

## Background Reading Resource Kit Rationale

**Obstacles faced when supporting women's work in unregistered and registered refugee led organisations addressed in the Resource Kit tools.**

**The following questions have been identified as needing answers and analysis *in each site and solutions identified with all key stakeholders.* (Click the highlighted text for more detail)**

1. What are the major **structural issues** which impact on unregistered and registered refugee-led organisations?
2. What are the major **social barriers** to women refugee led work?
3. What are the major barriers to **gender equality**?
4. How can we implement an **Age, Gender and Diversity** approach?
5. How does **Sexual and gender-based violence impact** on women's potential participation?
6. How do we ensure that the **lived experience** of diverse refugees is heard?
7. How can we **include refugee men** in efforts to achieve gender equality and ensure their needs are also met?
8. What is **meaningful participation** and how can this be achieved?
9. How can we establish **effective partnerships**, and build trust and respect?
10. How do we address **the power of privilege** – "White", Gender and Class privilege?
11. How can we advance **human rights- based development** models of service provision
  - a. which incorporate the key principles of community development?
12. How can we incorporate an **intersectional approach, including sustainability and succession planning, into Strategic Planning** to achieve effective implementation of the GCR's gender commitments.

The response needed is contingent upon the socio-political context in each site including the ideological, cultural stance and power held by key stakeholders, the acknowledgement of **'white', gender and 'class' privilege** and how this is used or abused. In refugee contexts this is even more challenging given the loss of legal rights and citizenship.

It is imperative that further progress be made in shifting the focus and approach of aid provision in refugee contexts from humanitarian to **rights based and inclusive development approaches**. Unless the social and political issues which maintain the status quo are identified and addressed in each site, addressing these goals will continue to be challenging.

This project has provided evidence that this can be achieved. The Resource Kit was developed based on a major finding that an easy-to-use set of tools was needed in order to enable stakeholders to make a realistic assessment of what is achievable in each refugee context in which they work. *One size does not fit all* but the same **principles** can be addressed in different ways in very diverse contexts to achieve satisfactory outcomes. The tools in the kit are designed to assist in identifying the local challenges and potential ways forward. Without this level of analysis, it can be difficult to respond effectively.

## An Example of how this can work

### Three Different Countries, Three Models of 'Participation'



The findings from the project 'Refugee Women and Girls – Key to the Compact on Refugees' have provided evidence that the same principles can be addressed in different ways in very different contexts to achieve satisfactory outcomes. We have identified three very different models from dissimilar contexts, which are viable and achievable in each site and do not raise unrealistic expectations.

The activities developed with the very diverse groups of women, range from those that are fully refugee led work to those that are refugee informed in order to provide pathways for women to build their skills and experience to assume greater leadership roles in future. We have faced challenges even with these models, and there is often some overlap between the three. However, we are working with the Women Refugee-led organisations (WRLOs), both formal and informal, and other stakeholders to address these challenges. The three models we are working with so far are:

1. **Fully refugee- women led, which means that WRLOs are able to receive and manage their own funding.**
2. **A collaborative model, where WRLOs work in partnership with trained supportive local service providers, including UNHCR, but design and deliver the services themselves.**
3. **Refugee Informed (with some refugee led elements), where WRLOs and refugee women's groups are consulted about the services to be provided and are involved in service delivery, as far as the local conditions allow.**

These are the three programs from which we have drawn these models.

### Thailand

***Almost fully women Refugee Women Led: supporting independent community initiatives, where the groups receive and manage their own funding***

The project in Thailand was successful because it was run by well-established women's groups, who have been operating in the camps and ethnic areas in Myanmar for over 20 years. They have received funding and training over that period and are skilled at designing and delivering programs across the camps. A major gain from this project was the inclusion and funding of three small emerging Muslim Women's CBOs, who have responded exceptionally well. The auspicing support by INGO The Border Consortium (TBC) was critical for them to receive the funding, but they had no influence on the projects run by the women's groups. During the COVID-19 pandemic, the networks and knowledge of the women's groups enabled them to respond to the needs of the communities despite the huge resource shortage. They already used a participatory approach and incorporated the small funding from this project to respond more effectively, including supporting new emerging minority groups. They also undertook effective evaluations of the projects impacts and made considered recommendations for new projects.

**SGBV Response** – The women's groups already had established SGBV response models, including a network of safehouses and used the project funding to gain access to vulnerable women to extend the offer of assistance. Furthermore they trained their network of volunteers in

the camps to provide additional psychosocial support for women survivors, and requested a new training of trainer model on how to assist families who had a member suicide, or to support women contemplating suicide, which was delivered via zoom to their network

## Malaysia

*Participation Model - Collaborative with a large element of refugee-led. A mix of stakeholders and refugee women decided together about outcomes, acted together to implement the projects or solutions, and supported independent community initiatives.*

The project in Malaysia ticks nearly all of the boxes for best practice. A group of local NGOs worked together with UNHCR and the women's groups to clearly identify the range of problems experienced in Kuala Lumpur and respond to these. Trust was built between all parties, who reported benefiting and learning from the collaboration. COVID-19 caused major disruptions in the lives of refugees in Kuala Lumpur, and the women's groups were amongst the first responders. The diverse communities had very different needs, resources and capacities, but the project was able to encompass these, because the women in each community group defined their own immediate needs and programs required. They also undertook effective evaluations of the projects impacts and made considered recommendations for new projects.

The women reported feeling more empowered, valued and positive and are planning for further business opportunities in the future. All wish to continue to work with the project to build skills and empower other women. Equally, UNHCR and the local NGO partners are all committed to the program, citing positive learning for their own practice, as well as for the women. All groups wish to continue to be engaged in this model of service provision. There was consistent and positive support from our local academic partner, with on-going involvement.

**SGBV Response** – The women reported endemic sexual abuse in all areas of their lives, and the need for increased protection and security. They made links to the need for safe and adequate livelihoods as a way to counter SGBV. Some groups took part in training to work in a safe house for women. Others were trained to provide peer support for vulnerable women. There were significantly improved relationships with UNHCR and NGOs and collaborative referral pathways for SGBV response and prevention were developed.

## Bangladesh

*Participation Model: Refugee Informed, with some refugee women led elements. Following extensive consultation, service providers and refugee women decided together about possible programs and outcomes in the difficult socio-economic and political context and acted together to implement the projects or solutions.*

The initial consultative process in Bangladesh was extremely successful, with 16 separate consultations held across the camps covering both the long-stay refugee population and recent arrivals. Several of these were held by refugee women, UN agencies, INGOs and local NGOs<sup>1</sup> who had trained with the researchers. The women suggested solutions regarding participation and addressing SGBV. Before we could move to engage with these, COVID-19 hit, and the camps were locked down and many of the INGOs and NGOs were sent away from the area. The first round of small COVID-19 programs were very constrained by the restrictions placed by the Bangladeshi Government. Major challenges also included the change of relevant senior staff in

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<sup>1</sup> UNHCR, IOM, UNICEF, Relief International, Action Aid, Danish Refugee Council, BRAC, NGO Forum for Public Health, Technical Assistance Inc.

UN and International agencies. International staff who were supportive of the project also moved on and there were internal staff changes in our academic partner.

The second round of projects organised by INGO Relief International (RI), who had been very involved in the project from the start and led the consultations in some of the camps, were extremely successful in addressing the aims of the project. They named the challenges and discussed them with the women refugees. As far as was possible within the multiple layers of administrative bureaucracy, the refugee women received some excellent training, and were involved in designing and delivering small local projects. There was consistent and positive support from our local academic partner, with on-going involvement.

**SGBV Response** – There was full disclosure of the extent of SGBV in the camps, with analysis of existing services by women participants in consultations. In the second phase of small projects, actions were decided by women to train refugee women support workers ('volunteers') to respond to the women survivors of SGBV, and models of engagement with, and reporting to camp authorities by refugee women being developed and trialled.

**We are sure that there are several other workable models. Please contact us if you have a model you would like to contribute to this website.**