

Collaboration Tip Sheet: Health

1. WHAT DOES HEALTH DO IN EMERGENCIES?

Humanitarian emergencies significantly impact affected populations' health and well-being. The primary goal of a health response during a crisis is to prevent and reduce illness and death. In addition to emergency care, health promotion, prevention, treatment, rehabilitation and palliative care at any stage of the response may be included in humanitarian health services.¹ Health actors may provide outpatient care, inpatient care, and/or community-based care offered in collaboration with community health workers and/or volunteers.

The term “**outpatient care**” refers to when patients receive preventive and curative health services and return home the same day. It can be offered at the community and facility level. The majority of children and families access health services through outpatient care. Some outpatient services humanitarian Health actors may provide include those offered through outreach or mobile clinics, primary health facilities, and vaccination campaigns.

The term “**inpatient care**” refers to when patients stay in a health facility overnight due to a severe illness or condition. While children and caregivers usually remain together, infectious disease or other conditions may require temporary separation.² Health actors may provide inpatient services at hospitals, isolation and treatment centres, or nutrition stabilization centres.

For more information about health in emergencies, refer to [Sphere Handbook 2018](#) and [CPME e-learning course standard 24 – Health](#).

A public health emergency (PHE) is different from a humanitarian emergency. A PHE is the occurrence or imminent threat of a disease or health condition that poses a substantial risk of a significant number of deaths and/or disabilities.³ PHE responses have a different coordination mechanism from humanitarian clusters.

PHEs, and especially infectious disease outbreaks, create specific child protection risks: Public health measures to prevent and control disease, like lockdowns and quarantines, can affect children, as can PHE-related social changes, like the development of new stigmas or economic turmoil that disrupts family structures. For more information about infectious disease outbreaks, refer to the [Guidance Note: Protection of children during infectious disease outbreak](#) and this website.

¹ [Sphere Handbook 2018](#)

² [CPMS E-learning course](#), Standard 24 – Health

³ UNICEF, [Core Commitments for Children](#)

1. REASONS FOR COLLABORATION – HOW CAN CP ACTORS CONTRIBUTE TO HEALTH WORK?

Improving health outcomes for children and their families and reinforcing the centrality of protection

The Health Sector commits to providing quality health care services to all populations without causing further harm or discriminating. The Health Sector articulates its commitments to protection in its own standards, such as the Sphere standards for health care and the [Humanitarian Health Quality Assurance Toolkit](#). The Health Cluster further commits to collaboration between the Health and Protection sectors, including CP clusters, in the [Health and Protection Joint Operation Framework](#).

Health actors recognize that integrating Child Protection is important to providing safe and quality health care services and to improving health outcomes for children and their families. Child Protection actors' unique strengths can help Health actors achieve their goals.

CP actors' strengths	Health entry points	CP actors' contributions to Health
CP actors work with children every day and have skills and knowledge to engage with children safely and ethically.	<ol style="list-style-type: none"> 1. Community-based services 2. Outpatient 3. Inpatient 4. Specialist referral facility 	<ul style="list-style-type: none"> • Support/work with Health actors to engage with children systematically, safely and meaningfully to provide child-friendly health services.
<p>CP actors know children's unique challenges in accessing assistance, information, and protection through CP's day-to-day work with children and through monitoring.</p> <p>CP actors have different contextual knowledge from Health actors.</p>	<ol style="list-style-type: none"> 1. Community-based services 2. Outpatient 3. Inpatient 4. Specialist referral facility 	<ul style="list-style-type: none"> • Support Health actors to identify children's unique challenges and barriers to accessing health services and health information. Work with Health actors to monitor children's those challenges and barriers. • Work with Health actors and children to find solutions to the challenges and barriers to accessing services, information and protection. • Provide Health actors information about children's safety risks at health service provision points (e.g., health facilities or mobile clinics) • Support Health actors to design patient flow to minimize protection risks. • Work with Health actors and children to adapt and conduct safety audits or other participatory assessments/monitoring to identify safety risks for children. • Provide Health actors information about health service gaps for children (e.g., a lack of sexual and reproductive health services for adolescent girls).

CP actors' strengths	Health entry points	CP actors' contributions to Health
<p>CP actors provide services to children in need of protection.</p>	<ol style="list-style-type: none"> 1. Community-based services 2. Outpatient 3. Inpatient 4. Specialist referral facility 	<ul style="list-style-type: none"> • Provide Health actors with up-to-date information related to available Child Protection services. • Include information about available health services and referrals for health services in Child Protection activities. • Work with Health actors to prevent unnecessary family separation for treatment and to find suitable solutions if a family separation is needed. • Support Health actors to make sexual and reproductive health services age- and gender-appropriate, if needed. • Work with Health actors to strengthen recognition of mental health and/or psychosocial support needs among children and caregivers, and to support children and caregivers to access mental health and psychosocial support (MHPSS) services.

2. WHAT ARE THE HEALTH SECTOR'S OWN COMMITMENTS TO CHILD PROTECTION?

International law specifically protects the right to healthcare

Health care must be provided without discrimination and must be accessible, meaning: safe, available, acceptable, affordable and of good quality. States are obliged to ensure this right during crises.

Links to the Protection Principles and Core Humanitarian Standard

Healthcare actors must care for the wounded and the sick humanely, delivering impartial care without distinction, based on need. Ensuring confidentiality, data protection and privacy is crucial to protect individuals from violence, abuse and other harms.

Medical staff are often first responders in cases of violence against individuals, including gender-based violence and child abuse and neglect. Train staff to identify and refer cases to social welfare or protection actors using confidential communication and referral systems. An unaccompanied or separated child in need of critical healthcare but without a legal guardian to consent poses a particular protection challenge. Consult with the child and relevant local authorities if possible.

The right to life and healthcare is essential to meet the child's best interests and may outweigh the right to consent. Decisions must be sensitive to the context and to cultural norms and practices. International medical evacuation and the referral and movement of unaccompanied children requires stringent documentation as well as the involvement of protection services and local authorities.

(source: Sphere [Handbook 2018](#))

3. KEY TIPS FOR ADVOCACY AND COLLABORATION WITH HEALTH

Dos:

- Recognize that Health actors are already doing lots of work to protect children and promote children's well-being, even though they don't use specific terms such as "Child Protection mainstreaming", "child safeguarding" or "joint programming".
- Consider what Child Protection actors can do for Health actors rather than what Health actors can do for Child Protection. Good, safe and culturally appropriate health services protect children and promote child well-being.
- Learn about the Health sector's responsibilities, approaches and priorities by, for example, reading the Sphere Handbook, talking to Health actors, and reading its humanitarian response plan (HRP) and other relevant documents in your country.
- Make use of the Health Sector's own commitments and standards, such as those in the [Sphere Handbook 2018](#), the [Humanitarian Health Quality Assurance Toolkit](#) and the [Health and Protection Joint Operation Framework](#).
- Collaborate with actors working on other cross-cutting issues such as disability, gender, gender-based violence and protection to streamline the work among them.
- Start with concrete and feasible actions that the Health sector is interested in taking, then expand the collaboration.

Don'ts:

- Try to identify what Health is not doing. Instead, focus on the good practices they are already implementing and how you can work together to strengthen them.
- Impose Child Protection's priorities and approach without respecting the Health Sector's priorities and approach.
- Be too ambitious about what you can achieve.

4. ENTRY POINTS WITH HEALTH

Suitable entry points for collaboration can differ depending on the type of emergency, stage of the emergency cycle, priorities of the Health and Child Protection sectors, and the needs of the affected population. But these are some entry points that could be applicable in most contexts. For more actions, refer to [CPMS Standard 24 – health](#) and the Health sector standards mentioned in this sheet. Refer to the Working across Sectors Starter Kit for more tools and resources to implement these actions.



Entry points ⁴	Suggested initial actions ⁵
Availability of health services and information	<ul style="list-style-type: none"> • Design a joint assessment and monitoring to understand health service and information gaps among children of different ages, genders and abilities. • Provide Health actors with information about gaps in health services and information (e.g., sexual and reproductive health services and information for adolescent girls, and special health care for child survivors of GBV and other forms of violence and abuse).
Accessibility of health services and information	<ul style="list-style-type: none"> • Work with Health actors and children to adapt and conduct safety audits or other participatory assessment/monitoring to find safety risks related to children. • Work with Health actors to monitor children’s unique challenges and barriers to accessing health services and information and find the solutions together with Health actors, children and their families. • Strengthen mutual referrals between CP and Health actors. • Include information about referrals to health services in Child Protection activities.
Acceptability of health services and information including	<ul style="list-style-type: none"> • Work with Health actors to engage with children systematically, safely and meaningfully to provide child-friendly health services. • Work with Health actors to prevent unnecessary family separation for treatment and to find suitable solutions if a family separation is needed.
Quality of health services and information	<ul style="list-style-type: none"> • Work with Health actors to train health care workers on child protection, child safeguarding and other relevant issues related to children. • Work with Health actors to train child protection staff on health concerns, principles and approach. • Support Health actors to provide age-appropriate sexual and reproductive health services.
Infectious disease outbreaks	<ul style="list-style-type: none"> • Apply communicable disease control protocols to any face-to-face Child Protection activities. • Prevent health interventions from increasing child protection risks such as unnecessary family separation. • Train Child Protection actors on early detection of disease and health care referral mechanisms.

⁴ The entry points are classified by using the [availability, accessibility, acceptability, and quality \(AAAQ\) framework](#) for human rights for health. These are to realize health rights for all. By working together between the CP and health actors in these entry points, children’s rights for health care could be fulfilled.

⁵ A majority of actions are common to section 2.