

## GLOBAL COMPACT ON REFUGEES RESPONSE TO THE THIRD DRAFT FOR CONSIDERATION DURING THE FIFTH FORMAL CONSULTATION

Plan International very much appreciates and welcomes the extensive efforts made to mainstream age, gender and diversity considerations in all aspects of the Programme of Action. Draft 3 of the Global Compact on Refugees has made tremendous progress from previous versions. We remain concerned that adolescent girls, who face distinct and exacerbated vulnerabilities in refugee situations as a result of their age and gender, continue to fall between the gaps of interventions targeting adult women or children. In order to further contribute to the strengthening of this document please see the below suggested revisions and additions. In particular, we would like to highlight specific recommendations to address barriers faced by adolescent girls in accessing education, sexual and reproductive health care, and increased vulnerabilities faced by child brides, pregnant girls, child mothers, and survivors of sexual and gender-based violence.

GCR DRAFT 3 Text- Suggested revision in bold/underline	Rationale
Para. 59- Addressing specific needs The capacity to address specific needs is a particular challenge, requiring additional resources and targeted assistance. Persons with specific needs include: children, including those who are unaccompanied or separated; women at risk; survivors of torture, trauma, trafficking, sexual and gender- based violence or sexual exploitation and abuse; those with medical needs; persons with disabilities; those who are illiterate; youth; and older persons, and adolescent girls, particularly child brides, child mothers, and pregnant girls, who often fall between protection and service gaps targeting women or children.	Specific vulnerabilities faced by girls and young women often fall through the gaps in identification and referral processes, particularly when such girls or young women are married, pregnant, or child mothers. Girls and young women under the age of 18 are entitled to all the rights guaranteed under the Convention on the Rights of the Child, despite their marital or maternal status.
Para. 69- Education Depending on the context, additional support could be contributed to expand <u>safe</u> , <u>quality and inclusive</u> educational facilities (including for early childhood development, and technical or vocational training) and teaching capacities (including support for, as appropriate, refugees and members of host communities who are or could be engaged as teachers, in line with national laws and policies). Additional areas for support include efforts to meet the specific needs of refugee children and youth. <u>particularly adolescent girls</u> (including through "safe schools") and overcome obstacles to their enrolment and attendance, <u>through adapted approaches for children with disabilities</u> , <u>psychosocial trauma and other specific needs</u> , and addressing such gender-based barriers as school-related gender-based violence; unpaid domestic labour and care-work and child labour outside the home; child, early and forced marriage; and early pregnancy, and health needs, including menstrual hygiene supplies. especially for girls and those with disabilities. Support will be provided for the development and implementation of national education sector plans that include refugees. Technical support will be provided where needed to facilitate recognition of equivalency of academic, professional and vocational accreditation	Data for refugees shows that the gender gap for refugee children in education widens as children get older. Gender gaps in access to education compound the disadvantage of girls in refugee settings, can heighten existing gender inequalities, create protection risks like child, early and forced marriage, and causes long-term consequences for girls as they transition into adulthood. Girls, particularly adolescent girls, face specific gender and age-related barriers to accessing their education that must be addressed. "Her Turn" a recent report from UNHCR, revealed that refugee girls at secondary level are only half as likely to enrol in school as their male peers, even though girls make up half of the school-age refugee population. Read the report at http://www.unhcr.org/herturn/. Such barriers as sexual and gender-based violence in the school, an increase in domestic responsibilities that causes a time deficit for girls, and particularly menstrual hygiene management needs, have all come through strongly in gender and age sensitive needs assessments conducted by Plan International and humanitarian and refugee response partners. Girls who are married, pregnant or child mothers, may also face significant barriers to continuing their education, sometimes stemming from discriminatory norms or laws, and other times because they simply have increased home responsibilities and/or lack childcare options.
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See above.

## Para. 73- Health

Depending on the context, this could include resources and expertise to strengthen health facilities and services, or to support capacity development and training opportunities for refugees and members of host communities who are or could be engaged as health care workers in line with national laws and policies (including with respect to mental health and psychosocial care, <u>and sexual and reproductive health care</u>). Disease prevention and health promotion activities, including participation in physical activity and sport, are encouraged, as are pledges to facilitate affordable and equitable access to adequate quantities of medicines, medical supplies, vaccines, diagnostics, and preventive commodities.

Women and girls have sexual and reproductive healthcare needs throughout their lives. Adolescent girls commonly begin menstruation from the age of 10 onwards (sometimes even earlier), and screening and treatment for reproductive health illnesses is life-saving for girls and women of all ages.

Increased risks of sexual and gender-based violence for refugee women and girls in transit, as well as while living in refugee settings, means that there is a correlative increase in sexual and reproductive healthcare needs. Comprehensive post-rape care and emergency services, including the availability and accessibility of emergency prophylactics, can also mean life or death for a survivor of sexual violence.

Girls who are at risk of sexual and gender-based violence are in particular need of distinct sexual and reproductive healthcare, as such violence has a ripple effect on their immediate and long-term wellbeing, including education and economic opportunities throughout their lives.

This will include contributions to address barriers to the meaningful participation and leadership of women and girls, and to support the institutional capacity and participation of national and community-based women's organizations, as well as government ministries focused on women. Resources to strengthen access to justice and the security and safety of women and girls, including to prevent and respond to all forms of violence are called for; as is support to facilitate access to age- and gender-responsive social and health care services, such as sexual and reproductive health care. Measures to promote women's economic empowerment and to support access by women and girls to education (including secondary and tertiary education) will be fostered.

## Para. 78- Children and youth

Para. 75. Gender

Children make up over half of the world's refugees. In support of host countries, States and relevant stakeholders will contribute resources and expertise towards policies and programmes that take into account the specific vulnerabilities of girls and boys, children with disabilities, unaccompanied and separated children and other children at risk, particularly adolescent girls, married, and child mothers. Depending on the context, this will include resources and expertise to support integrated and age- and gender-responsive sensitive-services for refugee and host community girls and boys, as well as investment in national child protection systems. Capacity development for relevant authorities to undertake best interests determination and assessment to inform decisions that concern refugee children, as well as other child-sensitive procedures and familytracing, will be supported. UNHCR will work with States to enhance access by refugee boys and girls to resettlement and complementary pathways for admission, particularly for those at specific risk, such as those vulnerable to sexual and gender-based violence and harmful practices, including child, early and forced marriage and female genital mutilation (FGM).

It is important to emphasize the increased vulnerabilities faced by adolescent girls in refugee settings, as they often fall through protection and service gaps tailored toward children or adult women. Girls who are married or already mothers are also often missed in response efforts and face specific rights abuses, protection risks, and have distinct unmet needs. All girls are entitled to the same rights guarantees under the Convention on the Rights of the Child, despite their marital or maternal status.