

HEALTH AND WELL-BEING OF WOMEN,  
CHILDREN AND ADOLESCENTS ON THE MOVE

KNOWLEDGE BRIEF SERIES

01



## Introduction and Overview

#PMNCH\_HFS #WCAH #HUMANITARIAN #FRAGILE #DISPLACEMENT #HEALTH #MIGRATION



# Introduction

The Partnership for Maternal, Newborn and Child Health (PMNCH) is launching a series of Knowledge Briefs that will cover topics related to the health and well-being of displaced women, children and adolescents. The series is designed to bring together and share state-of-the-art information with people and organizations working in the development and humanitarian sectors on the challenges, gaps and opportunities that exist for addressing the health and well-being of displaced women, children and adolescents across the life course. This initiative is being developed under PMNCH Humanitarian and Fragile Settings work stream.




# Overview

The last twenty years have seen an exponential growth in the number of people on the move. Today around one billion people are estimated to be migrating within and/or between countries in all regions of the world (1). Approximately half of the people on the move are women (2,3) and most are of reproductive age. Around 69 million of the one billion people on the move are refugees and internally displaced people forced to flee conflicts and violence (2), and of these over 42% are girls and boys under the age of 18 (2). Humanitarian and fragile settings (HFS) and the migration and forced displacement they prompt typically exacerbate pre-existing needs and vulnerabilities, and expose people to new risks to health and well-being. This usually occurs in situations where access to quality health care is limited and where families are disrupted and other possible sources of care are not available. In these settings, women, children and adolescents (WCA) are among the most vulnerable and their health and well-being can be quickly eroded. Their health needs, which are often unique to their age and gender, are also often poorly understood and overlooked in humanitarian action. If the World Health Organization's aspirational goal of Universal Health Coverage (UHC) and the United Nations' Sustainable Development Goals (SDGs) are to be achieved, urgent attention will have to be given to the many humanitarian and fragile situations in the world and to the health needs of women, children and adolescents caught up in them.

**Over 60% of all otherwise preventable maternal deaths, 53% of all the world's under-five deaths, and 45% of neonatal deaths occur in countries affected by humanitarian crises and fragile socio-political conditions where forced migration is also common.**





# Knowledge and evidence

Humanitarian crises and the displacement and migration that typically come in their wake introduce complex threats to the health and well-being of women, children and adolescents (1, 4–9). In the case of pregnant women and their newborn babies, who always make up a significant part of displaced populations, poor nutrition, loss of essential micronutrients, exposure to infections, limited access to quality ante-natal, inter-partum and neonatal care, and chronic exposure to offensive environmental conditions can make pregnancy and child birth a dangerous process. Spontaneous and induced abortions, pregnancy and delivery complications, preterm and low birth weight babies are frequent (4) and current estimates indicate that over 60% of all otherwise preventable maternal deaths and 45% of neonatal deaths occur in countries affected by humanitarian crises and fragile socio-political conditions where forced migration is also common (10). Early childhood in these settings is also replete with risks to health and development, and an estimated 53% of all the world's under-five deaths are now known to occur in countries in humanitarian and fragile situations (10). Poor immunization coverage, malnutrition, exposure to parasitic, water and foodborne infections and environmental hazards are some of the reasons for this high morbidity and mortality (8,11).

**Many of the initiatives that have been taken up in protection of the health and well-being of displaced women, children and adolescents have often focused on one part of the life course and one group, be it women, pregnant women, women in delivery, babies at birth, infants, infant feeding, or adolescent sexual health without linking them conceptually and programmatically.**

There is also growing evidence that in the course of being displaced and then temporary settlement in refugee camps, young children, as well as girls and women in general, are frequent targets of sexual abuse, violence and abduction (1,12–13).

Transitioning from early childhood to adolescence can be a complicated and difficult process that involves having to cope with profound physical, psycho-sexual changes. In humanitarian and fragile settings where family life is disrupted and communities are disorganized, much of the support that might have come from elders, peers and others, is often lacking. Despite the importance of this period in life and the difficulties encountered by many adolescents, it has often been overlooked by both humanitarian and development groups. Especially in the case of adolescent girls, the threat of sexual violence and rape, forced sex work, trafficking, and abuse is quick to emerge (1,12) and remains a feature of all displacement that has implications for sexually transmitted infections, unwanted pregnancies, and psychosocial health. There is also growing evidence that sexual abuse of boys, especially unaccompanied ones, in refugee and internally displaced camps, transit facilities and reception centers in host countries is far more widespread than previously believed (14,15).





# Conventions, legal frameworks and strategies

**In the course of being displaced and then temporary settlement in refugee camps, young children, as well as girls and women in general, are frequent targets of sexual abuse, violence and abduction.**

A range of international conventions, resolutions and agreements have been put in place to protect the rights of refugees, and to a lesser extent, internally displaced people (IDPs) and migrants. Other frameworks such as the Convention on Elimination of All Forms of Discrimination against Women (1979), the Convention on the Rights of the Child (1989), the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (1990), and the Convention on the Rights of Persons with Disabilities (2006) have also been developed to protect women and children on the move. More recently, the health and well-being of women, children and adolescents in humanitarian settings has been given greater visibility through the Every Woman Every Child (EWEC) movement and its core partners the H4 Partnership<sup>1</sup>, the Global Financing Facility (GFF), PMNCH, and the Global Strategy for Women's, Children's and Adolescents' Health and Well-being (2016–2030) (10), which mentions the need to safeguard women, children and adolescents in humanitarian and fragile settings and uphold their right to the highest attainable standards of health. The SDGs, while not specifying humanitarian and fragile settings also give emphasis to the need to secure the health of displaced populations. The UN Secretary-General's Agenda for Humanity, the WHO's push for Universal Health Coverage and its draft Global Action Plan for the Health of Refugees and Migrants (16) now provide another important platforms for promoting and protecting the health of women, children and adolescents on the move and in humanitarian and fragile settings. If the most is to be made of these opportunities, it will be useful to work with parliamentarians, academic institutions and others in reviewing the conventions, resolutions and agreements that exist, and assessing how, where and when these are being used, and how their use can be strengthened.

<sup>1</sup> UNAIDS, UNFPA, UNICEF, UN Women, WHO, and The World Bank.



# Initiatives, services and interventions

A number of initiatives have been created by international organizations such as the UN High Commissioner for Refugees (UNHCR), World Health Organization (WHO), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), International Organization for Migration (IOM), Médecins Sans Frontières (MSF), and the International Federation of Red Cross and Red Crescent Societies (IFRC) to address the growing challenge of humanitarian and fragile settings and their implications for health and health services. Since the war in former Yugoslavia, more attention has been given to the prevalence of sexual violence in humanitarian situations and the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) has pioneered the need for reproductive health services in these settings. Other health and well-being needs of vulnerable groups such as women, children and adolescents have been taken up by other groups, and guidelines and operational plans are now available on a number of selected aspects of reproductive health (17), newborn care (18), early childhood development (19), child care (20), infant and child feeding (21), HIV and infant feeding (22), and reproductive health kits (23) in humanitarian settings.

Despite the very obvious progress that has been made in terms of guidance materials and in drawing attention to the needs of women, children and adolescents, there is still room for improvement. Gaps continue to exist in the area of service availability and utilization, especially in the case of emergency contraception, comprehensive abortion care, basic emergency obstetric and newborn care, sexual and reproductive health services for adolescents, diagnosis and treatment of HIV and other STIs, and prevention of sexual exploitation and abuse (24). The Minimum Initial Service Package (MISP) that was developed

under the coordination of IAWG, addresses the clinical management of rape, but not all humanitarian organizations appear to be familiar with the MISF, and implementation of this guide remains variable and is often an *ad hoc* action, even in settings where sexual violence is widespread (25). Substantial gaps also exist with respect to monitoring the impact, coverage, and quality of many of these interventions and as a result, it remains difficult to say what works best in different settings, and which initiatives merit scaling-up.

Another persisting challenge is that many of the initiatives that have been taken up in protection of the health and well-being of displaced women, children and adolescents have often focused on one part of the life course and one group, be it women, pregnant women, women in delivery, babies at birth, infants, infant feeding, or adolescent sexual health without linking them conceptually and programmatically. Concern about this has nevertheless grown, and mainstreaming and linking activities according to the continuum-of-care concept promises to bring about improvements in this area.

In all of this, opportunities for a closer programmatic link between humanitarian and development actors have at times been missed, in part because personnel involved in these phases of humanitarian-development have not benefitted from shared training and have come to problem settings with different backgrounds, different operational objectives, and different time constraints. The fact that donors sometimes have different departments, separate funding mechanisms for humanitarian and development activities may also have contributed to weak linkages between work on humanitarian and development initiatives.

**Despite the progress that has been made in terms of guidance materials and in drawing attention to the needs of women, children and adolescents, there is still room for improvement. Gaps continue to exist in the area of service availability and utilization.**







# Coordination and stakeholders

The challenge of health and well-being of displaced populations and in humanitarian and fragile settings continues to attract more organizations, NGOs and individuals. Although many coordination mechanisms such as the Inter-Agency Standing Committee, Global Cluster Coordinators Group and the IAWG exist, this is an area that still calls for more attention and support from all stakeholders. Taking a life course approach to the health and well-being of women, children and adolescents on the move and in HFS that stresses the continuum of care will help to strengthen existing coordination between all humanitarian actors and also facilitate their collaboration with their development peers. It will also help to align the interests, work modalities and guidance materials that different organizations and sectors are currently using.

In the field of funding, the range of stakeholders has also grown, and in addition to traditional national donor agencies, other groups such as the Bill & Melinda Gates Foundation, the Global Fund for AIDS, TB and Malaria, the Global Vaccine Alliance and the private sector have emerged as important technical as well as financial players. Because these agencies, groups and individual actors also come with different backgrounds, mandates, interests and institutional values, improved coordination and alignment around a common approach to the health and well-being of women, children and adolescents on the move and in HFS will be a major step forward.

**A range of international conventions, resolutions and agreements have been put in place to protect the rights of refugees, and to a lesser extent, internally displaced people (IDPs) and migrants. A review of these pacts need to be carried out, including assessing how, where and when these are being used, and how their use can be strengthened.**

# Innovation and digital technology

There has been dramatic evolution and innovation in the field of medical technology that is relevant to the health and well-being of displaced women, children and adolescents, and in humanitarian and fragile settings. 3D printing of prostheses, for example, opens a vast new area of clinical options, especially when these can be adapted to low resource settings (26). Similarly, in the field of digital technology, developments such as mobile devices, field operated drone systems, spatial decision support systems, social media platforms, and Geographical Information Systems can be of great value in data gathering, surveillance, electronic health records, health education, and in delivering effective support to vulnerable populations that might otherwise be difficult to access (26). However, more research and evaluation is called for if these technologies are to be used at large scale.





# Moving forward

Moving forward in the area of the health and well-being of displaced women, children and adolescents and in HFS will require more analysis of what is available and what is required, greater advocacy for action in this area, and better alignment of priorities, policies and actions in a way that permits greater efficiencies, monitoring and accountability.

In taking up this challenge, PMNCH proposes to create a platform that will allow all stakeholders, including communities of concern, to share knowledge, experiences, good practices, and new ideas about how to better meet the health and well-being needs of displaced women, children and adolescents and in HFS taking a life course approach. The platform will facilitate an aligned interaction between sectors, as well as organizations and actors, and in doing so, will demonstrate the value of inter-sectoral collaboration, as well as allowing for existing and emerging gaps to be identified and facilitating the uptake of solutions found to address these gaps.

**Taking a life course approach to the health and well-being of women, children and adolescents on the move and in HFS that stresses the continuum of care will help to strengthen existing coordination between all humanitarian actors and also facilitate collaboration with their development peers.**

An inclusive multi-stakeholder platform, such as PMNCH represents an opportunity to tackle several of the challenges and gaps in addressing the health and well-being of displaced women, children and adolescents. For example, building on and bringing together the technical guidelines, recommendations and knowledge base of WHO and academic research institutes, PMNCH partners across its ten constituencies could promote and facilitate aligned evidence-based action for women, children and adolescents everywhere, and especially in situations of migration and forced displacement. Working with PMNCH parliamentary partner organizations, academic institutes and other stakeholders, a review of existing conventions, resolutions and agreements as related to the health and well-being of displaced women, children and adolescents could be carried out and facilitate enhancing their implementation.





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