

Save the Children's Emergency Health Unit

April 2017

When a disaster strikes, the first minutes, hours and days are the most critical. Health facilities may be entirely wiped out, hospitals and clinics are often destroyed, and health staff can be scarce – dealing with their own personal losses or unable to travel to populations in need. Food and medical supplies may be cut off, and lawlessness can be the norm. Every minute that passes without access to health services could mean the difference between life and death. And as chaos continues to fill the air, without aid, the health of those affected can worsen exponentially.

Save the Children's Emergency Health Unit (EHU) was established to transform frontline emergency care in the wake of a disaster. The EHU is made up of a network of health teams across the world: the right people, in the right places, always ready to act. We can deploy our teams in a matter of hours, ensuring they are at a child's side during the early stages of a crisis.

The Emergency Health Unit

We already know what kills children in the first stages of an emergency: traumatic injuries from collapsing buildings or shelling, or easily treatable diseases like diarrhea, pneumonia and measles. Our medics – deployed within 24 hours of an emergency – know what threats to expect and have direct experience dealing with these threats in some of the toughest places in the world. Within 72 hours, our logistics experts get the EHU team right where they need to be, whether that is at the heart of an emergency, or in a remote area cut off from the wider relief effort.


Save the Children puts surgeons on the front lines to repair broken limbs, operate on serious injuries and provide emergency caesarean deliveries. Our doctors treat children for diseases like cholera and malaria, while our nurses give children emergency rehydration





Photo: Tommy Trenchard/Save the Children

Our Emergency Health Unit prepares Suriya,* age 1, to receive his yellow fever vaccination in the Democratic Republic of Congo.

fluids and treat malnutrition. The team is also made up of a clinical lead, a midwife, a water, sanitation and hygiene manager, a team leader, a logistician, and a medical logistician.

 **Speed** We can deploy our teams within 24 hours. Within 72 hours, they can be on the ground saving lives.

 **Expertise** Our teams are staffed by a combination of health professionals and operational specialists.

 **Reach** Our teams are strategically positioned in emergency hotspots around the world and fully equipped with the best tools to aid children.

The Latest from the Field

The EHU deploys immediately, helping the most vulnerable children access lifesaving health care during crises. Right now, our EHU teams are at work in East Africa, where conflict, drought and crop failure have wiped out health systems and left families in the throes of famine.

Drought and Starvation in Kenya

In Kenya, 2.7 million people are in dire need of aid, left with nothing after drought dried out water sources and forced crops to fail. The EHU

is currently supporting Save the Children's health and nutrition programming in four Kenyan communities hit hard by the drought. We are screening children for malnutrition, and assessing which communities are in need of outpatient therapeutic centers and supplementary feeding points. Alongside these screenings, we are providing children with curative and preventive health services, including measles vaccinations. We are also supporting health facilities and existing health networks, working to scale-up the treatment of acute malnutrition with nutrient-rich peanut paste. Our teams are training health workers to identify and treat children for malnutrition, and are providing infant and young child feeding programs to mothers.

Cholera Outbreak in Somalia

A series of failed rains have left Somalia on the brink of famine. In addition, widespread cholera and acute watery diarrhea outbreaks have placed families and children in grave danger. The EHU has been deployed to help stem the cholera outbreak and deliver lifesaving treatment to those affected. We are also supplying cholera treatment kits to improve facilities, which include items such as medicines, medical equipment and tents. We are supporting a cholera treatment center in Baidoa, one of two centers in an area with a population of 220,000. We established a second treatment center in Kismayo and are providing support to another cholera center in a local hospital. We are also working to identify and treat families in surrounding settlements, training local doctors and nurses to expand treatment services. In addition, we are delivering health training directly to communities so they can monitor the outbreak of cholera in their localities. And, we are providing water trucking, distributing family hygiene kits, and promoting awareness of water, sanitation and hygiene messages to help prevent the spread of cholera.

Conflict in South Sudan

War, displacement and a collapsing economy have decimated the world's youngest nation – and now, famine has been declared in South Sudan. Save the Children is the largest international non-government organization in the country: since conflict broke out in 2013, we have been treating children with malnutrition,

reuniting separated families, and keeping girls and boys safe from the brutality of conflict. To bolster our activities in South Sudan, the EHU prepositioned medical supplies, water and sanitation equipment, and shelter materials in high-need areas. The EHU is also actively working to scale-up existing health and nutrition aid. The team is focused on treating acute malnutrition, establishing new stabilization centers and strengthening existing ones to meet the needs of severely malnourished children. We also plan to provide primary health services and train teams of health workers to expand such services.

Refugee Crisis in Uganda

The conflict and food crisis in South Sudan has forced half a million refugees to flee their homes for Uganda. So far this year, an average of over 2,000 South Sudanese refugees have arrived in Uganda each day, arriving weak, exhausted and hungry. The EHU is currently at work in Uganda, recruiting and training local staff to provide health care to these refugees. We are present in two refugee camps in Northern Uganda, and have also deployed a mobile health team to reach remote, insecure areas where health needs are highest. The EHU is providing a comprehensive package of primary health care; medicinal treatment; reproductive health care and prenatal care; and family planning. We are also providing childhood vaccinations.

Hurricane Matthew in Haiti

After Hurricane Matthew hit Haiti in October 2016, EHU doctors, nurses, midwives and logisticians established three mobile health teams in three remote communities without access to health-care services. We reached more than 150,000 people, focusing particularly on the health of women and children and providing reproductive health services. We also treated illnesses, distributed baby kits with essential materials for newborns, and counseled mothers on infant feeding practices.

Yellow Fever Outbreak in the Democratic Republic of Congo (DRC)

Our EHU team responded to the largest yellow fever outbreak in decades in the DRC. In May 2016, the unit supported a vaccination campaign aiming to reach 200,000 people in the western

area of the country. In just ten days, we reached more than 221,000 people with immunizations at 80 vaccination sites. With the success of the first campaign, the unit was invited back by the DRC government in August 2016 to support a second phase of mass vaccinations, immunizing more than 366,790 people at 102 vaccination sites.

Our Rapid Response Teams

Made up of three core response modules, the EHU is equipped to respond to the biggest killers of children in an emergency.



Primary Health Module

In this module, our teams provide lifesaving medicine, aid and health education. Though we focus on infant, child and maternal health care, we help anyone who needs it, regardless of age. We provide reproductive services and treat common diseases, infections and malnutrition. We deliver aid through mobile or fixed clinics and can also provide water, sanitation and hygiene resources. In addition, we educate families on how to stay clean, safe and healthy.



Mass Vaccination Module

Through the mass vaccination module, our teams can deliver rapid mass vaccination programs to halt the spread of deadly diseases. We establish vaccination centers in existing health facilities, community centers or temporary canvas-covered structures. Our unit trains existing staff, health workers and local community members to process patients and administer vaccinations – and we work with the country's Ministry of Health along the way, looping them into our progress and activities. We have the capacity to deliver 10,000 vaccinations in six weeks.



Disease Control Module

To combat disease outbreaks, our disease control module provides immediate health-care support to children and families in the midst of an outbreak. Our teams facilitate increased access to preventive, curative health services, stopping an infectious disease outbreak before it escalates out of control. We can deliver a range of different treatments, assisting in both small-scale and larger outbreaks.

How You Can Help

Over the next three years, we intend to reach at least 1.5 million people through the EHU – but we need your help to do it.

- **\$128,500** could pay for all medical supplies and equipment needed for the deployment of one of EHU team.
- **\$219,500** could fund one of our teams to deliver a mass vaccination campaign.
- **\$2 million** could cover all costs associated with one EHU team for a year, including two full deployments anywhere in the world.

Why Save the Children?

Save the Children has nearly 100 years of experience helping girls and boys survive and rebuild after emergencies. We are a global leader in child-focused humanitarian response. In 2015, we responded to 99 humanitarian crises and directly reached 13.8 million people, 7.1 million of whom were children. We have a great deal of expertise dealing with the challenges that affect children in emergency settings – critical issues that are often overlooked by other aid agencies.

Even with this global reach, however, Save the Children understand that there is a need for more mechanisms like the EHU. There is a documented increase in the frequency and severity of disasters around the world, and conflicts are continuing to place millions directly in harm's way. In an emergency, children and women are 14 times more likely to die than under normal conditions, and the majority of child deaths are not caused by an emergency itself, but by being cut off from health services.

The EHU draws on the best parts of what works within Save the Children's global humanitarian movement: preparedness, surge response staff, pre-positioned supplies and partnerships. The unit brings these components together to ensure that our expert emergency health staff are in the right place at the right time to save lives.

Thank you for your support.