Roundtable Outcome Note

Pathways to GBV Protection in Forced Migration: Identifying Next Steps for Survivors Cross-borders, in Transit and Refuge
April 1, 2022

This outcome note summarises discussions from the Roundtable on “Pathways to GBV Protection in Forced Migration: Identifying Next Steps for Survivors Cross-borders, in Transit and Refuge” held on April 1, 2022 at the International Red Cross and Red Crescent Museum in Geneva. Twenty-eight participants attended from seven Permanent Missions, eight INGOS and four UN agencies.

A brief overview of the SEREDA project findings was shared. These focused on a continuum of GBV that occurred over time and place; the lack of services for forced migrants on the move; and the harms enacted by humanitarian, immigration and asylum systems.

Two challenges identified by SEREDA were posed to participants for discussion:

1) Lack of funding provision for services supporting GBV survivors on transit routes and in countries of refuge; and
2) Need for advocacy to ensure GBV mitigation and the protection of GBV survivors in countries of transit and refuge.

Participants also discussed a range of broader operational challenges and concerns for addressing GBV in forced migration effectively, which are categorised under the following five needs/themes and potential next steps.

1. INTEGRATE HUMAN RIGHTS, HUMANITARIAN AND DEVELOPMENT DISCOURSES/APPROACHES

Siloed approaches in policy, funding and practice were identified as an underlying problem. Human rights, humanitarian and development workstreams were often disconnected, while asylum, immigration and humanitarian policies and services were seen as entirely separate. The next steps identified included the need to:

- Integrate different systems and avoid siloed approaches, recognising forced migration experiences cut across humanitarian, development and immigration systems.
- Recognise the limitations of working within countries that offer no assistance/protection for GBV survivors who are residents/nationals.
- Ensure coherence between international and domestic policies. Governments need to mainstream GBV prevention and response into all their policies.
- Recognise the need for connections between humanitarian efforts and legal frameworks intended to protect forced migrants.

2. CONNECT HUMANITARIAN, DEVELOPMENT AND MIGRATION FUNDING WITHIN STATES

GBV was described as significantly underfunded in humanitarian work, despite the recognition of collective responsibility for addressing GBV in forced migration. Needs identified included to:

- Examine how to better coordinate to use unearmarked funding for GBV services and connect different funding streams and contributions from different donors, and perhaps integrate funding across funding streams and regions.
- Promote integrated thinking between donors for funding streams of humanitarian, development and migration work.
• Donors to hold implementing humanitarian organisations accountable for implementation of gender-sensitive responses.
• Include other actors in the conversation, such as: non-traditional donors, other UN actors, non-donor countries, other NGOs and organisations; and engage non-traditional grassroots and global actors, including faith-based actors and the private sector (e.g. Airbnb and hotels). Help develop gender sensitivity among new partners.
• Consider mobilisation of ethnic community-based/grassroots funding and funding community-based initiatives against GBV.
• Engage donors directly by sharing survivor stories with their publics in ways that humanise (forced) migrants to help generate empathy.
• Ensure sufficient funding for GBV, health and other services to strengthen their delivery capacity in precarious settings.

In addition, some donors expressed concerns about the lack of clarity around who is responsible for tackling issues of GBV in forced migration.

3. STRENGHTEN HUMANITARIAN ADVOCACY ON GBV IN FORCED MIGRATION

Major gaps in humanitarian advocacy were identified with a need to push for GBV in humanitarian advocacy, amid multiple and competing advocacy and funding demands. The following needs were raised:

• Advocacy should be strategic, targeted and utilise existing international mechanisms. It is important to feed into existing processes and current commitments to pressure decision makers to do more.
• Consider bilateral advocacy on key issues and locations to encourage collective responsibility across origin and transit countries.
• Ensure the focus of advocacy moves beyond governments although there is need to communicate with and pressure governments and decision makers while considering:
  o Different thresholds for tolerance of sexual vulnerability; norm-setting contributes to shaping people’s values, attitudes and acceptance of certain behaviours;
  o The importance of supporting advocacy which aims to broker peace in countries where conflict is driving migration;
  o Differences between those fleeing conflict and those driven to flee by other circumstances.
  o The reality that migrants are often perceived as unwanted in some countries.
• Engage existing platforms, such as the Call to Action (CtA). Although CtA is not focused on the migrant population, its platform fits into the humanitarian spectrum, and represents a strong coalition of partners (governments, international organisations and NGOs).
• Build on the commitments of countries to the Global Compact for Migration.
• Make communication more change oriented. Move from telling stories instilling terror and trauma to communicating how change can be achieved. Stories should empower and suggest solutions.
• GBV in forced migration needs to be treated as a humanitarian emergency and pitched as such in public storytelling. It is important that advocacy builds on human connections to motivate decision makers to act within their own structures and bring about incremental change.
• Recognise that everyone can advocate at all different levels, e.g. engage with #MeToo movement and social media.
• Recognise the value of civil society engagement in advocacy efforts.
• Engage with those running global social change campaigns and do more work with the media to highlight the plight of forced migrant GBV survivors.
4. **FOCUS ON POLICY AND PROGRAMMATIC INNOVATION**

Policy work is crucial, as well as the development of programmatic innovation/methodologies, including the need to:

- Utilise diplomatic channels for political dialogue about protection, GBV and forced migration in both destination and transit countries.
- Ensure GBV programmes are tailored to different settings.
- Embrace a systems approach to connect different actors and services for migrants. For example, mainstream GBV into general health services, mental health and psycho-social support (MHPSS) and sexual and reproductive (SRH) programmes (as per WHO’s approach).
- Develop services and new approaches to GBV along forced migration routes and at border crossing points that integrate GBV/forced migrant status sensitivity into programmes.
- Link existing services to the other existing support structures (e.g. involve places of worship, ‘casas del migrante’ – homes of migrants from Latin America).
- Consider how to strengthen information/communication available for forced migrant survivors about services and to ensure people are aware of their rights.

5. **RESEARCH**

Commit to continued research on GBV in forced migration. Evidence is needed to inform donors about need and to spur decision makers into action.

6. **WAY FORWARD**

The group wished to reconvene to continue the discussion and build momentum for change. The group suggested convening periodically to expediate action. Expanding the group of stakeholders was considered important to ensure the engagement of a broader range of organisations – e.g. non-donor States, OHCHR, and the private sector. The International Red Cross and Red Crescent Museum will host the next meeting in June 2022. Date to be agreed by email.

**Contact**

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