WE ACT

to combat Gender Based Violence against migrant population

Recommendations for improving detection and care relating to GBV among women and children in the migrant population

FEBRUARY 2020

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DICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT दुनिया के
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RELD MÉDICOS DO MUNDO MÉDICOS DEL MUNDO 世界の医療団 ÄRZTE DER WELT

DOKTERS VAN DE WERELD
MÉDECINS DU MONDE
European Union

Picture: MdM nurse in the Asylum Seekers' Reception Centre in Zagreb, Croatia (credits: Renato Pejkovic)

European Union

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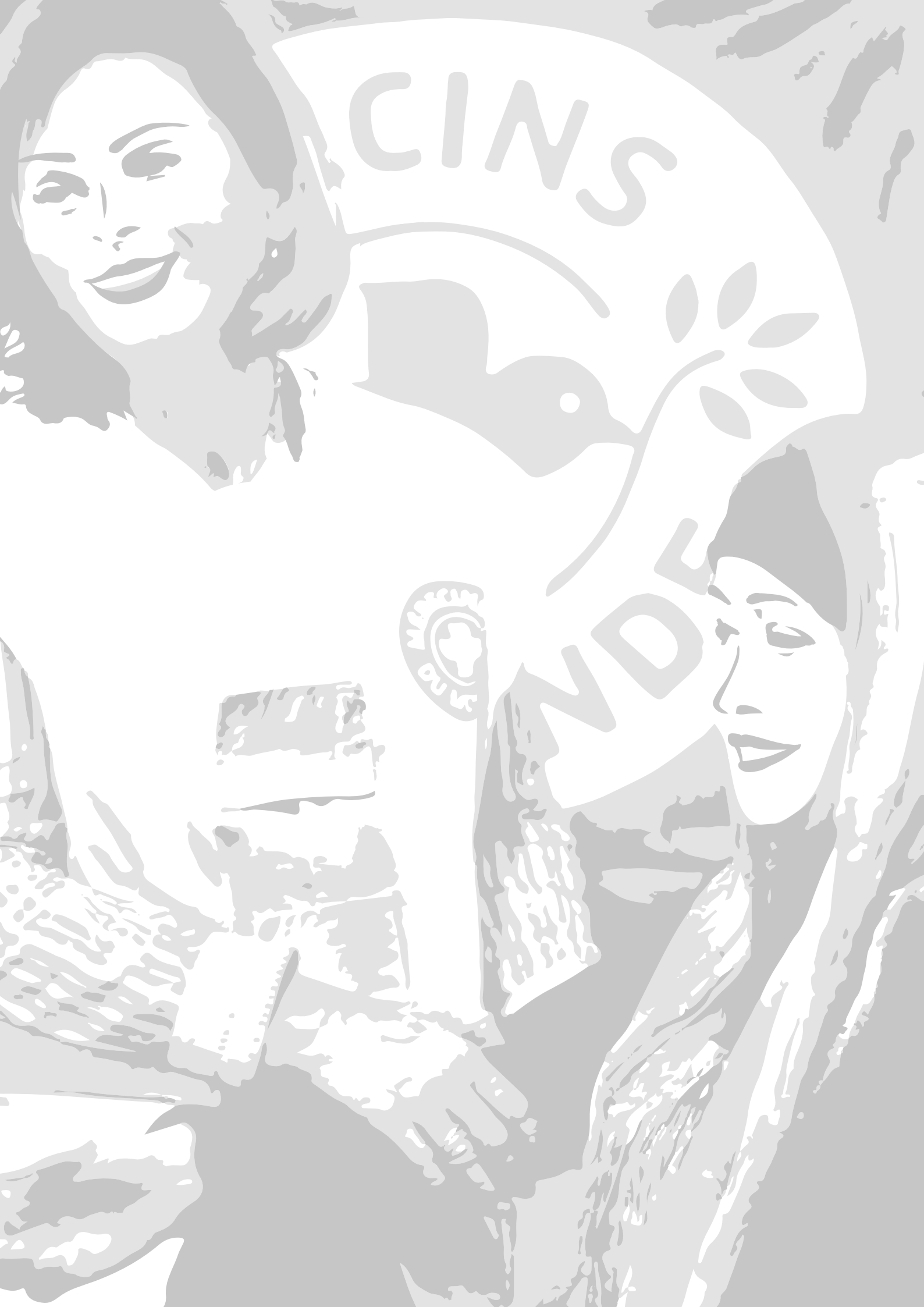
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Executive Summary

Even though the right to health is an affirmed human right - defined in Article 25 of the Universal Declaration on Human Rights of 1948 - the welcoming crisis European countries are experiencing is putting migrants' and refugees' health at risk. Common law restricts access to healthcare facilities and services for illegal migrants. But even when their rights are ring-fenced in legally binding texts, reality reveals a lack of available social, medical and legal services, preventing migrants from being able to fully benefit from their human right to health. To take but one example, housing opportunities are dramatically lacking. Such a situation represents a barrier in the fight against GBV, as it does not allow protection of GBV survivors or of people at risk of suffering from GBV to be effective.

Médecins du Monde is an international non-governmental organization advocating for universal access to healthcare, it works at enabling excluded individuals and their communities to access health. To do so, it provides care, bear witness and support social change through medical programmes and evidence-based advocacy. In accordance with its goals and values, Médecins du Monde France and Médecins du Monde Belgium carried out the project WE ACT. This programme is funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020). It aims at empowering women and children from the migrant populations to take action against gender based-violence (GBV).

As part of WE ACT, MdM France - through its actions in France, Bulgaria and Italy and MdM Belgium - in Belgium and Croatia - provided answers to improve prevention as well as care delivered to GBV survivors among the community of women and children migrants and refugees. Several activities were implemented during the 18 months of the project, such as: awareness raising of the European society of the topic of GBV, through symposium and conferences for instance, creation of networks to improve the cooperation among GBV stakeholders, mapping of the services for women and children migrants and refugees GBV survivors, and development of coordination mechanisms to improve the existing mechanisms. Also, for the purpose of capacity building, training of professionals and cultural mediators was carried out. Psychosocial workshops, information sessions, medical and psychological consultations are some examples of actions carried out as part of the reachout and empowering operations.

This publication aims at sharing what MdM experienced throughout the implementation of the project and spread lessons and good practices taken from the prevention, detection and care activities. Indeed, capitalisation of knowledge, methodologies, practices and tools can benefit the whole community of stakeholders involved in a dignified welcoming of migrants in the EU.

This publication divides actions taken into “prevention”, “detection” and “care” activities. Regarding prevention of GBV, advocacy activities appear to be fundamental. They need to be targeting state authorities, European civil society and the community of migrants and refugees, through adapted channels of communication. The participation of GBV survivors in the design of awareness raising campaigns is valuable. Developing trustful relationships is essential for a service provider to identify situations of GBV. Also, reminding the definition of GBV, a concept often wrongly perceived as limited to domestic and sexual violence and as superfluous issue by many, it is essential to better detect GBV survivors. Training should be delivered to all stakeholders on a regular basis. They are also crucial to improve the care of survivors. For such activities, coordination among all actors enables a holistic care, taking all social determinants of health into account. By doing so, recovery and empowerment are promoted, as the beneficiary is treated in a dignified and humanized manner.

After having implemented this programme, MdM would recommend programmes to be more inclusive and gender sensitive, allowing direct participation of the beneficiaries. If they have the chance to express their actual needs, projects carried out would be more efficient to fight against GBV issues. Moreover, establishing evaluation frameworks could also be useful. It could foster the development of adapted public policies and raise global awareness on GBV.

Regarding the role of the EU as a key actor, it should promote a coordinated strategy among all stakeholder to better protect human rights at the European level. Moreover it should remodel the migration policies in order to better tackle GBV issues. As an example, undocumented migrants survivors of GBV should have access to healthcare, accommodation and protection in order to enable them to excercie their rights and seek justice, if they are willing to.

II.

List of Acronyms

CAT	Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
CEDAW	UN Convention on the Elimination of All Forms of Discrimination against Women
CPVS	Centre de Prise en charge des victimes de Violences Sexuelles
DGJ	Directorate-General for Justice and Consumers of the European Commission
EU	European Union
FGM	Female genital mutilation
GBV	Gender-based violence
GP	General practitioner doctor
IOM	International Organization for Migration
MdM	Médecins du Monde
MDM - BU	Médecins du Monde – Bulgaria
MdM - BE	Médecins du Monde – Belgium
MdM - CR	Médecins du Monde – Croatia
MdM - FR	Médecins du Monde – France
MdM - IT	Médecins du Monde – Italy
NHS	National Health Service
RRC	Registration and Reception Camps
SAR	Stage Agency for Refugees
GBV	Gender-based violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNCHR	UN Refugee Agency
WE ACT	Empowering Women and ChildrEn in the migrant population to take ACTion against sexual and gender-based violence
WRC	Women Refugees Commission

III.

Introduction

According to the International Organization for Migration, more than a million migrants came to Europe in 2015. The European countries faced and are still facing trouble dealing with these arrivals, even though it is worth reminding that worldwide, there were 244 million migrants in 2015 and that most of the migration flows occur in the South, across developing countries[1].

Migrant workers represent a large majority of the total amount of international migrants. Usually, they do not suffer from serious health issues when leaving their country[2]. However, other migrants, fleeing their homeland because of natural disasters, human rights violations, violence or conflict might be experiencing physical and/or mental health issues when getting under the migration way.

During their migratory journey, migrants see their state of vulnerability increasing, no matter of the reasons that drove their departure. They have to cope with unstable and tiring conditions of living, adapt to unknown environments and cultural practices and are very often more isolated. It makes them more likely to experience violence. This latter can be physical, physiologic, economic, sexual, caused by civilians, by armed groups or even by public authorities. As an example, almost all migrants passing through Libya are subject to violence. In 2017, the UNHCR interviewed refugees and migrants staying in Libya and among them, 88% reported having suffered from a form of ill-treatment[3]. Many are confined, waiting for the next step of their itinerary. During that time, they might suffer from a lack of basic items such as water and food, live in overcrowded spaces and be compelled to forced labour or subjected to sexual exploitation as documented by Amnesty International[4]. Moreover, as foreigners, their access to healthcare might be limited. To keep going with the example Libya, health infrastructures were severely damaged during the conflict, there is a general lack of health professionals and equipment. In addition, local hospitals demand extra money to deliver health care to foreigners, thus creating a barrier to migrants' access to healthcare[5].

1 'IOM Releases Global Migration Trends 2015 Factsheet', *International Organization for Migration*, 2016 https://www.iom.int/news/iom-releases-global-migration-trends-2015-factsheet [accessed 7 February 2020].

2 Migration and health: social determinants and migrant health, living conditions, migrations conditions, exposure to violence, problems accessing healthcare. Quali-quantitative survey in Niger, Tunisia and Morocco" 2017-2018. Médecins du Monde Belgium. https://medecinsdumonde.be/system/files/publications/downloads/MdM%20rapport_enquete%20Migrant_FA_JUIN_2019_DEF_LOWRES_FR.pdf

3 Women's Refugee Commission, '"More Than One Million Pains": Sexual Violence Against Men and Boys on the Central Mediterranean Route to Italy', 2019 https://www.womensrefugeecommission.org/images/zdocs/Libya-Italy-Report-03-2019.pdf

4 'Refugees and Migrants Fleeing Sexual Violence, Abuse and Exploitation in Libya', *Amnesty International USA* https://www.amnestyusa.org/press-releases/refugees-and-migrants-fleeing-sexual-violence-abuse-and-exploitation-in-libya/ [accessed 7 February 2020].

5 John Zarocostas, 'Libya: War and Migration Strain a Broken Health System.', *Lancet (London, England)*, 391.10123 (2018), 824.

Consequently, the migrants' health is very likely to deteriorate during their journey. Health is also a great challenge to be taken up when migrants reach European territories. After what they have experienced on the road to Europe, migrants are in need of physical, and above all, mental health care. Among the migrants and refugees assessed by Médecins Sans Frontières in Italy from 2014 to 2015, 50% were diagnosed with mental health issues[6]. A holistic approach to their state of health is essential to guarantee their human rights and help them better integrate in the European society. Yet because of their status of migrant, especially if they are undocumented, they face many barriers - from administrative to linguistic and cultural - to access healthcare. Moreover, reception arrangements upon their arrival in Europe can also negatively impact their health. They do not always have access to a shelter or to resources which would help them meet their basic needs. In december 2018, the World Health Organization released a publication on: the "*Report on the health of refugees and migrant in the WHO European Region - No public health without refugee and migrant healt*h"[7]. It raises awareness on the challenges faced by migrants to have access to effective human rights in terms of health. The WHO calls for universal social protection, that is to say to stop conditioning access to healthcare on the nationality of beneficiaries. It also urges to combat racism and stigmatization of refugees and migrants through raising awareness actions and intense communication with both the host populations and the migrants and refugees communities.

Indeed, the violence migrants are exposed to during their journey have negative impacts on their state of health. Social factors have a great impact on health and this is designated under the term of "social determinants of migrant health[8]". It is worthily analysing the violence that migrants suffer from a gender perspective, in order to provide adapted care to the survivors specific needs and better prevent it from occurring. Studies conducted by different NGOs reveal that on the one hand men are more likely to be exposed to physical violence carried out by groups using firearms, in public places[9]. On the other hand, women are more exposed to sexual violence occuring in more private areas, with less perpetrators involved. Among the refugees and migrants interviewed by the UNHCR and CeSPI in Italy in 2017 female respondents were six times more likely to have suffered from sexual abuse or exploitation than men[10].

GBV are perpetrated all over the world, regardless of the political and socio economic context. They have consequences on the physical and psychological health of the person who suffers from violence, as well as on his or her social environment. The Inter Agency Standard Committee defines Gender Based Violence as "an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private[11]". GBV encompass different types of violences, as for example: forced marriages, female genital mutilation (FGM), sexual assaults, including rapes, beattings, "honour" crimes, psychological violences, such as harassments, deprivation of food, lack of access to services, as schools or

6 31% were diagnosed with post)traumatic disorder and 20% with depression, Op Cit

7 World Health Organization, *Report on the Health of Refugees and Migrants in the WHO European Region -No PUBLIC HEALTH without REFUGEE and MIGRANT HEALTH* (World Health Organization, 2018) https://apps.who.int/iris/bitstream/handle/10665/311347/9789289053846-eng.pdf?sequence=1&isAllowed=y&ua=1

8 Migration and health: social determinants and migrant health, living conditions, migrations conditions, exposure to violence, problems accessing healthcare. Quali-quantitative survey in Niger, Tunisia and Morocco" 2017-2018. Médecins du Monde Belgium.

9 Women's Refugee Commission, '"More Than One Million Pains": Sexual Violence Against Men and Boys on the Central Mediterranean Route to Italy', 2019 https://www.womensrefugeecommission.org/images/zdocs/Libya-Italy-Report-03-2019.pdf

10 CeSPI, UNHCR, *ERITREAN, GUINEAN AND SUDANESE REFUGEES AND MIGRANTS IN ITALY*, p64 January 2019 https://www.refworld.org/pdfid/5c667ab84.pdf

11 CeSPI, UNHCR, *ERITREAN, GUINEAN AND SUDANESE REFUGEES AND MIGRANTS IN ITALY*, p15 January 2019 https://www.refworld.org/pdfid/5c667ab84.pdf

doctors, etc. At the European level, in 2011, the Council of Europe adopted the *Convention on Preventing and Combating Violence against Women and Domestic Violence*, better known as the Istanbul Convention**.** This Convention aims to prevent violence, to protect victims, and to end the impunity of perpetrators. It acknowledges on its preambule that equality between women and men "is the key element in the prevention of violence against women". The Convention also mentions that "women and girls are exposed to a higher risk of gender-based violence than men". Therefore, GBV is a violation of human rights and a public health issue.

Médecins du Monde, as a non-governmental organization dedicated to fight for universal access to healthcare, and working at enabling excluded individuals and their communities to access health, aims to fight against all kind of violence and discrimination. Thus, one of its priority cross-cutting thematic areas is GBV. MdM is an international non-governmental organization working in sixty five countries worldwide. It provides care, bear witness and support social change through medical programmes and evidence-based advocacy. Médecins du Monde was founded in France in 1980. In Belgium, it was created in 1996, as part of the MdM international network. In order to promote universal access to healthcare, it developed different programmes focused on the migrant population throughout Europe.

The WE ACT project - "Empowering Women and childrEn in the migrant population to take ACTion against sexual and gender-based violence" - was launched in September 2018 for the duration of 18 months. It is funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020), through the Directorate-General for Justice and Consumers of the European Commission. Through this project, MdM-FR and MdM-BE joined their experience and knowledge in order to improve detection and care of GBV among migrant population in Belgium (Brussels region), Bulgaria (Sofia and Harmanli), Croatia (Zagreb and Kutina), France and Italy (Rome and Calabria). The WE ACT has the following goals: (1) enhancing coordination between all staff members of the reception systems to better identify and integrate children and women migrants and refugees facing GBV into the national systems; (2) build the capacities of professionals to provide children and women sub-mentioned with support through multidisciplinary and holistic approaches; (3) empower women and children migrants and refugees facing risks of GBV to access support services. To achieve these goals, the project implemented prevention and awareness raising activities aimed at the society in general, and developed coordination and tools with and for GBV stakeholders, and carried out capacity reinforcement activities such as training and experience sharing. Outreach and fieldwork activities were also proposed to the beneficiaries of the project. This project adapted its approach specifically to GBV survivors and primarily focused on their empowerment and on developing coping mechanisms to support the survivors overcoming their violent experiences.

This publication aims at sharing the experiences, lessons learned and best practices of the WE ACT project. It starts with a description of each country's context. The section regarding the implementation of activities is divided in three main parts: prevention, detection of GBV and care of GBV survivors. Reading this document, one has to be aware that in practice, the line between different boxes is very thin and that some activities carried out can be classified in several categories. At last, this document also offers recommendations for future programming, for authorities and main actors in the respective countries of implementation, and for the European Union.

IV.

General context

A | ITALY

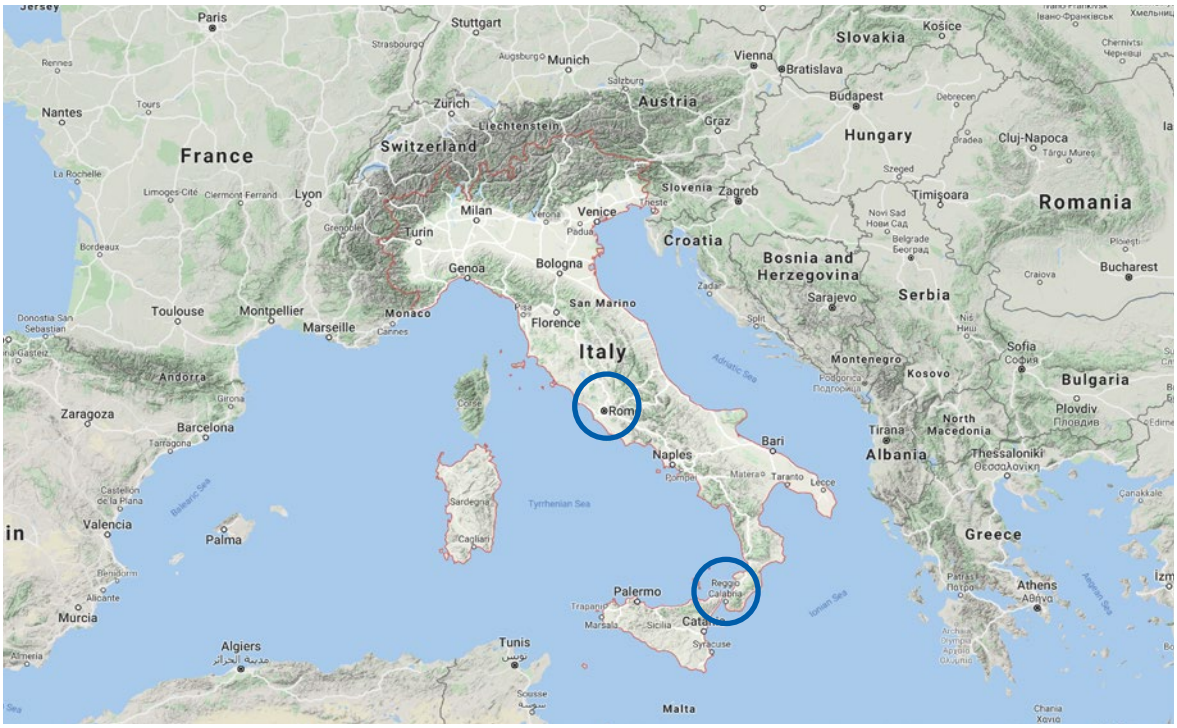

Figure 1: Médecin du Monde working with migrants in Italy

Médecins du Monde - France has been active in Italy since 2015, with its first intervention in Calabria, aimed at improving the access to health for migrants, asylum seekers and refugees at the port upon disembarkation and in the so-called first and second reception centres. During 2018 and 2019, the mission extended its interventions to Sicily and Lazio, in particular in Rome, with a programme aiming at reaching migrants outside the reception system. The main objective of all these interventions is to strengthen the existing health system and support local civil society organizations regarding the management of the health of migrants (including mental health), while paying particular attention to the health of women and GBV.

MdM in Italy does not provide direct healthcare to migrants but implements programmes aimed at strengthening existing health and psychosocial services and local civil society organzations. It is therefore not the core activity of MdM to directly prevent, identify and take care of GBV cases, but the activities carried out contribute to the optimal success in that aspect of the services and activities provided by the GBV stakeholders network.

Political overview

The Italian political situation is currently decidedly fragile. In fact, following the last elections of 2018, no coalition or party has obtained the majority necessary to govern autonomously. A first government was formed by the 5 stelle populist party together with the right-wing League party.[12] Following the formation of this government, policies regarding immigration were tightened[13] and a strong climate of mistrust and racism came to be established[14].

However, the government collapsed during the summer of 2019 following an internal crisis.[15] A new government was formed by the 5 stelle with the left-wing Democratic Party (PD) party in September 2019. However, to date there have been no significant changes in the management of migration flows and inclusion policies. [16] Corruption within the political system remains significant, and arrests are frequent in all Italian regions. In many cases, the management of migrants has even been the subject of scandals and convictions against public administrators and politicians due to strong infiltrations of organized crime.

Economic outline

Italy has a major advanced capitalist mixed economy, ranking as the third-largest in the Eurozone and the eighth-largest in the world. It is regarded as one of the world's most industrialised nations and a leading country in world trade and exports. However, many structural and corruption problems have caused Italy to be strongly affected by the economic crisis.[17] The political efforts to revive growth with massive government spending eventually produced a severe rise in public debt that stood at over 131.8% of GDP in 2017, ranking second in the EU only after the Greek one.[18] Italy's

12 Jason Horowitz, 'Italy's New Populist and Anti-Establishment Government Is Sworn In', The New York Times, 1 June 2018, section World https://www.nytimes.com/2018/06/01/world/europe/italy-government-populist.html [accessed 7 February 2020].

13 'Italy's Salvini Gets Win with New Asylum and Security Rules', *Reuters*, 29 November 2018 https://www.reuters.com/article/us-italy-politics-immigration-security-idUSKCN1NY1JN [accessed 7 February 2020]

14 Iunaria, 'Cronache Di Ordinario Razzismo - Rassegna Stampa Aprile-22 Ottobre 2018', 2018 http://www.cronachediordinariorazzismo.org/wp-content/uploads/0RASSEGNASTAMPA_MIGRAZIONIELOTTALRAZZISMOAPRILE_OTTOBRE2018.pdf

15 [1] Angela Giuffrida, 'New Italian Government Wins Vote of Confidence in Lower Parliament', *The Guardian*, 9 September 2019, section World news https://www.theguardian.com/world/2019/sep/09/italys-pm-coalition-will-renew-citizens-faith-in-government [accessed 7 February 2020].

16 'Anti-Migration Deal between Italy and Libya Renewed' https://www.aljazeera.com/news/2019/11/deal-curb-migrant-arrivals-italy-libya-renewed-191102122821537.html [accessed 7 February 2020]

17 Roberto Orsi, 'The Quiet Collapse of the Italian Economy', *Euro Crisis in the Press*, 2013 https://blogs.lse.ac.uk/eurocrisispress/2013/04/23/the-quiet-collapse-of-the-italian-economy/ [accessed 7 February 2020].

18 eurostat, *Nesrelease Euroindicators -First Quarter of 2014 Compared with Fourth Quarter of 2013*, 22 July 2014 https://web.archive.org/web/20141021162159/http:/epp.eurostat.ec.europa.eu/cache/ITY_PUBLIC/2-22072014-AP/EN/2-22072014-AP-EN.PDF

economy comprises a developed industrial north, dominated by private companies, and a less-developed, highly subsidized, agricultural south, with a legacy of unemployment and underdevelopment. A gaping North–South divide is a major factor of socio-economic weakness. The richest province, Alto Adige-South Tyrol, earns 152% of the national GDP per capita, while the poorest region, Calabria, earns 61%. The youth unemployment rate (31.7% in March 2018) is extremely high compared to EU standards.[19]

Legislative framework

On 10 June 1985, Italy ratified the UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) – which defines what constitutes discrimination against women and sets up an agenda for national action to end such discrimination.

Italy has also ratified various international conventions condemning female genital mutilation (FGM)[20], including the *Universal Declaration of Human Rights* (UDHR) and the *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment* (CAT).

It must be highlighted that during the drafting of the Istanbul Convention, Italy proposed several amendments to limit the requirements provided by the Convention. Concerning national legislation, the Italian Constitution states that health is a basic right for every person without any discrimination and access to health coincides with the interest of the society as a whole. The organization of the Health System is now under the responsibility of individual regions and autonomous provinces according to the Agreement of the Conference State-Regions-Public administration signed on 20 December 2012. Foreign citizens who are illegally present in Italy are assigned an identification code, called the "STP" (Temporarily Present Foreigner), which enables access to emergency healthcare, general medical care and maternal and child health services. It is valid for 6 months and is renewable. The access to health facilities by undocumented foreign nationals in Italy does not entail the reporting to the police authorities, unless the reporting is compulsory by law. As for foreign citizens residing in Italy, they must register with the national health system to be able to enjoy the same treatment as Italian citizens.[21]

Focus on GBV and criminal law

Italian national legislation to prosecute violence against women is extensive, covering domestic violence, sexual violence, violence against minors, FGM, stalking and trafficking of human beings. Law No 38/2009 introduced the crime of stalking in the Italian legal system. The 2001 law on domestic violence (154/2001) covers all family members suffering from physical and psychological violence. Since 2006, there is a special criminal law provision concerning FGM (Law No. 7/2006).

Therefore, the regulatory framework and documents codifying the principles for the access to health by migrants, asylum seekers, refugees, and among them GBV survivors, are wide. However, many identified barriers prevent access to effective and appropriate health and psychosocial care as well as legal support. Indeed, according to the 2015 Italian National Institute of Statistics report, almost 1 in 3 women in Italy have disclosed physical and/or sexual violence; and the percentage of women aged 16-70 that are victims of some form of violence is 31 % (20 % physical violence and 21 % sexual). Moreover, during 2018, there were 1.660 victims of human trafficking in Italy, with ever more minors falling victims to the phenomenon.[22]

19 Istat, *Anno 2015 CONTI ECONOMICI TERRITORIAL*, 12 December 2016 https://web.archive.org/web/20171026054135/https:/www.istat.it/it/files/2016/12/Conti-regionali_2015.pdf?title=Conti+economici+territoriali+-+12%2Fdic%2F2016+-+Testo+integrale+e+nota+metodologica.pdf

20 In 2014, EIGE estimated that there are 35 000 women victims of FGM in Italy.

21 Ministero della Salute, *Salute: Un Diritto per Tutti l'assistenza Sanitaria in Italia*, 2011 http://www.salute.gov.it/imgs/C_17_opuscoliPoster_203_ulteriorallegati_ulteriorealleg ato_3_alleg.pdf

22 '1,660 Trafficking Victims in Italy, Says Save the Children', *InfoMigrants*, 2019 https://www.infomigrants.net/en/post/18450/1-660-trafficking-victims-in-italy-says-save-the-children [accessed 7 February 2020]

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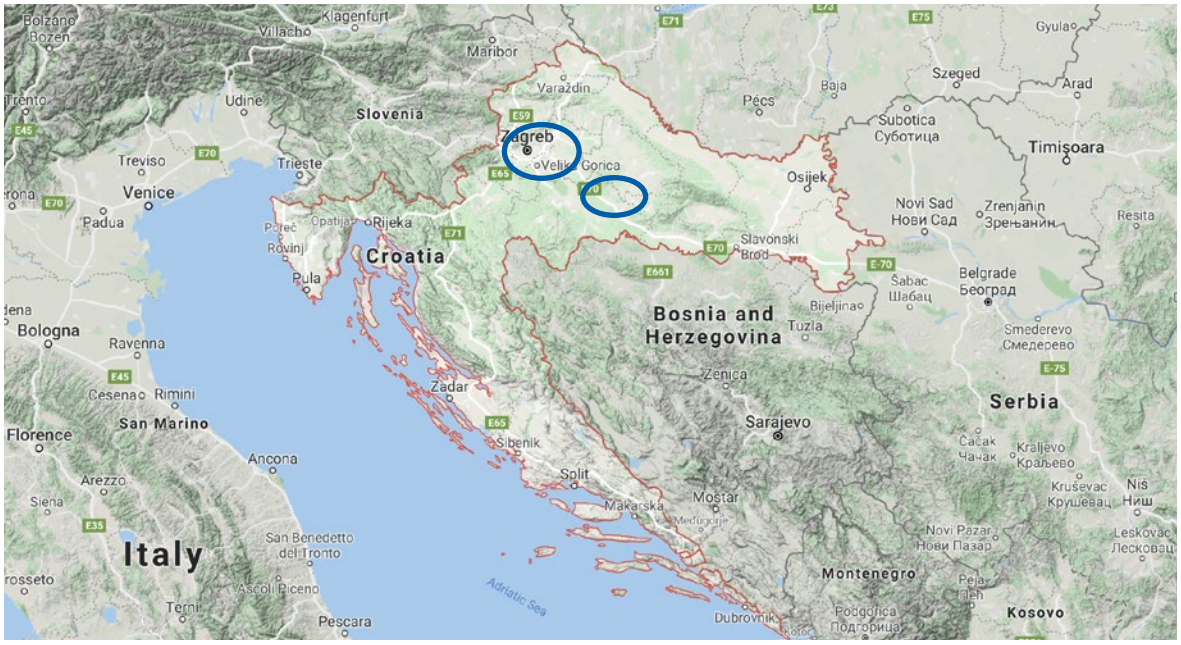

Figure 2: Médecins du Monde working with applicants for international protection in Croatia

After signing a Memorandum of Understanding with the Croatian Ministry of Health and Ministry of the Interior, in August 2016, Médecins du Monde -Belgium started to provide direct healthcare in the two Croatian asylum seekers' reception centres - in Zagreb and Kutina. The activities are aimed at ensuring access to health consultations and treatment at the primary health care level for applicants for international protection in the said reception centres. In addition, MdM promotes mental health of applicants for international protection by organizing individual psychological counselling and psychotherapy at the reception centres and facilitating access to mental health professionals / psychiatry specialists.

With general practitioner, nurse and interpreters, MdM team in Croatia carries out, on a daily basis, primary health care consultations in Zagreb and Kutina and conducts official initial medical screening of newly arrived applicants for international protection. With psychologists and psychiatrists MdM team offers individual psychosocial/psychotherapy on daily basis and psychiatrist consultations three times per month. In order to ensure provision of an all-inclusive assistance and care, the workers of MdM also provide information, guidance and practical support to both applicants for international protection and refugees in accessing their rights to health care (i.e. accompanying patients to medical institutions when being referred to specialist examinations / diagnostics procedures thus helping them navigate the system and overcome language barriers). during referrals to medical diagnostics/specialist health services). In 2019, MdM conducted 3.556 health consultations and 1.200 psychosocial consultations with applicants for international protection, and accompanied 867 referrals to health care institutions. Apart from direct healthcare provision and with the objective to advocate for a more inclusive, integrated and effective public health care framework/access mechanisms for applicants for international protection in Croatia, MdM in Croatia published the following reports: "Invisible emergencies? - Physical and mental health needs of asylum

seekers in Croatia with a special focus on (pregnant) women and children" (January 2018); "Croatia - Hidden (human) faces of European Union's Dublin Regulation from a health perspective" (July 2018); and "Nearing a point of no return? : Mental health of asylum seekers in Croatia".

Among the migrant population, MdM in Croatia decided to focus on applicants for international protection because persons under international protection are entitled to a larger set of rights (nearly similar to Croatian citizens) and supported by different organizations working for Croatian citizens, while asylum seekers have less rights guaranteed. For instance, when it comes to state-supported or free-of charge healthcare, asylum seekers only have the right to "emergency and necessary treatments" (Article 57 of the "Law on International and Temporary Protection" which entered into force on 2 July 2015). By consequence, the rights of asylum seekers GBV survivors need to be clearly listed and clearer referral system set-up.

In 2019, MdM in Croatia started to work with another group of population facing obstacles to accessing healthcare through the project "PRO Health for Roma - Addressing discrimination and improving access to health care for ROMA communities". It aims at addressing the needs of the Roma population in terms of health in Croatia (Međimurje County) and Serbia (Sremska Mitrovica). The implementation started in November 2019 for a one-year period and is funded by the Rights, Equality and Citizenship Programme of the European Union (2014-2020).

Political overview

Located in Southeastern Europe, the Republic of Croatia became independent from Yugoslavia in 1991. During the period from 1991 to 1995, a civil war took place in the country. It directly affected the economy of the country but also to a great extent, and on a longer term, the political scene and collective memories.

In 2013, Croatia joined the European Union (EU). It is also a member of the United Nations (UN), the Council of Europe, North Atlantic Treaty Organization (NATO), the World Trade Organization (WTO), and a founding member of the Union for the Mediterranean. In terms of population, Croatia counts 4,284 million inhabitants (2011 Census of Population, Households and Dwellings; 2019 Population Estimate by the Croatian Bureau of Statistics: 4,076 million) with a large diaspora living abroad and a significant exodus of its young population during the past five years. In terms of political system, Croatia is a unitary democratic parliamentary republic. Since 2015, the conservative political party Croatian Democratic Union (Hrvatska demokratska zajednica) is leading the country.

In December 2019, Croatia counted about 380 applicants for international protection in the country. Despite the official closure of the Balkan route, migrant flow is still largely active in the country. In the period from 2016 to 2018, applicants for international protection in Croatia mostly arrived through a "formal flow" from EU countries via Dublin III Regulation (mainly from Austria and Germany)[23]. Some of them were also coming through "informal" flows via smuggling, transiting from Serbia to Slovenia. A small number came through the "resettlement programme" (Syrian asylum seekers coming from Turkey with granted asylum in Croatia within a 2-3 months period). However, since mid-2018 and especially since summer 2019, MdM in Croatia observed a large increase of migrants' influx coming from Bosnia and Herzegovina and a particularly

23 Through its work and especially initial medical health examinations of newly arrived asylum seekers, MdM-BE recorded a number of cases of patients deported from Austria, Germany and Switzerland with a severe illness (cancer and Marfan syndrome, for instance), chronic illness (diabetes, cardiovascular disease, etc.) and pregnancy. A majority of them saw their appeal to court in these countries rejected despite invoking their disease or pregnancy during a court procedure. Based on MdM-CR observations, bad health condition was not a criterion taken into account to suspend deportation procedures. As long as the person was "fit to travel" (sometimes with medical escort) and/or court considered that she/he would receive healthcare in the destination country, deportation was conducted. These violations of rights were denounced by MdM-CR in July 2018 with publication "Croatia - Hidden (human) faces of European Union's Dublin Regulation from a health perspective". Impact on mental health of asylum seekers sent in Croatia via Dublin III Regulation was also largely analysed by MdM-CR in publication "Mental Nearing a point of no return? : Mental health of asylum seekers in Croatia" (March 2019).

high transit dimension of migrants' flow in the country. Among newly arrived persons, a rise of the proportion of women, children, families and persons with disabilities has been observed.

Economic outline

Croatia ranks 46th in the Human Development Index. Its economy is dominated by service and industrial sectors, and agriculture. Since mid-2000s, tourism represents a significant source of revenue (20% of Croatian GDP). Privatization process and introduction of market economy in the 1990s largely modified the national economy structure. Most recent figures reveal a quite alarming brain drain, overall impoverishment of the population punctuated with still present corruption phenomena (*Croatia corruption index 2018 score: 48/100 - 0 being highly corrupt and 100 very clean, source: Transparency International*) and devastation of some parts of industry and agriculture sectors. However, some promising positive trends can be noticed such as some very successful young IT start-ups and car industry companies; as well as the development of sustainable tourism and rural development initiatives.

Legislative framework

In terms of rights, applicants for international protection in Croatia are still largely disadvantaged compared to persons granted with international protection or subsidiary protection, especially in terms of access to public healthcare. According to the Article 57 of the Law on International and Temporary Protection, which entered into force on 2 July 2015, "health care of applicants (for international protection) shall include emergency medical assistance, and necessary treatment of illnesses and serious mental disorders". In addition, Article 57(2) of the same Law stipulates that "Applicants who need special reception and/or procedural guarantees, especially victims of torture, rape or other serious forms of psychological, physical or sexual violence, shall be provided with the appropriate healthcare related to their specific condition or the consequences of those offences." As a result of advocacy efforts carried out by MdM in Croatia since 2016, the Ministry of Health is on the way to extend the scope of rights to healthcare pregnant women and children asylum seekers are entitled to - from the right to "emergency care/necessary treatment" to full scope of rights as Croatian citizens (see Regulation document on the health protection standards for asylum seekers and foreigners under subsidiary protection international - currently under adoption). Once persons are granted with international protection, they have "the right to healthcare to the same extent as a person covered by mandatory health insurance"[24]. However, they still face a number of difficulties in terms of access to public healthcare system (discrimination, language barriers, costs of medicines that are not on the basic list[25], etc.).

Focus on GBV and criminal law

Croatia is a signatory of all relevant international legal instruments on GBV. National laws are in line with United Nations and European Union documents.

At the national level, the following protocols are also in place: Protocol on Procedures in the Case of Sexual Violence; Protocol on Unaccompanied Children; National Action Plan on Combating Trafficking in Persons; Protocol on Family Violence. Protocol the United Nations Security Council Resolution 1325 (S/RES/1325), on women, peace, and security is under preparation and the Istanbul Convention has been ratified in July 2018. However, these national protocols do not mention GBV among migrants and refugees as a specific issue to be addressed through dedicated measures.

24 According to Article 21(1) of 2013 Law on Mandatory Health Insurance and Health Care for Foreigners in the Republic of Croatia, asylees and foreigners under subsidiary protection, and foreigners – family members of an asylee or a foreigner under subsidiary protection have the right to healthcare to the same extent as a person covered by mandatory health insurance.

25 Medicines covered by the Croatian Health Insurance fund are classified into two lists: the basic list (so called "A list") with all essential medicines covered within the Mandatory Health Insurance scheme, and the supplemental list (so called "B list" with medicines covered in part by the Medical Health Insurance scheme and in part by patients.

C | FRANCE

Figure 3: Médecin du Monde working with migrant sex workers in France

Médecins du Monde – France developed a special programme, Jasmine, that **combats violence sex workers face during their day to day activities.** Sex workers are primary targets for offenders. They are stigmatised and marginalised by repressive laws and social condemnation of prostitution. In France, there are no official figures regarding active sex workers, and since 13 April 2016 their clients are criminalized[26]. However, according to police figures, probably underestimated, there are around 40,000 sex workers in France[27] and around 70% to 80% of those working in the streets are migrant people. They are stigmatised and marginalised by repressive laws and social condemnation of prostitution. To combat this violence is to combat stigma.

Since 2015, the Jasmine project allows Médecins du Monde to work with several organizations supporting sex workers in order to prevent violence and enhance coordination among stakeholders. Until 2018, MdM only worked with Parisian partners. The WE ACT project enabled this initiative to evolve: MdM is now developing partnerships with organizations all over France, such as Amis du bus des Femmes (Paris), Autres Regards (Marseille), Cabiria (Lyon), Paloma (Nantes) Lotus Bus (MdM- Paris), PASTT (Paris), Espace Femmes Charonne (Paris), Arcat (Paris) and the STRASS (Paris).

26 Law No. 2016-444 of 13 April 2016, Aiming to Strengthen the Fight Against the Prostitution System and to Assist Prostituted Persons

27 'Prostitution, Braquages, Grand Banditisme : Le Bilan Annuel de La Criminalité Organisée' https://www.lejdd.fr/Societe/prostitution-braquages-grand-banditisme-le-bilan-annuel-de-la-criminalite-organisee-3908056 [accessed 7 February 2020]

Political overview

Very recently, in October 2019, France has become the leading country in terms of asylum applications, with 132.614 applications recorded in 2019[28]. As in the rest of Europe, the French political stage sees a rise of anti-migrations voices. According to recent surveys, one French citizen out of two is favourable to the closing of French borders and less than one out of five think that refugees will be able to integrate into French society. Many are convinced that migrants are not fleeing their country because of political or security threats but that they are driven by economic reasons[29]. Some also associate migration with terrorism, leading to the development of an atmosphere of distrust. As a matter of fact, the welcoming of migrants in France is a topic rather dividing.

As for the situation of the specific group of migrant sex workers, it is considered that more than half of sex workers have already been exposed to physical violence and more than a third to rape. Following an assault, only 1 in 5 sex workers tries to take legal action and 1 in 3 gets health care. Exposure to HIV/AIDS increases by 25% in cases of violence. Moreover, France is one of the European countries with the highest number of feminicides[30]. Due to stigma, administrative precariousness, cultural and language barriers, migrant sex workers are poorly informed about rights and care they could access to when they are exposed to violence.

Regarding sex work, there is an abolitionist national trend among both governments and most of the feminist associations: activities focus on the fight of prostitution itself, that some regard as a symbol of an intrinsically violent patriarchal system, based on women exploitation. MdM-FR rejects this homogeneous representation of sex work, that may lead to damaging consequences to sex workers. Instead it promotes a Harm Reduction approach. "MdM therefore rejects a victimising approach towards sex workers subject, i.e. the one based on the principle that all sex workers are victims and must be protected, including from themselves. MdM-FR is also opposed to considering sex workers as being by nature criminals, ill or victims, as this only results in denying the respect of their existence, their humanity and their right to be treated as fully-fledged citizens. MdM-FR proposes as a fundamental principle the promotion of people's ability to take care of themselves and to have individual and community means of acting on their health, life and environment"[31]. Therefore, for MdM, sex work is not violent in itself, but its environment, stereotypes, lack of access to their rights as well as situation exploitation and coercion creates violence and make sex workers more vulnerable.

Economic outline

On a global scale, in 2019 France was ranked 5th by the International Monetary Fund. It deeply relies on the trading of services, on an international level. Its current growth is rather slow, impacted by the economic troubles affecting developed countries such as the tensions between the USA and China. If nothing predicts a skyrocketing growth for 2020, the situation is quite stable and rather positive. The purchasing power of the population is slowly increasing and French firms are investing and employing, benefiting from a reduction in social security contributions.

Social movements that arose such as the yellow vest and the protests against pension remodelling reveal growing division among the French citizens. The wealth of the 10% of the richests has grown 42,2% between 2003 and 2013, while it grew for only 2,3% for the poorest population. Moreover, national poverty has increased 1,2% between 2004 and 2014 and half of the population share 8% of the

28 'Immigration : Les Chiffres Pour l'année 2019 | Vie Publique' https://www.vie-publique.fr/en-bref/272841-immigration-les-chiffres-pour-lannee-2019 [accessed 7 February 2020]

29 'Perception des réfugiés en France : où en est-on ?', *Ipsos* https://www.ipsos.com/fr-fr/perception-des-refugies-en-france-ou-en-est [accessed 7 February 2020]

30 A feminicide is the killing of women because of their gender.

31 'Health and Rights of Sex Workers', Issuu https://issuu.com/medecinsdumonde/docs/final_en_health_and_rights_of_sw_mdm_f_position_pa [accessed 7 February 2020].

French estate while 1% of the richest French concentrate 17% of the national wealth.

A focus is also interesting regarding the budget allocated to the fight against GBV, as it is the core topic of WE ACT. According to a study led by Haut Conseil à l'Egalité, the budget invested in anti-violence measures is estimated at 79 million euros[32]. According to the NGOs supporting the survivors of GBV, this envelope should be multiplied by six to ensure that GBV survivors have real access to their rights. In addition, regarding sex work, funding is in most cases given to abolitionist associations. Non-judgmental associations are less and less supported. Several community health associations that have been accused of opposing the 2016 law and lost funding as they reject the anti-prostitution approach were required by the public authorities to be eligible for subsidies.

Legislative framework

The laws are evolving rapidly, aiming at a better monitoring of the migrant flows. The last law on asylum, dating from September 2019, reduces the time allocated to migrants willing to lodge an asylum application from 120 to 90 days. They have to register to the "Guichet Unique des Demandeurs d'Asile" - a Central Contact Point for Asylum Seekers - where they can ask for an interpreter to accompany them during the process. Then, they are legally entitled to the "Conditions Matérielles d'Accueil" (eng. material reception conditions). Those are supposed to guarantee asylum seekers an access to housing, a little grant helping to meet basic needs, access to education for the children, and similar. They can also benefit from healthcare and from health coverage through systems dedicated to people in precarious situations. For people with no regular status, there is a special mechanism "Aide Medicale d'Etat" (eng. State health support). This practice is currently under discussion with the French government, which is willing to harden the conditions of access to such a scheme, notably by establishing a waiting period of three months before an undocumented migrant could benefit from it. The goal is to make sure that "France is not less welcoming but not more attractive either"[33]. Many civil society organizations have warned about the risks of such a move, which would have a strong negative impact on the health of the migrants and lead to overloading of the already heavily burdened French medical emergency system.

Focus on GBV and criminal law

In November 2019, the French government unveiled new measures to combat violence against women, but those measures are mainly targeting domestic violence in general population and do not take into account the situation of sex workers, or the situation of precarious and migrant women.

In 2016, France have introduced a law[34] criminalizing clients, which continues to criminalize various aspects of sex work. In addition, sex workers continue to be criminalized under local municipal bylaws: parking bans for sex workers' vehicles, bans on sex work taking place in public areas, bans on indecent clothing, bans on the possession of lighters near a forest (even if a sex worker is not using the lighter to smoke), etc. In cooperation with other associations, MdM-FR conducted a survey and warned about the fact that the 2016 Law jeopardizes the safety of the sex workers, their health, working conditions and access to justice[35]. In such conditions, violence is more

32 'Où Est l'argent Contre Les Violences Faites Aux Femmes ? Colloque, Rapports, Appel. - Haut Conseil à l'Égalité Entre Les Femmes et Les Hommes' http://www.haut-conseil-egalite.gouv.fr/violences-de-genre/travaux-du-hce/article/ou-est-l-argent-contre-les-violences-faites-aux-femmes-colloque-rapports-appel#top#t1 [accessed 7 February 2020]

33 'Sénat - Compte Rendu Analytique Officiel Du 9 Octobre 2019' http://www.senat.fr/cra/s20191009/s20191009_2.html [accessed 7 February 2020]

34 Law No. 2016-444 of April 13, 2016, Aiming to Strengthen the Fight Against the Prostitution System and to Assist Prostituted Persons

35 A report was published in April 2018, 2 years after the implementation of the criminalization of clients, assessing how negative the impact of the law is for sex workers. The involved associations were: Médecins du Monde, Griselidis, Cabiria, Paloma, Les amis du bus des femmes, Collectif des femmes de Strasbourg-Saint-Denis, Acceptess-t, Le planning familial, Aides, STRASS, ARCAT. Médecins du Monde, *QUE*

prevalent, especially for migrant sex workers.

According to the study, 62.9% of respondent sex workers stated that their overall standard of living has deteriorated since April 2016 and 78.2% indicated having seen their earnings decrease. The interviews also showed that the 2016 Law pushed sex workers to operate under more risky conditions with dangerous implications for their health. For example, street-based sex workers have to reduce the time spent conducting safety screenings of clients. Many interviews highlighted a worrying decrease in condom use as well as rising difficulties in continuing treatment for those who are HIV positive. The worsening of working conditions caused increased stress and various psychosomatic health issues from consumption of alcohol, tobacco and other drugs, to depression and suicidal thoughts.

The survey also revealed that cases of violence of all kinds have increased: insults in the street, physical violence, sexual violence, theft, etc. The incidence of sex workers being murdered has also increased, as a result of working in more remote or unknown areas, where they are also at risk of robbery by criminal gangs. On the 16 August 2018, Vanesa Campos was shot dead in Paris Bois de Boulogne. The 36-year-old transgender woman, who had immigrated to France from Peru two years earlier, was reportedly attacked by a group of men armed with knives and firearms. In recent years, many other migrant sex workers have been murdered in the Bois de Boulogne.

The 2016 Law renders invisible the violence that sex workers are facing in their workplace, or leads to read it as a potential situation of pimping, hidden by the sex worker. This Law, combined with existing anti-immigration laws, has a huge impact on migrant sex workers. Because of governmental pressure, the police needs to meet quotas for people arrested for 'illegal stay' in France As a result, migrant sex workers rarely report violence to the police, due to risk of deportation as they do not have valid work and residence permits.

PENSENT LES TRAVAILLEUR.SE.S DU SEXE DE LA LOI PROSTITUTION ? -Enquête Sur l'impact de La Loi Du 13 Avril 2016 Contre Le « système Prostitutionnel », April 2018 https://www.medecinsdumonde.org/sites/default/files/Rapport-prostitution-BD.PDF.

D | BULGARIA

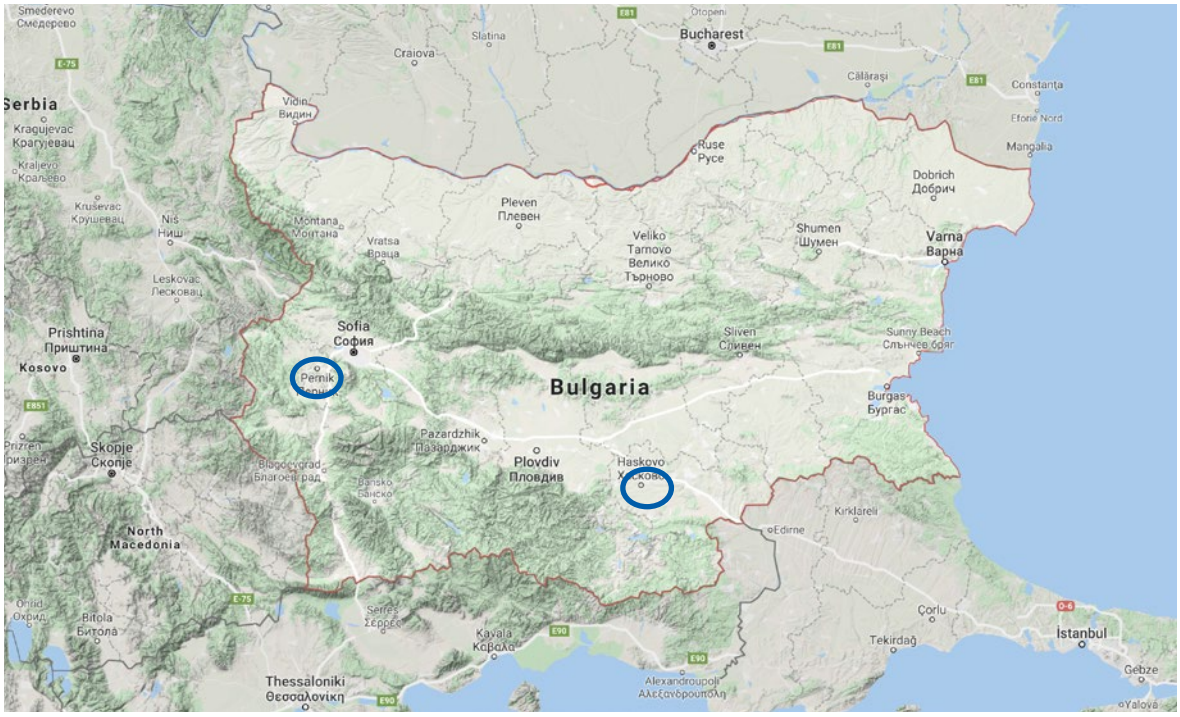

Figure 4: Médecins du Monde working in official migrant settlements in Bulgaria, European Asylum support office

Located in the eastern of Balkan peninsula, Bulgaria is seen by many as a transit country, marked by the greatest number of migrant detentions taking place at the border with Serbia.

Médecins du Monde – France has been present in Bulgaria since 2004, working on access to services and rights for vulnerable people in Sliven. From 2015 until mid-2018, direct health services were provided in Reception and Registration Camps (RRC) located in Sofia and Harmanli. Since the project's design, the number of migrants entering Bulgaria has decreased massively from more than 20.000 applications for international protection in 2015, to just above 2.000 applications in 2019[36]. The RRC currently hosts less than 400 persons, which represents less than 8% of the accommodation capacity. Most arrivals are children (49%), 75% of whom were unaccompanied or separated from their families. 44% of arrivals are men while only 7% are women. Main nationalities declared at the arrival are Afghanistan, Syria, Iraq and Pakistan. In June 2018, MdM in Bulgaria decided to stop its direct activities in RRCs because the official service of the State Agency for Refugees (SAR) was able to maintain provision of direct health services without MdM's support considering the reduced number of people living in the camps. Since then, MdM in Bulgaria has been in charge of supporting the organisations present in the camps (SAR, UN and NGOs partners) and monitoring their activities.

36 https://aref.government.bg/sites/default/files/uploads/docs/2019-12/Charts-website-eng_11.pdf, consulted on 19 January 2020

Political overview

Bulgaria is a parliamentary democracy, whereby the Prime minister is the head of government. Since 2007, the Republic of Bulgaria has been a member of the European Union and it is also part of the European Economic Area zone.

In the past years, the country has experienced a wave of xenophobia encouraged by biased media coverage, presenting local minorities and migrants as a threat. Meanwhile, the controversial nationalist coalition "United patriots" became part of the government. Significant political challenges remain, as the right-wing politicians who are in power are sending to the public strong discriminative messages against the Roma population, Muslims and refugees.

The SAR, under the Council of Ministers, is responsible for managing facilities for asylum-seekers, including transit centres, RRC and integration centres. In addition, it manages, coordinates and controls the implementation of state policies related to the granting of refugee status and humanitarian status to foreigners. The SAR is responsible for the management of 5 RRCs: Ovcha Kupel, Vrazhdebna, Voenna Rampa located in Sofia, Harmanli located in South-Eastern Bulgaria, Banya located in Central Bulgaria. These centres organize registration, accommodation, medical check-up and social and medical assistance for the persons seeking international protection.

The available capacity for housing refugees is 5.000 places, currently reaching 8% of its capacity. At the end of 2019 due to the low occupation rate, some improvement works were performed and the conditions of living upgraded (satisfactory ratio of staff, rooms, facilities and services for the size of the population).

Since the beginning of 2019 and thanks to the impetus driven by the necessary coordination of EU funded activities, many efforts have been made by stakeholders (IOM, UNHCR, UNICEF, MdM-BU) on preventing and addressing Sexual Gender-Based Violence risks with SAR as a prime actor.

As said previously, the number of refugees and migrants entering Bulgaria is declining and so is the number of irregular border crossings. However, the irregular border crossing remained criminalized resulting in administrative detention of migrants and refugees. Human rights organizations documented numerous allegations of ill-treatment of refugees and asylum-seekers and substandard conditions in detention facilities as well as push-backs[37].

Economic outline

Despite fiscal stability and relatively stable economic growth, the country remains the poorest in the EU. From 2016, poverty continued to decline thanks to robust economic growth and an equally strong labour market performance. Moderate poverty (US$ 5/day) and extreme poverty (US$ 2.5/day) are estimated to have declined from 14.7% and 5.0% in 2015 to 13.7 and 4.8%, respectively in 2016[38]. By the beginning of 2019, the poverty line (minimum income defining it) in Bulgaria increased by 27 BGN (14€) to 348 BGN. The percentage of people living under this line was estimated at 22% at the end of 2018, indicating that there has been no significant change since 2015.[39]

However, Bulgaria is one of the most unequal European states in terms of income inequality, which stood at 23.6% rate in 2017[40]. Though declining, unemployment is still high, especially long-term and youth (14.4%)[41] with high regional variation. Inactivity among certain groups of the population also remains high because of an education system with deteriorating quality and rising inequality, and many people remain excluded from economic opportunities, such as the elderly, people living in rural areas and the Roma population.

37 'Bulgaria 2017/2018' <https://www.amnesty.org/en/countries/europe-and-central-asia/bulgaria/report-bulgaria/> [accessed 7 February 2020]

38 https://www.indexmundi.com/bulgaria/population_below_poverty_line.html, accessed on 19/01/2020

39 Op cit

40 '| Human Development Reports' <http://hdr.undp.org/en/countries/profiles/BGR> [accessed 7 February 2020]

41 Op.cit

Legislative framework

In Bulgaria, illegal border crossing results in imprisonment according to the article 279 of the national Criminal Code[42]. The same article further stipulates that asylum seekers only are protected from prosecution (article 279 of the national Criminal Code[43]. During the asylum seeking procedure, migrants have the right to ask for an interpreter for the interviews they have to attend to. They are also entitled to accommodation, thirty-two euros per month (65 leva), psychological assistance and can benefit from the same medical assistance as the one applying to Bulgarian nationals.

The fundamental obligations of the State and due diligence in the area of violence against women, and in relation to refugees and migrants were introduced by the universal and regional human rights standards. In 1954, Bulgaria ratified the Geneva Convention on the Status of Refugees. Bulgaria has also ratified various international conventions condemning FGM including the CEDAW in 1982, the CAT in 1986 and the UDHR in 1998. As a member of the Council of Europe, Bulgaria signed the European Convention on Human Rights and fundamental Freedoms (ECHR). In 2002 the Council of Europe adopted Recommendation 5 of the Committee of Ministers to Member States on the protection of women against violence, as well as the implementation of a broad European campaign of 2006-2008 to combat violence against women, including domestic violence. In 2011, the Council of Europe adopted the Istanbul Convention. On 27 July 2018 the Bulgarian Constitutional Court declared the Istanbul Convention unconstitutional.

Focus on GBV and criminal law

On the national level, the 2005 Law on Protection Against Domestic violence[44] is an essential tool for protection against gender-based violence. Under this Law, protection can also be provided to refugee women victims of domestic violence regardless of their nationality and status. In 2019, the National Assembly adopted a bill amending the Penal Code, criminalizing various types of crimes committed in the context of domestic violence, as well as some other forms of criminal abuse against women.

The 2000 Child protection Act[45] governs the rights, principles and measures for the protection of the child, the authorities of the State and the municipalities and their interaction in carrying out child protection activities, as well as the participation of non-profit legal entities and individuals in such activities.

However, public authorities are often not proficient and experienced with the legislative framework and therefore its implementation remains fragmentary.

42 English version available at: https://www.legislationline.org/download/id/8395/file/Bulgaria_Criminal_Code_1968_am2017_ENG.pdf

43 Ibid

44 English version available at: https://www.mlsp.government.bg/ckfinder/userfiles/files/admobs/Protection_Against_Domestic_Violence_Act_Title_amended_SG_No_1022009_effective_22122009.pdf

45 English version available at: https://archive.crin.org/en/library/legal-database/bulgaria-child-protection-act-2000

E | BELGIUM

Figure 5: Médecin du Monde working with migrant in Belgium

Médecins du Monde has been present and active in Belgium since 1996. The organization has different projects throughout the country. Projects can be classified into two categories: fixed health posts and outreach activities.

Fixed health posts have the objective to help the clients exercise their right to health and to refer them to the existing system. They include the Athena Center, providing temporary troubleshooting consultations, and the Centres d'Accueil de Soin et d'Orientation (CASO), which provide in-depth care to vulnerable people, through multidisciplinary work: doctors, social workers, and psychologists ensure that patients are accompanied during their follow-up.

As for outreach activities, the goal is to send health professionals to where the most vulnerable people live and socialize. It involves projects such as the emergency shelter project - which increases the number of emergency accommodation places for homeless people and provides them with the necessary medical and paramedical care - or the Medibus, gathering teams of nurses and carers who go to places frequented by homeless people (such as train or metro stations) in order to provide assistance and care. The "Humanitarian Hub" is another outreach activity. In September 2017 Médecins du Monde joined forces with four other organizations (Belgian Red Cross, Plateforme Citoyenne de Soutien aux Réfugiés, Médecins Sans Frontière, SOS Jeunes) to organize aid for migrants in Brussels when the government stayed unresponsive. It aims to ensure that people, mainly migrants in transit, are heard and receive an adequate response to their needs. Various services are offered: medical care, psychological

care, social, legal and administrative support, clothing distribution, Wi-Fi terminals, telephone searches and restoration of family ties.

WE ACT was implemented in a transversal manner, through all the abovementioned fixed health posts and outreach activities.

Political overview

Changes have taken place in the Belgian political context since the beginning of this project[46]. A new Secretary for Asylum and Migration has been in the office since December 2018. Moreover, despite federal elections held on 26 May 2019, Belgium still has no federal government.

Although the political climate in Belgium does not seem as unfavourable as in some European countries, it is not so favourable either for people in exile. Indeed, the former Secretary of State for Asylum and Migration, who served from October 2014 to December 2018, has regularly made shocking statements and taken measures that have shaken public opinion towards migration. The current government collapsed because of the dispute over Belgian participation in the conference in Marrakech to adopt the Global Compact for Safe, Orderly and Regular Migration, also known as the Marrakech Compact, revealing the enormous sensitivity on the issue around migration. Meanwhile, the 2018 elections were marked by a significant rise in the extreme right.

After the collapse of the government, the new Secretary of State abolished one of her predecessor's decisions, namely that which limited the number of applications for international protection that could be received each day.

The number of asylum seekers did not increase sharply within the timeline of the project. It was only at the end of 2019 that the demand became more significant, revealing a more serious capacity issue. The final figure of 2019 is still unknown.

46 The WE ACT project was launched in September 2018.

Economic outline

In 2018, Belgium ranked 17th in terms of Human Development Index, with a HDI figure of 0,919. It is considered a developed and rich country as its Gross Domestic Products reached 492,7 billion dollars in 2017[47]. According to the National Bank of Belgium, national growth is quite stable. It recorded an improvement of the purchasing power allowing greater household consumption, which would mainly result from labour market dynamics. Yet, uncertainties related to the international environment remain high. Moreover, unemployment hits more severely people from Wallonia, non-European immigrants and the young populations.

Legislative framework

The transposition of the 2013 European directives on granting of international protection and minimum standards for the reception of asylum seekers led to the Law of 21 November 2017 modifying the Immigration Act. It provides that persons are entitled to benefit from material assistance throughout the entire duration of their asylum procedure. They should be hosted in a reception structure and receive social, legal, administrative and medical support.

In Belgium, Fedasil, the federal agency for the reception of asylum seekers, manages the reception of international protection seekers. Other actors, including the Belgian Red Cross, are responsible for the group accommodation structures. The CPAS's (Public Centres for Social Action) are responsible for the individual accommodation structures. The route starts at the Fedasil arrival centre, which dispatches the applicants to the various centres throughout the country. In total, Belgium has about 26,000[48] places available for applicants for international protection. With the escalation of asylum seekers' arrivals in 2015, the Belgian

47 'Belgique | Data' <https://donnees.banquemondiale.org/pays/belgique> [accessed 7 February 2020].

48 This number was provided by Julie Vanderkelen, reception coordinator for Fedasil, at the conference "GBV and asylum: look-listen-link" on 11 December 2019 organized by GAMS

Government had decided to use the private sector to increase the number of reception places. Private companies in the commercial sector provided and still provide material assistance (including accommodation, clothing, food, health care and psychosocial support) to asylum seekers, as do public authorities and NGOs.

Once a migrant applies for international protection in Belgium, the Federal State becomes responsible for them. However, they are not integrated in the compulsory national health insurance scheme for Belgian citizens. Such a system leads to variations and inequalities in accessibility, organization, availability, coverage and quality of care among asylum seekers. It is also problematic because there is a lack of continuity of care for asylum seekers in case of transfer between reception facilities, negative decisions, voluntary or forced repatriation or when asylum seekers are granted a refugee status.

These complex, parallel, time- and money-consuming administrative procedures for populations who are not part of the Belgian compulsory health insurance are perceived as a crucial bottleneck in equitable access to health care among asylum seekers.

Focus on GBV and criminal law

Since 2001, Belgium has been designing and implementing National Action Plans to fight against Gender Based Violence. The sixth plan is currently under finalisation for the 2020-2024 period. This plan is gathering contributions from the Communities, the Federal State, the Region, the civil society organizations and is piloted by the Institute for Equality between Women and Men. Also, in 2019, Belgium received the visit of the GREVIO experts, in charge of monitoring the implementation of the Istanbul Convention.

Starting 2017, the International Centre for Reproductive Health (ICRH) and the University of Gent designed a model as a pilot project. The Centre de Prise en charge des victimes de Violences Sexuelles (CPVS) implemented this pilot project following the Istanbul Convention requirements. The CPVS pilot project was a success and three new centres should be open in the coming years. It provides GBV survivors with medical and psychosocial care. Survivors also have the possibility to proceed to a medico-legal examination and to fill a complaint on-site. Furthermore, CPVS offers follow-up consultations for the survivors, and sometimes for their relatives[49]. All care is free of charge. In Brussels, the CPVS is the same location (320 rue Haute) as the City Planning Centre (for family planning) and the the CéMaVie facility, which provides medical care for women and girls who undergo female genital mutilations. Women asylum seekers have access to free psychological and medical follow-up as well as surgery if they ask for it in their Centre Public d'Action Sociale (CPAS) /Openbaar centrum voor maatschappelijk welzijn (OCMW)[50].

49 Op Cit.

50 Nadir Ghidouche, 'Les mutilations génitales féminines (MGF)', *Fédération des Centres de Planning Familial des FPS* <https://www.planningsfps.be/nos-dossiers-thematiques/dossier-violences-sexuelles/les-mutilations-genitales-feminines-mgf/> [accessed 7 February 2020]

V.

WE ACT in practice

The projects carried out through the WE ACT project were divided into three categories: prevention, identification and care activities. Yet, this segmentation of actions is quite artificial. To best take care of GBV survivors, a comprehensive and holistic methodology is fundamental. Boundaries between prevention, identification and care activities are fluid. Different types of actions may be classified in more than one category or might move from one to another category in the course of project.

However, this codification is adopted for the purposes of the report, and may be useful in highlighting the holistic and integrated approaches adopted by MdM.

In order to ensure the continuum of care and a multi-sectoral response, MdM operated to mobilise and promote regular contact between all the different stakeholders by working in partnership with local organizations – some of them run by women and professionals – together with community-based organizations and health authorities. Joint actions helped to guarantee a response appropriate to the needs of the target population and encourage the removal of various barriers to the accessibility of healthcare. It also guaranteed sustainability of activities and helped to empower the population, in particular women, so that they can gain greater control over their health.

A | PREVENTION

1. Activities and Tools

Workshops

Throughout the WE ACT project, MdM in Italy had the opportunity to organize groups for psychosocial activities for migrant women addressing a series of issues. **The main topics on preventing GBV were on promoting wellbeing and healthy behaviours in terms of sexual and reproductive health, promoting equal rights as well as fair sharing of resources and responsibilities between men and women, encouraging a respect for rights to healthcare and reinforce the Continuum of Care in SRH**. During one workshop carried out in the informal settlement of Selam Palace, men and women were invited to play a football game named “Play for Gender Equality”. This was a good way to raise awareness about differences and equality between genders in an informal and concrete manner, directly on the field of social interactions. In the same settlement, MdM-IT also conducted intergenerational workshops to raise children awareness on gender roles through games and songs.

During the implementation of the programme MdM in Italy also developed weekly group sessions for migrant minors living in an occupied building in Rome. The activities mainly focused on gender equality and stereotypes. All the workshops followed a methodology suited to the age group of the participants (6-12 years) and to the complexity of the issue to be addressed. Games were adapted tools to deal with GBV. For instance, children could take part in the drawing activity "What we will do when we grow up?", inspired from the book 'Cosa faremo da grandi? Prontuario di mestieri per bambine e bambini' from Irene Biemmi. After having discussed and deepened different professions, the children have drawn what they would like to do when they grow up, using various materials (glue, eyes, papier-mâché, etc.). The job was then declined into the opposite sex, in a function of promoting gender equality. Two boys and two girls took part in the activity. Being in such a small group allowed children to express themselves as much as they wanted and to create a real discussion among them. Other workshops resulted in short theatre performances or fairy tales carried out by the children who played in front of the inhabitants of the squats.

The cycle "*Good morning doctor!/Buongiorno Dottoressa!*" is another example of information sessions organized by MdM in Italy to discuss women's health and rights. In order to create a climate of trust, the first part of the session was dedicated to a short presentation of each participant, supervised by a health advisor and cultural and linguistic mediators. In the second part of the meeting, participants had the opportunity to interactively explore their body and identify physical similarities between men and women.

In Belgium, special workshops were conducted for women in precarious situations with the teams and beneficiaries of the Avec Elles outreach project. It aims to ensure their access to healthcare by encouraging them to keep the connection with the healthcare system and by making them actors in their own health. **The topics of the animations are never defined in advance; the choice is left to the public, to ensure women's empowerment**. They share positive experiences as well as obstacles encountered.

Figure 6: Goodmorning Doctor! - Health education sessions at Asinitas

MdM-Fr recruited volunteers to participate in outreach activities of partner organizations towards sex workers. They have been specially trained to become "violence referents" and be able to develop awareness outreach campaigns on violence. During these outreach sessions, MdM-Fr volunteers raised awareness about violence against sex workers. They inform migrant sex workers about their rights, refer them to partner organizations, promote self defense among sex workers. In France, MdM-Fr organized self-defence workshops for sex workers. To make sure the format suited their working constraints, the training was delivered during outreach sessions, with MdM-Fr partners (Lotus Bus and Bus des femmes). The self-defense trainer is a sex worker herself. MDM-Fr is also developing a self-defense method by and for Sex Workers' (SWAG : Sex Work Autodefensia Groupe). This allowed the training of almost 200 sex workers. Furthermore, MdM launched sessions to train the trainers. In 2019, 5 sex workers became trainers. They **hold more legitimacy to train their peers and can more easily gain their confidence**.

Dissemination of information

• Brochures

All countries developed informational brochures to facilitate information spreading concerning GBV issues. With the support of the Alliance organization against Domestic Violence. MdM France in Bulgaria produced a brochure and posters on the Right to live a life without violence. **They were made available places such as infirmary/psychological rooms to enhance the existence of legal framework on GBV and violence in general.** The brochure includes information in English, Bulgarian, Farsi and Arabic. It is divided into two sections; one intended for beneficiaries and the other for service providers.

Working with a Nigerian sex worker, **MdM France created a flyer to inform Nigerian sex workers about the App'Elles app and will adapt it to other communities.** When a woman is facing violence, she can alert 3 persons of her choice: she launches an alert, the app sends SMS every 90 seconds to these 3 persons with a GPS localization and tells them what to do. It also takes pictures and records what is going on around the victim. The victim can also launch it with a connected bracelet.

• New technologies

MdM France is developing a website to make available practical information but also to encourage sharing of information among target beneficiaries [51]. The website will be available in nine languages. It allows sex workers, including migrants, to share information concerning violence's perpetrators and reducing risks of violence. This system will also provide information regarding rights and access to healthcare, especially when a violence occurred. Sex workers can also perform a search in the website in order to find an aid and reception centre that can support them.

51 https://projet-jasmine.org/

Figure 7: Brochure WE ACT, Croatia

• Conferences

MdM Belgium organized an international conference « What voices/ways to take into account GBV ?"[52] which gathered 132 participants. They were citizens, NGO's, public authorities, citizens, university lecturers, GBV stakeholders from Belgium and abroad. It was an opportunity to share reflections and good practices regarding care of GBV survivors. The symposium reinforced the conviction of the usefulness of a multidisciplinary approach (outreach, care by psychosocial and medical professionals and referrals to specialised services depending on the person's situation), such as the one developed in the WE ACT project. The common feature of all the approaches mentioned by speakers was that they **systematically place survivors at the heart of their thinking and decisions.** Activities are organized on the basis of the

52 Original title : « Quelles voix·voies pour la prise en compte des Violences Basées sur le Genre (VBG)? Regards croisés sur les bonnes pratiques d'ici et d'ailleurs" https://medecinsdumonde.be/actualites-publications/publications/actes-de-colloque

Figure 8: Colloque "What voices/ways to take into account GBV ?" (credits Laure Geerts)

needs expressed by survivors. Moreover, as one of the speakers pointed out, understanding the context in which GBV actors are operating allows them to measure the impact of the accumulation of difficulties on the health of the survivors. For instance, adopting appropriate listening attitudes and placing the survivor at the heart of the issues that concern him or her is indeed an important axis of prevention since it avoids over-victimization. This, therefore, allows service providers to offer a secure framework. This conference has also shown the strength of efficient and collaborative partnerships to ensure access to care.

- ***Awareness raising campaigns***

Their goal is to increase consciousness and understanding among the public on all forms of violence – invisible, physical, institutional - against women and refugees. For instance, the International Women's day on 8 March was celebrated with the video "Il Terzo Potere – The Third Power" inspired by Malala Yousafzai's speech. Cultural mediators, partners' volunteers, migrants beneficiaries and the MdM-IT team created this video during their fieldwork. It aims at promoting women leaders in health, who have a pioneering role in advocating for women's rights. Therefore, 8 women from different backgrounds impersonated other 8

Figure 9: postcards to raise awareness on women, refugees, mental health and violence against women – MdM-IT

women that, in the past and nowadays, fight for the rights of girls and women all over the world promoting equal rights, freedom, equality and empowerment. Similarly, for the Refugee Day on 20 June, MdM created and screened a video entitled “Unrecognised Heroes”. In the video, 5 people from different backgrounds narrate their stories of migration or the story of an exile in the literature of the 20th century.

Figure 10: MdM’s room for healthcare services provision in asylum seekers’ reception centre in Zagreb, Croatia (credits: EU)

• Advocacy

Through publications of different reports on physical and mental health needs of asylum seekers addressed to national and EU authorities, and during numerous meetings with the relevant stakeholders, MdM in Croatia advocated for complete access to public healthcare for asylum seekers (through modification of legal framework). MdM in Croatia also insisted on the importance, for both asylum seekers and the local community, of continuous, multi-disciplinary, individualised and linguistically adapted health monitoring and care within the asylum seekers’ reception centres. It calls for shelters with trained staff, training of the security guards of the reception centres, and training of service providers.

Medical consultations

MdM team in Croatia conducts the official medical examination of all newly arrived asylum seekers in the country jointly carried out by a general practitioner (GP) and a psychologist (with support of interpreters). This represents an excellent opportunity to inform patients about their rights and the support they might get from different institutions/organizations. This is also a way to empower them to access services they are entitled to or in the need for, especially when they undergo GBV. Despite the fact that most GBV survivors will not express that they survived violence at this first medical consultation, it is **a way to build trust between patient and MdM and to respond to the primary needs expressed by patients**. After this first step, **when they are settled, some of them are more at ease to speak up- including regarding GBV**.

MdM in Croatia developed and introduced sexual and reproductive health consultations for women only, to guarantee safe spaces and prevent certain forms of GBV.

Provision of (mental) healthcare services for persons physically and mentally affected by the length and dangerousness of migration journey is also a way to prevent GBV among beneficiaries. *Indeed, Andrea Gercar, MdM psychologist in Croatia notices,* ***"Violence is a continuum and taking care of the parents' mental health is beneficial to all the family members and can contribute to decrease the exposure to violence for children".***

2. Lessons learned and best practices

One of the major lessons learned for MdM experience with WE ACT is the importance of developing programmes according to the beneficiaries' actual needs. MdM in Italy recommends that **all interventions with beneficiaries should start with a session dedicated to a needs assessment activity, allowing migrants to regain the say they often lose during their migratory journey to Europe**. On one occasion, a beneficiary said to MdM staff: "*We do not want the fish, we want to learn how to catch fish*". Moreover, the extreme diversification of the beneficiaries (women survivors of violence, children living in informal settlements, women arrived through family reunification) requires a strong analysis of the context, which includes active participation of the target population and adapting the support to the specific needs. MdM-BE also recognises that it is essential to facilitate capabilities and capacities of the beneficiaries to take decisions themselves. To do so, it recommends the implementation of safety assessments, which generate an appropriate sense of security and prevent possible violence.

Adapting the approach and interacting with beneficiaries is also a good way to build trust, essential to fulfilling the goals of the project. It also favours the empowerment of the beneficiaries. With this regard, MdM-FR is convinced that having the trainer who was a sex worker herself was crucial to the success of the project. It also reminds that developing appropriate partnerships allows for building a more comprehensive programme.

MdM in Croatia carried out a great deal of advocacy work while implementing WE ACT. It emphasises the importance of data collection for developing strong and well-documented discourses. Indeed, **the Croatian Ministry of Health is on the point of extending the scope of rights to healthcare to which pregnant women and children asylum seekers are entitled in Croatia, relying on the publications released by MdM in Croatia.** Moreover, systematic mapping and data collection on GBV will help document this issue and contribute to concrete improvements of the entire support system.

At last, MdM Belgium raises awareness about the characteristics of the environment where projects take place: whether it is the layout of the premises, the equipment and decoration used in the consultation rooms or the waiting room, every detail can help prevent new forms of violence.

B | DETECTION OF GENDER BASED VIOLENCE SURVIVORS

1. Activities and tools

Training

Numerous activities carried out as part of WE ACT aimed at training people dealing with potential GBV survivors. **MdM in Italy organized training events that were officially recognised as a continuation of education and gave the credits required for the health professions.** The general objective of the training was to give theoretical and practical information to the participants, allowing them to support, in the best way possible, women and men survivors of GBV and violence with appropriate cross-cultural techniques and effective methods. During the training there were sessions dedicated to the identification of risks and cases of GBV based on case studies. Linguistic and cultural mediators also attended training sessions where they learned useful cross-cultural approaches to identify GBV survivors. They were also given various materials such as the "Guidelines for early detection of the victims of female genital mutilations or other harmful practices"[53], leaflets containing information about "Differenza Donna" association services in Rome, "Boys on the move" facilitator book[54] as well as the WRC report on violence against boys and men on the Central Mediterranean Route to Italy[55] to help them better understand the issue.

To raise awareness among its teams, MdM Belgium also organized training and briefings to support relevant caregivers, from medical and paramedical to social support teams, in order for them to consider identification of GBV an integral part of consultations they conduct. Similarly, MdM France trains its Jasmine volunteers to make sure they are able to detect GBV survivors.

Creation of detection protocols

MdM in Croatia and in Belgium realised that a standardized protocol could help the various actors working with migrants identifying GBV survivors. In Croatia, after conducting a mapping exercise, MdM worked on collaborative development of *Practical Guidelines of Conduct in cases of sexual and GBV among international protection seekers in the Republic of Croatia*.

In Belgium, midwives working in the Humanitarian Hub developed bonds of trust with their patients and identified signs that were more or less suggesting that someone has experienced violence. This violence may have taken place before their departure, during their journey and / or in Belgium. For instance, the passage to Libya, the fact of having already resorted to a voluntary termination of pregnancy or a miscarriage, to come to closing time or even to have a companion murdered in the country of origin provided clues allowing midwives to

53 (Centri di Primo Soccorso e Accoglienza, Centri di Accoglienza, (Centri di Accoglienza per Richiedenti Asilo, 'LINEE GUIDA PER IL RICONOSCIMENTO PRECOCE DELLE VITTIME DI MUTILAZIONI GENITALI FEMMINILI O ALTRE PRATICHE DANNOSE' https://www.simmweb.it/attachments/article/909/riconoscimento_precoce_vittime_MGF.pdf

54 'Boys on the Move Brochure', *UNFPA EECA*, 2019 <https://eeca.unfpa.org/en/publications/boys-move-brochure> [accessed 7 February 2020]

55 "More Than One Million Pains": Sexual Violence Against Men and Boys on the Central Mediterranean Route to Italy, *WRC,* 2019 <https://www.womensrefugeecommission.org/images/zdocs/Libya-Italy-Report-03-2019.pdf> [accessed 9 February 2020]

align their anamnesis. Given the increase in women's attendance at the Humanitarian Hub and the increase in data on GBV among both men and women, MdM-Belgium created an identification index card based on feedback from field work. Three different cards were developed: one for men, one for women and the third one for transgender and intersex people. Indeed, some signs, symptoms, needs and ways of asking questions vary according to gender. The identification sheets have several sections. First, a section devoted to specific potential vulnerabilities, then, the non-medical signs that one can observe during or before the consultation and medical signs and finally the patient's history and follow-up. This last section includes recommendations and precautions for professionals. **The aim of the cards is to highlight signs that may suggest violence and assist service providers in the GBV detection**.

Sharing of experience

The sharing of experience among people detecting GBV survivors also helps to improve detection practices as it promotes coordination, allows dissemination of good practices and the use of collective intelligence to tackle encountered issues. **MdM in Bulgaria organized workshops to enhance coordination between medical, police and social professionals involved with the migrant population in and outside RRCs.** The workshop's objective was to enhance attendees' ability to address immediate needs of GBV survivors and refer survivors to relevant service providers/caregivers. More specifically, the following topics were covered: the scope of GBV in general, the rights of survivors, the identification and the use of the referral mechanisms and referral bodies and the coordination with services inside and outside camps (social, health and legal). As for detection of GBV, exercises allowed the attendees to know which questions to ask and signs to look for. MdM in Bulgaria used the guide "How to support survivors of GBV when a GBV actor is not available in your area"[56]. This type of workshop shows that in practice it is very hard to distinguish prevention, detection and care activities; they are all inter-related.

In France, MdM also encouraged sharing of experiences during the different sessions of their coordination meetings: 24 participants from MdM and partner associations[57] shared experiences regarding the prevention and detection of violence and the support they offer to migrant sex workers when they face violence. The diversity of the group was beneficial as it allowed the participants to open themselves to different practices.

Advocacy

MdM in Croatia published an analysis-based report "*Nearing a point of no return?: Mental health of asylum seekers in Croatia*", translated into Croatian and shared with key relevant institutions and organizations to raise their awareness on the issue and share advice concerning the detection of GBV survivors.

In a similar manner in Belgium, MdM Belgium rose issues and obstacles with GREVIO[58] so that the experts include this information in their report for Belgium, hoping this may lead to improvements regarding protection of migrant survivors. MdM Belgium is warning about the lack of access to justice for undocumented GBV survivors. Currently, an undocumented person who would fall a victim of violence, including rape, would not be protected against deportation to their country of origin (even while their complaint is still being processed or acted upon). This situation prevents many victims from speaking out and claiming their rights after a harmful event. MdM Belgium also reminds that accommodation solutions for undocumented migrants women are saturated and not adapted to survivors of violence. Emergency accommodation facilities exist for women victims of domestic violence' but they cannot receive undocumented persons.

56 'How to Support Survivors of Gender-Based Violence When a GBV Actor Is Not Available in Your Area' <https://gbvguidelines.org/en/pocketguide/> [accessed 7 February 2020]

57 cf. Présentation of MdM France.

58 GREVIO – Group of Experts on Action against Violence against Women and Domestic Violence – is the independent expert body responsible for monitoring the implementation of the Istanbul Convention

2. Lessons learned and best practices

To best detect GBV survivors, MdM emphasised that special attention should be given to the beneficiaries, and that the different professionals working with them should be appropriately trained.

Coordination with partners

Coordination between all staff members is crucial and MdM in Bulgaria observed a lack of coordination between medical and social support staff. MdM in Croatia faced a similar issue and, as a response, it developed a very practical tool, defining clear, complete and easy coordination mechanisms to be implemented by service providers on a daily basis. The setting up of this tool took more time than initially planned. Indeed, design of protocols and agreement on their content with partners, including State authorities, required time to ensure the participation and inclusion of all relevant stakeholders. However, this approach increased the quality of the final document and achieved consensus among all service providers, which might increase the chances that the protocol will be effectively implemented. One great achievement has been that the final document combines both versions of protocols (one developed through MdM-guided process and one previously developed by UNHCR, but not adopted) and is a direct result of a participative approach encouraging general agreement among the parties.

Developing trustful relationships with beneficiaries and responding to the needs they express

MdM Belgium observes that guaranteeing both physical and psychological security, through trust and confidentiality, make it most certainly possible to improve identification and thus to respond to the needs of GBV survivors in an appropriate way. MdM France notes that addressing the issue of GBV in the workplace of the sex workers could, in some cases, be counterproductive. Talking with a volunteer can be seen as a waste of time since they cannot work during this time. In such situations, volunteers are often more at ease helping sex workers suffering from GBV when they raise the matter themselves than during the outreach work. MdM in Croatia also paid great attention to the needs of the beneficiaries. All women the MdM team talked to, without exception, wanted to spend some relaxing and entertaining time together without immediately diving deep into the hard experiences they went through. Knowing that, MdM in Croatia gave preference to informal, more casual activities and socializing - with indirect educational and empowering objectives - over formal meetings, because they create an atmosphere of trust between service providers and beneficiaries.

Woman asylum seeker from Iran, asked for a consultation with MdM psychologist because she suffered from sleep disturbance and nightmares due to the harsh travel conditions and the situation she faced during the trip from her home country to Europe, together with her husband and three small children. Overwhelmed with guilt because she left her family in Iran and exposed her children to different dangers on the road, she told the story of almost losing her son in a car accident while they were trying to cross the highway. She could only pick up one of her children, and the son stayed in the middle of the highway, but luckily, he was saved by his father. This is what she told the psychologist at the end of the consultation: "Knowing that there is someone I can talk about the problems I have been through and the pain I feel was tremendously important to me. I feel that this burden that I've been carrying for months has loosen its weight".

(TESTIMONY FROM A BENEFICIARY OF MDM-CR)

Woman asylum seeker from Sierra Leone, victim of GBV, asked for consultation as she was expecting the interview that would decide on her asylum process. "My family married me to a much older man. My husband had a lot of money and a lot of wives and I was mistreated by him, and also by other wives, as I was the youngest. The most difficult time for me was when he took my daughter to excision despite my protest. She was bleeding severely and almost died. I need help to remember the story of my life because I cannot do it by myself. It is too painful".

(TESTIMONY FROM A BENEFICIARY OF MDM-CR)

A comprehensive training

The participants trained by MdM in Italy highly appreciated its holistic and multidisciplinary approach and participatory methodology. This promotes exchange of experiences, essential for the implementation of sustainable activities, appropriated by the beneficiaries and the staff. MdM Belgium visited the Jasmine project and the STRASS in France - the sex workers' union in Paris, and thus learned how to strengthen its outreach work towards sex workers. **Communication and cooperation between all stakeholders enables the stakeholders to benefit from each other's expertise and to adapt the projects' approaches and content to the specificities of the target audience**.

MdM Belgium also raises awareness about the time needed for professionals to adapt and get familiar with the new tools and practices. Training delivered to professionals is key to fight against GBV, and it must be provided on a regular basis. Yet, as it is a time-consuming activity, it needs to be adapted to the staff experiences in the field, using training evaluation tools for instance.

Figure 11: Corridor in the asylum seeker's reception centre in Zagreb, Croatia (credits: EU)

C | Care of Gender Based Violence survivors

1. Activities and tools

Mapping

In the countries where WE ACT was carried out, MdM did mappings of different GBV services available to survivors: related to health, social, or legal aspects of GBV care services. In Belgium, it enabled widening of MdM's GBV partner network and deepening knowledge on the existing partners. In Croatia and Italy, the assessment of the context and available services was done through desk research, meetings with stakeholders and online surveys involving several associations, healthcare services and institutions. The mapping also included, for the very first time in Croatia, the assessment of current situation and ongoing interventions regarding the needs of women and children migrants and refugees facing GBV. It led to the development of a Standard Operating Procedure concerning the GBV in collaboration with UNHCR and Croatian Red Cross. The development of SOP on the Response to GBV in the asylum seekers' reception centres **allowed for creation of not only the regular coordination mechanisms concerning GBV among asylum seekers and migrants** (through the working group) **but also immediate case-by-case individual coordination mechanisms** (through the Case management team).

In Bulgaria, the mapping carried out by MdM mainly relied on data collected from the stakeholders having access to the camps, such as CARITAS, SAR, IOM and UNICEF, among others.

Ensure support for the staff

In Italy, an online questionnaire mapped the training needs of professionals involved in handling of GBV. It helped identify training gaps and needs of professionals / service providers. One of the tools developed as a result of the online questionnaire combined with the desk research was the creation of a map of the GBV management services, from a health, social and legal perspective, in the intervention areas (Rome and Calabria). MdM in Italy also organized information sessions on new legislation related to access to healthcare services. This action had the specific objective of encouraging social empowerment through strengthening the ability of beneficiaries to take full advantage of the resources available in the country with regards to motherhood and health and wellbeing of women and minors.

MdM France also offered training sessions to its staff and partners on legal and psychosocial aspects of GBV. Likewise, in Bulgaria, MdM developed tools and training adapted to different situations faced by their staff. They offered an overview of **referral pathways for survivors, reminding professionals what option they could offer to survivors they worked with, as well as overview of legislative framework concerning GBV in the form of summary of the main articles for the ease of reference. They also created a summary of the most important medical information to be provided to survivors**, covering topics such as STDs, HIV/AIDS and unwanted pregnancies. A poster informing of the rights of victims and telephone helplines that could be used in case of GBV has also been provided to the State Agency of Refugees in Bulgaria by MdM, in order to raise awareness about actions that could be taken to help GBV survivors.

In Belgium, MdM developed protocols for all professions working with GBV survivors, to support professionals in their work. For instance, the doctor's protocol includes a template for the medical certificate as well as a list of associations where survivors could be sent to receive holistic care. Moreover, staff organizes debriefing after consultations,

to discuss possible cases of violence and to define an appropriate care pathway for the patient. Thus, decisions regarding the referral of survivors are taken in a collegial manner. These **exchanges are also an opportunity to prevent psychosocial risks among team members who are listening to difficult life experiences and who could be affected by these sufferings.** Indeed, supporting professionals to guarantee them to practice in a safe manner, for them, as for their patients and it should not be underestimated.

MdM Belgium also worked hand in hand with other organizations involved in care delivery to GBV survivors. It integrated the advisory board of the Detection, Prevention and Orientation (DPO) project, in order to share the achievements of the WE ACT project and its experience regarding the migrant population and its specific needs. The DPO is a project, which started a few months before WE ACT and which was of greater magnitude. It is carried out by the Fédération Laïque des Centres de Planning Familial, which had received funding to design a protocol regarding detection and care of GBV amongst the general population in the Brussels and Wallonie region. To promote collaboration between the stakeholders, MdM jointly created a coordination group with the International Organization for Migration, the *Groupe pour l'Abolition des Mutilations Sexuelles* (GAMS) and *Défense des Enfants International (DEI)*. Lastly, it took part in a roundtable organized by the SWIM (Safe Women In Migration) project, in November 2019 called: "EU roundtable: a dialogue on the prevention and protection of migrant women and girls from gender-based violence". All of these projects aim to better identify and take care of GBV against migrants. Some of them had also received funds from the European Commission, which emphasises the need to improve the coordination[59]. During mutual meetings, each organization shares its activities (implemented or forthcoming), its experience, lessons learned and good practices, which is beneficial to all.

Put survivors in charge

In Belgium, MdM set up a referral system with volunteers who could accompany patients during the care services they receive. It is of great importance for patients, especially when they speak neither French nor Dutch. In Croatia, MdM developed **empowering activities like stress management programme which includes breathing and relaxation exercises, and socialization workshops.** In 2019, more than 80 women took part in the programme. A woman, asylum seeker from Afghanistan, joined the MdM anti – stress workshop that was focused on belly breathing and slow body movements. The psychologist that had previously worked with her recognized her need for some form of socialization. These are her impressions:

"I don't enjoy hanging out with the rest of the women at the facility. I prefer to be alone in my room. They talk too much and I keep thinking about my child. I haven't seen or heard from him for 3 years. My husband took him away from me by force, despite the court decision. I miss him so much and for the most part of the day, I am not able to concentrate on anything else. This activity is the first one that I've enjoyed since my return to Croatia. It was pleasant. I spent almost one hour not thinking of my problems, and even appreciating the company of others."

(TESTIMONY FROM A BENEFICIARY OF MDM-CR)

59 For instance, as they are also working in Italy, the Italian association l'*Albero della vita* was put in contact with Médecins du Monde Italy.

Psychological support is also delivered to migrant sex workers receiving care within the framework of WE ACT in France. MdM France noticed that **the need for mental health care is high among the sex worker population. Due to the stigmatization they continue to face, it is very difficult to refer sex workers to mental healthcare providers.** To tackle that issue, MdM set up a psychological reception slot with its partner Lotus Bus[60]. In 2018 and 2019, 40 women visited the psychological reception slot. These reception slots are dedicated to delivering psychological support to GBV survivors. This project overcomes three obstacles: the language barrier, the stigma barrier and the availability barrier. Concerning the first two obstacles, this is due, for example, to the simple fact of having a Chinese interpreter and a non-judging psychologist. In order to overcome the third obstacle, MdM has made available the consultation with a psychologist during the waiting time at the Lotus Bus reception desk. As the sex workers have to wait anyway, they are more willing to meet the psychologist during this period. Migrant sex workers are also more open to seeing a psychologist when they are aware that it could be useful in their legal process of asylum demand.

60 "Lotus Bus" provides preventive care to women of Asian origin who lack access to the medical system.

2. Lessons learned and best practices

Based on the experience, the MdM has noticed how crucial it was to create a climate of trust with the migrant community, to encourage GBV survivors to ask for care. The safety assessments conducted in Belgium helped develop a feeling of security among the migrants. Indeed, developing activities after having identified the survivors' explicit needs and demands is a way to respect their dignity. Moreover, MdM Belgium in Croatia observes that **GBV survivors feel more secure asking psychological support when they feel safe and trust the persons they speak with.** MdM in Croatia focuses on women who asked for psychological support after having taken part in workshops dealing with relaxation techniques. After having attended the GBV workshops, another woman **felt supported and empowered enough to report her situation to police in order to protect herself from the violence she was victim of**.

According to the statements made by survivors, MdM staff members also play a great "witness" role. They appear as reliable persons, not judgemental but able to listen patiently, in an understanding manner. **Seeing the survivors as actual human beings and not only focusing on their experience as victims is also fundamental for them to feel empowered,** to feel "just ordinary humans" and not to be reduced to status of victim**.** To ensure such a consideration of the beneficiaries, MdM in Italy has noticed the importance of appreciating the role of cultural mediators. They should not only be used as tools but considered as equal members of the team.

However, MdM staff also faces challenges when trying to establish that climate of confidence and security with the beneficiaries. In Bulgaria, the management teams of the RRC required systematic reports on any GBV cases identified by MdM, which lead to confidentiality breaches.

With this regard, it is essential to train staff and partners on GBV issues and to insist on collaborative work. When it comes to training, MdM in Bulgaria draws attention on the need for a clear definition of GBV to remind the staff

who often reduces GBV to domestic violence, injuries and crime issues. As for collaboration with all stakeholders, MdM in Croatia ensures that survivors **have their rights guaranteed** by notifying them in detail about procedures and their rights under national and European healthcare and legal systems. MdM in France has set up a network of committed lawyers to ensure that GBV survivors receive a high quality and appropriate legal support. MdM in Italy observes that **cooperation among stakeholders also allows survivors to be better supported, through a holistic methodology taking into account physical, mental, emotional health and social perspectives.** MdM in Bulgaria commended MdM practices in Croatia, Italy and Belgium, where cooperation led to significant technical inputs regarding prevention of STDs, HIV/AIDs and unwanted pregnancies among the GBV survivors and the migrant community as a whole. Moreover, when care providers are isolated, it is quite difficult to have reliable data on the number of GBV survivors actually accessing referral services.

MdM also remarks that discussion with other stakeholders receiving funds from the DG Justice, and/or to fight against GBV, was fundamental for efficient coordination of objectives and implemented actions. It praises the new mechanism established by the DG, ensuring communication and field coordination and avoiding risks of overlapping.

VI.

Recommendations

After having implemented WE ACT for 17 months[61], MdM would like to make the following recommendations based on their experience. Sharing what MdM has learned during this project is a great way to spread its benefits and best practices among the European community.

A | RECOMMENDATIONS FOR PROGRAMMES

Promoting the participation of the beneficiaries in all stages of the programme implementation, from the needs assessment through activities' implementation to the final evaluation, is essential. It supports empowerment of migrants and therefore respects their dignity. **It also implies taking time to build comprehensive relationships of trust, solid on the long run**. Developing meaningful occupational activities such as sports, craft or artistic workshops is also a way to promote empowerment and dignity. For instance, MdM France promotes **widening the range of the beneficiaries of self-defence training.**

MdM urges stakeholders to **keep in mind that men and boys may also undergo GBV and should be included in their actions,** even though women and girls remain the predominant victims. Safe spaces, awareness raising about this issue among professionals and migrants, whenever possible and dedicated training including a gender sensitive approach should improve detection of these very sensitive and taboo violence's.

Moreover, regular training of all the stakeholders is fundamental to increase the prevention and detection of GBV and care of GBV survivors in quantitative and qualitative manners. Professionals should be trained to work with translators that would be also trained regarding GBV (technology could be used for that purpose), and to **adapt their activities to transcultural contexts.** Moreover, if psychosocial activities - such as integrated and community therapy or talking circles- are to be developed, designing a methodology framework for the staff in charge of the implementation of activities would be a real asset for the implementing team.

MdM encourages **continuous capacity building of the all staff and reminds of the importance of bearing in mind the mental health of the staff taking care of GBV survivors**.

61 WE ACT project has an overall duration of 18 months

MdM staff from all the countries where WE ACT was implemented also **pushes for a holistic methodology, bringing different actors together in order to better address all the aspects of GBV**. MdM-Italy points out the benefits of shared moments during which frontline workers can network and exchange their experiences to ensure rapid learning and adaptation in order to be able to guarantee high quality services for the beneficiaries. MdM-Belgium recommends to all the actors to always take gender into consideration when developing a programme, as forms of violence can be analysed from a gender perspective.

Another important aspect is **strengthening of monitoring and evaluation of programmes for advocacy purposes.** The advocacy efforts could be targeting each country where WE ACT was implemented, and the European Union, so as to foster the development of public policies and raise awareness on GBV.

B | COUNTRY-SPECIFIC RECOMMENDATIONS

1. Italy

MdM in Italy **supports the abrogation of the two laws on immigration and security adopted in December 2018 and August 2019 respectively.**

It also sees as fundamental the **improvement of national laws on reception centres by including measures that guarantee special protection for newly arrived migrant women who may be at risk and/or are GBV survivors.** Such a thing could involve the drawing of guidelines in GBV in order to provide specialized training and skills for front line practitioners. The guidelines could also allow national and local health systems to better support GBV survivors through appropriate cross-cultural techniques and effective methods. This would be consistent with the structural approach developed by the CEDAW[62] which aims at removing gender-based discrimination, deeply rooted gender stereotypes in education, the labour market and the media by ensuring gender mainstreaming in laws.

MdM in Italy also recommends **improving the monitoring mechanisms to guarantee effective implementation of adopted national policies**.

2. Croatia

MdM in Croatia **advocates for the shortening and unification of the administrative process of international protection decision-making. This goes along with educating the involved staff on the specificities of working with the population with post-traumatic stress symptoms and possibly involving mental health professionals in the international protection seekers' interviewing process.** During their stay at the asylum seekers' reception centres, migrants should be provided with information about their rights and obligations, culturally, linguistically and contextually adapted to their situation. Monitoring of the implementation of the "Standard Operating Procedure on the Response to Sexual and Gender-Based Violence in Asylum Seekers' Reception Centres" would also be needed.

Moreover, it would be important to **enable a regulated full access to primary health care and preventive interventions for international protection seekers in Croatia.** They should be able to access a continuous, qualitative and

62 'OHCHR | CEDAW Discusses Situation of Women in Italy, Thailand, Romania and Costa Rica with Civil Society' <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=21825&LangID=E> [accessed 7 February 2020]

comprehensive mental health care through the provision of adequate psychological, psychotherapeutic and specialist support by trained professionals, cultural mediators and translators.

3. France

In France, MdM calls for the **repealing of repressive laws on sex work which lead to violence toward migrant sex workers.** Indeed, the offenders are confident that sex workers will never file a complaint against them as it would lead the sex worker to lose her/ his job. Moreover, repressive laws on migration discourage migrant sex workers from making complaints to the police, as it is this very institution which is responsible for the implementation of illegal migrants' deportation. And when migrant sex workers try to start a legal procedure, it happens that the police refuses to register their complaints, arguing that they have no right to be in France. Knowing that, MdM **recommends the issuance of a residency permit for victims of all kinds of violence (and not only domestic violence and trafficking as it is for now), as it would help many judicial proceedings to be successful.**

4. Bulgaria

MdM sees **sensitisation of the State Agency for Refugees as a priority, considering that it would significantly strengthen the protection system of the GBV survivors.** Indeed, nowadays, GBV is often reduced to domestic violence and rape. Such a perception of GBV creates barriers in the GBV prevention and detection procedures.

5. Belgium

GBV is an underestimated issue: it is essential to **bring professionals together in order to identify the link between the patients' health status and their problems**. **MdM Belgium emphasised that detection and care of GBV survivors is more effective when multidisciplinary services are available**, such as the example of the 320 rue Haute centre, in Brussels, which brings under one roof a family planning service, a service for FGM survivors and a service for survivors of sexual violence (where they can receive free of charge medical and psychosocial care, as well as proceeding to a medico-legal examination and filing a complaint). This multidisciplinary approach also facilitates the patient's trust as they are able to choose the service providers they will more likely be at ease to talk to. GBV should be included in the training of all medical staff during their vocational training.

Thus MdM-BE would highly recommend **the implementation of specific and outreach strategies for migrant populations**, for example: multidisciplinary approach of healthcare providers (medical and non-medical), access to diversified structures, gender-sensitive care and collaboration with socio-cultural mediators.

Improving detection and care of GBV survivors will also require an improved collaboration among the different stakeholders working on the topic of GBV (whatever their location and their target population and their level of power). These actions and experiences should be shared through a dedicated entity in order to design together a coordinated strategy for action and avoid overlapping. The Institute for Women and Men Equality could be in charge of this coordination group. This coordination group should encourage coordination at the different political levels in Belgium (commune, region, federal) and should become a mechanism for best practice exchange and system improvement.

Healthcare services **should be brought closer to the most vulnerable populations,** with no access requirements, and social accompaniment should be strengthened in order to ensure that a majority of patients receive the care they need.

The rights of undocumented migrants, GBV survivors, should be guaranteed according to the Istanbul Convention to include information and effective access to justice, health and accommodation for undocumented migrants. **The administrative status of an undocumented GBV survivor should not prevail on her/his right to claim for justice and of being protected, including from deportation to her or his country of origin.**

C | RECOMMENDATIONS TO THE EU

The European Union can be of great support in the fight against GBV. Because it is in touch with a very wide range of actors, it could **play an essential role and oversee all the stakeholders, from non-governmental organizations to public institutions in the development of a coordinated strategy to combat GBV and safeguard human rights on the European scale**. MdM believes that a **horizontal funding approach would be more beneficial and effective,** as it would encourage collaboration and information sharing among the different stakeholders involved in the welcoming of migrants and care of GBV survivors.

MdM also **encourages the EU to review the global system for asylum seekers. The experience has shown that the criteria for selection and the transfers resulting from the implementation of Dublin III Regulation have actual impact on physical, mental health and the general well-being of asylum seekers.** The national administrative processes of international protection decision-making should be shortened and unified. Moreover the involved staff should be educated on the specificities of working with the population with post-traumatic stress symptoms. It would also be a good move forward to include mental health professionals in the international protection seekers' interviewing process.

Policies on migration should also better integrate gender and gender based violence. Nowadays, there is a clear tendency to disassociate policies on violence against women and on migration. Because of this split, even if there are policies and programmes in place to tackle violence against women, they often do not consider the specific situation of migrant and refugee women.

To better fight against GBV, legislation on family reunification should also be amended. Today, these policies reinforce the dependence of women on their male partner and prevent them from being able to escape from the domestic violence they may be suffering.

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