Support for early child development
- School achievement
- Safe learning environments
- ICT literacy
- Universal access to SRH

Vulnerability factors
- Maternal mental health
- Neonatal risks
- Low birthweight
- Prematurity
- Malnutrition and poor growth
- Neglect
- Child labour
- Commercial exploitation
- Child marriage
- Adolescent birth

Exposure to physical, sexual, and psychological violence
- Economic/livelihood constraints

Life course
- Preconception
- Pregnancy
- Newborn
- Infancy
- Childhood
- Adolescence and adulthood
EXAMPLES - EARLY CHILDHOOD

Referrals for Specialized Services

- Parenting Tips and Mobile Support
- Modular Parenting Sessions
- Home Visiting: Reach Up & Learn
- Multi-media: Sesame Partnership
- Play and Learning Spaces
- Preschool Healing Classrooms
Gindegi Goron:

Integrated Health-Nutrition & ECD COVID – 19 Response Model
# ECD COVID – 19 Response Model

<table>
<thead>
<tr>
<th>Target beneficiary</th>
<th>Children 0-2 years, pregnant women, lactating women, husbands, mothers-in-law</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>Improve caregiver outcomes related to their own mental, emotional, and social wellbeing as well as improved knowledge and behavioral outcomes related to ECD remotely</td>
</tr>
<tr>
<td>Content</td>
<td>Antenatal care, vaccination, nutrition, importance of play, toy making, safe delivery, rest and caregiver mental health/wellbeing</td>
</tr>
<tr>
<td>Delivery mechanism</td>
<td>IVR Phone Call, Quiz, Text Messaging</td>
</tr>
</tbody>
</table>
| Dosage             | 6 months, 12 Messages, 2 times  
 (1 IVR/text message per week, Quiz biweekly, phone call need based) |
| Minimum dosage     | 3 months, 12 Messages, at least one time  
 (1 IVR/text message per week, Quiz biweekly, phone call need based) |
| Facilitation       | IVR, SMS and live call by ECD facilitators |
ECD COVID – 19 Response Service Model

- Interactive Voice Response (IVR) Platform
  - Pre recorded audio
    - Caregivers (Host. Com)
    - Caregivers (Camps)
    - SMS (HC only)

- ECD Facilitators Live Call
  - Caregivers (PLW, M. In Law, Husband)

Health, Nutrition and Child development awareness related content developing by TU-HQ, icddr’b and IRC BD staffs
- 108 SMS has been developed
- Only for host community and in Bangla
- Different SMS for different stakeholders

- Number of SMS successfully delivered
- Number of SMS failed
- Scheduled SMS for future
Examples of IVR Monitoring

Engagement with prerecorded calls by month

- October: 25% Did not press any key, 25% Pressed a non-formatted key, 50% Requested follow-up discussion with facilitator, 0% Requested repeat play
- November: 25% Did not press any key, 25% Pressed a non-formatted key, 50% Requested follow-up discussion with facilitator, 0% Requested repeat play
- December: 25% Did not press any key, 25% Pressed a non-formatted key, 50% Requested follow-up discussion with facilitator, 0% Requested repeat play

Call duration by month

- October: 75% Call duration below 40 seconds, 25% Call duration above 40 seconds
- November: 75% Call duration below 40 seconds, 25% Call duration above 40 seconds
- December: 75% Call duration below 40 seconds, 25% Call duration above 40 seconds
Phone based Endline results

Satisfaction with quality of the initiative

- Somewhat satisfied: 2.5%
- Very satisfied: 97.5%

% of mothers reporting that they play with their child
(p-value <0.017)

- Baseline: 80%
- Endline: 99%
Gindegi Goron - Cost Breakdown

- Bangladesh country office staff: 43.8%
- Technical Unit staff: 17.4%
- Content development partner: 19.0%
- Travel: 6.7%
- Materials: 5.2%
- Indirect cost recovery: 5.3%
- Other: 2.5%
Successes & Challenges

Successes
• Can easily track the beneficiaries who could not reach through IVR and manually reach (over phone) the beneficiaries and listen their suggestions
• Can track how long the messages has been listened by the beneficiaries and who did not receive at all.
• Been able to check beneficiary level understanding through IVR quiz question
• IVR and SMS dashboard established for monitoring
• Can reach all the targeted beneficiaries

Challenges
• Difficult to track whether they really following the instructions in person
• Reaching the beneficiary due to poor mobile network specially in camps
• Single mobile phone per household level (in most cases)
• All caregiver do not have dedicated mobile phone
• Beneficiaries availability to receive call
**DISCUSSION & NEXT STEPS FOR COLLABORATION WITH CHEH**

What are the best ways to support CHiEHS and other critical health actors to integrate nurturing care into emergency health policy and programming?

How can we ensure nurturing care is prioritized by all of the relevant global cluster and national coordinator leadership, including within HRPs and CERF allocations?

Are there opportunities for CHEH and IRC (and/or the Moving Minds Alliance and/or INEE ECD TT) to collaborate on awareness raising among humanitarian stakeholders, intersectoral cluster engagement, national governments and families?

Other ideas for innovations/strategies to strengthen nurturing care outcomes in emergency and humanitarian settings across implementation, research and costing?
THANK YOU!

Syrian mother and child in refugee camp (photo: IRC)
Reaching zero dose communities in humanitarian settings –
Dr. Ahmadu Yakubu
Reaching zero-dose children & communities in humanitarian settings

26 August 2021
UNICEF, WHO, GAVI
3 definitions

**Equity**
Equity is the absence of avoidable differences in vaccination uptake among groups of people, whether those groups are defined socially, economically, demographically, or geographically.

**Zero-dose**
Zero-dose children have not received any routine vaccines.
Missing DTP-1 is the operational indicator of # zero-dose children.

**Missed communities**
Missed communities often face multiple deprivations including poor access to PHC and social services, limited economic and educational opportunities and lack of political representation.
Marginalised, disadvantaged, under-served, discriminated, and neglected communities are, in practical terms, interchangeable labels.
## Correlation between missing a specific vaccine dose and use of PHC services & household WASH indicator

<table>
<thead>
<tr>
<th>Having received antenatal care</th>
<th>Immunization status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Zero dose / non zero dose</td>
</tr>
<tr>
<td></td>
<td>0.50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Having been born in an institutional facility</th>
<th>Immunization status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Zero dose / non zero dose</td>
</tr>
<tr>
<td></td>
<td>0.51</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Having sought careseeking</th>
<th>Immunization status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Zero dose / non zero dose</td>
</tr>
<tr>
<td></td>
<td>0.78</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Living in a household with a specific place for handwashing</th>
<th>Immunization status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Zero dose / non zero dose</td>
</tr>
<tr>
<td></td>
<td>0.68</td>
</tr>
</tbody>
</table>
Where are zero-dose children?
The Impact of COVID-19 Pandemic on global vaccination coverage

22.7 million un-and under vaccinated infants in 2020

- Zero dose 17.1
- Drop-out 5.6

2019
- Zero dose 13.6
- Drop-out 5.4
The number of zero-dose children increased across all regions in 2020.
Changes to regional DTP1 vaccination: 2011 vs 2019 & 2019 vs 2020 (Unvaccinated)

<table>
<thead>
<tr>
<th>UNICEF Region</th>
<th>Unvaccinated (thousand)</th>
<th>Change (thousand)</th>
<th>Difference between 2011 and 2019</th>
<th>Difference between 2019 and 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2011</td>
<td>2019</td>
<td>2020</td>
<td></td>
</tr>
<tr>
<td>DEV</td>
<td>292</td>
<td>321</td>
<td>348</td>
<td>29</td>
</tr>
<tr>
<td>EAPR</td>
<td>1,261</td>
<td>1,407</td>
<td>1,884</td>
<td>146</td>
</tr>
<tr>
<td>ECAR</td>
<td>327</td>
<td>127</td>
<td>165</td>
<td>-200</td>
</tr>
<tr>
<td>ESAR</td>
<td>2,023</td>
<td>2,564</td>
<td>2,986</td>
<td>541</td>
</tr>
<tr>
<td>LACR</td>
<td>395</td>
<td>1,450</td>
<td>1,530</td>
<td>1,055</td>
</tr>
<tr>
<td>MENA</td>
<td>487</td>
<td>653</td>
<td>791</td>
<td>166</td>
</tr>
<tr>
<td>ROSA</td>
<td>4,169</td>
<td>2,312</td>
<td>4,362</td>
<td>-1,857</td>
</tr>
<tr>
<td>WCAR</td>
<td>4,256</td>
<td>4,793</td>
<td>5,018</td>
<td>537</td>
</tr>
</tbody>
</table>
Zero Dose Strategy
(in context of IA2030 and Gavi 5.0)

• Goal: “Leave no one behind”
  • Intended to be an equity strategy
  • Objective: regularly reach children that didn’t receive any vaccination through routine services (unimmunized)
• Indicator for monitoring at global/national level: lack of DTP1
Operational Challenges of Zero Dose Strategy

• Communities vs children?
  • Focus on zero-dose communities: keeps lens on equitable delivery systems
  • Focus on reducing number of zero dose children: risk of increasing inequity (may incentivize working in higher coverage areas with higher populations)

• Operationalizing zero-dose strategy at sub-national level
  • DTP1 not reliable as a sole indicator of zero-dose communities
  • Need to triangulate with other data: measles as a tracer, cVDPV, MNTE, supply data, facility deliveries, etc
Key shifts in Gavi approach

- Zero-dose children and missed communities as starting point for country dialogue in planning for or reprogramming Gavi investments

- A single theory of change at the country level for how all Gavi support aligns to identify and reach zero-dose children

- Greater focus on demand, community engagement and overcoming gender barriers as key enablers of reaching zero-dose

- More deliberate approach to engaging a broader set of partners including CSO and humanitarian actors

- More differentiation of Gavi support and processes across country types and contexts

- A more purposeful advocacy to secure political commitment to prioritise zero dose communities
Using IRMMA Framework for Zero Dose to Strengthen Primary Health Care across the Life Course

Advocate
- Use evidence to make a case for political attention and resources

Identify
- Who, Where, Why, How many zero dose children
- Listen and understand
- Tailor strategies
- Find and describe

Reach
- Tailored and sustainable strategies addressing supply and demand-side barriers and to serve as a platform for broader integrated PHC over the life course

Measure and Monitor
- Monitor real time
- Measure outcomes
- Learn to improve

Zero-dose and missed communities
Strategies to reach zero-dose communities & underserved children

• Estimating the number of zero-dose children (based on DTP1) in a particular country.
• Identifying and locating missed communities,
• Understanding barriers to vaccination in zero-dose communities.
• Designing interventions to reach, fully vaccinate and strengthen primary health care (PHC) as well as other basic social services in zero-dose communities.
• Integrating these interventions in strategic, operational and micro plans.
• Monitoring implementation and measuring impact.
New equity funding designed to support innovative approaches and complement other Gavi levers

- $400m for country-by-country funding on top of HSS allocations to support ambitious country plans identifying where Zero-dose children are, why they are being missed, and how they plan to sustainably reach with full a range of vaccines

- $100m for multi-country initiative in fragile, conflict and cross-border settings with a new partnership approach

Focus on Maintain, Restore & Strengthen, broader Gavi HSS objectives (e.g., strengthening supply chains), with equity as cornerstone of investments
Plans for ‘Health Situation Analysis – Children in humanitarian crisis’

Chris Anold Balwanaki

*This presentation was postponed (due to time constraints) until the next subgroup meeting.*
Engage with the **co-chairs:**

- **Fouzia:** [fshafique@unicef.org](mailto:fshafique@unicef.org)
- **Nureyan:** [nzunong@savechildren.org](mailto:nzunong@savechildren.org)

Subgroup information, recordings and presentations from previous webinars are available on the subgroup page of the Child Health Task Force website: [www.childhealthtaskforce.org/subgroups/child-health-emergencies](http://www.childhealthtaskforce.org/subgroups/child-health-emergencies)

*The recording and presentations from this webinar will be available on this page later today*

Check out the Task Force Child Health & COVID-19 web page for additional resources!

Suggestions for improvement or additional resources are welcome. Please email childhealthtaskforce@jsi.com.