



INITIAL ASSESSMENT REPORT: Protection Risks for Women and Girls in the European Refugee and Migrant Crisis

Greece and the former Yugoslav Republic of Macedonia

**United Nations Refugee Agency, United Nations Population Fund
and Women's Refugee Commission**

Acknowledgments

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ACRONYMS AND ABBREVIATIONS:

CMR: Clinical Management of Rape

CSO: Civil Society Organization

EU: European Union

GBV: Gender-based Violence

HIV: Human Immunodeficiency Virus

IASC: Inter-Agency Standing Committee

MISP: Minimum Initial Service Package

PEP: Post-exposure Prophylaxis

SGBV: Sexual and Gender-based Violence

SOP: Standard Operating Procedure

STI: Sexually Transmitted Infection

UNICEF: United Nations Children's Fund

UNFPA: United Nations Population Fund

UNHCR: United Nations Refugee Agency

WASH: Water, Sanitation and Hygiene

WRC: Women's Refugee Commission

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1. INTRODUCTION

For the first time since World War II, Europe is experiencing a massive movement of refugees and migrants, women, girls, men and boys of all ages, fleeing armed conflicts, mass killings, persecution and pervasive sexual and gender-based violence (SGBV). Many seek refuge in Europe from the ongoing armed conflicts that have torn apart their societies, and are entitled to protection under the 1951 Refugee Convention, its subsequent Protocol, and other international instruments. From January to November 2015, Europe witnessed 950,469 refugee and migrant arrivals through the Mediterranean, with Greece receiving the vast majority of arrivals (797,372). Those arriving by sea are fleeing the Syrian Arab Republic (49%), Afghanistan (20%), Iraq (8%), Eritrea (4%), Nigeria (2%), Pakistan (2%), Somalia (2%), Sudan (1%), Gambia (1%) and Mali (1%).¹ The majority travel to Turkey, from where they undertake a treacherous journey by sea to Greece and then make their way through the former Yugoslav Republic of Macedonia, Serbia, Croatia, Slovenia and Austria in an attempt to reach their destination countries, including Germany and Sweden. Each day brings new arrivals, and accurate data remains a challenge. Refugees and migrants are travelling en masse, striving urgently to reach their destination from fear of border closures, potentially increased restrictions in asylum policies and the onset of winter.

It is a dangerous journey, with refugees and migrants often facing high levels of violence, extortion and exploitation along the way, including multiple forms of SGBV. Single women travelling alone or with children, pregnant and lactating women, adolescent girls, unaccompanied children, early-married children — sometimes themselves with newborn babies — persons with disabilities, and elderly men and women are among those who are particularly at risk and require a coordinated and effective protection response.

Concerned by the protection risks faced by women and girls, the United Nations Refugee Agency (UNHCR), the United Nations Population Fund (UNFPA) and the Women's Refugee Commission (WRC) undertook a joint seven-day assessment mission to Greece and the former Yugoslav Republic of Macedonia in November 2015. This report describes the assessment's findings and key recommendations for the European Union (EU), transit and destination country governments, humanitarian actors and civil society organizations (CSOs). The assessment found that women and girl refugees and migrants face grave protection risks and that the current response by governments, humanitarian actors, EU institutions and agencies and CSOs are inadequate. The findings emphasize the urgent need to scale up response efforts,

¹ Please see UNHCR data accessed on 23 November 2015: <http://data.unhcr.org/mediterranean/regional.php>

implement innovative solutions and strengthen protection mechanisms and services across borders to adequately address the protection threats facing women and girls.

In this particular crisis, Europe's response needs to match its international obligations, responsibilities and stated values. There is a need for the European Union, as well as relevant governments in Europe, with the support of protection and humanitarian actors, to strengthen resources dedicated to ensuring effective protection, especially for persons with specific needs and those who are at heightened risk in this crisis.

2. INITIAL ASSESSMENT OBJECTIVES AND METHODOLOGY

From 2 – 7 November 2015, five team members from UNHCR, UNFPA and the WRC carried out a joint assessment mission to understand the protection risks facing women and girls in the European refugee and migrant crisis. These organizations chose to collaborate based on their complementary combination of refugee, women and girls' protection, SGBV and reproductive health (RH), and research experience.

The objective of the assessment mission was to develop concise and practical recommendations to inform and strengthen protection responses by the EU institutions, relevant governments, humanitarian actors and CSOs to respond to the specific protection and assistance needs of women and girls fleeing to Europe.

In order to meet this objective, the assessment team travelled to Greece, including Athens and Chios and Samos, two of the arrival islands, then continued to the former Yugoslav Republic of Macedonia, including Skopje and Gevgelija, the entry point bordering Greece, as well as Tabanovce, the exit point bordering Serbia. In addition, field visits were conducted to detention centres, as well as sites where refugees and migrants stayed for longer periods, such as the Eleonas, Victoria Square and Galatsi Stadium in Athens.

The mission adopted a qualitative research methodology focused on making direct contact with refugee and migrant women and girls, men and boys, as well as key stakeholders involved in the protection and humanitarian response including UN agencies, international humanitarian organizations, government agencies and CSOs. The assessment team employed multiple research methods, including site observations, individual interviews (with women, girls and men), group interviews (families and young males) and focus group discussions (women and girls only). In total, 67 refugees and migrants were interviewed in 10 individual interviews, 17 group interviews and 1 focus group discussion. Meetings were held with UNHCR, UNFPA, Red Cross, UNICEF, Ministry of Immigration (Greece and the former Yugoslav Republic of Macedonia) and Ministry of Health authorities (the former Yugoslav Republic of Macedonia). In Greece, the team met with Faros and Melissa, local CSOs supporting the response work, and attended a refugee and migrant response coordination meeting in Samos. In the former Yugoslav Republic of Macedonia, the team had a joint meeting with UNHCR's key protection partners, and also met with the United Nations Country Team.

The team developed questionnaires to guide the interviews with all stakeholders (see Annex). The questionnaires addressed protection risks specific to women and girls in the country of origin and in transit towards the countries of destination.

The assessment team made detailed observations and documented not only protection risks but also factors contributing to protection risks of women and girls. The team split up into smaller groups to conduct the interviews and focus group discussions. This was done keeping in mind that as people were on the move, only a short amount of time was available and therefore smaller groups of interviewers facilitated the establishment of trust and minimized the risk of overwhelming refugees and migrants who are already under heavy psychological pressure. Prior to interviews and the focus group discussion, individuals and families were offered the opportunity to refuse participation or not to answer any question deemed too sensitive. With the exception of a few individuals, all those who were approached agreed to participate in the assessment.

While the mandate for this mission was to assess protection risks faced by women and girls, the assessment team also noted protection risks for men and boys. The team received information on large numbers of unaccompanied male children, and noted that among the push factors is the fear of forced conscription of men and boys into armies and armed groups. It is important that the protection risks of men and boys be assessed with the view of informing and strengthening targeted protection and assistance interventions and responses.

3. INITIAL ASSESSMENT FINDINGS ON WOMEN AND GIRLS' PROTECTION RISKS AND RESPONSES

The findings confirm that women and girl refugees and migrants face grave protection risks and that the current protection response by government agencies, humanitarian actors and CSOs are inadequate. These findings are a snapshot, which are time and place specific; however, they can also serve as an indication of similar protection risks in other countries along the route. The assessment findings include information gathered on the profile of the population, protection risks in the country of origin, during travel to Greece, in Greece and the Macedonia, as well as gaps in the protection response.

3.1. Profile of the Population

As of November 2015, per government figures, 950,469 refugees and migrants had arrived in Europe through the Mediterranean, with the vast majority of these arriving to Greece (797,372). Approximately, 24 percent are children and 16 percent are women. 3,605 have either lost their lives or are missing.²

² <http://data.unhcr.org/mediterranean/regional.php>

Despite predictions that the number of arrivals would decrease with the beginning of winter, that was not the case at the time of the mission. Thirty-three percent of the total arrivals in 2015 came in October. Refugees and migrants are increasingly concerned that borders and opportunities to seek protection will close to them, thus creating an additional urgency in continuing the journey towards northern Europe. UNHCR has also observed an increase in the number of Afghans arriving, as well as an increase in families with young children.³ Legal and registration measures available to non-Syrian nationals differ significantly from those for Syrian nationals, who are currently prioritized and/or fast-tracked. Humanitarian actors have also noted a trend in recent months of a larger number of women refugees and migrants, including single women, and unaccompanied children making the journey. One reason for this shift could be the rising perception among the population that women and/or children travelling alone may be prioritized for services and registration, or that they may be more likely to be granted asylum. The assessment team also observed a high number of pregnant women, including in advanced stages of pregnancy, making the journey.

3.2. Protection Risks in the Country of Origin

All families and individuals interviewed, regardless of their nationality, exhibited significant protection concerns related to war, armed conflict, persecution or SGBV and harmful practices in their country of origin. Many Afghans interviewed were ethnic minorities (Hazaras), who had first fled Afghanistan and attempted to establish a life in Iran, but continued to feel unsafe and lacked legal status. Like others in their situation, if deported they would be returned to settings where their lives are at risk, even if entitled to protection under the 1951 Refugee Convention or other international protection instruments. While humanitarian actors explained that certain refugees might have other legal options available to them, such as family reunification, the lack of accessible legal information, together with the perception that this would delay the journey, means that many do not claim their legal rights. Overall, there remains a dearth of legal migration and protection mechanisms for those fleeing violence or instability.

Case study: *Aziza⁴ is an Afghan woman travelling alone with her daughter, who is approximately 18 or 19 years of age. They lived in Iran where Aziza, a widow, supported them with her earnings as a domestic worker. Her daughter has severe disabilities and is wheelchair bound, and Aziza, despite being frail and old herself, has been physically carrying her where required. They were unable to access medical care for her daughter in Iran, and Aziza believes that she can get the necessary care if they are able to move to a European country. In Greece, medical practitioners who examined her daughter said that if she received adequate and consistent medical treatment she would make a gradual recovery. Throughout the interview, Aziza broke down several times, saying she was not sure how to get to Germany with her daughter as she did not have enough money for the journey.*

³ <http://data.unhcr.org/mediterranean/download.php?id=108>

⁴ To protect the identity of refugees and migrants, all names used in this mission report have been changed, along with removing any information that might lead to their identification.

Case study: *Farah is an Afghan refugee travelling alone through Europe with her eight children, seven of whom are girls under the age of 17. Farah's family had been living as refugees in Iran, when her husband and son were killed, leaving her and her children vulnerable to attacks. The children's uncle threatened to sell Farah's daughters for marriage and Farah felt she had no choice but to flee the country so her girls would not be taken away from her. The journey thus far has been dangerous. Farah noted that her daughters' primary fear is of men along the refugee and migration route.*

3.3. Protection Risks during Travel to Greece

Throughout the journey from their country of origin to Greece, refugees and migrants face high risks of violence, extortion and exploitation, including rape, transactional sex, human and organ trafficking. Women and girls, especially those travelling alone, face particularly high risks of certain forms of violence, including sexual violence by smugglers, criminal groups and individuals in countries along the route.

Refugees and migrants board dinghies in Turkey carrying double the load they are designed to hold. Many refugees and migrants interviewed reported that this is often under the threat of armed violence, and during the sea crossing they are often forced to throw their belongings, including documents and money, into the sea. Hypothermia and the lack of child-size life jackets are among the reasons why small children are among the first to lose their lives at sea.

Case study: *Fatima was found in a state of shock at the port of a Greek Island. She was traumatized and had suffered violence from the man she was travelling with. On being alerted, government authorities took her to a hospital for treatment. She revealed that her husband had entrusted her and her young daughter to the man she was travelling with in order to get her to a destination country. During the journey, the man confiscated all her and her daughter's travel documents, mobile phone and money and turned physically abusive towards Fatima, denying her direct contact with her husband.*

3.4. Protection Risks in Greece and the former Yugoslav Republic of Macedonia

3.4.1. Sexual and Gender-Based Violence

The response to the European refugee and migrant crisis is currently not able to prevent or respond to SGBV survivors in any meaningful way. A comprehensive and survivor-centred approach led by government agencies, aimed at addressing SGBV-related protection risks, was not evident during the mission. Notwithstanding the existing research and progress made in the work against SGBV, there is still a perception among many of the government authorities and humanitarian actors interviewed that SGBV is not a major feature of this crisis due to a lack of data on SGBV incidents. This perception is illustrative of a very incomplete understanding of this protection risk in situations of flight and forced displacement. From interviews with refugees and humanitarian actors, it was noted that SGBV survivors avoid disclosing their experience and seeking assistance unless there is a severe and visible health implication. This results in

survivors remaining hidden and also creates a serious challenge for government and humanitarian agencies in addressing their protection needs. It further strengthens the perception that SGBV is not a major feature in this crisis.

Despite these challenges, it is necessary for national SGBV prevention and response laws and systems to be strengthened and put in place where they do not exist. It is also imperative to remind the international community that, as per the recently issued (2015) Inter-Agency Standing Committee (IASC) *GBV Guidelines*, “[A]ll humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take action based on sector recommendations in these Guidelines, regardless of the presence or absence of concrete evidence”.⁵

Despite the limited available time, through observation and interviews the assessment team identified instances of SGBV, including but not limited to early and forced marriage, transactional sex, domestic violence, rape, sexual harassment and physical assault in the country of origin and on the journey. This testifies to the fact that if relevant government and humanitarian agency staff with SGBV prevention and response knowledge are deployed and tasked to respond to cases of SGBV as a protection priority. This will result in an increase in the identification of protection gaps/risks and support appropriate prevention and response measures being put in place. SGBV was identified as both a reason why refugees and migrants are leaving countries of origin and first asylum and a reality along the refugee and migration route for women and girls.

Case study: *Oumo is a young woman from a conflict-affected sub-Saharan African country. She fled her country of origin a month before the team met her, due to the political persecution of her family, including the killing of her brother-in-law and the disappearance of her sister. Fearing for her life, she was travelling alone towards Germany. During her journey to Greece, Oumo was forced to engage in transactional sex twice, the first time to access a fake passport and the second time to gain passage on a boat from Turkey. "I had no choice," Oumo explained. Upon arrival on a Greek island, Oumo slept outside at the port for two nights without any shelter, privacy or information regarding the services available to her. She had been unable to get registered. "I fear that I will go crazy," she admitted.*

The assessment team saw little evidence of SGBV prevention programming for refugees and migrants. In Greece, as well as in the former Yugoslav Republic of Macedonia, there is a lack of government-supported systems to identify and respond to SGBV concerns, and limited SGBV capacity and expertise among humanitarian actors. There is a dearth of dedicated safe spaces for women and girls, including spaces for confidential interviews with service providers, a lack of psychosocial support, and a lack of translators, including female Farsi and Arabic translators, which is hindering access to existing services. It is important to note, however, that in comparison to the situation on some of the Greek islands, gender-related concerns had been taken into consideration in site planning in some locations. This was evident in the Eleonas

⁵ Inter-Agency Standing Committee. 2015. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*. P. 2.

accommodation site (Athens) and the entry (Gevgelija) and exit (Tabanovce) points in the former Yugoslav Republic of Macedonia, which have separate accommodation for women and children, and segregated water, sanitation and hygiene (WASH) facilities. In Chios, new facilities being planned for refugees and migrants are much better suited to individual needs. Overall, however, the conditions in the reception sites, particularly on the Greek islands, fail to meet minimum standards for SGBV risk mitigation. In Samos, the detention center where non-Syrians are forced to stay for up to two weeks is massively overcrowded. There are an insufficient number of beds, hygiene conditions in the latrines and showers are very poor, and there is no separation between men and women. These conditions increase the risk of SGBV.

Access to response services for SGBV survivors is limited. For example, there are challenges to accessing medical facilities run by government agencies and humanitarian actors, such as refugees and migrants being unaware that these services exist or being unable to access government or humanitarian personnel who can guide them to such services. This is, in part, because there is a lack of dedicated and SGBV response skilled protection officers among the government agencies, humanitarian actors and CSOs along the refugee and migration route. While protection officers are deployed by humanitarian agencies, and psychological first aid training has been offered to certain humanitarian agency personnel in Greece, this is insufficient for the adequate and safe disclosure of violence by survivors, prioritization and response to SGBV cases. In line with a survivor-centred approach, it is important for relevant government agencies to deploy government agency staff with SGBV expertise and capacity across the refugee and migration route and in destination sites. For humanitarian agencies, SGBV coordinators are needed to improve SGBV prevention and risk mitigation throughout the humanitarian response, and others acting as field workers, tasked with disseminating information on services, providing psychological first aid, case management and referral services. It will also be essential for personnel working on SGBV-related concerns to have consistent access to female interpreters who can facilitate conversations with SGBV survivors in Arabic, Farsi and other languages, as needed.

Case Study: *A humanitarian actor told the assessment team about an SGBV case that was assisted because the survivor's family approached humanitarian actors in Greece as the survivor was in need of medical attention. She was taken to the hospital and after receiving treatment left with her family the same day.*

There are currently informal or no referral mechanisms, and standard operating procedures (SOPs) either did not exist or were being developed at the local and national level. At the cross-border level, the assessment team did not observe referral mechanisms or SOPs. Clinical management of rape (CMR) is absent and post-rape kits had not been pre-positioned. When the assessment team inquired about the availability of such SGBV services, some humanitarian actors explained that refugees would not use such services, given the speed and urgency of their migration. Again, the assessment team stresses that, as per new IASC GBV Guidelines, "Failure to take action against GBV represents a failure by humanitarian actors to meet their most basic responsibilities for promoting and protecting the rights of affected populations".⁶

⁶ Inter-Agency Standing Committee. 2015. *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*. P. 14.

SGBV services, in order to be relevant, accessible and used by survivors, must be tailored to the pace of the refugee and migrant movement. This means that there is no “one size fits all” model that should be implemented in all areas of the European refugee and migration route. In areas where refugees and migrants transit very quickly, a minimum of SGBV qualified personnel, information and services need to be available and accessible, including psychological first aid and post-exposure prophylaxis (PEP) kits. By contrast, in areas where refugees and migrants stay for a longer period, for example, in destination countries or at borders with time-consuming registration procedures, comprehensive multi-sectoral SGBV prevention and response services linking into existing national systems led by government authorities with the support of humanitarian actors, must be made available, with accessible information regarding the availability of services.

3.4.2. Access to Services and Facilities

Services and facilities are currently insufficient to meet the magnitude of the refugee and migrant crisis in Europe. While government authorities and humanitarian actors have attempted to put in place systems in some locations to ensure that women and girls have access to services and facilities, the need far outstrips what currently exists. There is a dearth not only of prevention and response services to SGBV but of all services that specifically respond to the needs of women and girls, such as separate distribution lines for food, separate WASH facilities, separate accommodation for specific groups, including single women and female-headed households, and for families. Furthermore, challenges were observed in the availability of dedicated and trained government and humanitarian staff able to promptly identify persons at risk and those in need of special attention and prioritization. Police personnel who are in charge of security and organizing the flow of refugees and migrants into transit centres are not equipped to identify, prioritize and respond to protection risks.

A key aspect of this challenge is the lack of uniformly applicable vulnerability criteria that all actors on the ground, government and humanitarian, are aware of. Such criteria would allow for the screening, identification and prioritization of persons with specific needs, in particular those at risk, with the aim of responding and preventing SGBV.

The assessment team observed other challenges preventing women from accessing services and facilities, including a lack of effective crowd management and limited safe spaces to leave young children. As the number of people stranded at arrival points had grown due to a five-day ferry strike in Greece, crowd management became challenging during the distribution times for food and non-food items, with fights breaking out and humanitarian actors being forced to temporarily suspend distribution for security reasons. Similarly, the police were forced to suspend registration activities for a few hours due to uncontrollable crowds. In such situations it was observed that it was difficult for women, especially those with children or those travelling by themselves, to access available basic services due to fear of the swelling crowds.

The assessment team observed other examples of challenges relating to access to services, including a pregnant woman experiencing health concerns while waiting to be allowed into

Gevgelija; individuals seeking information on how to access services in Eleonas (Athens); and a young woman who wanted to organize the burial of her child who had died in a shipwreck.

3.4.3. Reproductive Health

The assessment team observed a high number of pregnant women. In the former Yugoslav Republic of Macedonia, Red Cross health personnel at the exit point in Tabanovce recorded 16 pregnant women among the 128 people who accessed the Red Cross post in just one 12-hour shift. Most of these women have suffered severe physical and psychological stress and hence, even if otherwise healthy, are at higher risk of complications, preterm delivery or even death. The large number of infants observed also suggests a high number of lactating women among this refugee and migrant population, at risk of developing malnutrition disorders.

Although medical services are available to pregnant women in both Greece and the former Yugoslav Republic of Macedonia, pregnant and lactating women, even those with health problems, are reluctant to access health services, as they do not wish to delay their journey and that of their families. Humanitarian agencies on the ground gave examples of refugee and migrant women who left hospitals less than 24 hours after having given birth, some after Caesarean sections. Despite seeing many women in advanced stages of pregnancy, in only one instance, where the assessment team identified a pregnant woman suspected of being in active labour, was the couple receptive to undertaking the necessary medical examination and staying on to give birth in the local hospital.

Case study: *A humanitarian actor reported the story of Tehmina, a woman who was travelling through Greece while nine and a half months pregnant. Despite being in active labour, Tehmina was intent on continuing the journey and only stopping to have the baby once she reached Germany. It was only when her family was able to convince her to go to the hospital that she relented to give birth to her baby in Greece. A matter of hours after the birth, Tehmina and her newborn left the hospital and continued walking.*

3.5. Protection Response in Greece and the former Yugoslav Republic of Macedonia

3.5.1. Capacity

There are a limited number of protection experts responding to this crisis experienced in identifying and responding to SGBV-related protection risks. Most of these personnel are from humanitarian agencies and are currently overstretched and responding to protection risks in an *ad hoc* manner. This situation leads to serious challenges in the provision of information, ability to identify high-risk cases and provision of referrals and services. To address this, it is necessary for the respective governments to put in place response systems with an adequate number of well-trained personnel, inclusive of SGBV coordination and expertise, who can function at the local and national level, and be supported by humanitarian actors. Government and humanitarian agencies need to ensure that deployed personnel have the experience and expertise needed to prevent and respond to protection risks. To address the capacity gaps, it is

important to strengthen collaboration with CSOs, local women's rights groups and volunteer groups with the relevant expertise. The mission was able to observe good examples of such collaboration between UNHCR and CSOs in the former Yugoslav Republic of Macedonia.

3.5.2. Leadership and Coordination

A key concern, especially related to SGBV prevention and response, observed in some locations in Greece, are challenges emerging from lack of clearly established leadership and clear definition of roles and responsibilities of all actors at the local level. Government-led efforts to establish roles and responsibilities, including referral and reporting structures, will ensure harmonized response efforts at the local and national level among government agencies and humanitarian actors.

The unique nature of this crisis, with populations passing through several countries, requires the strengthening of cross-border coordination mechanisms between all relevant country governments with the central aim of strengthening and providing protection to refugees and migrants, especially against SGBV. Currently, most of the refugee and migrant response work is functioning in silos. There is some existing information sharing at an informal level among humanitarian actors, such as through WhatsApp groups, but this needs to be systematized. Formal information sharing protocols are lacking, which impacts the ability to gather and share information, as well as to refer high-risk refugees and migrants to adequate services.. Setting up and systematizing cross-border information sharing on high-risk individuals, such as unaccompanied children, single women, persons with disabilities, pregnant women and those with chronic health issues is a gap that needs to be addressed urgently. It is also a much-needed mechanism to ensure that SGBV survivors need not share the details of their experiences multiple times, in each country they cross, exposing themselves to further trauma. Coordination and leadership is also required to effectively channel the efforts of several volunteer groups that are providing assistance. It should also be ensured that SGBV prevention and response are strongly addressed in joint and cross-border contingency plans developed by governments, with the support of humanitarian actors.

Furthermore, vulnerability criteria should be standardized and harmonized to ensure consistency in registration, identification and targeting of assistance to persons with specific needs. Common vulnerability criteria, established and implemented across all relevant countries, ensure that persons with specific needs and those who are at risk can depend on consistent support throughout their journey. It is important to note that cross-border coordination will be possible and successful only with the support extended by national governments, which have a responsibility to ensure the protection of refugees and migrants passing through their countries.

3.5.3. Information Distribution

There is a clear gap in refugees and migrants being able to access in a timely manner credible and language appropriate information along the refugee and migration route on services that will

mitigate protection risks they may face. The absence of adequate interpretation, systematic and accessible information distribution and visibility of staff and services provided by government and humanitarian actors, including CSOs and volunteer groups, increases the possibilities for exploitation at the expense of those most at risk, including women, girls and boys.

The overall low number of staff with adequate SGBV capacity among all actors on the ground, as well as an insufficient number of women interpreters, and in some cases a lack of interpreters who can translate to a common language spoken by other protection staff, constitutes a major gap in the response to the refugee and migrant emergency. While the need is particularly acute for Arabic and Farsi speakers, there is also a need for speakers of other languages spoken by refugees and migrants.

Information distribution mechanisms have not been adjusted to meet the needs of a population that speaks multiple languages and is very mobile. Information distribution is especially complicated because not all refugees and migrants are registered by the same staff (for example, local or EU or other officials) or in the same locations, depending on space constraints. While in some places staff are broadcasting, or planning to broadcast, basic messages on loudspeakers in key languages, this may not be sufficient to ensure that survivors of SGBV or women, girls and boys are comfortable approaching personnel to access services and support.

Finally, the team observed a lack of visibility and thus accessibility of personnel, hindering refugees and migrants from easily identifying whom they could approach for information and support. Although in some locations key personnel, such as translators, UNHCR and Red Cross staff or other CSOs, wore visibility vests, this was neither consistent across the different locations nor within one location. This lack of visibility, compounded with insufficient information distribution and lack of access to interpretation, presents serious barriers for all refugees and migrants, including SGBV survivors and those experiencing domestic violence, to accessing protection.

Case study: *Fleeing war and violence in their native Syria, and after a dangerous journey through Turkey, the Khalil family arrived on a Greek island after a terrifying journey on a boat that nearly sank. Among the family members who had made the journey was an older woman with serious neurological and psychological concerns. The family had been on the island for several days immediately next to a tent with Red Cross medical services, but when the woman finally went to see the doctors, no interpretation was available.*

4. RECOMMENDATIONS

Governments and the European Union (EU)

- Preserve the human rights, safety and dignity of all refugees and migrants, regardless of nationality, across all countries impacted by the crisis.

- Ensure that all refugees and migrants, regardless of nationality, are free from all forms of exploitation and abuse and have the right to seek asylum and international protection across all countries impacted by the crisis.

Leadership and Coordination:

- Strengthen leadership and coordination among government and humanitarian actors to ensure a streamlined response to the crisis, especially to mitigate protection risks to women and girls.
- Ensure that government authorities monitor and work to prevent exploitation and discrimination against refugees and migrants.
- Ensure actors who have an operational role in registration collect sex- and age-disaggregated data in order to track and monitor flows and needs of vulnerable populations.
- Develop, standardize and use a standard set of vulnerability criteria to ensure that all actors engaging in the response identify, prioritize and respond to individuals who have heightened protection risks.
- Ensure protection risks are adequately addressed in site planning and management.
- Ensure all national contingency plans relating to this emergency consider and adequately integrate gender concerns within the plans.

Capacity and Expertise:

- Deploy relevant government agency staff (such as trained staff from Ministries of Health) with SGBV expertise and capacity across the refugee and migration route and in destination sites.
- Use local CSOs with relevant SGBV expertise to assist SGBV prevention and response efforts, including case management in line with a survivor-centred multi-sector approach.

Access to Services and Facilities:

- Ensure safe spaces for women and children that include spaces for confidential interviews are available at all transit and destination points.
- Ensure all reception centres and accommodation facilities are safe, accessible and responsive to women and girls.
- Establish cross-border protection mechanisms where they do not exist, including case management and referrals, for SGBV response and prevention.
- Develop SGBV SOPs and referral pathways in order to ensure SGBV prevention and response services are coordinated locally and across relevant countries.
- Ensure availability and accessibility of SGBV response services for refugees and migrants at all entry, exit and transit points. At a minimum, this must include psychosocial first aid; clinical management of rape (CMR) and PEP kits; functional referral pathways; and sufficient number of female interpreters
- Ensure comprehensive multi-sectoral SGBV response services are available and accessible, with linkages to existing national/local systems (social protection, national health services, local CSOs, etc.), for refugees and migrants in places where they stay for longer durations, that is, destination countries, accommodation sites and/or various points on the refugee and migration route.

- Ensure legal assistance is available and accessible to refugees and migrants to address SGBV-related protection risks. This should be available for all countries, and should include the provision of information on all legal protection processes, such as family reunification.
- Strengthen efficient management of all accommodation/camp sites and ensure that gender and age analysis informs all activities in such sites.
- Ensure the availability of comprehensive reproductive health services, linked to national and local health facilities. This includes addressing prevention of maternal and infant mortality, prevention and treatment of STIs and HIV, prevention and response to pregnancy-associated complications, and provision of family planning commodities.
- Deploy mobile healthcare units where needed, linked to national/local health systems.

Information and Communications Mechanisms

- Ensure that information about all available services is uniformly disseminated, available and accessible in English, Arabic and Farsi (at a minimum) through signs, loudspeaker broadcasts and interactions with humanitarian actors.
- Distribute culturally appropriate educational materials to pregnant women, including information on key symptoms and health complications.

Inter-Agency Standing Committee Guidelines for Integration GBV Interventions

- Implement the (2015) IASC *Guidelines for Integrating Gender-Based Violence (GBV) Interventions in Humanitarian Action* across all sectors.
- Ensure women, girls and other persons with specific needs are able to access all food and non-food items including female-specific hygiene kits.

Humanitarian Actors, Including Civil Society Organizations (CSOs)

Coordination:

- Collect sex- and age-disaggregated data on all aspects of humanitarian programming in order to track and monitor flows and needs of refugees and migrants.
- Develop and implement standard and risk-specific risk criteria in concert with government agencies to identify, prioritize and respond to individuals with heightened protection risks. This will include, but is not limited to, adolescent girls, women travelling alone, unaccompanied or separated children, women-headed households, pregnant women, persons with disabilities, persons with chronic illness and older persons.
- Support the consideration and inclusion of gender concerns within all national level contingency plans.

Capacity and Expertise

- Deploy SGBV experts, particularly female staff, to function as SGBV coordinators and field officers.

- Deploy Arabic and Farsi interpreters, including female interpreters, who are aware of the code of conduct to be followed on protection issues, especially on child protection- and SGBV-related issues.
- Collaborate with local CSOs with relevant expertise to assist SGBV prevention and response, including case management.
- Support national- and local-level health care agencies to address the reproductive health needs of refugees and migrants.

Access to Services and Facilities

- Support national and local authorities in the establishment of cross-border information sharing protocols, including case management for SGBV response.
- Support and facilitate the development and implementation of SGBV SOPs and referral pathways in order to ensure that SGBV prevention and response services are coordinated locally and across borders.
- Support countries along the route in ensuring availability and accessibility of SGBV response services for refugees and migrants at all entry, exit and transit points, including psychosocial first aid; CMR, PEP kits; and functional referral pathways.
- Support relevant countries in ensuring comprehensive, multi-sectoral SGBV prevention and response services are available, accessible and linked to existing national/local systems (social protection, national health services, local CSOs, etc.), for refugees and migrants where they stay for longer durations, that is, destination countries, accommodation sites and/or various points on the refugee and migration route.
- Ensure legal assistance is available to refugees and migrants to address SGBV-related protection risks. This should include the provision of information on legal protection processes, such as family reunification.
- Implement the Minimal Initial Services Package (MISP)⁷ for prevention of maternal and infant mortality; prevention and treatment of sexually transmitted infections (STIs) and HIV; prevention and response to pregnancy-associated complications; and provision of family planning commodities and information.
- Support the deployment of mobile healthcare units, linked to national/local health systems.

Information and Communications Mechanisms

- Ensure that information about services is disseminated, available and accessible in English, Arabic and Farsi (at a minimum) through signs, loudspeaker broadcasts and interactions with humanitarian actors.
- Distribute culturally appropriate educational materials, including information on key symptoms and health complications, to pregnant women.

⁷ The Minimum Initial Service Package (MISP) is a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. See more at: <http://www.unfpa.org/resources/what-minimum-initial-service-package#sthash.RDGgy4EE.dpuf>

- Ensure humanitarian staff is always identifiable to refugees and migrants through visibility vests or t-shirts that are as consistent as possible in all countries.

Inter-Agency Standing Committee *Guidelines for Integrating GBV Interventions*

- Implement the IASC *GBV Guidelines*, which provide practical, step-by-step guidance on food, non-food items, protection, water and sanitation, and healthcare. This includes:
 - Create separate and safe spaces for women and children that allow for confidential interviews.
 - Ensure all camp sites managed by humanitarian actors are safe, accessible and responsive to women and girls' specific needs.
 - Ensure the distribution of food and NFIs is implemented in a manner that is safe and accessible for women and girls.
 - Ensure women and girls are able to access hygiene kits and sanitary napkins.

ANNEX:

QUESTIONNAIRES

**JOINT MISSION TO UNDERSTAND PROTECTION RISKS FACED BY WOMEN AND
ADOLESCENT GIRLS IN THE EUROPEAN REFUGEE CRISIS**

WRC, UNFPA AND UNHCR

**Questionnaire 1: Focus Group Discussions or Interviews with Women and Girls
(Destination Country)**

- For women/adolescent girls travelling on their own or those that are heading families, what prompted them to choose to leave the country of origin? For those that left the country of asylum what prompted you to leave?
- Are any of your family members or other contacts already here who you are trying to reach? Have you been able to be in contact with them?
- What were the experiences while trying to arrange the passage to Greece? For women travelling with adult males, were they part of the decision to undertake the journey or was it made by the male family member? What kind of information are women and girls receiving about the journey before they embark on it?
- For women travelling alone, what prompted them to make the decision to travel on this journey?
- Are there women and girls travelling alone who were separated from family during the journey? Are there adolescent girls who have been separated from family? Are there adolescent girls who embarked on the mission independently of their families e.g. with friends or extended relatives?
- How do women and girls get separated from family or the group they are travelling with? What happens to girls who get separated along the journey? How do they fit into the "group"? Are they able to get specific assistance from authorities or any organisation?
- During the journey, which places were women and girls seeking shelter? Was this together with the males they are travelling with/relatives or just the group?
- During the journey, were there places where women and girls felt unsafe or tried to avoid? (Day? Night?) What is it that makes this place unsafe?
- During the journey or in your destination country, did you stay in any places operated by government authorities? What were those like?

- During the journey, can you describe the conditions of the places you stayed, or to which government officials took you? Were they clean or dirty? Were there beds or blankets? Was there food or drink? How long did you have to stay in any particular place?
- Along the route, from who did/can women and girls seek assistance in case of a security problem?
- Are the specific needs of pregnant women, persons with disabilities or persons with medical conditions considered at registration centers, camps/sites, along the route or other point? Please specify.
- What are women and girls doing to generate income to meet basic needs? (Probe: Begging, exchanging sex for money and/or goods, domestic work, utilizing savings, other)
- Do women and girls usually travel along the route in groups or alone?
- What are the most significant safety and security concerns facing adult women/adolescent girls? (Select all that apply.)

- No safe place along route
- Sexual violence/abuse
- Forced (survival sex) or exchange of sex for basic needs
- Exploitation
- Physical Violence
- Risk of attack when going to latrines, local markets, etc. Please specify
- Being asked to marry by their families
- Unable to access services and resources
- Don't Know
- Other – If “other,” please specify: _____

- Are these safety and security concerns different for adult women with disabilities? Please specify
- Are they different for young girls, adolescent girls, lesbian and/or trans women, single women, elder women? Please specify.
- What is the role that the group you are travelling with in supporting/enabling any forms of violence that women and girls may experience or in preventing this? What role does the group play in facilitating the access to assistance for women and girls travelling alone e.g. getting on the bus, getting a space in the shelter, etc.
- What do women and girls do to protect themselves from violence?

- Without mentioning names or indicating any one means, according to you which group (s) of women and girls feels the most insecure or the most exposed to risks of violence? Why? Which group (s) of women and girls feels the most secure? Why? *Probe: If not raised, ask “Is it different for women and girls with disabilities? Yes/No If yes, why?” Also ask about children, adolescent girls, single women.*
- Have there been instances of domestic violence within families that are travelling? If so, do victims of violence know how to get help? Have tensions within the family increased or decreased since arriving in the destination country?
- What do women and girls usually do after they have experienced violence? Do they seek help? Why or why not? If so, who do they usually go for assistance?
- How does the family treat a woman or a girl who was the victim of rape or sexual assault? How do they support her?
- For pregnant women and those women and girls in need of urgent medical support, have they been able to access any medical services during their journey? What is the nature of support given by families and communities to women and girls who require medical attention?
- What kind of information do women and girls want to receive during the journey and how can the information be transmitted to them?
- Do women and girls have their own mobile phones or are they dependent on the males in the family or on other people for phone access? Are they able to access new SIM cards in every country? Are they able to charge their phones regularly?
- If something bad were to happen, do you know which officials or agencies you could reach out to or file a complaint with? How did you learn this information? Have you or anyone you know ever done so?
- When a woman or girl is the victim of violence, where does she feel safe and comfortable going to receive medical treatment?
- Do you know of any situations of violence against women and girls, which has been reported to relevant authorities? If so, how did the authorities respond? If not, why?
- Are there instances where only women and girls were given support to address a specific challenge that they were facing? If so, who provided this support and what was the nature of support?
- What are the specific needs that people have during their journey that humanitarian agencies, NGOs and governments should be aware of? What could be done along the route to create a safe environment for women and girls?
- Are you aware of any situation where, after reaching the destination country, a woman or girl may have approached authorities to seek redress of sexual and gender based violence that she may have faced during the journey?

- Are you aware of any situation where, after reaching the destination country, a woman or girl may have experienced a new experience of gender based violence? If so, are there authorities or service providers who are available to offer redress?
- What in your view should be the nature of services and support required from humanitarian agencies, NGOs and governments to address the specific security and protection issues that are being experienced?
- During your journey, have government officials, or has anyone else, explained your rights as someone who is seeking protection to you?
- Do you feel you understand the process of registering or any other obligations in the country that you're in, or your destination country? What would be helpful or make it easier to understand?
- What are your biggest concerns over your treatment or conditions of the place that you are in right now?
- If you are travelling with a child, what impact has this experience had on your child? Have you noticed any differences with your child?
- What is your aspiration for the future for yourself and your family/friends who have made this journey with you?

Questionnaire 2: Interviews and Focus Group Discussions with Men and Boys (Destination Country)

- Did you travel by yourself or with your families? If you travelled with your families, were women and girls included? What were the measures that you and your family members were able to take to ensure safety and security throughout your journey?
- For those who travelled alone, what were some of the reasons for the decision to travel without your family?
- Is your female relative primarily responsible for the safety and security of your family in the country of origin? If someone in your group requires medical attention, would you/your family or group be able to halt your journey to ensure such attention is given before continuing on the journey?
- Are there any protection risks that could arise for her/them? If so, what are the measures or support systems that she/they could count on to ensure protection from violence or gender-based discrimination of any form?
- What was the nature of security and protection risks that you (and other men and boys you know) faced in your journey? What kind of security measures did you take to ensure your safety against these protection risks?
- Do you know of any services or authorities en route during your journey that could assist to address any of these security and protection risks?

- If you have knowledge of these services and authorities, did you approach them (or know of anyone who did) to address your specific concerns?
- What is the nature of security and protection risks that women and girls have faced in their journey?
- If something bad were to happen, do you know which officials or agencies you could reach out to or file a complaint with? How did you learn this information? Have you or anyone you know ever done so?
- How are you accessing information on your journey?
- During your journey, have government officials, or has anyone else, explained your rights as someone who is seeking protection to you?
- What in your view should be the nature of services and support required from humanitarian agencies, NGOs and governments to address the specific security and protection issues that are being experienced?
- What is your aspiration for the future for yourself and your family/friends who have made this journey with you?

Questionnaire 3: Individual Interviews (Transitory Countries)

#This will change based on what we are observing, what is appropriate and willingness/availability of persons of concern to share information

- Where are you coming from and where are you going? Why?
- How many people are with you? Did you know each other before embarking on the journey or did you just meet along the way?
- Are any of your family members or other contacts already in your destination country who you are trying to reach? Have you been able to be in contact with them?
- What have been main challenges you have faced in terms of security, food, shelter, health, travel, etc., that you have faced/are facing in your journey?
- Please talk about how safe you have felt during your journey? Why/why not? How was this different for others you were travelling with?
- What kind of support would you like to have from humanitarian agencies, NGOs, volunteers and governments?
- During your journey, have government officials, or has anyone else, explained your rights as someone who is seeking protection to you?

- Do you feel you understand the process of registering or any other obligations in the country that you're in, or your destination country? What would be helpful or make it easier to understand?
- What are your biggest concerns over your treatment or conditions of the place that you are in right now?
- If you are travelling with a child, what impact has this experience had on your child? Have you noticed any differences with your child?

Questionnaire 4: Service Providers, Humanitarian Agencies, Government Authorities, NGOs and Other Stakeholders

#This is a generic questionnaire and will change based on who we are meeting. These questions are pointers to be kept in mind.

- What is the approximate number of people who have crossed the border since the crisis began? Is there official data that can be shared? Is there sex- and age-disaggregated data available since the crisis began?
- How does registration happen in destination countries? Is registration done in a sex- and age-disaggregated manner?
- How is the sex- and age-disaggregated data (where and if available) being used to inform any responses by government agencies, humanitarian agencies, NGOs and other stakeholders? In countries of transit where services are being provided (health, shelter, WASH, food and NFI distribution), how are these services being made available to persons of concern? Are these services available in all settings (e.g., registration or reception centers, border areas, shelters, etc.)? How does their availability vary between settings?
- Are women, men, boys and girls able to access these services equally? If not, are there any specific measures that are being put in place or already in place to ensure that the most vulnerable amongst the PoCs are able to access services?
- What are the key security and protection risks that women, men, boys and girls are facing?
- What services are in place to address these risks? Are these services provided by government officials, private companies, NGOs or others? If there are no services currently, and given the challenges of a moving population, what are the practical and concrete measures that can be taken to ensure that protection risks, specifically sexual and gender-based violence, are eliminated?
- What measures do authorities take if someone files a complaint or registers a concern over safety/protection/inadequate services? Do women, men and children feel comfortable reporting concerns to authorities?

- In destination countries, where populations are more stable and not moving, are there specific protection risks that are emerging? How are these being addressed?
- In destination countries, when and how is basic information about legal and refugee rights communicated? Are there legal service providers or NGOs regularly available?
- In what language are services and legal or rights information available? What happens if someone does not speak English or the language of the transit/destination country?