



GLOBAL HEALTH EMERGENCY HEALTH AND NUTRITION

The largest growing inequality today is between those living in stable political settings and those enduring conflict and violence. In 2015, 60% of preventable maternal deaths and 53% of newborn and under-five deaths took place in countries affected by recurring conflict and displacement. More than 80% of the high-mortality countries not achieving Millennium Development Goals 4 and 5 suffered **recent conflict, natural disasters or both**.

As the world continues a refined focus on ending preventable maternal and child deaths through **UNICEF's A Promise Renewed** and the Sustainable Development Goals, Save the Children is delivering against our global breakthrough strategy where no child under five dies from preventable causes by 2030. Our humanitarian health and nutrition work is critical to achieving that ambition for children, and facilitating the rapid delivery of evidence-based and innovative health and nutrition interventions that **address the major causes of illness and death among the world's most vulnerable populations**.

We respond in close collaboration with national authorities and engage with national and sub-national coordination mechanisms. In cases where local infrastructure and capacity are significantly diminished, we provide direct services through our Emergency Health Unit—a global network of world-class response teams, on the ground within 72 hours of an emergency—as an interim measure until the transition of these services to local authorities is possible. We design and implement humanitarian responses that **ensure the timely establishment and/or continuation of quality essential public health services** that address the main causes of excess morbidity and mortality among the most vulnerable.

KEY FACTS

- More than 135 million people currently need humanitarian assistance (UN OCHA 2018).
- Nearly 30 million children were forcibly displaced as of 2016 and 52% of refugees worldwide are children (UNICEF 2018).
- One in four people in need of assistance is a women or girl of reproductive age (15–49) (UNFPA 2019).

OUR IMPACT

- Of the 58 emergency responses in 2018, 29 included health, 29 included nutrition, and 33 included water, sanitation and hygiene (WASH).
- Our reproductive health programs in humanitarian responses have provided family planning to more than 310,000 new users in over 16 countries since 2011.
- We developed community-based management of acute malnutrition and infant and young child feeding (IYCF) in emergencies toolkits for use by the global humanitarian community.

Save the Children believes every child deserves a future. In the United States and around the world, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children - every day and in times of crisis - transforming their lives and the future we share.

MATERNAL, NEWBORN & REPRODUCTIVE HEALTH

Two-thirds of preventable maternal and newborn deaths take place in countries affected by recent conflict, natural disaster or both. We test, document and scale evidence-based neonatal survival interventions at the community, primary healthcare and hospital levels. Key interventions include: prevention and management of intrapartum-related complications with newborn resuscitation, specialized care for small and sick babies, including Kangaroo Mother Care, and possible serious bacterial infection treatment.

Reproductive health is a necessary component of humanitarian health responses. Thirty-four million women of reproductive age and 5 million pregnant women need humanitarian aid, and their health needs do not disappear during a crisis. We deliver family planning, postabortion care services (lifesaving treatment for women who experience complications due to unsafe abortion or miscarriage), and the Minimum Initial Service Package (MISP) for reproductive health, a globally agreed upon standard for humanitarian settings. In both acute and protracted settings, we train and mentor frontline health providers, distribute commodities and supplies, and support community mobilization.

ADOLESCENT SEXUAL & REPRODUCTIVE HEALTH

Humanitarian settings are accompanied by inherent risks that **increase adolescents' vulnerability to violence**, poverty, separation from families, sexual abuse and exploitation, and to sexual and reproductive health-related morbidity and mortality. Our programs are tailored to meet the unique needs of this diverse population (very young adolescents, in/out-of-school adolescents, married/unmarried adolescents and adolescents with disabilities, among others).

MATERNAL, INFANT & YOUNG CHILD NUTRITION

Undernutrition contributes to 35% of all child deaths. Undernourished children who survive often suffer lifelong and intergenerational consequences: they are more susceptible to disease, and have poorer educational outcomes and reduced economic activity into adulthood. Our programs ensure adequate nutrient intake for pregnant women and young children, optimal IYCF and care practices, and timely treatment of acute malnutrition in children under five. In emergencies, feeding practices are often undermined by displacement, insecurity, lack of privacy and poor access to adequate nutrition for mothers and children. We work with parents and communities to protect, promote and support safe and appropriate IYCF in emergencies (IYCF-E) practices by training volunteers to conduct support groups and education sessions, establishing private and secure breastfeeding areas in

temporary settlements and training health workers to help mothers to initiate and continue optimal IYCF-E practices. We provide services through community-based management of acute malnutrition (CMAM), a widely-adopted approach to treat acute malnutrition with ready-to-use therapeutic foods and medical treatment on an out-patient basis, close to home. We support CMAM programs in roughly 20 countries every year and help governments to develop and implement national CMAM protocols.

CHILD HEALTH

Child mortality studies reveal that mortality rates following a crisis may increase up to 20 times the pre-crisis baseline, and disproportionately affect children and women. We work across a continuum of care with an integrated approach that includes health, nutrition, HIV and WASH interventions for optimal synergy and child health outcomes, via both health facility and community-based interventions.

EPIDEMICS

We lead a global consortium of partners, through the USAID-funded READY initiative, to improve rapid outbreak response across sectors by defining an integrated technical approach, building the systems to support it, and supporting coordination with global and regional actors. In order to achieve these goals, READY will improve coordination, strengthen operational capacity; and improve technical preparedness.

WATER, SANITATION & HYGIENE (WASH)

Many of the leading causes of morbidity and mortality among children under five are preventable or can be reduced through appropriate WASH interventions. Our WASH approach prioritizes the most deprived and marginalized children in the the first 1,000 days, pre-school and school-age children, and adolescents. We provide a balanced approach of hygiene promotion and WASH infrastructure construction activities that will strengthen our child-focused and peer-to-peer hygiene promotion in communities, schools and health/nutrition centres; systematically capturing the voice of children during the project cycle and promoting children as agents of change.

EMERGENCY HEALTH UNIT

Access to quality health care services is a crucial determinant of survival and yet, after disasters and during complex emergencies, is often compromised. Our Emergency Health Unit enables rapid health response in acute emergencies and ensures access to care for the most marginalized children and their families. The Emergency Health Unit employs a modular approach to service provision that includes modules for mass vaccination, diarrheal disease and the provision of primary health care, including reproductive health services.

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