



Summary Brief 3

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

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Women's and Children's Health in Conflict Settings: Prioritizing and Packaging Health Interventions – Deciding What to Deliver, When and How

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 outlines a proposed framework for deciding on what to deliver, when and how, and links to additional resources to consult when applying the framework.

The accompanying brief (Summary Brief 2 - Women's and Children's Health in Conflict Settings: The Current Evidence and Guidance Landscape for Identifying and Implementing Priority Interventions) provides an overview of the need for more evidence and guidance for identifying and implementing priority WCH interventions in conflict settings, highlighting gaps in the current guidance.

This brief is intended for programmatic decision-makers such as Ministry of Health or other government staff, local and international humanitarian agencies, UN agencies, and other key humanitarian actors, including donors, concerned with improving the humanitarian health response for conflict-affected women, newborns, children and adolescents.

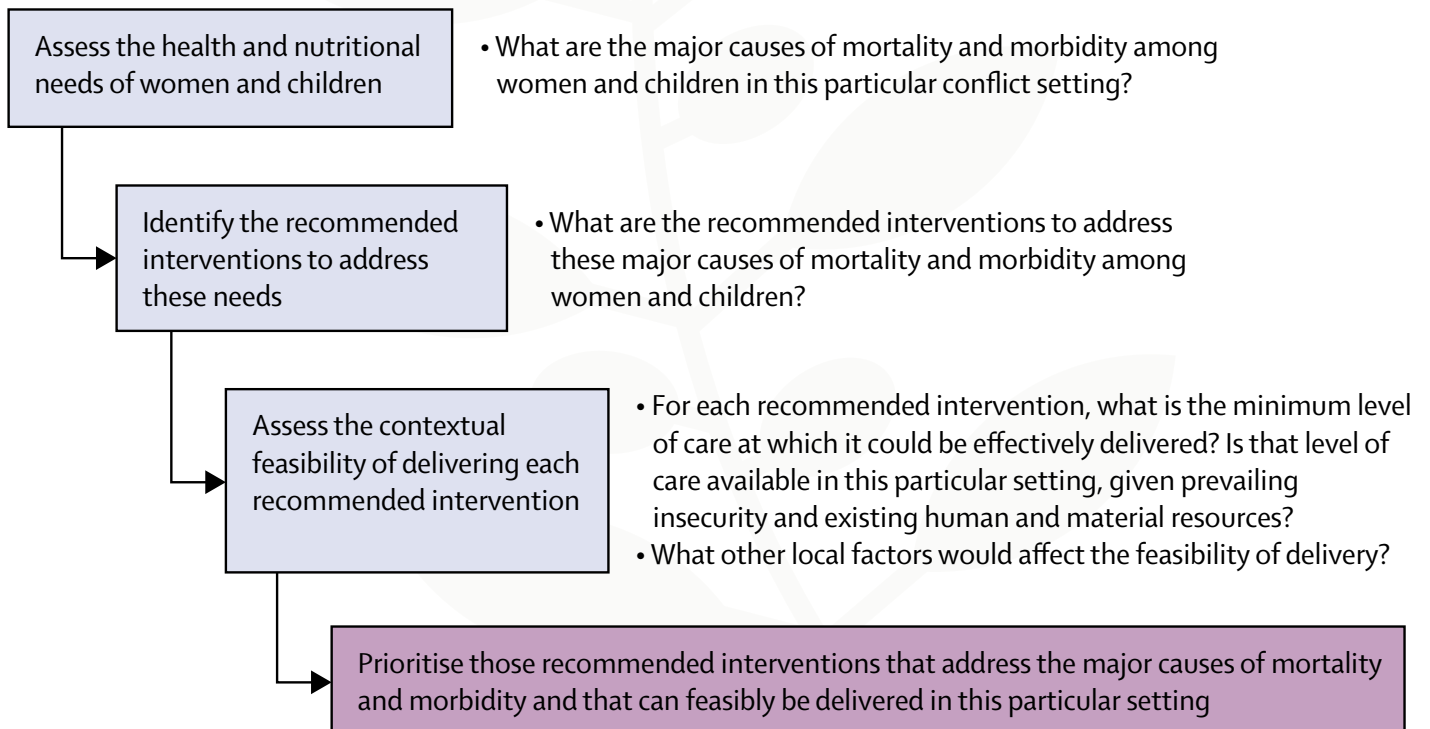
Introduction

The existing evidence base from which conflict-specific guidance on delivering WCH interventions could be derived is limited and must be strengthened (see *Summary Brief 2 - Women's and Children's Health in Conflict Settings: The Current Evidence and Guidance Landscape for Identifying and Implementing Priority Interventions*). In the meantime, **and as a preliminary step toward filling the guidance gap, the BRANCH Consortium proposes a conflict-specific decision-making framework to guide intervention prioritization in different conflict contexts for WCH.**¹

The proposed framework promotes a process by which decision-makers can systematically select

the most appropriate subset of recommended interventions for conflict-affected women, newborns, children and adolescents that can be feasibly delivered in the particular setting on which they are focused. By explicitly taking into account local burden and risks, the range of potential interventions to address local burden and risks, and the feasibility of delivering those interventions in the local context, **such a framework would help to empower decision-makers** (such as governments and local and international humanitarian agencies) in conflict settings to better navigate and adapt the broader humanitarian guidance in specific contexts, especially in the face of donor influence.¹ The application of **such a framework could also make decision-makers more accountable for what ultimately gets delivered**, promoting explicit justification for decisions that are made and executed in a given setting.²

Decision-Making Framework for Prioritizing Health and Nutrition Interventions for Women and Children in a Given Conflict Setting¹



1 Assess Local Health and Nutritional Needs of Women and Children

What are the major causes of mortality and morbidity among women, newborns, children and adolescents in this particular setting?

Intervention priorities should reflect and address local needs, identified from current and reliable public health data, health system information, and other sources of information on prevailing risks and health status, including the local community. The relative importance of using existing sources of information or undertaking real-time data collection to inform this assessment will vary by setting.

2 Identify Effective Interventions

What are the recommended interventions to address the major causes of mortality and morbidity among women, newborns, children and adolescents in this particular setting?

In the absence of conflict-specific guidance, candidate interventions could be identified from among those that are already recommended in key sources of guidance for women and children in humanitarian settings more broadly given some common features between conflict and other crisis settings and taking advantage of whatever adaptation from non-crisis settings such broad humanitarian guidance has already undergone. Other interventions that should be considered

Implement Prioritized Interventions

Having identified the set of interventions that would address the assessed needs in this setting, are recommended as effective in humanitarian-focused guidance or universally, and could feasibly be delivered, this set of interventions should now be prioritized for implementation.

If it is not possible to simultaneously deliver all interventions prioritized for this particular setting (due to time, resource, or other constraints), sequence the prioritized interventions according to their relative life-saving potential and/or the time-sensitivity or time-intensiveness of their delivery.

Finally, this **framework should be applied regularly**, to ensure changing needs are recognized and intervention priorities are updated accordingly.

include those recommended for women and children universally. (See reference list for examples of existing humanitarian³⁻¹² and universal guidance¹³ relevant for women and children.)

3 Assess Implementation Feasibility


For each recommended intervention addressing a major cause of mortality or morbidity among women, newborns, children and adolescents in this particular setting, what is the minimum level of care at which it could be effectively delivered? Is that level of care available in this particular setting, given prevailing insecurity and existing human and material resources?

Determine which recommended intervention addressing major causes of mortality or morbidity among women, newborns, children and adolescents in this particular setting could be delivered in the community, by community health workers or trained volunteers, and which would need to be delivered in a primary health care facility by skilled health workers or in a hospital with inpatient and surgical capacity. Assess which levels of care are actually available in this particular setting and thereby determine which candidate interventions could feasibly be delivered and should therefore be prioritized. Additional contextual considerations deemed to be important in a specific setting and that could affect the feasibility of delivery should also be incorporated here (or at any step of this prioritization process).

For more information, please visit:

branchconsortium.com

References

-  ¹Gaffey 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)
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- ⁴Inter-Agency Working Group on Reproductive Health in Crises (IAWG). *Inter-agency field manual on reproductive health in humanitarian settings*. 2018. Available at URL: <http://iawg.net/iafm/>
- ⁵UNICEF and Save the Children. *Newborn health in humanitarian settings: field guide*. 2018. Available at URL: <https://www.healthynewbornnetwork.org/resource/newborn-health-humanitarian-settings-field-guide/>
- ⁶World Health Organization. *Manual for the health care of children in humanitarian emergencies*. 2008. Available at URL: https://www.who.int/maternal_child_adolescent/documents/9789241596879/en/
- ⁷Inter-Agency Standing Committee (IASC). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva, Switzerland; 2007. Available at URL: https://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf
- ⁸IFE Core Group. *Infant and young child feeding in emergencies: operational guidance for emergency relief staff and programme managers*. 2017. Available at URL: <https://www.enonline.net/operationalguidance-v3-2017>
- ⁹Global Nutrition Cluster. *Moderate acute malnutrition: a decision tool for emergencies*. 2017. Available at URL: <http://nutritioncluster.net/download/6606/>

¹⁰Kravitz A, editor. *Oxford handbook of humanitarian medicine*. Oxford: Oxford University Press; 2019.

¹¹Médecins Sans Frontières. *Refugee health: an approach to emergency situations*. London, UK: Macmillan; 1997.

¹²Aboubaker 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

¹³Watkins D, Jamison DT, Mills A, et al. *Universal health coverage and essential packages of care*. In: Jamison DT, Helband H, Horton S, et al., eds. *Disease Control Priorities*. Third ed. Washington, DC: World Bank; 2014.

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

 For more information about the proposed framework for deciding on what to deliver, when and how, as well as links to additional resources to consult when applying the framework, please refer to this paper from the *Lancet Series on women's and children's health in conflict settings*.