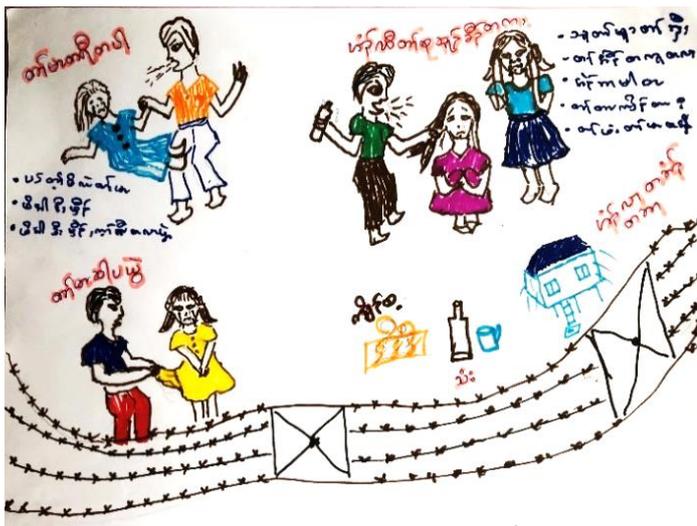


# Refugee Women and Girls: Key to The Global Compact on Refugees

## THAI BURMA/MYANMAR BORDER CONSULTATIONS REPORT, OCTOBER 2019



*We are all behind an iron wall .. Like a cage...the domestic violence is very high...because of using drugs...not enough food, not enough safe houses, houses are not safe, jobs are dangerous. Sexual violence everywhere, guards, police, officials, less medical [services], less medicines in the hospital. The reductions (in aid) are affecting everything. Children are not going to school...there is gambling, girls are raped ...consequently girls are sad, shamed, withdraw from the community. Fear. Many single mothers without education, support. There is no hope for the future. There are many suicides. (Combined voices of Refugee Women, 2019).*

**Authors and researchers: Adjunct Professor Eileen Pittaway, Dr Linda Barolomei, and Geraldine Doney, Forced Migration Research Network UNSW**

**Dr Sriprapha Petchamesree and Ratawit Ouaprachanon, Institute of Human Rights and Peace Studies, Mahidol University**

**Rachel Tan, Asia Pacific Refugee Rights Network**



## Introduction

The Global Compact on Refugees (GCR) is a major new initiative which was signed by the majority of the United Nations Governments in November 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)<sup>2</sup>*

The Forced Migration Research Network, University of New South Wales Australia (UNSW) is conducting an action research project in the Asia-Pacific 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. It is being led by a team from the Forced Migration Research Network, University of New South Wales, Australia, funded by the Australian Department of Foreign Affairs and Trade. Partners in the Thailand project are Dr Sriprapha Petcharamesree, Ratawit Ouaprachanon and Dr Mark Capaldi from the Institute of Human Rights and Peace Studies, Mahidol University; Asia Pacific Refugee Rights Network (APRRN); Karen Women's

Organisation (KWO); and The Border Consortium (TBC). A parallel, separately funded project is being conducted in Australia with resettled refugees.

The aims of the Thai Burma/Myanmar border consultations were to explore the situation of refugee women and girls living in the nine camps along the Thai Burma/Myanmar border, and to work with multiple local stakeholders to develop strategies for implementation of the GCR

<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/>

commitments to this group. The consultations included a five-day training and research workshop with 36 refugee women leaders and two refugee men from five ethnic groups. They travelled to Mae La camp, an hour from the town of Mae Sot for the workshop. Participants included six women representatives from Mae La, two representing the Karen community, and four representing the Muslim women in the camp, and two men. There were two representatives from each of the eight other camps. They were joined by eleven leaders from Community Based Organisations (CBOs) based outside the camps, and one colleague from the Women's League of Burma in Yangon. Six men were invited to attend. Four attended on day one, but due to a misunderstanding in relation to the length of the workshop, only two men worked with the women for the five days.

A parallel one-day training and research workshop was held on August 22 with seventeen UNHCR and NGO representatives<sup>4</sup>. On the final day of the consultations, participants from this workshop (five UNHCR personnel and seven NGO colleagues) travelled to the camp to hear presentations from the women about the challenges they are facing and potential ways forward, and to begin to discuss ways to work together.

Organisation of the workshop was facilitated by the KWO, TBC, the Karen Refugee Committee, and the leadership of Mae La camp, and we thank them deeply for their support. As the aims of the consultations at this stage focused on the perceptions of refugee women and of those working directly with them about the lives of women and girls in the camps, no officials were invited to the stakeholder meeting. However, in the next stage of the project, officials will be invited to attend the strategic planning meeting, and their advice sought about potential solutions.



---

<sup>4</sup> The invitation to join this process was sent to all members of CCSDPT, the coordinating committee of NGOs working in the border camps. Participants included representatives from UNHCR, TBC, COERR, ADRA, Right to Play, Save the Children, WEAVE, JRS, and Shanti Volunteer Association. Not all NGO workshop participants were able to attend the refugee community presentation and discussion at Mae La camp.

## TABLE OF CONTENTS

INTRODUCTION	2
METHODOLOGY USED FOR THE THAILAND CONSULTATIONS	6
THEORETICAL FRAMEWORK - HUMAN RIGHTS, AND INTERSECTIONALITY.	6
THE WOMEN'S ANALYSIS OF EACH THEMATIC AREA, AND FOR EACH DIVERSE GROUP	8
THEMATIC AREA 2 - BARRIERS TO PARTICIPATION AND DECISION MAKING	11
THEMATIC AREA 3 - EDUCATION	13
THEMATIC AREA 4 - LIVELIHOODS AND JOBS	15
THEMATIC AREA 5 - PROTECTION CAPACITY	17
THEMATIC AREA 6 - ENERGY, HOUSING, HEALTH, FOOD, WATER AND INFRASTRUCTURE	18
THEMATIC AREA 7 - DURABLE SOLUTIONS	20
POTENTIAL SOLUTIONS AND RECOMMENDATIONS	21
RECOMMENDATIONS FOR PREVENTION AND RESPONSE TO SGBV	22
RECOMMENDATIONS RELATING TO BARRIERS TO PARTICIPATION AND DECISION MAKING	23
RECOMMENDATIONS RELATING TO EDUCATION	24
RECOMMENDATIONS RELATING TO LIVELIHOODS AND JOBS	25
RECOMMENDATIONS FOR PROTECTION CAPACITY	26
RECOMMENDATIONS FOR ENERGY AND INFRASTRUCTURE	27
RECOMMENDATIONS FOR DURABLE SOLUTIONS	28
RECOMMENDATIONS FOR STATELESSNESS	28
A BRIEF HISTORY OF THE THAI-BURMA/MYANMAR BORDER CAMPS: A CONTEXT FOR UNDERSTANDING THE ISSUES AND BARRIERS IDENTIFIED BY THE WOMEN	30

### ***Major barriers to gender equality, participation in decision-making, and protection from sexual and gender-based violence for refugee women and girls on the Thai border***

At this moment in time, the barriers faced by refugee women and girls in the border camps seem insurmountable, and their hopes for a better future are severely challenged. While not denying the pre-existing problems, the women and men in the consultations attributed many of the current barriers to what they referred to as “The Reductions”. This refers to the significant reduction in donor support for the refugee population in Thailand and the withdrawal of many NGOs, in anticipation of the refugees’ imminent return to Burma. However, return is currently seen as impossible by the refugees, because of the escalation of armed conflict and lack of infrastructure and livelihoods in the areas of return. Resettlement has ceased and there is no access to legal employment or local integration in Thailand.

Despite their best efforts, UNHCR and the remaining NGOs are struggling to maintain adequate levels of service in the camps. Food rations provide less than the WFP recommended calorie count, and education services have been reduced and fees introduced for community-run schools. Health services and resources have been drastically reduced. Children are beginning to suffer from malnutrition, and people are dying because of reduced health care. The shortage of charcoal results in people drinking unboiled water if they cannot access the few sources of filtered water. A lack of building materials is causing dangerous situations as already frail bamboo huts deteriorate. There are few and diminishing opportunities for livelihoods inside the camps. To supplement inadequate food rations for their families, both men and women are going outside the camps to work illegally. This often results in severe exploitation and sexual abuse, and the refugees have to pay fines if they are detained outside the camp. Without access to school or other safe options, some families leave their children alone and without protection while they work outside.

While drugs and alcohol have always been a problem in the camp, the women reported they have now reached epidemic proportions. The main users are men, which puts even more responsibility for family and community on women, who still have very limited formal roles in decision making. Sexual and gender-based violence has also increased, in particular domestic and family violence. Women expressed deep concern for a large increase in suicide, attempted suicide and suicidal thoughts. However, there is a lack of co-ordinated data collection to gather evidence to advocate about these problems. They reported that when they have sought help for issues such as malnutrition in children, they have been told that “there is no evidence yet” to support their concerns.

After 30 years of enforced encampment, people have become institutionalised. While there is a civil society structure, it is a bounded structure, confined because it operates only within the camps with little relationship to the wider community. It is also strongly male dominated, and women have very few opportunities to participate in decision-making in the community or in cooperation with NGOs and UNHCR. They report they are often actively blocked from decision making roles and have not been routinely included in meetings and activities with external actors. Despite these seemingly insurmountable barriers, the resilience of the refugee women’s groups is amazing. They persist in their work to provide support and protection to women and children across the camps. Clearly the hope which remains lies with them.

This is the very challenging environment in which women and girls are seeking equality and participation, and protection from sexual and gender-based violence. The issues are so complex, and the barriers to participation and effective protection are so intersectional that it seems difficult move forward. Without major structural change and recognition by the international community that they have essentially abandoned 90,000 people who have no real choices for their future, it is unclear what decision making the women will have an opportunity to participate in.

## Methodology used for the Thailand consultations

The 'reciprocal research' methodology of the project was developed by the project leaders over many decades of working with refugee women and girls<sup>5</sup>. The training component of the consultations explored the development of the GCR and its commitments to women and girls, and topics including human rights, gender, privilege, intersectionality, women's participation and leadership, advocacy, understanding structural violence and sexual and gender-based violence. This set the framework for a series of research activities, including an analytical matrix activity and 'storyboards' to document issues related to different thematic areas, the impacts of these issues (including cross-cutting impacts) on diverse groups of women, and potential solutions. Overarching themes throughout the activities and discussions were women's participation and the impacts of SGBV, in keeping with the key commitments of the GCR and the aims of this project.

Following a four-day consultation with the refugee community members and a one day consultation with the NGO/UNHCR group, the refugee women and men made a half-day presentation to a larger group of stakeholders which included representatives from NGOs and UNHCR. The presentation outlined key concerns, and ideas for actions and programs to address those concerns. The NGO/UNHCR delegates then participated in small group discussions with the refugee women and men, to further share their concerns about particular thematic issues and their ideas for solutions. This laid the foundation to start to identify strategies for joint approaches to issues related to the GCR commitments, and potential actions to take this forward in the Thai Burma/Myanmar border camps.

## Theoretical framework - Human Rights, and Intersectionality.

The Human Rights framework was introduced through a series of graphics illustrating groups of rights, and the discussions were framed in the context of how refugees accessed these rights. Intersectionality is a theory that seeks to examine how various socially and culturally constructed categories, such as gender, age groupings, race, class, disability, sexuality and other identity labels interact and contribute to systemic inequality. Intersectionality holds that the layers of oppression and discrimination which prevent people accessing their human rights do not act independently of one another. Each type of discrimination compounds the effects of other discriminations suffered by refugee women and girls thus reducing their ability to access many of their rights. They cannot be alleviated by stand-alone solutions. In the training day, women were introduced to this theory through the use of a complex road map, with a major intersection, where roads named after discriminations, such as Sexism Street, Religious Persecution Highway, Patriarchy Place, Racism Road etc crossed each other, and cars caught up at the intersection crashed. They demonstrated their understanding by applying the concept to produce complex and sophisticated analysis of the problems they are experiencing. This was clearly demonstrated in a presentation by the women leaders. Child marriage is a major problem in the camps along the Thai Burma border and is usually attributed to cultural practice. In a sophisticated analysis the women leaders challenged this explanation by

---

<sup>5</sup> For more information go to <https://www.arts.unsw.edu.au/research/forced-migration-research-network/resources/>

identifying the multiple abuses of rights which can lead to child marriage. They discussed how after fleeing conflict in great fear, members of the families often die on route to refugee camps. Many women and children flee alone, without husbands or fathers. Once they arrive in the camps, there is sometimes little protection for them, and women and children have to take refuge with family members who themselves do not have sufficient shelter, food and resources to live on. Often women in these situations are sexually abused. There is no money available to educate children, and in desperation, girls are married at a very young age, both to protect them from SGBV and because it relieves pressure on family resources. Girls who get pregnant very young suffer from many health problems, at times death, because they are too small to bear children. The lack of education gives them no chance of a decent livelihood, they are often victims of domestic violence, and many are abandoned by their older husbands. Young girls are often ill prepared to parent their own children. In this explanation from the women they identify multiple abuses of human rights. What is key to an effective response to this issue is to understand the compounding impact of these abuses, which form a web of despair and hopelessness from which it is difficult to escape.

Given the strong focus on the importance of an Age Gender and Diversity<sup>6</sup> (AGD) approach in the implementation of the GCR, the women and men completed an exercise over two days using a matrix as a tool of analysis. They examined the different impacts of eight thematic areas which were: The impacts of SGBV; Barriers to Participation and Decision Making; Livelihoods and Jobs; Education, Protection Capacity; Energy and Infrastructure; and Durable Solutions 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.



Their analysis clearly demonstrated the intersectionality of issues for each age group. They were very frank in naming problems and were very clear about root causes, and the structural

<sup>6</sup> For UNHCR’s AGD policy, see <https://www.unhcr.org/5aa13c0c7.pdf>

issues which both caused and exacerbated the problems. While the intersectionality of the issues was clear in all thematic groups, the crosscut of SGBV, and the various barriers to participation across the majority of thematic areas were very stark.

The following Matrix illustrates this, and the intersectional analysis using an AGD lens follows.

**Cross-cuts demonstrating the intersectionality of Sexual and Gender Based Violence (SGBV) and Barriers to Participation (BtP) across the thematic areas. (For detailed analysis see below)**

Groups	Girls 0-12	Girls 13-18	Women 19-24	Women 25-50	Older Women	LBTI Women	Women with Disability	Other Groups?
Impacts and Barriers for thematic areas								Widows Deserted wives, single mothers
Impact of sexual and Gender Based Violence	1.1 SGBV	1.2 SGBV BtP	1.3 SGBV BtP	1.4 SGBV BtP	1.5 SGBV BtP	1.6 SGBV BtP	1.7 SGBV BtP	1.8 SGBV BtP
Barriers to Participation and Decision making – inc. Responsibility sharing	2.1 BtP	2.2 SGBV BtP	2.3 SGBV BtP	2.4 SGBV BtP	2.5 SGBV BtP	2.6 SGBV BtP	2.7 SGBV BtP	2.8 SGBV BtP
Barriers to Education	3.1 SGBV BtP	3.2 SGBV BtP	3.3 SGBV BtP	3.4 SGBV BtP	3.5 BtP	3.6 SGBV BtP	3.7 SGBV BtP	3.8 SGBV BtP
Barriers to Livelihoods and Jobs	4.1 SGBV BtP	4.2 SGBV BtP	4.3 SGBV BtP	4.4 SGBV BtP	4.5 BtP	4.6 SGBV BtP	4.7 SGBV BtP	4.8 SGBV BtP
Barriers to Protection Capacity	5.1 SGBV BtP	5.2 SGBV BtP	5.3 SGBV BtP	5.4 SGBV BtP	5.5 SGBV BtP	5.6 SGBV BtP	5.7 SGBV BtP	5.8 SGBV BtP
Barriers to Energy and Infrastructure,	6.1 SGBV BtP	6.2 SGBV BtP	6.3 SGBV BtP	6.4 SGBV BtP	6.5 SGBV BtP	6.6 SGBV BtP	6.7 SGBV BtP	6.8 SGBV BtP
Barriers to Durable Solutions	7.1	7.2 BtP	7.3 SGBV BtP	7.4 SGBV BtP	7.5 BtP	7.6 BtP	7.7 BtP	7.8 BtP

The analysis by the women of the challenges they are facing clearly demonstrate the intersectionality of issues for each age group. It also demonstrates that what happens in one age group has ramifications across other groups.

## THE WOMEN'S ANALYSIS OF EACH THEMATIC AREA, AND FOR EACH DIVERSE GROUP

### Please Note:

Reports from each of the 5 sites in the Asia Pacific will use the same format to enable a direct comparison between each site. As findings emerge from different consultations, there are many similarities in the experience of women and girls, and some things which are specific to each site. To enable a quick identification of these, issues common across sites have been put in **blue**, while issues which are country specific are in **black**.

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

**SGBV** is an overarching concern that cross cuts almost every age and diverse group in each thematic area.



*“In the camp, it is not safe anywhere...domestic violence is very high....If you look at the root causes...not enough income, using drugs...alcohol, no hope, not enough safe houses, houses are not secure....the women and girls are sad ... shamed, withdraw from life...because cases are not handled effectively by current law and policy” (Refugee Women<sup>7</sup>, 2019)*

*“Another problem or risk is when a man with mental disorder abuses or harasses women and girls, it is very difficult to control to get justice. Rather than work to prevent these types of men from access to young women and girls, they are instead asked to stay away from those kind of men” (Refugee Woman, 2019)*

### Girls 0 – 12

The women relayed many examples of young children experiencing sexual and gender-based violence. This included rape and sexual harassment by stepfathers, in particular when mothers had remarried to seek protection for themselves and their children; sexual abuse by drug affected community members, while children were collecting water, playing unattended in the camp, and abuse by teachers. They are victims of severe family violence, including watching their mothers being abused. Risks of SGBV for children are increased by lack of parental supervision while they try to earn money. The impacts discussed included low self-esteem, dropping out of school, running away from home, poor mental health. The impact of these problems has serious implications for girl children in their future lives, as they create vulnerability to future SGBV and produce even more barriers to participation in decision-making.

### Girls 13 – 17

The women described sexual violence in this age group as endemic. Many issues are the same as those for girls aged 0 -12. CBOs reported that girls who had been raped and sexually abused sometimes became sexualised and behaved inappropriately. They were concerned that the community did not understand this is a consequence of sexual abuse, instead treating them as “bad girls”, marginalising and punishing them. *“This labelling young women as “bad girls” increases the risk that they will be treated with less respect”*. Girls who are raped and “shamed”

<sup>7</sup> Quotes in this report are from presentations made by the women following groupwork activities during the consultation. The quotes are attributed to the group of women rather than an individual woman, as they represent a shared position from all group members.

often drop out of school and take whatever illegal work they can get to support their families. Levels of sexual violence in these situations are extremely high.

There is also a high incidence of child marriage (including forced marriage) and early motherhood. These girls are often deserted by their husbands and left with children at a very young age. Many do not have the skills and knowledge to raise a child, which places their babies at risk. *“They are too young to manage a family.”* While early marriage is often attributed to ‘culture’, the women analysed its structural causes including lower access to education for girls. It is exacerbated by the introduction of school fees and lack of other meaningful activities, high levels of sexual violence, poverty, and the view that marriage is a means of protecting young girls from rape and sexual harassment.

### **Women 18 -24**

Once again rape and sexual abuse are endemic for this group, and women reported an alarming increase in domestic and family violence following ‘the reductions’ and the increased drug and alcohol problems in the camp. 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. *“If you choose the wrong guy you will face a lot of trouble”*. While the women’s CBOs are able to provide services and temporary shelter to some women, they are under-resourced. 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.

The women also reported lack of access to justice for women who have experienced rape, domestic violence or other gender- based violence, with camp level justice responses described as completely inadequate. Many cases of abuse are not taken seriously by the male representatives. Women reported that rape cases taken to the Thai authorities are also often not taken seriously and sometimes result in further abuse or victimisation. This high level of impunity results in significant underreporting of SGBV in the camps.

### **Women 25 – 50**

This group similarly suffers from endemic levels of domestic violence, exacerbated by the impacts of aid reductions. These include drug and alcohol use and general family and financial stress. The impacts are depression, despair and sometimes suicide. *“It kills their heart”*. They also have less access to livelihood opportunities. Many have not completed their education, which makes them vulnerable to workplace exploitation and harassment. If they are widows or single mothers, the reduced food and other rations makes them even more vulnerable to sexual abuse. Some are forced into survival sex to support themselves and their families. This also happens to younger women. Their houses are not safe, having neither front or back doors and unable to be secured, which is a further risk as building material supplies have also been reduced. This increases the risk of violence to women and girls.

### **Older Women**

Older women are often the victims of domestic violence, either directly or as witnesses of violence in the homes they share with their children. Some are seen as burdens by families already struggling to survive, and they are subject to both physical and psychological violence.

## LBTI Women

This is a mainly hidden group because homosexuality is little understood or accepted in the camps. As well as being vulnerable to the abuses experienced by other women, they can endure additional layers of violence from the community. Many see it as against their culture and/or religion. Those who are identified as LGBTI 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.

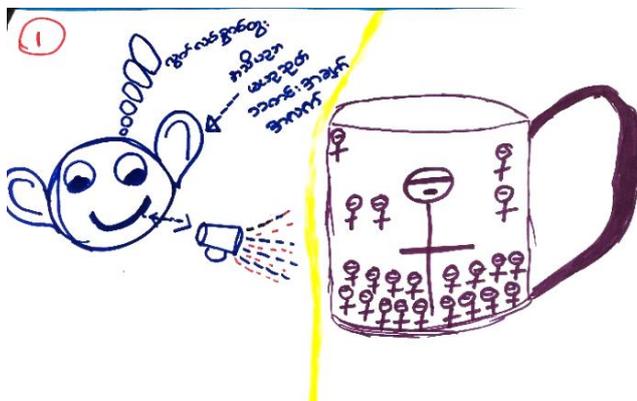
## Women with a disability

The women reported that 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. They suffer from very high levels of sexual abuse because of these issues. In cases where a person with a severe disability has had a child of rape, they are often unable to care for the child. This affects their mental health and ability to cope at any level. It also puts an additional burden on their family

## 'Widows'

This appears to be a generic term used by the interpreters to cover widows and all single women with children. In spite of the many types of violence experienced by women, and the high levels of DV, and drug and alcohol addictions amongst the men, the women stated that *"any man was better than no man, because without the protection of a man, a woman was vulnerable to sexual abuse in every part of every day"*. (Refugee woman 2019)

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



*"The women are trapped in the cup ... the men are outside – they have freedom, freedom to think. A few women try and climb out but even if we get out of the cup, our voices are not heard, the cup, but there is no-one to help them, our voices are not heard. We struggle and become discouraged and our voices become smaller. Without women there can be no peace ...the women must be empowered and the men must learn to walk with the women"*  
(Refugee Women, 2019)

## Girls 0 – 12

The main 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.

## Girls 13 – 17

Again, there is little expectation that girls in this age group should have any part in decision making. The women said that girls who did demonstrate some outspokenness or leadership are

put down and discouraged from expressing their opinions. *“If a smart clever girl tries to do something, it is not seen as good, she is shamed and called a bad girl”*. Dropping out of school, early forced marriage and pregnancy also present huge barriers to their participation.

### **Women 18 - 24**

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 also take the major responsibility for child rearing, care for the elderly and disabled, and home duties. In the camps this includes having to queue for water and forage for food in the forest to supplement inadequate rations. This is very time consuming and also precludes them from participating in meetings and training opportunities.

### **Women 25 – 50**

The situation of these women is in many ways similar to the women 18 – 24 age group. As their children get older and particularly in light of the reduction in rations and services, they are forced to work outside the camp illegally. They reported that the increase in drug use and alcoholism is widespread among men from these age groups, and this puts even more stress on the women to hold the household together, leading to even less time for participation in other activities, even if these were available. They reported a huge increase in depression, suicide and suicidal thoughts.

*“Women will be blamed if they bring their children to a meeting or different kinds of activities. Or sometimes they will receive a harsh look without a comment which makes women more reluctant to participate in any kind of community related activities. If women do not join, they are blamed for being invited. However, there is never a discussion or interest shown in why they did not join. Most of them identify as the primary caregiver and therefore are hesitant to bring their children with them. Women are often blamed for bringing children into the workplace if they do not fulfil their work obligations”* (Refugee Women, 2019)

### **Older Women**

In a reversal of the respect that the elderly would have expected as part of their culture, in the harsh conditions in displacement older women are often seen as a burden and discriminated against. It was reported that many of them live alone in very poor conditions, and some roam the camps seeking assistance from the community. Their wisdom is no longer sought or respected, leading to depression and despair. *They are not even considered to have a role in decision making. If they are given a role it is that of child minding while their adult children work. “First they spend their lives caring for their own children, then they end their lives caring for their grandchildren, they have no other life.”*

### **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. Additionally, those with physical disabilities are often unable to move in the camps due to lack of transport, wheelchairs and other aids, and the condition of the roads and pathways. Women and girls with mental illness are ignored, shamed



*distractions for the children/students as they are not studying the whole day and they have more free time which can lead them to becoming more involved in drugs or any other activities that will not motivate to keep learning” (Refugee women 2019)*

There are very few female teachers to act as role models. Participants also reported incidents of sexual abuse of young girls 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. Another reason that girls drop out of school in this group is because they do not see the point of continuing. They see their siblings who have completed school without livelihoods and unable to plan a future and they do not see any benefit for themselves. They perceive it is better to drop out of education and get whatever little money they can working with their parents. Easy access to drugs provides an escape for some of these children. Women discussed problems which affected children ages 0 – 17 who do attend school. They stated that student class ratios were often unacceptably high, that some teachers had not received proper training, and that some male teachers abused children. They reported that the stipends for teachers were so low that good teachers were leaving because they could not afford to feed their families.

### **Women 18 -24**

Concerns were expressed that women’s 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.

### **Women 25 – 50**

By the time women reach 25, there is no opportunity for further education, nor remedial education to make up for lost opportunities. There are some livelihoods in the camps, such as working as assistants to NGOs or in the camp management structures, but these require a high level of education, and are few and far between. 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. Participation in training is usually not available to these women.

### **Older Women**

The participants reported that it is generally considered that older women are not able to learn, and there are no education services to assist them. Women who are preliterates are not able to access written information such as posters put up in the camp. This increases their dependence on family and marginalisation and isolation from the wider community. This problem has been exacerbated by the loss of the camp radio broadcast system.

## LBTI Women

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 reported that known LBTI girls are stigmatised and shamed at school, which often leads to them dropping out of school.

## Women with a Disability

There are few specialist services available to women and girls in the camps, and these are diminishing because of ‘the reductions’. The steep terrain, lack of infrastructure and disability-accessible buildings, plus high student-teacher ratios, makes accessing education difficult, even if parents can pay school fees.

## Widows

As noted above, single women (in particular single mothers) face extreme difficulties in procuring sufficient food and other basics for survival. They have neither resources nor time to access education, and most often are unable to raise the fees for their children to attend school.

## Thematic Area 4 - LIVELIHOODS AND JOBS

*“This is a single mother, left alone. She has a baby and her daughter was at school, but now she cannot pay school fees, there is not enough money even for food. There is no work for her so she takes her children to the forest to scavenge for food. It is dangerous there. Her daughter cries because she wants to be in school with her friends. (Refugee women, 2019)*



In addition to SGBV and Barriers to Participation, the major cross cuts are with Education, Protection Capacity, Solutions, and Energy and Infrastructure.

## Girls 0 – 12

While livelihoods and jobs should not affect this age group, many young girls who are forced to drop out of school to work, scavenging and “carrying” for camp residents. There are many cases of exploitation and sexual abuse of young girls engaged in this work.

## Girls 13 – 17

Many girls in this age group are forced by circumstance to find work. Most of this is illegal and dangerous, for example foraging in rubbish tips or cutting bamboo shoots outside the camps. There is a high level of rape and sexual harassment in these situations. However, there is very little opportunity for these girls to gain access to training or stable livelihoods inside the camps.

*“They are too young to work, but not too young to be forced into marriage”*. The women discussed the need for income generation and training for girls who are not able to attend school and identified that girls in this group are at increased risk of being trafficked.

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

The women discussed the fact that in all nine camps vocational training courses have been provided by NGOs. However, there are not markets in the camps for the goods they produce and they are not allowed outside the camp to sell their products. *“They teach us how to weave, but we have no money to buy thread so we cannot produce anything”*. *“Even if they make something, who will buy from them?”*. They also reported that the training certificates they are given are not recognised outside the camps. It was agreed by all of the women that the only sustainable solutions to livelihood and jobs are work rights, alongside permission to leave the camps and transport to available work. Without viable, legal livelihood opportunities, the women are dependent on humanitarian aid, which is shrinking because of “the reductions” and inadequate to cover basic needs.

### **Older Women**

The major work opportunity for older women is to care for their grandchildren. They are not paid for this as it is considered part of their duty and a price paid for living with family. It was mentioned that they are seldom if ever given opportunities for livelihood training, despite having many skills both cultural, and as long- term survivors in the camps.

### **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 combined to exclude women with a disability from job opportunities, even though some of them have high levels of skills and knowledge. *“They might be very good at weaving or know a lot but [because they have a disability] no-one listens to them”*.

**Widows** This group was identified as one of the most impoverished and vulnerable groups, facing enormous challenges to keep themselves and their children alive. For reasons cross cutting all of the themes they were unable to access training or safe and legal jobs.

## Thematic Area 5 - PROTECTION CAPACITY



*“We run from big danger to the camps, hoping for safety. We are not happy, because of the reductions, of lack of food, work, safe shelter, health services] and this affects our children ...there are drugs, gangs, discrimination. People suicide because there is no hope... We cannot go back it is too dangerous...things are even worse for us now – what can we do?” (Refugee Women, 2019)*

In addition to SGBV and Barriers to Participation, the major cross cuts are with Education, Solutions, and Energy and Infrastructure

**Apart from the specific examples mentioned below, the issues discussed in this theme covered all groups, including age groups up to and including the elderly, women with a disability, LGBTI women and widows.**

The fact that the Royal Thai Government (RTG), despite generously hosting refugees for over thirty years, has still not signed the 1951 Refugee Convention makes the refugees feel very insecure. They requested that a strong case for signing the Convention be advocated to the RTG, as a pathway to realising more of their human rights.

There was concern that the international community is not aware of the very serious humanitarian crisis developing on the border because of the reductions in aid, and a plea that they be made aware of and respond to this. They requested that there be no further cuts to essential services, which are currently all providing less than a minimum standard of services, until it is safe for the camp population to return to a secure future in Burma/Myanmar.

The women reported numerous examples of lack of access to justice systems and the protection offered by Thai law. Some of these barriers are because of problems in the chains of command in the camps and in the referral pathways to the Thai authority. *The women reported that they felt that SGBV, in particular domestic violence, was often not considered as or treated as a criminal act.*

Finally, the women and the service providers commented on the lack of data, or “evidence” collected on the key issues that affect them. They perceived this as a major barrier to addressing the problems.

**One afternoon following the research consultation in the camp, the research team were standing with a small group of women and witnessed a very inebriated man walk up to sexually harass a young woman. He passed close to us, making lewd comments and attempted to grab her breast. He moved away when challenged, but when we asked the women if they were going to report it, they grimaced and asked “*What is the point? nothing will be done – it happens all the time.*”**

## Specific issues

### Girls 0 – 12

Despite the work undertaken by Thai human rights activists to guarantee the right of every child born in Thailand to be issued a birth certificate, in some cases and in some camps, there is still not universal access to birth registration. In other cases, documents have been lodged with officials in the camps, and a year later, parents have still not received a Thai birth certificate. Refugees are usually unable to leave the camp themselves to go to the MOI to arrange this. In other cases, there are older children who for some reason do not have birth certificates, which has serious ramifications for their access to services and durable solutions. The refugees asked that steps be taken to remedy these problems which are causing a lot of anxiety to parents. Many of the participants, who are women leaders, did not have full information about birth registration and the issuing of birth certificates. They requested that this be made available to all parents in all camps.

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

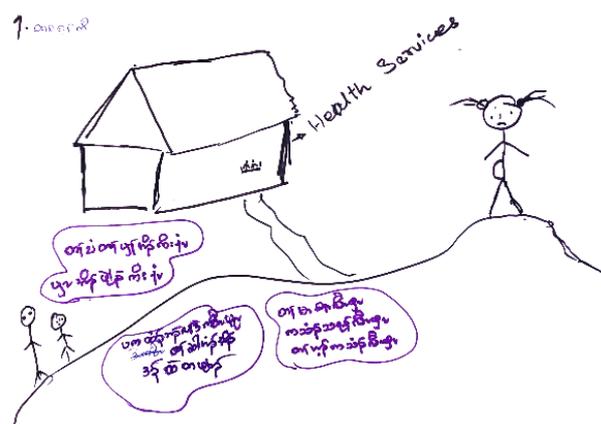
Women discussed how lack of adequate protection services and access to justice for parents who suffered from sexual violence often rebounds on children, who witness violence in the home and are often the targets of violence.

## Thematic Area 6 - ENERGY, HOUSING, HEALTH, FOOD, WATER AND INFRASTRUCTURE

*“The reductions have made big changes to health service is, there were three hospitals now there is one. It is at one end of a long camp...the camp is in the mountains, very little medicines, staff are leaving.*

*This young girl is about to give birth, but she cannot walk all the way to the hospital... Women die, children die being carried to the hospital”*

(Refugee women 2019)



In addition to SGBV and Barriers to Participation, the major cross cuts in this thematic area are with Education, and Protection Capacity.

An overall concern discussed in this theme was the reduction in service provision, in health services, food (which is now about half of the WFP recommended amount), access to safe water, charcoal, and building materials and aid distribution. These affect all ages and groups.

## Girls 0 – 12

Women discussed how the reduction in health services, and the decrease in the number of hospitals had a major impact on babies and young children. Camps are so widely spread that they reported that children with fever sometimes went into shock during the long journey to a hospital, and that some people had died, because they could not access medical care.

Vaccination programs receive supplies to match the number of registered refugee children, but because unregistered refugees and people from the host population also access the hospital, some children are not vaccinated. The low level of food rations is affecting the health of all children, with cases of malnutrition starting to appear.

## Girls 13 – 17

The reductions in humanitarian aid are leading to a much higher rate of child and early marriage and its consequences, including girls too young to give birth, bearing children. The loss of hospitals and distances which need to be traversed to reach them mean that very young pregnant girls are not getting the pre-natal support (or nutrition) they need. Girls are also beginning to show signs of malnutrition. Young girls are often allocated the task of collecting water, and this puts them in danger of harassment as they move through the camp and wait in queues. Teenage girls are reacting to the pressures and showing signs of anxiety and depression or going out of the camp to work illegally in places which exposes them to high risk of sexual exploitation.

## Women 18 - 24 and women 25 – 50

Reductions in energy provision and infrastructure have been exacerbated by the reductions of services. In the dry season, women and children often queue all day to find that there is no water when they get to the front of the queue. Some are having to scavenge for food. The standard of housing is deteriorating because of lack of building materials. Inadequate charcoal supply means that if a family cannot reach the few filtered water pumps, they are not able to boil the water they drink, unless they leave the camps to forage for firewood. These conditions are forcing many women to work illegally outside the camps. [Others are resorting to survival sex as a means to feed their families.](#) The inadequate supply of all basic provisions is causing stress, family conflict and mental health problems, and women reported a large increase in suicide and suicidal thoughts.

The large increase of drug and alcohol use and its impacts was a major theme. Women reported that while it is mainly a male problem, some women were also using drugs and alcohol, and so the impacts cut across all age groups. It is having an extremely negative affect on family life, causing an increase in DV, and using scarce family resources. Younger children are taking the example of their older siblings and starting to take drugs at an early age. This all increases the burden of responsibility already carried by the women. The lack of building materials is leading to constantly decreasing standards of shelter, made worse in the wet season, and increased insecurity in the refugees' homes.

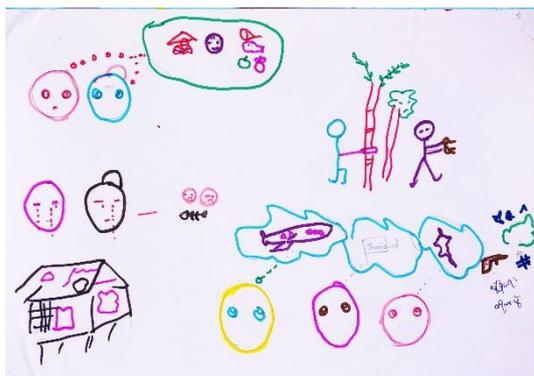
## Older Women, LBTI Women, Women with a Disability and Widows

As already marginalised and stigmatised groups, the participants saw the situation of these women as very similar. They experienced additional difficulties because of the reduction in humanitarian aid to those living in families, and suffered more SGBV when trying to fulfil their most basic needs. It was reported that even if they could acquire building materials often there

was no-one to assist them to repair their houses. The elderly and those with disabilities were often physically isolated because of the poor state of roads and pathways.

*These kinds of women need a special system to get assistance that includes not only providing the building materials but also finding a safe place to build a house for them. They should not wait to get assistance or be forced to go through the normal process.” (Refugee Women, 2019)*

## Thematic Area 7 - DURABLE SOLUTIONS



*“The women must be given the information and be part of making the decisions about their futures and the futures of their children!!”*  
(Refugee Women, 2019)

The major cross-cut for this theme for the women was with protection capacity, as the prospect of return to an uncertain future looms large in their minds.

### Girls 0 – 12 and 13 -17

Durable solutions for children were seen as entirely in the hands of their parents. There were reports of family violence and despair when children asked parents why they had brought them to this terrible life, and many requested to go back to Burma/Myanmar even though most had been born in the camps.

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

Mature women across these age groups reported that they had little choice in major decisions on Durable Solutions. Most married women are dependent on the decisions and status of their husbands. Lack of education and family violence which exacerbate lack of opportunities for participation in decision making render them silent. All discussed the fear of forced return to Burma/Myanmar. They requested more information about what was happening from the Royal Thai Government, UNHCR and NGOs. Women stated that they are often not given information and that even their fathers and husbands could not access this at times. This leads to rumour, misinformation, myths and speculation, which causes disquiet, mistrust and a sense of hopelessness. Unfortunately, this in turn contributes to an increase in family disharmony and antisocial behaviour. The women emphasised the need for a guarantee of security and an end to conflict before they can consider returning to Burma. In addition to this they highlighted the need for adequate preparation and infrastructure for return, including involvement in planning meetings and training for return, citizenship (see below), identity cards, travel documents, safe housing, decent education systems which recognised the certificates gained in Thailand, proper health services and livelihoods. They also requested support for up to two years after return to enable them to rebuild their lives. Above all they wanted a place at the planning and decision-making tables, to put forward their analysis and suggestions for the future.

## Older Women, LBTI Women and Women with a disability

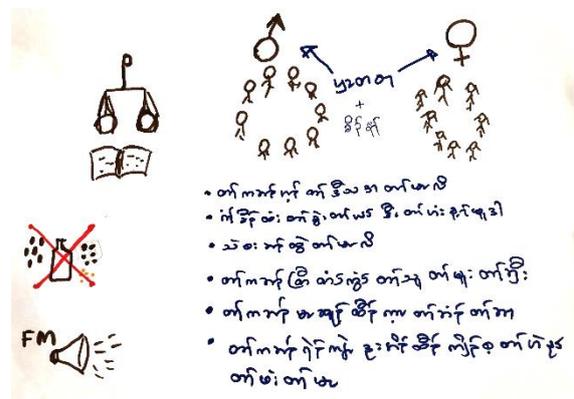
The participants noted that these very marginalised groups had little or no say in the major decisions which will shape their future. They were totally dependent on the males in their families to make these decisions, and were usually given no information about their options, or what was happening.

## Statelessness

Women raised statelessness, or the perception of statelessness, as a key problem which affected women across all categories and age groups. They held neither Burmese, nor Thai citizenship and had few rights in either country. After 7 years, if they had not returned to their village inside Burma/Myanmar to re-register their registrations lapsed, leaving them essentially (*de jure*) stateless. All of the women had been in Thailand for over 10 years. They cannot vote, have no land rights and cannot hold travel documents. In Thailand they live in camps, do not speak Thai and have few of the rights of Thai citizens. While Thai human rights activists have won the right for all children born in Thailand to receive legal birth registration and to attend school, the systems in the camps and the inability of the refugees to travel to visit Thai authorities or attend local schools makes these rights difficult to obtain. As well as these obvious physical and political restrictions the women expressed their grief and fear at not being a citizen of any country.

## POTENTIAL SOLUTIONS AND RECOMMENDATIONS

In every group, and when talking about every topic, the women stressed that there has to be information sharing and effective communication between UNHCR, NGOs and between refugee women and men. Every group spontaneously drew a picture that showed the groups working together to identify and implement solutions.



The women suggested a detailed range of potential solutions and recommendations to address problems in each of the thematic 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 SGBV in displacement. 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 camps and cities to which they have been displaced. It will also need the recognition by the community that SGBV and child marriage are crimes, and implementation of

structures to ensure that adults complicit in this are punished. In addition, unless the burgeoning drug problem is addressed, domestic violence is unlikely to decrease.

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, in parity with men. They requested that UNHCR and NGOs consult and engage with them on an ongoing and consistent basis, and make their participation a reality at a local regional and international level.

*“Communication is a very basic step for both UNCHR and NGOs to consult and work with women. But the main challenges here remain communications across various languages. The communication has not been systematic, and has not been for some time. The language barrier creates an even wider gap when we fail to have proper understanding with each other because of poor or no translation. There must be mutual respect of all partners working together if the outcome is to be successful.”* (Refugee Women, 2019).

It was also apparent that without more rigorous data collection about the problems it would be difficult to find sponsors/donors for solutions. *“When I brought up the fact that the children were becoming malnourished I was told that as yet there is not evidence for that, and until there was, no-one would do anything. It made me so angry.”* (Refugee Woman, 2019). Another plea for help across all areas was for better co-ordination of all services.

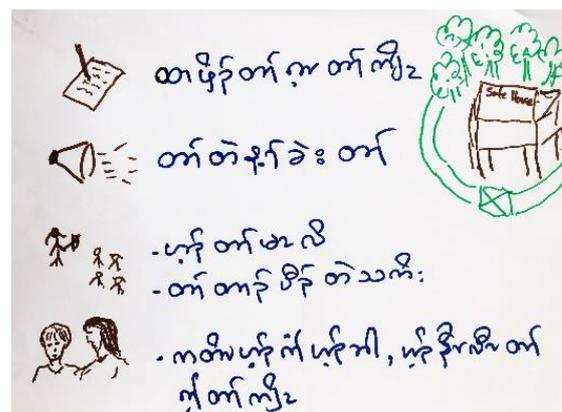
The solutions proposed by the women crosscut many of the thematic areas.

## Recommendations for prevention and response to SGBV

When discussing their complex and achievable solutions for ways to address SGBV, the women had one key message.

*“Just support us to be involved...we can do many things ourselves... with resources, we can support our sisters, offer good services ... it does not have to be done for us...”*

(Refugee Women Leaders 2019)



Their suggestions included that:

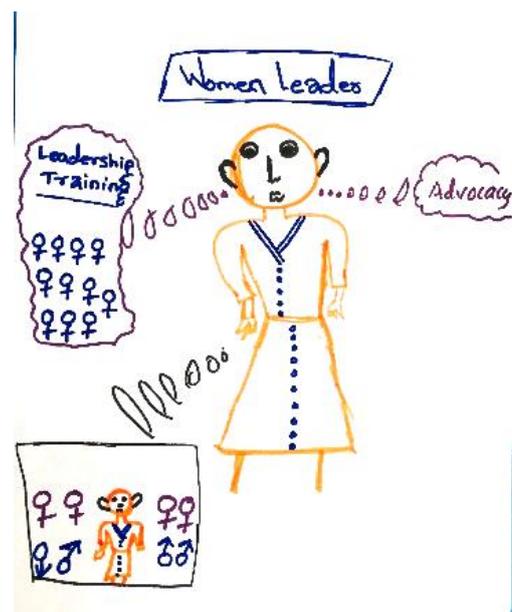
- A new system be designed and introduced to ensure that there is a safe place with on-going support for women to report abuse, and to be confident that their complaints will be taken forward to the Thai police and action taken against the perpetrators.
- Women’s groups and CBOs meet regularly with the UNHCR SGBV Focal Point and service providers to work together to identify and implement solutions.

- Programs to prevent child and forced marriage
- The community receive awareness raising about the dangers of child marriage, that it is a negative protection move, and is against the law.
- An effective system be put in place to respond to domestic violence, including training and awareness raising for both men and women.
- Support and resources be provided to women’s CBOs for shelters and long-term solutions for women and girls who have to leave violent relationships, and that refugee women and girls be leaders in designing and implementing these services. *“We are doing this ourselves; we do not need them to come and do it for us, just provide resources.”* (Refugee Women, 2019).
- *“Talk to women to find a way for them that is easy for them to participate and with competent translation. Otherwise they will already restrict women’s participation as these meetings will request women with language skills.”* (Refugee Women, 2019)
- Training and awareness raising within communities about the risks of SGBV and ways to address this.
- Training of men and steps to build more and stronger male allies for women’s rights.
- Sex education for refugee girls and for adult women.
- Safe secure long-term shelters or half-way houses for women and girls who have suffered abuse or who are vulnerable to abuse.
- The provision of childcare to enable women to attend training and work.
- Strategies/actions for better access to justice systems.
- For the longer term, women suggested that the root causes of SGBV be addressed. (See Protection Capacity below).

## Recommendations relating to Barriers to Participation and Decision making

*“Give us leadership and other trainings... give us information... invite us to all meetings, make sure we are on all committees... visit us...listen to what we have to say ...you will see how good we are...”*

(Refugee women, 2019)



The women’s suggestions included that:

- Building on the overarching recommendations from all groups, across all thematic areas, UNHCR and women’s groups sit down together on a regular basis to identify problems and

solutions, then plan together for future programs and implementation strategies in which the women take an active and equal role.

- Camp Coordination structures be improved and refugee women’s groups be equally included as part of that planning process.
- Training programs be designed with the women, and provided to support their participation and gender equality. These must be on-going to ensure that strong teams of women from all nine camps receive effective training and are able to participate as leaders.
- Training on the importance of Gender Equality and the importance of participation be provided to male leaders. This must be positive and not punitive in its approach.
- Access for women must be guaranteed at all meetings, with a quota of 50% men and 50% women. This must be negotiated and done without undermining the excellent work done by the men who have run the Camp Committees for several decades.
- A system be established which ensures that the election of representatives to camp committees be restructured to support the equal election of women candidates.
- Leadership training, and access to all relevant information to enable women to participate and contribute effectively in meetings and other activities must be provided for women on an ongoing basis.
- Issues such as childcare, income replacement and safe passage through the camps must be addressed to enable women to attend meetings.
- Women have to be issued with travel documents and guaranteed return so that they can travel within Thailand and internationally to advocate on behalf of their communities.

*“Access to information is very important to ensure women’s participation - especially sharing information in the community’s language and using visual tools to make sure women and people in community understand. Many in the international community who are calling for the community or women’s participation are not doing enough. As CBOs, meetings in refugees language must be catered to, which would improve their access to channels needed to give feedback” (Refugee Women, 2019).*

## Recommendations relating to Education

*“Without education we are nothing....all the children need education...the women need training... there will be no equality unless the girls and women are educated.” (Refugee women 2019)*



The women’s suggestions included that:

- The reductions to funding for community schools be reversed, so that fees can be removed, school materials provided and stipends to teachers increased to prevent the rate of attrition.

- Steps must be taken to ensure that teachers are fully trained, and that the student/teacher ratio does not exceed 35/1.
- More female teachers should be recruited, both to be role models for girls, and to reduce the risk of sexual abuse by male teachers.
- All schools be monitored to ensure the quality of teaching and the safety of students.
- The Royal Thai Government be requested to allow refugee children to exit the camps and attend local Thai schools.
- The nursery schools be reopened, and a lunch provided for the children. As well as the importance of early education this would provide protection and nutrition for extremely vulnerable children.
- Steps be taken to keep young girls at school as an immediate physical protection measure, and to ensure that they receive an education, as this has been proven to be the best protection measure against SGBV, including a decrease in forced and child marriage

### Recommendations relating to Livelihoods and Jobs

The strongest recommendation in regard to Livelihoods and Jobs was that:

*“UNHCR, NGOs and the international community advocate with National Governments to grant work rights to the refugees.” (Refugee women, 2019)*



The women’s other suggestions included that:

- Freedom of movement in and out of the camps be ensured to enable refugees to take up employment legally.
- Support services be made available to identify non-exploitative employment for all refugees.
- Employers who abuse and exploit refugee workers be brought to justice.
- Prevention and protection services are provided for refugee women who are raped and physically abused at work.
- More effective livelihood training be provided, linked to viable markets. Small grants and market training must be made available to enable women to start a business.
- Protection services (including access to schools) be established to ensure that children are not forced to work illegally in dangerous situations.
- Services be established to provide employment and targeted vocational training for people with a disability, many of whom have skills and ability which is not utilised.

“Budgeting for education needs must be in discussion with the refugee community to reflect on the real needs/priorities. For example: In education funds, there is a budget for the playground and sports equipment but not for the increase in stipends or to maintain more teacher support”. (Refugee Woman, 2019)

## Recommendations for Protection Capacity



“Our refugee life is like a very heavy stone. So everyone has to help us get free from the refugee life...[so that] we will have a future” (Refugee women, 2019)

The women’s suggestions included that:

- National Governments be encouraged to sign and implement the 1951 Refugee Convention as a matter of priority.
- The International community must be informed of the seriousness of the situation on the Thai Burma/Myanmar border, and consider how it can respond through responsibility and burden sharing to ensure that the needs of the population in the camps are met and their rights are respected.
- The deteriorating conditions in the camps must not constitute a *de facto* forced return to conditions of danger in Burma/Myanmar.
- The international community ensures that until it is safe for refugees to return to Burma/Myanmar, there are no further reductions in essential services and food on the Thai Burma/Myanmar border, and assists in providing adequate levels of support.
- **Access to justice is improved through training of local police**, “Aw Sow (Thai soldiers who work under Camp Commander) and officials in the camps. The training must include working procedures, and how to treat people or women in the camp they are protecting with respect.” (Refugee Woman, 2019)
- **All refugees who are victims of criminal acts have access to a functioning justice system and to the National legal system.**
- **A concerted campaign be undertaken to ensure that women feel safe to report cases of SGBV and that all perpetrators be prosecuted through the National legal system.**
- **A rigorous system of gender, age, disability and diversity disaggregated data collection be developed for all refugee sites, to identify needs in the areas of education, health, shelter, livelihoods, access to justice etc incidents of SGBV and to inform responses to these.**
- Action be taken to ensure that an effective system is put in place including better communication between the camp committee, MOI and the refugee communities, so that all parents can access birth registration for their children in a timely manner.

- Urgent action to be taken to ensure that older children who do not have birth registration documents are identified and registered.
- Information about the correct process to be taken to register a birth, and the time this should take be made available to all refugees.

## Recommendations for Energy and Infrastructure

*“We know there is not funding...but if there is only one hospital, can it be in the centre of the camp? Can we have vehicles with drivers on a roster so that pregnant women and sick people can get to the hospital before they die? ...Please no more reductions of medical staff and medicines.”*

(Refugee women, 2019)

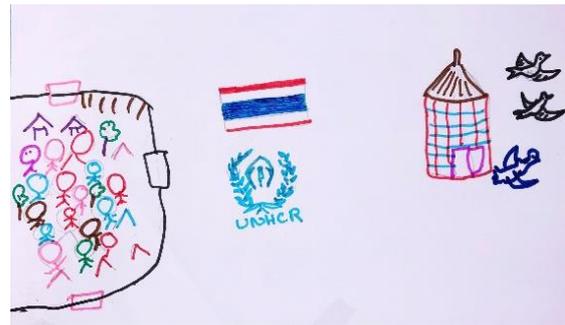


The women’s suggestions included that:

- There be improved co-ordination between service providers, refugee women’s CBOs and camp committees involving equal representation of women in all camps.
- As long as refugees are in the camps without immediate solutions, health services must be restored to former levels.
- Urgent medication must be made available in the camp clinics and hospitals.
- Given the size and terrain of the camps, remaining hospitals and clinics must be centrally located to improve access for refugees.
- Transport/ambulance services must be made available for refugees to access hospitals, with a driver roster established to ensure that emergency cases, people with a disability and women in childbirth can be taken to hospital 24 hours per day.
- That the community receive awareness training about the danger of drugs, and the negative long-term effects of these on parents and children.
- Sufficient charcoal be provided to families to allow for cooking and boiling water and lessen the risk of women and girls having to forage for firewood.
- Food rations or cash provided for food must meet the World Food Program minimum standard.
- Sufficient building materials be issued to ensure that housing is waterproof, safe and secure. *“Priority and additional responses must be given to address the needs of single women, widows or elderly people when it comes to providing shelter, protection and access to basic necessities.”* (Refugee Women, 2019)
- Roads and pathways in the camps be maintained to ensure access for essential vehicles and safe passage for pedestrians including those with physical disabilities and the elderly.

## Recommendations for Durable Solutions

*“We need the international community to push for real peace inside Myanmar so that we can get out of our cage and fly home to a new safe life” ( Refugee women 2019)*



The women's suggestions included that:

- Refugees are not forced to return to a dangerous and unstable future in Burma/Myanmar until peace is achieved and sufficient structure is in place to ensure their human rights.
- Women and women's groups be included in all discussions and planning about return and their well-considered and developed suggestions for a sustainable return be given serious consideration by the Government of Myanmar, the Royal Thai Government and the International community.
- Consultations must be real, and not tokenistic, *“not only coming to meet with community but to share a discussion, and listen to the people because the solution must come from people in the community”* (Refugee women, 2019).
- The International community, and ASEAN advocate with the Government of Myanmar to support a viable program of return for the refugee communities once conflict has ceased.
- Third countries reopen resettlement opportunities for refugees on the Thai Myanmar Border until it is safe for them to return to Myanmar.

## Recommendations for Statelessness

The women's suggestions included that:

- The International community advocate with the Government of Myanmar to bring about a peaceful solution to the conflicts in the country and to ensure a safe and secure return for refugees which includes full citizenship.
- Uncompleted birth registrations to be urgently finalised and all children provided with a birth certificate

The solutions proposed by the refugee women on the Thai Burma/Myanmar Border are not unreasonable, nor unachievable, nor even particularly aspirational. They merely reflect their fundamental human rights and as such, the International community has the responsibility to address them.

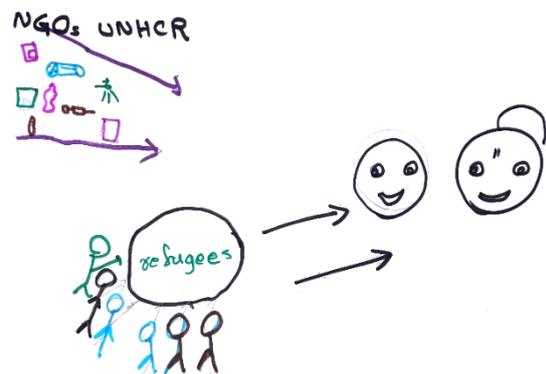
## Endnote:

The women's leaders have now responded to the content of this report and given permission for it to be distributed to key stakeholders, but not to be released into the public domain via the internet and social media. A short version of the report with the finding and recommendations will be translated into Burmese and distributed to all women in took part in the consultation.

Since the consultations in August, a representative of the Women's Groups attended and presented at the Regional Protection Roundtable Meeting hosted by the Asia Pacific Refugee Rights Network. She has also been nominated to represent the women at the UNHCR Global Refugee Forum in December and to present at one of the Spotlight sessions. The UNSW team will return to the border in 2020 to conduct further training and consultation as determined by the women's groups. The team from Mahidol University are in discussion with the UNSW about follow up work and further trainings.

UNHCR and NGOs will respond once they have received the report.

*"We know there are not miracles... but we need to be heard...to talk together"*  
(Refugee women 2019)



## A brief history of the Thai-Burma/Myanmar border camps: A context for understanding the issues and barriers identified by the women

The issues identified in the Thai Burma/Myanmar border camps, and the particular manifestations of sexual and gender-based violence experienced there, have to be seen in the context in which the refugees are living and informed by the history of the women's experience in the camps.

Spontaneous small settlements of refugees from Burma/Myanmar began to be established close to the Thai Burma/Myanmar border in 1984, and over the years have been consolidated into nine main camps along the border between Thailand and Burma/Myanmar, with episodic influxes of refugees crossing the border from Myanmar<sup>8</sup>. Seven camps house mainly Karen refugees, while two house mainly people from the Karenni ethnic group. Both populations are predominately Christian. There are small numbers of other minority ethnic groups in all camps, including a community of Burmese Muslim refugees.

Mae La camp is the largest and most accessible camp, with 37,000 refugees, while other camps house smaller numbers<sup>9</sup>. The camps are in remote sites, most in mountainous and difficult terrain. All are surrounded by fencing, and refugees need permission and a pass to exit the camp for any reason. Many of the refugees have been in these camps for up to 30 years. The majority of the women who participated in the consultation had been in the camps for a minimum of 10 years; several of the younger women had been born in the camps and knew no other life.

The Thai Royal government has generously allowed the establishment and operation of the camps as temporary shelters for people displaced by conflict for the past 30 years, but has not signed the 1951 Refugee Convention. It recognises the community as persons fleeing fighting, not as refugees. For much of that time, the international community has provided funding for the support of the refugees, which for a time provided a workable infrastructure, including a basic education system for the children, health care services, a local justice system and training and development activities to support civil society. Resources were provided for preparation for democracy, human rights and peace. Coordination and delivery of humanitarian aid has been provided by The Border Consortium (TBC) since the earliest years of the camps. At the peak of funding, more than 100 NGOs operated programs for the refugee population. UNHCR began playing a role in the camps in 1998/1999.

Overall control of the camp population is through a system of appointed local Thai authorities, including a camp commander, security personnel and police checkpoints, but internally, the camps are run by predominately male refugees in a system of elected committees. This has allowed some semblance of a civil society within the camps, and for a long while this provided hope for the refugees as they anticipated and planned for an eventual return to their homelands in Burma/Myanmar. During that period, the stated focus of the humanitarian aid provided was on self-reliance during their protracted stay in Thailand.<sup>10</sup>

---

<sup>8</sup> Geographic and demographic data for each camp can be found at <https://www.theborderconsortium.org/where-we-work/camps-in-thailand/>

<sup>9</sup> From south to north: Than Him 5,600 people; Ban Don Yang 2,700; Nu Po 9,000; Umpiem 10,600; Mae La 37,000; Mae Ra Ma Luang 9,100; Mae La Oon 9,000; Ban Mae Surin (site 2) 2,300; Ban Mai Nai Soi (site 1) 10,000. Numbers from TBC.

<sup>10</sup> <https://www.theborderconsortium.org/about-us/history/>

Very strong women's groups have operated in the camps for several decades, including the Karen Women' Organisation (KWO, first established in Burma/Myanmar in 1949) and the Karenni National Women's Organisation (KNWO, established 1993). These groups have provided a range of essential programs and services in the camps including education and health services, social support, SGBV services, safe houses, women's training and empowerment programs, human rights documentation and reporting and international advocacy. More recently, Muslim women's groups were also established in Mae La and Umpiem camp (2008), with the support of KWO and TBC. Women from other minority ethnic groups are also members of the Coordinating Committee of Ethnic Groups (CEEG).

Despite the critical and effective work undertaken by the women's organisations, and their proven capacity, there are currently few women represented in the camp structures, and they have had limited access to meaningful decision-making meetings and forums. This is due to a number of reasons, including that the male leaders in their own communities tend to dominate these spaces. While there have been a number of initiatives to increase women's participation in camp structures, including a requirement that the committees contain 50% women, they continue to be dominated by a male hierarchy, and women's organisations have been marginalised in their own community and the wider network of stakeholders and authorities in the camps. This has exacerbated women's lack of opportunity to participate in camp management and planning for the future of themselves and their families.

For many years the dream of the refugees and their supporters was return to Burma/Myanmar, but in 2004 fourteen countries opened resettlement programs, and over 135,000 refugees were resettled from the camps. However, in spite of the high number of departures, the camp populations remained relatively stable, as new arrivals fleeing renewed conflict filled the spaces. Resettlement created a well-documented depletion of civil society capacity in the camps, leaving significant gaps in camp management structures, including in the women's movement. However, many leaders also stayed to support their communities and wait for return to Burma/Myanmar. The women continued their work, continued to provide capacity building and to encourage women to participate in the women's organisations. It is to their credit that these are still so strong today. They kept hope alive.

Elections in Myanmar in 2010 and in 2015, along with various ceasefire initiatives, reignited hope for the long-awaited return. This was reflected in a shift in donor interest towards Myanmar, and a refocusing from care of refugees in exile in Thailand towards preparing for return.

*"For TBC and the organisations working with refugees, the "Strategic Framework for Durable Solutions" has been reoriented, shifting the emphasis from self-reliance in protracted asylum in Thailand towards preparedness for a voluntary refugee return. In 2017, as well as continuing to support the nine camps in Thailand, TBC was further developing its Burma/Myanmar programme. This work focuses on supporting the recovery of conflict-affected communities, improving their socio-economic situations and building preparedness for the potential return and integration of displaced communities when conditions are suitable."*<sup>11</sup>

The focus on return, which was greeted with both hope and trepidation, soon turned to frustration and despair. Plans were often made without the inclusion of refugees, except through the male dominated camp committees, and voices of refugee women were not heard. As time

---

<sup>11</sup> <https://www.theborderconsortium.org/about-us/history/>

went on it became obvious that return was still not a viable or sustainable solution, and certainly not to places of origin of the refugee communities. Active conflict continues between ethnic groups and the Myanmar military, and there is insufficient security and infrastructure to support refugee return. Return of large numbers of refugees is not currently occurring, although it is believed the Royal Thai Government has a timetable for closing the camps. However, based on an assumption of eventual repatriation of refugees, donors have switched their focus to inside Burma/Myanmar and to other humanitarian crises<sup>12</sup>. This has resulted in a significant reduction of funds available to support the refugee population in Thailand, in spite of their ongoing needs and their lack of alternatives to staying where they are.

Our team has worked along the border with women's groups for more than 20 years, and we have never before found them so despairing. "*My Faith remains, but my hope is fading.*"<sup>13</sup> They are largely shut out of meaningful decision making in the camps. The women's organisations are still active in providing services and programs inside and outside the camps, but like other services they are also feeling the impact of reduced funding and international support. It was however noted that in a very positive step,

---

<sup>12</sup> See for example <https://prachatai.com/english/node/7840> and <https://www.aljazeera.com/news/2019/06/stress-return-stalks-myanmar-refugees-thai-border-camps-190620062852897.html>, [progressivevoicemyanmar.org](http://progressivevoicemyanmar.org) – "There is no-one who does not miss home"

<sup>13</sup> Quote from a refugee woman leader during the consultations.