THE AGA KHAN UNIVERSITY

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

PMNCH for Women's, Children's and Adolescents' Health

The Health of Women, Newborns, Children and Adolescents in Conflict Settings: Improving Evidence and Guidance for Effective Action

A Regional Focus on Pakistan and Afghanistan

WORKSHOP SUMMARY REPORT

Workshop Overview

To further enhance research and evidence, along with coordinated advocacy and action for improved women, newborns, children and adolescents health (WCH) in conflict settings, in line with the findings from BRANCH research and building on key aspects of the PMNCH Covid-19 Call to Action, the BRANCH Consortium and PMNCH together with the Institute for Global Health and Development at Aga Khan University, a lead regional organization, held a **regional multi-stakeholder virtual workshop for Afghanistan and Pakistan** in August 2021 (see Appendix A for the Workshop Agenda).

The intent of the workshop was to **disseminate findings of recent research from BRANCH and others working on WCH in conflict settings, discuss outstanding national and regional evidence needs, and build relationships among partners from various constituencies in these countries to further an action-oriented research and evidence-based advocacy agenda to meet these needs and advance policy dialogue**. This workshop also aimed to reflect on the current regional situation of WCH in conflict settings, with a particular focus on challenges in implementation, existing evidence and gaps, the impact of Covid-19, and identifying synergies to move forward together.

A total of 40 invited key stakeholders attended the workshop as participants, moderators and/or speakers, with 24 participants remaining and partaking in the group discussions. The workshop began with a plenary session on the context of women, newborns, children, and adolescents health in the region and followed by moderated group discussions guided by policy briefs developed by BRANCH. During the moderated country-focused break-out sessions, participants discussed and provided further insights on pre-selected topic areas in more detail (see Appendix B for Break-Out Group Discussion Themes). Each break-out group consisted of a diverse range of stakeholders to ensure the dialogue was well-informed by different perspectives. Consideration was also given to

gender, age and type of position held to ensure representation from all relevant and needed groups. Key stakeholders included: regionally focused researchers, academic institutions, NGOs, IOs, frontline workers, governments, donors, policy makers and decision makers (see Appendix C for List of Participating Organizations).

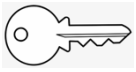
The three moderated groups were as follows:

- Group 1: Engaging and Empowering a Localized Innovative Health Workforce
- Group 2: Strategic, Adaptable, and Multi-sectoral Leadership, Governance, and Coordination
- Group 3: Comprehensive, Sustainable and Needs-based Health Financing

The objectives of this workshop were to:

- ***Reflect*** on what the BRANCH evidence tells us about progress and challenges in responding to WCH needs in conflict settings in the region and identify further evidence gaps and needs in the region, along with potential key research questions to be furthered explored.
- ***Identify*** (additional) factors contributing to, or hindering multi-stakeholder collaboration, accountability, evidence building and advocacy for effective WCH plans and programmes in conflict affected contexts in the region, especially in light of Covid-19 and including post-Covid rebuilding efforts.
- ***Discuss*** how to leverage the available BRANCH evidence and experience, build on this evidence and strengthen linkages across disparate stakeholder groups working on issues across the continuum of care for more responsive evidence-informed policy, financing and action for WCH in conflict affected contexts in the region.
- ***Develop*** a set of advocacy actions, building on BRANCH recommendations and relevant aspects of the PMNCH Covid-19 Call to Action, aimed at driving more responsive policies and strengthening response and programming for WCH in conflict settings, and ensure that the key points from these regional workshops continue to advance.

See Appendix D and E to read more about the situational context for Afghanistan and Pakistan.



Group Discussion Key Messages

During the plenary session each break-out group presented the key points raised in their respective groups. The plenary session also served to identify overlaps between the various groups and regions, such as common monitoring and evaluating measures, accountability measures, and regional synergies for working together in conflict settings (see Appendix F for a list of key resources that were used to guide the discussions during the break-out groups and plenary for the workshop). Key messages that emerged from the plenary session are outlined below.

Health Workforce

The majority of issues around the health workforce that the group identified included **high turnover, especially for female staff and volunteers, unreliable security, low salary, and lack of capacity**.

Potential solutions included stakeholders prioritizing deployment, redistribution, and retention, especially of female health workers in rural areas. In addition, hiring of locals as they are well versed with the local language and customs. Stakeholders should also evaluate the capacity and level of **training of the workforce** in health facilities to ensure quality of services.

Regular capacity building (training and skills building) of the health workforce is also important, with master trainers ensuring there are regular refresher trainings in each district. A focus on innovative policies and incentive packages for female health workers to ensure that they serve in rural and conflict prone areas is also needed. In addition, private general practitioners / family doctors can be used to access communities which are residing in hard to reach and conflict prone areas.

Health Financing

The group agreed that there are major constraints in government funds available, with fragmented financing and off budget spending which add to these limited available funds. A majority of the population relies on the private health sector.

Most of the communities in conflict areas have limited resources to afford the cost of health services, medicine and transport. Given that there is high volume and costs for MNCH services, a significant amount of **funding should be allocated specifically for this domain. All stakeholders should be involved and deliberate to find the most efficient way to utilize existing funds and fill existing gaps in funds**. All stakeholders should also **work coherently to avoid duplication of efforts and have synergistic effect**.

There is a need to **allocate more/additional resources to conflict areas, and emergency funds should be available** in case of sudden conflicts or other issues. **Good governance will also add transparency and ensure accountability**.

Leadership, Governance and Coordination

The group found that **strong leadership** and governance is needed to address issues in aligning and bringing resources under one umbrella/platform.

There is a need to assess and strengthen the capacity of national technical directorates, cascaded down to the provincial level. **Good governance and coordination between stakeholders, including the community** is also needed. The role of the security forces in humanitarian relief should also be considered as they can, at times, be the perpetrators.

The government should **prioritise community-based programmes** that have proven to be effective. Specific packages of services and mechanisms for referrals (e.g., ambulances) would be useful. **Women's empowerment and gender-related strategies are needed**, as well as greater awareness of **cultural sensitivities** for ensuring good governance. Local leaders must be engaged in these initiatives to enhance acceptance.

Overall, the government should plan to reach the most impoverished people with a **sustainability plan** in place. The capacity of the local governance structure needs to be strengthened as sometimes they are not equipped to adapt to emergency situations. Finally, a monitoring and evaluation plan as part of a wider strategic plan needs to be developed and outline the role of all stakeholders.

Data Collection

The group thought that data collection is important, however realized that it is difficult to do this in conflict areas as people in hard-to-reach/conflict areas are not well equipped or trained, do not understand the process and

significance of data collection, and/or are mostly computer illiterate. Poor data affects the planning process, and there is also a need for a monitoring and evaluation plan.

It is important that **real-time data is collected at a central point, with ongoing routine surveillance, quality data, timely data, with a breakdown by gender and age, and relevant data stemming from service packages for the situation**. Specific finances should be kept for such activities. **Additional research gaps (questions) need to be filled and evidence needs to better inform services, programs and policy for WCH in conflict settings**. There are evidence and policy gaps in the areas of the (female) health workforce, leadership, governance and coordination, and health financing. Focused research needs to **generate evidence that will help direct services, programs and policies**, especially in light of the current conflict situation. In particular, research to increase the uptake of family planning services is also needed.

More resources should be spent on implementation research to improve reach and to support communities. Specifically relating to community-level data, ethnographic context-specific data is needed to understand the social and health issues of people in conflict areas and to improve the uptake of services. It is also important to involve local implementers and synchronize with local health systems, and to evaluate the context before making judgments given that expectations are often different for different groups. The experiences of the elderly, especially since they tend to be bolder in talking about issues and solutions and have leverage and power in local areas is also key. Involving women's voices and allowing them to speak particularly to domestic violence and reproductive health is important. It is also essential to include the perspectives of unmarried women and adolescents, with a safe space needed where they can freely express themselves.

Way Forward

A number of ideas were generated around overcoming some of the challenges faced around leadership, governance and coordination, the health workforce and health financing. A particular emphasis was also placed around data collection and the need for more robust research. The following recommendations were made based on group consensus:

Engage in context-specific decision-making, ensure better coordination between stakeholders, and improve governance

- Governments should focus on establishing sustained funding and planning to achieve the above mentioned.
- Governments should also ensure security and basic amenities for the health workforce.

Better local evidence

- Evidence can inform services, programs, and policy for MNCH services in conflict settings.
- A pre-emptive approach should be designed with a strong real time data system for conflict-related data.
- Additional research gaps need to be explored and priority interventions identified, along with efficient delivery channels.
- The use of the technological/IT sector should be encouraged to understand more about MNCH in conflict settings.
- Evidence based decision making should be ensured.

Common strategic plan and simplified reporting systems

- An accountability framework should be established with ownership of all stakeholders, including the local community.

- Centralized and transparent allocation and use of funds should be ensured.
- Accountability for under-utilization of funds, and coordination for all levels (down to district level) is needed.

Timely response for acute emergencies with adequate allocation of resources

- Strong planning with adequate resources and monitoring would ensure a smooth response.
- Specific consideration should be given for ensuring availability of human resources, especially female staff, and supplies.

Multi-sectorial approach to improve service delivery, including private-public partnerships

- An integrated system with all stakeholders - including researchers, academics, NGOs, civil society organizations, governments, donors, UN, front-line workers, communities and other key humanitarian actors - should be developed with a clear plan of execution, responsibilities, and oversight.
- Culture sometimes acts as a barrier to successful implementation, along with damaged infrastructure which leads to reduced access to services – both require further understanding and attention.

For more information, please visit:

branchconsortium.com

Appendix A: Workshop Agenda

The Health of Women, Newborns, Children and Adolescents in Conflict Settings: Improving Evidence and Guidance for Effective Action A Regional Focus on Afghanistan and Pakistan

AGENDA

DATE	Tuesday, August 10, 2021
TIME/DURATION	3-6pm (Karachi) / 2:30-5:30pm (Kabul) / 6-9am (Toronto) / 12-3pm (Geneva) - 3 hours
LOCATION	Zoom virtual platform (login details provided in calendar invite)

This workshop will aim to reflect on the current regional situation of WCH in conflict settings, with a particular focus on challenges in implementation, existing evidence and gaps, the impact of Covid-19, and identifying synergies to move forward together. The session will begin with high-level speakers (40 mins), followed by break-out groups for participants to discuss select themes (75 mins), and closing with a plenary session (55 mins).

Workshop moderated by: Mir Asghar Ali Khan, AKU

Time (PK)	Topics	Presenters
3:00 – 3:10pm (10 mins)	Welcome & Opening Remarks	Helga Fogstad, PMNCH
	Setting the Context: Afghanistan & Pakistan	Shafiq Mirzazada, Govt of Afghanistan Rana Safdar, Govt of Pakistan
3:10 – 3:20pm (10 mins)	AF-PAK Regional Context, Key Findings & Evidence Gaps	Zulfiqar A Bhutta, SickKids/AKU/BRANCH Karl Blanchet, U of Geneva/BRANCH
3:20 – 3:35pm (15 mins)	Afghanistan & Pakistan Country Case Studies: Key Findings & Implications	Shafiq Mirzazada, Govt of Afghanistan Jai K Das, AKU
3:35 – 3:45pm (10 mins)	Regional (Implementation & Service Delivery) Perspectives: Afghanistan & Pakistan	Wais Qarani, ANMC Nabeela Ali, JSI
3:45 – 3:50pm (5 mins)	Group Discussion Overview	Mir Asghar Ali Khan, AKU
3:50 – 5:05pm (75 mins)	Moderated Break-out Groups* (+ 5-minute break)	Workshop Participants (4 groups of 7-15 people)
5:05 – 5:55pm (50 mins)	Moderated Plenary Discussion of Key Points & Summary: Working Together to Move Research and Policy Priorities Forward in the AF-PAK Region	Karl Blanchet, U of Geneva/BRANCH
5:55-6:00pm (5 mins)	Closing Remarks, Next Steps & Thanks	Zulfiqar A Bhutta, SickKids/AKU

* The following themes have been assigned to focus the discussions during the **Break-out Sessions**:

1. Challenges in implementation and strengths/leverage points in Pakistan
   Moderator: Jai Das, AKU
   Note-taker/Supporter: Shamsa Panjwani, AKU
2. Challenges in implementation and strengths/leverage points in Afghanistan
   Moderator: Shafique Mirzazada, Govt of Afghanistan
   Note-taker/Supporter: Asghar Ali, AKU
3. Gaps in evidence and policy: Immediate future avenues to explore in Pakistan
   Moderator: Ellen Thom, WHO Pakistan
   Note-taker/Supporter: Ruby Syal, SickKids/BRANCH
4. Gaps in evidence and policy: Immediate future avenues to explore in Afghanistan
   Moderator: Wais Qarani, ANMC
   Note-taker/Supporter: Mehr Shah, PMNCH

NOTE: Each group will have the opportunity to also feed into a set of policy briefs (which are also **Required Readings**) that focus on the following topics:

i. health workforce (security)
ii. leadership, governance and coordination; and
iii. health financing.

These documents have been provided in the calendar invite that was sent out for the event - see "Reading Package" folder). A guidance document outlining further details about the moderated break-out groups has also been developed and shared with all those attending. Additional resources relating to WCH in conflict settings can be found at: www.branchconsortium.com.

The **Plenary Session** will focus on discussing key points and identifying overlaps between the groups and regions, such as common monitoring and evaluating measures, accountability measures, and regional synergies for working together in conflict settings.

Appendix B: Break-Out Group Discussion Themes

The following themes were assigned to focus the discussions during the Break-out Sessions:

Group 1 - Challenges in implementation and strengths/leverage points in Pakistan
Group 2 - Challenges in implementation and strengths/leverage points in Afghanistan

This session was used to further discuss research findings, evidence gaps and needs, additional challenges based on participant experiences, and how to fill in these gaps, who could fill them in, as well as potential research questions to answer in the region.

Below was a set of key questions for participants to consider for this topic:

i. What are the major barriers and enablers to implementing WCH services in conflict areas? Does it match those (top 3) that have been identified through the BRANCH's research - (female) health workforce, leadership, governance and coordination, and health financing? Are there others?
ii. What are some additional research gaps (questions) that still need to be filled? And what evidence is needed to better inform services, programs, and policy for WCH in conflict settings?
iii. How should essential WCH services be prioritized? And what services should be prioritized?

Group 3 - Gaps in evidence and policy: Immediate future avenues to explore in Pakistan
Group 4 - Gaps in evidence and policy: Immediate future avenues to explore in Afghanistan

This session will build on the existing evidence presented to discuss urgent gaps in knowledge and policy to be prioritised through collaborative efforts to address the needs of the most vulnerable women, children, and adolescents. Participants will be asked to provide inputs to policy asks highlighted in the draft policy briefs shared as part of the reading list and highlight any additional advocacy actions needed to drive more responsive policy, financing and service delivery for WCH in conflict affected contexts in the region moving forward. The main themes that will be discussed in this session include health workforce; leadership, governance, coordination (monitoring and evaluation); and health financing.

Below was a set of key questions for participants to consider for this topic:

i. What evidence (data collection) and policy gaps have not been covered in the areas of: (female) health workforce, leadership, governance and coordination, and health financing?
ii. How can different stakeholders (researchers, academics, NGOs, IOs, CSO, governments, donors, UN, front-line workers, communities and other key humanitarian actors) play a role? How can we work together, including with other sectors, to move these findings forward through joint advocacy and to drive policy change? Who should drive the policy around WCH in conflict settings? Should it vary by context?
iii. Who should be accountable for this needed change? How should accountability around M&E of services and program delivery for WCH in conflict settings be tracked and shared?

Appendix C: List of Participating Organizations

Below is a list of organizations and affiliations that attended the workshop:

Afghanistan Civil Society for Food Security and Nutrition
Afghanistan Nurses and Midwives Council
Aga Khan University
BRANCH – Bridging Research & Action in Conflict Settings for the Health of Women & Children
GAVI
Geneva Centre for Humanitarian Studies
Government of Afghanistan
Human Development Society
JSI Research & Training Institute
Ministry of Public Health, Afghanistan
Nutrition International
PMNCH - Partnership for Maternal, Newborn and Child Health
SickKids Centre for Global Child Health
UNDP Afghanistan
UNHCR Pakistan
UNICEF Afghanistan
University of Central Asia
Vital Pakistan Trust
WHO, Afghanistan
WHO, EMRO
WHO, Pakistan
Wish 2 Action

Appendix D: Regional Context for Afghanistan

Owing to the longstanding civil war and subsequent political instability, Afghanistan faced economic collapse in 2001, with compromised infrastructure and extremely limited capacity for delivering health services, compounded by complex geography and widespread poverty.

Afghanistan's health and survival indicators were among the worst globally. The average life expectancy was only 44.5 years, and the estimated maternal mortality ratio (1600 per 100 000 live births) and infant mortality rate (165 per 1000 live births) were alarmingly high. Recurrent illness and suboptimal infant and young child feeding and hygiene practices led to high rates of childhood undernutrition. Coverage of essential reproductive, maternal, newborn, and child health interventions was abysmal, with skilled birth assistants at only 14% of births and safe drinking water being available to <40% of the population. Access to health services was also poor, with only 10% of the population living within one hour's walking distance of a health facility. Economic and social indicators had waned after three decades of war—only 30% of Afghans were literate (only 5.7% of females) and annual gross domestic product (GDP) per capita was about $199 (£156; €176).

Afghanistan's priorities in 2001 were to rapidly increase access to primary healthcare and to prioritise key interventions, such as basic civic services, education, food security, and childhood immunisations, particularly for rural and underserved populations. The government embarked on longer term, multisectoral planning and introduced the Basic Package of Health Services (BPHS) in 2003. Community based approaches also helped increase access to healthcare, generate demand, and improve equity, such as the Community Midwifery Education programme; but the high attrition rate of female health professionals is an ongoing obstacle. Mobile health teams and community groups have helped in increasing demand for healthcare; however, there are cultural barriers to women seeking care, and the female health workforce is below the required numbers, especially in rural and severe conflict areas. This, together with low education levels among women, further complicates existing challenges and hinders simple solutions.

There are still a high percentage of out-of-pocket expenditures and these are largely due to lack of access to health facilities, inconsistent quality of BPHS, and an unregulated private sector. Although Afghanistan has improved some health indicators and service delivery and has vastly increased the number of health facilities and workers, the health system remains far weaker than needed to ensure universal coverage, equitable access, and uniform benefit. Various factors affect decision making and service delivery including insecurity, cultural norms, unavailability of workforce, poor monitoring, lack of funds and inconsistent supplies, as well as weak stewardship, gaps in capacity at the central level, and poor coordination at national, regional and district levels. This requires strategies and progress in multiple other sectors, including economic growth, poverty reduction strategies, investments in education, and emphasis on improved transport and communication networks.

To read more about the situational context in Afghanistan, please refer to the following country case study conducted by BRANCH:

- Mirzazada, S., Padhani, Z.A., Jabeen, S. *et al.* Impact of conflict on maternal and child health service delivery: a country case study of Afghanistan. *Confl Health* **14**, 38 (2020). https://doi.org/10.1186/s13031-020-00285-x

Appendix E: Regional Context for Pakistan

Pakistan is a volatile geopolitical region which has faced various inter-state and intra-state conflicts since its independence leading to much conflict and political instability over the decades. Terrorism and the 'war on terror' have been costly for Pakistan – both in terms of human loss and economic costs and since 2002, terrorism has killed more than 50,000 people, which has an estimated economic cost of around USD $120 billion.

Pakistan failed to achieve most Millennium Development Goals (MDGs) including MDG 4 and 5 and there is still a high burden of maternal and child morbidity and mortality and undernutrition. Pakistan has been ranked as the second lowest progressing country in South Asia according to the Sustainable Development Goals (SDGs) index.

Pakistan is striving hard to eradicate poverty and hunger, as 38% of the population is living below poverty line. Pakistan Demographic and Health Survey (PDHS) shows that infant mortality has reduced in the year 2012 from 74 per 1000 live births to 62 per 1000 live births and under 5 mortality has reduced from 89 to 75 per 1000 live births in 2017.

There have been improvements in coverage of essential services for reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH&N), including vaccination coverage, but the progress is slow and uneven.

The several factors affecting delivery of care in conflict areas include health workforce, service delivery, governance, security, health information system and resources. Service delivery has been affected by planning and decision making at the central level, lack of coordination, inadequate mobilization of funds, insecurity, lack of human resources due to reduced access and fear of attacks, difficult working conditions affecting quality of care, lack of supplies and equipment, non-functional healthcare facilities, reduced monitoring and supervision, reduced investments in all sectors and difficulties in procurement.

There should be specific policies and strategies to deliver health services in conflict areas but these are mostly missing, among many other much needed strategies.

To read more about the situational context in Pakistan, please refer to the following country case study conducted by BRANCH:

- Das, J.K., Padhani, Z.A., 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. *Confl Health* **14**, 32 (2020). https://doi.org/10.1186/s13031-020-00271-3

Appendix F: Key Resources

BRANCH Consortium Website - Bridging Research & Action in Conflict Settings for the Health of Women & Children
www.branchconsortium.com

BRANCH Consortium Policy Briefs - Women's and Children's Health in Conflict Settings: Barriers and Facilitators to Delivering Effective Services

1. Engaging and Empowering a Localized Innovative Health Workforce
2. Strategic, Adaptable and Multisectoral Leadership, Governance and Coordination
3. Comprehensive, Sustainable and Needs-Based Health Financing

https://www.branchconsortium.com/resources

BRANCH Consortium Summary Briefs - Women's and Children's Health in Conflict Settings

1. The Current Landscape of the Epidemiology and Burden
2. The Current Evidence and Guidance Landscape for Identifying and Implementing Priority Interventions
3. Prioritizing and Packaging Health Interventions - Deciding What to Deliver, When and How
4. Barriers and Facilitators to Delivering Effective Services
5. Key Messages and Next Steps

https://www.branchconsortium.com/resources

Lancet Series - Lancet Series on women's and children's health in conflict settings - papers and linked comments
https://www.thelancet.com/series/conflict-health

- Commentary – Doing better for women and children in armed conflict settings
- Executive Summary
- Lancet Series Paper 3 – What Have We Learned from Ten Country Case Studies (Singh, et al.)

Conflict and Health Collection - Delivering health and nutrition interventions for women and children in conflict settings: country case studies from the BRANCH Consortium.
https://www.biomedcentral.com/collections/branchconsortium

- BRANCH Country Case Study – Afghanistan
- BRANCH Country Case Study – Pakistan

BMJ Collection - Reaching conflict-affected women and children with health and nutrition interventions.
https://www.bmj.com/branch

PMNCH Covid-19 Call to Action
https://pmnch.who.int/news-and-events/campaigns/pmnch-call-to-action-on-covid-19