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

Child Health in Emergencies and Humanitarian Settings Subgroup

Update on bilateral partners consultations and work plan implementation - Fouzia

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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

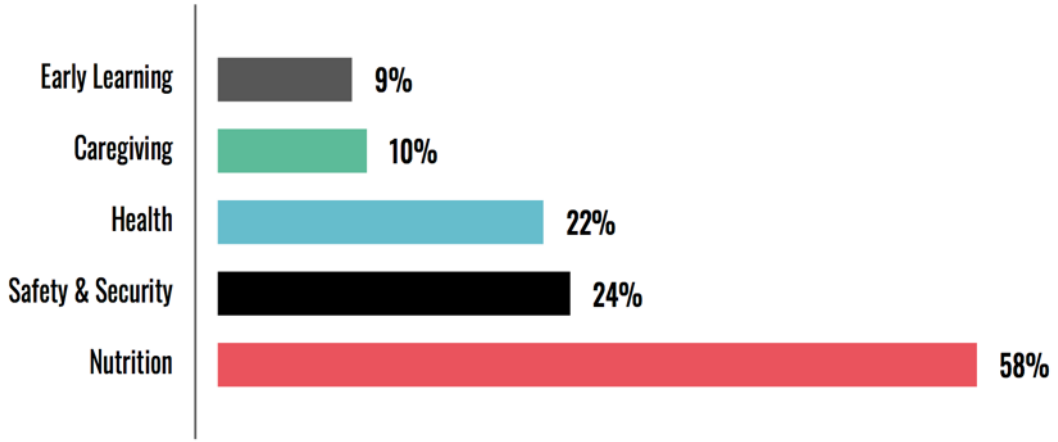
CHEH/ IRC Discussion

Specific threats faced by young children in conflict and crisis

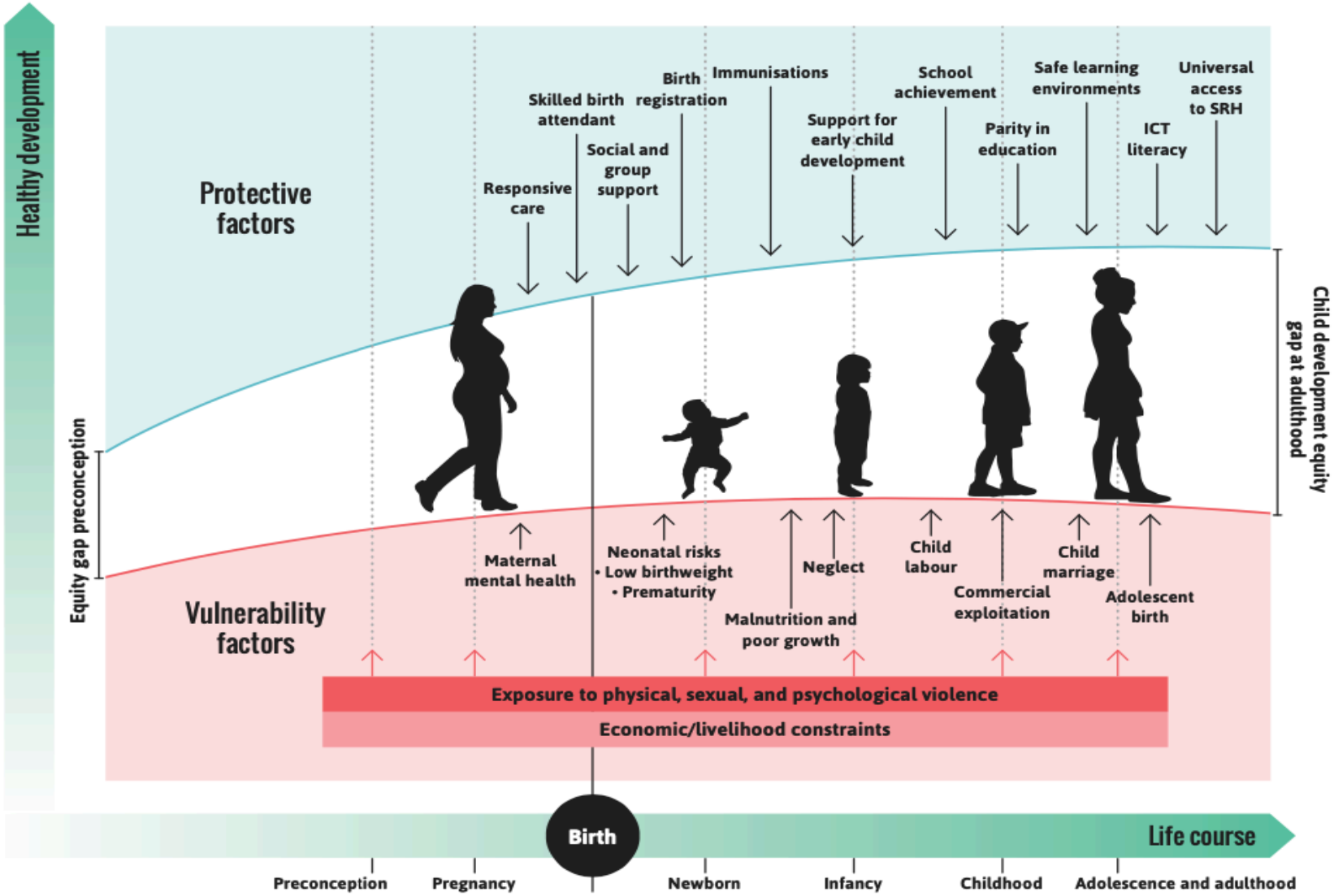
- Most sensitive period of brain development
- Interactions with caregivers and the environment in the first years of life lay the foundation for future academic success (and health, wellbeing, prosperity)
- Limited access to ECD services, fragmented systems and shifting contexts

NURTURING CARE WITHIN HUMANITARIAN AND REFUGEE RESPONSE PLANS

Figure 1: Elements of nurturing care in 26 active response plans[5]



Factors Affecting Healthy Development and Equity



EXAMPLES - EARLY CHILDHOOD

Low-intensity/ universal → medium-intensity → higher-intensity

Parenting Tips and Mobile Support

Modular Parenting Sessions

Home Visiting: Reach Up & Learn

Referrals for Specialized Services

Multi-media: Sesame Partnership

Play and Learning Spaces

Preschool Healing Classrooms

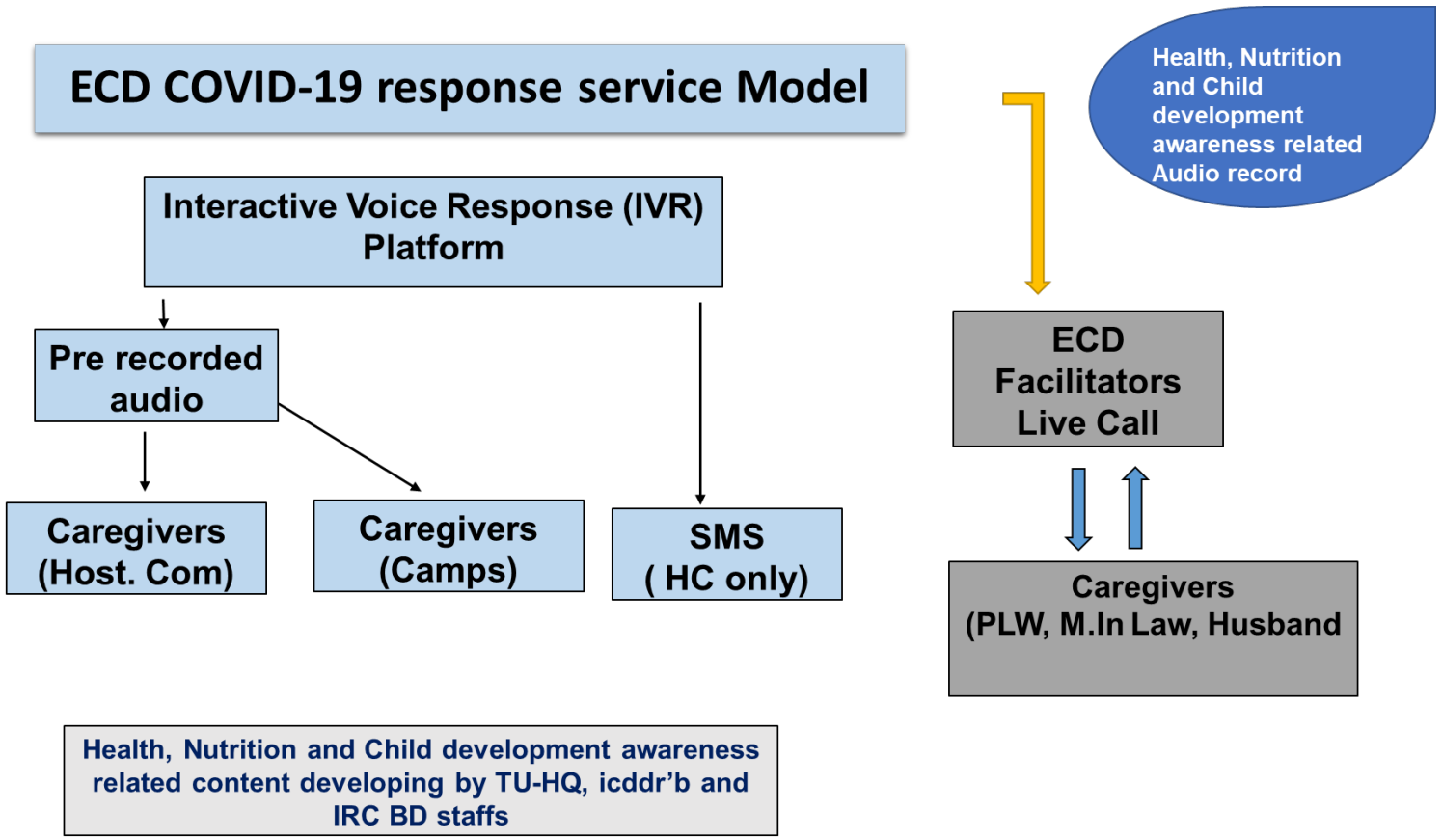
Gindegi Goron:

Integrated Health-Nutrition & ECD COVID – 19 Response Model

ECD COVID – 19 Response Model

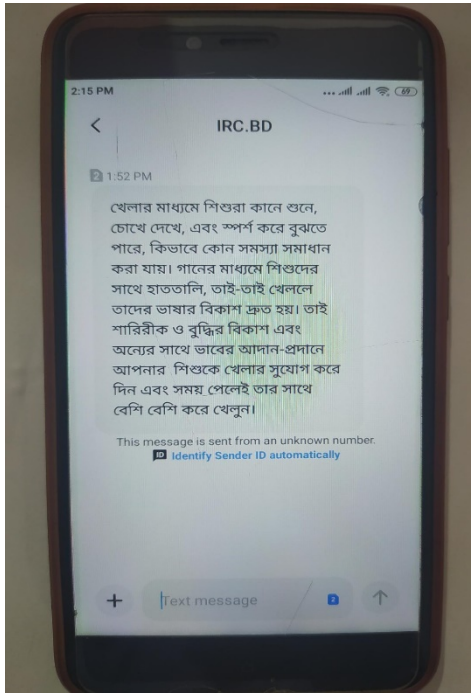
Target beneficiary	Children 0-2 years, pregnant women, lactating women, husbands, mothers-in-law
Objective	Improve caregiver outcomes related to their own mental, emotional, and social wellbeing as well as improved knowledge and behavioral outcomes related to ECD remotely
Content	Antenatal care, vaccination, nutrition, importance of play, toy making, safe delivery, rest and caregiver mental health/wellbeing
Delivery mechanism	IVR Phone Call, Quiz, Text Messaging
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

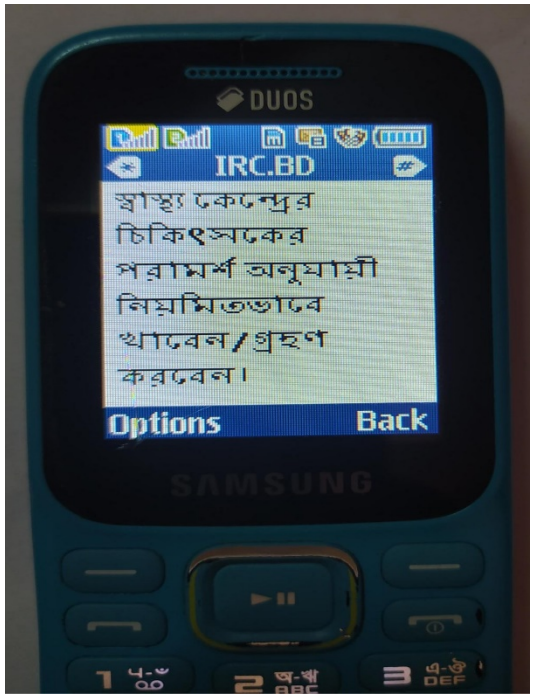
ECD COVID – 19 Response Service Model

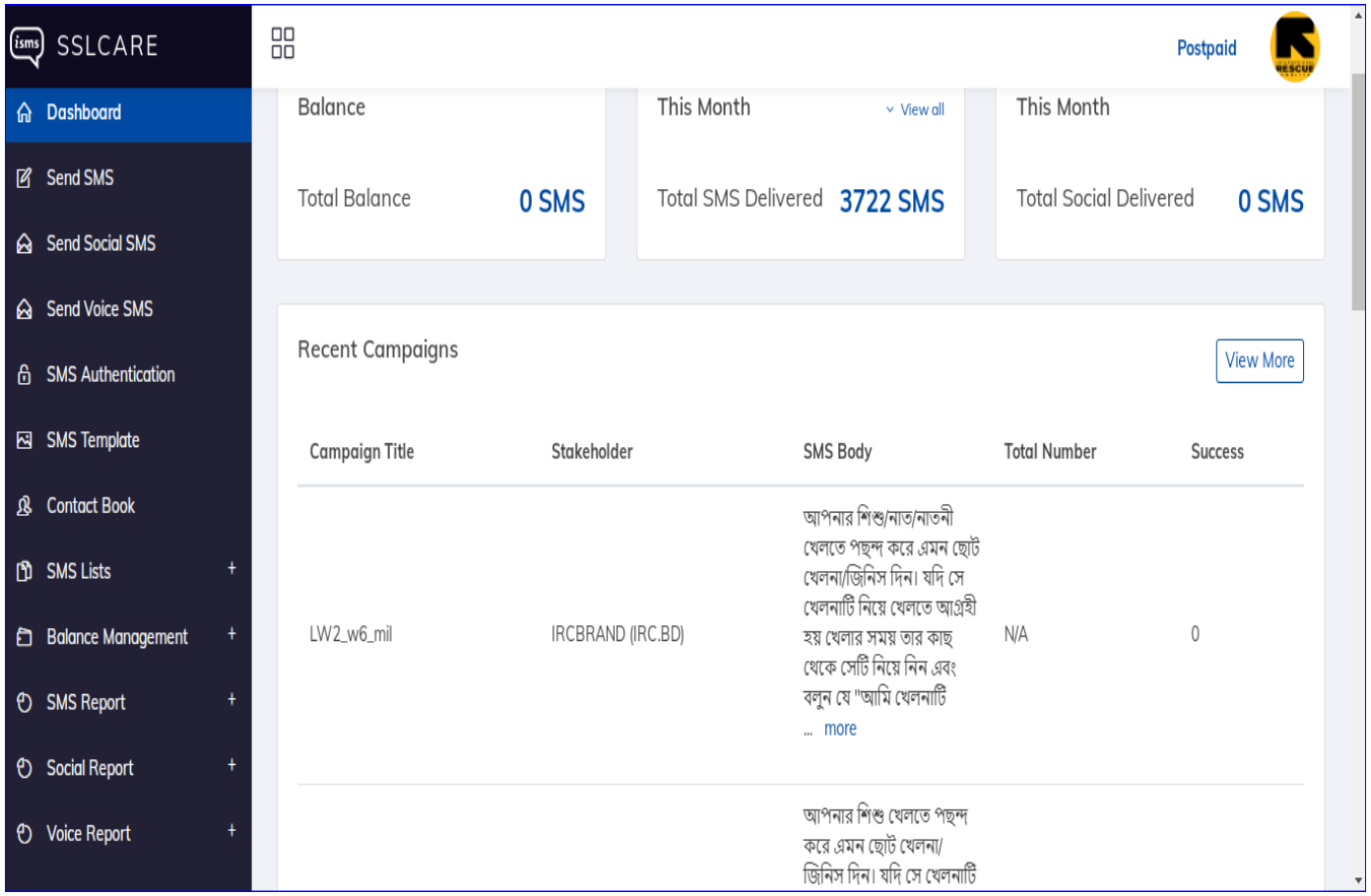


SMS and Dashboard

- **108 SMS has been developed**
- **Only for host community and in Bangla**
- **Different SMS for different stakeholders**

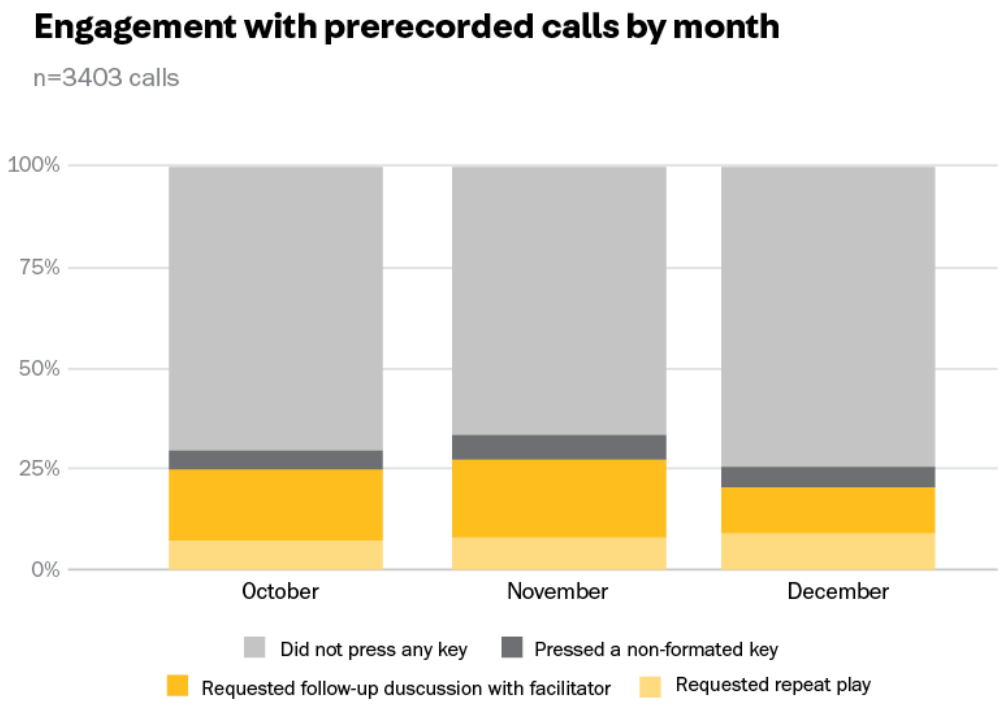


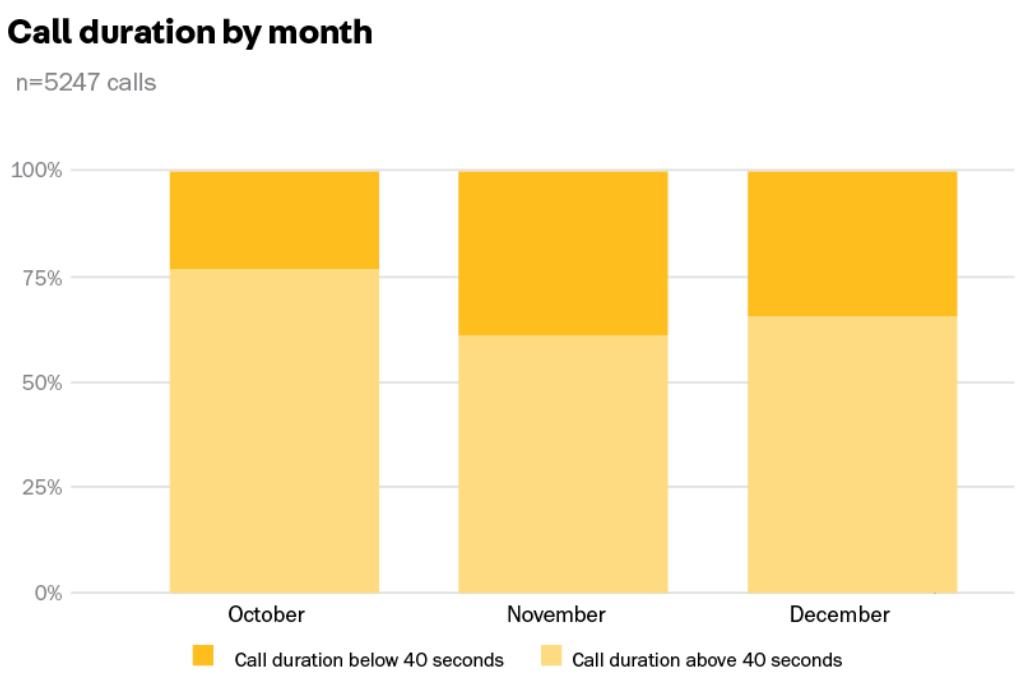




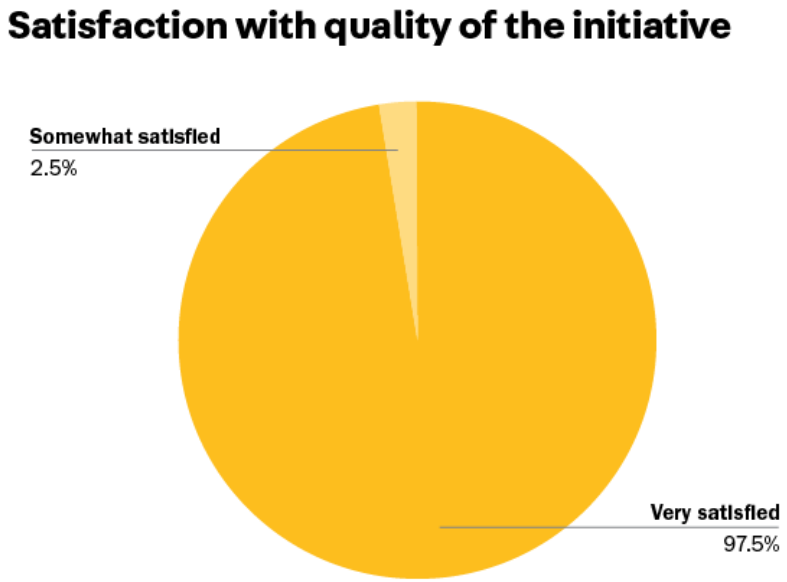
- **Number of SMS successfully delivered**
- **Number of SMS failed**
- **Scheduled SMS for future**

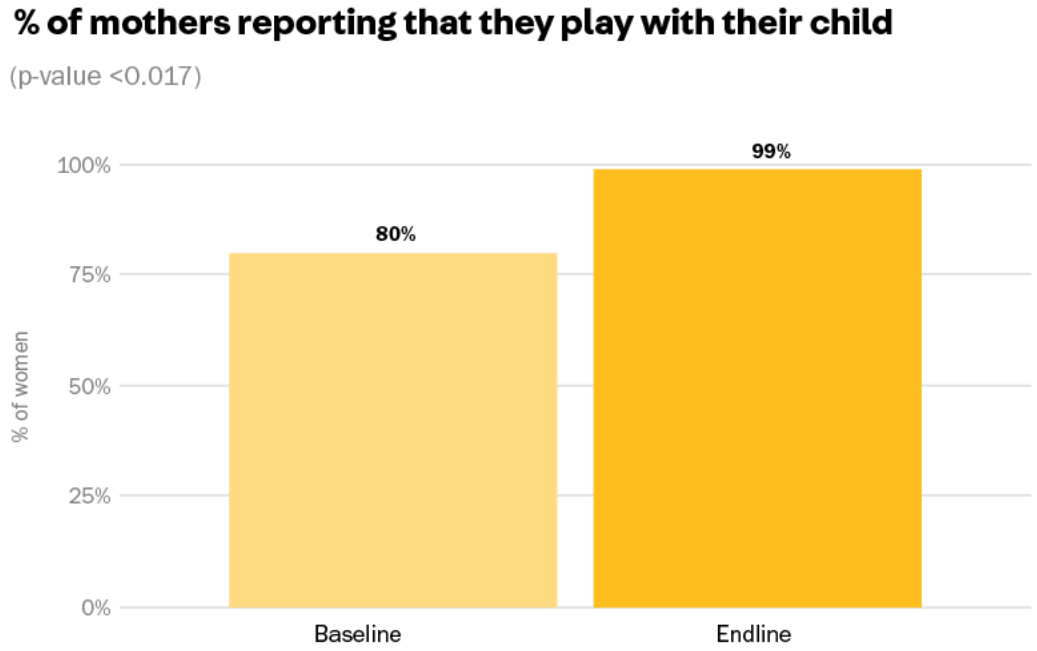
Examples of IVR Monitoring



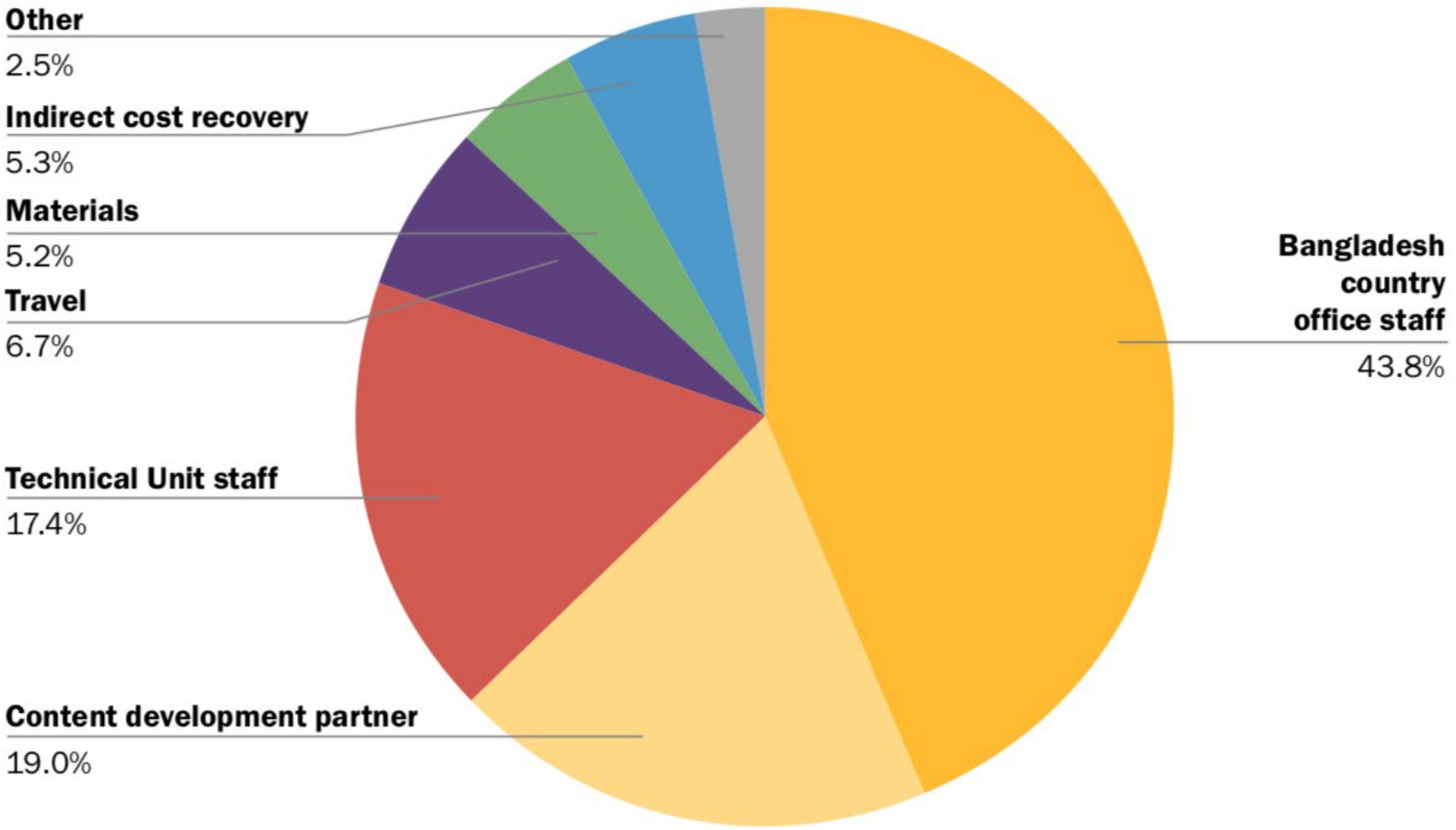


Phone based Endline results





Gindegi Goron – Cost Breakdown



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)

Child Health in Emergencies and Humanitarian Settings Subgroup

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.

Inequitable vaccination services fail to overcome vaccination barriers that infringe on fairness and human rights.

Zero-dose

Zero-dose children have not received any routine vaccines.

Missing DTP-1 is the operational indicator of # zero-dose children.

Zero-dose communities are population groups with high proportion of unvaccinated children that share the same socio-economic or geographical attributes

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, inter-changeable labels.

Correlation between missing a specific vaccine dose and use of PHC services & household WASH indicator

	Immunization status				
	Zero dose / non zero dose	BCG0 / BCG1	POLIO0 / POLIO1	DPT0 / DPT1	MCV0 / MCV1
having received antenatal care	0.50	0.49	0.66	0.55	0.68
having been born in an institutional facility	0.51	0.47	0.67	0.56	0.69
having sought careseeking	0.78	0.81	0.82	0.84	0.86
living in a household with a specific place for handwashing	0.68	0.60	0.75	0.67	0.73

Where are zero-dose children?

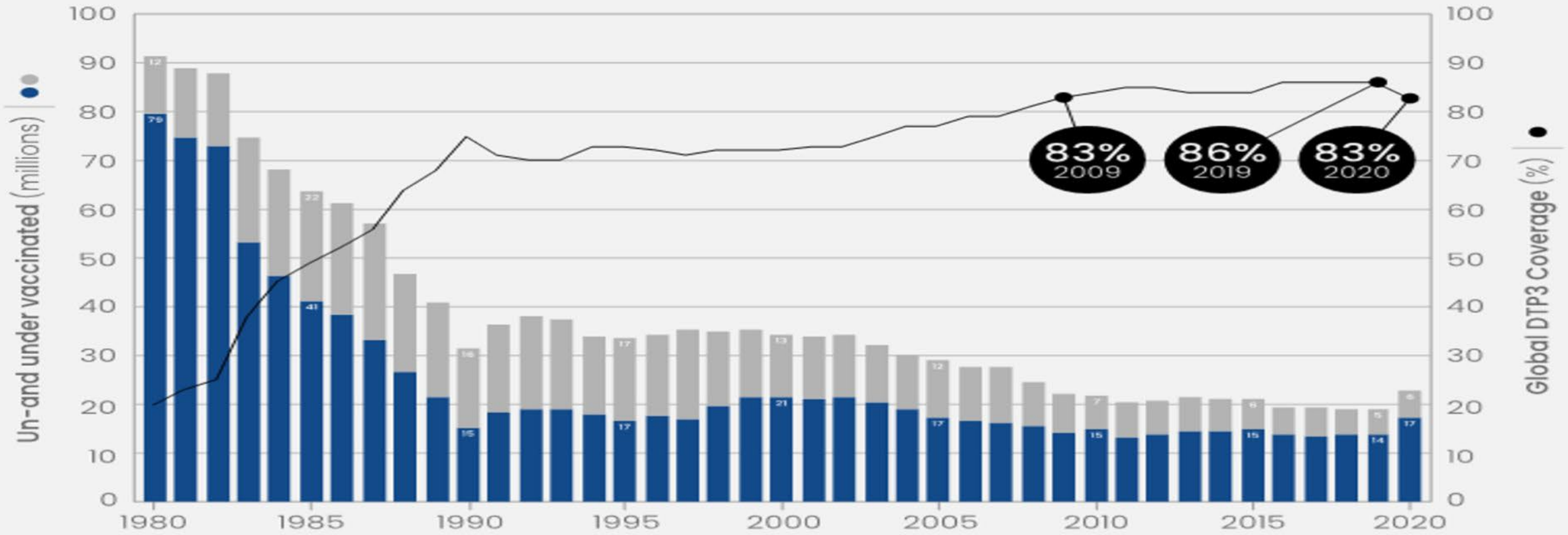
REMOTE RURAL

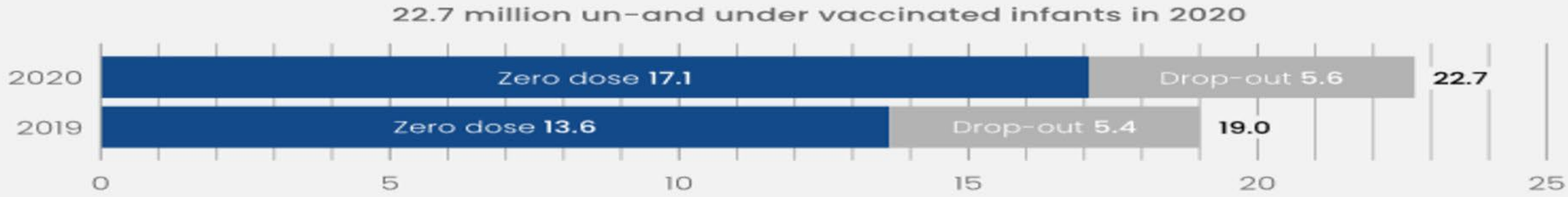
URBAN POOR

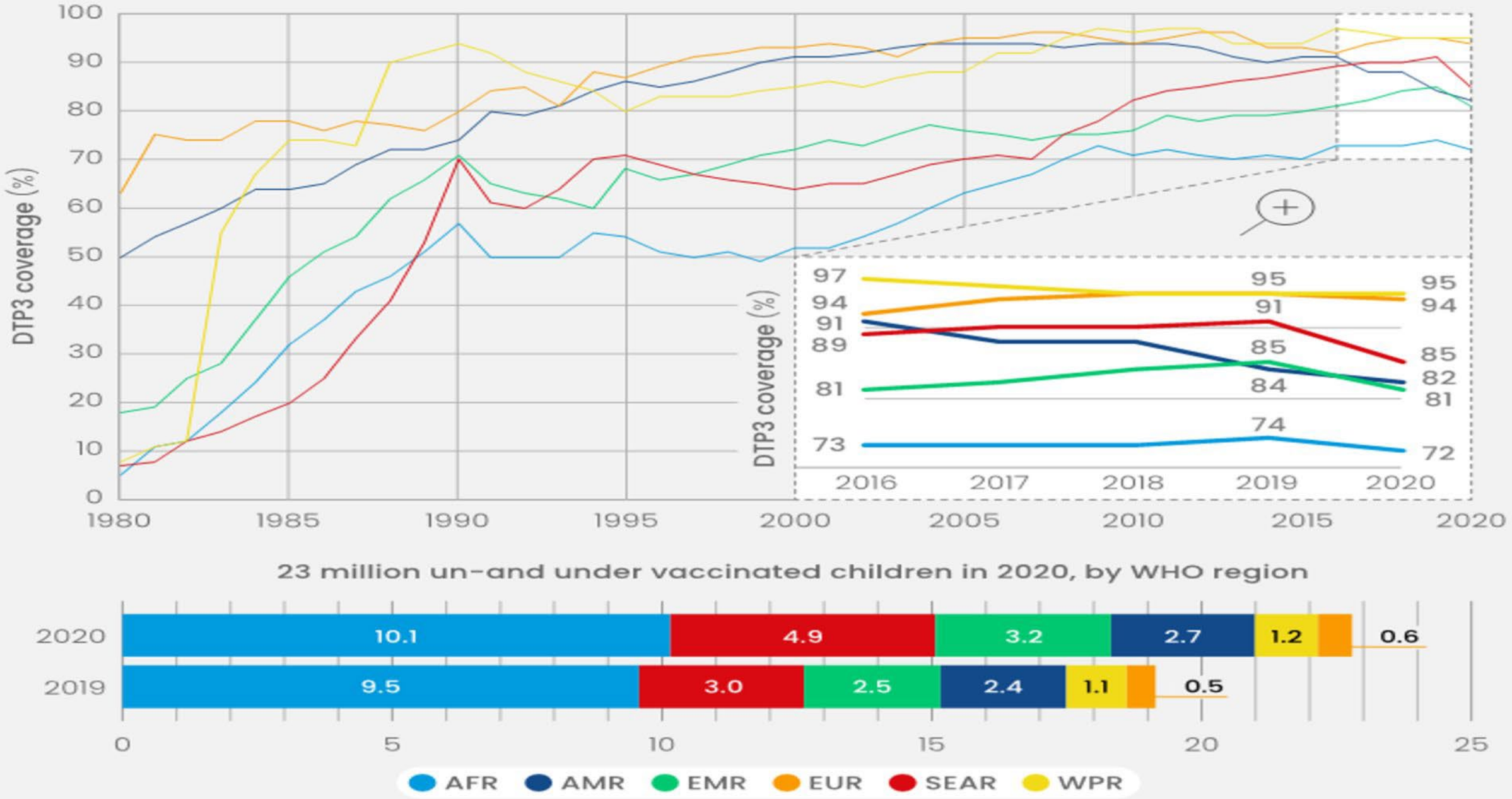
AFFECTED BY CONFLICT

GENDER BARRIERS

The Impact of COVID-19 Pandemic on global vaccination coverage

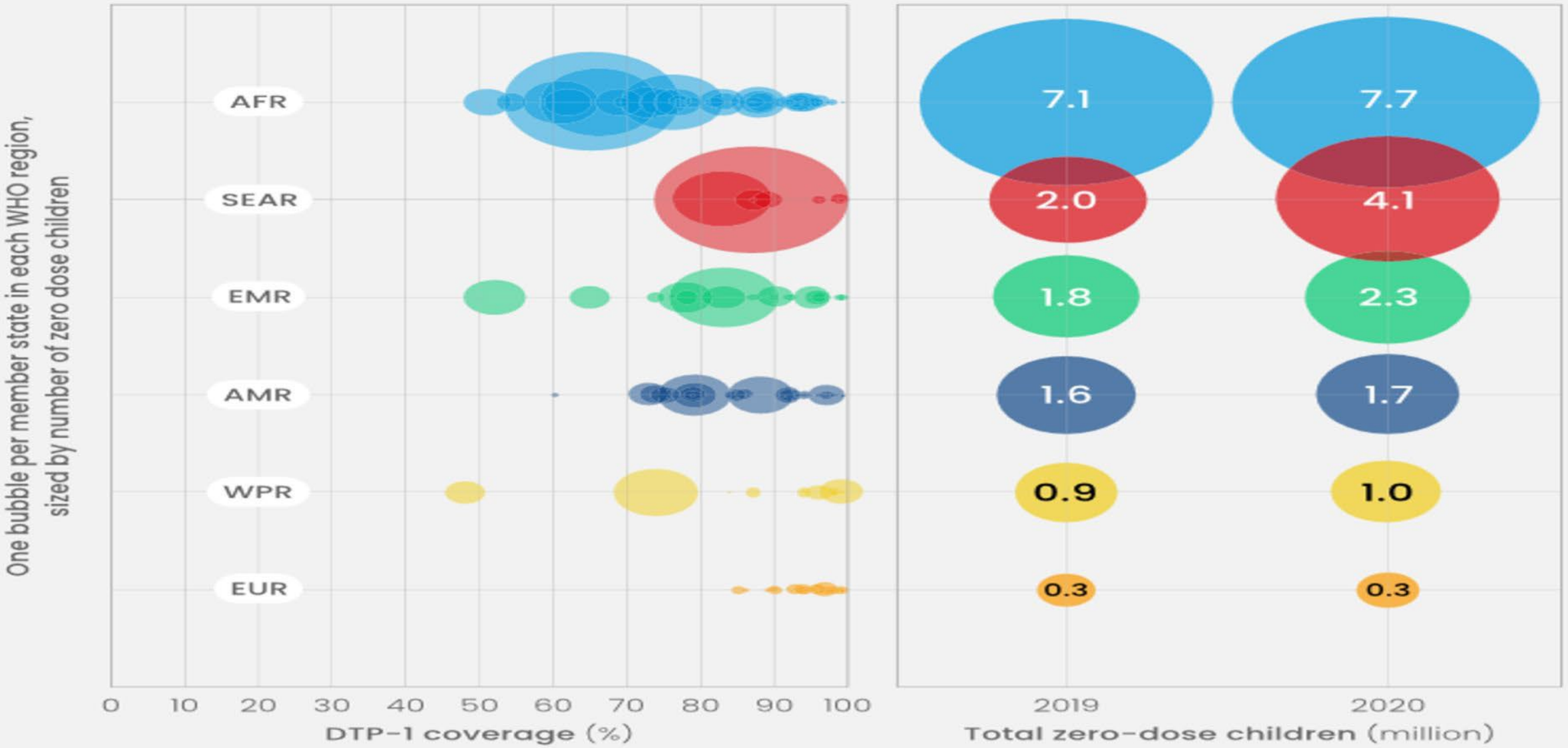





DTP3 coverage (%)
100
90
80
70
60
50
40
30
20
10
0
1980
1985
1990
1995
2000
2005
2010
2015
2020
DTP3 coverage (%)
97
94
91
89
81
73
95
91
85
84
74
95
94
85
82
81
72
2016
2017
2018
2019
2020

23 million un-and under vaccinated children in 2020, by WHO region
2020
2019
10.1
4.9
3.2
2.7
1.2
0.6
9.5
3.0
2.5
2.4
1.1
0.5
0
5
10
15
20
25
AFR
AMR
EMR
EUR
SEAR
WPR

The number of zero-dose children increased across all regions in 2020



Changes to regional DTP1 vaccination: 2011 vs 2019 & 2019 vs 2020 (Unvaccinated)

	Unvaccinated (thousand)			Change (thousand)	
UNICEF Region	2011	2019	2020	Difference between 2011 and 2019	Difference between 2019 and 2020
DEV	292	321	348	29	27
EAPR	1,261	1,407	1,884	146	477
ECAR	327	127	165	-200	38
ESAR	2,023	2,564	2,986	541	422
LACR	395	1,450	1,530	1,055	80
MENA	487	653	791	166	138
ROSA	4,169	2,312	4,362	-1,857	2,050
WCAR	4,256	4,793	5,018	537	255

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**

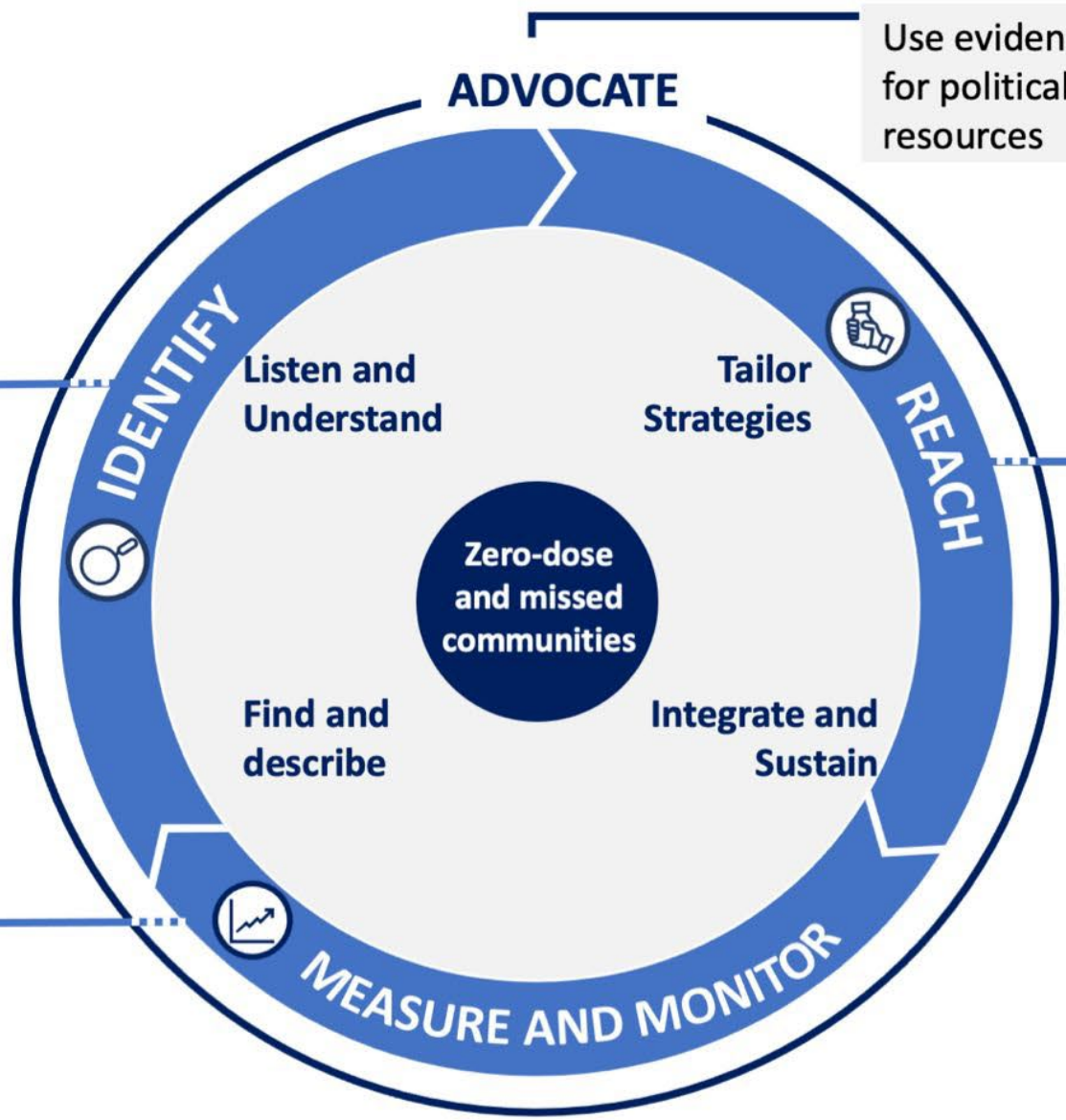
Operational Challenges of Zero Dose Strategy

- **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



Use evidence to make a case for political attention and resources

Who, Where, Why, How many zero dose children

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

Monitor real time
Measure outcomes
Learn to improve

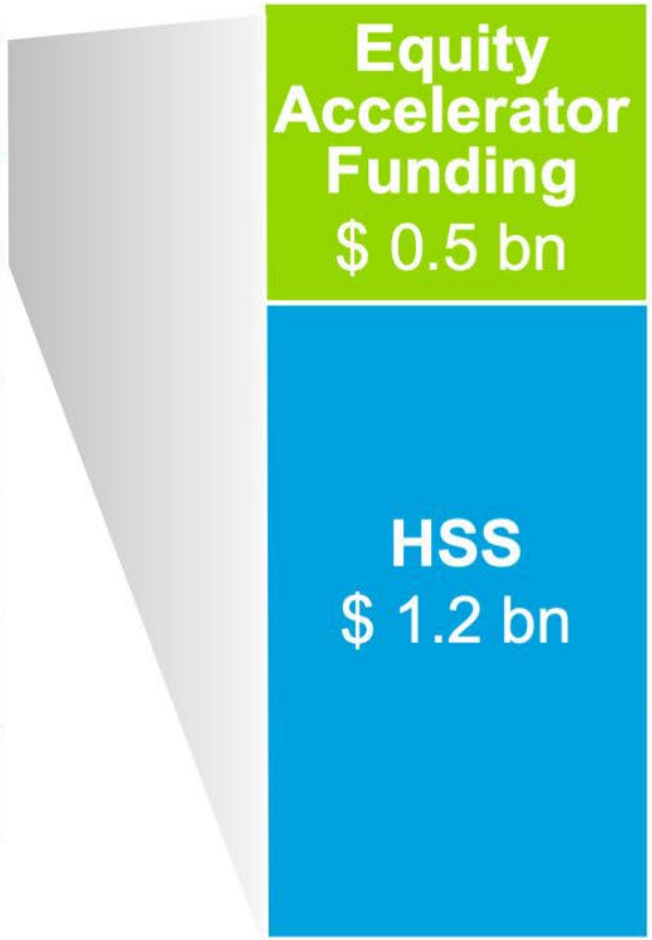
Strategies to reach zero-dose communities & underserved children

- 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

Gavi levers to focus on equity

- EAF
- HSS
- PEF
- Vigs & Ops
- Private sector
- Outbreak
- Advocacy



- **$ 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 corner stone** of investments

Gavi The Vaccine Alliance

Child Health in Emergencies and Humanitarian Settings Subgroup

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.

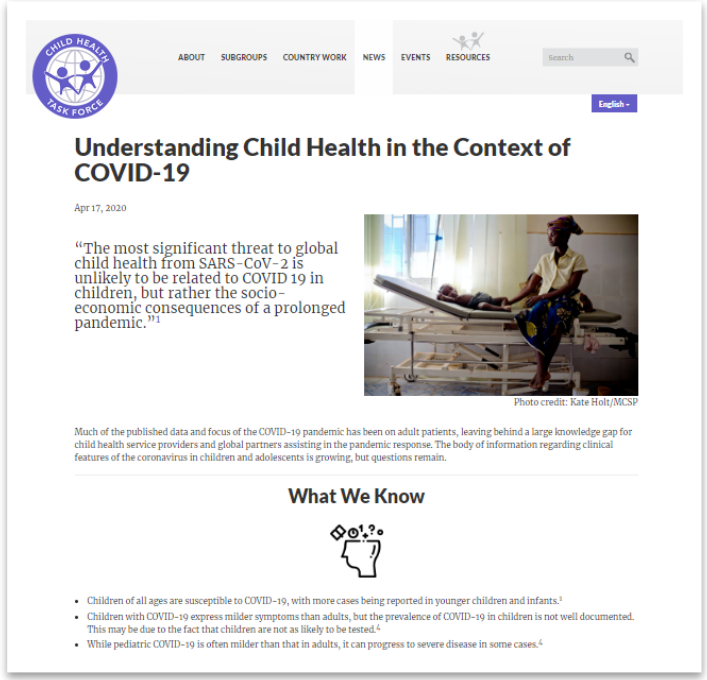
Resources

Engage with the **co-chairs**:

- Fouzia: fshafique@unicef.org
- Nureyan: 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

**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.