



73rd Session of United Nations General Assembly

UNFPA Side Event:

Protecting the Health and Rights of Women and Girls affected by Conflict: Focus on Yemen and South Sudan

Co-sponsored by Denmark, European Union, South Sudan, Yemen

Monday, 24 September 2018

1:15-2:30 pm

Conference Room 2

United Nations Headquarters

CONCEPT NOTE

On the 73rd Session of the United Nations General Assembly, the United Nations Population Fund (UNFPA) will convene a side event “Protecting the Health and Rights of Women and Girls affected by Conflict”.

Speakers:

HRH Crown Princess Mary of Denmark, UNFPA Patron

H.E. Ulla Tørnæs, Minister for Development Cooperation of Denmark

H.E. Khaled Hussein Mohamed Alyemany, Minister of Foreign Affairs, Yemen

Honourable Christos Stylianides, European Commissioner for Humanitarian Aid and Crisis Management

The Rt Hon Penny Mordaunt MP, Secretary of State for International Development, United Kingdom

Honourable Dr. Makur Kariom Matur, Under-Secretary, Ministry of Health, South Sudan

Honourable Sultan Al Shamsi, Assistant Minister for Foreign Affairs and International Cooperation for International Development Affairs, United Arab Emirates

Mr. Christopher MacLennan, Assistant Deputy Minister of Global Affairs Canada

Under-Secretary-General Ana Maria Menéndez, Representative of UN Secretary-General

Executive Director of UNFPA, Under-Secretary-General Dr. Natalia Kanem

UN Resident Coordinator/Humanitarian Coordinator of Yemen, Lise Grande

UN Special Representative of the Secretary-General to South Sudan, David Shearer

President of Oxfam America, Abby Maxman

Executive Director of Hope Restoration South Sudan, Angelina Nyajima Simon Jial

Founder of PAGE NGO Yemen, Majdi Al-haddad

Background:

Conflict-affected women and adolescent girls face a triple threat: violence, displacement and loss caused by snipers, shelling and bombardment; gender-based violence, including sexual violence, abuse and trafficking; and poor health due to lack of access to life-saving services with many facilities destroyed and damaged. The situations in which they find themselves testify to the impact of conflict and displacement, which threatens their human dignity, human rights, and wellbeing, resulting in trauma, economic and psychological strain, and social

and political tensions, including erosion of the social fabric. There is an increased need and demand for services to address sexual and reproductive health (SRH) and to prevent and respond to gender-based violence (GBV).

As stated in the Secretary-General's report on *Strengthening of the coordination of emergency humanitarian assistance of the United Nations*, "Ensuring that women and girls of reproductive age have access to comprehensive sexual and reproductive health services in humanitarian contexts remains vital. Availability of the Minimum Initial Service Package is a priority at the onset of emergencies. GBV is a human rights, protection and health issue and its continued prevalence is a deeply concerning pattern. Comprehensive support to survivors is crucial, including medical, psychological and rehabilitation services, partnership with local women's groups and strengthening capacity of national institutions." Equally important is the need to bring to account the perpetrators through international cooperation and a policy of zero tolerance.

In the context of the mass migration crisis, sexual violence continues to serve as a driver of forced displacement and a factor inhibiting the return of uprooted communities to their places of origin. In the year under review (2017), sexual violence was used by belligerent parties to attack and alter the ethnic or religious identity of persecuted groups. As an integral component of strategies to secure the control of land and resources, conflict-related sexual violence has devastated the physical and economic security of displaced and rural women and women belonging to minority groups. For many survivors, fear of rape is swiftly followed by fear of rejection, with communities being more likely to punish the victim than the perpetrator. In addition to the debilitating physical and psychological trauma, the stigma that follows in the wake of rape can have lasting, potentially lethal, repercussions, including: "honour killings", suicide, diseases, HIV and sexually transmitted infections going untreated, traumatic fistula, unsafe abortion, maternal mortality, poverty and high-risk survival behaviour. (Report of the Secretary-General on Conflict-related Sexual Violence, S/2018/250)

UNFPA has expertise to address the needs of women and adolescent girls who are affected by conflict, specifically for sexual and reproductive health (SRH) services and prevention and response to gender based violence (GBV), which carries high social and economic costs for national governments and the international humanitarian and development community. The provision of SRH care as a human right is reinforced in Chapter 10 of the Programme of Action of the International Conference on Population and Development (ICPD), which states that all migrants, refugees, asylum seekers and displaced persons should receive basic education and health services. Additionally, provision of SRH and GBV services is a global standard as espoused in minimum standards in disaster response. Timely provision of SRH and GBV services to people surviving crisis can prevent disease, disability and death.

Objectives:

The UNFPA side event will highlight the plight of women and adolescent girls affected by conflict, with a focus on Yemen and South Sudan, and serve as a platform to discuss measures that have been taken to increase access to SRH and GBV services for women and adolescent girls in humanitarian settings, including refugees, displaced persons, and affected host community. It will provide an opportunity for global media coverage, and the exploration of ways and means and announcement of commitments to provide increased support to improve the health, well-being, and protection of conflict-affected women and adolescent girls.

Points of Discussion:

1. What are examples of measures taken to protect the sexual and reproductive health of women and girls in conflict situations, including internally displaced and refugees fleeing conflict? What are the limitations?
2. What are the short and long-term impacts of conflict and gender-based violence on women and girls and communities? What support do they need to rebuild their lives and communities?

3. How can Member States develop and implement strategies to support the rights, health, dignity and protection of women and girls affected by crisis? How can they balance development and humanitarian priorities?
4. What are the lessons learned from experiences on the ground, on what works and how to strengthen partnership with Member States and other partners to protect the health and rights of women and girls affected by conflict?