



Talking Points for Understanding Large Movements of Refugees and Migrants April 25, 2016

Hello, thank you all for coming. Thank you also to the Global Migration Group for their leadership of this important event and creating a forum for our community to discuss the historic opportunity the GA Summit presents, ensuring that the issues that matter most to us are on the summit's agenda.

The Women's Refugee Commission improves the lives and promotes the rights of women, girls and other vulnerable populations displaced by conflict and crisis. We research their needs, identify solutions and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice.

I'd like to open with an anecdote from an assessment I conducted a few months ago in Greece. While working on a Greek island, researching the experience of refugee women and girls in the European refugee crisis, I met with dozens of humanitarian actors engaged in the refugee response. When I asked these first responders if they were aware of any threats to women's protection along the migration route, or any risks of rape or other forms of gender-based violence, the answer was a resounding no: "gender is not an issue in this migration."

Moments later I met a woman I'll call Yvette. She had fled political persecution in Burundi. Along her journey to Greece, she was forced to engage in transactional sex twice; the first time to get a fake passport and the second in exchange for passage on a boat from Turkey to Greece. She slept outside at the port on a Greek island for two nights without any shelter or privacy, or information regarding the services available to her, and without being able to get registered. She had not received help of any kind. Her story is, no doubt, identical to thousands of other women making the same journey.

Participation

Women and girls are gravely implicated in refugee and migrant movement issues around the world, and therefore, they must be a part of the processes that will lead to their protection. At the heart of all refugee and migrant response efforts must be addressing the seemingly intractable problem posed by gender inequality.

More than 25 years ago the Women's Refugee Commission documented the lack of humanitarian programming designed to meet the particular needs of refugee women and girls. Two and a half decades later, the integration of women's needs in refugee responses, especially their protection needs, remains for the most part, an ongoing struggle, mounted with each new crisis.

In Jordan, for example, the WRC conducted an assessment of women's participation in the delivery of humanitarian aid for Syrian refugees. Women reported receiving unwanted attention during distributions including demands for sexual favors in exchange of humanitarian goods. In camps, distribution sites are considered the second highest area of risk of physical violence for adult women, after the home. In refugee camps around the world, we see constant risk to women because of poorly placed latrines, insufficient shelter and badly implemented distributions.

We know that when women are consulted in the design of these interventions, their protection risks diminish. Women know best what their family requires and the circumstances whereby they can safely access that assistance. This means consulting with women directly to identify priorities and devise responses that affect their lives at all stages of displacement.

Reproductive Healthcare

The next issue I'll mention today is women's reproductive health. Reproductive health problems are a leading cause of death among women and girls of childbearing age globally. During conflict, access to health services often decreases while needs increase. In fact, lack of access to sexual and reproductive health care is the leading cause of death, disease and disability among refugee women and girls of reproductive age. Displaced women and girls often face high maternal mortality and are vulnerable to unwanted pregnancy, unsafe abortion, and sexual violence.

The Women's Refugee Commission recently completed a study exploring the availability and quality of reproductive healthcare services available to Malian refugees in Burkina Faso. In the vast majority of health clinics included in the study, very few facilities met minimum criteria for delivering family planning services, emergency obstetric and newborn care, the clinical management of rape, and there was absolutely no access to safe abortion. Many providers lacked essential knowledge and skills. Focus groups revealed limited knowledge of available services and socio-cultural barriers to accessing them.

For refugee women and girls, reproductive healthcare is lifesaving assistance. It is critical to improve the attitudes, managerial and technical capacity of healthcare providers to ensure that reproductive healthcare services are delivered respectfully and efficiently.

Livelihoods

As you've heard earlier today, people flee their country for both physical safety and to access livelihoods and resources they require to survive. If their assets were not stripped from them while fleeing, displaced populations often quickly deplete any assets they managed to bring with them. This is especially true for those displaced in urban or non-camp areas, which account for nearly 60 percent of the total refugee population, where expenses are higher and refugees are less likely to receive food, shelter, and other basic assistance. Women are affected differently than men in their search for livelihoods in displacement. Women often leave land-based, agrarian work for work in the unregulated informal sector in jobs that offer little security, safety, or dignity – as maids, servants, or commercial sex workers. Forced displacement, in particular, leads, often by necessity, to the adoption of negative coping strategies. Women and adolescent girls may have to engage in transactional sex, bartering their bodies for food or other basic needs. Children may be pulled from school to engage in child labor. Women risk rape and other violent abuses when venturing out to collect firewood and other vital resources.

It need not be this way. The millions of women uprooted and displaced by violence and conflict must be provided with opportunities to contribute and drive economic development – for their sake, for the sake of their families, and for the sake of the future of their countries of displacement and of origin and eventual return. My organization has developed and piloted tools and guidance for launching livelihoods programs that offer women safe and dignified economic opportunities that make a dent in gender inequality and contribute substantively to economic development.

A shift from women and girls as victims to women and girls as agents of social change is necessary. When women and girls are presented with a safe environment, and opportunities for empowerment and leadership, we will have created the cornerstone of peaceful, healthy and thriving communities.

The upcoming General Assembly Summit offers a new chapter. An opportunity for the international community to make bold commitments to support refugees and migrants, allowing them to restart their lives with hope and promise. There are three key actions that I hope Member States will take up.

First, there must be participation and meaningful engagement of women and girls and the promotion of their equal status in every single refugee response. Organizations like the Women's Refugee Commission have exhaustively documented the gaps in response efforts and have developed solid guidelines, tools, and data-collection systems to inform programming that fosters women's protection and empowerment. Let me be clear. It's not that we don't know what needs to happen. We need a commitment to do it.

Second, access to sexual and reproductive health care is both a right and a critical need, yet in refugee situations—when vulnerabilities are drastically increased—these services are not always available or prioritized. To ensure that lifesaving reproductive health services are in place from the very start of an emergency situation, we advocate among UN agencies, governments, donors and other organizations to ensure the full range of sexual and reproductive health services be available to refugees.

Finally, we need to heed the plea of Nour, an Iraqi woman I met last month in Germany, who told me that she could not wait until the day that she could begin productive work in her adopted city of Berlin, and begin the process of giving back to the country that has already given her life back after fleeing ISIS. Nour and women like her need assistance to access safe and dignified economic opportunities. In this way, the upheaval of forced displacement can be used to promote a more gender equitable world.