



Photo: UN Women/Younghwa Choi

**Desk Review:**

## **Gender-based Violence Cross-Border Referral Systems along the Humanitarian-Development Nexus in the Mekong Region (Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam)**

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# **Gender-based Violence Cross-Border Referral Systems along the Humanitarian-Development Nexus in the Mekong Region (Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam)**

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## Abbreviations

CSO	Civil Society Organisation
GBV	Gender-based Violence
IDP	Internally Displaced Person
ILO	International Labour Organisation
IOM	International Organization for Migration
MoU	Memorandum of Understanding
(I)NGO	(International) Non-Governmental Organization
SOP	Standard Operating Procedures
UN	United Nations
UNICEF	United Nations Children's Fund

### 1. Background and Objective

Gender-based violence (GBV) is one of the most widespread human rights violations worldwide, with devastating consequences for individuals, affected families, communities and society as a whole. Globally, at least one in three women experienced sexual violence or violence committed by an intimate partner at least once in their lifetime. Migrant populations, especially women migrant workers, are at an even higher risk of violence due to the multiple intersections of discrimination based on sex- or gender-associated characteristics and on race, ethnicity, nationality, age, sexual orientation, migration status and the vulnerable situations they are faced with.<sup>1</sup>

Humanitarian emergencies and crises increase the risk of exposure to violence and harassment by employers, partners, law enforcement officials, community members, duty bearers, other migrants and front-line service providers. However, despite the increased need during these situations, the availability of and accessibility to GBV response services, migrant support and legal aid services typically decreases.<sup>2</sup> Incidents of such violence were particularly evident during the recent COVID-19 pandemic.

GBV survivors are often in need of multisectoral support services, such as health, mental health and psychosocial support, legal and safety and security services. In order to provide timely and quality prevention and response services to GBV survivors, which are often life-saving, it is crucial to

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<sup>1</sup> UN Women, 2021: From Evidence To Action: Tackling Gender-Based Violence Against Migrant Women and Girls: <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2021/Policy-brief-From-evidence-to-action-Tackling-GBV-against-migrant-women-and-girls-en.pdf>

<sup>2</sup> ILO and UN Women, 2020: Policy Brief: COVID-19 and Women Migrant Workers in ASEAN. UN Women, 2020. Addressing the Impacts of the COVID-19 Pandemic on Women Migrant Workers.

establish functioning referral systems and pathways that connect survivors with appropriate services.<sup>3</sup>

The COVID-19 pandemic and the resulting movement restrictions and quarantine procedures increased the risk of violence and abuse. At the same time, timely access to services and social support networks contracted. This dichotomy was particularly dangerous for people who were facing domestic violence while trapped with the perpetrators at home.<sup>4</sup> COVID-19 has also added further constraints on ensuring peace and security processes. In the context of the Asia-Pacific region, migrant and refugee populations have experienced an increased risk of GBV due to the multi-faceted health and socio-economic impacts of COVID-19.

The International Labour Organization (ILO) and UN Women, in collaboration with the United Nations Office on Drugs and Crime (UNODC), are implementing the 'Safe and Fair: Realizing women migrant workers' rights and opportunities in the Association of Southeast Asian Nations (ASEAN) region' programme.<sup>5</sup> The programme's overriding objective is ensuring that labour migration is safe and fair for all women in the ASEAN region. Extensive research, programming and partnerships with multilevel stakeholders under the Safe and Fair programme have led to the increasing recognition of the need to improve coordination among service providers and to establish efficient and safe GBV referral pathways that respond to the needs of migrant and displaced GBV survivors in development and humanitarian contexts.

To address needs raised by multiple agencies and organizations, SAF proposed the development of a desk review; a practical, basic inter-agency regional guidance note; and a training tool. The desk review will compile existing information and identify key gaps and opportunities to strengthen GBV referral systems will inform the development of the guidance note. The Safe and Fair programme identified civil society and community-based organizations as the main stakeholders and target audience for this undertaking because they make up the majority of front-line GBV service responders for women migrant workers and women who have escaped from or become victims of human trafficking. While the nature and scope of response services depend on the individual case, the desk review will examine available GBV service mechanisms that are either already responding to cross-border cases or are able to. The geographical focus is on the Mekong region, more specifically Cambodia, Lao PDR, the border areas of Myanmar, Thailand and Viet Nam.


While there is anecdotal information available about existing informal cross-border GBV referrals in the target countries, UN, government and civil society agencies lack adequate documentation or understanding about how these GBV referral systems are developed and constructed, how they operate, and how and by whom they can be accessed. Also, while many cases are managed within countries, not enough systems and mechanisms exist to ensure that cross-border GBV cases are efficiently and effectively managed. Further, when systems and mechanisms are in place, affected populations often lack knowledge about how to access them. Data protection and safety mechanisms are also often lacking.

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<sup>3</sup> A referral describes the process by which a GBV survivor is linked to professionals and/or institutions in order to receive specialized or additional services. Inter-agency GBV Case Management Guidelines: [https://www.gbvim.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines\\_Final\\_2017.pdf](https://www.gbvim.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf)

<sup>4</sup> <https://www.unwomen.org/en/news-stories/feature-story/2021/11/covid-19-and-violence-against-women-what-the-data-tells-us>

<sup>5</sup> The Safe and Fair programme is part of the Spotlight Initiative to eliminate violence against women and girls, a global, multi-year initiative between the European Union (EU) and the United Nations (UN). See: <https://www.spotlightinitiative.org/>



To address these gaps, this desk review, together with subsequent consultations with key CSO stakeholders, will serve as the foundation for developing an inter-agency regional guidance note and training tool, which will strengthen cross-border GBV referral systems among CSOs.

## 2. Methodology

SAF conducted a desk review of global-, regional- and country-level documents. Global documentation included UN policy documents and guidelines and toolkits developed by international and national non-governmental organizations (NGOs). Regional- and country-level documents were drawn from a number of sources, including the standard operating procedures (SOPs) and memoranda of understanding (MoUs) developed by the respective governments.

This desk review is primarily based on secondary data, consultations with key in-country stakeholders from the UN and NGOs and CSOs in the target countries and a series of in-depth interviews and focus group discussions with key informants and stakeholders. Consulted organizations included GBV service providers, human rights organizations and CSOs working on labour and migration issues. The key informant interviews and group discussions elicited stakeholder opinions on the key gaps, challenges, best practices and the need and relevance of having guidance on cross-border GBV referral mechanisms in place (see Annex 6 for a list of organizations engaged in this process).

### 2.1 Ethical Considerations and Limitations

During the review and consultations, the overarching GBV guiding principles of safety, non-discrimination, respect and confidentiality were given the highest priority. The researchers strived to ensure that respondents understood the purposes, objectives and intended use of review findings; remained sensitive to cultural norms and gender roles during interactions with all respondents; and respected the rights and well-being of participants by ensuring informed consent and the right to confidentiality prior to conducting interviews.

The work of many CSOs can often be characterized as informal in contrast to more formalized processes by government agencies. This is not only due to the lack and inconsistency of funding, but also due to the nature of work CSOs are engaged in, which may include important work concerning human rights which is not always supported by state processes. This is especially relevant for the coordination and referral of GBV cases that have cross-border elements due to their sensitive nature and the likelihood of linkages to migration, trafficking and political concerns. For these reasons, CSO actors often do not have formalized referral processes in place despite their expressed need to address this gap. It is crucial to note that in order to build trusted relationships with CSO actors, in-person and long-term contact are key elements which, due to time, funding and COVID-19 restrictions, was not always possible to establish throughout the (often remote) consultations with CSO actors.

## 3. Key Findings

### 3.1 Formal and Informal GBV Referral Mechanisms

A referral describes the process by which a GBV survivor is linked to professionals and/or institutions in order to receive specialized or additional services. This is directly linked to the multisectoral approach to GBV, which recognizes that GBV survivors may be in need of various services, such as specialized health care; mental health and psychosocial support; safety and security assistance; legal and justice support; and economic/livelihood support. A referral pathway refers to the mechanisms by which a service provider is able to reach survivors, provide available support to meet survivors' needs and refer survivors to other providers for any support the original provider cannot offer. For a

functioning referral pathway, it is crucial that all communications and collaborations among service providers are conducted safely, ethically and confidentially.

**Formal** referral mechanisms can be characterized as having written internal and interagency guidance documents (e.g. protocols, SOPs and referral pathways) in place that all participating agencies and stakeholders have agreed to. Because such a survivor-centred framework clearly defines roles and responsibilities, provides for regularly updated contact details and outlines the steps of the referral process, it provides the basis for effective referral coordination and, therefore, for quality and timely support and care for survivors. Particularly due to the complexity of survivors' needs, having clear protocols in place can help ensure best practices are followed and that international guiding principles are upheld throughout the process.

As outlined in the 'Practical Guide on Developing Standard Operating Procedures (SOPs) for a Coordinated Response to Violence against Women, including Women Migrant Workers',<sup>6</sup> SOPs are a formal, agreed-upon document that outlines specific procedures and agreements between the stakeholders participating in a coordinated GBV response system.

When referring to formal cross-border referral GBV pathways, coordination between stakeholders and the different levels of both national and local governments, including countries of origin and destination, must be taken into consideration in order to ensure a consistent approach in the implementation of laws and policies and the provision of services to survivors. The development of SOPs and MoUs has shown to be helpful in facilitating processes between government bodies to guide coordination and collaboration on transnational referrals. Note, however, that there are often gaps between formalized, written mechanisms and practical implementation.

In contrast, **informal** referral mechanisms are usually characterized by the lack of such documented agreements among stakeholders. While referrals may still take place, they usually happen based on personal relations and contacts. The informal nature of these contacts, lack of written agreements or clear direction and absence of established communication channels may impact organizations' sustainability and lead to the unclear division of tasks and confusion among service providers, which could lead to delays in service provision.

### **3.2 The Current Status of Cross-border GBV Referrals in Cambodia, Lao PDR, Myanmar, Thailand and Viet Nam among CSOs**

The following section presents the key findings from the desk-based research and consultations on the status of cross-border GBV referral<sup>7</sup> mechanisms in the target countries.

Based on currently available information and conducted consultations, CSOs in the respective target countries do not have any formal cross-border GBV referral mechanisms in place; GBV referrals across borders are currently conducted on an ad hoc basis through informal networks and relationships. This applies to cases of labour migration, forced displacement and victims of human trafficking, with the exception that for the latter, government agencies are usually involved. The overarching consensus among consulted CSOs was that depending on the individual case, relevant contacts and networks in the destination country were activated to connect the survivor to relevant services and agencies. Networks and links to service providers in the country of origin were often limited, if present at all.

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<sup>6</sup> UN Women 2021: A PRACTICAL GUIDE: Developing Standard Operating Procedures (SOPs) for a Coordinated Response to Violence against Women, including women migrant workers: <https://asiapacific.unwomen.org/en/digital-library/publications/2021/12/practical-guide-developing-standard-operating-procedures-for-a-coordinated-response-to-vaw>

<sup>7</sup> Ibid.



However, the target countries do have existing national mechanisms that can serve as the basis for establishing functional and effective cross-border GBV referral mechanisms, such as:

- Existing specialized actors providing GBV prevention and response services;
- Service mapping and service directories of GBV service providers;
- National GBV referral pathways;
- National and regional frameworks, such as SOPs and MoUs on GBV prevention and response;
- Willingness of actors to regularly engage in a network of GBV-specialized service providers; and
- Awareness of key gaps and challenges with transnational referrals.

Existing national formal mechanisms and informal cross-border referral procedures can be viewed as a foundational basis for creating formalized transnational ways to engage CSOs on cross-border GBV referral mechanisms.

Under the Safe and Fair programme, UN Women has created many of the foundational layers in terms of mapping service providers through the [Violence against Women Service Directory for Women Migrant Workers in the ASEAN region](#), which includes a list of the leading organizations that provide support to survivors of violence against women migrant workers in Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam (the list is published in all respective languages). Service providers in the directory include the health, police/justice, social, and labour sectors, including hotlines and shelters, thus providing a mapping of essential services for responding to the needs of women migrant workers subject to violence in ASEAN. Furthermore, the Safe and Fair initiative has facilitated multiple cross-countries exchanges and workshops to create the basis for more regular and systematic exchanges among service providers.

The regular exchange of information among service providers and regular updating of contacts and focal points are crucial elements for an effective cross-border GBV referral mechanism. Ideally, this takes place through coordination platforms on which key stakeholders engage in updating and exchanging information related to GBV services. CSO service providers have expressed the strong need to establish regular exchange and referral coordination mechanisms in order to improve service delivery.

While formal frameworks and MoUs on GBV Prevention and Response are limited, some of the countries under review do have formalized pathways and referrals for victims of trafficking in place (including MoUs between countries). These include Cambodia and Viet Nam(2005),<sup>8</sup> Lao PDR and Thailand (2005)<sup>9</sup> and Cambodia and Thailand (2019).<sup>10,11</sup> Moreover, the 'ASEAN Convention against Trafficking in Persons, Especially Women and Children' and the accompanying 'ASEAN Plan of Action Against Trafficking in Persons, Especially Women and Children' were signed in 2015. Other regional agreements between governments include the 'MoU on Cooperation against Trafficking in Persons in the Greater Mekong Subregion', which was signed by Cambodia, China, Lao People's Democratic

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<sup>8</sup>[https://www.ilo.org/dyn/natlex/natlex4.detail?p\\_lang=en&p\\_isn=93357&p\\_country=VNM&p\\_count=546&p\\_classification=23&p\\_classcount=11](https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=93357&p_country=VNM&p_count=546&p_classification=23&p_classcount=11)

<sup>9</sup> [https://www.ilo.org/asia/info/WCMS\\_160934/lang--en/index.htm](https://www.ilo.org/asia/info/WCMS_160934/lang--en/index.htm)

<sup>10</sup>[http://www.ilo.org/dyn/natlex/natlex4.detail?p\\_lang=en&p\\_isn=70625&p\\_country=THA&p\\_count=421&p\\_classification=23.02&p\\_classcount=4](http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=70625&p_country=THA&p_count=421&p_classification=23.02&p_classcount=4)

<sup>11</sup><https://www.business-humanrights.org/en/latest-news/cambodia-cambodia-thailand-sign-mou-on-strengthening-the-management-of-the-repatriation-and-reintegration-of-human-trafficking-victims/>



Republic, Myanmar, Thailand and Viet Nam<sup>12</sup> in 2004 and the ‘ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers’,<sup>13</sup> which was signed in 2017.

### 3.2.1 Cambodia

Cambodia displays a notable example of national-level coordination among GBV Prevention and Response service providers through its Technical Working Group on Gender-based Violence. The Technical Working Group is led by the Ministry of Women’s Affairs, with the participation of other ministries and national and international NGOs that represent GBV service providers, migration actors, disability actors and other relevant stakeholders. This group leads the development and implementation of the ‘National Action Plan to Prevent Violence against Women’, including the related joint annual work plan and reporting process. As part of the National Action Plan, the development of SOPs and referral pathways have included women migrant workers as a priority target group for ensuring inclusive access to GBV services. There are also GBV working groups at the provincial and district levels; coordination and collaboration between the levels could be improved. When cross-border coordination takes place, it is ad hoc, with no formalized mechanisms and support systems.

### 3.2.2 Lao PDR

The desk review and consultations conducted with UN, NGO and CSO stakeholders revealed that although Lao PDR has GBV working groups and a network of CSOs working on GBV prevention and response and policy frameworks at the national level, CSOs are often limited in terms of their political activities. This circumstance also affects collaborations between the government and NGO/CSO stakeholders. CSO consultations suggested that referral mechanisms between government and non-government actors often lack consistency and inclusive practices. Consultations further revealed that survivor-centred approaches are often not implemented in practice, often due to a lack of training, appropriate staffing and knowledge. These gaps become especially pertinent at provincial levels and border areas, where resources and capacities are even more limited and survivors’ needs are often overlooked. These gaps have direct implications for GBV cases that require cross-border coordination and collaboration. Consultations noted that collaboration and cooperation can be improved to ensure a more holistic, multisectoral response.

It has also become evident that CSO GBV service providers face great challenges in terms of funding. Some safe houses and shelters are only available for nationals, which puts women migrant workers in a blind spot of the support system. CSOs stated that the gaps in services and access challenges are exacerbated for migrant workers and victims of human trafficking due to increased stigma and vulnerability when seeking services abroad and upon return to Lao PDR. Stakeholders noted that survivor accounts of the difficulties with language barriers and social and financial insecurities in countries of destination further expose them to risks of violence and re-traumatization.

### 3.2.3 Myanmar

The coup in February 2021 in Myanmar coupled with the COVID-19 pandemic has escalated GBV risks and made access to GBV prevention and response services for women and girls at risk of GBV and GBV survivors more difficult. CSOs and women-led local organizations have often been the first responders to GBV in remote and hard-to reach border areas, but the multiple protracted crisis has negatively affected the work of CSOs due to security and safety risks and diminishing donor funding. Migrant workers face exacerbated risks not only abroad but also upon return the protracted crisis

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<sup>12</sup>[https://www.ilo.org/dyn/natlex/natlex4.detail?p\\_lang=en&p\\_isn=93359&p\\_country=KHM&p\\_count=165&p\\_classification=23&p\\_classcount=8](https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=93359&p_country=KHM&p_count=165&p_classification=23&p_classcount=8)

<sup>13</sup>[https://www.ilo.org/dyn/natlex/natlex4.detail?p\\_lang=en&p\\_isn=93359&p\\_country=KHM&p\\_count=165&p\\_classification=23&p\\_classcount=8](https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=93359&p_country=KHM&p_count=165&p_classification=23&p_classcount=8)

and humanitarian situation in Myanmar. In spite of crisis context, in Myanmar, the in-country coordination among GBV service providers has been reported to be working well due to the existing GBV coordination mechanism. Regular coordination meetings by national and subnational working groups and a referral pathway are updated regularly<sup>14</sup>. Moreover, standardized protocols, intake and referral forms are being used by GBV service providers and despite the informal nature, CSO networks are well connected on a national level as well as across the border to Thailand<sup>15</sup>. However, as mentioned above, such informal mechanisms – especially when these are the only mechanisms in place – are usually characterized by a lack of effectiveness and sustainability which directly impacts timely and quality service provision for survivors.

### 3.2.4 Thailand

Thailand has an extensive network of GBV prevention and response service providers, including national, women-led CSOs. While some CSOs work across borders (especially borders with Cambodia, Lao PDR and Myanmar), there are no formalized mechanisms for cross-border referrals in place. Rather, referrals for GBV survivors are usually made through informal networks and contacts that have been established between individuals and/or organizations. There are, however, a few formal national-level policy documents and mechanisms in place, including a service directory specifically for migrants. Further, National SOPs on violence against women specifically mention migrant workers and outline the roles and responsibilities of various stakeholders and service providers (including government authorities) are under development. While the SOPs outline key responsibilities and guiding principles, they do not specify a mechanism to conduct cross-border referrals. In addition to the SOPs, there is also an intake form and a specific COVID-19 and psychosocial assessment form, which may need updating to meet GBV guidelines in terms of safe and ethical data collection.

### 3.2.5 Viet Nam

In Viet Nam, CSOs' ability to acquire funding and to advocate for and provide inclusive services to GBV survivors was quite limited. Despite these constraints, some CSOs work on GBV prevention and response and, based on CSO consultations, have limited coordination opportunities with government services such as women's shelters under the Viet Nam Women's Union. Moreover, two of the organizations consulted, Hagar International and CSAGA, reported being part of the Global Network of Women's Shelters' app called [Lila.help](https://lila.help/), which provides a global directory of support services for GBV survivors.<sup>16,17</sup> However, the consulted CSOs also stated that their cross-border coordination with neighbouring countries on GBV referrals is limited due to the lack of established links and contacts with service providers. CSOs noted that cross-border coordination typically occurs only in cases of government service providers' involvement with the corresponding government agency in the country of destination/origin.

## 3.3 Promising Practices and Guidance Notes on Existing Cross-border Referral Mechanisms in Other Contexts

While there is a large number of global, regional and national recommendations and guidance notes available on supporting GBV survivors, there is a clear gap in terms of guidance on cross-border GBV coordination and formalized referral support and in terms of contextualized capacity training and

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<sup>14</sup> <https://sites.google.com/view/myanmargbvcwg/referral-directory>

<sup>15</sup> Consultations with CSOs in Myanmar and Thailand, see Annex.

<sup>16</sup> <https://gnws.org/>

<sup>17</sup> <https://lila.help/>

localized and practical approaches for service providers to respond to women migrant workers or other cases of GBV with cross-border elements.

The following examples of cross-border referral guidance, including some resources focused on child protection, serve as useful resources with elements that can be adapted and replicated for developing a cross-border GBV referral mechanism for the target countries in the Mekong Region (see the References section for additional resources):

- 1) Launched in 2017, the **Regional Safe Spaces Network** is an inter-agency coordination mechanism that was developed in the Americas region with the support of the United Nations High Commissioner for Refugees' Regional Legal Unit of the Americas Bureau. In consultation with partners and communities, the Network focuses on improving access to services for GBV survivors, victims of trafficking, children at risk, and lesbian, gay, bisexual, transgender, intersex and other persons with protection needs. The Regional Safe Spaces Network has developed common standards and tools to promote cross-border coordination in the region.<sup>18</sup> These tools standards and tools serve as an excellent template for developing cross-border GBV referral guidance and SOPs in other contexts.
- 2) Focused on West Africa, '**Children on the Move: From protection towards a quality sustainable solution**', a practical guide for professionals, outlines key steps to ensure a holistic approach to supporting children across borders and to support practical coordination among a network of transnational service providers. The guidance and recommendations are based on a fundamental set of principles that international and non-governmental organizations agreed upon in 2016. Similar to the Mekong context, it has been recognized that there is not enough transnational collaboration related to the protection of migrant children; key stakeholders and service providers often do not collaborate across borders. "Transnational cooperation (including migration management) is the prerequisite for a holistic, durable and child rights-centred care approach. Unfortunately, professionals within countries often lack sufficient training in international and transnational laws on children on the move (and don't have the mandate to work transnationally); let alone how to implement them."<sup>19</sup>


The lack of collaboration and common standards within the region led ISS Switzerland to develop an eight-step model with local partners and concrete measures for the transnational care of children between several countries in West Africa. As a result of the increased collaboration, an inter-country referral mechanism, recognized by national and regional authorities as the West Africa Network for the Protection of Children ([www.resao.org](http://www.resao.org)), has been developed. 'Children on the Move' could serve as an excellent template to create a similar guidance note focused on GBV survivors.

- 3) '**Cross-Border Care, Safety and Risk Mitigation for Child and Adolescent Survivors on the Move: Practical Guidance for Front-line Services and Workers**', developed by the GBV Area of Responsibility (AoR) Helpdesk, maps out key steps and components for supporting child and adolescent GBV survivors in transit. It provides crucial information on facilitating cross-border continuity of care for GBV survivors, which needs to be based on efficient and effective cross-border communication and coordination mechanisms among service providers. Such mechanisms ideally work with established service mappings and referral pathways in place.
- 4) '**A Practical Guide: Developing Standard Operating Procedures (SOPs) For A Coordinated Response To Violence Against Women, Including Women Migrant Workers**', also created under the Safe and Fair initiative, provides key recommendations for developing SOPs and coordinated responses to GBV, including for migrant workers who have been subjected to

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<sup>18</sup> <https://rdsn-americas.org/about/about-the-rdsn>

<sup>19</sup> International Social Services, Children on the Move: From protection towards a quality sustainable solution. 2017. P. 20.



GBV. The guide is an essential resource for establishing formal GBV referral mechanisms in transnational contexts. It provides clear explanations of essential elements of an SOP on effective GBV prevention and response coordination, a how-to guide on each step of the process, templates and sample referral pathways.

- 5) **'16 Essentials for Quality Multisectoral Service Provision to Women Migrant Workers Subject to Violence'**, also developed by the Safe and Fair Programme, outlines fundamental elements that need to be in place to ensure a coordinated and quality response to violence against women migrant workers. From ensuring accessibility to data collection and the different roles of service providers, the brief serves as a guide for GBV service providers with specific considerations for the heightened vulnerabilities of women migrant workers. It also highlights the need for cross-sectoral coordination and the importance of increased collaboration between sending and receiving countries through regional, multilateral and/or bilateral agreements.
- 6) **'Cross-Border Protection of Children on the Move in East and Southern Africa: A quick reference guide for bilateral coordination'** is a practical guide on setting up a government-led cross-border coordination mechanism for the protection of unaccompanied or separated children who are in situations of migration or displacement. The guide acknowledges the complexity of legal policies, stakeholders and their coordination in cross-border contexts and the importance of functioning national and cross-border referral pathways in order to protect children on the move. Many elements of the guide can be contextualized and adapted to the Mekong region and for GBV survivors. The good practices outlined correspond to the need and gaps that have been observed and reported by CSO service providers in the target countries, such as regular and needs-based coordination meetings among key stakeholders and for horizontal (across different departments and stakeholders) and vertical (from local to national level) communication and SOPs between countries.

## 4. Recommendations

Based on the above challenges, gaps and the reviewed resources, in order to develop effective cross-border GBV referral mechanisms, the following key recommendations can be made:

- 1) Develop cross-border referral guidance notes by adapting existing relevant guidance to the target countries in the Mekong region with contextualized sections, including on migration;
- 2) Establish a transnational network, including setting up regular coordination and referral platforms among CSO stakeholders and enhancing interagency coordination among relevant actors such as local, national and international CSO service providers, government agencies, NGOs, UN agencies and donors;
- 3) Facilitate the development of SOPs on GBV cross-border referrals where appropriate;
- 4) Deliver capacity-building training to GBV service providers, especially along border areas, on best practices related to cross-border GBV referrals; and
- 5) Raise awareness among key populations, including healthcare workers, government officials and community members, on safe migration and GBV prevention and response services.

These recommendations will be further elaborated and expanded in an upcoming training guidance note and based on the results of an upcoming pilot training with CSO stakeholders.

## 5. References

- 16 Essentials for Quality Multisectoral Service Provision to Women Migrant Workers Subject to Violence. UN Women Asia Pacific Regional Office. 2019.  
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## 6. Annex

### 6.1 Organizations and Stakeholders Consulted

#### Cambodia

1. Cambodian Women’s Crisis Centre
2. Child Helpline Cambodia
3. CHABDAI
4. Legal Support for Women and Children
5. Cambodian Human Rights and Development Association
6. Transcultural Psychosocial Organization Cambodia
7. Damnok Toek/Goutte d’Eau
8. Legal Aid Cambodia (LAC/Namati)
9. Banteay Srei
10. 3PC Partnership/Friends International

## Lao PDR

1. Association for Development of Women and Legal Education
2. Care International (CI)
3. Gender Development Association
4. Sustainable Asa Mobilizing Development Association (SAMDA)
5. Sengsawang
6. Village Focus International
7. Winrock International

## Myanmar

1. Anonymous
2. Anonymous

## Thailand

1. Freedom Restoration Project
2. Friends International
3. Homenet/Foundation for Labour and Employment Promotion (FLEP)
4. MAP Foundation
5. Migrant Women Project
6. Raks Thai Foundation
7. Suwannimit Foundation

## Viet Nam

1. Blue Dragon Children's Foundation
2. Center for Studies and Applied Sciences in Gender (CSAGA)
3. Hagar International
4. Institute for Social Development Studies
5. One Stop Shop/Centre for Women and Development
6. Viet Nam Women's Union

## Other regional organizations and stakeholders:

1. International Labour Organization country office Lao PDR
2. International Rescue Committee Thailand
3. International Organization for Migration
4. Lawyers Beyond Borders
5. United Nations Population Fund Myanmar
6. UNICEF Thailand

## Desk Review: Gender-based Violence Cross-Border Referral Systems along the Humanitarian-Development Nexus in the Mekong Region (Cambodia, Lao PDR, Myanmar and Viet Nam)

The joint ILO-UN Women Safe and Fair Programme: Realizing women migrant workers' rights and opportunities in the ASEAN region (part of the multi-year EU-UN Spotlight Initiative to Eliminate Violence Against Women and Girls) undertook a qualitative study involving potential and returned women migrant workers in four countries of origin in the ASEAN region – Cambodia, Indonesia, Myanmar, and the Philippines. The study covers intra-ASEAN labour migration, including women who intended to migrate to, or had just returned from, Malaysia, Singapore, or Thailand. The study provides insight into women migrant workers' use of mobile phones, and how women migrant workers could access more accurate information throughout the migration process and increase their connections with peers.

The Spotlight Initiative is a global, multi-year partnership between the European Union and the United Nations to eliminate all forms of violence against women and girls by 2030. It is the world's largest targeted effort to end all forms of violence against women and girls. Launched with a seed funding commitment of €500 million from the European Union, the Spotlight Initiative represents an unprecedented global effort to invest in gender equality as a precondition and driver for the achievement of the Sustainable Development Goals. As a demonstration fund for action on the Sustainable Development Goals, the Spotlight Initiative is demonstrating that a significant, concerted and comprehensive investment in gender equality and ending violence can make a transformative difference in the lives of women and girls.

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