



COMMUNITY  
HEALTH IN EMERGENCIES  
AND HUMANITARIAN SETTINGS

## BACKGROUND

Globally, health outcomes for mothers and children have improved with unprecedented speed in recent decades. For instance, from 1990 to 2019, child mortality rates fell by **59 per cent**<sup>1</sup> and maternal mortality rates fell by **38 per cent**<sup>2</sup>.

However, the impressive gains are not consistent across the world. Low-income and middle-income countries, particularly those in Sub-Saharan Africa and South Asia, and regions that endure humanitarian crises still face challenges. **Half of mothers and children in vulnerable and rural areas across the world**<sup>3</sup> do not have access to a healthcare facility or medical care. This situation is secondary to **factors such as** economic barriers and lack of health coverage, rurality, low density of healthcare centres, scarcity and uneven distribution of healthcare workers, among others.<sup>4</sup>

In hard-to-reach populations, community health (CH) platforms are essential. Acting as a bridge between the formal health system and the community, CH platforms **address unmet needs for health services**, promote health-system resilience, foster continuation of essential services and support effective emergency responses.<sup>5</sup>

The actors involved in a CH system include the community itself, the local governance structures, professional and mid-level facility-based workers, community members with traditional knowledge, and community healthcare workers (CHWs).

CHWs are essential in the development and sustainability of CH programmes. They address the absence or scarcity of professional healthcare staff, a situation that is prevalent in vulnerable settings. In addition, as familiar community members, CHWs tend to be accepted and embraced by the community.

In this manner, CH platforms provide **preventive and curative services** tailored to a population and its children's needs,<sup>6</sup> having Integrated Case Community Management (ICCM)/Integrated Management of Childhood Illnesses (IMCI), sexual reproductive health, and prevention and treatment of communicable and non-communicable diseases as important aspects to address the community's healthcare needs. The CH approach is part of a continuum of support to expand access to primary healthcare and achieve universal healthcare.

Despite the critical role that CH plays in providing access to healthcare services in vulnerable populations and children, and a return of **10:1 per each dollar invested in this area**<sup>7</sup>, there are important challenges for its implementation.

In Sub-Saharan Africa, for example, there is an estimated deficit of **US\$2 billion in funding**<sup>8</sup> – or 65 per cent short of the US\$3.1 billion required to adequately fund CH programmes across the region. The lack of funding hampers deployment of CHWs and the implementation of a sustainable remuneration scheme for them.

In addition to this important financial gap, there is also a lack of government prioritization, technical and workforce limitations, logistical bottlenecks around supplies procurement, as well as insufficient integration with the formal healthcare sector.

## COMMUNITY HEALTH IN HUMANITARIAN SETTINGS

Regions and countries undergoing a humanitarian situation endure additional challenges for the provision of CH services: social disruption, unsafe water and poor sanitation, overcrowding, destruction of infrastructure, food insecurity, violence and displacement. Children are disproportionately affected by the latter, with **31 million displaced and 13 million as refugees**.<sup>9</sup>

Importantly, CHWs may experience excessive workloads, with inadequate or inconsistent remuneration, exposure to attacks, health hazards, and mental health and psychosocial issues. Many do not have access to an **economic safety net**.<sup>10</sup> Obstacles that are often overlooked in humanitarian settings include the knowledge gap on robust **data about the feasibility and impact**<sup>11</sup> of providing essential health services via CH systems; inconsistent definitions and indicators; barrier for effective and rapid training of CHWs; and lack of guidance on how to effectively enhance **CHW retention and performance**.<sup>12</sup>

For these reasons, an important aspect of developing CH programmes in humanitarian settings is the inclusion of an implementation research (IR) component to identify programmatic challenges and possible solutions, and use this information to both optimize the development of projects as they happen, as well as to apply the lessons learned in the planning and development of related initiatives elsewhere.

## THE COVID-19 CONTEXT

Notably, the COVID-19 pandemic has compounded the already dire situations in emergency settings, affecting CH systems due to social disruption and **unemployment**;<sup>13</sup> reduced the ability of households to access health and other services; and hindered the activities that health workers perform due to transportation limitations and the impossibility of conducting gatherings in the community.

**Insufficient personal protective equipment (PPE)**,<sup>14</sup> and lack of training on infection prevention and control (IPC) for facility health workers and CHWs expose them to infection, thus prompting fear in the community and leading to a reduction in demand for health care.

The COVID-19 emergency has highlighted the crucial role of CH in under-served and hard-to-reach communities, where often CHWs are the only providers of health services since the pandemic has prompted additional geographical isolation and socioeconomic disruption.

## UNICEF'S RESPONSE AND GEOGRAPHIC AREAS OF INTEREST

The response from UNICEF on CH in emergencies comprises an array of different interventions and collaborative efforts such as the **Community Health Roadmap**, which includes other United Nations and multilateral organizations, non-governmental organizations, and governments from fragile and humanitarian-context countries including Afghanistan, Burkina Faso, Central African Republic, the Democratic Republic of the Congo, Cote D'Ivoire, Ethiopia, Haiti, Kenya, Liberia, Malawi, Mali, Mozambique, Niger, Uganda and Zambia.<sup>15</sup> UNICEF and partners' response encompasses activities that include continuous training of CHWs; development of comprehensive CH strategies; use of technology to support the training of CHWs, data collection and dissemination of messages in the community; advocacy on the importance of CH systems; support of outreach services; and coordination with partners and governments to support policies on the integration of CH platforms with formal healthcare structures.

**In Mozambique, the upSCALE platform supports CHWs to diagnose and treat sick children in the community using a mobile phone system for decision support and stock management.**<sup>16</sup>

## THE GAP

To continue supporting the CH agenda, it is necessary to have the resources to make its multiple goals a reality. Unfortunately, the available funding for emergency contexts is scarce. For example, of the US\$25.2 billion that the United Nations and partners requested to cover the needs of people living **in humanitarian settings in 2018**, only US\$15.1 were received, leaving a 40 per cent gap.<sup>17</sup> Moreover, the time ahead brings additional challenges for UNICEF since the COVID-19 pandemic compounds the already difficult situation in humanitarian contexts, where in 2020 the organization had a funding requirement of **US\$1.93 billion to address COVID-19-related needs**.<sup>18</sup>

These resources are necessary to support the safe and adequate work of facility-based and community-based healthcare workers through the provision of PPE, training on IPC and COVID-19 case management, as well as ensuring the continuity of essential healthcare services for all.



- <sup>1</sup> World Health Organization (WHO), 'Child mortality and causes of death', <<https://www.who.int/data/gho/data/themes/topics/topic-details/GHO/child-mortality-and-causes-of-death#:~:text=Trends,1%20in%2026%20in%202018.>>, accessed 15 January 2021.
- <sup>2</sup> United Nation's Children's Fund, 'UNICEF data: Maternal mortality', <<https://data.unicef.org/topic/maternal-health/maternal-mortality/>>, accessed 15 January 2021.
- <sup>3</sup> WHO, 'World Bank and WHO: Half the world lacks access to essential health services', News release, The World Bank/WHO UHC Global Monitoring Report, Tokyo, 13 December 2017, <<https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses>>, accessed 15 January, 2021.
- <sup>4</sup> WHO, 'WHO Guideline on health policy and system support to optimize community health worker programs, selected highlights', <[www.who.int/hrh/community/en/](http://www.who.int/hrh/community/en/)> accessed 15 January 2021.
- <sup>5</sup> WHO 'WHO guideline on health policy and system support to optimize community health worker programmes', Geneva: World Health Organization, 2018.
- <sup>6</sup> Ibid
- <sup>7</sup> Dr. Dahn, Dr. Addis Tamire Woldemariam, Dr. Henry Perry, et al, 'Strengthening Primary Health Care through Community Health Workers' Investment Case and Financing Recommendations', Report, July 2015, <[www.who.int/hrh/news/2015/CHW-Financing-FINAL-July-15-2015.pdf](http://www.who.int/hrh/news/2015/CHW-Financing-FINAL-July-15-2015.pdf)> accessed 15 January 2021.
- <sup>8</sup> USAID Center for Accelerating Innovation and Impact, the Financing Alliance for Health and Dalberg Advisors, 'Strengthening Primary Health Care through Community Health Workers: Closing the \$2 billion gap', CII Investing for Impact Series, no date.
- <sup>9</sup> UNICEF, 'UNICEF data: Child displacement', <<https://data.unicef.org/topic/child-migration-and-displacement/displacement/>> accessed 15 January 2021.
- <sup>10</sup> Bhatia K., 'Community health worker programs in India: a rights-based review', *Perspect Public Health*, vol 134, no 5, September 2014, 276-82. Miller, Nathan et al, 'Assessing community health worker service delivery in humanitarian settings', *Viewpoints*, Vol 10, No 1 1 June 2020, <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7100867/pdf/jogh-10-010307.pdf>> accessed 15 January 2021.
- <sup>11</sup> Scott, K., Beckham, S.W., Gross, M. et al. 'What do we know about community-based health worker programs? A systematic review of existing reviews on CHW', *Human Resource Health*, vol 16, no 39, 2018, <<https://doi.org/10.1186/s12960-018-0304-x>>, accessed 15 January 2021.
- <sup>12</sup> 'India COVID-19 lockdown means no food or work for rural poor', *Aljazeera*, 3 April 2020.
- <sup>13</sup> WHO, 'Shortage of personal protective equipment endangering health workers worldwide', News release, Geneva, WHO, 3 march 2020, <<https://www.who.int/news/item/03-03-2020-shortage-of-personal-protective-equipment-endangering-health-workers-worldwide>>, accessed 14 January 2021.
- <sup>14</sup> To learn more: [www.communityhealthroadmap.org](http://www.communityhealthroadmap.org) and [www.malariaconsortium.org/upscale/pages/about-upscale](http://www.malariaconsortium.org/upscale/pages/about-upscale)
- <sup>15</sup> To learn more: [www.communityhealthroadmap.org](http://www.communityhealthroadmap.org) and [www.malariaconsortium.org/upscale/pages/about-upscale](http://www.malariaconsortium.org/upscale/pages/about-upscale)
- <sup>16</sup> Malaria Consortium, 'upSCALE: mHealth system strengthening for case management and disease
- <sup>17</sup> Ravishanker, Sanchi , Jane Mwangi, 'UNICEF's response to complex humanitarian emergencies', UNICEF connect, <<https://blogs.unicef.org/blog/unicef-response-complex-humanitarian-emergencies/>>, accessed 15 January 2021.
- <sup>18</sup> UNICEF, 'Global Covid-19 chapeau', Appeal, <[www.unicef.org/appeals/covid-19](http://www.unicef.org/appeals/covid-19)>, accessed 15 January 2021.

For more information, contact Health, Programme Division at [health@unicef.org](mailto:health@unicef.org)

© United Nations Children's Fund (UNICEF)  
April 2021

Health Section  
3 United Nations Plaza, New York, NY 10017, USA  
[www.unicef.org](http://www.unicef.org)

**unicef**   
for every child