

Position Statement

Human Rights of Women, Children and Midwives in Humanitarian Settings

Background

In humanitarian and fragile settings, including those experiencing war and conflict, climate disasters and complex emergencies, human rights violations are more frequent, disproportionately affecting marginalised and vulnerable groups. Women and children are more likely to be displaced, deprived, and at risk of injury and illness. At the same time, their access to health services, including for sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) needs is more likely to be restricted or refused.

A loss of safe spaces further exposes women and children to sexual violence and abuse. Sexual violence in conflict settings remains widespread and is often systematic, because of displacement, rising inequality, a breakdown of law and order and reduced civic space, but is also too often used as a tool of oppression and war. Sexual violence

in humanitarian settings can take various forms including but not limited to abduction, assault, rape, early and forced marriage, trafficking, and forced sterilization. Survivors face long-term consequences, including trauma, unintended pregnancies, sexually transmitted infections, and social stigma (1, 2). Displaced people often have limited access to essential needs including clean water, sanitation facilities, and menstrual hygiene products and crowded shelters and camps make it difficult to find privacy for managing menstruation. Further, cultural taboos surrounding menstruation can lead to shame, isolation, and difficulty seeking help for menstrual problems. Many girls lack information about menstruation, which can increase anxiety and cause them to miss school.

Due to displacement, safety and loss of infrastructure pregnant women experience a loss of continuity of midwife care and often give birth in unsafe situations. Midwives play a vital role in protecting the rights of women and children in the aftermath of disasters and in conflict settings through provision of respectful care, preparedness planning and prevention of breakdown of services.

According to the WHO (3), approximately 50% of maternal, newborn and childhood mortality presently occur in humanitarian settings, and children who survive often are unable to thrive, or even experience neglect and mistreatment. Many midwives are personally affected by humanitarian emergencies. They may experience displacement themselves and be injured or killed in conflict settings or natural disasters and may lose family members. They may face sexual violence, and often work in unsafe situations.

Position

ICM believes that the human rights of women, children, and midwives should be protected in all circumstances and calls for increased investment in protecting the health and safety of women and children caught in and experiencing humanitarian crises. ICM strongly condemns all acts of violence and conflict.

ICM supports:

- The efforts of international agencies that are seeking to resolve conflicts, enforce peace, and provide support and humanitarian assistance to women, children, and communities in humanitarian context,
- The work of midwives who in the most difficult of circumstances, often affected by conflict, displacement and unsafe settings continue to provide SRMNAH care for women and newborns.

ICM condemns:

- Using healthcare infrastructure including hospitals, clinics, ambulances, and medical equipment and supplies as military targets,
- Restricting the movement and mobility of healthcare workers and preventing them from conducting their duties, or targeting them with violence for any reason,
- The use of items of war that can have a long-term impact on a population as well as SRMNAH, such as anti-personnel landmines, chemical weapons and white phosphorus gas,
- Attacks on civilians and civilian infrastructure and obstructing access to food and water,
- Obstruction of humanitarian assistance, and delivery of nutrition, medicines and lifesaving goods and services,
- Leaders of forces who fail to safeguard the human rights of women and children, especially those whose armed forces physically and sexually abuse women and children,
- Rape and sexual violence in general and as a weapon of war,
- The use of women in active military service when they must interrupt lactation to do so,
- Any health worker who, or health organisation that colludes with those who may cause harm to any individual.

ICM will support member associations in countries experiencing humanitarian emergencies, by connecting them to resources and support where possible and as defined by associations and midwives on the ground

Recommendations

Member associations are encouraged to support peace initiatives and to advocate and work with governments to ensure that SRMNAH needs are met in humanitarian settings to minimise loss of continuity of care in situations of conflict, climate and natural disaster or complex emergencies.

Member associations should work with midwives, cluster leads, and the government to implement the Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations in their settings (4). The MISP is a standard humanitarian document that outlines which reproductive health components are most important to prevent death and disability in humanitarian settings. It also builds the foundation for the delivery of comprehensive reproductive health services that should be initiated as soon as the situation is stable.

Midwives and member associations should advocate to be included in humanitarian response and preparedness and planning for emergencies as an integral part of the health infrastructure. Where this is not possible, midwives' associations can consider doing their own response planning.

Fundamental humanitarian principles (5) including humanity, impartiality, neutrality, independence, voluntary service, unity and universality should be applied to all humanitarian settings.

Related ICM Documents

- ICM. 2014. Core Document. International Code of Ethics for Midwives.
- ICM. 2024. Position Statement. Midwives, Women and Human Rights
- ICM. 2011. Position Statement. Health of Women and Children in Disasters
- ICM. 2024. Position Statement. Climate Change
- ICM. 2024. Position Statement. Migrant and Refugee Women and Their Families
- ICM. 2024. Policy Brief. Investing in Midwives' Associations

Other Relevant Documents

- 2015. The Fundamental Principles of the International Red Cross and Red Crescent Movement. ICRC
- Conflict-related sexual violence: Report of the Secretary-General (S/2022/272) [EN/AR/RU/ZH]
- G8. 2013. Declaration on preventing sexual violence in conflict. 2013
[http://stoprapenow.org/uploads/docs/Formal%20Remarks%20by%20SRSG%20Bangu ra%20-%20Lancaster%20House%2020130411doc.pdf](http://stoprapenow.org/uploads/docs/Formal%20Remarks%20by%20SRSG%20Bangu%20-%20Lancaster%20House%2020130411doc.pdf)

- Geneva Convention (IV) Relative to the Protection of Civilian Persons in Time of War. Geneva, Switzerland: 12 August 1949.
- ICC. 2002. Rome Statute of the International Criminal Court. UN. 1987. UN Convention against Torture, Article 10. UN High Commission for Human Rights. Geneva, Switzerland
- UN. 2012. Trust Fund to end violence against women. 2012. Annual Report.
- UNICEF. 2021-2030 Child Protection Strategy

References

- (1) UN 2022, Conflict-related sexual violence: Report of the Secretary-General.
- (2) 2023, Save The Children, Child Rights Resource Center International Confederation of Midwives. *Appropriate Use of Intervention in childbirth*. ICM website 2011.
- (3) 2018, WHO. Children in Humanitarian Settings
- (4) IAWG. 2018. Inter-Agency Field Manual on Reproductive Health in humanitarian Settings. Available from: <https://iawgfieldmanual.com/>
- (5) The fundamental principles of the International Red Cross and Red Crescent Movement

Adopted at Glasgow Council meeting, 2008

Reviewed and adopted at Prague Council meeting, 2014

Reviewed and adopted at Virtual Council Meeting, 2024

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