

IOM Gender and Migration News



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IWD: EQUAL RIGHTS AND OPPORTUNITIES FOR SAFE MIGRATION: A PRE-REQUISITE FOR DEVELOPMENT

GENEVA – 8 March 2010

Migration policies must offer equal opportunities to migrate to both women and men to reduce women's vulnerability during migration and to optimize the positive development impact of migration in communities of origin, says the International Organization for Migration (IOM), on the occasion of International Women's Day 2010.

Although migrant women - representing 105 million people, close to half of the migrants worldwide — are increasingly involved in labour migration flows independently and as main income-earners, they are still not offered the same opportunities for legal migration as their male counter-parts and are therefore still often disproportionately affected by risks arising from mobility.

According to IOM Deputy Director General Ambassador Laura Thompson: "Although labour migration policies in countries of destination may appear gender-neutral, they con-

tinue to be biased and based on a model that focuses on skilled, traditionally male-dominated jobs. Those are the types of occupations mostly covered by permanent labour schemes."

The work performed by women migrants, such as care and domestic services, although essential to the economies of destination countries, is frequently under-valued and poorly integrated in admission policies.

"We advocate for more gender-sensitive labour migration policies, acknowledging that men and women have different needs and opportunities, before, during and after migration. More opportunities to migrate legally would prevent a lot of women from getting trapped in irregular, exploitative and abusive situations, including human trafficking," says Ambassador Thompson.

The lack of legal avenues for migration often forces women to resort to smugglers and other intermediaries, which greatly increases the risk of violence and abuse en route to their destina-

tion.

In the receiving countries, stereotypes and discrimination also often lead women to work in unregulated or poorly regulated sectors exposing them to abuses including limited freedom of movement, withholding of wages and documents, low pay, physical violence and sexual abuse.

Sending and destination countries cannot continue to turn a blind eye to the plight of these migrant women, the need for whose labour is actually increasing.

"These women are meeting a growing demand for care and support services in destination countries — a demand that has been largely unaffected by the global economic downturn. Receiving countries therefore need to promote and sustain the opening of legal migration channels providing decent employment opportunities and access to benefits. This is the only way migration can truly benefit both sending and receiving countries, as well as the migrants, their

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families and their communities," Ambassador Thompson observes.

IOM's recently published "Gender and Labour Migration in Asia" highlights how families back home can benefit from women's migration.

It cites the case of Filipina domestic workers holding regular migration status in Italy who, through their remittances, are able to improve the housing, health and the socio-economic status of their family, and in particular, their children's school prospects back home.

Female migrants send approximately the same amount of money home in remittances as male migrants. But research suggests that they tend to send a higher proportion of their income, which is generally lower than that of men. They also usually send money more regularly and for longer periods of time, mostly to other women left in charge of their children.

Regular migration status would



Colombian migrant workers leaving for Spain through a labour migration programme implemented by IOM © IOM 2007 - MCO0827 (Photo: Juliana Quintero)

help reduce the social cost of women's migration by allowing them to return to visit their families more often, access decent work, earn more and send more money home to improve their families' future.

"As we celebrate International Women's Day, we need to reaf-

firm our commitment to women migrants and their empowerment. Our priority is to ensure that their migration experience is positive and a force for development. Let us all work towards achieving this goal," says Ambassador Thompson.

Iraq: Still homeless in Baghdad

By Dahr Jamail

BAGHDAD, Feb 19, 2009 (IPS) - "We only want a normal life," says Um Qasim, sitting in a bombed out building in Baghdad. She and others around have been saying that for years.

Um Qasim lives with 13 family members in a brick shanty on the edge of a former military intelligence building in the Mansoor district of Baghdad.

Five of her children are girls. Homelessness is not easy for anyone, but it is particularly challenging for women and girls.

"Me and my girls have to be extra careful living this way," Um Qasim told IPS. "We are tired of always being afraid, because any day, any time,

strange men walk through our area, and there is no protection for us. Each day brings a new threat to us, and all the women here."

She rarely leaves her area, she says. Nor do her girls, for fear of being kidnapped or raped.

"I don't like being afraid all the time," says one of Um Qasim's daughters. "But my mother tells us to always be careful, and I can see her fear, so it scares me."

The compound, which was the headquarters of former dictator Saddam Hussein's son Qusay Hussein, was heavily damaged by U.S. air strikes during the invasion in March 2003. Buildings like this became shelters for thousands displaced then and later.

In all 135 families, about 750 people, live in this compound.

"It is living in misery," says Um Qasim. Home is a bare concrete room shared by eight of her family members. "The government gives us 50 litres of heating and cooking oil each month, but we run out of it very soon, and then we have to try to find money to buy more so we can cook and try to stay warm."

The bombed building is in a state of total disrepair. Concrete blocks hang precariously from metal bars, many ceilings are partially collapsed, and all of the outer walls are gone.

There is no water, no electricity, no sewage, and no garbage disposal. Piles of garbage, diapers, decaying food scraps and

human excrement are scattered around the area.

"We have no water, no money, and no work," says Ahmed Hussein, 15. "How can a human live in this misery? We are so tired."

Opportunities to find a way out are few. Unemployment across Iraq is high, between 40-65 percent. And the price of oil, the source of 90 percent of government revenue, has fallen. The government has not much to give out.

Last month the government decided to evict all people who have been squatting in government buildings or on government land since the invasion. Local NGOs estimate that more than 250,000 squatters live on the streets or in such shelters all over Baghdad.

"The Iraqi Cabinet has decided to evict all squatters in or on government property - land, houses, residential buildings or offices. They will be given financial help to find alternative places to live," said a government statement Jan. 4.

The government gave squatters 60 days from Jan. 1 to leave or face legal action, but later decided to give them more time. No one knows when the next order might come.

"We want help from the Iraqi govern-

ment," says Nasir Fadlawi, 48, unofficial manager of Qasim's compound. "I am asking the government to care for us, as we are the sons and daughters of Iraq. We would not be here if they would help us."

Fadlawi says most people in the area are either economic refugees, or those displaced from their homes during the sectarian violence that racked Baghdad in 2006. "The Iraqi Police and Iraqi Army often come here and threaten us," he said. "But we have a right to live."

Fadlawi says it is difficult to find work or alternative places to live in also because of the corruption. The last time he applied for a job he was asked for 700 dollars. "Where am I going to get that money when I don't have a job to begin with."

The government may have to delay plans to build new housing. The Ministry of Displacement and Migration is reported to have postponed some new housing projects until 2010.

"We asked for 40 billion Iraqi dinars (34.2 million dollars) for the ministry's investment budget but we were told that only 8 billion (6.85 million dollars) could be allocated," said Ali Shaalan, head of the Ministry's planning directorate in a statement Jan. 4. "This could prevent us from achieving our goals for this year."

The International Organisation for Migra-



Woman in a tent camp in Irak © IOM 2007 - MIQ0039 (Photo: Livia Styp-Rekowska)

tion (IOM) released a report Jan. 1st that estimated there are 1.6 million internally displaced persons in Iraq. The report said that almost two-thirds, just over a million, live in Baghdad, more than half of them women or girls. The report pointed out that displaced women are more prone to rape and other forms of sexual violence.

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Stolen smiles: The physical and psychological health consequences of women and adolescents trafficked in Europe

This article is an adapted summary taken from the 2006 report, 'Stolen Smiles: the Physical and Psychological Health Consequences of Women and Adolescents Trafficked in Europe' authored by Cathy Zimmerman, Mazed Hossain, Kate Yun, Brenda Roche, Linda Morison, and Charlotte Watts jointly with the London School of Hygiene & Tropical Medicine; Poppy Project; International Organization for Migration; On The Road; Animus Association Foundation; La Strada and Pagasa.

Women and adolescents who are trafficked suffer some of the most unspeakable Acts of abuse, exploitation and degradation. The damage to their health and well-being is often profound and enduring. Yet, to date, little data has been available on the range and extent of the physical and psychological health damage experienced by women

who are trafficked.

This 2006 report, which remains as relevant today, 'Stolen Smiles: the Physical and Psychological Health Consequences of Women and Adolescents Trafficked in Europe' presents some of the first-ever statistical data on the health consequences of women who have been trafficked. It also provides information on the violence and health risks that may have influenced these outcomes.

For this study, 207 women who had been recently released from a trafficking situation were interviewed while in the care of assistance organisations in destination countries, as well as transit and home country settings. All women were invited to be interviewed at three different time periods; the first interview took place between 0 and 14 days after a woman entered a post-trafficking assistance pro-

gramme (Crisis Intervention Stage), the second interview between 28 and 56 days after entry into care (Adjustment Stage), and Interview 3 after 90 or more days (Long-term Symptom Management). Upon emerging from a trafficking situation, the severity and range of women's symptoms indicate the importance of crisis intervention care that includes emergency medical assistance, resources that meet women's basic needs (security, rest, nutrition), and specialised psychological support.

Women's rating of their overall health status

Prior to inquiring about specific symptoms, women were asked to rate their overall health: "Thinking back over the last two weeks, how would you say your health has been?" Questions that solicit self perceived health assessments have

proven to be reliable measures of health status with subpopulations and have been demonstrated to be more stable over time than physician ratings. The majority of women felt that their health had improved significantly while they were in the care of a service organisation. Most women (56.1%) rated their health as “poor” at the first interview but by the latter two interviews (after at least two weeks in care), the majority subsequently perceived it as “good” (58.9%, 54.8%) (Figure 1a). Most changes occurred between the first two interviews, while less difference can be observed after the second interview. What this data is not able to show, however, is to what degree these assessments reflect how women perceived their current health status relative to their health while they were still in the trafficking situation. That is, if women were evaluating their health compared to how poorly they felt before escaping the trafficking situation, then these assessments likely under-represent how poorly women were feeling on a normative scale, or compared to an average health level.

Physical health symptoms

It is not surprising that women rated their health poorly upon emerging from a trafficking situation, as the majority of them were burdened with numerous and concurrent physical health problems. Within the first 14 days after entry into a service setting, 57% of the women reported experiencing 12 or more concurrent physical health symptoms. The most prevalent and severe individual symptoms included: headaches, fatigue, dizzy spells, back pain, stomach or abdominal pain and difficulty remembering. Many of these symptoms were also among the most persistent, such as headaches, fatigue and dizzy spells. These symptoms can have significant implications for women’s capacity to participate in administrative and legal proceedings soon after a trafficking experience.

Physical health symptoms appeared to show a substantial reduction after women had been in care, with 7% reporting 12 or more symptoms after 28-56 days in care, and 6% after 90 or more days in care. Physical health symptom patterns detected in the first 14 days demonstrate trafficked women’s need for immediate medical assistance that attends to urgent health problems (e.g., infections, injuries, acute pain), and care that responds rapidly to basic needs, such as security, rest and nutrition. Later symptom patterns indicate

the importance of professional diagnostic services capable of assessing complex symptomatology and comprehensive treatment able to address a range of persistent health problems.

Mental health symptoms

Upon entering care, over half the women (56%) reported symptom levels suggestive of posttraumatic stress disorder (PTSD). The number of women demonstrating these symptom levels decreased after approximately 28 to 56 days in care (12%), and again after 90+ days (6%). This decline in acute PTSD symptomatology suggests that women improve considerably when receiving care. However, women may be at continuing risk for recurrence of PTSD following traumatic events later in life, such as family reunions, asylum proceedings, criminal investigations or trials. Extremely high symptom levels for depression, anxiety and hostility were reported throughout the study. Within the first 14 days of entry into care, women’s symptom levels were within the top 10% of a general population—or comparable to the most distressed individuals in a general female population. Not until approximately 90+ days in care was a relative decrease in anxiety and hostility levels observed, but depression levels remained near the top 10% of population norms. The continual presence of high symptom levels is likely to make it difficult for women to re-engage in normal daily activities, such as caring for family, employment or education. This suggests the need for ongoing, longer-term psychological support.

Concurrent physical and mental health

symptoms At each of the three interview periods women were asked about a range of symptoms indicative of their physical and mental health status. Immediately following a trafficking experience most women are burdened with numerous and concurrent physical and mental health problems. At 0 to 14 days, over 57% of women were experiencing 12 or more physical health symptoms that caused them pain or discomfort (Figure 2a). After 28 days, 7% were experiencing eleven or more symptoms, and after 90 days, 6% showed this number of concurrent symptoms. Multiple mental health symptoms endured much longer. Over 70% of the women reported ten or more mental health symptoms associated with depres-



sion, anxiety and hostility within the first 14 days. After 28 days, 52% still suffered ten or more concurrent mental health symptoms, and not until after 90 or more days did this symptom level seem to subside. (Figure 2b) Women’s psychological reactions were multiple and severe, and compare to, or exceed symptoms experienced by torture victims.²

Implications

The findings from this study provide new evidence on the health consequences of trafficking and highlight the importance of professional medical care and psychological support for women who have been trafficked. High levels of pre-departure violence may contribute to a woman’s or adolescent’s vulnerability to being trafficked and to later morbidity. Abuse may also have serious implications for women’s safety if they choose to, or are forced to return home. During trafficking, the physical, sexual and psychological abuse, extreme limitations on women’s movement and activities, and the unpredictable, uncontrollable, and life-threatening environment prohibit women from protecting their health and seeking help, and result in debilitating health complications. The symptom patterns observed in this study also suggest that women who have recently been identified as being trafficked may not be in a good enough physical or psychological state to make well-considered decisions about cooperating with authorities against the traffickers and about their safety or to offer detailed evidence about past events.

The findings indicate that it is not until approximately 90+ days in care that a woman's most severe symptoms are likely to show a substantial reduction, and women may experience an increase in cognitive functioning and emotional strength.

Although an important reduction in many symptom domains was observed in this study, it was also clear that women's health problems were rarely eliminated, and that most are likely to live with physical and psychological burdens of what was done to them for a long time. That this

violence suffered by trafficked women occurred on the territory of destination states and was often perpetrated by, or involved the participation of, residents of these states suggests that governments have a special obligation to provide a rights-based and health-based care package to repair the harm caused by a crime that occurred on their territory. It is hoped that this evidence base will contribute to improved policies and well-planned resources and services available for the many women who require assistance in rebuilding their health and well-being.

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This article originally appeared in the Global Eye on Human Trafficking, a quarterly bulletin published by the International Organization for Migration.

Migration, brain drain and caregiving

As part of the *Migration and Development Series*, the United Nations Institute for Training and Research (UNITAR), the International Organization for Migration (IOM), the United Nations Population Fund (UNFPA) and the MacArthur Foundation organized a seminar on "Migration, Brain Drain and Caregiving" on 6 March 2009. The entire *Series* (<http://www.un.int/iom/Series.html>) is intended for the Permanent Missions at the United Nations to advance their knowledge and stimulate discussion on migration issues significant to current UN debates and to the Global Forum on Migration and Development. This particular seminar was developed as a side event to the session of the Commission on the Status of Women, whose theme in 2009 was "Equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS".

The objective of this seminar was not only to explain how the factors of brain drain and HIV/AIDS contribute to the health care crisis in sub-Saharan Africa, but also to discuss policy responses to brain drain in light of their impact on the fight against HIV/AIDS. Presenters included IOM's Dr. Anita Davies, Donna Barry of Partners in Health and Ita Lynch of Realizing Rights.

The presenters provided an overview of the migration of caregivers and the various push and pull factors, highlighting that this type of migration follows not just a South-North route, but is also internal and regional. The seriousness of the exodus of health care workers from Africa was underscored, with ten medical schools in five countries (Nigeria, South Africa, Ghana, Ethiopia, Sudan) producing 75 per cent of African migrants to the US. Health care workers from the least developed countries (LDCs) also consti-



tute a large percentage of physicians in the US, Canada, Australia and the UK.

As the caregiving profession tends to be dominated by women, migration and brain drain underscore certain gender particularities. Though women-led households are on the rise because of male migration, and women are left behind with the double burden of being the primary caregiver in the family and at work, 50 per cent of African women now migrate, impacting the families they leave behind, including the sick, the elderly and the children, who may no longer have a female caregiver. Lack of a caregiver at home can increase the strain on already burdened health care systems. Though they send remittances to their families in their countries of origin, migrant women face double discrimination. Many labour migration policies tend to be gender-blind, making women's migration and its opportunities difficult to achieve.

The presenters acknowledged that brain

drain has a serious impact on the health care system, helping to accelerate the growth of HIV/AIDS, both globally and, particularly, in sub-Saharan Africa from 1990 to 2007. In sub-Saharan Africa, the statistics are particularly dire: with less than 1 per cent of the world's health care expenditures and only 3 per cent of the world's health care workers, sub-Saharan Africa has a higher HIV prevalence rate with lower antiretroviral treatment coverage, as well as a shorter life expectancy rate. Women account for half of all people living with HIV worldwide and nearly 60 per cent of HIV infections in sub-Saharan Africa. The presenters acknowledged that the growth of the disease is driven more by economic forces and processes such as poverty, gender inequality, chronic malnutrition, deficient housing, poor health access and services, and lack of education, rather than by individual actions.

Health care workers are needed in countries of origin in order to attain the

health-related MDGs and to have a health care system accessible to all. With brain drain affecting the right to health, a rights-based approach to the human resources issue is called for, whereby sending and receiving countries would have shared responsibility for the global workforce and would seek a comprehensive approach to the ethical management of the migration of health care workers, an approach that would balance the right to seek a better job with health care system stability. In this respect, a Global Code of Conduct for the ethical recruitment of health care workers by states has been established and will be revised in the 2010 session of the World Health Assembly. In addition, there is an NGO Code of Con-

duct for Health Systems Strengthening, which aims to stop the aggressive recruitment of health care workers into NGOs and prevent the brain drain of the best health workers in LDCs.

Other key actions discussed to respond to brain drain included: a gender perspective on labour migration policies; evidence-based retention strategies in countries of origin; the facilitation of the temporary/permanent return of workers; offers of temporary training/fellowships by countries of destination to ensure a more circular route of migration; advocacy from the diaspora, as well as the engagement of civil society actors and the private sector; and the Implementation of the Abuja Dec-

laration, which requires African governments to commit 15 per cent of their budgets to health care.

Overall, the seminar highlighted the importance of treating brain drain not just as a unilateral issue, but as an issue that concerns many countries. At the micro level, the brain drain of caregivers was also seen as having a particular impact on gender roles and on the families left behind.

For further information on this seminar or the Migration and Development Series, please contact Amy Muedin at SLM-NY at amuedin@iom.int.

Mideast: Women migrant workers with HIV get raw deal

By Marwaan Macan-Markar

BANGKOK, Mar 13, 2009 (IPS) - Thousands of Asian women flock to the affluent sheikhdoms of the Middle East annually, seeking jobs as domestic workers. For many this quest for a livelihood comes to a humiliating end when they test positive for HIV.

"The women learn about their HIV status when they go and get tested before their job contract is renewed," says Malu Marin, director of the Manila-based Action for Health Initiative, or 'Achieve', a member of a regional non-governmental organisation (NGO) network dealing with migration.

"This test is mandatory and done every two years, but without any counselling services available," she added.

"Once they are identified as having HIV, the employer is informed, and the women are placed in a holding centre in a hospital until their departure is processed," Marin said during a telephone interview from the Philippines capital. "These holding centres are to restrict the movement of these vulnerable women."

"They are not allowed to go out and they are deported with no chance of packing their belongings or even getting salaries due to them," she revealed. "They can never go back to work in those countries."

The scale of the problem faced by these women from countries such as Bangladesh, Pakistan, Sri Lanka and the Philippines was singled out in a report released this week

by the United Nations Development Programme (UNDP) and the Joint U.N. Programme on HIV/AIDS (UNAIDS).

"(The women) often leave for overseas work under unsafe conditions, live in very difficult circumstances, and are often targets of sexual exploitation and violence before they depart, during their transit and stay in host countries and on return to their countries of origin," states the report, 'HIV Vulnerabilities of Migrant Women: from Asia to the Arab States*'.

"With little or no access to health services and social protections, these factors combine to make Asian women migrant workers highly vulnerable to HIV," it adds.

"Migrant women often have limited or no access to justice and redress mechanisms, especially in Gulf countries," the report reveals, referring to places like Bahrain and the United Arab Emirates (UAE) that were among those surveyed for the report.

"If they are found HIV positive, they face deportation and back in their countries of origin they experience discrimination and social isolation in addition to the difficulty of finding alternative livelihoods," the report said.

"Cases of HIV among domestic workers have been recorded in a number of migrant-sending countries, including Indonesia, the Philippines and Sri Lanka," the report adds. "As it is often the case in countries with low HIV prevalence, such as Bangladesh, Pakistan, the Philippines and Sri Lanka, migrant workers represent a large percentage of those identified as



*Sri Lankan migrant workers in the Middle East.
© IOM 2006 - MLB0014 (Photo: Jean Philippe)*

living with HIV."

In fact, the U.N. report was prompted by concerns expressed by Pakistan during the annual assembly of the World Health Organisation's (WHO) member states in Geneva in 2007. The South Asian nation had been worried at the increasing number of its citizens labouring as migrant workers in the Arab region being forced back after having been infected by the virus.

"During that assembly, Pakistan convened a meeting with other Asian countries to discuss the issue of migrant workers being deported from the Arab region because of HIV," Marta Vallejo, an editor of the UNDP-UNAIDS report, told IPS. "It is a

sensitive issue in the Arab states.”

Concerns by the Asian countries that send the female migrant workers to the Middle East is understandable due to the substantial amounts of foreign exchange these women plough back to their home countries. “Women migrants from the region generate substantial economic benefits to their countries of origin and their host countries,” states the report.

Filipinos working in Arab countries sent back 2.17 billion US dollars in 2007 according to the report. “Current remittances by migrant workers from Sri Lanka amount to three billion US dollars,” it added.

As for impoverished Bangladesh, remittances sent home by its workers resident in the UAE alone reached 804.8 million dollars in the last fiscal year which ended in July, according to the Bangladesh Bank. That figure represents 7.4 percent of all

remittances sent to Bangladesh in the last fiscal year, which totalled almost six billion dollars.

According to the International Labour Organisation (ILO), there are an estimated 9.5 million foreign workers in the Gulf Cooperation Council (GCC) states, of which 7.5 million are from Asia. The GCC includes Bahrain, Qatar, Kuwait, Oman, Saudi Arabia and the UAE.

“The flow from Indonesia is largely female; they are concentrated in Saudi Arabia,” says Manolo Abella, chief technical adviser at the ILO’s Asia-Pacific office. “Migrant workers from Sri Lanka are 75 percent women, and from the Philippines, 85 percent are women.”

What has made these female migrant workers so vulnerable in the Middle East is that “domestic work is not covered by labour laws,” Abella said in an interview. “That means if you have complaints about

non-payment of salaries or a violation of your labour rights you have no access to a formal procedure.”

And even if there is some protection offered in the employment contract, female domestic workers have little access to mechanisms that protect their rights, since “they are confined in a home,” adds Abella. “The domestic workers are completely beholden to their employers.”

“It is very very tough to actually take the active role of a complainant,” says Abella. “There is very little the domestic workers can do when abused.”

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**The report mentioned in this article is the result of a research study undertaken by UNDP in partnership with IOM and other institutions.*

Stop female genital mutilation

European Parliament press release 24 March 2009

A clear strategy for banning female genital mutilation on EU territory and the need to acknowledge the problem in EU immigration law and cooperation agreements are among the key points of a report adopted by the European Parliament aimed at stamping out this practice. An alternative resolution was broadly backed by Parliament with 647 votes in favour, 10 against and 24 abstentions.

Every year approximately 180 000 female emigrants in Europe undergo, or are in danger of undergoing, FGM, says the own-initiative report drafted by Cristiana Muscardini (UEN, IT).

Parliament wants the Commission and Member States to draw up a clear strategy and action plans with the aim of banning female genital mutilation from the EU.

Although female genital mutilation (FGM)

is a violation of women's rights under various international conventions and is prohibited under the criminal law of the Member States, it is difficult to monitor on EU territory as it is carried out clandestinely.

MEPs also call for EU directives on immigration to treat the act of committing genital mutilation as an offence and lay down appropriate penalties for those guilty of it. The report urges the Commission to include a clause aimed at eliminating female genital mutilation in cooperation negotiations and agreements with the countries concerned.

Asylum request

MEPs insist on the necessity to examine on a case by case basis each asylum request made by parents on the grounds that they are threatened in their home country for having refused to consent to their child undergoing female genital mutilation and to ensure that such requests are supported by a thorough body of evidence which takes into account the qual-

ity of the request, the personality and the credibility of the asylum seeker, and whether the motives behind the request are genuine.

The House points out that Article 10 of Council Directive 2004/83/EC on minimum standards for the qualification and status of third country nationals or stateless persons as refugees or as persons who otherwise need international protection, specifies that gender aspects can be taken into account, but that these alone do not lead to the application of Article 10.

Sounding the alarm

It should be compulsory for general practitioners, doctors and health clinic teams to report female genital mutilation to the health authorities or the police, say MEPs. Anyone who performs such operations should be prosecuted.

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Trafficking of men: A trend less considered

IOM Press Briefing Note of 13 January 2009

More attention must be paid to the trafficking of men and boys, says IOM’s latest *Migration Research Series* report, which seeks to shed

new light on this growing global phenomenon.

The report, which focuses on the trafficking of males from Belarus and Ukraine, reveals that male victims in these two countries respectively accounted for 28.3

per cent and 17.6 per cent of all victims assisted by IOM and its partners between 2004 and 2006.

The research, conducted by Rebecca Surtees of the NEXUS Institute, is based on interviews with 685 trafficked males. It

shows that adult men were overwhelmingly trafficked for forced labour, mostly in the construction sector in Russia. A minority, especially boys, were trafficked for begging, petty theft or sexual exploitation in Russia. Other destinations include South-Eastern Europe, the European Union, the United States, Turkey, Central Asia, North Asia and the Middle East.

Asked why they had decided to migrate in the first place, most cited poor economic prospects at home and the need to provide for families and children left behind.

According to the report, a vast majority of male victims were recruited with bogus promises of work, generally through personal contacts but also through advertisements published in newspapers, on television, billboards and the Internet. In many cases, victims believed they had signed legally binding contracts with reliable companies, employment agencies and recruiters.

Both Ukrainian and Belarusian men faced exploitative, often traumatic, working and living conditions in destination countries which severely affected their physical and mental well-being.

Regardless of destination country or form of work, trafficked men and boys worked for 12 hours or more, six to seven days a week. Most trafficked men reported severely substandard, cramped and unhy-

gienic living conditions, with limited access to poor quality food.

A combination of abuse, or threat of abuse, non-payments, debts and restricted freedom of movement kept many men in situations of exploitation.

Ukrainian victims trafficked to Russia into the construction industry reported extensive and consistent abuse while trafficked. One former victim reports: "We asked about the work conditions and the salary and were told to stay silent because we had no rights. We were not allowed to leave. If we disobeyed orders, we were given fines or were beaten... We were guarded by armed men and at night dogs were released. One day I was beaten on the feet and kicked in the face."

In Russia, barracks where a number of trafficked men were living were allegedly set alight by an employer as a collective punishment, resulting in the death of a number of workers. A survivor recalls how desperate migrants tried to escape the blaze but found themselves locked in. Those who survived were given funds to return home by their traffickers, but they were never paid for their work or compensated for the physical and psychological torment they were forced to endure.

The report notes that many exploited men may not see themselves as victims of trafficking, as exploitation is often wrongly



'What's Behind the Things We Buy?'. A poster used in the IOM campaign "Buy responsibly" to end the demand for trafficked labour.

perceived as a normative aspect of labour migration. Others may feel that their own participation in the recruitment process disqualifies them as trafficked victims. The report recommends that counter-trafficking programmes and policies take into account the gender dimension, so as to provide comprehensive responses to the protection and assistance needs of male victims of trafficking, including in the post-trafficking phase.

This report is funded by the US Department of State, Office to Monitor and Combat Trafficking in persons (G/TIP). To access the full report, please go to: <http://www.iom.int/jahia/jahia/cache/offonce/pid/1674?entryId=20571>

For further information, please contact Sarah Craggs at IOM Geneva, scraggs@iom.int

Paraguay: Nurses seeking greener pastures in Italy

By Natalia Ruiz Díaz

A SUNCIÓN, Mar 10, 2009 (IPS) - Graciela Samaniego has her bags packed. Along with a number of fellow nurses, she is ready to leave her job at a public hospital in the Paraguayan capital and fly to a city in northern Italy, where she will work in a nursing home.

"I'm going because I want to build a house. With what I earn here, despite all the years I've been working, it's simply impossible," she tells IPS.

The group of nurses recruited to work in Italy mention different reasons for going, from the dream of having a home of their own to ensuring financial stability for their children.

The preparations for their departure have been kept under close wraps since an

attractive job offer began to make its way through the ranks of nurses in this landlocked South American country in 2005.

Representatives of Italian companies, like Obiettivo Lavoro, the European country's largest human resources management group, came to Paraguay seeking to hire health workers.

The first contingent of nurses consisted of more than 100 people, nearly all of them women.

Around 95 percent of the health workers who have left since 2006 were nurses with a certain level of seniority in their workplaces, and with degrees from respected local universities like the National University of Asunción, where education is tuition-free.

"This is an eminently female profession in our country, which faces gender discrimi-

nation on a daily basis," María Concepción Chávez, president of the Paraguayan Nursing Association, told IPS.

Now new groups of workers are getting ready to head halfway across the world in search of better working conditions. But this time around, the hires include recent graduates from nursing school.

"One of the reasons for emigrating is the lack of recognition of our profession in this country, where wages and benefits are far below the level of the work required of us," said Chávez.

A professional nurse with 20 years experience and a master's degree in nursing earns around 2.9 million guaraníes (equivalent to 450 euros or 570 dollars) a month.

In Italy, by contrast, the nurses will be earning between 1,800 and 2,000 euros

(2,300 to 2,600 dollars) a month.

In Paraguay's public health institutions, health care professionals get a raise for each academic degree they hold – but that does not apply to nurses.

In addition, the salaries paid to nurses working on contract in the public health sector are up to 50 percent lower than those earned by staff nurses, who also enjoy pension benefits that contract nurses do not have. Furthermore, the latter face the risk that their contracts will not be renewed.

These are some of the factors prompting nurses to find work abroad.

After a large group of nurses emigrated in 2006, a significant wage hike for the sector was approved. "There was a long-needed raise, which had been put off for around two decades, but it was not sufficient," Blanca Mancuello, director of the Nursing Directorate in the Public Health Ministry, told IPS.

Mancuello said the Health Ministry is adopting measures aimed at curbing the exodus, which is having a direct effect on the quality of care provided. Institutions like the Clínicas and Nacional hospital and the Instituto de Previsión Social (social security institute) have been hit the hardest by the brain drain of nurses.

Within these institutions, critical services like the intensive care units (ICU) have suffered the most, due to the loss of experienced, specialised nurses.

One illustration of that is the Luque state hospital, located in an outlying suburb of Asunción, which has been unable to open an ICU because of a lack of qualified staff -

a situation similar to that faced in other hospitals around the country.

"When we tried to expand the pediatric wing and ICU in Clínicas (the teaching hospital of the National University's School of Medicine), we couldn't find pediatric nurses, because there were no experienced ones in the country anymore, and we had to hire new graduates," said Chávez.

The large numbers of qualified nurses, midwives and female doctors heading to richer lands from the developing South are one of the biggest challenges posed today by international migration flows.

According to studies by the United Nations population fund (UNFPA), the growing numbers of skilled workers from poor countries turning to emigration as a means of improving the living standards of themselves and their families has given rise to an unprecedented crisis in health services in the developing world.

The World Health Organisation (WHO) recommends a minimum of 10 nurses for every 10,000 people. But many poor countries come nowhere near that ratio.

Paraguay has an average of just under two nurses per 10,000 people, while in neighbouring countries where there is also talk of a shortage of health professionals, the ratio is around 20 per 10,000.

For Samaniego, the decision to leave was not easy. She has two young children who will be left in the care of their father and grandmother. "But this is an opportunity that I don't want to lose, and I see that many of my colleagues and friends are doing well," she says.

The four-year contract of the large contingent of nurses who left in 2006 expires in 2010.

"Now they're getting ready to apply for permanent jobs, which would ensure them pensions and other benefits," said Chávez.

The Paraguayan Nursing Association has closely followed the labour situation of the more than 300 nurses who are working in Italy, mainly in the northern part of the country.

In March 2008, Chávez met with Paraguayan nurses in a hospital in the Italian city of Parma to exchange ideas, observe the working conditions there and explain the labour advances made in Paraguay, where a Law on Nursing was passed in May 2007.

"The meeting was very positive. It helped us get a clearer idea of the situation there," she said.

The president of the Association said that in a majority of cases involving married nurses, their marriages broke up after they left. And although many have managed to bring their children over with them, many boys and girls are still separated from their mothers.

"They are my biggest concern, my kids, but it's also for them that I decided to leave," says Samaniego. For her, there is no turning back: her suitcases are packed, her documents are in order, and she has a plane to catch.

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Virtual dialogues on Migration, Development and Gender

In an effort to better understand current trends in women's migration and their impact on policy, UN-INSTRAW released the results of two Virtual Dialogues held in September and November 2008. The two Dialogues brought together experts from around the globe to examine migration and development from a gender perspective.

The first Dialogue, "[Gender, Migration and Development: Towards a participatory research framework](#)," was attended by over 90 academics and researchers from

universities, think tanks, and international organizations. It aimed to encourage debate around women's participation in migratory flows and women's contribution to development, and also to enrich UN-INSTRAW's research and public policy advocacy with new perspectives, ideas and priorities.

Over 220 participants from government, academia, international and non-governmental organizations from over 40 countries took part in the second discussion "[Gender, Migration and Development:](#)

[Creating gender-sensitive migration policy](#)." It aimed to identify migration policy challenges and priorities, collect experiences worldwide and strengthen existing networks among experts in the field.

One of the outcomes of the two virtual dialogues was the creation of a virtual community of experts on the issues of gender, migration and development. In 2009, this network will be established as a more permanent community through regular interaction, reflection, evaluation, dialogue and exchange of information

about the gender dimensions of migration and its impact on development.

In both discussions, experts stressed the need to ‘centre on the migrant,’ including asking why people migrate in the first place. Nandita Sharma of the University of Hawaii noted the absurdity of the relationship between State policies that “on the one hand, lead to people’s displacement and subsequent migration and, on the other hand, limit their opportunities to do so with any semblance of rights and entitlements in the places to which they migrate.”

Centring on the migrant also means addressing the immigration policies of destination countries, which often make migrants more vulnerable, as well as addressing how differential access to resources and global capitalist relations are gendered.

It also means recognizing that migrants

themselves best know their situations and are best able to identify their needs, and thus should be active participants in consultations on migration policies in both countries of origin and destination.

Participants further remarked that the lack of political will to create migration policies that care about migrants “could at least be partially met by a renewed commitment on the part of civil society to uphold human, economic and social rights standards and the development of networking strategies to build capacity to work in this area,” said Don Flynn of Migrants’ Rights Network.

As Joshi Shrestha of UNIFEM Nepal stated, media is also a crucial actor in influencing public opinion on the issue of women’s migration and migrants’ rights: “Media was very negative on the issue of women migrant workers but after a series of interventions, training, creating space to interface with returnees, the media has be-

come one of the key stakeholders to lobby for women migrant workers’ rights.”

Greater co-operation and co-ordination between all actors involved in migration is needed: between the governments of countries of origin and destination, between levels and ministries of governments and between researchers and policy-makers.

Finally, more research is crucial. Only when women’s migration issues are studied can “we start to think about migration policies that concern them,” said Elisabeth Roberts, Expert in Gender, Migration and Development at UN-INSTRAW.

<http://www.un-instraw.org/grvc/>

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Bangladesh: A tale of sorrow

(The following is a true account of a trafficking incident in Northern Bangladesh)

Kulsum Begum is a 40-year-old woman; she lives in Futki Bari village in the Dinajpur district of Bangladesh. Kulsum’s story begins with her marriage to Kafiluddin 22 years ago. They had four children, three boys and a girl. Kafiluddin was a poor man who ran a tea stall in his village. With a family as large as his, however, Kafiluddin used to go to a nearby river to fish. In his absence, Kulsum ran their small business; this arrangement had been fruitful until the day a group of people came to the tea stall and lured Kulsum into accepting a job in Dhaka. They coaxed her to take her minor daughter, Maya (9 years old), with her. The perpetrators were identified as Mohon (35 years old), Rajani (36 years old), Sharma and Krishna (28 years old).

In Kafiluddin’s absence, the perpetrators took mother and daughter to Rani Sankail. This is an *upazilla* (district) near the Indian border. Once there, they moved Kulsum and Maya to a house in Khanki village, where they stayed for three days. When mother and daughter understood that they had been deceived, they tried to flee, but they were soon captured and tortured. The perpetrators threatened to kill them if they tried to escape again. Finding no other way out, mother and daughter agreed to comply with the perpetrators’ demands.

Kulsum and her daughter were taken to India. They stayed six days in a village close to the border. Later, they were taken to an area called Gondogol Basti in the Darjeeling district. They were then transferred to the house of a relative of Mohon. There Kulsum and Maya were raped in the same room by the perpetrators. Mohon also forced them dress as Hindu women by wearing *shakha* and *sidur*. They were then introduced to the neighbours as Hindu women. When Kulsum protested, they were beaten. In this way, they suffered physically and sexually for several months. In the meantime, Mohon contacted some pimps. He sold Kulsum and her daughter for three lakh taka (approximately 3,000 euros) in Panir Tanki, a red light area in Darjeeling. Together, Kulsum and Maya stayed in this place for nearly six months. Later on, Mohon sold Maya to another pimp, who then took her to another red light area in Kakor Vita, Nepal. Mohon returned to Bangladesh with a huge amount of money.

The situation left Kulsum working as a prostitute in Darjeeling, while her daughter Maya worked as a prostitute in Nepal. Maya became pregnant and gave birth to a baby boy. She escaped from Nepal with her newborn baby and came to find her mother. Together, they escaped from Panir Tanki and sought shelter in a nearby house owned by a man called Sadekul. At first, Kulsum and Maya found it difficult to

convince Sadekul that they were indeed Muslims. However, Sadekul was eventually convinced and Kulsum and Maya were able to return to Bangladesh with the financial help of some families in Darjeeling.

On her return to her village, Kulsum found out that her husband had remarried. Kafiluddin refused to take Kulsum back, so her children gave her shelter. Kulsum and Maya informed the villagers about the perpetrators. Eventually, Mohon fled the village.

Mohon and Rajani are still threatening Kulsum and Maya. To end this, Kulsum has filed a case against them under Article 5(1) of the Women and Children Repression Act of 2003.

Kulsum and Maya are now supported through the IOM “Prevention and Protection of Victims of Human Trafficking in Bangladesh” project. They received training on cow rearing and sewing as well as a cow, a sewing machine, cloths and accessories amounting BDT 40,000 (approx USD 580) for starting up their own business.

For further information please contact Zakia K. Hassan at: zkhassan@iom.int

(All the names of the persons above have been changed to retain confidentiality and privacy.)

HIGHLIGHTS ON IOM GENDER ACTIVITIES

Caring for women in Haiti

Poverty and unemployment push Nicaraguans into arms of traffickers and smugglers

Indonesia: Even through rain and storm

Workshop in Luanda: HIV/AIDS in emergency situations

Colombia: Displaced women work with Colombia's famous Juan Valdez coffee

Viet Nam: "Contours" exhibition helps migrant women affected by violence to speak out

Ecuador: Prevention and treatment of sexually transmitted infections along the northern border

Afghanistan: New lifeline for victims of trafficking and irregular migrants

Caring for women in Haiti

The death and destruction brought by the January 12 earthquake has had a devastating effect on the economic and social fabric of Haiti, not least for women and girls. In a country with weak institutions, sluggish development, and a high prevalence of gender-based violence (GBV), the struggle for the advancement and equality of women predated the recent natural disaster. It is therefore a disquieting misfortune that some of the most influential people in the Haitian feminist movement were among the 220,000 who perished during the earthquake.



With more than 1.7 million persons living in poor and congested settlements, the safety and protection of women and girls is of considerable and growing concern. The absence of policing, the ubiquitous impu-

nity of criminals, and the lack of information and services for victims of violence are some of the primary challenges faced by displaced women. Loss of employment and heightened food insecurity further increases the

particular vulnerabilities of women in the current environment. The humanitarian community, accordingly, is making efforts to ensure the inclusion of women and girls in the provision of assistance and opportunities within aid and recovery programming. Haiti aims to "build back better" – despite what has been lost, those involved are also committed to putting women at the forefront of Haiti's new future.

In line with its crisis migration management strategy, IOM's role in the humanitarian response focuses on support to the displaced population through its leadership of Camp Coordination and Camp Management (CCCM) and its strong involvement in shelter provision, non-food item (NFI) distribution, emergency health, and early recovery activities.

The soon-to-be-launched Displacement Tracking Matrix will provide protection information per internally displaced person (IDP) site on a weekly basis. Information will be collected on population demographics, female-headed households, elderly women without support, GBV and domestic violence incidents, pregnant and lactating females, gender representation in camp management, and



der-specific security concerns (such as camp lighting and gender segregated water and sanitation facilities).

Through its role as CCCM cluster lead, IOM is training local camp managers using the IOM-Norwegian Refugee Council (NRC) Camp Management Toolkit. Aside from the coordination and management of services, the Toolkit is gender mainstreamed to cover topics such as: the safe and equitable distribution of food and NFIs to women; protection, human rights and gender awareness; and the cross-sectoral engagement of female populations and attention to special needs, such as those of female-headed households and elderly women. IOM has provided support to the Protection GBV cluster mapping of health, psychosocial, and other services for women, and in the identification of GBV focal points within camps. Camp managers have been informed of the GBV hotline and other law enforcement numbers, in addition to referral mechanisms, which are continually being developed by the GBV sub-cluster. Training for both camp managers and GBV focal points includes proper interviewing approaches and techniques for female victims of violence and sexual abuse. Finally, IOM's continuing participation in the Water and Sanitation, Shelter/NFI, Health, Early Recovery, and related sub-clusters allows for the referral of gender-related issues and concerns identified by the CCCM cluster to the responsible sector.

Within the CCCM strategy for site de-



congestion, IOM is in the process of developing site plans for government land identified for the relocation of IDPs from high-risk camps. These site plans take into account the need for separate toilet and bath facilities for women and men, women- and child-friendly spaces, lighting, and other measures to enhance the safety and security of women. Additionally, solar lights have been procured for 30,000 families.

Shelter/NFI

Since the onset of the disaster, IOM has provided thousands of tents, shelter materials, and NFIs to more than 140 IDP sites and spontaneous settlements. IOM has provided hygiene kits with special dignity items for women, as well as lighters and 1-litre jerry cans for easier use. NFI distribution specifically targets women and those with special needs through the provision of tokens for women and the identification of assistance needs for elderly and disabled women in coordination with camp managers and local NGOs. Because of this process, approximately 75 per cent of the recipients of IOM NFIs for families have been women. NFIs provided to partners have included similar guidelines for distribution, as well as requests for brief reports ensuring compliance with this approach.

Health

IOM's psychosocial mobile teams pay particular attention to victims of GBV in their daily provision and facilitation of psychosocial first aid, counselling, support groups, community mobilization, drama and art therapy, recreational activities and other psychosocial activities, including referrals to other required health services. Disabled women, female-headed households, and pregnant and postpartum women are specifically targeted by IOM's programme to provide safe and dignified discharge for IDPs from hospitals and other health facilities. This includes linking such vulnerable groups with durable solutions that take into consideration their needs for basic services, housing, access to medical services and livelihood opportunities. Specific mental health and psychosocial issues identified by IOM in the field that warrant immediate or prolonged attention are brought to the Mental Health and Psychosocial Support Working Group (MHPSS) for further follow-up and/or strategic sectoral response.

Early Recovery/Cash for Work

IOM cash-for-work schemes engage women through equally targeted recruitment processes. IOM estimates that approximately 40 per cent of the beneficiaries of such schemes are women. Current cash-for-work activities include rubble removal, the replacement of water pipes,



watershed management, the rehabilitation of irrigation and drainage canals, the creation of urban gardens, soil conservation, road backfilling, the construction of culverts, the rehabilitation of bridges, and the construction of schools. IOM has established an agreement with local banks to allow for direct and discrete payments to workers, including women. This arrangement will help to mitigate the risks associated with payment and regularize monetary distributions. Cash-for-work initiatives are coordinated in the areas of both highest damage and intention of IDP return.



Poverty and unemployment push Nicaraguans into arms of traffickers and smugglers

By Niurka Piñeiro, Regional Information Officer for the Western Hemisphere

Many of Nicaragua's victims of trafficking hail from Chinandega; a town and departmental seat of the Department of Chinandega. A poor agricultural area northwest of the capital, Managua, it is 72 kilometres from the Honduran border and a two-hour boat ride to the Salvadorian border.

"We are experiencing an epidemic in this country. We can't deny it, although some may want to cover the sun with one finger, it simply is not possible. Human trafficking is a problem that affects all of us and so we must work together - the government, civil society and international organizations," asserts Maria Castillo, Director of Chinandega's Women's Association.

IOM works actively as part of the National Coalition Against Human Trafficking created in 2004 and composed of 95 members including ministries, police, and other government agencies, international organizations, civil society and NGOs. Its aim is to raise awareness, provide protection and assistance to victims and to prosecute traffickers.

Eloy Francisco Isaba Acuña, the Coalition's Executive Secretary, says the word is getting around. "Last year we received a letter from a newspaper informing us that they would no longer publish advertisements for massage

houses. Although this means a loss of revenue for them, it is their way of supporting the Coalition."

An IOM pilot project, the only one in Central America focusing on the reintegration of victims with financial support from the U.S. Department of State Bureau of Population, Refugees and Migration (PRM), is working with local authorities and civil society in Chinandega to strengthen the local support network so that victims returning home can receive the medical and psycho-social assistance needed, as well as vocational training to get jobs and start new lives.

Brenda de Trinidad, IOM Counter-Trafficking Focal Point in Nicaragua, says many of the young women return home with sexually transmitted infections and psychologically very fragile.

"Each and every story is horrendous; there's abuse, exploitation, humiliation, and drug and alcohol addiction in some cases. But there is one young woman with whom I most identify. She is 27 years old, alone and with two children, so I see myself as a young woman trying to raise my two children. This girl was rejected by her mother and never met her father. They are all very courageous and determined young women, but at times they falter. They have no jobs, no money and that lack of hope makes them look to the other side in hopes of a better life."

And so Brenda is always there to take their phone calls and pick them up when

they're down. But in the next phase of the IOM project, she hopes to create alliances with women's cooperatives and the private sector to find long-term employment opportunities so they can become independent and less vulnerable to abuse, depression and trafficking.

"It's important for them to be part of a group, an organization. This will make them stronger, it will empower them so they can make the right decisions and move ahead successfully," Brenda muses.

But with a population of 5.6 million, an annual population growth rate of 2.7 per cent and 53 per cent of its population under 18 years of age, Nicaragua faces an almost insurmountable challenge to overcome poverty, especially for women as one in every four households is headed by a woman.

Extreme poverty and lack of jobs have pushed an estimated one million Nicaraguans to leave their country in search of greener pastures. Trafficking rings also recruit victims during their migration route, when trapped at borders in a situation of high vulnerability. Captain Lenin Flores is the head of the border post of Peñas Blancas, which separates Nicaragua from Costa Rica and is the busiest in the country with up to 15,000 crossings per day during the high season.

Competing with the deafening sound of the constant stream of buses, Captain Flores explains:

“We have all sorts of things passing through this border post; we have illegal substances, drugs. We just discovered a truck carrying more than 100 kilos of cocaine. We’ve stopped trucks carrying huge sums of money, drug money. So far this month we’ve detected three vehicles carrying drugs and cash.”

But when asked about Nicaraguan migrants crossing into Costa Rica, his face softens: “These are economic migrants. An economic migrant is someone who is ripped from his or her country in search of a better life for their family. Many Nicaraguans who pass through this border travelling to Costa Rica are economic migrants. I would say that 99.9 per cent of those crossing through this official border area have travel documents and are legal, but there are unofficial crossings where migrants risk their health and life in order to make it to Costa Rica,” Flores says.

Less than five minutes from the official border crossing, Juanita, Excel and their two children walk down a narrow dirt track loaded with suitcases. They boarded a bus in their hometown of Estelí at three that morning, seven hours later they arrived at the border and are now walking under oppressive heat and humidity trying to cross into Costa Rica.

Eighteen-year-old Juanita, her intelligent eyes gleaming and loaded with determination says, “it’s the economic situation. Right now things are very difficult in Nicaragua. Salaries are low and we have two children, so we can’t manage.”

But why risk their safety and drag a two and a three-year-old under the gruelling midday sun?

Without hesitation she replies: “In life one must take risks. If we don’t take this risk, we cannot move ahead; we have to take this risk.”

In Costa Rica she can make US\$200 per month as a domestic servant; in Nicaragua the same job pays around 1,500 Córdoba (US\$83).

In the past three decades, migration flows from Nicaragua to Costa Rica have been prompted by natural disasters, political conflicts and economic downturns. For unskilled workers, Costa Rica acts as a magnet by offering abundant work in sectors that are becoming less and less attractive to the native population; mainly agriculture, construction and domestic



work.

To harness the development potential of these migration flows, spur economic development and improve living conditions for labour migrants, the Spanish Agency for International Cooperation and Development (AECID by its Spanish acronym) provided funding to IOM to put in place a co-development project between Costa Rica and Nicaragua.

One of the main objectives of the project is to regularize the flows of Nicaraguan migrant workers (agriculture, construction and agro-industrial sectors) in Costa Rica, by ensuring legal integration into the local labour market, improving the economic and psychosocial situation of the migrants and their families and promoting the social integration of migrants into Costa Rican society.

“The project is benefiting both countries,” explains Jorge Peraza, IOM Programme Officer in San José. “In October of 2007, the Costa Rican government announced that 29,000 migrant workers from Nicaragua would be admitted under temporary labour migration permits in 2008; 10,000 for the construction sector and the rest to work in agriculture.”

Nilo Salazar Aguilar, Secretary-General of the Independent Workers Union of Nicaragua, remembers a time when Nicaragua imported labour from neighbouring countries to work the cotton fields. His or-

ganization estimates that there are an estimated 650,000 Nicaraguans working in Costa Rica—147,000 of them in the construction industry.

“Many don’t have social security benefits,” Salazar Aguilar says. “They are forced to buy four pieces of wood and a slab of corrugated metal to stay dry at night. They are living in miserable conditions.”

The life-long union organizer says the country is not thinking of the future and of the ability to compete in today’s market.

“All the time and money that were invested in our construction workers, training them over the years to become experts in their fields; these men have built embassies and other buildings using the latest construction techniques and tools, and so we are left without professionals,” he notes.

Government officials and civil society organizations agree that lack of information on human trafficking and migrant smuggling allow smugglers and traffickers to continue to prey on innocent victims and desperate men and women whose only crime is the quest to find a better life for themselves and their families.

Deborah Grandisson, Attorney for Women’s Issues at the Attorney-General’s Office for Human Rights, says most of the women who are entrapped by hu-

man traffickers see migration as a way out, a way to make their dreams a reality.

“Many of these women come from male-dominated homes, with large doses of violence. We need to raise awareness and lift the stigma felt by these women when they return to their neighbourhoods, because this keeps them from coming forward and testifying against the traffickers,” explains Grandisson.

One of Grandisson’s ideas to raise awareness is to produce a series of videos to be played on board buses leaving Nicaragua.

“We need to raise awareness amongst potential victims. Many times women, especially these young women, have no idea where they are being taken and that they have fallen victim to human trafficking,” adds Grandisson.

Enma is one of those girls. She was a minor when she was trafficked to Guatemala. She is so traumatized and frightened by the experience that she agrees to tell IOM her story but using a letter she wrote beforehand. It’s the only way she can express her ordeal.”

Monica Moreno Sequeria, Special Investi-

gator of the National Police, says the public does not understand the plight of these young women. “People say, if they left for Guatemala it was of their own free will, maybe they knew what they were going there for. And maybe a few of them knew. But the traffickers prey on their innocence and their poverty. We have to fight to make the public understand that they are victims. These girls will never be the same again,” she says.

This article originally appeared in the Migration Magazine of Spring 2009.

Indonesia: Even through rain and storm

February 2009

IOM’s “Makmu Gampong Kareuna Dame”, which in English means “Village Prosperity Due to Peace” focuses on livelihood support, small business creation and infrastructure projects in villages worst hit by the conflict in Aceh. It is funded by the European Commission, the United Nations Development Programme and the Canadian International Development Agency,

Makmu Gampong Kareuna Dame makes use of a democratic participative approach which ensures that all members of the community, including women, former combatants and prisoners, work towards the common goal of rebuilding their village and ensuring that former combatants and prisoners reintegrate as active members of the community.

A female former participant remembers her first training: “I left my village for Banda Aceh to have my first training, with anxious feelings and a beating heart, wondering what I could expect from this training. But after I arrived in Banda Aceh, I felt extremely happy as I now have more friends from different villages and districts and gained very useful knowledge.”

An evaluation of the project found that whilst women attended meetings, they did not have the confidence and skills to contribute fully to village decision-making. As a result, IOM decided to conduct a “Women’s Leadership and Capacity-Building Training”, which includes in-class training and a coaching component in the participants’ own villages.

“After returning from the Banda Aceh training, my friend and I started to pre-



pare for the task we had planned,” recalls the former participant. “First of all, we met the head of the village at his house to report to him about the training. The next day, we held a meeting in the *menasah* (community hall). We got to the meeting by walking 1.5 km in 30 minutes under the heat of the sun and some heavy rain. Even though we were sheltered by an umbrella, we still got wet because our umbrella was broken and attacked by wind and rain. We not only had to fight through rain and heat, our village was hit by a flood as well, which we had to fight through.”

Even after the training the women faced stereotypes and suspicion from their community:

“Still, we had not overcome all the problems, as there had been some cases of people saying that our training would have a bad impact on the women who joined it”, the woman explains. “There are some men who say that ‘what is taught to women there is only so they no longer fear and obey their husbands.’”

Still the former participant says: “Even though there are many obstacles and barriers in front of us, our struggle is not in vain and we will continue. We will never lose our spirit to continue to struggle for the success of this programme and to create peace in our village!”

Workshop in Luanda: HIV/AIDS in emergency situations

February 2009

On 27 to 28 January 2009, the International Organization for Migration (IOM), in cooperation with the National Civil Protection Service (SNPC) and the Joint United Nations Programme on HIV/AIDS (UNAIDS), held a workshop about HIV in emergency situations. The seminar was facilitated by two international trainers, one from UNAIDS Mozambique and one from IOM Geneva. Thirty-five participants from Angolan Civil Protection, various NGOs and members of UN agencies attended the workshop.

The major objective of the workshop was to elaborate directives for state intervention in the fight against HIV/AIDS in emergency situations, in order to meet the

special needs of people living with HIV in contexts of emergency and to develop directives for countering gender-based violence.

In his talk, General Eugênio Laborinho, coordinator of the SNPC, welcomed the joint initiative of the United Nations Inter-Agency Commission, which he said fit perfectly with Angola's Civil Protection strategy for a permanent disaster management plan. Given that the consequences of HIV/AIDS are often much more devastating than deaths caused by conflicts, destabilizing and fragmentizing families and communities, this initiative increases not only humanitarian actors' knowledge but also directly benefits the populations concerned.

Furthermore, the SNPC coordinator emphasized the special significance of addressing the situation of women and children who are particularly at risk of experiencing violence and forced sexual relations in exchange for everyday basic needs such as food or water. This situation of gender-based violence significantly contributes to the spread of HIV/AIDS.

Finally, General Laborinho said that the workshop will help to "reinforce Angolan capacities for the planning and coordination of future Civil Protection activities, always incorporating actions for the prevention of gender-based violence in emergency situations."

Colombia: Displaced women work with Colombia's famous Juan Valdez coffee

IOM Press Briefing Note of 24 February 2009

A group of displaced women are earning a living making sacks for coffee processed by Procafecol, owner of the world-famous Juan Valdez coffee.

The 70 beneficiaries belong to the "Asociación Luz y Vida" (Light and Life Association), which is made up of displaced women from the north-eastern city of Bucaramanga. The group receives support from IOM through its Assistance for Displaced Persons and Vulnerable Population Programme, which aims to strengthen the marketing potential of displaced people on their road to financial independence.

The women of Luz y Vida are heads of households with an average of two to three children. They receive support from IOM's Social Marketing Strategy to identify and open marketing channels for their products, both at the national and international levels.

IOM's Social Marketing Strategy promotes

the commercialization of products made by communities supported through IOM programmes. These communities include internally displaced people, ex-combatant minors, victims of human trafficking, and men and women demobilized from illegal armed groups.

Procafecol used the 5,000 sacks made by the women of Luz y Vida to package *café de reconciliación* or "reconciliation coffee", a type of coffee that is now sold in Juan Valdez shops.

The sacks are made from fique, a biodegradable and ecologically friendly vegetable fibre used by Luz y Vida to make most of its products, which include hats, chairs, hammocks, cushions, carpets and tapestries, bedspreads, fabrics, tablecloths, bags, rugs and mats, and stationery.

Thanks to the large order from Procafecol, Luz y Vida hired an additional 140 displaced women living in the community, providing an opportunity for additional income for their families.

"For IOM, it is very gratifying to see how the internally displaced are being return-

ing to a normal life. The challenge is huge and we know there is a lot to be done, but IOM will continue working with the government and other partners to help displaced Colombians to reintegrate fully into society," said the head of the IOM Mission in Colombia, José Angel Oropeza.

According to government figures released in November 2008, more than 2.8 million people have been internally displaced in Colombia.

Since 2000, IOM's programmes in Colombia have provided assistance to more than 2 million people, including internally displaced persons, host communities, Colombians seeking protection across international borders, victims of natural disasters, ex-combatant minors, adults demobilized from illegal armed groups, victims of trafficking, and labour migrants, as well as Colombian authorities who have participated in IOM training.

For more information please contact Jorge Andres Gallo, IOM Colombia, Tel: +57.1.594.6410 ext. 142; mobile + 57.311 561 94 95; Email: jgallo@iom.int

Viet Nam: “Contours” exhibition helps migrant women affected by violence to speak out

IOM Press Briefing Note of 10 March 2009

IOM Viet Nam, in partnership with three Vietnamese NGOs – CSAGA, CEFACOM and LIGHT – and with the support of the European Union, has helped Vietnamese migrant women affected by violence to speak out through an exhibition at the Hanoi National Library.

The two-day “Contours” exhibition documented the experiences of 20 migrant women affected by violence. It attracted over 300 visitors from the government, international organizations, NGOs and the general public.

The exhibition, which was part of a larger IOM project promoting a rights-based approach to empowering migrant women affected by violence, highlighted the need to combat violence and provide protection, while emphasizing the important role of migrant women in Viet Nam’s development.

The “Contours” title was drawn from the work of a Vietnamese writer, Doan Minh Phuong, who said: “If I draw a picture of me, the first thing I have to draw is the outline or contour of my body. The contour is the clear-cut line between the outside world and my inner, private world. Inside the contour is my true inner self.”

The quotation alludes to the difficulty that abused migrant women in Vietnam experience in speaking out and having their voices heard.

IOM, which launched the empowerment project with the support of the government and NGO partners in January 2008, sees the psychosocial support that it provides as an important factor in helping Vietnamese women achieve this.

“The project has now successfully reached 102

women in Hanoi through a peer-driven approach and has established 11 self-help groups. As the project has progressed, these women have become increasingly confident to share their experiences and raise public awareness of this issue,” says IOM Viet Nam then Chief of Mission Andy Bruce.

For more information, please contact Florian Forster at IOM Hanoi: fforster@iom.int



Women at the Long Bien Market taking part in the communication campaign organized by IOM on 23 December 2008.

Ecuador: Prevention and treatment of sexually transmitted infections along the northern border

IOM Press Briefing Note of 24 March 2009

To strengthen local health capacity to address the spread of sexually transmitted infections (STIs), IOM is training local Ministry of Public Health personnel to provide medical assistance to Colombians who have crossed into Ecuador in search of international protection, as well as to local residents.

The support to medical brigades working with these communities is one of the main activities of IOM’s Emergency Assistance for Persons in Search of International Protection Programme, which began in 2005 with funding from the US Department of State’s Bureau of Population, Refugees and Migration (PRM) and covers Colombia’s border areas with Ecuador, Panama and Venezuela.

The trained medical brigades will evaluate, diagnose and treat an estimated 300 women affected by STIs and their partners. The pap smears and histopathology tests carried out will also serve to deter-



A medical staff providing training to project participants. © IOM 2009 - MEC0025

mine the prevalence of STIs in border areas for the provision of appropriate prevention and treatment services.

The project design was based on the re-

sults of an HIV prevalence study carried out in the communities of San Lorenzo, Tambillo and Limones, which determined high levels of STIs in these communities, especially amongst pregnant women.

Since August 2007, IOM has been working to strengthen its sexual and reproductive health services, including HIV/AIDS prevention.

A survey conducted in February 2008 by the United Nations High Commission for Refugees (UNHCR) reported an esti-

mated 85,000 Colombians living in communities along Ecuador's northern border. Some 35,000 persons confirmed that they had applied for asylum, but only 70 per cent were found to have special protection needs.

IOM is working with the Ministry of Public

Health, the Provincial Health Department of Esmeraldas, the "Salud Cordero" Foundation and the Ecuadorian Red Cross.

For more information, contact IOM Ecuador, Ana Guzman, Tel: (593-2)-225-3948, Email: aguzman@iom.int

Afghanistan: New lifeline for victims of trafficking and irregular migrants

IOM Press Briefing Note of 27 March 2009

Five million dollars of new funding from the Japanese government, in support of IOM's work to address some of the growing consequences of poverty and insecurity on migration in Afghanistan, will provide a critical lifeline to many victims of trafficking and vulnerable migrants.

Increasing poverty due to drought, higher food prices and general insecurity, in a country where 85 per cent of the average household income is spent on food and where 14 million people are at risk of nutrition-related health problems, is forcing growing numbers of Afghans into taking desperate measures to survive.

An IOM staff assessment at Torkham, on the border with Pakistan, found that the majority of the town's children cross the border to smuggle food and other goods to be victims of trafficking. Aged between 10 and 16 years old, the children had been placed into bonded labour to pay family debts that had arisen from crop failures brought on by drought.

Informants in the area claim that child trafficking is increasing this year because boys, in particular, are considered ideal smugglers of food and illicit goods, as they are more likely to be released when captured.

Women and young girls, particularly widows, are also reportedly being forced into

prostitution or baby-selling so as to buy food for the family. These women, many of whom should be legally considered trafficked, often face prison or the death sentence under Afghan law for having "unlawful sex".

Afghanistan's Ministry of Women's Affairs (MOWA) and the Ministry of Interior's Criminal Investigation Department (CID) both found a dramatic increase in trafficking, kidnapping, prostitution and smuggling cases in 2008. MOWA attributed the increase to growing poverty and deteriorating security.

The reasons are the same for the many Afghans migrating irregularly to neighbouring countries. Iran is estimated to host about 1 million Afghans at any given time, in addition to roughly 900,000 registered Afghans. The numbers of Afghans being returned from Iran increased in 2008, and virtually all are single males largely supporting families back home.

Left at the Islam Qala and Zaranj borders with Iran with nothing and no hope for the future, and with humanitarian assistance largely reserved for the sick, the elderly, women and children, these men usually end up in a continual cycle of irregular migration that increases their risk of exploitation, abuse and human trafficking.

In a bid to enable the most vulnerable returnees to survive continuing hardship, the Japanese funding will partly be used to

provide them with non-food assistance to complement the work of the World Food Programme (WFP). IOM will also assist with transportation from border areas in Herat and Nimroz provinces to final home destinations.

The Japanese funds will also be used to provide direct assistance to trafficking victims through the construction of a rehabilitation centre in Kabul, after IOM found that there is currently no place in Afghanistan suitable for assisting victims of trafficking, especially children, on a long-term basis. The centre will help provide shelter, food, clothing, medical care, psychosocial support, and vocational and educational opportunities for victims of trafficking, as well as referrals for long-term reintegration assistance.

In addition, IOM will involve NGOs in its counter-trafficking work to build up local skills and knowledge in identifying, assisting and referring trafficking victims, whilst also training one NGO to run the rehabilitation centre.

Border guards in Herat and Nangarhar provinces will also be targeted for training on how to identify and treat a victim of trafficking so as to strengthen national efforts to fight this crime.

For further information, please contact Ivan Davalos, IOM Afghanistan, Tel: +93 20 220 10 22, Email: idavalos@iom.int

22 out of 40 larger IOM offices reach gender parity

In 1995, IOM Member States adopted the target of achieving 50 per cent representation of women by 2005. To date, this target has not been reached; the percentage of women officials in IOM currently stands at 43.3 per cent.

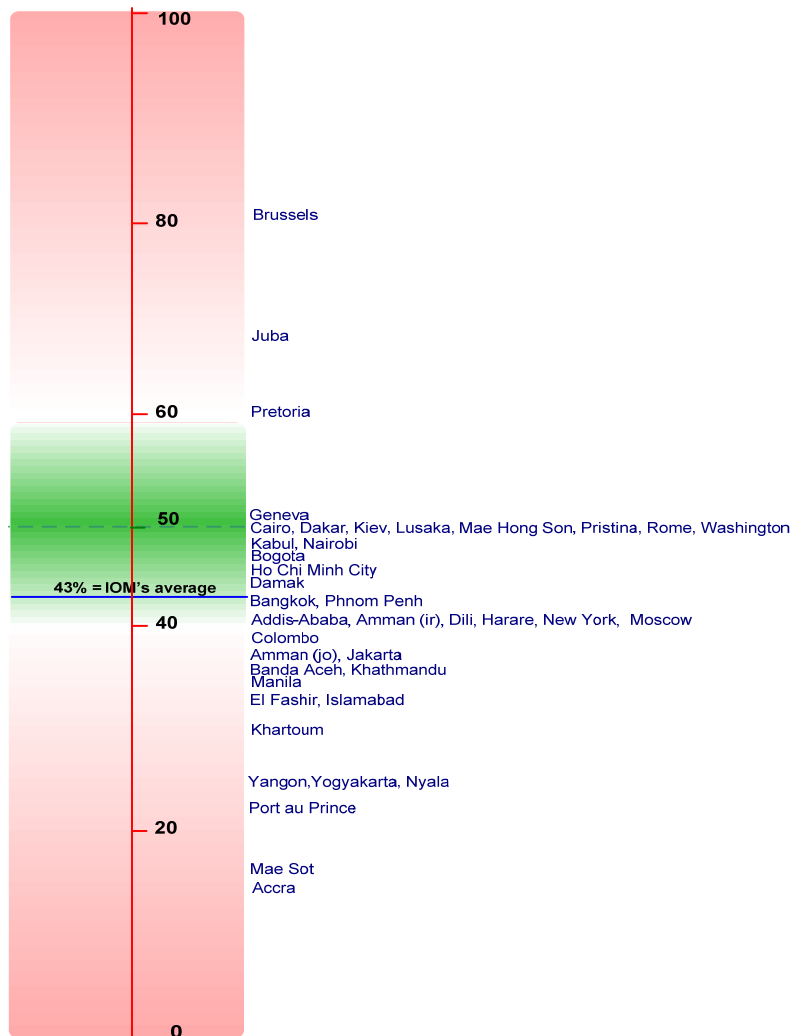
While IOM has yet to reach its target, the representation of women officials throughout the Organization is higher than that for the UN Secretariat (37%). IOM has reached the parity zone (40% to 60%), and this achievement deserves to be acknowledged and praised.

However, the global figure needs to be disaggregated and qualified in light of differing realities in our field missions.

The chart shows the percentage of women in IOM missions with five or more international staff. Out of the 40 missions covered, just over half (55%) are in the parity zone. A small number of missions are doing very well and their experiences and good practices need to be shared and replicated.

However, in 15 missions (37.5%), female representation is below 40 per cent – a target that IOM was supposed to have achieved as far back as 2000.

Missions with five or more international staff as of June 2009



It is worrisome that the Organization's performance in terms of gender balance has not progressed significantly since 2005. This slow pace of progress is

unfortunately a clear sign that renewed commitment to gender parity is needed and that "business as usual" can only produce limited results.

IOM endorses the Statement of Commitment on Eliminating Sexual Exploitation and Abuse by UN and Non-UN Personnel

On 10 March 2009, IOM endorsed the Statement of Commitment on Eliminating Sexual Exploitation and Abuse by UN and Non-UN Personnel.

IOM's rules pertaining to the elimination of sexual exploita-

tion and abuse are therefore now set out in:

- the Staff Rules and Regulations, in particular Regulation 1.4;
- the Standards of Conduct of June 2002, in particular Articles 41 and 42;

- the Statement of Commitment on Eliminating Sexual Exploitation and Abuse by UN and Non-UN Personnel.

Women now account for 38 per cent of EPC Expert Roster

The number of applicants to the Emergency and Post-Crisis (EPC) Expert Roster increased

by 204 to 528 in 2009. There are now 199 profiles of women in the roster, accounting for 38

per cent of the total, while there are 329 profiles of men.

INSIDE IOM: WHAT'S NEW?

22 out of 40 larger IOM offices reach gender parity

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Recommended reading

Trafficking of men – a trend less considered
The case of Belarus and Ukraine

Trafficking of men — a trend less considered: The case of Belarus and Ukraine

International Organization for Migration - Migration Research Series (MRS)
Rebecca Surtees, NEXUS Institute to Combat Human Trafficking

This study examines trafficking in males, a phenomenon that has largely been underconsidered in research to date, despite noteworthy signals that it is a violation faced by many males, adults and minors.

http://publications.iom.int/bookstore/index.php?main_page=product_info&cPath=2_3&products_id=311

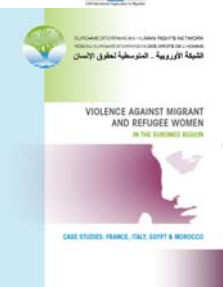


Supporting the Abandonment of Female Genital Mutilation in the Context of Migration

International Organization for Migration

This fact sheet presents IOM's comprehensive and human rights-based approach to address the unique challenges arising from the transposition of the practice of female genital mutilation to industrialized countries.

http://www.iom.int/jahia/webdav/shared/shared/mainsite/projects/documents/fgm_infosheet.pdf



Violence against Migrant and Refugee Women in the EuroMed Region

Jane Freedman and Bahija Jamal

The Euro-Mediterranean Human Rights Network

This study presents case studies of violence against migrant and refugee women in France, Egypt, Italy and Morocco.

http://en.euromedrights.org/index.php/publications/emhrn_publications/emhrn_publications_2008/3808.html



Gender and Intra-Regional Migration in South America

Marcela Cerrutti

Human Development Research Paper 2009/12—UNDP

This paper examines the process of feminization of South American intra-regional migration, with emphasis on the Southern Cone.

http://hdr.undp.org/en/reports/global/hdr2009/papers/HDRP_2009_12_rev.pdf



Are skilled women more migratory than skilled men?

Frédéric Docquier (FNRS, UCL), Abdeslam Marfouk (ULB), Sara Salomone (UCL, Tor Vergata University) and Khalid Sekkat (ULB)

This paper empirically studies the emigration patterns of skilled men and women.

http://www.sgvs.ch/congress09/upload/p_7.pdf

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