Forced migration exposes women to a unique set of challenges, vulnerabilities, and opportunities.

Amid the largest refugee crisis on record, forced migration is reinforcing and worsening existing inequalities experienced by women around the globe. Women today make up half of the 65 million forcibly displaced people worldwide.1 Driven primarily by conflict, this displacement results in unique challenges and vulnerabilities for women forced into unstable and volatile settings. This brief addresses the gendered dynamics of migration and displacement, provides examples of the unique challenges displaced women face, and offers recommendations for integrating gender into refugee programs and policies.

Conflict and displacement exacerbate risk factors for violence and discrimination against women. Forced displacement can destabilize existing gender norms and roles, exacerbate alcohol abuse in partners, alienate women from protective family and social networks, and result in rapid marriages and forced remarriages. These risk factors have been proven to result in increased rates of intimate partner violence against refugee women.2 Furthermore, while in transit to and within their destination country, female migrants experience increased vulnerability to sexual and gender-based violence (SGBV), higher rates of trafficking and exploitation, and lack of access to sexual and reproductive healthcare services.3

At the same time, however, displaced women play integral roles in their families and communities that may represent transformative opportunities for empowerment and the achievement of gender equality. Displacement can upend traditional gender roles as women take on new roles to secure education, healthcare, and incomes for their families in an unfamiliar setting. Refugee women have been proven to utilize the skills and resources available to them to not only ease their transition into the host country, but also create support networks for the integration of future refugees.4 In these ways, displacement may allow women to exercise agency in their own lives while contributing to their communities.

Despite these unique challenges and opportunities for gender equality, policymakers frequently overlook the gendered dynamics of migration. For example, sex-disaggregated data, which helps enumerate exactly how women are impacted by displacement, is collected by the UNHCR for only half of the total displaced population, and only 33% for internally displaced persons (IDPs).5 Recently, however, the international community has begun to recognize the complex intersections between conflict, displacement, and gender. In 2016, the United Nations General Assembly adopted the New York Declaration on Refugee and Migrants which, among other measures, promised to “mainstream a gender perspective, promote gender equality and the empowerment of all women and girls and fully respect and protect the human rights of women and girls.” While a positive step forward, international organizations have a long way to go before fully addressing the unique challenges faced by refugee women worldwide.

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The resettlement and reintegration of displaced persons play an increasingly integral role in the creation of sustainable peace. Addressing the health, education, and safety needs of displaced persons is critical in maintaining stability and furthering humanitarian objectives. Likewise, the inclusion of refugees in peace negotiations, elections, and peacebuilding planning can increase the likelihood of reconciliation, support economic revitalization, and foster good governance. By viewing displacement through a gendered lens, local, national, and international organizations can better address the wide array of obstacles faced by displaced women, while recognizing the important role they can play in peacebuilding.

**Case Studies**

**Catholic Relief Services in Ukraine**

In 2014, Catholic Relief Services (CRS) began providing [unconditional cash transfers](#) to help IDPs living in Eastern Ukraine prepare for winter. Continued conflict had caused widespread displacement in Ukraine, resulting in more than 1.4 million IDPs by 2015. These IDPs were especially vulnerable as winter approached due to inadequate shelter and a lack of nonfood items such as blankets, heaters, and fuel. Through a partnership with Caritas Ukraine, CRS provided cash transfers of US$300 to more than 3000 eligible IDP families to buy nonfood items, pay for rent, or winterize their living spaces.

Throughout the program, CRS ensured that women’s voices were heard and their needs addressed. In designing this program, CRS consulted with displaced women to ensure that women’s assessment of winter needs was considered. The cash transfer program targeted the most vulnerable internally displaced families living in Eastern Ukraine, especially families with pregnant mothers, new mothers, or female-headed households. At the end of the project, CRS conducted a household-level survey that was disaggregated by sex to measure how the cash transfers impacted the winter preparedness of both men and women. Overall, the cash transfers were found to be effective in helping internally displaced families adapt to individual needs as they prepared for winter. They also found that 75% of the beneficiaries were women, which ensured that women had a greater say in how the grant money was spent, thus encouraging more gender-inclusive decision-making in households.

**Mercy Corps and the UNHCR in Pakistan**

In coordination with UNHCR, Mercy Corps Pakistan organized [two community-based events](#) to celebrate International Women’s Day in March of 2018. The Mercy Corps Pakistan program currently provides formal education to more than 1,000 Afghan refugee boys and girls, and informal education to more than 400 refugee children. The organization also works with the Afghan consulate and Afghan school teachers’ associations to organize localized campaigns that promote girl’s education.

On International Women’s Day, Mercy Corps organized events designed to promote equal opportunities for refugee women and demonstrate the important role women play in family life. The event also gave women and girls the opportunity to share their challenges and experiences, and many girls shared poems about gender equality. The event also worked to raise awareness about issues such as violence against women. The events were attended by more than 100 women, many of whom were refugees. Participants noted that the event was helpful in bringing to light the contributions women make to their families and communities.

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7 James Milner, UNHCR “Refugees and the Peacebuilding Process.” November 2011.
The Women’s Refugee Commission in Uganda

In 2016, the Women’s Refugee Commission partnered with Reproductive Health Uganda (RHU) to mitigate the risk of gender-based violence and increase access to health services among refugee women engaged in sex work. One program implemented mobile health clinics in the refugee settlement of Kampala, an approach designed to bridge service gaps for marginalized individuals in hard-to-reach neighborhoods. In addition to general health services, clinics provided refugee women with STI/HIV testing and treatment and gender-based violence (GBV) response, including post-rape examinations and psychological support for survivors. These mobile clinics reduced the stigma and safety risks for many refugee sex workers, who often feared taking secret trips to health clinics to access these services. In total, mobile clinics run by RHU have treated more than 3000 refugees who are either currently engaged in sex work or have been in the past.

A second program implemented in the settlements of Kampala and Nakivale used a peer education model to help refugee women engaged in sex work mitigate GBV risks and improve their health and safety. As a part of the program, RHU implemented a 5-day long training session for peer educators that covered topics such as human rights, rights advocacy, parenting in sex work, community mobilization, and GBV. Trained peer-educators would then act as mentors and outreach coordinators for refugee women in their communities engaged in sex work. The program trained a total of 80 peer educators, who today contribute to their communities through organizing know-your-rights sessions, distributing contraceptives, and providing referrals to those seeking legal or GBV services.

The International Rescue Committee in Lebanon

Since 2014, the International Rescue Committee has implemented mobile services that help refugee women and girls access GBV prevention and response services in Lebanon. The program targets communities where refugees are at high risk of GBV and where women have limited mobility due to security concerns, cultural norms, or disabilities. Women in the communities select the exact location where services will be provided and provide input and suggestions on activities offered by the mobile teams. Services offered by mobile teams include case management, support groups, parenting and life-skill lessons, and recreational activities.

In addition, the program has implemented the Adolescent Girls Initiative, which includes two courses that equip girls with the knowledge and skills to prevent and respond to GBV. At the end of the courses, girls develop safety plans that account for their own risk factors such as child marriage. The girls also plan a project that uses music, dance, or presentations to examine GBV in their community. This program also targeted men and boys to increase their awareness of issues surrounding GBV and encourage them to be allies towards the goal of achieving gender equality in their community. Overall, this mobile service program has been found to help refugee women and girls increase their self-confidence, broaden their social networks, and improve communication and coping skills.

Women’s Committee of the Future in Turkey

In 2016, Syrian refugee women living in Turkey established the Women’s Committee of the Future, the first network of women refugees and asylum seekers in the city of Gaziantep. With support from Turkish NGO Association for Solidarity with Asylum Seekers and Migrants (ASAM), the network of 15 refugee women acts as a support group to empower themselves and refugee women in their community.

The network started as an informal tea hour in 2015, where refugee women got together to discuss the challenges they faced as refugees in Turkey, including issues of child marriage and domestic violence. The meetings included a female psychologist from ASAM who provided psychological support and facilitated discussions. At the request of the women, ASAM began organizing bonding events and trainings on GBV and community protection mechanisms.

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Recommendations

As these case examples show, meeting displaced women’s basic health and safety needs can spur a virtuous cycle as women are empowered to take on important roles in their community, and consequently use these roles to address the needs of other displaced women.

Policymakers and implementers should:

I. Ensure that women’s basic security and health needs are met
   • Improve the systematic collection of sex-disaggregated data of displaced persons to better tailor aid and target women’s specific needs.
   • Provide separate and secure facilities for women-only accommodation in refugee camps and shelters, including sex-segregated toilets and showers
   • Expand services offered at reception and transfer centers to include psychological counseling for SGBV survivors and healthcare centers that address maternal health issues.

II. Empower women and expand opportunities
   • Implement community-led programs that educate women on health and violence issues and encourage them to take action in their communities.
   • Promote informal and formal networks of displaced women that allow women to support, share information and resources, and mentor each other.
   • Increase opportunities for women to run, lead, and organize refugee camps and shelters in an official capacity.

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