

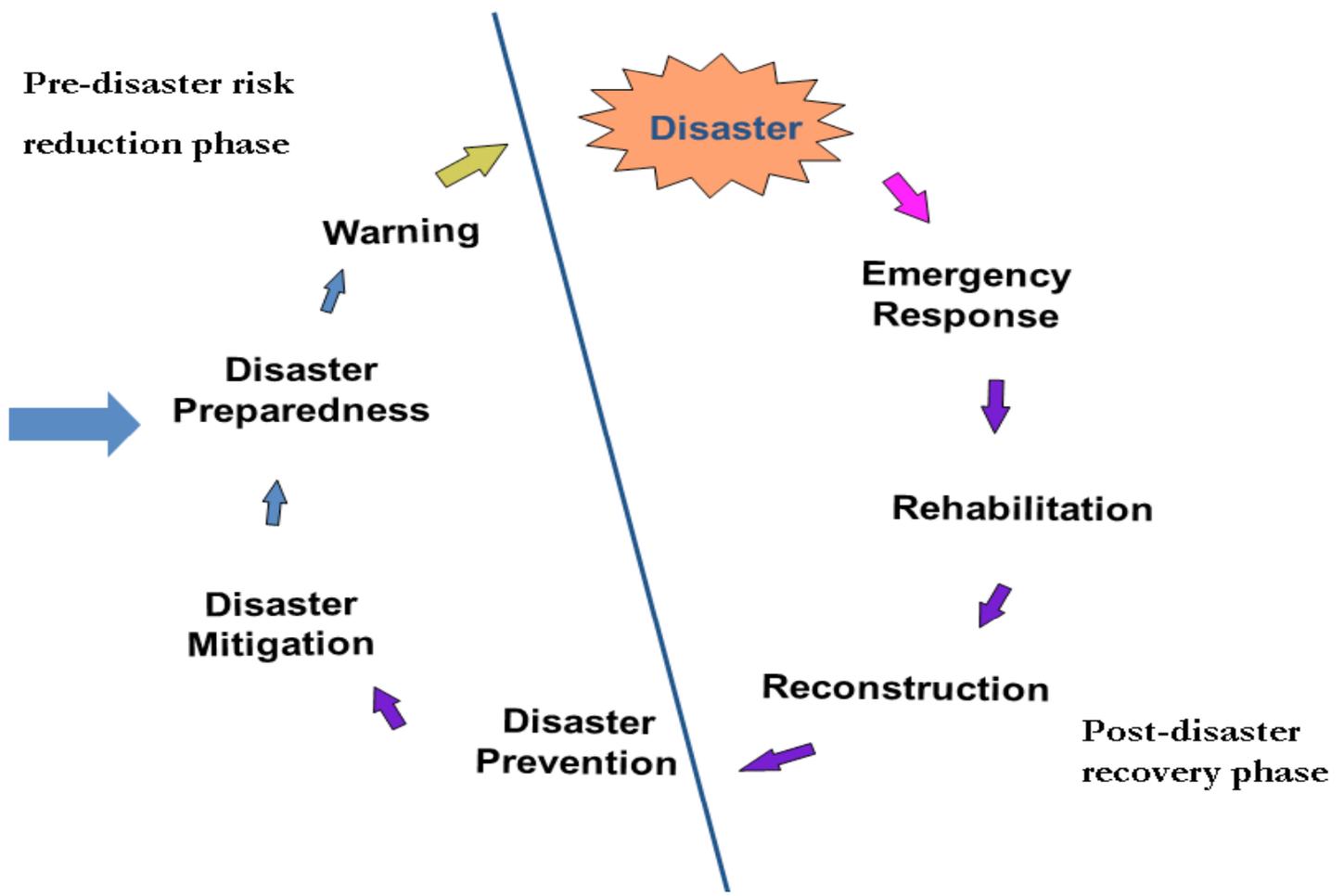
Child Survival – Health and Nutrition in Disasters

SAARC Training Program on Care, Protection and Participation of Children in Disasters
4 – 7 September 2018

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unicef 
for every child

Disaster Risk Management



Settings

Formed in 1995: UN, NGO, Academic, Donors

- Minimum Initial Service Package (MISP)
- Inter-agency Field Manual (IAFM)
 - The MISP
 - Comprehensive RH



Safe Motherhood



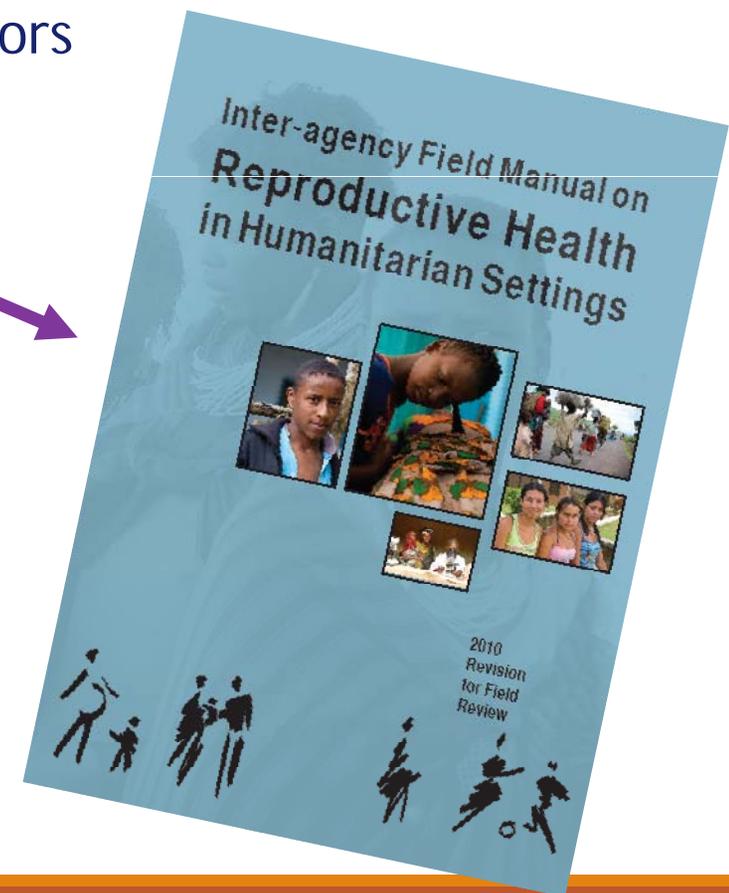
Family Planning



Gender-based Violence



STI/HIV/AIDS



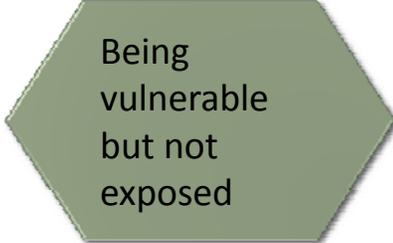
Disaster Risk Components

DISASTER RISK = HAZARD X EXPOSURE X VULNERABILITY

CAPACITY

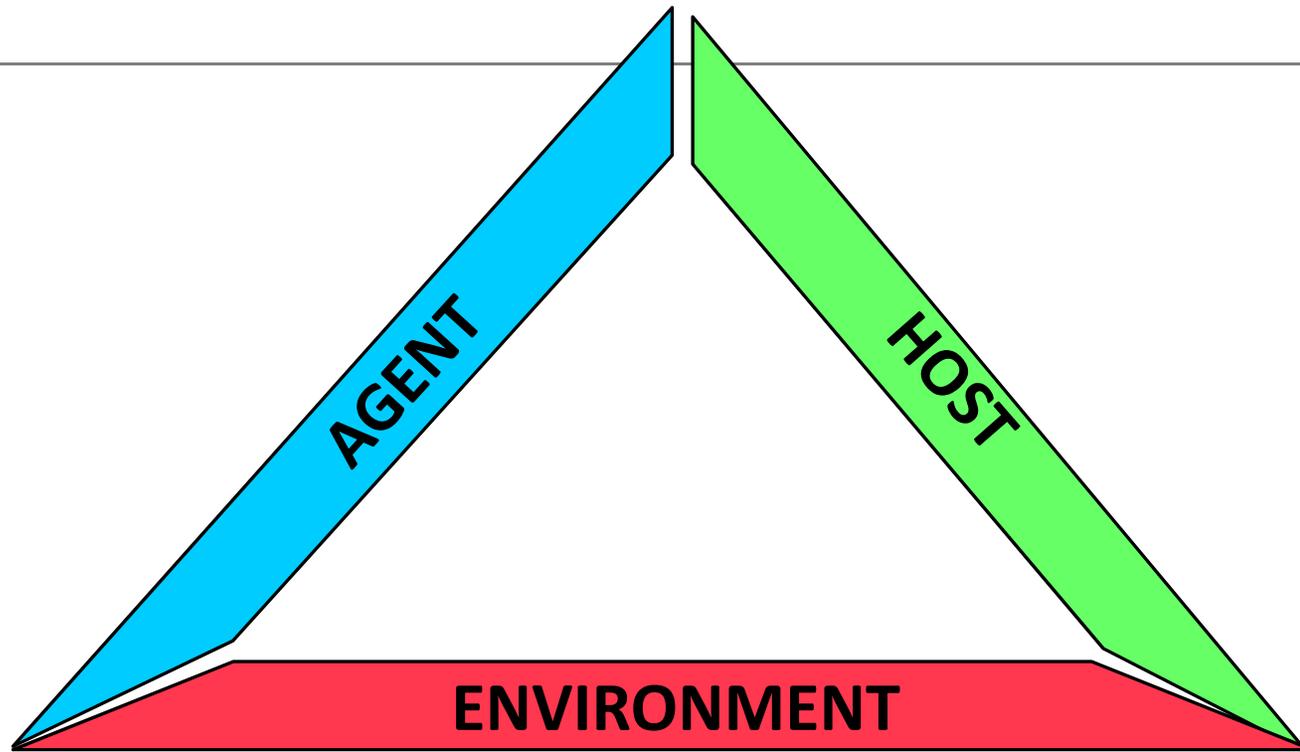


Being
exposed but
not
vulnerable



Being
vulnerable
but not
exposed

Public Health in Disasters



Infant & Child Mortality



TRENDS & CAUSES

During Disasters

- Diseases increase (Infectious and non infectious)
- Mother and children health status deteriorates
- Infrastructure requires improvement
- Less food and nutrition
- RESULTING IN HIGHER MORBIDITY AND MORTALITIES



Health Action

- Improve Routine Immunization
- Vitamin A and Measles
- Health Information System/Disease Monitoring
- Prevent, Diagnose and Treat ARI, Diarrhea and Malaria
- Promote proper child feeding and deliver essential micronutrients
- Ensure safe pregnancy, childbirth and new born care



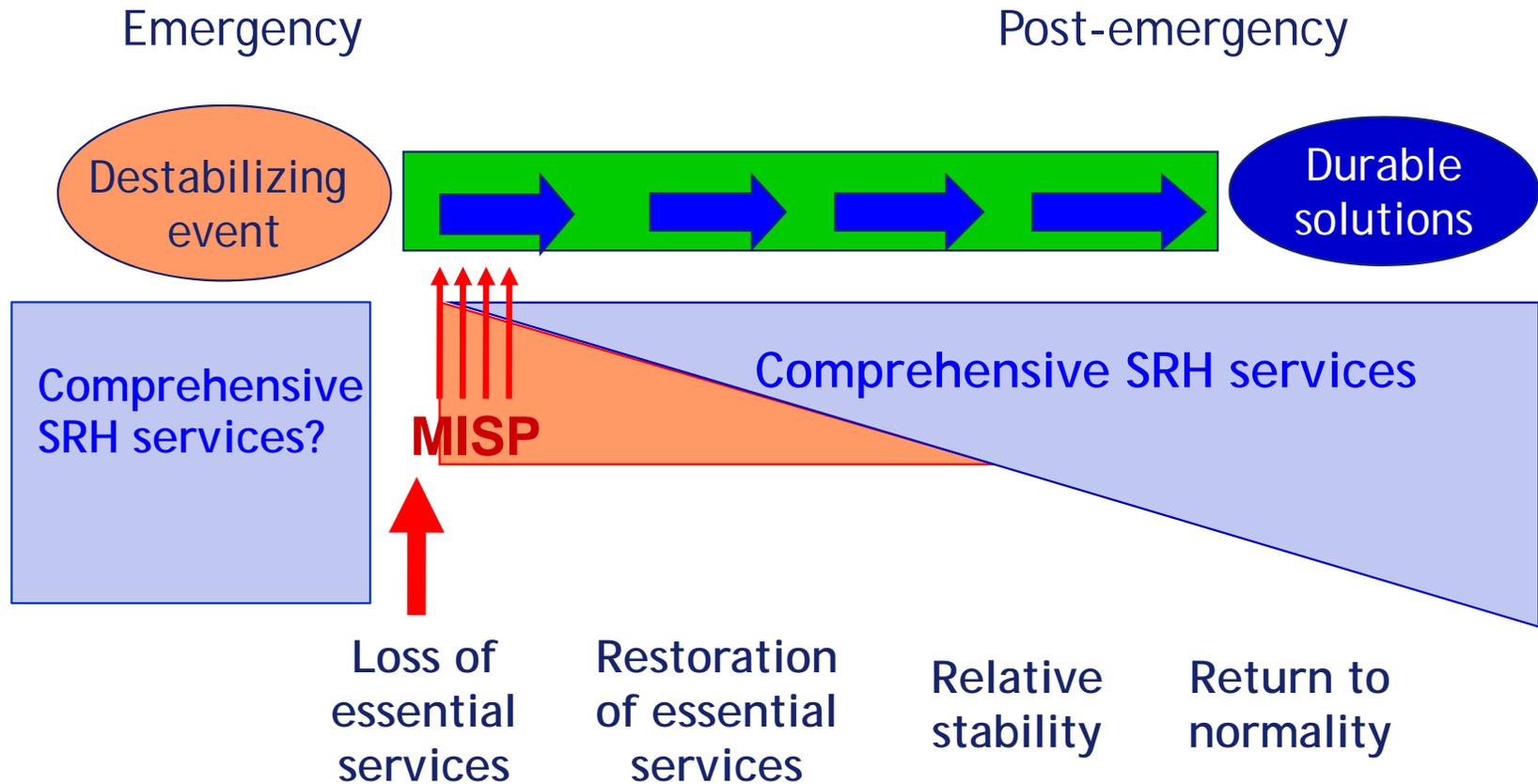
Early phase of a crisis



What is the MISP?

- M**imimum
 - basic, limited reproductive health
- I**nitial
 - for use in emergency, *without site-specific needs assessment*
- S**ervice
 - services to be delivered to the population
- P**ackage
 - supplies (e.g. RH kit) and activities
 - coordination and planning

The continuum of an Emergency



HIV and Emergencies

- AIDS can worsen and prolong the impact of emergencies and reduces capacities to respond to emergency situations
- People in crisis situations may adopt survival strategies – exchanging sex for food, security and other necessities – that increase their risk for HIV
- HIV infection is irreversible. Adequate preventive measures must be taken at all times and **particularly during emergencies**
- Information Material, tracking, provision of PMTCT and ART drugs, psychosocial support, peer groups will help

HIV and AIDS strategic result

Vulnerability to HIV infection in humanitarian crisis is not increased and HIV-related care needs arising from a humanitarian crisis are met

Commitments

Commitment 1: Children, young people and women have access to information regarding prevention, care and treatment.

Commitment 2: Children, young people and women access HIV and AIDS prevention, care and treatment during crisis.

Commitment 3: Prevention, care and treatment services for children, young people and women are continued.

Benchmarks

Benchmark 1: 90% of affected population is reached and provided with information on prevention, care and treatment.

Benchmark 2: 80% of emergency-affected population has access to relevant HIV and AIDS prevention, care and treatment services, e.g., post-rape care including post-exposure prophylaxis, sexually transmitted infection treatment, prevention of mother-to-child transmission of HIV (PMTCT) and antiretroviral treatment (ART).

Benchmark 3: 80% of emergency-affected population previously on HIV-related care and treatment continue to receive antiretrovirals for PMTCT, and children and young people on ART continue receiving treatment.

Programme Actions

Preparedness

- Develop context-specific information material, identify and involve existing community networks and develop partnerships between clusters to ensure mainstreaming of HIV responses

Response

- Ensure coverage of HIV in health sector initiatives...
- Ensure continued access for patients to PMTCT and ART drugs
- Ensure provision of psychosocial support...

Early Recovery

- Build and support existing peer networks
- Begin reestablishing prevention, care and treatment services that were affected by crisis and ensure confidentiality

Health Strategic Result

Excess mortality among girls, boys and women in humanitarian crisis is prevented

Commitment

- Children and Women access life-saving interventions through population and community based activities



Benchmark

- 95% coverage with measles vaccine, vitamin A and deworming medication in the relevant age group of the affected population

Preparedness

- Develop and maintain an inventory of essential health supplies including vaccines, cold chain and essential drugs.

Response

- Ensure rapid provision of measles vaccination and distribution of vitamin A, long lasting ITN and deworming medication.

Early Recovery

- Provide critical inputs towards re-establishment of routine services e.g. cold chain for resumption of EPI

Role of Coordination

Preparedness

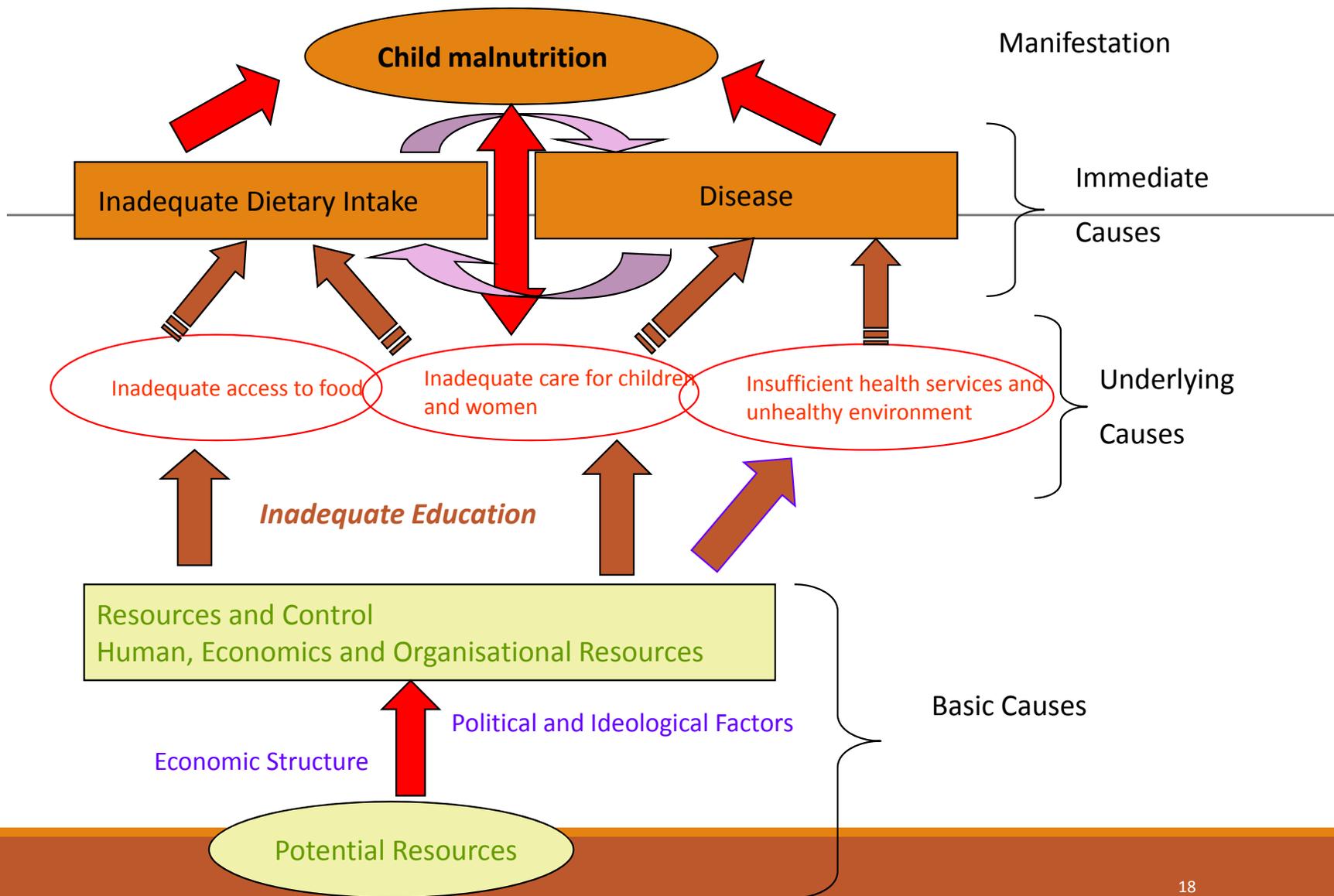
Strengthen existing coordination mechanisms in collaboration with national authorities

Response

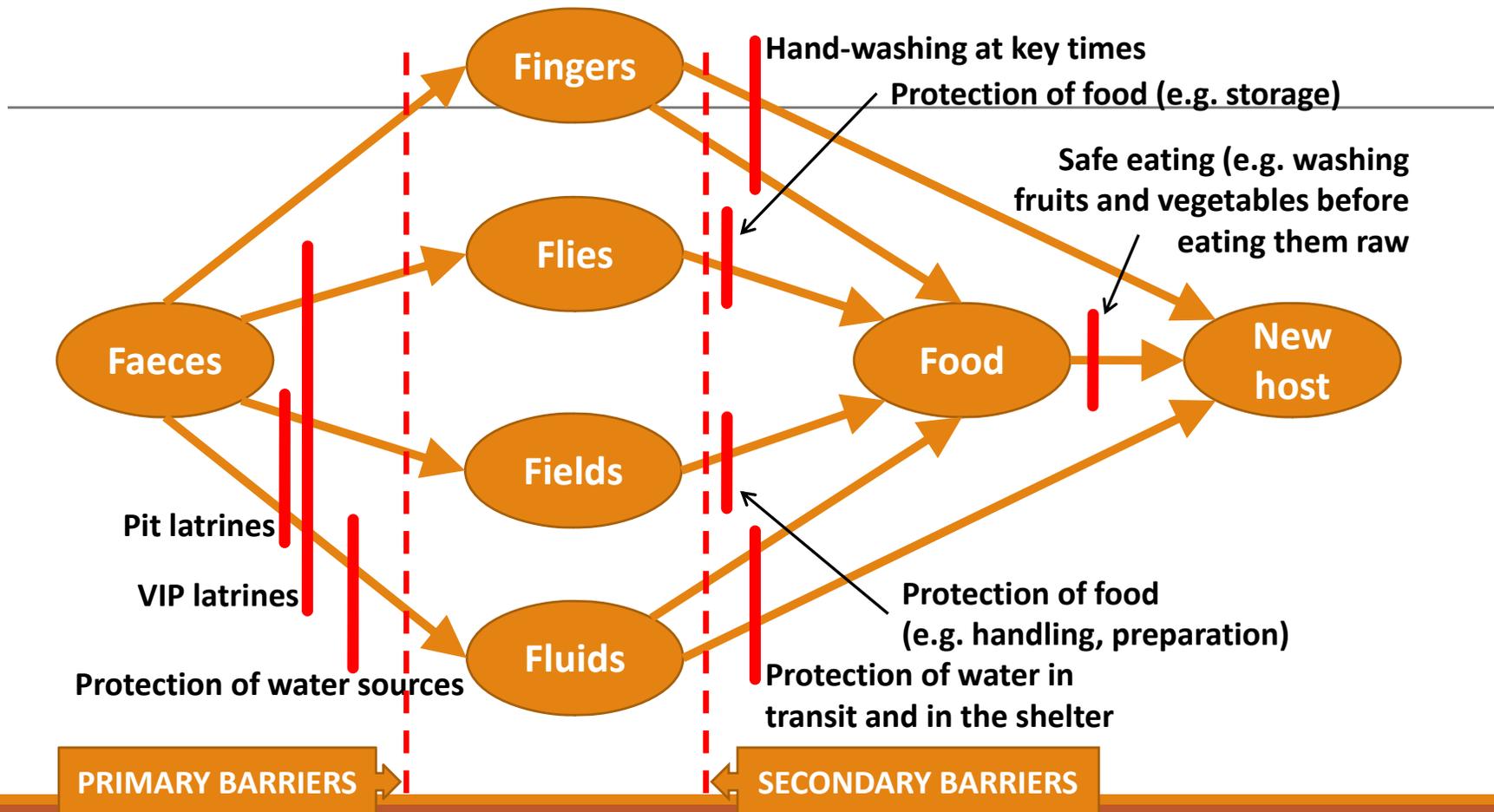
Support a strong health cluster coordination mechanism to ensure rapid assessments and implementation of appropriate response

Early Recovery

Ensure that health coordination and action links to recovery and longterm development



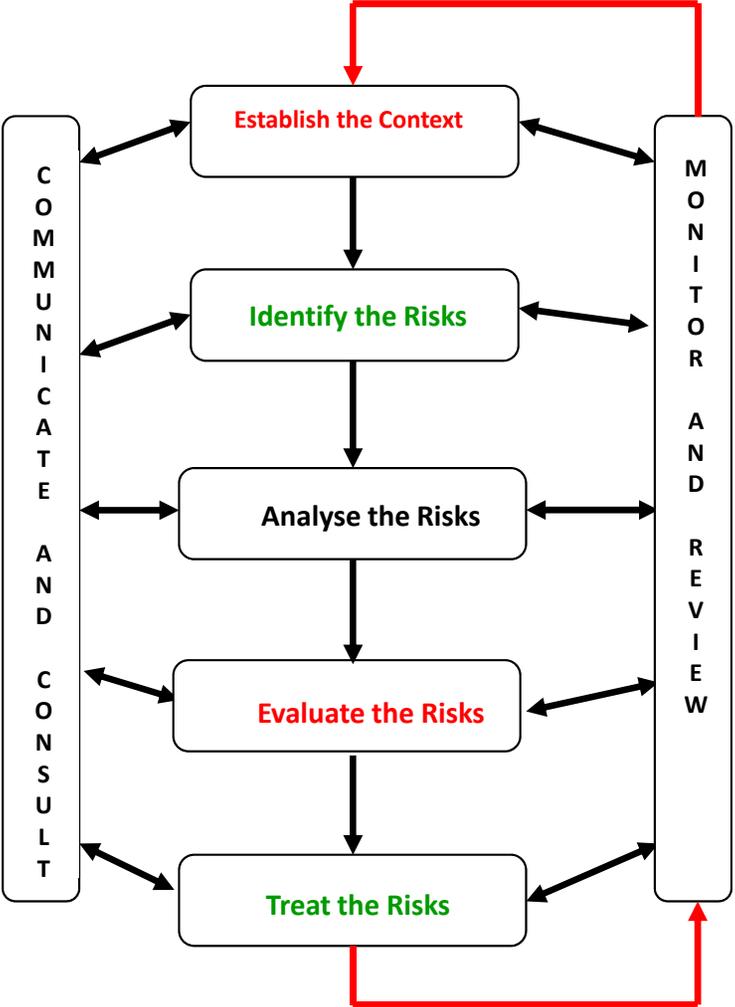
Transmission of diarrhoeal disease



Key Learning Points

- Importance of delivery of priority health services for children and women in humanitarian action
- Preparedness and prepositioning in health sector
- Behaviour change communication in humanitarian action
- Inter-sectoral linkages

The DRM Process



What are the CCCs?

Core Commitments for Children in Humanitarian Action



20 THE CONVENTION ON
THE RIGHTS OF THE CHILD

unicef 

UNICEF's core humanitarian policy to uphold the rights of children affected by humanitarian crisis

Promote predictable, effective and timely collective humanitarian action

A framework based on norms and standards, around which UNICEF seeks to engage with partners



Thank You

Preparedness and mitigation

- ◆ Hazard mapping
- ◆ Available resource mapping
- ◆ Additional resource mapping
- ◆ Core team constitution
- ◆ Capacity building
- ◆ MoUs with key partners
- ◆ SOPs ready (prevention and treatment aspects)
- ◆ Fill identified inter-sectoral gaps

Relief and rescue

FOCUS ON SAVING LIVES

- ◆ Health personnel and ambulance equipped
- ◆ Emergency triaging
- ◆ Referral transport
- ◆ Emergency medicines
- ◆ Health facility equipped
- ◆ Quarantine, if required

Recovery

PEOPLE USUALLY SHIFTED TO RELIEF CAMPS

- ◆ **Water and sanitation issues**
- ◆ **Prioritize by line listing: Most sick, pregnant women, infants, lactating mothers, elderly**
- ◆ **Psychosocial support / counselling to maintain lactation, appetite**
- ◆ **Measles vaccine + Vitamin A after rapid coverage assessment**
- ◆ **Ensure supplies: ORS, Zinc, Chlorine / Halozen tablets, IFA, Amoxicillin / Cotrimoxazole**

Recovery

HEALTH AND NUTRITION ASSESSMENT

- ◆ Daily surveillance system
- ◆ MUAC for 6 months – 5 years
- ◆ Damage assessment to health facilities and anganwadi centers
- ◆ Health and nutrition personnel themselves affected

RISKS:

- ◆ Outbreak / epidemic
- ◆ Worsening of under-nutrition

Rehabilitation

POPULATION MOVES OUT OF RELIEF CAMPS

- ◆ **Partially damaged equipment's / facilities repaired**
- ◆ **External help of health personnel fading out**
- ◆ **Difficult to get back to normalcy**
- ◆ **Worsening risk of outbreak / epidemic / under-nutrition as protective effect of relief camp wanes away**

Reconstruction

- ◆ Fully damaged equipment's replaced
- ◆ Fully damaged facilities built / some times better
- ◆ Back to normalcy