



Summary Brief 5

BRANCH



Bridging Research & Action in Conflict Settings
for the Health of Women & Children

January 2021

Women's and Children's Health in Conflict Settings: Key Messages and Next Steps

As part of a series that discusses findings from the BRANCH Consortium's research on sexual, reproductive, maternal, newborn, child and adolescent health and nutrition (hereafter "WCH") in conflict settings, this brief highlights key messages in relation to conflict-affected women, newborns, children and adolescents that have emerged through the research, along with potential next steps for a range of humanitarian actors.

This brief is intended for local and international NGOs, governments, international organizations, UN agencies, funders and donors, health care workers, civil societies, and other key humanitarian actors aiming to improve WCH in conflict settings.

Introduction

There is a clear and growing need to address the impact of conflict on women, newborns, children, and adolescents. In particular, there is a **need to better understand the current and future landscape of conflict and both its direct and indirect effects on WCH**, to further develop the evidence base on effective interventions and delivery strategies to address these effects, and to develop further guidance on prioritizing and packaging WCH

interventions in conflict settings while building and supporting disrupted health systems in conflict settings.

Spanning across geographies and informed by insights from a range of humanitarian health actors and civil society organizations active in conflict settings, **BRANCH research¹⁻²⁸ confirms that much still needs to be done by a range of actors to fill research and guidance gaps, to improve national, regional and international response coordination, and to ultimately improve WCH.**

Key Messages

The BRANCH Consortium has recently undertaken a range of research activities aiming to improving evidence and guidance for effective action on WCH in conflict settings. Key messages that have emerged from this research include:



Key Message 1

Trends in adverse WCH outcomes suggest that the global commitment to improve these outcomes must more effectively confront the political and security challenges that define areas affected by violent conflict.¹



Key Message 2

The effects of armed conflicts on the health and mortality of women and children far exceed the effects on those directly affected by the violence in conflicts.²



Key Message 3

Recognising and valuing the primary role of local actors (i.e., local authorities, local service providers, and local non-governmental organisations) would improve timely and appropriate WCH care delivery.³



Key Message 4

A framework for prioritising interventions that takes account of local burden and risks, the range of potential interventions to address them, and the feasibility of delivering those interventions in different conflict contexts would both empower decision makers and make them more accountable for what ultimately gets delivered.⁴

Next Steps

Several areas have been highlighted and considered to be essential for improving WCH in conflict settings, with the following suggested next steps⁵:

Collaborative development of conflict-specific guidance and guidelines would support the **implementation of evidence-informed interventions in the context of conflict-affected settings.**

Engaging and working with communities is an important step in implementing interventions, in particular through the involvement of community health and outreach workers and the use of task-sharing. Delivery of interventions is affected by the trust of community, along with local perceptions of the need for and value of the interventions being implemented; this was evident during the Ebola response in DRC, and more recent measures for controlling the COVID-19 pandemic in the same settings.²⁹

Effective delivery of effective interventions, promoted through conflict-specific guidance, requires improved data collection; better, readily available and actionable information in conflict settings is urgently needed. Given the challenges, this will require **significant investment in methodological and technological adaptation and innovation for rigorous data collection and analysis**, more so in populations in insecure areas where the challenge is greater.³⁰ Building the capacity of community and frontline workers and their supervisory teams to better understand what data they are collecting, why and how to use data for action is also important.

Given the need for independent review and oversight, an **independent technical advisory group**, could be convened by agencies leading the global humanitarian health response and local and international NGOs and academics working in conflict settings. Such a group could **further develop a decision-making framework** for packaging and prioritizing WCH in conflict settings, **promote the strengthening of data collection and analysis** efforts in conflict settings, and facilitate the **development of common sets of indicators** for humanitarian health action. Assisting in the **development of implementation research priorities** to help fill key gaps in operational and implementation guidance for WCH needs in conflict settings would also be valuable.

Conclusions

Many communities globally are facing ongoing conflict, now complicated further by the current COVID-19 pandemic. While the needs of the communities are great, the voices of these communities are often unheard.

The global health community has a special responsibility to bring that voice to light, and to elevate global attention to the suffering, vulnerability, ideas, and capacities of populations affected by conflict and displacement.⁵ There is also a need to further strengthen global efforts to prevent violence and conflict, and protect civilian populations not involved in conflict, mainly women, newborns, children and adolescents.¹ **It is important that the global health community aligns and has a unified understanding and approach to humanitarian action for women, newborns, children and adolescents in conflict settings.**

For more information, please visit:

branchconsortium.com

References

- ¹Wise PH, Shiel A, Southard N et al, for the BRANCH Consortium. The political and security dimensions of the humanitarian health response to violent conflict. *Lancet*. 2021; published online Jan 24.
doi:[https://doi.org/10.1016/S0140-6736\(21\)00130-6](https://doi.org/10.1016/S0140-6736(21)00130-6)
- ²Bendavid E, Boerma T, Akseer N, et al, for the BRANCH Consortium. The effects of armed conflict on the health of women and children. *Lancet*. 2021; published online Jan 24.
doi:[https://doi.org/10.1016/S0140-6736\(21\)00131-8](https://doi.org/10.1016/S0140-6736(21)00131-8)
- ³Singh NS, Ataullahjan A, Ndiaye K, et al, and the BRANCH Consortium Steering Committee. Delivering health interventions to women, children, and adolescents in conflict settings: what have we learned from ten country case studies? *Lancet*. 2021; published online Jan 24.
doi:[https://doi.org/10.1016/S0140-6736\(21\)00132-X](https://doi.org/10.1016/S0140-6736(21)00132-X)
- ⁴Gaffey MF, Waldman RJ, Blanchet K, et al, and the BRANCH Consortium Steering Committee. Delivering health and nutrition interventions for women and children in different conflict contexts: a framework for decision making on what, when, and how. *Lancet*. 2021; published online Jan 24.
doi:[https://doi.org/10.1016/S0140-6736\(21\)00133-1](https://doi.org/10.1016/S0140-6736(21)00133-1)
- ⁵Bhutta ZA, Gaffey MF, Spiegel PB, et al. Doing better for women and children in armed conflict settings. *Lancet*. 2021; published online Jan 24.
doi:[https://doi.org/10.1016/S0140-6736\(21\)00127-6](https://doi.org/10.1016/S0140-6736(21)00127-6)
- ⁶Aboubaker S, Evers ES, Kobeissi L, et al. The availability of global guidance for the promotion of women's, newborns', children's and adolescents' health and nutrition in conflicts. *BMJ Global Health*. 2020;5(S1):e002060. doi:10.1136/bmjgh-2019-002060
- ⁷Ahmed Z, Ataullahjan A, Gaffey MF, et al. Understanding the factors affecting the humanitarian health and nutrition response for women and children in Somalia since 2000: a case study. *Conflict and Health*. 2020;14:35.
doi:<https://doi.org/10.1186/s13031-019-0241-x>
- ⁸Akik C, Semaan A, Shaker-Berbari L, et al. Responding to health needs of women, children and adolescents within Syria during conflict: intervention coverage, challenges and adaptations. *Conflict and Health*. 2020;14:37.
doi:<https://doi.org/10.1186/s13031-020-00263-3>
- ⁹Altare C, Bwenge Malembaka E, Tosha M, et al. Health services for women, children and adolescents in conflict affected settings: experience from North and South Kivu, Democratic Republic of Congo. *Conflict and Health*. 2020;14:31.
doi:<https://doi.org/10.1186/s13031-020-00265-1>
- ¹⁰Ataullahjan A, Gaffey MF, Tounkara M, et al. C'est vraiment compliqué: a case study on the delivery of maternal and child health and nutrition interventions in the conflict affected regions of Mali. *Conflict and Health*. 2020;14:36.
doi:<https://doi.org/10.1186/s13031-020-0253-6>
- ¹¹Das JK, Padhani ZA, Jabeen S, et al. Impact of conflict on maternal and child health service delivery – how and how not: a country case study of conflict affected areas of Pakistan. *Conflict and Health*. 2020;14:32.
doi:<https://doi.org/10.1186/s13031-020-00271-3>
- ¹²Mirzazada S, Padhani ZA, Jabeen S, et al. Impact of conflict on maternal and child health service delivery: a country case study of Afghanistan. *Conflict and Health*. 2020;14:38.
doi:<https://doi.org/10.1186/s13031-020-00285-x>
- ¹³Ramos Jaraba SM, Quiceno Toro N, Ochoa Sierra M, et al. Health in conflict and post-conflict settings: reproductive, maternal and child health in Colombia. *Conflict and Health*. 2020;14:33. doi:<https://doi.org/10.1186/s13031-020-00273-1>
- ¹⁴Sami S, Mayai A, Sheehy G, et al. Maternal and child health service delivery in conflict-affected settings: a case study example from Upper Nile and Unity states, South Sudan. *Conflict and Health*. 2020;14:34.
doi:<https://doi.org/10.1186/s13031-020-00272-2>
- ¹⁵Tappis H, Elaraby S, Elnakib S, et al. Reproductive, maternal, newborn and child health service delivery during conflict in Yemen: a case study. *Conflict and Health*. 2020;14:30.
doi:<https://doi.org/10.1186/s13031-020-00269-x>
- ¹⁶Tyndall JA, Ndiaye K, Weli C, et al. The relationship between armed conflict and reproductive, maternal, newborn and child health and nutrition status and services in northeastern Nigeria: a mixed-methods case study. *Conflict and Health*. 2020;14:75.
doi:<https://doi.org/10.1186/s13031-020-00318-5>
- ¹⁷Ataullahjan A, Gaffey MF, Sami S, et al. Investigating the delivery of health and nutrition interventions for women and children in conflict settings: a collection of case studies from the BRANCH Consortium. *Conflict and Health*. 2020;14:29.
doi:10.1186/s13031-020-00276-y
- ¹⁸Gaffey MF, Ataullahjan A, Das J, et al. Researching the delivery of health and nutrition interventions for women and children in the context of armed conflict: lessons on research challenges and strategies from BRANCH Consortium case studies of Somalia, Mali, Pakistan and Afghanistan. *Conflict and Health*. 2020;14:69.
doi:<https://doi.org/10.1186/s13031-020-00315-8>
- ¹⁹Als D, Meteke S, Stefopoulos M, et al. Delivering water, sanitation and hygiene interventions to women and children in conflict settings: a systematic review. *BMJ Global Health*. 2020;5:e002064. doi:10.1136/bmjgh-2019-002064
- ²⁰Jain RP, Meteke S, Gaffey MF, et al. Delivering trauma and rehabilitation interventions to women and children in conflict settings: a systematic review. *BMJ Global Health*. 2020;5:e001980. doi:10.1136/bmjgh-2019-001980
- ²¹Kamali M, Munyuzangabo M, Siddiqui FJ, et al. Delivering mental health and psychosocial support interventions to women and children in conflict settings: a systematic review. *BMJ Global Health*. 2020;5:e002014. doi:10.1136/bmjgh-2019-002014
- ²²Meteke S, Stefopoulos M, Als D, et al. Delivering infectious disease interventions to women and children in conflict settings: a systematic review. *BMJ Global Health*. 2020;5:e001967.
doi:10.1136/bmjgh-2019-001967
- ²³Munyuzangabo M, Khalifa DS, Gaffey MF, et al. Delivery of sexual and reproductive health interventions in conflict settings: a systematic review. *BMJ Global Health*. 2020;5(S1):e002206.
doi:10.1136/bmjgh-2019-002206
- ²⁴Rabbani A, Padhani ZA, Siddiqui FA, et al. Systematic review of infant and young child feeding practices in conflict areas: what the evidence advocates. *BMJ Open*. 2020;10:e036757.
doi: 10.1136/bmjopen-2020-036757

Resources

Below is a comprehensive list of the briefs in this series that address the impact of conflict on sexual, reproductive, maternal, newborn, child and adolescent health and nutrition:

BRANCH Consortium Summary Brief 1
Women's and Children's Health in Conflict Settings: The Current Landscape of the Epidemiology and Burden

BRANCH Consortium Summary Brief 2
Women's and Children's Health in Conflict Settings: The Current Evidence and Guidance Landscape for Identifying and Implementing Priority Interventions

BRANCH Consortium Summary Brief 3
Women's and Children's Health in Conflict Settings: Prioritizing and Packaging Health Interventions - Deciding What to Deliver, When and How

BRANCH Consortium Summary Brief 4
Women's and Children's Health in Conflict Settings: Barriers and Facilitators to Delivering Effective Services

BRANCH Consortium Summary Brief 5
Women's and Children's Health in Conflict Settings: Key Messages and Next Steps

²⁵Shah S, Munyuzangabo M, Gaffey MF, et al. Delivering non-communicable disease interventions to women and children in conflict settings: a systematic review. *BMJ Global Health*. 2020;5:e002047. doi:10.1136/bmjgh-2019-002047


²⁶Bhutta ZA, Gaffey MF, Blanchet K, et al. Protecting women and children in conflict settings. *BMJ*. 2019;364:l1095. doi:10.1136/bmj.l1095

²⁷Wagner Z, Heft-Neal S, Bhutta ZA, Black RE, Burke M, Bendavid E. Armed conflict and child mortality in Africa: a geospatial analysis. *Lancet*. 2018;392(10150):857-65. doi:10.1016/S0140-6736(18)31437-5

²⁸Wagner Z, Heft-Neal S, Wise PH, et al. Women and children living in areas of armed conflict in Africa: a geospatial analysis of mortality and orphanhood. *Lancet Glob Health*. 2019;7(12):e1622-31. doi:[https://doi.org/10.1016/S2214-109X\(19\)30407-3](https://doi.org/10.1016/S2214-109X(19)30407-3)

²⁹Mobula LM, Samaha H, Yao M, Gueye AS, Diallo B, Umutoni C, Anoko J, Lokonga JP, Minikulu L, Mossoko M, Bruni E, Carter S, Jombart T, Fall IS, Ahuka-Mundike S. Recommendations for the COVID-19 response at the national level based on lessons learned from the Ebola virus disease outbreak in the Democratic Republic of the Congo. *The American Journal of Tropical Medicine and Hygiene*. 2020 Jul;103(1):12-17. doi:10.4269/ajtmh.20-0256.

³⁰Spiegel PB. The humanitarian system is not just broke, but broken: recommendations for future humanitarian action. *Lancet*. 2017;S0140-6736(17)31278-3. doi:10.1016/S0140-6736(17)31278-3

 For more information about the key messages from the BRANCH Consortium's research on WCH in conflict settings, please refer to these papers from the Lancet Series on women's and children's health in conflict settings.