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MAKING
AID WORK

FOR DISPLACED
WOMEN

Policy Briefing

Addressing the Needs of Women and Girls on the Move

Toward an inclusive, intersectional and culturally
sensitive approach

Executive Summary

Over 120 million people were forcibly displaced in 2024, with more than half being women and children. The majority were estimated to originate from, and be hosted by, the Organisation of Islamic Cooperation (OIC) countries. Displaced women face heightened vulnerabilities from pre-existing structural inequalities intensified during displacement.

As different women have different needs, the quest to save lives must operationalise inclusive and intersectional approaches to aid, which account for diverse and contextual needs and which ‘leave nobody behind’ by reaching the most vulnerable groups at different stages of forced migration.

Key domains of women’s needs in forced migration—and related recommendations—include:

- **Protection:** Women face disproportionate risks of sexual and gender-based violence, trafficking, and exploitation. Survivors require immediate case management, safe shelter, legal counsel, and psychosocial support.
- **Sexual and reproductive health:** Women on the move have specific and critical sexual and reproductive health needs. Critical gaps exist in menstrual hygiene management, contraception access, testing for sexually transmitted infections (STIs), and emergency contraception for sexual violence survivors.
- **Maternal and newborn health:** Inadequate care for pregnant women and mothers in displacement settings pose a risk for both mother and child. Barriers exist to accessing maternal and newborn health care in host countries, due to restrictive policies, language barriers, and cultural insensitivity, with racism compounding vulnerabilities.
- **Mental health:** Women on the move commonly experience deteriorating mental health. Often a dehumanising nature of forced migration, trauma, uncertainty, and caregiving responsibilities severely impact women’s mental health, requiring specialised support. All women on the move deserve treatment with dignity and humanity by service providers, recognising their agency and autonomy.
- **Spiritual well-being:** Many displaced women value spiritual well-being, often intersecting with emotional and psychosocial well-being. Faith serves as an important coping mechanism, yet humanitarian interventions often overlook spiritual dimensions of resilience. Faith sensitivity of service providers is key.
- **Livelihoods:** Livelihood opportunities are vital for enabling women on the move to remain resilient and self-reliant. Forcibly displaced women often lose their livelihoods and sources of income. Due to employment barriers, many displaced women are forced to work in the informal economy, further increasing their vulnerability to labour and exploitation.
- **Education:** Refugee women with low levels of formal education or literacy may experience exacerbated social marginalisation. The educational capital of refugee women is often undervalued and unrecognised, pushing them into insecure or exploitative work.
- **Accommodation:** Women on the move require adequate and safe accommodation responsive to their gendered needs. Unsafe, overcrowded shelter in transit and host countries exposes women to additional violence and risks of exploitation.

Key recommendations for humanitarian actors to consider include:

- Implement route-based programming across forced migration pathways.
- Extend provision of mobile health services for women on the move.
- Ensure gender-balanced composition of relief teams to improve access to aid.

Introduction

This briefing outlines the intersecting and complex needs of women and girls (hereafter referred to as women) on the move, aiming to support humanitarian efforts in developing inclusive, intersectional and culturally sensitive approaches to help improve their health and well-being. The document is based on a synthesis of evidence from various displacement settings and is intended for humanitarian and development practitioners, advocates and policymakers from a range of international and local organisations.

The objectives of this briefing are:

- To inform diverse humanitarian actors about displaced women's intersecting and complex needs at different stages of forced migration
- To inform the development of more inclusive humanitarian policy and programmes, encouraging more support for women on the move

Displaced women's needs vary based on their socio-economic and cultural backgrounds, but some specific gendered dimensions of needs relate to displaced populations in general across forced migrant routes. Vulnerability to harm and exclusion is based on factors such as gender, age, disability and other diversity factors. An intersectional lens recognises the diversity of experiences and identities which shape women's needs and their vulnerability to discrimination in displacement that is determined by various social identity markers and power structures.^{1,2}

To make aid work for women, it is essential to adequately adapt interventions across different stages of forced migration, based on the needs of diverse groups of women, in a culturally sensitive and inclusive manner. It is also important to provide specialist support to survivors of torture and sexual and gender-based violence, unaccompanied minors and other groups requiring assistance (for example, older women, women with disabilities and women from minority backgrounds).

Prioritising women's needs in conflict, transit and refuge

Globally, women in general are subjected to persisting gender inequalities. These inequalities are often exacerbated in displacement situations. The number of displaced people has doubled in the last decade.³ In 2024 alone, over 120 million people were forcibly displaced, with women and children comprising more than half. The majority were estimated to originate from, and be hosted by, the Organisation of Islamic Cooperation (OIC) countries.⁴

Displaced women and girls are less likely than men and boys to have access to rights, resources and services due to wide-ranging structural and patriarchal disparities and barriers. Accumulative factors such as lack of documentation and financial resources, language barriers, male-centred routes to seeking international protection, travelling alone or as part of a family group, and restrictive immigration policies intensify exclusion, violence and discrimination towards women during the refugee journey and in places of an imagined refuge. For example, displaced women may be disproportionately affected by limited access to food, health care, shelter, education and work than displaced men or women in the general population. Women's rights are violated both

¹ Crenshaw, K. Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum* 1989(1): 139–167.

² Fiddian-Qasimiyeh, E., Grewal, Z., Karunakara, U., Greatrick, A., Ager, A., Lombard, L., Panter-Brick, C., Stonebridge, L., and Rowlands, A. (2020) Religion and Social Justice for Refugees: Insights from Cameroon, Greece, Malaysia, Mexico, Jordan and Lebanon. Bridging Voices report to the British Council. Available at: <https://refugeehosts.files.wordpress.com/2020/04/bc-hl-religion-and-social-justice-for-refugees-report-hr.pdf> (Accessed 20 November 2020).

³ World Economic Forum (2022) The number of people fleeing their homes has doubled in a decade. Why? Available at: <https://www.weforum.org/stories/2022/07/global-displaced-conflict-refugees/> (Accessed 4 March 2025).

⁴ There are 57 countries under the umbrella of the OIC, mostly Muslim-majority countries.

because of dire conditions in forced displacement and because of the discrimination and violence that women and girls experience in peacetime, which are exacerbated during armed conflict.⁵

Addressing intersecting and complex needs

Displaced women's experiences and needs vary and are framed by their intersecting identities (for example, gender, age, ability, race and religion) and power structures (such as racism, sexism and xenophobia). Their needs may change at different stages of forced migration. Humanitarian actors are responsible for ensuring their interventions uphold the 'Do No Harm' principle.⁶ Failing to address this may present life-threatening consequences for women and their children.

Well-being is a multidimensional and relative concept which may mean different things to people from different cultures. Overall, interdependent well-being domains include biological, material, social, spiritual, cultural, mental and emotional needs of a person.⁷ As different women have different needs, the quest to save lives must operationalise inclusive and intersectional approaches to aid which account for diverse and contextual needs and which 'leave nobody behind' by reaching the most vulnerable groups at different stages of forced migration. Key domains of women's needs in forced migration, alongside recommendations for saving women's lives across forced migration routes are outlined below. All suggested actions require adaptation to meet the diverse needs of girls across different age groups.

Protection

Evidence shows that displaced women are subjected to multiple risks of violence (including direct and structural violence) and discrimination across forced migration routes.⁸ Violence spares nobody, yet women and girls are disproportionately impacted due to their societal status and gender. In particular, women are the primary survivors of sexual exploitation and abuse and gender-based violence – encompassing acts such as rape, forced impregnation, forced abortion and trafficking. Unaccompanied women and girls travelling alone may be at higher risks of exploitation by traffickers, smugglers and border authorities. Forced migrant women are also subjected to domestic abuse – physical, emotional and economic violence – and unable to seek support due to precarious visa status, isolation and fear of deportation. Girls are also disproportionately affected, encountering a range of protection risks, including child marriage, trafficking and forced conscription.

Recommended actions:

- Raise awareness of protection risks among displaced women and communities to support their self-protection mechanisms.
- Provide practical self-protection measures and information on risks of sexual and gender-based violence (SGBV) and enable forced migrants to self-report/identify as survivors by disseminating useful information and creating a safe and gender-sensitive environment.
- Provide women experiencing SGBV with immediate case management support or referrals to life-saving services based on their needs. These may include practical material assistance, healthcare, safe shelter or safe spaces, legal counsel, psychosocial support, and spiritual care. Support should be available both in person and, where appropriate, remotely, given the likelihood that women may continue migrating before receiving such services.

⁵ Gray, H. (2019) The 'war'/'not-war' divide: Domestic violence in the Preventing Sexual Violence Initiative. *The British Journal of Politics and International Relations*, 21 (1): 189–206. doi:[10.1177/1369148118802470](https://doi.org/10.1177/1369148118802470).

⁶ The "Do No Harm" principle urges humanitarian actors to ensure that their interventions do not inadvertently harm the communities they aim to support (UNHCR Emergency Handbook 2024).

⁷ Williamson, J. and Robinson, M. (2006) Psychosocial interventions, or integrated programming for well-being? *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict* 4(1), 4–25. doi:[10.1097/01.WTF.0000229526.63438.23](https://doi.org/10.1097/01.WTF.0000229526.63438.23).

⁸ Pertek, S. and Phillimore, J. (2022) [Nobody helped me: Forced migration and sexual and gender-based violence: findings from the SEREDA project](#). Research Report. University of Birmingham.

- Coordinate with other sectors to ensure that referrals are up to date, accessible, effective, timely, and safe.
- Ensure the availability of female interpreters to support survivors of rape, in communicating their needs.
- Engage with the key community-based actors (e.g. religious and community leaders, camp and school managers) to enhance protection and inclusion measures for women.
- Advocate for 'speed tracks' for asylum in host countries for women and girls from countries with a track record of women's rights violations (e.g., Afghanistan).
- Ensure that survivors of intimate partner violence (IPV) can apply for asylum independently of their husband's refugee application and experience of persecution.
- Offer free legal aid, particularly for survivors of SGBV and trafficking, including access to cultural mediation and to interview and consultation separate from male relatives.
- Provide legal information in accessible formats for women of different ages, abilities, and literacy levels, including older, illiterate, and disabled women.

Sexual and reproductive health

Women on the move have specific and critical sexual and reproductive health (SRH) needs. Menstrual hygiene management (MHM) is an unmet need among women, who often do not have access to menstrual hygiene products, water for bathing to maintain their hygiene, or toilets that are safe and private to use.⁹ Similarly, women who have experienced sexual violence, including rape or trafficking during their journey, may have been exposed to sexually transmitted infections (STIs) or unwanted pregnancy. Information about and provision of contraception are critical for people on the move to prevent unwanted pregnancies.

The key challenges undermining the provision of SRH needs of women on the move include limited access to basic health information, cultural and language barriers, discrimination, stigma and service affordability.¹⁰

Recommended actions:

- Ensure information about sexual health and menstrual hygiene products is included in dignity kits or in other information materials for forced migrants to decrease women's vulnerability to SGBV and exploitation and their dependency on potential abusers.
- Ensure that services are targeted and responsive to the diverse needs of women and girls of different age groups.
- Where legal and appropriate, provide reproductive health kits with contraception (to both women and men) and guidance for potential pregnancy along the migration journey.
- Provide testing and treatment for STIs, free of charge, within an accessible, safe and non-stigmatizing environment.
- Provide survivors with information about emergency contraception to prevent any unwanted pregnancies within 120 hours and post-exposure prophylaxis (PEP) for HIV within 72 hours post-exposure to rape (if available in the location). Let the survivor decide whether they wish to access it.
- Where a medical team is available, refer to emergency medical care including PEP and emergency contraception.

⁹ Soeiro, R.E., Rocha, L., Surita, F.G., Bahamondes, L. and Costa, M.L. (2021) Period poverty: menstrual health hygiene issues among adolescent and young Venezuelan migrant women at the northwestern border of Brazil. *Reproductive Health*, vol. 18, no. 1, p. 238.

¹⁰ Darebo, T.D., Spigt, M., Teklewold, B., Badacho, A.S., Mayer, N. and Teklewood, M. (2024) The sexual and reproductive healthcare challenges when dealing with female migrants and refugees in low and middle-income countries (a qualitative evidence synthesis). *BMC Public Health*, vol. 24, no. 1, p. 520.

Maternal and newborn health

The maternal needs of women and their newborns on the move are often overlooked. Limited evidence shows that pregnancy and birth continue during migratory journeys, posing physical and psychological risks to women and their newborns.¹¹ For some women, childbearing during migration provides a normality to their disrupted way of life and hope for the future. For others, childbearing is undesirable for multiple complex reasons, including rape during migration. Perinatal mental health issues are widespread, and while psychosocial support may sometimes be available at points along women's journeys, it is challenging to provide targeted perinatal mental health for highly mobile populations. Barriers exist to accessing maternal and newborn health care in host countries, due to policies of restrictive health-care provision, inadequate provision of interpreting services (leading to language barriers), limited culturally sensitive understandings of care provision, and minimal targeted NGO programming in maternal and newborn health. Language barriers can reproduce trauma when women engage with maternal health services without the ability to understand procedures being done to them. Furthermore, racism compounds the vulnerabilities faced by certain groups of displaced women. Those who are visibly different and 'otherised' – such as Black women and hijab-wearing Muslim women – may experience disrespectful care when accessing or engaging with maternal health services, as a result of systemic biases and cultural insensitivities.

Inadequate attention is given to supporting women with infant feeding. Exclusive breastfeeding is recommended as it provides infants up to the age of six months with complete nutrition and is the safest and affordable form of feeding. Infants receiving formula milk are at risk of life-threatening illness if there are inadequate facilities for the preparation of formula milk and sterilisation of bottles.¹²

Recommended actions:

- Provide perinatal women and their newborns, on the move, good quality maternal and newborn health care in line with the principles of universal access to health set out in the Sustainable Development Goals.¹³
- Ensure female interpreters and cultural mediators are available to enable childbearing women to communicate with maternal and newborn health providers.
- Ensure female maternal health staff are available to attend women during pregnancy, birth, and postnatal period.
- Provide infant feeding support, including safe, private and accessible spaces, at transit points to support breastfeeding women on the move and provide information about safe feeding for formula-fed infants.
- Provide newborn kits, including material provision such as essential newborn supplies and information on key topics.
- Train women on nutrition and provide food and other fortified foods for women, especially breastfeeding mothers and pregnant women.
- Provide information on the prevention of family separation and family reunification and legal information and support in legalizing the newborn status in the country where they are born, to mitigate risks of undocumented child death or child exploitation.

¹¹ World Health Organization (2018) Improving the health care of pregnant refugee and migrant women and newborn children: technical guidance. WHO Regional Office for Europe. <https://iris.who.int/handle/10665/342289>

¹² Save the Children and IFE Core Group (2022) *Infant and Young Child Feeding in Emergencies: Ten Years of Progress*. Save the Children's Resource Centre

¹³ United Nations (2016) *Transforming our world: the 2030 Agenda for sustainable development*.

Mental health

Women on the move commonly experience deteriorating mental health. Fleeing conflict, extreme hardships, persecution or climate emergencies places a strain on mental health. Migration can be dehumanising and can strip women of their dignity and disempower them. Uncertainty about the immediate, medium term, and unfulfilled hope about reaching a place of sanctuary during journeys that are marked by violence, exploitation and physical exhaustion, all contribute to high stress levels and poor mental health. Additionally, women may carry the burden of caring responsibilities (such as caring for children or elderly relatives travelling with them) during migratory journeys, placing an additional emotional burden on them. Some groups of women are particularly in need of mental health support during displacement. For example, older women, and women of lower socio-economic status, who due to limited language skills and literacy may face additional difficulties adapting to a new context. Also, women on the move, like all displaced people, are at risk of developing post-traumatic stress disorder (PTSD) due to traumatic events in their home country and in forced migration. In addition, women on the move who have experienced exploitation, trafficking, or sexual and gender-based violence are at heightened risk of developing mental health conditions.¹⁴ However, psychological support services may be unable to reach these groups due to their continued mobility and stigma associated with mental health support. All women on the move deserve treatment with dignity and humanity by service providers, recognising their agency and autonomy. Peer support can be an important source of social support for displaced women experiencing mental health problems.

Recommended actions:

- Offer psychological first aid at transit points and across forced migrant routes,¹⁵ including specialized mental health support within health programmes.
- Provide women with information in an accessible format outlining their rights to support and introducing self-help techniques.
- Provide women only safe spaces inclusive of childcare to engage with other peer women, including those on the move and from the host community.
- Foster peer support groups of women who can serve as a social support resource for women on the move experiencing mental health problems.

Spiritual

Many displaced women value spiritual well-being, as it intersects with other well-being domains, e.g. emotional and psychosocial. Extensive research evidences the enormous strength that displaced women draw from their prayers, reading a religious scripture, religious beliefs and their connection with a higher power to cope with abuse and displacement.¹⁶ For many, religious coping strategies are a lifeline in situations of sex trafficking and detention.¹⁷ However, humanitarian interventions tend to overlook the role of faith in displaced survivors' trauma and coping mechanisms, not recognising the individual religious resources that support their resilience.

¹⁴ Barada, R., Potts, A., Bourassa, A., et al. (2021) "I Go up to the Edge of the Valley, and I Talk to God": Using Mixed Methods to Understand the Relationship between Gender-Based Violence and Mental Health among Lebanese and Syrian Refugee Women Engaged in Psychosocial Programming. *International Journal of Environmental Research and Public Health*, 18 (9): 4500. doi:[10.3390/ijerph18094500](https://doi.org/10.3390/ijerph18094500).

¹⁵ UNHCR (2015) Mental Health and Psychosocial Support for Refugees, Asylum Seekers and Migrants on the Move in Europe: A multi-agency guidance note. Available at: <https://emergency.unhcr.org/sites/default/files/Mental%20Health%20for%20People%20on%20the%20Move%20in%20Europe.pdf>

¹⁶ Pertek, S. (2024) Adaptive religious coping with experiences of sexual and gender-based violence and displacement. *Journal of Refugee Studies*, 37 (2): 307–323. doi:[10.1093/jrs/feae003](https://doi.org/10.1093/jrs/feae003).

¹⁷ Pertek, S.I. (2022) God Helped Us: Resilience, Religion and Experiences of Gender-Based Violence and Trafficking among African Forced Migrant Women. *Social Sciences*. 11 (5): 201. doi:[10.3390/socsci11050201](https://doi.org/10.3390/socsci11050201).

Recommended actions:

- Ensure that protection staff have basic faith literacy to understand the spiritual dimensions of well-being and resilience.
- Recognise and support religious coping patterns among displaced women.
- Be aware of how the beliefs and biases of humanitarian practitioners may influence how they relate to survivors' faith-related experiences and needs.
- Facilitate the referral or provision of spiritual care for displaced women who draw strength from their faith.
- Involve religious leaders in relevant interventions for women on the move.

Livelihoods

Livelihood opportunities are crucial for enabling women on the move to remain resilient and self-reliant. Forcibly displaced women lose their livelihoods and sources of income. Income-generating activities are scarce along forced migration routes, although some displaced women, such as many Ukrainian women of medium to higher socio-economic status, are able to access remote work and continue their employment online upon arrival in places of refuge. However, due to the lack of safe and accessible livelihood opportunities, many displaced women are forced to work in the informal economy—particularly in agriculture, the service industry, and domestic cleaning. These jobs are often precarious, poorly paid, and physically demanding, further increasing their vulnerability to labour and sexual exploitation.

Access to work in places of refuge is widely recognised as a key protective factor that helps displaced people rebuild their lives, reducing dependency on aid and safeguarding against exploitation. Employment also plays a critical role in enabling integration. However, significant gendered barriers—such as language differences, gender-specific barriers, lack of safe/reliable childcare, the non-transferability or lack of qualifications, and high unemployment rates in host communities—can severely hinder displaced women's access to work opportunities. Other barriers, such as cultural expectations, safety concerns and restrictions on movement can further limit their ability to undertake employment or income-generating activities. In some contexts, women may face restricted mobility and strict gender norms excluding them from mixed-gender workplaces.

Recommended actions:

- Ensure inclusive and accessible livelihood programmes and vocational training for diverse groups of displaced women, including those with disabilities or from minority backgrounds of different age groups.
- Support women's access to inclusive financial services, such as saving associations.
- Advocate against legal barriers to work, such as work permit restrictions, which can prevent displaced women from accessing formal work opportunities in host countries.
- Work with employers to combat discrimination of refugee women in employment and offer them development opportunities, such as internships and mentoring.
- Ensure safe and free of charge caregiving support to enable women to access income-generating activities.
- Promote displaced women's access to essential financial services, including through targeted interventions such as microfinance, savings groups and cash assistance.

Education

Forcibly displaced women and their families face a range of disruptions in education. Many lose access to schools during their journeys and some may be unable to access online learning due to lack of digital data. Some may be unable to continue their education as their academic credentials are not recognised in host countries. The mental health toll of displacement, such as separation from and loss of family and belongings, may make it difficult for displaced students to engage in education, and they may require emotional support to enable them to learn. Lack of familiarity with the language of the host country may further hinder their access to educational opportunities. Similarly, legal and logistical barriers can be an impediment, particularly for those who live far from educational facilities. In addition, the provision of education in refugee camps and urban settlements for displaced people may be irregular and restricted due to hostile immigration policies. Many refugee women may engage in informal learning.¹⁸ Displaced women who are illiterate or were denied access to education due to harmful policies in their country of origin, or because of poverty—where boys were often prioritised for education—frequently require additional support.

Refugee women with low levels of formal education or literacy experience exacerbated social marginalisation and may experience increased barriers to integrating into host communities. Conversely, the educational capital of refugee women—regardless of their educational status—is often undervalued and unrecognised, pushing them into insecure or exploitative work.

Recommended actions:

- Provide inclusive skills development and vocational training programmes with scholarships and fee waivers for displaced women in places of refuge, including mentorship, provision of career guidance services, upskilling and reskilling trainings tailored to displaced women to ensure their skills align with local labour market demands. Digital skills are particularly important for enhancing access to remote or hybrid work.
- Advocate for the rights to education and work in displacement and immigration settings and improving the inclusion of displaced people in the national educational systems.
- Provide support to education professionals and formal education system in transit and host countries to adequately engage with displaced women and girls with cultural sensitivity.
- Provide support in accessing educational institutions for forced migrants in host countries (i.e. transportation, awareness raising sessions with parents, gender-sensitive spatial arrangements, and support of cultural mediators in enrolling into the formal education system).
- Offer language classes and childcare for displaced students with caring responsibilities.
- Recognise the educational and professional qualifications of forced migrant women to enable their access to work.
- Implement interventions to retain girls in education, such as financial support and awareness-raising among parents.

Accommodation

Journeys for many women on the move may be temporarily paused for multiple reasons, for a short or protracted time. Regardless of the length of their stay in a transit country, women on the move require adequate and safe accommodation that is responsive to their gendered needs. Accommodation used by women on the move varies widely, including (but not limited to) make-shift accommodation (e.g. tents or squats in derelict buildings), smuggler-organised accommodation, state-run accommodation (e.g. hostels or reception centres, also known as refugee camps) and UNHCR-organised refugee camps (e.g. tents or containers). A minority of displaced women

¹⁸ United Nations Girls' Education Initiative (UNGEI) (2019) *Gender, Migration and Non-Formal Learning for Women and Adolescent Girls*. Available at: <https://www.ungei.org/publication/gender-migration-and-non-formal-learning-women-and-adolescent-girls>

have the financial resources to rent accommodation privately but may face legal barriers in securing a tenancy. Evidence shows that women are at risk of SGBV while seeking shelter during their journeys, and that host states are often inadequately prepared to, or fail to, mitigate these risks. Overcrowding, unhygienic conditions, restrictions on free movement, lack of safety for children, latrines that lack privacy and expose women to rape, sub-standard food provision and inadequate access to clean water are all commonly experienced by women accommodated during migration.¹⁹

Recommended actions:

- Ensure that refugee camps in suburban and remote areas are safe, well-lit, and gender-segregated to accommodate women and gender minorities travelling alone or without a family group. Additionally, incorporate safe spaces that provide women with a secure environment for rest and access to peer support.
- Ensure sanitary facilities are safe and hygienic so that women can use toilets without risk of assault, during day or night.
- Ensure cooking facilities are made available so that women can prepare culturally appropriate food for themselves and their families (particularly during pregnancy and after birth).
- Provide alternate shelter for women whose safety may be or is compromised in their existing shelter.

Other recommendations to make aid work for displaced women

- Develop and **implement route-based programming** across forced migration pathways to provide timely, inclusive and culturally sensitive assistance to women.
- Extend provision of **mobile health services**—free of charge and with interpreters where necessary—to ensure critical assistance to women on the move.
- Ensure **gender-balanced composition** of humanitarian teams to enable women and girls to share their experiences with female support staff and/or interpreters.
- Address **wider structures** affecting access and quality of humanitarian aid, such as racism, sexism, xenophobia and other forms of exclusion and oppression, through continued advocacy and humanitarian diplomacy.
- Develop **targeted interventions** for the most disadvantaged groups, providing specialist support based on the analysis of intersecting needs, vulnerability and resilience.
- **Consult women and girls** in meaningful ways to build on their **existing coping** and protection mechanisms and to support their well-being.

¹⁹ Sharma E., Duclos D., Howard N. (2024) The nexus between maternity care and bordering practices: A qualitative study of provider perspectives on maternal healthcare provision for Afghan women migrating through Serbia to Western Europe. Social Science and Medicine DOI: [10.1016/j.socscimed.2024.116880](https://doi.org/10.1016/j.socscimed.2024.116880)

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