

# UNICEF Global Framework for Health & Nutritional Support for vulnerable children during emergencies

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# Outline of the presentation

1. Why Children are most vulnerable?
2. Burden of the climate and environment risks among children
3. UNICEF Framework
  - Convention of child rights
  - Sendai Framework
  - UNICEF's Strategy-at-a-Glance for Climate, Environment, Energy and Disaster Risk Reduction — CEED (2022-2030)
  - The UNICEF Sustainability and Climate Change Action Plan 2023-2030
  - **Core Commitments for Children in Humanitarian Action (CCCs)**
- Other Global standards
- Experiences from the field – Assam, Bihar, other countries



# Children are most vulnerable!

## 1. Physical Vulnerability:

- Higher metabolic rate and smaller size
- Fragile skin and underdeveloped immune systems
- Easily injured

## 2. Psychological Vulnerability:

- Trauma and mental health issues
- Separation from caregivers
- Disrupted routines and social support

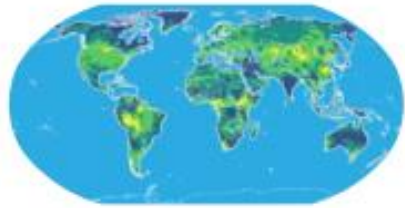
## 3. Social Vulnerability:

- Dependence on adults for survival
- Increased risk of exploitation
- Disrupted education and development



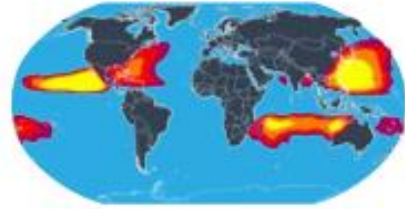
**Every country protected. Every child resilient.**





MAP 3

**820 million children** (over one third of children globally) are currently highly exposed to **heatwaves**. This is likely to worsen as global average temperatures increase and weather patterns become more erratic. 2020 was tied for the hottest year on record.



MAP 13

**400 million children** (nearly 1 in 6 children globally) are currently highly exposed to **cyclones**. This is likely to get worse as high-intensity cyclones (i.e categories 4 and 5) increase in frequency, rainfall intensity grows, and cyclone patterns shift.



MAP 11

**330 million children** (1 in 7 children globally) are currently highly exposed to **riverine flooding**. This is likely to worsen as glaciers melt, and precipitation increases due to higher water-content in the atmosphere as a result of higher average temperatures.



MAP 12

**240 million children** (1 in 10 children globally) are currently highly exposed to **coastal flooding**. This is likely to worsen as sea levels continue to rise, with the effects magnified considerably when combined with storm surges.

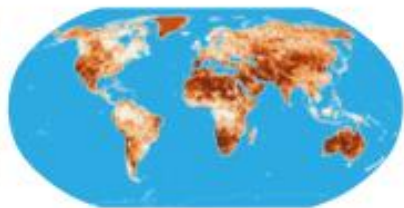


Slower-onset changes

Sudden and moderately sudden onset events

Environmental degradation and stresses

**920 million children** (over one-third of children globally) are currently highly exposed to **water scarcity**. This is likely to worsen as climate change increases frequency and severity of droughts, water stress, seasonal and interannual variability, contamination – and demand and competition for water increases, resulting in depletion of available water resources.



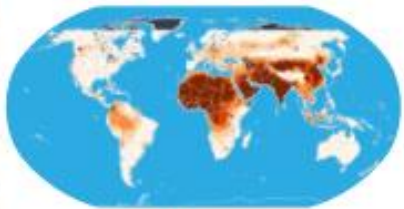
MAP 5

**600 million children** (over 1 in 4 children globally) are currently highly exposed to **vector-borne diseases**, such as malaria and dengue, among others. This is likely to worsen as temperature suitability and climatic conditions for mosquitos and pathogens that transmit these diseases spreads.



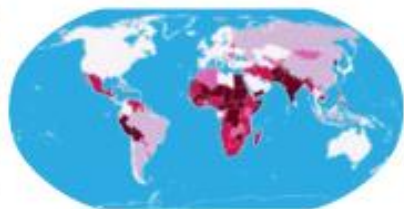
MAP 14

**2 billion children** (almost 90 per cent of children globally) are currently highly exposed to **air pollution** that exceeds  $10\mu\text{g}/\text{m}^3$ . This is likely to get worse unless there is a reduction in fossil fuel combustion that causes air pollution.



MAP 20

**815 million children** (over one-third of children globally) are currently highly exposed to **lead pollution** due to exposures in contaminated air, water, soil and food. This is likely to get worse without more responsible production, consumption and recycling of lead-containing products.



MAP 21





# The Convention on the Rights of the Child - 1989

Children's rights include the right to health, education, family life, play and recreation, an adequate standard of living and to be protected from abuse and harm.

Core Principles: Children during emergencies

- Best Interests of the Child
- Non-discrimination
- Right to Survival and Development
- Right to Participation



**For every child, every right.**

# Sendai Framework for Disaster Risk Reduction 2015-2030

1. Adopted by 185 States at the **Third UN World Conference on Disaster Risk Reduction** (Sendai, Japan, 14-18 March 2015)
2. **New DRR framework** for 2015-2030 (follows Hyogo Framework for Action 2005-2015)
3. Linked to **Sustainable Development Goals** and **Paris Agreement on Climate Change**

**Sendai Framework  
for Disaster Risk Reduction  
2015 - 2030**





# The Seven Global Targets

## 7 GLOBAL TARGETS

### Reduce

**Mortality/  
global population**

2020-2030 Average << 2005-2015 Average

**Affected people/  
global population**

2020-2030 Average << 2005-2015 Average

**Economic loss/  
global GDP**

2030 Ratio << 2015 Ratio

**Damage to critical infrastructure  
& disruption of basic services**

2030 Values << 2015 Values

### Increase

**Countries with national  
& local DRR strategies**

2020 Value >> 2015 Value

**International  
cooperation  
to developing countries**

2030 Value >> 2015 Value

**Availability and access  
to multi-hazard early warning  
systems & disaster risk  
information and assessments**

2030 Values >> 2015 Values



# 4 PRIORITIES FOR ACTION

## Priority 1

### Understanding disaster risk

*Policies and practices for DRR should be based on an understanding of disaster risk in all its dimensions of vulnerability, capacity, exposure of persons and assets, hazard characteristics and the environment.*

## Priority 2

### Strengthening disaster risk governance to manage disaster risk

*Disaster risk governance at the national, regional and global levels is of great importance for an effective and efficient management of disaster risk.*

## Priority 3

### Investing in disaster risk reduction for resilience

*Public and private investment in DRR are essential to enhance the economic, social, health & cultural resilience of persons, communities, countries, their assets, as well as environment*

## Priority 4

### Enhancing disaster preparedness for effective response, and to “Build Back Better” in recovery, rehabilitation and reconstruction

*Strengthened disaster preparedness for response, recovery, rehabilitation and reconstruction are critical to build back better*

National and local dimensions

Regional and global dimensions





# UNICEF's Strategy-at-a-Glance for Climate, Environment, Energy and Disaster Risk Reduction — CEED (2022-2030)



unicef  
for every child

## A Liveable Planet for Every Child

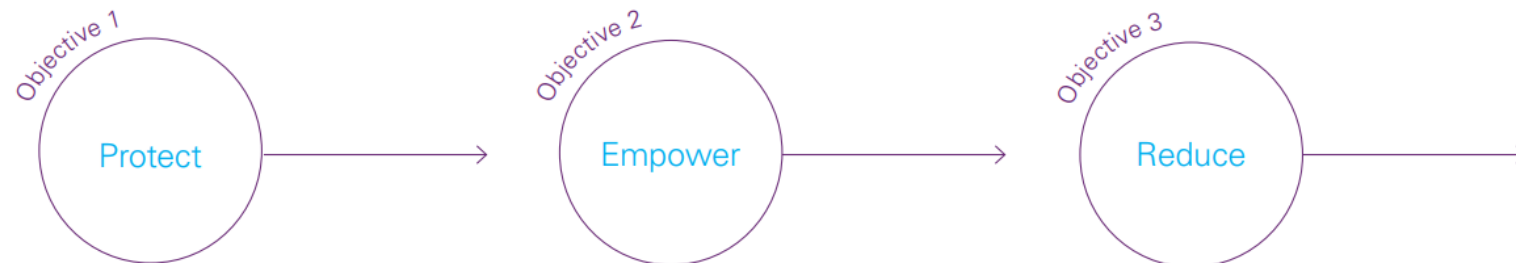
UNICEF's Strategy-at-a-Glance for Climate, Environment, Energy and Disaster Risk Reduction — CEED (2022-2030)





# The UNICEF Sustainability and Climate Change Action Plan 2023-2030

- Designed to galvanize efforts to fill global gaps to protect the most vulnerable children.
- Reflects an ongoing commitment to fulfil the promise of the Sustainable Development Goals (SDGs).
- Road map to transform how communities, governments and global leaders can work together to prioritize the needs of children.
- This road map also captures how UNICEF itself intends to change so that it puts this effort at the center of everything it does.



**PROTECT** the lives, health and well-being of children and the resilience of their communities by adapting essential social services to a changing climate, more frequent disasters and a degrading environment.

**EMPOWER** every child through their life course with the developmental opportunities, education and skills to be a champion for the environment.

**REDUCE** the emissions and environmental footprint within UNICEF, support its global network of partners to do the same, and advocate for the fulfilment of ambitious international sustainability and climate change agreements.



## The UNICEF Sustainability and Climate Change Action Plan

### Executive Summary

For Every Child, A Liveable Planet

2023 – 2030



# Core Commitments for Children in Humanitarian Action (CCCs)

- A global framework for humanitarian action, developed by UNICEF in collaboration with its partners, for protecting the rights of children affected by humanitarian crisis.
- CCCs form the core UNICEF policy and framework for humanitarian action
- CCCs Set organizational, programmatic and operational commitments and benchmarks

## Humanitarian principles

- Humanity
- Impartiality
- Neutrality
- Independence

## CORE COMMITMENTS FOR CHILDREN IN HUMANITARIAN ACTION



## INTERNATIONAL LEGAL FRAMEWORK

Convention on the  
Rights of Persons with  
Disabilities

Convention on the Rights  
of the Child (CRC) and  
Optional Protocols

Convention on the Elimination of  
All Forms of Discrimination  
against Women

International Humanitarian  
Law (IHL)

International Law and Frameworks  
on refugees, statelessness, internal  
displacement and migration

Humanitarian  
Principles

Security Council and General  
Assembly resolutions

Core  
Commitments  
for Children

## GLOBAL NORMS AND STANDARDS

IASC global Norms  
and Standards

SPHERE

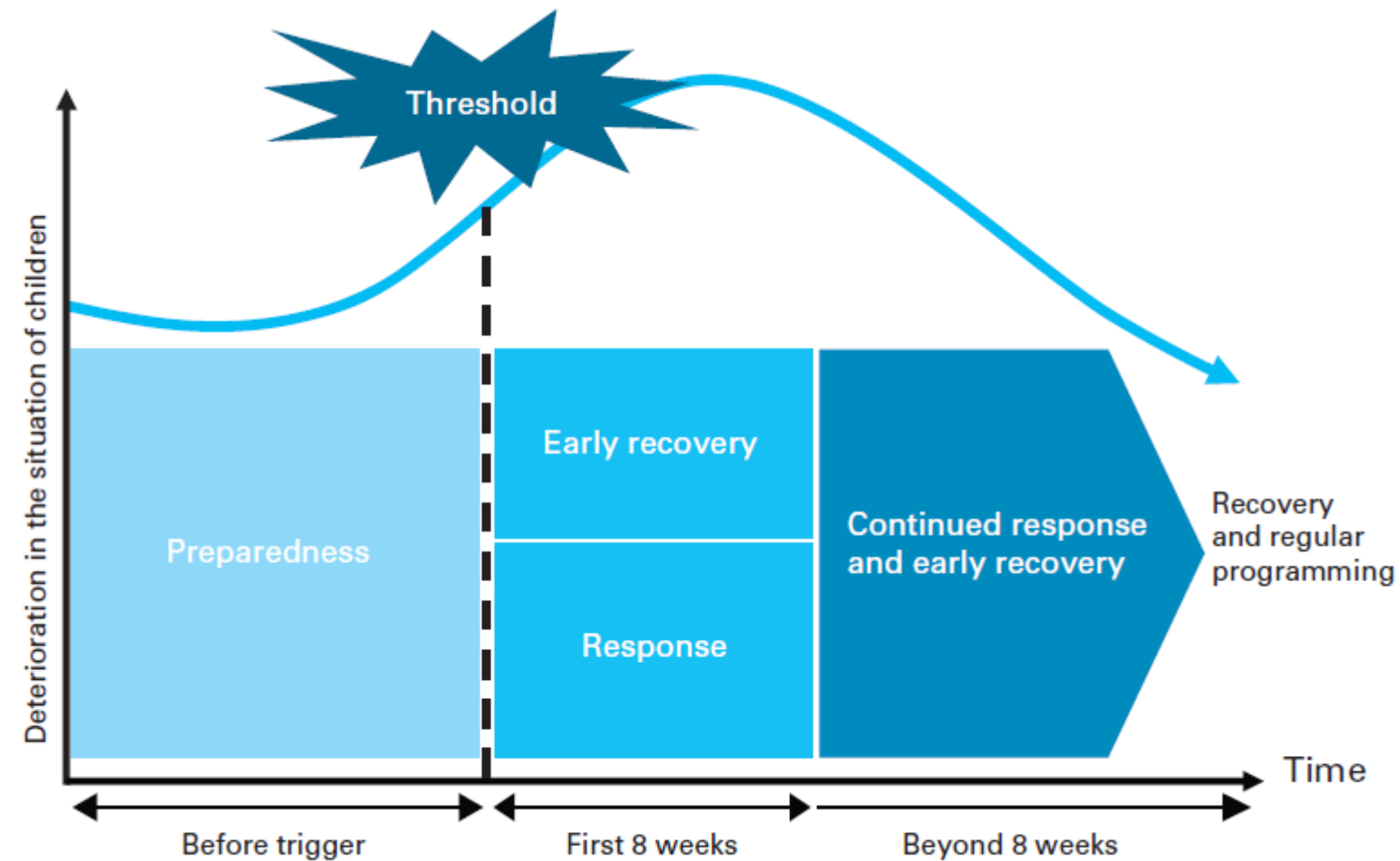
Child Protection Minimum  
Standards in Humanitarian  
Action (CPMS)

Minimum Standards  
for Education in  
Emergencies (INEE)

Core  
Humanitarian  
Standards (CHS)



# Conceptual framework for effective CCC response



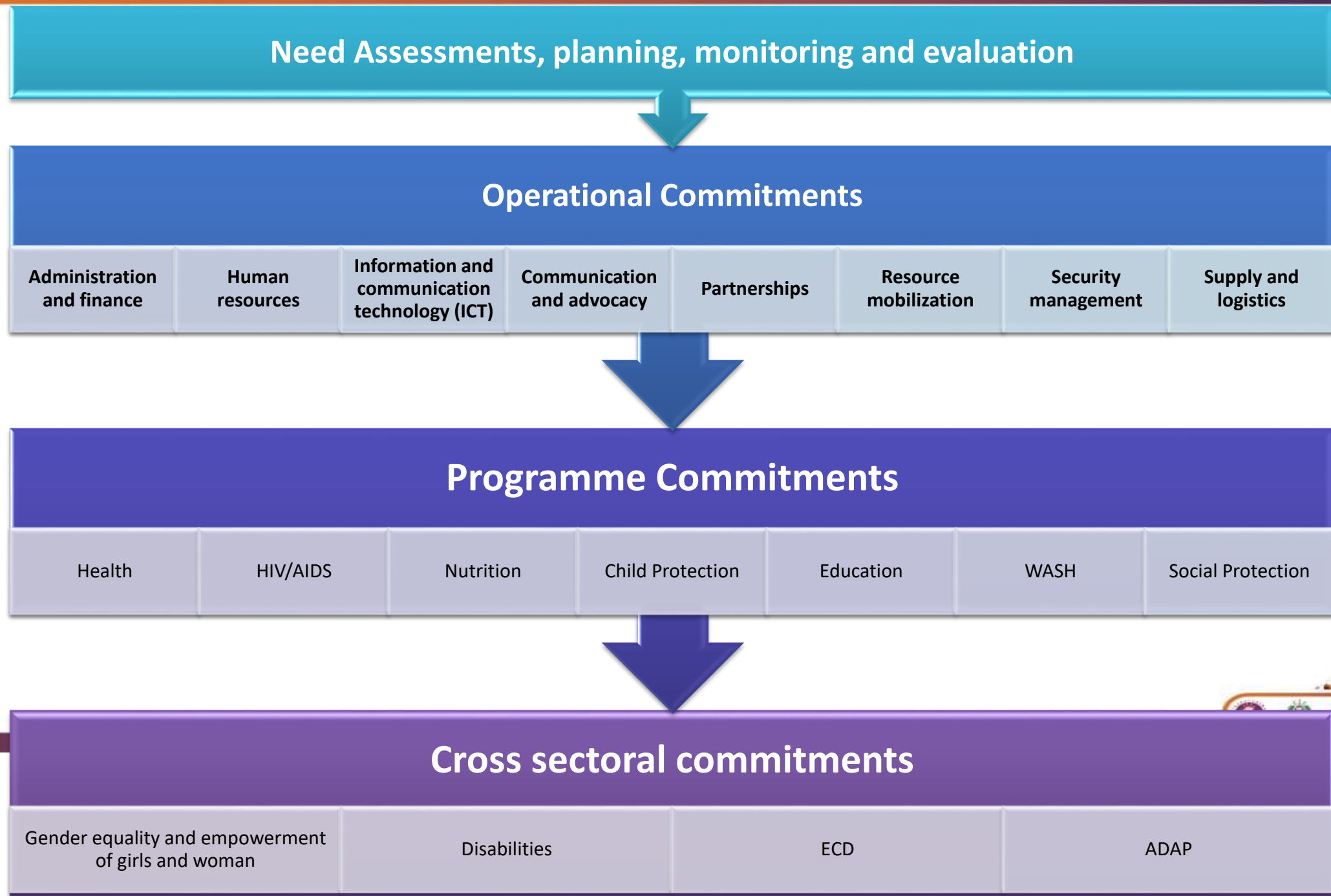
## Time frame for sudden emergencies

A time frame for response establishes timelines for sudden-onset emergencies:

- **The first 72 hours** involve actions required for management and operational processes.
- **The first 8 weeks** involve actions relevant to critical response and early recovery.
- **Early recovery actions** in the CCCs are actions and approaches that should be applied immediately and in parallel with immediate response.

Source: Adapted from IASC Working Group on Preparedness and Contingency Planning

# How is it structured?





# Programme Commitments

## Strategic Result

- Describe at a high-level what UNICEF is working towards by meeting its commitments and benchmarks

## Sectoral Commitments

- Describe the scope of activities undertaken by UNICEF and its partners in their humanitarian action and advocacy in a particular sector.

## Benchmarks

- Describe the performance levels expected against the commitments.



# HEALTH



## STRATEGIC RESULT

Children, adolescents and women have access to life-saving, high-impact and quality health services

### COMMITMENTS

#### 1: Leadership and coordination

Effective leadership and coordination are established and functional

#### 2: Maternal and neonatal health

Women, adolescent girls and newborns safely and equitably access quality life-saving and high-impact maternal and neonatal health services

### BENCHMARKS

UNICEF actively contributes to the interagency and intersectoral coordination mechanisms

At least 90% of pregnant women and adolescent girls receive scheduled antenatal care (ANC) in line with coverage of 4+ ANC visits

At least 90% of pregnant women and adolescent girls receive skilled attendance at birth including essential newborn care, with desired quality

At least 80% of mothers and newborns receive early routine postnatal care within two days following birth

At least 80% of small and sick newborns have access to inpatient level 239 special newborn care within two hours of travel time



## COMMITMENTS

### 3: Immunization

Children and women receive routine and supplemental vaccinations

## BENCHMARKS

- At least 80% of the targeted children and women receive routine vaccinations, including in hard-to-reach areas

At least 95% of the targeted population are reached during vaccination campaigns conducted to reduce risk of epidemic-prone outbreaks

### 4: Child and adolescent health

Children and adolescents safely and equitably access quality life-saving and high-impact child health services

Children and adolescents have safe and uninterrupted access to health services through functional health facilities, school and community-based activities and at the household level

Children and adolescents receive quality, age- and gender-appropriate prevention, diagnosis and treatment for common causes of illness and death

Children, adolescents and caregivers have access to psychosocial support



COMMITMENTS	BENCHMARKS
<b>5: Strengthening of health systems and services</b> Primary health care continues to be provided through health facilities and community-based service delivery Mechanisms	At least 70% of UNICEF supported facilities have adequate cohort of staff appropriately trained for providing basic health services
	At least 70% of UNICEF supported facilities apply Quality of Care (QoC) or clinical audit standards for reproductive, maternal, newborn, child and adolescent health and nutrition care (RMNCAHN)
	At least 70% of UNICEF supported facilities and/or frontline workers submit data in real time for the health management information system (HMIS), reproductive, maternal, newborn, child and adolescent health and nutrition care (RMNCAHN) service mapping and for meeting the International Health Regulations (IHR) guidelines
	All subnational storage points report no stock outs of the key health products
<b>6: Community engagement for behaviour and social change</b> At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions, to improve preventive and curative health care practices	Children, their caregivers and communities are aware of available health services and how and where to access them
	Children, their caregivers and communities are engaged through participatory behaviour change interventions
	Adolescents have access to information on health, including sexual, reproductive and mental health

# HIV/AIDS

## STRATEGIC RESULT

Vulnerability of children, adolescents and women to HIV infection is mitigated, and the care and treatment needs of those living with HIV are met

COMMITMENTS	BENCHMARKS
<b>1: Prevention and testing</b> Children, adolescents and women have access to information and services for HIV prevention, including HIV testing	HIV prevention services are available and used, including information on post-rape care, HIV post-exposure prophylaxis and sexually transmitted infection (STI) treatment
	Confidential and voluntary HIV testing is available and used
<b>2: Access to HIV treatment</b> Children, adolescents and women living with HIV access sustained care and treatment services	HIV and AIDS care and treatment services, including antiretroviral treatment, are available and accessed by 90% of children, adolescents and women living with HIV, both newly identified and those previously known to be living with HIV
	Services for prevention of mother-to-child transmission of HIV (PMTCT) are available and used by pregnant and lactating women, including 90% accessing HIV testing and 90% of those found to be positive accessing lifelong antiretroviral treatment
	At least 90% of children, adolescents and women who start treatment access continuous treatment and are retained in care
<b>3: Community engagement for behaviour and social change</b> At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions, to improve prevention practices, care and treatment	Children, their caregivers and communities are aware of how and where to access services for HIV prevention, care and treatment
	Children, their caregivers and communities are engaged through participatory behaviour change interventions on HIV prevention, care and treatment



# Nutrition



## STRATEGIC RESULT

Children, adolescents and women have access to diets, services and practices that improve their nutritional status

### COMMITMENTS

#### 1. Leadership and coordination

Effective leadership and coordination are established and functional

### BENCHMARKS

Nutrition cluster/sector coordination and leadership functions are adequately staffed and skilled at national and sub-national levels

Core leadership and coordination accountabilities are delivered

#### 2. Information systems and nutrition assessments

Monitoring and information systems for nutrition, including nutrition assessments, provide timely and quality data and evidence to guide policies, strategies, programmes and advocacy

Relevant data and evidence on the type, degree, extent, determinants and drivers of maternal and child malnutrition and of the groups most at risk are available

Multisectoral data and evidence guide timely decision-making, support monitoring, and enable course correction of preparedness and response

#### 3. Prevention of stunting wasting micronutrient deficiencies and overweight in children aged under five years

Children aged under five years benefit from diets, practices and services that prevent stunting, wasting, micronutrient deficiencies and Overweight

Caregivers of children aged 0-23 months are supported to adopt recommended infant and young child feeding (IYCF) practices, including both breastfeeding and complementary feeding<sup>54</sup>

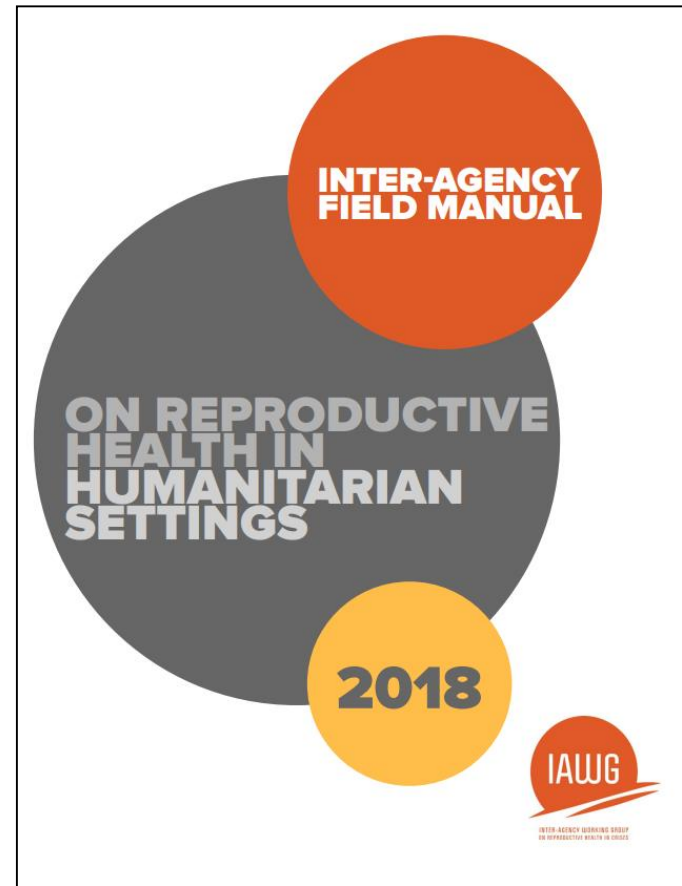
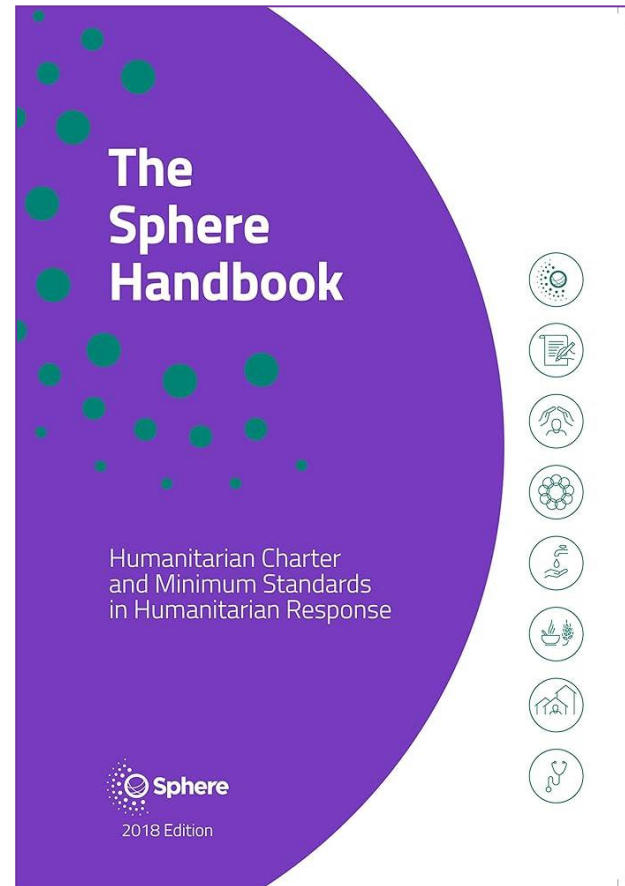
Children aged 0-59 months have improved nutritional intake and status through age-appropriate nutrient-rich diets, micronutrient supplementation, home-fortification of foods and deworming

COMMITMENTS	BENCHMARKS
<p><b>4. Prevention of undernutrition, micronutrient deficiencies, and anaemia in middle childhood and adolescence</b></p> <p>Children in middle childhood (5-9 years) and adolescent girls and boys (10-19 years) benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anaemia</p>	<p>Children in middle childhood have access to community- and school-based package of interventions that includes at a minimum: iron supplementation, deworming prophylaxis<sup>57</sup> nutrition education, counselling and support, according to context</p> <p>Adolescent girls and boys have access to community- and school-based package of interventions that includes at a minimum: iron and folic acid supplementation, deworming prophylaxis, nutrition education, counselling and support, according to context</p>
<p><b>5. Prevention of undernutrition micronutrient deficiencies, and anaemia in pregnant women and breastfeeding mothers</b></p> <p>Pregnant women and breastfeeding mothers benefit from diets, practices and services that protect them from undernutrition, micronutrient deficiencies and anaemia</p>	<p>Pregnant women and breastfeeding mothers - with special attention to pregnant adolescent girls and other nutritionally at-risk mothers – have access to a package of interventions that includes at a minimum: iron and folic acid/multiple micronutrient supplementation, deworming prophylaxis, weight monitoring, nutrition counselling, and nutrition support through balanced energy protein supplementation, according to context</p>
<p><b>6. Nutrition care for wasted children</b></p> <p>Children aged under five years benefit from services for the early detection and treatment of severe wasting and other forms of life-threatening acute malnutrition in early childhood</p>	<p>All children aged under five years in affected areas are screened regularly for the early detection of severe wasting and other forms of life-threatening acute malnutrition and are referred as appropriate for treatment services</p> <p>All children aged under five years suffering from severe wasting and other forms of life-threatening acute malnutrition in affected areas benefit from facility- and community-based services that provide effective treatment assuring survival rates &gt;90%, recovery rates &gt;75% and default rates &lt;15%</p>

COMMITMENTS	BENCHMARKS
<p><b>7. System strengthening for maternal and child nutrition</b></p> <p>Services to prevent and treat malnutrition in children, adolescents and women are provided through facility- and community-based delivery mechanisms in ways that strengthen national and sub-national systems</p>	<p>National and sub-national systems delivering health, water and sanitation, education, child and social protection are supported to:</p> <ul style="list-style-type: none"> <li>• align their policies, programmes and practices with internationally agreed standards and guidance on nutrition</li> <li>• deliver evidence-based interventions with a workforce supported in their knowledge, skills and capacity in nutrition</li> <li>• procure and deliver essential nutrition supplies in a timely manner through facility- and community-based platforms</li> </ul>
<p><b>8. Community engagement for behaviour and social change</b></p> <p>At-risk and affected populations have timely access to culturally appropriate, gender- and age-sensitive information and interventions that promote the uptake of diets, services and practices and contribute to improve their nutritional status</p>	<p>Children, adolescents, caregivers and communities are aware of available nutrition services and how and where to access them</p> <ul style="list-style-type: none"> <li>• Children, adolescents, caregivers and communities are engaged through participatory behaviour change interventions to improve their nutritional status</li> <li>• Caregivers and communities are supported and empowered to prevent malnutrition, as well as to identify and refer children with life-threatening forms of undernutrition</li> </ul>



# Other Global Standards



## Manual for the health care of children in humanitarian emergencies



# Experiences from the field - CBDRM Bihar

## ‘Community Resilience Building’ Bihar

- Initiated in 2011 in 68 villages in five flood prone districts and progressively expanded to 1122 villages in six multi hazard prone districts
- Focused on developing institutions within the community such as the **Village Disaster Management Committee (VDMC)**, and training members for the purpose of annual planning, review and presentation of the DRR plans within the Gram Sabhas
- Major stakeholders in this planning exercise include children, women, men, thematic task forces, DRR catalysts, Panchayati Raj representatives and Frontline Workers at the village level.





# Experiences from the field - CBDRM Assam

## Community Disaster Management Committees (CDMCs)

- Formation and capacity-building of **inclusive CDMCs**, with representation from women, adolescents, teachers, ASHAs, and SHG members.
- Development of **community-based disaster preparedness and response plans**.
- Promotion of **community-led hazard mapping**, identifying safe shelters and critical assets.

## Child-Friendly Spaces (CFS) as integrated service delivery platform

- Setting up of **Child-Friendly Spaces (CFS)** in relief camps.
- Training of **community volunteers on psychosocial support** and identification of at-risk children.
- Integrating VHSND in relief camps
- Awareness on **trafficking and child labour risks during displacement**.





# Experiences from the field – Integrated Programming in LWE Area - Chhattisgarh

## 1. One Day Camps and Kitchen Gardens

- Initiated in 2018, to serve the hard to reach areas which are inaccessible and deprived of the basic health and nutrition services
- Same villages were visited in each quarter to provide the basic services to them and further build their trust
- Raw materials for preparing food is taken and prepared with the village people
- Counselling were done using Tablets and booklets
- Activities includes-
  - OPDs
  - Immunization
  - Diagnostics- Anemia, Malaria, Pregnancy
  - Treatment of minor Ailments.
  - Screening for Malnourished Children
  - Counselling for WASH, Nutrition Improvement
  - Awareness sessions are conducted with different groups of pregnant women, adolescent girl, community members by designated people





## Mozambique: Community-Based DRR for Health and Nutrition Resilience



- Frequent floods in Zambezia province.
- Community Health Committees (CHCs)
- Integrated Health Risk Communication:
- Shock-Responsive Health System Linkage
- Nutrition Preparedness Plans

## Bangladesh – Flood and Cyclone Preparedness in Haor Areas



- **Women's groups trained on nutrition in emergencies** and infant feeding during displacement.
- Local schools and cyclone shelters integrated with **nutrition corners** and WASH points.
- CHWs conduct **pre-monsoon nutrition screening** in high-risk areas.



## Niger – Drought and Nutrition Resilience in Sahel



- Community-based nutrition surveillance integrated with seasonal livelihood calendars.
- Development of community-led contingency nutrition plans during lean seasons.
- Strong link between WASH promotion and prevention of diarrhoea-related malnutrition

## Philippines – Urban Health DRR in Informal Settlements



- Participatory mapping of **at-risk pregnant women, children under 5.**
- Local health posts provided with **solar-powered cold chain equipment.**
- Community volunteers trained in **early detection of childhood illness and malnutrition.**





# CBDRR Tools Used by UNICEF

- Child-Centered Risk Assessments – Child Risk Impact Assessment
- Community Vulnerability and Capacity Mapping
- DRR-integrated school programs – Comprehensive School Safety, Uschool App
- Mobile apps for early warning



# Common Elements Across UNICEF Health-Nutrition CBDRR Models

- **Community Empowerment:** CHWs, mothers' groups, and volunteers trained in emergency health and nutrition.
- **Resilience of Services:** Backup systems for supply chains, mobile services, and pre-positioned stocks.
- **Early Warning Integration:** Malnutrition and outbreak indicators included in community surveillance.
- **Focus on Continuity:** Ensuring **ANC, immunization, and treatment for SAM** during disasters.
- **Child-Centered, inclusive and Gender-Sensitive:** Special focus on infant feeding, PNC, adolescent girls, and maternal health.



# Conclusion & Call to Action

- “Disaster risk reduction is not a choice, it’s a responsibility.”
  - CBDRR saves lives, protects rights, and builds future resilience.
  - Let’s empower communities—especially children—to lead the way.





# THANK YOU

