

# Refugee Women and Girls: Key to The Global Compact on Refugees

Empowering Refugee Women Encouraging Participation  
and addressing Sexual and Gender Based Violence –  
Using an Age, Gender and Diversity approach.

Report from the Stage 2 Training Workshops

Author: Dr Linda Bartolomei,  
Forced Migration Research Network UNSW



## PREAMBLE

Since these workshops were conducted, the COVID-19 crisis has disrupted the lives of refugee women and service providers in unprecedented ways. While many of the barriers and risks that this report details continue to impact on refugee women and girls, they also face increased risks of domestic violence due to being confined in small spaces as well as increased risk of xenophobia fuelled violence. In this context many of the refugee women leaders, NGO and UNHCR staff who participated in these workshops have been forced to overcome movement restrictions and serious political and health challenges to continue providing vital and life- saving services to refugee communities. The UNSW team wish to publicly acknowledge all of you as the real heroines and heroes of this crisis. We are deeply privileged to have the opportunity to work with you all and trust that in small ways we can continue to support your work with the refugee communities and your efforts to respond to the impacts of the current crisis on refugee women and their families.

## BACKGROUND AND INTRODUCTION

The Global Compact on Refugees (GCR), is a major new initiative which was signed by the majority of the United Nations Governments in December 2018. It is one of the strongest policies on the protection of refugee women and girls ever adopted by UN member States. Commitments include addressing gender inequality, the meaningful inclusion of women and girls in decision making and leadership and preventing and better responding to sexual and gender-based violence (SBGV)<sup>1</sup>. The GCR is predicated on a multi-stakeholder approach, which is aimed at broadening the base of actors who share the responsibility for refugee protection.

**Paragraph 13.** *The programme of action is underpinned by a strong partnership and participatory approach, involving refugees and host communities, as well as age, gender, and diversity considerations, including: promoting gender equality and empowering women and girls; ending all forms of sexual and gender-based violence, trafficking in persons, sexual exploitation and abuse, and harmful practices; facilitating the meaningful participation of youth, persons with disabilities and older persons; ensuring the best interests of the child; and combating discrimination” (The Global Compact on Refugees, UNHCR, 2018).*<sup>2</sup>

The Forced Migration Research Network, University of New South Wales, Australia, (UNSW) is conducting an Asia Pacific Region action research project to support the implementation and monitoring of the commitments to refugee women and girls in the GCR. [Refugee Women and Girls: Key to the Global Compact on Refugees](#)<sup>3</sup>. Working with local partners, the project is taking place in Malaysia, Thailand, Bangladesh and Myanmar<sup>4</sup>. It is being led by Linda Bartolomei and Eileen Pittaway<sup>5</sup> from the Forced Migration Research Network,

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<sup>1</sup> <https://www.unhcr.org/en-au/the-global-compact-on-refugees.html>

<sup>2</sup> For a copy of the GCR with gender commitments highlighted, see [this link](#)

<sup>3</sup> For project website see <https://www.arts.unsw.edu.au/research/forced-migration-research-network/projects/refugee-women-and-girls-key-to-the-global-compact-on-refugees/>

<sup>4</sup> A parallel separately funded project is being undertaken in Australia

<sup>5</sup> The research team for the consultations and workshops in Bangladesh were Dr Linda Bartolomei, Adjunct Associate Professor Eileen Pittaway and Geraldine Doney from UNSW and Rachel Tan from APRRN.

University of New South Wales, Australia, funded by the Australian Department of Foreign Affairs and Trade.

## Outcomes of the Stage 1 Consultations in Malaysia

In Malaysia local partners include Asylum Access, the Malaysian Social Research Institute (MRSI), Tenaganita, the University of Malaya and UNHCR. In the first stage of the project conducted during 2019, consultations involving refugee women and other key stakeholders were undertaken in each site using the UNSW team's signature participatory research methodology *Reciprocal Research*<sup>6</sup>. Workshops were conducted in Kuala Lumpur in July 2019. The aims of these consultations were to explore the situation of refugee women and girls living in Kuala Lumpur and to work with multiple stakeholders to develop strategies for implementation of the GCR commitments to this group. This included a focus on the barriers to participation faced by women and the impacts of endemic sexual and gender-based violence. The consultations were held over two weeks in July 2019 and included: a one-day training with interpreters; a five day training and research workshop with 34 refugee women leaders from 12 ethnic groups<sup>7</sup>; a one day training and research workshop with six refugee men; a one day training and research workshop with UNHCR and NGO representatives; a presentation by the refugee participants to UNHCR and other stakeholders; a roundtable workshop to identify stakeholder commitments and plan next steps and a debrief and planning meeting with UNHCR and NGO project partners. A detailed report of the Findings, the *Kuala Lumpur Consultations Report* was published in September 2019<sup>8</sup>.

## Planning Stage 2 of the Project

In a roundtable meeting on 29<sup>th</sup> July, the final day of the consultation process, refugee community members, the Malaysia-based UNHCR leadership team and local NGOs working with refugees, all expressed a strong commitment to working together to address issues identified in the consultations and to contribute to the commitments to women and girls in the GCR. The different groups identified what they could contribute to this and discussed ways in which actions and solutions could be prioritised in joint discussion with all stakeholders, including refugee women and men.

The UNSW team offered to return to provide further trainings on topics to be decided by local stakeholders and committed \$4,500 AUD to support this work. The University of Malaya agreed to make spaces available for meetings and trainings for refugees and service providers.

Following this meeting, UNHCR and NGOs took important steps forward, meeting with refugee women leaders and including them in key working groups and discussions with key

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<sup>6</sup> Eileen Pittaway, Linda Bartolomei, Richard Hugman, 'Stop Stealing Our Stories': The Ethics of Research with Vulnerable Groups, *Journal of Human Rights Practice*, Volume 2, Issue 2, July 2010, Pages 229–251, <https://doi.org/10.1093/jhuman/huq004>

<sup>7</sup> Women participants included 8 women from 4 different Myanmar ethnic minorities plus 12 Rohingya women, 6 Farsi speaking women from Iran and Afghanistan, 2 women from Sri Lanka, 2 women from Palestine and Syria, 4 Arabic speaking women from Yemen, Somalia and Sudan.

<sup>8</sup> The report of the findings from these consultations *Kuala Lumpur Consultations Report*, September 2019, is available at: [https://www.arts.unsw.edu.au/sites/default/files/documents/Women-as-Key-to-GCR\\_Malaysia-report\\_Oct-2019.pdf](https://www.arts.unsw.edu.au/sites/default/files/documents/Women-as-Key-to-GCR_Malaysia-report_Oct-2019.pdf)

stakeholders. The UNSW team were asked to return in January 2020 to provide a series of joint training workshops involving refugee women leaders, NGO and UNHCR staff. These workshops were hosted by Associate Professor Shanthi Thambiah, Gender Studies Program at the University of Malaya and were jointly funded by UNHCR and UNSW. NGO partners Asylum Access, MSRI and Tenaganita played a lead role in recruiting the refugee women leaders who joined the workshops. Special thanks is extended to Fajar Santoadi from Tenaganita who not only ensured that child care was available throughout the workshops but for stepping into to assist the volunteer child care workers.

## Stage 2 Training Workshops and Monitoring Interviews

The UNSW team returned to Kuala Lumpur in January 2020 and undertook a series of follow-up activities. These included: two training workshops (two-days duration each) involving a total of 47 refugee women leaders, 34 NGO staff, five academic and 21 UNHCR representatives. Activities included presentations on the gender outcomes of the Global Refugee Forum and a series of focus group interviews with key project partners to review project progress and outcomes and to plan next steps. The Kuala Lumpur Consultation report was also formally launched by Mr Thomas Albrecht, UNHCR as part of the official opening of the first workshop.

### Workshop 1: 10<sup>th</sup>- 11<sup>th</sup> January 2020

The first two-day training workshop *Empowering Refugee Women Encouraging Participation and addressing Sexual and Gender Based Violence – Using an Age, Gender and Diversity approach* was held on the 10<sup>th</sup> and 11<sup>th</sup> of January. This training was designed for refugee women leaders, NGO and UNHCR staff and other key stakeholders working to improve the conditions, self-reliance and durable solutions for refugee communities in Malaysia who had not participated the consultation and training workshops held in July 2019. It covered the same materials presented in those workshops.

### Workshop 2: 17<sup>th</sup> – 18<sup>th</sup> January 2020

The second two-day training workshop involved two linked modules: Module 1: *Organising Meaningful Gender Focused Community Consultations using an Age, Gender and Diversity approach*; Module 2: *Turning Stories into Evidence: Gender Focused Data Collection and Analysis to Inform Program Design and Evaluation, Policy, Law and Advocacy*. This workshop was designed for refugee women leaders, NGO and UNHCR staff and other key stakeholders working to improve the conditions, self-reliance and durable solutions for refugee communities in Malaysia who had participated in either the consultation and training workshops held in July 2019 or the two day workshop held the previous week on the 10<sup>th</sup> and 11<sup>th</sup> of January.

In keeping with the multi-stakeholder approach set out in the GCR and its core commitment to refugee participation, both workshops involved an equal mix of refugee women leaders and service providers. Service providers included, UNHCR, INGO and NGO staff along with a small number of academic staff and PhD students from the University of Malaya. **In both workshops, the refugee women again shared the strong message that they did not just want to be consulted about possible projects to respond to the problems they shared, but wanted to continue to be actively involved in the design, implementation and evaluation of projects and programs to address the problems they identified.**



# **Empowering Refugee Women Encouraging Participation and addressing Sexual and Gender Based Violence – Using an Age, Gender and Diversity approach.**

## **Workshop Report January 10<sup>th</sup> and 11<sup>th</sup> 2020**

**Hosted by Associate Professor Shanthi Thambiah, Gender Studies  
Program, University of Malaya**



**Facilitated by Dr Linda Bartolomei, Forced Migration Research  
Network, UNSW and Rachel Tan, Asia Pacific Refugee Rights  
Network (APRRN).**

**Training materials developed by Adjunct Professor Eileen Pittway  
and Dr Linda Bartolomei**

## Introduction

This two-day training workshop *Empowering Refugee Women Encouraging Participation and addressing Sexual and Gender Based Violence – Using an Age, Gender and Diversity approach* was held on the 10<sup>th</sup> and 11<sup>th</sup> of January at the University of Malaya. It was designed for refugee women leaders, NGO and UNHCR staff and other key stakeholders working to improve living conditions, self-reliance and durable solutions for refugee women and their communities in Malaysia, who had not participated the consultation and training workshops held in July 2019.

### The aims of this training were:

To explore ways of building trust, giving voice, and harnessing the potential contribution to the Malaysian community made by refugee women and girls. Using the UNSW team's signature research methodology; *Reciprocal Research*<sup>9</sup>, it explored ways to prevent and address sexual and gender-based violence, with the participation of refugee women as leaders and service providers.

The training was co-facilitated by Dr Linda Bartolomei, UNSW and Rachel Tan, APRRN and was formally opened and closed by the workshop host, Associate Professor Shanthi Thambiah. It was attended by 22 refugee women leaders, 15 NGO, five academic and 12 UNHCR staff. The topics covered on the first day of the workshop included an overview of the commitments to refugee women and girls included in the Global Compact on Refugees (GCR), a summary of the key gender outcomes from the Global Refugee Forum held in Geneva in December 2019, Human Rights and Gender, the UNHCR Age Gender and Diversity Framework, Sexual and Gender Based Violence, Women's Participation and Power and Privilege. These sessions provided the foundational knowledge and analytical frameworks for the small group work that was undertaken on the second day. Participants drew on their lived experience of working with refugee women and girls to complete the Matrix and Storyboard exercises. The Matrix exercise involved an examination of the different impacts of eight thematic areas which were: The impacts of SGBV; Barriers to Participation and Decision Making; Livelihoods and Jobs; Education and Energy and Infrastructure; analysed through the lens of eight diverse groups: Girls 1 – 12, Girls 13 -17 Women 18 – 25; Women 25 – 50; Older women; Women with a disability; LGBTI women and Single women and Single mothers.



<sup>9</sup> See footnote 6 above

The Storyboard exercise was undertaken in small groups and involved each group identifying an issue of concern for refugee women and girls in KL and then preparing a series of pictures to describe the problem, impacts and potential solutions involving refugee women. Each group then presented their storyboards, analysis and recommendations.



**Storyboards addressing the impacts and recommendations to address Intimate Partner Violence and Child marriage**

## Analysis of Thematic Areas

The participants worked in six small groups to complete the matrix and storyboard exercises. Three small groups involved only refugee women leaders and three combined NGO, UNHCR and Academic participants. In order to enable the refugee women to work in the language with which they were most comfortable the refugee women formed groups around shared languages. There was one Rohingya group, one Farsi speaking group and one mixed group who with the support of interpreters worked in Arabic, Somali and English. In order to provide maximum time for feedback from each group and discussion and analysis from the larger group, the room was divided in two and each facilitator led the feedback from three groups. Each group was allocated a different Thematic area of the Matrix to explore in their small group and then present to the larger group. As the thematic areas of SGBV and Participation are core areas of focus, two small groups, one refugee group and one service provider group worked on each of these issues.

As the findings from this workshop both validate and build on the findings from the Consultations held in Kuala Lumpur in July<sup>10</sup>, findings which confirm the previous findings are presented in blue text and new findings in black text.

<sup>10</sup> See footnote 8 for the link to the Report from the July Consultations

## Thematic Area 1 – SEXUAL AND GENDER-BASED VIOLENCE



The groups who reported on SGBV issues highlighted the intersectionality of issues outlining the way in which the impact of SGBV multiplies the barriers that women face in accessing other rights including access to education, to healthcare and to safety and protection. They highlighted the high levels of fear which many women and children face every day and the limited access to justice and services including the lack of safe houses for women fleeing from domestic and intimate partner violence.

### Girls 0 – 12

The refugee women described high risks of abuse by religious leaders and teachers in both their home countries and in Malaysia. They explained that girls under 12 are often targeted because they not aware of the risks and following the abuse are frequently too afraid to disclose it because of deep feelings of guilt and shame.

The service provider group highlighted the high risks of both physical and psychological trauma experienced by girls following rape and sexual abuse.

### Girls 13 – 17

*“One of the biggest issues is our women in our community, they don’t have education, therefore they have very low levels of self-confidence. They are unable to express or deal with the SGBV that happens. If she has education, she at least won’t get married at an early age such as 10, 12, 14, 18, if that happen, she won’t face health issues, SGBV etc. Women are like those human being who have eyes but still are blind. They cannot do anything they cannot say anything??” (Afghan Refugee woman, 2020).*



Girls in this age group face heightened risks of early and forced marriage and the ensuing consequences of early pregnancy which can lead to death as their bodies are not sufficiently developed to carry and give birth to a child. The girls are also forced to drop out of school which has negative consequences for the rest of their lives. In some communities, girls who are raped are forced into marriage with their rapists in an attempt to reduce the community stigma.



*“And then how child marriage affects the girl is she’s missing out from school and playing with her friends instead of enjoying her childhood, she actually has to take care of a baby. Besides having to raise a child at a young age she’s also being abused by her husband.” (Service providers, 2020)*



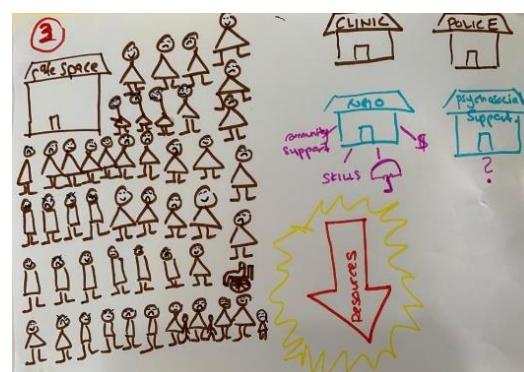
## Women 18 - 24

*“The mother is being abused by the father. There is a lot of different impact, physical emotional, spiritual, economical. This is the picture of a woman who may appear caged in, she is very sad and little children are also affected.” (Service providers, 2020).*



Once again rape and sexual abuse are endemic for this group, and women reported an alarming increase in domestic and family violence. Both married and single women are forced to seek illegal work which puts them in danger of sexual abuse. Women in this age group often have the care and responsibility of young children and are unable to leave even severely abusive relationships. There is a chronic lack of safe longer- term shelters which means that many women who do flee for safety have to return to the abusive situation from which they fled.

*“Some services we have is safe placement or shelter, access to obtain healthcare in clinics or hospitals, access to legal services, support from NGOs, which include financial assistance, shelter, and any other further support. There are also mental health support services, including counselling. What we actually try to show you, is that although we have these services, they are very limited and not fully accessible to survivors.” (Service providers, 2020).*



For many women in this age group who survive rape and sexual abuse, the fear of community stigma and shame is so great that they commit suicide.

*“The impact [of domestic violence] towards the women itself it can be seen it leads her to isolation and feeling demotivation and if not taken care of can lead to case of suicide.” (Service providers, 2020).*



## Women 25- 50

Once again, this group suffers from endemic levels of violence including domestic violence. The impacts are depression, despair and sometimes suicide. They also have less access to livelihood opportunities. Many have not completed their education, which makes them vulnerable to workplace exploitation and harassment.

Many are fearful that disclosure of sexual abuse will lead to further abuse by their husbands and end in divorce and exclusion from their communities. In some cases, this also leads to women being murdered in so called ‘honour’ killings by male members of their families.

Women who are unable to speak either English or Malay face additional barriers accessing health and justice

## Older Women and women with a disability

Older women and women with a disability also experience high levels of trauma and face multiple barriers to disclosing rape and sexual abuse.

Women and girls with a disability are stigmatised and discriminated against. They have less access to education and employment than other women and girls and are consequently very vulnerable to SGBV. Women with intellectual disabilities are particularly at risk as they are unable to speak up or tell someone what has happened to them.

## LBTI Women

This is a mainly hidden group because homosexuality is little understood or accepted. As well as being vulnerable to the abuses experienced by other women, they can endure additional layers of violence from the community, many of whom see it as against their culture and/or religion. Those who are identified as LBTI endure both physical and verbal abuse and shaming. Due to the stigma that they suffer, they are even less likely to seek protection and justice than other groups when they experience violence, abuse and harassment.

## Thematic Area 2 - BARRIERS TO PARTICIPATION AND DECISION MAKING

This thematic area intersects strongly with lack of access to education.

## Girls 0 – 12

*“We talked about cultural restrictions. What we mean is a girl born into a refugee community, Arab countries, girls cannot make decisions in our own country. We are*

*not allowed to say anything. But then we realise that it doesn't just apply to 0-12 but applies to all of them.” (Refugee Women, 2020).*

The first barrier to participation in decision making for this age group was identified as the cultural expectation that children should be seen and not heard. There is no expectation that girls would be allowed to participate in decision making. However, the refugee women also explained that many parents hold serious safety concerns for their children as there have been cases of sexual abuse perpetrated by other students and by NGO workers providing training and education to children.

### **Girls 13 – 17**

*“Cultural barrier more on social norms what we believe, adolescent girls if they participate in any social activity or event are assumed to be spoiled girls, bad character, by the community.” (Refugee women, 2020)*

Again, there is little expectation that girls in this age group should have any part in decision making. Dropping out of school, early forced marriage and pregnancy also present huge barriers for their participation.

Teenage girls who have grown up in an environment in which they are denied the right to make decisions about their own lives often face greater risks of sexual abuse as they lack the confidence to stand up for themselves.

### **Women 18 – 24, Women 25- 50 and Older Women**

The refugee women reported that there is a cultural expectation that fathers make decisions on behalf of their daughters, until they are married, then husbands take on that role. They said that this is very hard to challenge, and that women who do are often victims of domestic violence.

Women who are forced to work are frequently labelled as bad mothers and face community pressure to cease work and to stay at home to care for their husbands and children.

For many women in this age group their lack of literacy and formal education is a major barrier to their participation.



*“... she thinking what is training mean she don't have education she don't have knowledge she don't know what those buildings mean (UNHCR, ICMC), basically she is crying because she don't know what is going on.” (Refugee women, 2020)*

## **LBTI Women**

Women who are known to be LBTI are stigmatised and marginalised. This places a very big additional barrier to participation in decision making.

## **Women with a disability**

This group is also stigmatised and marginalised. Women and girls with mental illness are ignored, shamed and at times confined to their homes. These situations effectively prevent women with disabilities from any form of participation. Women with an intellectual or mental disability also face increased risks of physical and sexual abuse.

*“In our community, we have a disability woman staying in the home alone. She stays with her daughter, but her daughter goes out to work and she is left alone. Some local people went to her home, and they pretend to check the electrical appliances. She already met one man ...who tried to abuse her.” (Refugee woman, 2020).*

## **Thematic Area 3 – EDUCATION**

*“Talking from Rohingya refugee perspective it is not easy to put any of our children to school, whether from NGO side or UNHCR side they could provide a small van for the transport of the children that would work. ... if they could provide a safe transport to school and we don't have to pay any fees to school, children could get a free and quality education.” (Rohingya refugee woman, 2020).*

Education was seen as a major protection measure by all of the women, across all of the age groups. In addition to SGBV and Barriers to Participation, the major cross-cuts are with livelihoods and jobs, energy and infrastructure.

## **Girls 0 – 12**

*“Most of the time our husbands can't work because they get arrested and on top of that the schools are asking for high fees which we can't afford to pay”. (Rohingya Refugee woman, 2020).*

As refugee children are denied access to the Malaysian school system, there are only limited opportunities for girls in this age group to access education through the network of community and religious schools. Most schools are seriously under resourced and many of the teachers lack formal training and experience. As most schools' charge fees, when family resources are limited boys' access to education is often privileged over girls.

Participants also reported incidents of sexual abuse of young girls by teachers and other students in the schools and on the way to school.

## **Girls 13 – 17**

This group faces similar problems to those of younger girls. Girls in this age group (and even younger, as noted above) are often required to care for younger siblings and/or family members with a disability while their parents work, so cannot attend school. Lack of educational opportunities denies girls the protection this affords and contributes to early



marriage and a cycle of disadvantage and violence for young mothers and their children. It leads to low self-esteem, loss of hope for the future, working in dangerous illegal jobs, and vulnerability to SGBV. It also fosters a loss of trust in adults in their community and of NGO service providers, who they see as often powerless to assist them.

Once girls reach puberty, they are often removed from schools due to increased risks of rape, kidnapping and trafficking. Girls in this age range are also a greatest risk of forced marriage.

### **Women 18 – 24**

Concerns were expressed that women and girls' lower access to education further entrenches gender inequality. This restricts opportunities to make decisions in their own lives, and to take leadership roles in their communities. Lack of education is a contributing factor to early marriage and its consequences; and in a vicious cycle, early marriage also prevents girls from completing their education.

There is limited incentive for girls and young women to continue their studies as even if they study until the tertiary level, they do not have opportunities to work in professional sectors.

### **Women 25- 50 and Older Women**

By the time women reach 25, there is no opportunity for further education, nor remedial education to make up for lost opportunities. This ties women who have not had an adequate education to either home duties or illegal and dangerous work. It increases their vulnerability to SGBV and severely limits the possibility for leadership opportunities, participation and decision making.

For many women in this age range their lack of literacy is a major barrier to them accessing educational opportunities.

### **LBTI Women**

Bullying and discrimination combine to prevent LBTI women and girls from accessing educational opportunities. Unless women in this group are willing and able to hide their sexuality, the discrimination and violence they experience in all areas of their lives will also exclude them from accessing education and the multiple benefits and protection this can bring.

### **Women with a disability**

Stigma, discrimination and the perception that people with disabilities have no future combine to deny refugee women and girls with a disability access to educational opportunities.

## **Thematic Area 4 - LIVELIHOODS AND JOBS**

### **Girls 0 – 12**

While livelihoods and jobs should not affect this age group, many young girls in particular unaccompanied minor girls are forced to drop out of school to do informal work.

## Girls 13 – 17

The lack of safe livelihoods available for girls in this group directly increases their risks of forced and early marriage.

## Women 18 – 24, Women 25- 50 and Older Women

*“When you don’t have papers, and no right to work that’s your biggest barrier, it applies across the board. .... so, when they do go to work there’s a possibility they will be exploited, they don’t receive the minimum wage and they don’t get social security.... if they get exploited, they don’t have access to justice, they can’t go to court because they don’t have legal documentation” (Service providers, 2020).*

The Rohingya women identified gender inequality as a major barrier to livelihoods. As women in their community are generally not permitted by the men in their communities to work, they have limited opportunities to develop livelihood skills. This often leads women to feel disrespected and have fewer rights in the household, as unlike women in other refugee communities, they are unable to contribute financially to try to reduce the high economic stress they face living as refugees in Malaysia.

## LBTI Women

Unless they elected to keep their sexuality hidden, stigma and marginalisation excludes LBTI women from training and job opportunities.

## Women with a disability

Lack of access to education, marginalisation and structural barriers all combine to exclude women with a disability from job opportunities, even though some of them have high levels of skills and knowledge.

## Thematic Area 5 - ENERGY, HOUSING, HEALTH, FOOD, WATER AND INFRASTRUCTURE

*“When we think of barriers of access to public transport, health [ we need to also think of] lack of legal status in Malaysia, because without legal status and documentation a lot of the time the health system, the hospital may not provide medical treatment to someone who does not have ID.” (Service providers, 2020).*

## Girls 0 – 12

Girls in this age group are totally reliant on their parents in order to access food, water and health services. If parents lack information about the service available or how to access them this can have prevent children from accessing the essential services, they need. Without parents, unaccompanied minor girls face serious health and protection risks.

### Girls 13 – 17, Women 18 – 24, Women 25- 50 and Older Women

Teenage girls and women of all ages face similar challenges in accessing food, water and health services due to both lack of legal status, limited financial resources and limited information about what support is available.

Women's movements are also frequently controlled by male partners or guardians which may also prevent them from accessing health or protection services.

The lack of female doctors is a major barrier for many women and in particular for SGBV survivors accessing health services

Lack of knowledge about their rights can also prevent women from complaining if they are denied access to health services and appropriate medication.

Female headed households often face additional barriers accessing services, due to the lack of childcare support available.

### LBTI Women

LBTI women face additional social and legal barriers accessing health services as they are fearful of disclosing their sexual identity to medical staff for fear of discrimination or being reported to the police.

### Women with a disability

Frequently face isolation and exclusion as there are no accessible or specialised services available for them, either within the refugee community or the Malaysian community more generally.

## POTENTIAL SOLUTIONS AND RECOMMENDATIONS MADE BY THE PARTICIPANTS

The women and service providers suggested a detailed range of potential solutions and recommendations to address problems in each of the five thematic areas explored in this workshop. As most groups focused on SGBV or the barriers to refugee women and girls' participation, the majority of recommendations from this workshop relate to these two areas.



While recognising that the majority of the problems currently experienced are structural and political, and that many of these are beyond the jurisdiction of local stakeholders, women requested that these local stakeholders work in partnership with the refugee women's groups and CBOs to advocate at an international level to seek solutions.

They identified that without some of the intersectional barriers and challenges being addressed, their recommendations alone would

not solve the endemic problem of sexual and gender-based violence. For example, child marriage is unlikely to decrease as long as families experience such deep levels of poverty

that they are unable to feed their families and while it is unsafe for young girls to move around in the cities and refugee sites. It will also need the recognition by the community that SGBV and child marriage are crimes and that structures are put in place to ensure that adults complicit in this are punished.

The barriers to participation are similarly interconnected. Without education the women cannot access viable livelihoods, nor can they participate in training that would support their place in the decision-making process. Without childcare for young children, they cannot attend training and meetings even if invited. The need to find food and other essential items for their families consumes their time and energy and hinders participation in other activities. The overarching recommendation from the women was that steps be taken to lower these barriers to enable them to join in decision making processes about their futures, on an equal parity with men. They requested that UNHCR and NGOs consult with them and make their participation a reality at a local regional and international level.

### **Recommendations for prevention and response to SGBV**

Their suggestions included:

Women's groups and CBOs meet regularly with the UNHCR SGBV Focal Point and service providers to work together to identify and implement solutions. Including actively involving refugee women leaders in advocacy with government and mainstream service providers.

Providing training and resources to refugee women leaders who have the respect and trust of their communities to provide SGBV responses and prevention training in their communities.

Targeted training of police officers to provide effective responses to refugee women reporting SGBV.

Developing a Standard Operating Procedure (SOP) with hospitals, police and SGBV services to ensure that ALL women have access to interpreters.

Continue advocacy with the Malaysian Government for the legal registration of marriages and divorces.

The community receives training, raising awareness about the dangers of child marriage, that it is a negative protection move, and is against the law.

#### **Programs to prevent child and forced marriage**

An effective system be put in place to respond to domestic violence, including training and awareness raising for both men and women.

Ensuring coordinated follow-up, counselling, physical and medical assistance, and access to mental health care for survivors of trauma, torture and SGBV.

Safe secure long-term shelters or half-way houses for women and girls who have suffered abuse or who are vulnerable to abuse.





*“This picture are all different NGOs that are providing resources, services to the refugees. And if these services were available and put into place then child marriages won’t happen, and girls will go to school get educated and graduate.” (Refugee women, 2020)*

### **Recommendations relating to Barriers to Participation and decision making**

*“There are all these support for refugees to participate. [But its’ more than [just] giving her the key, ... there are other parts to prepare her to participate. The key could be giving her back herself and giving her the ability and belief to do whatever she wants.” (Service providers, 2020).*



Training programs be designed with the women and provided to support their participation and gender equality. These must be on-going to ensure that multiple women receive the training and are able to participate as leaders.

Support and actions from UNHCR and NGOs to involve women in decision making, and to encourage/influence community to have women in their own leadership and decision-making processes.

Women refugee-led organisations and their appointed focal points to be the bridge and link between refugees and the service providers and the appointed focal points in each community.

Adequate childcare centres provided.

UNHCR/ NGOs to involve women in decision making processes, community meetings, government advocacy meetings, meetings with parliamentarians etc. by programming meetings to suit women’s work and childcare obligations.

## Recommendations relating to Education

Primary and secondary school for all children, and pathways for children with potential for higher education.



Steps be taken to keep young girls at school as an immediate physical protection measure, and to ensure that they receive the education which has been proven to be the best protection measure against SGBV. This includes a decrease in forced and child marriage.

## Recommendations relating to Livelihoods and Jobs

UNHCR, NGOs and the international community advocate with the Government to grant legal work rights to the refugees.

Training on livelihoods skills for refugee women.

English language training for refugee women and girls.

## Organising Meaningful Gender Focused Community Consultations

### Turning Stories into Evidence: Gender Focused Data Collection and Analysis

#### Workshop Report

January 17<sup>th</sup> and 18<sup>th</sup> 2020

Hosted by Associate Professor Shanthi Thambiah, Gender Studies Program, University of Malaya



Facilitated by Dr Linda Bartolomei and Geraldine Doney, Forced Migration Research Network, UNSW

Training materials developed by Adjunct Professor Eileen Pittway and Dr Linda Bartolomei

## Introduction

This two-day training workshop involved two linked modules: Module 1: *Organising Meaningful Gender Focused Community Consultations using an Age, Gender and Diversity approach*; Module 2: *Turning Stories into Evidence: Gender Focused Data Collection and Analysis to Inform Program Design and Evaluation, Policy, Law and Advocacy* was held on the 17<sup>th</sup> and 18<sup>th</sup> January 2020. It was designed for refugee women leaders, NGO and UNHCR staff and other key stakeholders working to improve the living conditions, self-reliance and durable solutions for refugee women and their communities in Malaysia who had participated in either the consultation and training workshops held in July 2019 or the two day workshop held the previous week on the 10<sup>th</sup> and 11<sup>th</sup> of January.

### **The aims of this training were:**

To provide participants who had completed the first stage with the opportunity to increase their skills in running successful community consultations and collecting AGD sensitive data and evidence which can inform gender-focused program planning, funding applications and advocacy.

The training was co-facilitated by Linda Bartolomei and Geraldine Doney, UNSW. It was attended by 25 refugee women leaders, 19 NGO staff, one academic and nine UNHCR representatives. The topics covered on the first day of the workshop included: A summary of the key gender outcomes from the Global Refugee Forum held in Geneva in December 2019, running effective participatory community consultations, involving the community in needs identification and analysis, dealing with conflict and developing aims, objectives and follow-up plans. On the second day, sessions addressed ethical and effective data collection principles and reviewed several useful data collection tools to inform gender focused program design and evaluation. During the final session mixed group of refugee women and service providers practiced the data collection and design principles by developing a project plan to address one of the recommendations made by the refugee women in the Kuala Lumpur Consultation report. September 2019<sup>11</sup>. The project proposals are detailed on pages 25 – 29.

## **Summary report of the Training on Friday 17<sup>th</sup> January: Organising Meaningful Gender Focused Community Consultations using an Age, Gender and Diversity approach**

### **Presentation on the Outcomes of the Global Refugee Forum**

A brief power-point presentation which outlined the outcomes of the Global Refugee Forum held in Geneva in December 2019 was shared. This included an overview of how the findings from the Consultations held in Kuala Lumpur last July were presented at the Forum using short films and by the refugee women who attended and spoke at the Forum. A summary report of the combined project findings from each project site; Bangladesh, Malaysia and Thailand, was also shared<sup>12</sup>.

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<sup>11</sup> A link to this report is available at Footnote 8.

<sup>12</sup> The Summary report is available on the UNSW Forced Migration Research Website



## What is Meaningful Gender-Focused Community Consultation and why do we need it?

Following introductions and a discussion of, and agreement on group confidentiality, an overview of the day's training program was provided. The first session explored the rationale for undertaking meaningful gender-focused community consultations. The workshop participants worked in mixed groups of refugee women leaders, NGOs and UNHCR staff to discuss several key questions including what support refugee women might need to support their effective participation. In each group one of the refugee women leaders was nominated to present the group's analysis to the larger group. The tables below synthesise the responses and recommendations from the group.

### 1. Why is it important for women to participate in community consultations?

- because often women are kept down by the men in the family, so consultations bring women together and closer to having equal rights
- because women have a right to be consulted, their voices should be heard the same as men
- women are a critical part of the society and in the family, the women are like the roots of the society and the family
- women know better than men about what they and their children need
- to gain more experience and to build knowledge and confidence

### 2. What are some of the barriers to women participating in consultations?

- they need practical support such as access to childcare, interpreters and travel allowance to even be present at the consultations and other events
- they lack knowledge about the processes or opportunities
- women are considered second-class citizens in society when it comes to participation and decision-making, they are discriminated against by close family members, especially men and so gender inequality is a huge barrier
- expected gender roles: women are often busy with other tasks like childcare, or being in the kitchen and so cannot participate
- women face resistance in the home and are not allowed to participate by husbands
- women are not respected in households or in communities – their opinions “don't matter”, and this is internalised. Only with support can their true identities come out when they realise that they do matter.

### 3. What can be done to address the barriers to women's participation?

- encourage women to show up and step up, providing practical support and reassuring them that they have the capacity to participate actively and make decisions that affect their lives and the lives of their families – emotional support is very important
- providing training on leadership for women, more educational programmes with experienced people
- training the men and giving them the same kind of gender equality training the women receive, ??to support them to change their behaviour

The next session explored ways to engage refugee women and girls, men and boys in identifying their own needs via the consultation process and the importance of having clear aims, objectives and follow up. The participants worked in small groups to consider one of the recommendations from the Kuala Lumpur Report which related to the prevention and improved responses to the risks of child marriage. For this exercise the refugee women and the service providers worked in separate groups, using the languages in which they felt most comfortable. They discussed who they would target to come to a community consultation to address the problem of child marriage and identified some possible strategies to address it.

#### **Key recommendations and suggested strategies to prevent Child Marriage:**

In this exercise the groups were encouraged to consider both the personal and the structural barriers which intersect to increase young women's risks of forced and early marriage.

#### **Human Rights Education for Communities**

The refugee women's groups all emphasised the importance of human rights education, particularly targeting girls and young women with knowledge about their rights.

*"The awareness could be regarding their health, their legal and a lot of other things. Every girl has the right to enjoy her childhood and to live like other children". (Refugee women's group, 2020)*

*"We have two strategies, the first is education awareness trainings – my community does not have education about human rights or women's rights. The first problem is about education, unfortunately some of the people from my community they do not have any education, they relate it to the culture, the religion—and the second problem is the financial problem." (Afghan Refugee women's group, 2020).*

However equally important is to recognise and address the structural barriers, in particular the financial problems which force some families to pressure young women into marriage in order to ensure the survival of the rest of the family.

## Legal policies to prevent child marriage

*“Strategy is to get law enforcement agencies to take action against forced and child marriages within the refugee community. One of the activities to support that strategy is to have sensitization of local authorities on legal obligations and the Child Act.”*

All groups urged UNHCR to continue advocacy with government for the legal registration of all marriages and divorces and to raise the legal age for marriage to 18 for all communities. The women also emphasised the importance of training religious leaders on these policies and on human rights.

*“First of all, to prevent it – train those religious leaders to not conduct a child marriage – they have to ask the bride or groom their ages and the situation they’re living in before conducting the marriage.”* (Rohingya Refugee women, 2020)

## A 24-hour Hotline and Community based response system

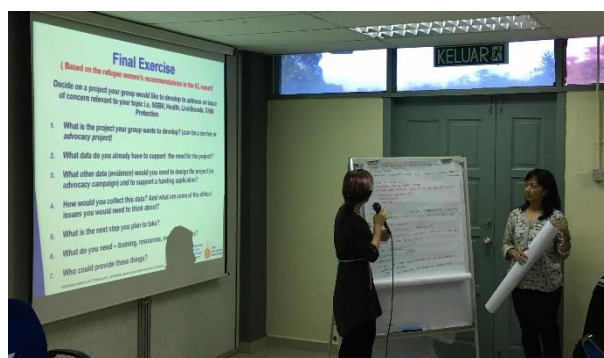
Several of the refugee women leaders shared examples of when they had tried to intervene to prevent forced marriages within refugee communities but frequently lacked support. They highlighted the need for an accessible 24-hour hotline as well as access to interpreters.

The NGO groups proposed that a comprehensive response and referral system be developed in partnership with the refugee communities, local authorities and religious leaders.

## Summary report of the Training on Saturday 18<sup>th</sup> January: Turning Stories into Evidence: Gender Focused Data Collection and Analysis

The morning sessions explored different methods for undertaking effective data collection, documentation and analysis and the core principles involved in undertaking ethical community research. The sessions discussed strategies for responding to anger, grief, trauma and conflict which might arise in the context of undertaking community consultations and data collection with at-risk groups. UNHCR provided a brief overview of the various complaints mechanisms available should any incidents of sexual abuse and harassment or other forms of misconduct be discovered while undertaking community-based research consultations.

In the afternoon, participants worked in five small groups to apply the various research



consultation and documentation techniques to design a program or project. They were asked to imagine that they had run a community consultation and had identified a program/project they wanted to develop with the community. Each group worked on a project idea which they hoped to further develop and implement in the future. All groups involved a mix of refugee women leaders, NGOs, academics and UNHCR staff. While some project plans were based on existing projects or initiatives planned by UNHCR and NGOs, others were new initiatives proposed by the refugee women leaders.

**In each group the refugee women shared the strong message that they did not just want to be consulted about possible projects but wanted to be actively involved in the project design, implementation and evaluation.**

The proposed projects included: A project to address Domestic Violence; A Health Literacy Project; A Refugee woman run Community Centre; A Livelihoods project and A Child Protection Strategy for the Learning centres. The five draft project plans are presented below.

### **An SGBV Support Service/Community Centre run by Refugee Women for Refugees**

**1. What is the project/program (can be a service or advocacy project?)**

A Community Centre for all refugees who have experienced or face SGBV

The power of the bystander: an awareness raising program within the refugee communities to encourage those who witness or are aware of incidents of SGBV to take action to either report or encourage the survivors to seek health and legal assistance.

**2. What data do you already have to support the need for the project?**

From our own experience as refugee women we know that there are many women within the refugee communities who experience SGBV and don't know where to go for help.

**3. What other data (evidence) would you need to design the project /advocacy campaign, and to support a funding application?**

The lived experience of other refugee women who have experienced SGBV would directly inform the project

**4. How would you collect this data? And what are some of the ethical issues you would need to think about?**

Confidential community consultations, documented with informed consent

**5. What is the next step you plan to take?**

Training for the refugee women on managing the Centre and how to respond to SGBV survivors

**6. What do you need – training, resources, meeting spaces?**

A safe and accessible location and funding

**7. Who could provide these things?**

A joint effort is needed from refugee communities, UNHCR, NGOs and funders



**A Project to address Domestic violence in refugee communities: To be led by Tenaganita in partnership with Rohingya refugee women**

**1. What is the project/program (can be a service or advocacy project?)**

The project will provide awareness training for religious leaders to gain their support in preventing and addressing domestic violence

**2. What data do you already have to support the need for the project?**

Stories from communities, a number of reports of domestic violence, data on the trends/prevalence of SGBV in the refugee communities, reports to the UNHCR hotline

**3. What other data (evidence) would you need to design the project /advocacy campaign, and to support a funding application?**

Identify/stakeholder mapping (Ustaz, local imam, mosques, village leaders.)

**4. How would you collect this data? And what are some of the ethical issues you would need to think about?**

Hold consultations with religious leaders and community members. Holding separate groups for women, men and young people in ethical safe spaces that are accessible and ensure confidentiality

**5. What is the next step you plan to take?**

Preparation of the consultation plans and logistics, proper planning with aims/objectives

**6. What do you need – training, resources, meeting spaces?**

Technical advice, meeting spaces and funding7.

**7. Who could provide these things?**

UNHCR, NGOs, refugee community leaders, academics/researchers, - including UNSW and UM.

**A Health Literacy Project: To be led by the UNHCR Health unit in partnership with refugee health workers**

**1. What is the project/program (can be a service or advocacy project?)**

Improving health literacy of women in refugee communities

- Including service provision and advocacy awareness raising within communities (SGBV, SRH components)

**2. What data do you already have to support the need for the project?**

- qualitative data on health literacy
- general health needs and access to services but not specific
- demographics and distribution
- SGBV prevalence-data report

**3. What other data (evidence) would you need to design the project /advocacy campaign, and to support a funding application?**

Other data health literacy and access to services, disaggregated by community  
Topics the refugee communities want to cover, as different communities will identify different needs.

**4. How would you collect this data? And what are some of the ethical issues you would need to think about?**

- quality of community consultation
- assessment of needs
- determine what can be addressed
- matrix exercise/focused groups
- confidentiality and informed consent
- translation and interpretation
- honest and open about expectations and project limitations
- ensure feedback to community on outcome of the consultations.

**5. What is the next step you plan to take?**

- analyse the data and provide feedback to the community about priorities
- seek community input on which areas to prioritise, design and implement
- develop a monitoring and evaluation plan

**6. What do you need – training, resources, meeting spaces?**

- training materials/resources
- human resources (community workers and interpreters)
- relationship building with refugee communities
- meeting and training spaces
- logistics and budgets
- referral pathways

**7. Who could provide these things?**

UNHCR, NGOs, FHRAM, PRAM and academics.

**Livelihoods Projects for Refugee Women: Based on current projects being supported by Humanity Heroes in partnership with refugee entrepreneurs**

**1. What is the project/program (can be a service or advocacy project?)**

Project 1: Missing treasures – physical store and online store (to reduce the risk of arrest or detention)

Project 2: Hidden kitchens – online store and open house

**2. What data do you already have to support the need for the project?**

60 refugees/brands details recorded of those who are interested and ready to supply

A risk assessment of the challenges faced by refugees

Types of products and services – skills

Assessment of the legal issues (NGO/partners)

Success stories and Testimonials

**3. What other data (evidence) would you need to design the project /advocacy campaign, and to support a funding application?**

Consultation with refugee communities is core to the project. Their needs and the risks they face directly inform the project design.

**4. How would you collect this data? And what are some of the ethical issues you would need to think about?**

Focus Group discussions in community centre

Interviews, surveys/feedback forms

All private information must be securely kept

**5. What is the next step you plan to take?**

Training, product development, funding opportunities, consultation on expectations challenges opportunities and project details and agreements with individual refugee women

**6. What do you need – training, resources, meeting spaces?**

Meeting space, training equipment, partnerships with business/manufacturers, experience sharing, funding, a physical shop.

**7. Who could provide these things?**

Humanity Heroes, other NGOs, donors and funders, University of Malaya and UNSW, businesses, refugee and local communities.

## Child protection in the Community/ Refugee Learning Centres Project led by UNHCR Child Protection

**1. What is the project/program (can be a service or advocacy project)?** Capacity building of all staff, parents service providers (e.g. school bus drivers, cleaners, guards etc) and students

**2. What data do you already have to support the need for the project?**

Data (existing) –case management, consultations, education working group/advocacy meeting

**3. What other data (evidence) would you need to design the project /advocacy campaign, and to support a funding application?** Survey and consultation data

**4. How would you collect this data? And what are some of the ethical issues you would need to think about?**

Baseline study (CLCs) - Focus groups to assess the landscape, with staff/school authorities' students and parents - Questionnaire/survey

**5. What is the next step you plan to take?**

Plan/next steps - Analysis of data – design program. Program to include awareness of rights/laws, SOPs/action/how to Report, child safeguarding policy, develop M& E framework/indicators

**6. What do you need – training, resources, meeting spaces?**

Resources – training materials – meeting spaces – funding – child carers – transport – interpreters

**7. Who could provide these things?**

Service providers – Unhcr– Ministry of education – NGOs/CSOs/CBOS/FBOs -embassies – CLC/RLCs - private sector –UNSW and UM

Associate Professor Shanthi Thambiah closed the workshop and thanked the participants for their positive and very collaborative work to develop a series of thoughtful and very achievable projects to respond directly to the needs articulated by refugee women. She noted that during this workshop that a sense of genuine collaboration between refugee women from diverse communities, NGOs and UNHCR had emerged and hoped that this positive partnership would continue. She also restated UNSW and UM's ongoing commitment to provide training and resources to support refugee women's leadership and participation.