

Bosnia and Herzegovina

01 - 30 June 2019

The authorities in USC started to relocate migrants and asylum seekers residing in private accommodation in Bihać to the Vučjak location.

SOPs for Multi-sectoral Coordination, Prevention, and Provision of Services to Survivors of GBV in Emergencies were adopted by the USC government.

IOM conducted technical assessment of six possible accommodation locations in USC. Three sites with high potential for quick operationalization were identified.

KEY INDICATORS

7,000 – 8,000

estimated asylum seeker and migrant population in BiH at the end of June 2019

4,145

max available accommodation as of 30 June 2019

>236,000

meals provided in June 2019 in BiH

>4,671

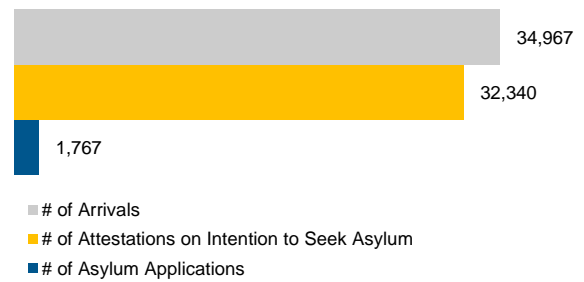
Medical check-ups conducted in June 2019

ACCESS TO ASYLUM

1,767 Asylum applications

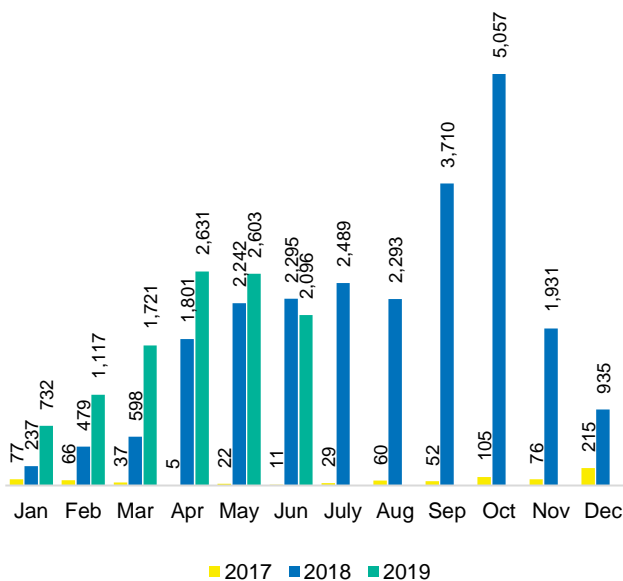
1 January 2018 – 30 June 2019

People who have expressed an intention to seek asylum must then wait for the Sector for Asylum to invite them for an asylum registration interview. Those with no registered address cannot schedule an interview.



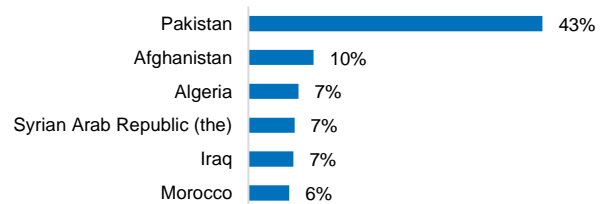
POPULATION OF CONCERN

Number of detected asylum seeker and migrant arrivals to BiH per month

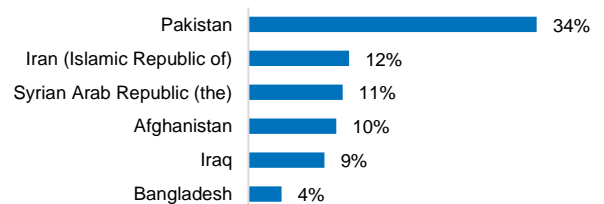


POPULATION OF CONCERN

Top asylum seeker and migrant CoO* arrivals to BiH in June 2019



Top asylum seeker and migrant CoO* arrivals to BiH between 1 January 2018 and 30 June 2019



Priorities and key gaps

CCCM/Accommodation/Shelter:

- Continue to advocate for the relocation of migrants, asylum seekers, and refugees from the Vučjak location to appropriate reception centres.
- There is an urgent need for relevant authorities to identify additional sites for accommodation solutions, including capacity to accommodate families with children, unaccompanied and separated children (UASC), and other vulnerable categories, in adequate and protection-sensitive accommodation that meets international standards.
- Contingency plan and prepare to collectively and rapidly deploy staff and resources once new accommodation are identified.
- Seek appropriate accommodation solutions for UASC who are alleged perpetrators of misdemeanors or criminal offences.
- Advocate for streamlined and accelerated referral mechanisms to both the Delijaš Asylum Centre (AC) and the Salakovac Refugee Reception Centre (RRC) with the Ministry of Security (MoS).
- Resolve electricity supply issues at the Borići and Bira Temporary Reception Centres (TRC).

Protection:

International protection, documentation, and free legal aid

- Improve access to fair and efficient asylum procedures by, among other actions, advocating for the Service for Foreigners' Affairs (SFA) to systematically renew expired attestations of intention to seek asylum, strengthening the asylum registration and refugee status determination (RSD) capacities of the Sector for Asylum (SA), advocating for registration interviews to take place at all reception centres, advocating for the removal of the BAM 10.00 administrative fee for Certificates of Residence, advocating with the SA for the swift issuance and renewal of asylum seeker cards following registration to ensure access to rights, etc.
- Increase the availability of and access to information on assistance and the asylum procedure in languages used by migrants, asylum seekers, and refugees.

Protection environment and protection services inside TRCs

- Seek and implement solutions to limit the unauthorized entrance of unregistered people into the TRCs, especially by finding a solution for the issue of fake ID cards.
- Increase the number of cultural mediators/interpreters/translators to support actors in their work and facilitate migrant, asylum seeker, and refugee access to information and services; include more women mediators/interpreters for women migrant, asylum seeker, and refugee needs.
- Scale-up and ensure the provision of psychosocial support at all locations for all groups.

Protection environment outside TRCs and protection outreach

- Continue to advocate for the restoration of freedom of movement of migrants, asylum seekers, and refugees both within and to Una-Sana Canton (USC).
- Increase outreach activities and services to ensure an enhanced protection environment and humanitarian assistance for those outside of reception centres and for those denied entry into USC.
- Reinforce referral and case management mechanisms for protection services for migrants, asylum seekers, and refugees residing outside of TRCs.

- Continually map locations where migrants, asylum seekers, and refugees congregate outside of TRCs to better understand their extent, their needs, and to support protection outreach and the provision of humanitarian assistance.
- Establish mechanisms for the provision of urgent humanitarian support – such as food, water, and first aid - to migrants, asylum seekers, and refugees in transit in BiH.

Child protection

- Establish common agreement on procedures for accommodating UASC in the Miral TRC.
- Enhance reception capacities for UASC at the Miral TRC, including the provision of basic services, and regularly register UASC on the site to ensure access to these basic services and protection.
- Ensure the presence of child protection mobile teams at points of entry into to USC.
- Seek and implement solutions to better cope with the high number of arrivals of UASC and the high turnover of this category.
- Strengthen outreach work by deploying additional workforce to support the work of the CSWs.
- Build the capacity of the SFA to properly identify UASC/conduct age assessments and foster cooperation between the SFA and Centres for Social Work (CSW) to improve UASC identification.
- Strengthen the capacity of the CSWs to conduct Best Interest Determination (BID) procedures for UASC and to respond to SGBV occurrence and other protection issues among families.

Extremely vulnerable individuals and GBV prevention and response

- Follow-up on the implementation of recently conducted gender based violence (GBV) safety audits in the Sedra and Borići TRCs and conduct GBV safety audits to assist in the identification and mitigation of GBV risks in the Bira TRC.
- Further coordinate GBV prevention and response by prioritizing inter-agency GBV case management, requiring updated referral pathways and the utilization of available GBV services inside of and outside of TRCs.
- Assist the Federation of BiH Ministry of Health (MoH) and the USC MoH and Social Policy to strengthen healthcare professional preparedness vis-à-vis the revision and implementation of the upcoming protocol on Clinical Management of Rape (CMR)/initiating a working group for the adaptation of the CMR protocol to the USC context.
- Continue to collect and analyse input on prevention of sexual exploitation and abuse (PSEA) and GBV training needs, gather and distribute online training links on PSEA and GBV, and coordinate the organization of trainings in accordance with identified needs and available resources.
- Additional training and capacity building of the Infectology Department in the Cantonal Hospital in Bihać on post-exposure prophylaxis (PEP) administration and PEP protocol for UN personnel, including the identification of focal points/doctors in USC who would be available 24/7 and create a link with PEP custodians on the UN level.
- Assist members of the GBV Working Group (WG) to adapt international tools for recording, storage, and exchange of information among key humanitarian services using elements of the GBV Information Management System (IMS).
- Continually sensitize and train humanitarian staff in survivor centred GBV response and sexual exploitation and abuse (SEA) principles.

Health:

Immunization and communicable diseases

- Seek resources to increase vaccination coverage (to ensure that all new-born children have access to full a vaccination programme, as well as that all children have access to regular vaccination according to the national vaccination schedule (including re-vaccination)) among migrant, asylum seeker, and refugee children on an ongoing basis.
- Continue to raise awareness of the importance of immunization among parents and the community.

Primary and Secondary Healthcare

- Establish referral mechanisms for healthcare services for migrants, asylum seekers, and refugees residing outside of TRCs and ensure solutions are in place for the provision of healthcare to all migrants, asylum seekers, and refugees throughout BiH, irrespective of legal status.
- Provide support to first aid provision to relieve pressure on medical teams and to provide at least basic care on the weekends. (The Red Cross used to provide this service but no longer have sufficient material resources.)
- Streamline and coordinate the approach for dealing with complex health cases - joint collaboration should be strengthened in seeking solutions.
- Provide support to healthcare institutions in Cantons outside of USC, Herzegovina-Neretva Canton (HNC), and Sarajevo Canton (SC) that are beginning to engage in the response.
- Increase and improve quarantine capacities and procedures and develop a related SOP.
- Increase capacities to monitor and ensure that migrants, asylum seekers, and refugees under quarantine adhere to the recommendations of medical personnel.

Mental Healthcare Services

- Seek solutions to address gaps in the provision and availability of services for patients with mental health problems and rehabilitation therapy and treatment for substance users – this has been challenging in the Miral TRC where individuals have presented risks to themselves, other migrants and asylum seekers, and the employees of all organizations working in the Miral TRC. (This is also a gap for local populations.)

Paediatric Healthcare

- Ensure high-quality primary healthcare for migrant, asylum seeker, and refugee children, including regular access to paediatricians and nurses specialised in child healthcare and development, including dentistry.
- There is a need for medical examinations (laboratory analysis and microbiology tests of various specimen) for primary school children prior school enrolment.
- Advocate for administering the whole immunization plan for migrant, asylum seeker, and refugee children in BiH, particularly prior school enrolment.

Sexual and Reproductive Healthcare

- Improve access to sexual and reproductive health (SRH) services, in particular for women and girls.
- Improve CMR procedures, by localization of CMR protocol already developed by Federation of BiH MoH and additional capacity building of health and other relevant sectors.

NFI:

- Make additional NFIs available to meet the needs of the increased number of migrants, asylum seekers, and refugees, especially for those treated for scabies and in need of clothing.
- Improve and diversify NFI availability in all reception centres.

WASH:

- Seek and implement solutions to reduce damage caused by migrants, asylum seekers, and refugees to WASH facilities in the Miral and Bira TRCs.
- Continue to improve WASH services inside the Sedra TRC.
- Ensure sufficient hot water in the Sedra and Bira TRCs.
- Increase the availability of WASH services to those residing outside of TRCs.

Food:

- Improve the system of complementary nutrition for young children and pregnant and lactating women in the TRCs accommodating families and children.
- Improve communication between health actors and the Red Cross to ensure that doctors' prescriptions of special dietary requirements can be followed in a timely manner.

Education and Leisure:

- Intensify efforts to integrate primary-school age UASC into formal education.
- Ensure that all children older than 15 have access to high school education and learning.
- Advocate for approval from the Government of HNC for asylum seeker children to access primary education and ensure school-age children in the Salakovac RRC are enrolled in the public education system.
- Advocate, in lieu of access to formal education, for the approval for children to access structured, non-formal education in the Salakovac RRC to provide them with opportunities to learn different life skills (for example, to organize Science, Technology, Engineering and Mathematics Education for children of primary school age). (Approval by the Cantonal Government for this is pending.)

Durable solutions and social cohesion:

- Advocate for and support the authorities to plan and implement holistic policies and programmes directed at the local integration of persons granted international protection in BiH.
- Seek additional funding to properly support initiatives aimed at promoting social cohesion and interactions between migrants, asylum seekers, refugees, and the local population in host communities, especially for initiatives engaging single men.

Security and safety:

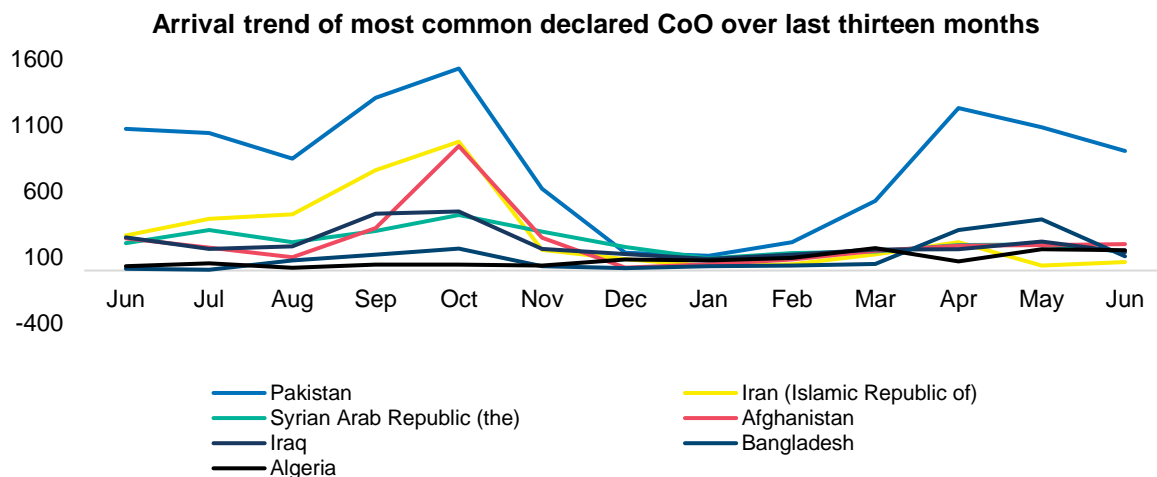
- Take measures to improve the security situation in and around the Miral and Bira TRCs including through non-security and preventative measures, such as leisure activities, psychosocial support etc. as currently capacities only allow for limited services.
- Develop a security action plan for urgent and non-urgent responses to improve the security for centre populations and humanitarian workers.

Key Updates and Operational Context by Sector

Population:

The authorities in Bosnia and Herzegovina (BiH) detected the arrival of 34,967 migrants, asylum seekers, and refugees to the country between 1 January 2018 and 30 June 2019. June was the first month in 2019 in which fewer arrivals were recorded than the same month in 2018, with 199 fewer recorded. The majority continue to arrive overland in an irregular manner (i.e. at non-official border crossings) at a number of entry points. It is estimated that between 7,000 and 8,000 migrants, asylum seekers, and refugees remain in BiH in need of a range humanitarian assistance at various locations, in particular in Sarajevo and USC. The latter location continues to be linked to attempts to enter Croatia and the European Union. Migrants, asylum seekers, and refugees in transit and in other parts of BiH and are also in need of humanitarian support, such as Kalesija, Bijeljina, and Tuzla. More detailed population estimates with age, gender, and location information are available in the 3W at the end of this document.

In June 2019, the largest declared Country of Origin (CoO) among newly arriving migrants and asylum seekers was Pakistan (42 per cent), followed by Afghanistan (10 per cent), Algeria (seven per cent), Syria (seven per cent), Iraq (seven per cent), and Morocco (six per cent). The composition of arrivals – according to declared CoO – varies over time, as shown in the below chart.



CCCM/Accommodation/Shelter

On 14 June 2019, the authorities in USC started to relocate migrants and asylum seekers residing in private accommodation in Bihać to Vučjak, a new location identified by the Bihać City Council. In a joint statement, the UN Country Team stressed the inadequacy of this location vis-à-vis the reception of migrants and asylum seekers. Vučjak poses very significant health and safety risks and is not equipped to accommodate migrants and asylum seekers in accordance with international standards; the site is located very close to landmine infected areas; there is also a high fire and explosion risk due to the possible presence of methane gas underground as the site was formerly a landfill. Furthermore, there are no sanitary facilities available on the site, nor is there access to running water or electricity.

In June, a joint UN Country Team press statement was published on 14 June in which it was stressed that the conditions at the Vučjak location are wholly inadequate for the purpose and called upon the

authorities to immediately cease relocations to this site and to allow migrants and asylum seekers already relocated to this site to return. VP submitted an appeal to the Ombudsperson stating that Vučjak poses significant health and safety risks and that accommodation in the area is not in accordance with international standards. Despite pressure from the UN Country Team and other actors, the relocation of migrants and asylum seekers either privately accommodated or found in the City of Bihać to Vučjak continued.

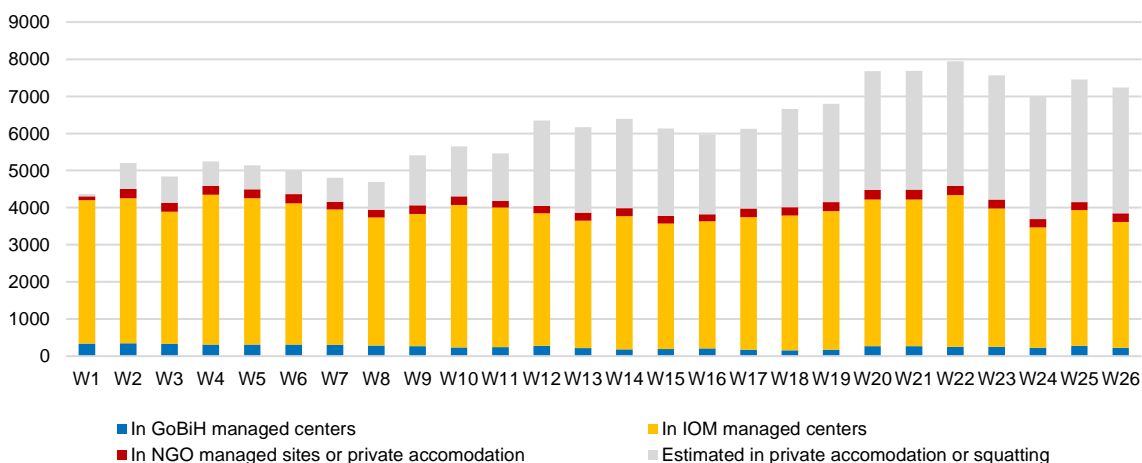
As of 30 June, the maximum available capacity across eight formal and informal centres in BiH (USC, Sarajevo Canton, and HNC) was 4,145, not including safe accommodation and hostels made available to a limited number of particularly vulnerable cases or spaces in the Immigration Centre in Lukavica. The approved capacity limit of 3,200 migrants and asylum seekers in USC remained unchanged, effectively reducing the overall capacity in the country and in USC – for example the Bira TRC has 1,940 beds but a maximum approved capacity of 1,500. Capacity was reduced in June due to the fire that took place on 1 June in the Miral TRC. By the end of the month, the TRC was almost brought back to prior capacity.

There was again a large number of families with children and UASC arriving to the TRCs in June, large numbers of whom could not be accommodated, highlighting the need for additional protection-sensitive accommodation capacity appropriate for these groups.

Given the discrepancy between suitable accommodation and the population in-country, an unidentified number of migrants, asylum seekers, and refugees are privately accommodated, sleeping rough, or squatting, primarily in Sarajevo and USC. Migrants, asylum seekers, and refugees in transit have also been observed sleeping rough in other locations.

UNHCR, UNICEF, DRC, and Save the Children, in collaboration with other actors on the ground, work to identify, profile, and prioritize cases for referral to appropriate spaces, as available. Relatedly, in June, the relocation of families accommodated in the Bira TRC to the Borići and Sedra TRCs (where the overall protection environment and services are more appropriate) continued.

In-country presence of migrants, asylum seekers, and refugees by week in 2019



The TRCs continued to see a high turnover rate in June, related to the number of arrivals as well as attempts at onward movement. Allocating vacated spaces remained a challenge as most do not

announce their departure, leaving it unclear if a given space is available for reallocation. Moreover, in June, IOM continued to receive a high number of requests from the SFA for IOM to transport people back to IOM-managed TRCs in USC following failed attempts to cross the border (taking up a significant share of IOM centre staff to the detriment of their presence in the TRCs).

The below accommodation and shelter was available in BiH in June:

Sarajevo Canton

The Ušivak TRC (opened in October 2018), in Hadžići Municipality, is a mixed profile centre, predominantly for single men, but also for families and vulnerable migrants, asylum seekers, and refugees. The centre is managed by the SFA, with centre management support provided by IOM who oversees the daily running of the centre in coordination with partners providing other services. IOM CCCM staff and security personnel are present 24/7. [The Ušivak TRC currently provides up-to 800 beds.](#)

[At the end of June, the site hosted 757 migrants and asylum seekers.](#) Construction works, supported by the Qatar Charity, to improve the TRC facility and to replace the large provisional tent are ongoing. During the month of June, the ground works to build the foundation for the prefabricated building were almost completed.

The Delijaš Asylum Centre (AC) (in operation since 2014), in Trnovo Municipality, exclusively accommodates individuals who have sought asylum in BiH and is managed by the SA of the MoS, with management, services – including free legal aid, psychosocial support, and primary healthcare - and running costs supported through a partnership with UNHCR. [The Delijaš AC has a maximum capacity of 154 spaces.](#)

[At the end of June, 24 asylum seekers were accommodated at the Delijaš AC.](#) Referrals to the centre are limited by strict conditions put in place by the SA of the MoS. On occasion, asylum seekers refuse to be accommodated there, among other factors, because the remote location of the AC.

An additional location in Sarajevo, called House of All, managed by independent volunteers, offers accommodation up to 90 people in Sarajevo, largely to families, and provides a number of key services to residents.

Una-Sana Canton

Currently, in four centres in USC, IOM supports the SFA in centre management and oversees the daily running of the camps in coordination with partners providing other services, pending a hand over to the SFA in accordance with the 11 March Decision by the BiH Council of Ministers.

The Borići TRC (opened in January 2019 following a complete renovation supported by the EU), in the City of Bihać, exclusively hosts families with children, UASC, and other vulnerable groups. IOM staff and security personnel, as well as UNICEF and Save the Children child protection officers (CPOs), are present 24/7. [The currently approved maximum capacity is 422 \(as opposed to the previously planned 580\).](#)

[At the end of June, the site hosted 279 migrants and asylum seekers](#) with families accommodated in rooms of either 4, 6, 8, or 16 beds. The centre ran at close to full capacity during the entire month of June highlighting the need for protection sensitive accommodation appropriate for vulnerable migrants and asylum seekers. The installation of the 25 planned housing containers to be placed in

front of the building remained on hold as the City of Bihać authorities withdrew the previously agreed support for any expansion of accommodation capacities of the Borići TRC; there are no signs of this changing. The electricity issues in Borići TRC continue to be an issue since the public electricity company cannot move forward because of property permit issues which are not being addressed by local authorities. In the meantime, to ensure electricity and heating for the TRC population, IOM continues to use an external power generator, a costlier and more polluting solution.

Measures to improve the safety and security of children hosted in the Borići TRC were put in place during the month of June: rubber edges were installed on stairs, fences were added in key locations, additional lighting was installed near the laundry area.

The Bira TRC (opened in October 2018), in the City of Bihać, predominantly accommodates single men, and on a temporary basis, families with children, and UASC. IOM staff and security personnel, as well as UNICEF and Save the Children Child Protection Officers (CPO), are present 24/7. While the Bira TRC has an approved accommodation capacity of 1,500, there are 1,940 available beds, of which 1,300 are in six-bed housing containers and 640 in large provisional tents (which are gradually being replaced).

At the end of June, the site hosted 1,553 migrants and asylum seekers, predominantly single men. Over the month, family members accommodated in the Bira TRC were regularly relocated to the Borići and Sedra TRCs for an enhanced protection environment.

The layout and organization of tents and beds in the centre is constantly readapted to respond to the fluctuations of the number and composition of migrants and asylum seekers. Free Wi-Fi access is provided at the TRC by Télécoms Sans Frontières. The malfunctioning of electricity remains an issue.



The Miral TRC (opened in October 2018), in Velika Kladuša, predominantly accommodates single men, and on a temporary basis, UASC. IOM staff and security personnel are present 24/7. The fire which took place on 1 June (as mentioned in the previous monthly update) reduced the site's accommodation capacity from 700 to approximately 480. Over the month of June, IOM maintenance staff worked to repair the site and brought the TRC's capacity back up to 600 by the end of the month. In order to provide a more suitable accommodation to those who were injured by the fire, two rooms hosting six people each were quickly established.

At the end of June, the site hosted 473 migrants and asylum seekers. IOM maintenance staff continuously works to improve the site and cleaning staff regularly deep cleans the whole location. Due to its proximity to the Croatian border, the Miral TRC is viewed by many as the last stop before attempts at onward movement. Télécoms Sans Frontières provides internet access to humanitarian workers in the Miral TRC.

The Sedra TRC (opened in July 2018), in Cazin Municipality, is exclusively for families with children, UASC, and other vulnerable individuals who are prioritized for voluntary relocation from other sites in partnership with UNHCR, UNICEF, DRC, and other actors as relevant. IOM staff and security personnel, as well as UNICEF and Save the Children CPOs, are present 24/7. **The site has a maximum capacity of 420 beds**, of which 160 ensure more privacy. During the month of June, IOM started and almost finalized the construction of an additional area to accommodate vulnerable categories. This new area is expected to host 60 beds.

At the end of June, the site hosted 328 migrants and asylum seekers. The site continues to be affected by the poor conditions of the building's structure and the water, electricity and heating infrastructure.

Herzegovina-Neretva Canton

The Salakovac Refugee Reception Centre (RRC) (in operation since 2000) near Mostar, provides accommodation to asylum seekers, refugees, and persons granted subsidiary protection. The centre management, services - with basic services, free legal aid, psychosocial support, and primary healthcare - and running costs have been continuously supported through a partnership with UNHCR since 2000. As part of the contingency plan of the BiH authorities the Salakovac RRC opened its doors to asylum seeking families as of May 2018, pursuant to a protocol between the Ministry for Human Rights and Refugees (MHRR) and the SA of the MoS. **The Salakovac RRC has a maximum capacity of 213.**

At the end of June, 162 asylum seekers were accommodated at this site. The MoS assumed responsibility of admitting families (from MHRR) in Salakovac which now follows strict rules, as with the Delijaš AC. The average length of stay of those at the RRC has increased to close to six months, with a number of residents having been there for ten months.

In terms of on-site CCCM in the TRCs, IOM Centre Managers or CCCM support staff led CCCM meetings in the Bira, Borići, Miral, Sedra, and Ušivak TRCs on a weekly basis. House rules and inter-agency complaint and feedback mechanisms are in place in all TRCs and continue to be improved and amended together with partner agencies.

Community Feedback Committees have been established in most TRCs, with representation of IOM CCCM staff, partner agencies, and the centre population, responsible for the review and follow-up on feedback received through complaint mechanisms.

Established Community Representative Councils also meet regularly in the Bira, Sedra, and Ušivak TRCs. The main nationalities are represented in these councils and participate in community meetings organized regularly by IOM with partner agencies. These Community Representative Councils serve as a platform for the discussion of centre issues and between the centre population and the centre management as well as for conflict resolution. In June, as the TRCs continued to see a high turnover rate, alternatives to the Community Representative Councils as a means to ensure TRC population participation, such as the open 'Meet the TRC Manager' hour, continued in the Borići and Miral TRCs.

IOM conducted a survey of the population staying in IOM-managed TRCs in USC between mid-June and mid-July. The survey showed, inter alia, that: 75 percent of respondents were “satisfied” or “very satisfied” with the quality of food distributed in their centre; 80.5 percent felt that showers and toilet facilities were clean and hygienic; 86 percent of respondents felt safe in the centre during the day, while only 59 felt safe at night; 86 percent of respondents stated that they would be interested in social activities such as sports, indoor games and language classes. Seventy-two people responded to the survey (35 in the Bira TRC, 18 in the Miral TRC, 13 in the Borići TRC, and six in the Sedra TRC); 12.5 percent were women and 17 percent were minors. All major countries of origin were represented, as well as a few minor ones.



Protection:

International protection, documentation, and free legal aid

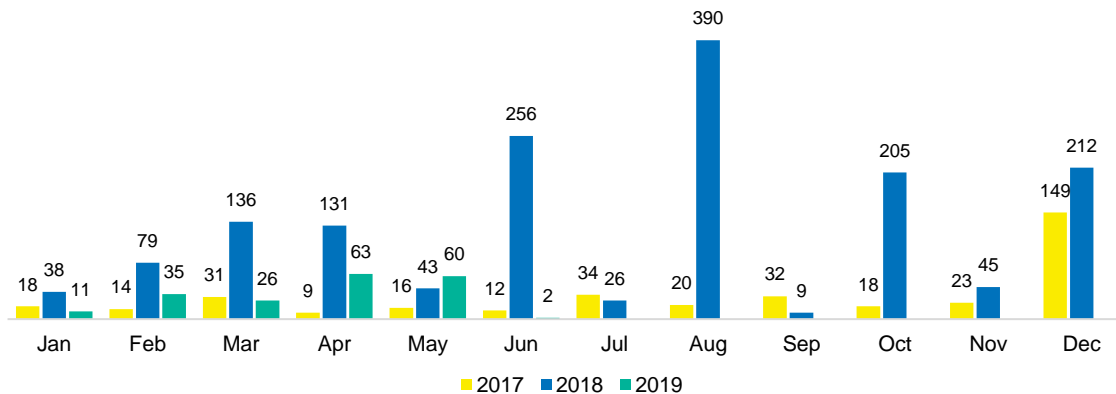
In BiH, the asylum process is the responsibility of the SFA and SA of the MoS. A person first needs to express intention to seek asylum with the SFA and then, within two weeks of expressing intention, register an asylum claim (something which can take place upon invitation only) with the SA. The SA are then responsible for evaluating and deciding upon someone’s asylum claim. [The MHRR is responsible once a person has been granted refugee status or subsidiary protection.](#)

[From 34,967 arrivals between 1 January 2018 and 30 June 2019, 32,340 \(92.5 percent\) formally expressed intention to seek asylum with the SFA. Of these 32,340, 1,767 \(5.5 percent\) chose and were able to formally lodge an asylum claim with the SA over the same period.](#)

[Several factors continue to hinder fair and efficient access to asylum for those in need of international protection.](#) Among others: the SA has limited capacity to register and process asylum claims and has been slow to schedule registration procedures, often causing expressions of intention to seek asylum to expire; the need to register an address with the SFA and have a Certificate of Residence – except in the Delijaš AC and the Salakovac RRC, which remain the only two formally recognized centres for the reception and accommodation of asylum seekers - to register an asylum claim; multiple challenges to registering an address at all TRCs, including the need to pay a BAM 10.00 administrative fee for Certificates of Residence; the fact that only the Delijaš AC, the Salakovac RRC, and the Ušivak TRC remain the only reception centres where access to asylum is enabled (through asylum registration); limited visits by the SA to conduct asylum registrations; short notice for asylum interviews preventing proper preparation and attendance; that while although there is no legal provision that forbids the expression of intent to seek asylum on multiple occasions, the SFA re-issue attestations on intention to seek asylum on a case-by-case basis, often precluding people not considered to be vulnerable from expressing intent following the expiration of their initial expression; a lack of interpretation; restrictions on freedom of movement in USC. Furthermore, and with specific reference to UASC, challenges remain with regard to the appointment of legal guardians for UASC –

a necessary first step to legal representation, the promotion of a child’s well-being and the safeguarding of the best interests of the child, and to enter the asylum process.

Asylum applications in BiH



The SA has not visited any reception centres in USC to register asylum claims since October 2018 and has not been to register claims in the Salakovac RRC since December 2018. While the Ušivak TRC opened in October 2018, asylum registration first took place in April 2019, prioritizing families and UASC. Following sustained advocacy, including through the submission of complaints to the Ombudsperson, the SA recently commenced scheduling asylum interviews for single men in the Ušivak TRC. By the end of June, the SA had registered eight people at the Ušivak TRC. VP has involved the Ombudsperson regarding individuals who have resided at the TRC long-term, yet who have been unable to access the asylum procedure. An agreement was reached that the SA team would start visiting the TRC on a weekly basis from the beginning of July onwards.

The latest available information indicate that some 711 asylum seekers are awaiting a RSD interviews or a decision on their claim. UNHCR is aware of a further 1,000 individuals who wish to register their asylum claim and have been unable to.

This limited access, slowness issuing asylum seeker cards, as well as challenges reporting lost asylum seeker cards in a number of locations, prevent access to the rights provided by the Law on Asylum. Previously issued asylum seeker cards have also been allowed to expire, despite timely requests for their extension.

UNHCR and its partner VP work to promote access to the asylum procedure through information, free legal aid, and advocacy with relevant institutions and ministries. Legal assistance is regularly provided at sites throughout the country and the VP team works to ensure that asylum seekers and refugees are properly informed of their rights and are represented in the asylum procedure; as part of this VP also supports preparation for the interview procedure and collects CoO information reports.

In June, VP provided information on the asylum procedure and free legal aid services to 754 asylum seekers and refugees across BiH, including representation for 456 cases and four interventions to release asylum seekers from detention. VP provide these services at formal and informal sites as well as at hostels and other forms of private accommodation. VP also filed two complaints with the Ombudsperson regarding restrictions to freedom of movement in USC and concerning the lack of education for children residing in the Salakovac RRC.

Further, in a context of mixed-migration flows, UNHCR with VP are stepping up efforts to identify those in need of international protection and to provide them with support processing their claims in BiH. Together, UNHCR and VP started to conduct specifically designed asylum and integration questionnaires in reception centres. The aim is to provide counsel on asylum procedures, identify those with a genuine interest in asylum in BiH, and to assess their integration potential. In June, 35 interviews took place (21 with families and 14 with individuals) in the Delijaš AC, the Salakovac RRC, and the Bira, Borići, Miral, Sedra, and Ušivak TRCs.

UNHCR and VP continued working with the relevant authorities towards the timely registration of new-borns in birth registries and the issuance of birth certificates to the children of asylum-seekers and refugees. Relatedly, a previous submitted appeal by VP concerning the birth registrations conducted by the Mostar Registry Office was accepted by the Federal Ministry of the Interior. As a result, issued birth certificates in the Mostar area should now register the names of both the mother and the father, in-line with the Convention on the Rights of the Child as depending on CoO, the acquisition of nationality can be related to the father and the absence of the father on a birth certificate can in cases lead to statelessness.

Protection environment and protection services inside TRCs

A number of protection risks and concerns exist for migrants, asylum seekers, and refugees in BiH, many of which are exacerbated by either a lack of appropriate accommodation, in particular for UASC and families with children, or by generally inadequate accommodation conditions. A range of actors at the various accommodation sites operate in BiH and work to identify those in need and to directly provide or refer these migrants and asylum seekers to a range of protection related services. Among others, these services include transportation to and from key services, interpretation, free legal aid, protection sensitive accommodation, psychosocial support, child protection, and SGBV related services, referral to medical care, and ad hoc provision of basic needs such as food, water, and NFIs.

The UNHCR protection team conduct weekly visits to monitor the protection environment in all reception centres and to work to identify and address protection issues. The protection team also makes ad-hoc visits to the Immigration Centre. The UNHCR protection team, in cooperation with other protection partners, work to identify vulnerable individuals including through systematic profiling, provide information, and make referrals to relevant service providers. UNHCR and their partners also organise focus group discussions (FGDs) with residents in order to identify and address protection concerns as well as widen communication channels with asylum seekers and refugees, with a particular focus on families, UASC, women and girls.

Throughout the month, DRC protection monitoring teams and staff conducted protection related activities in TRCs including the provision of information, the identification of protection needs and gaps, the identification of vulnerable individuals, profiling and referrals to authorities and services, as well as psychosocial support. Activities were conducted in USC, in the Bira, Borići, Sedra, and Miral TRCs, as well as in Sarajevo at the Ušivak TRC, and in HNC at the Salakovac RRC. These protection monitoring officers also supported DRC's health program component, ensuring protection mainstreaming throughout.

In June, DRC protection monitoring teams profiled 200 vulnerable migrants, asylum seeker, and refugees, including family members, UASC, and vulnerable single adult males newly arriving to reception centres in USC or returning after unsuccessful attempts to cross the border. Among these,

DRC protection monitoring teams recorded 17 cases of pushbacks, and in case of need made referrals to other service providers. UNHCR and VP recorded a further six cases in June. DRC protection monitoring teams also complement the healthcare response through identification and referral of those in need of healthcare – in June, DRC teams referred 162 individuals to the TRC medical units (including from outside the TRCs).

[In partnership with UNHCR, with a focus on community based protection, DRC conduct FGDs in TRCs in USC.](#) The aim, and in support of a community based protection approach, is to define evidence based priority responses for the affected communities and to then design and implement an interagency response. [With a basis in the findings of these FGDs, UNHCR, DRC, and IOM developed a set of tools to support community representation in the TRCs in USC;](#) the tools, support defining the structures, nomination and election systems, as well as proposals for the involvement of beneficiaries in decision making processes. The processes and tools were communicated with TRC residents through series of community presentations. The Community Representatives election process were planned for the beginning of July.

[IOM staff present in the Ušivak, Sedra, Bira, Miral, and Borići TRCs, as well as in Salakovac RRC, with the support of and in collaboration with a number of UN and NGO actors, ensures that information on protection and assistance service providers is available in the centres.](#) IOM staff present at the TRCs further refers migrants, asylum seekers, and refugees with identified protection needs to the SFA, UNHCR and partners, NGOs, and other service and information providers. [Additionally, IOM has on-call mobile teams available 24/7 for assistance and transportation of migrants and asylum seekers](#) between TRCs, to medical facilities, at the request of the SFA or to other service providers. For example, 58 referrals (to accommodations, healthcare providers, PSS providers, food, and NFIs providers, legal referrals, or other) were made during the month of June from the IOM team present in Salakovac RC or the mobile teams in the HNC.

[IOM has also established info-desks in the Sedra, Bira, Borići, and Ušivak TRCs, while in Miral TRC an area of the registration container is currently used as info-desk.](#) These function as points where the centre population can access information about available assistance and protection services within and outside of the TRCs and ask questions, submit feedback and complaints, or report incidents. They are also a platform used by IOM TRC management and other partner agencies to communicate and share information and updates to the TRC populations. In the Ušivak TRC, it is also the point where the centre population sign up, for example, to social, sports and non-formal educational activities.

The Bosnia and Herzegovina Women's Initiative (BHWI) social workers, psychologists, and interpreters/cultural mediators are present in the Ušivak TRC, the Salakovac RRC, the UNHCR Information Centre (Monday - Friday), the Delijaš AC (four times per week), the Immigration Centre in Lukavica (at least once per week), and at the Duje Reception Centre (upon need), and provide a range of services with a focus on psychosocial support, SGBV prevention and response, and the identification of vulnerable categories, along with referrals to relevant services. BHWI also provide services in the Sarajevo urban area in locations such as House of All (twice per week). Among other activities BHWI organize SGBV prevention meetings/workshops with women and with UASC, undertake individual counselling for the identification of victims of SGBV, provide individual and group psychosocial support, psychological first aid, organized music therapy, make referrals for psychiatric examinations, organize sports, fitness, and recreational activities.

Žene sa Une (ŽsU) operate a trauma recovery programme for women in the Sedra TRC as well as in their safe house. The programme works to promote psychological recovery and social integration. Two groups of women participate in workshops which work to reduce the symptoms of depression and anxiety and support recovery from trauma. Moreover, they work to identify problems or issues experienced by the women in a participatory manner and act as an entry and referral point to other specific programs and individual work organized by other actors. In June, there were 95 participating women.

Protection environment outside TRCs and protection outreach

Due to limited accommodation capacity, increased arrivals and, in cases, objective reasons for individuals and families to choose not to stay in the available accommodation capacity, an increasing number of migrants and asylum seekers are present outside of the established TRCs, the AC, and the RRC. Migrants and asylum seekers are also in transit between locations in BiH and exposed to a range of protection risks.

Measures put in place by Cantonal authorities in USC to limit the freedom of movement of asylum seekers and migrants both to and within USC were strengthened in June. Related police checks of buses and trains continue. Further, the Cantonal authorities continue the practice whereby no newly arriving migrants, asylum seekers, or refugees can enter USC, regardless of vulnerabilities, without prior confirmation of available accommodation space. Restrictions placed on freedom of movement can, inter alia, inhibit access to rights such as access to the asylum procedure, healthcare, and cause and prolong family separation. These measures also expose migrants, asylum seekers, and refugees to protection risks, in particular for those disembarked from transport at the Cantonal border and in locations without services, and place additional burden on humanitarian workers and limited outreach capacity.

As during previous months, while vulnerable categories were admitted (as above, assuming available space), newly arriving single men continued to be denied access to the TRCs in USC. In addition to the risks related to a lack of safe and secure shelter, due to the absence of an individual approach to assessing and determining access to shelter (assessment based simply on gender and family status), it is likely that extremely vulnerable individuals were among the single men denied accommodation.

As mentioned above, in June 2019, the authorities also started to start transfer migrants, asylum seekers, and refugees living squats or on the street in Bihać municipality to the Vučjak location (and in some cases people residing in private accommodation, including registered asylum-seekers).

Police are also said to inhibit movement from the site unless it is to attempt to cross the border into Croatia. In cases, UASC are transferred to the site and are later allowed to return to reception centres, but only through the intervention of the local social services. In the last week of June, there were an estimated 400 people on the location.

Such practices encourage migrants and asylum seekers to limit public outings, to avoid systems of support, as well as to select less visible and often less safe routes when moving/transiting, exposing themselves to greater protection risks.

Inter alia, the following protection risks have been identified at the Vučjak location:

- Restriction of freedom of movement;
- lack of safe and dignified accommodation conditions;

- Lack of registration and legal assistance;
- Exposure to coercive measures;
- Exposure to health risks;
- Stigmatization and degrading treatment;
- Lack of available services (WASH, healthcare, etc.);
- Exposed to negative coping strategies.

Given the increased presence of migrants and asylum seekers outside of accommodation centres, UNHCR, DRC, UNICEF, and Save the Children, in close cooperation with IOM, deploy outreach and protection monitoring teams in USC, and work to monitor the protection environment, provide protection by presence, to identify vulnerable individuals (families, single women, UASC, persons with disabilities or serious health issues), to provide key information, and to directly provide or refer these migrants and asylum seekers to a range of protection related services. UNICEF and Save the Children support a child protection outreach team. Follow-up and accompaniment is provided for a range of services including protection sensitive and alternative accommodation and care arrangements, legal guardianship appointment, other legal support, psychosocial support, and referral to medical services, including mental healthcare. In the last week of June alone, outreach teams recorded 599 new arrivals to USC through observation and profiling of vulnerable people at disembarkation points in Bosanska Otoka and Velećevo, in Ključ – nine percent were families with children and UASC.

UNHCR maintains an information centre in Sarajevo which makes referrals to relevant and available services, as well as offers psychosocial support, through its partner BHWI, and free legal aid, through its partner VP. Translation and childcare support are provided.

In June, IOM continued to update the *Support for Migrants mobile application* (www.supportformigrants.com) with information about services available to migrants in BiH. The application contains general information on six countries in the Western Balkans, information about migrant rights as well as services available to them. The application can be accessed via computer or downloaded on mobile phones (IOS and Android) and is available in eight languages.

Child Protection

An increasing number of UASC has been observed staying outside of reception facilities in June, due to limited availability of capacities in appropriate reception facilities and the lack of family- and community-based alternative care options. This is of serious concern as it renders them at heightened risk of protection concerns and often without access to basic humanitarian assistance.

Matters are further complicated because UASC, when arriving by train/bus in USC, are often not identified and referred back to Republika Srpska, and within the territory of USC, when in public spaces, are among those referred to Vučjak. Migrants, asylum seekers, and refugees, including children, are becoming highly invisible, avoiding system of support and exposing themselves to greater protection risks.

UNICEF continues to strengthen outreach activities and child protection teams at points of entry to USC with four social workers (three for the Bihać CSW and one for the Ključ CSW) enhancing the protection and guardianship appointments for identified UASC. Basic NFIs and food items, procured by UNICEF, are distributed by all outreach teams to the most vulnerable, especially children and

pregnant women. In cooperation with the Bihać CSW, Save the Children/UNICEF visit Vučjak on a daily basis to identify UASC.

In most instances, UASC identified by outreach teams in Ključ, Bosanka Otoka and Bosanka Krupa and VK cannot be referred to accommodation in any of the TRCs in USC as there is no space for UASC. At the same time, social workers from centres for social welfare are reluctant to appoint a legal guardianship to UASC who are not registered and to whom social worker cannot guarantee accommodation

UNICEF, in partnership with Save the Children, continued to provide 24/7 on-site child protection support at the Sedra, Bira, and Borići TRCs for migrant and asylum seeker children and their families. Ten CPOs provide general advice and assistance, referral to relevant institutions/organizations, psychological first aid, individual and group counselling, follow-up support for children identified at risk of protection issues or victims of violence and engagement with parents to enhance their parental skills. In June, a total of 157 families were supported (45 in the Borići TRC, 82 in the Sedra TRC, and 30 in the Bira TRC).

In the Bira TRC, a team of 16 CPOs provide 24/7 child protection support specifically for UASC, jointly working with two legal guardians on the Bira TRC site in close cooperation with the Bihać CSW, where they provide general advice and assistance, referral to relevant institutions/organizations, medical escort and follow-up on medical cases, psychological first aid, individual and group counselling, follow-up support for UASC identified at-risk of protection issues, English and Bosnian/Serbian/Croatian classes, literacy classes, art therapy and creative workshops, educational workshops (hygiene, sexual reproductive health), sport activities and board games, 'Tea & talk' (CPOs engage UASC in conversation), and life skills education in line with the "Boys on the Move" methodology introduced by UNFPA. In June, support was provided to 586 UASC (all boys) in the Bira TRC.

The Miral TRC presents particular concern with regard to UASC. While the location generally doesn't provide an adequate protection environment for UASC, not only has it proven challenging to prohibit them from accessing the site but there are also limited alternatives. For instance, the majority of UASC decline offers to be relocated from the Miral TRC to the Bira TRC in the first place. Further, those UASC who do agree to be relocated from the Miral TRC – through efforts to provide more appropriate shelter - often quickly return to the Miral TRC in an irregular manner or seek shelter in squats and other informal locations. Returning irregularly renders UASC without access to the services available in the Miral TRC, including food/NFIs and healthcare. Staying in squats or sleeping rough exposes UASC to heightened protection risks. Moreover, in the process, legal guardianship is lost (when UASC move from one municipality to another in an organised manner then the transfer of guardianship is organised accordingly between the CSWs). As such, there is a need to increase reception capacities for UASC at the Miral TRC.

In the Miral TRC, two social workers, seconded to the VK CSW, with the support of UNICEF, and in partnership with Save the Children, are present from Monday to Friday and perform the role of legal guardians to UASC and provide child protection support. From mid-February, in total 61 children in the Miral TRC have been appointed legal guardians (15 new legal guardianships in June).

UNICEF, in partnership with SOS Children's Villages and World Vision, continued to provide 24/7 on-site child protection support at the Ušivak TRC. The child protection team provides on-site support

(case management, psychosocial support, education, and recreational activities) for migrant and asylum seeker children with a focus on UASC and makes referrals to external support services (legal representation and assistance, medical services) when required and monitors the provision of services to UASC in close partnership with the Hadžići CSW. **In June, support was provided to a total of 193 UASC**, including psychosocial support to 79 UASC and other child protection support to 114 UASC. The continuous fluctuation of UASC dictates the number of participants, since many UASC stay for one or two nights only. In the Salakovac RRC, one UASC was supported and appointed legal guardianship by a World Vision CPO.

UNICEF continued to support the CSWs in Bihać, Cazin, and VK, and a multi-disciplinary team from the CSW in Bihać operating after working hours and during weekends, with a focus on the protection of migrant and asylum seeker children, with a special emphasis on UASC. This additional social service workforce provides legal guardianship to identified UASC, conducts best interest assessments (BIA), and provides escort to transfer UASC to the designated zone in the Bira TRC or other accommodation (e.g. safe house). **In June, through UNICEF support, the CSWs in Bihać, Cazin, and VK assigned legal guardianship to 93 newly arriving UASC – making a total of 616 assignments in this manner to-date. In June, 89 UASC were identified in Ključ, Bosanska Krupa, Bosanska Otoka, where the Bihać and Ključ CSWs jointly provide guardianship. Another 100 UASC were identified jointly in partnership with the CSW Bihac and Save the Children in Vučjak and relocated to TRC Bira and other reception facilities.**

BHWI have also made social workers available to the Hadžići CSW in Sarajevo Canton to be appointed as legal guardians, conduct BIA, and provide psychosocial support. Only a minority of UASC at the Ušivak TRC are appointed legal guardianships, largely due to their short stays at the TRC. Some inefficiencies in the procedures of appointment also contribute.

Supported by UNICEF, and operated by ŽsU, SOS Children's Villages, and World Vision, Child Friendly Spaces (CFS) operate at the Salakovac RRC, the Ušivak TRC, the Borići TRC, the Bira TRC, and the Sedra TRC (where there are two spaces, one for children under twelve and one Youth Centre for children 12 – 17)¹. In June, a total of 499 (236 girls, 263 boys) children benefitted from CFS services across all sites: 64 at the Salakovac RRC (36 girls, 28 boys), 116 at the Ušivak TRC (53 girls, 63 boys), 145 at the Borići TRC (69 girls, 88 boys), 14 at the Bira TRC (6 girls, 8 boys), 103 at the Sedra TRC CFS (54 girls and 49 boys) and 57 children at the Youth Centre (18 girls, 39 boys). CFS operate as multi-functional centres to prevent and respond to protection concerns and connect children and their families with a variety of humanitarian services. They provide children with opportunities to develop, play, learn, and strengthen their resilience, as well as access psychosocial support. CFS also offer a space for the identification, referral, and follow-up, and/or direct support of at-risk children. **In June, CFS provided a total of 647 services** (427 educational/recreational, 121 psychosocial/HEART): 216 activities at the Ušivak TRC, (171 educational/recreational, 45 psychosocial), 113 activities at the RRC Salakovac (98 educational/recreational, 15 psychological/HEART), 32 activities at the Bira TRC 32 (29 educational/recreational and 3 HEART),

¹ RRC (WV, 09:00 – 15:00, Monday to Friday), the Ušivak TRC (SOS, 08:00 – 16:00, Monday to Friday), the Borići TRC (ŽsU, 10:00 – 18:00, daily), the Bira TRC (ŽsU, 12:00 – 20:00, Monday, Wednesday, Friday), the Sedra TRC (ŽsU, 10:00 – 18:00, daily).

77 activities at the Borići TRC (71 educational/recreational, 6 HEART), and 209 activities at the Sedra TRC (157 educational/recreational, 52 HEART).

Extremely vulnerable individuals and GBV prevention and response

The SOPs for Multi-sectoral Coordination, Prevention, and Provision of Services to Survivors of Gender Based Violence in Emergencies were adopted by the USC government.

The GBV Working Group led by the UNFPA meets on a bi-weekly basis, promoting inter-agency cooperation in providing timely and quality assistance to GBV survivors. In June, the GBV specialist initiated discussions on the next steps in institutionalizing a PSEA mechanism in USC, developing an action plan on raising awareness on SEA, and considering the status of the referral information sharing protocol tabled during the previous WG meeting.

UNFPA initiated and started the process of gathering the PSEA training needs in the field and together with IOM started discussing and developing SEA awareness raising tools.

The GBViE specialist continued with the GBV sensitization of humanitarian personnel. Training was conducted for 22 staff members of IOM, Save the Children and ŽsU working in the Borići TRC. The content of the training included definitions of GBV, PSEA, sexual harassment, prevention and response mechanisms, including availability of services within the camp and the agreed/updated referral pathway for the Borići TRC. Participants were also sensitized on the risks/consequences of GBV, global prevalence, reasons for being underreported, as well the survivor centred approach which was explained in detail giving practical tips how to treat the survivors and whom to refer to if approached by survivors

In cooperation with Cantonal Hospital Bihać and Clinical Centre Sarajevo, UNFPA identified focal points\doctors in USC which would be trained on PEP protocol administration for UN personnel, who would be available 24\7 and create a link with the PEP custodians on UN level.

Médecins du Monde (MdM) in cooperation with UNFPA, continued to support GBV survivors and women and girls at high risk through targeted group and individual psychosocial support counselling provided by two psychologists operating in the Bira, Sedra, and Borići TRCs three times per week – UNFPA psychologist were available for crisis interventions. In June, a total number of 120 women received psychosocial support, out of which, 20 GBV cases were identified and provided with further followed-up and referral to other services in cases of need.

In USC, UNFPA, through MdM, continued to manage three Centres for Women and Girls (WGC) in the Bira, Borići, and Sedra TRCs, assisting vulnerable women and girls and GBV survivors to rehabilitate and strengthen resilience through empowerment programs and life-skills education. In June, 940 participations of women was recorded in the WGCs. Taking into account that a significant number of the women and girls who have accessed services in the WGCs were illiterate, a literacy program commenced in June – 23 women and two girls from the Borići TRC were engaged in the month.

BHWI continued to work on the prevention of SGBV prevention, identification, and response in the Delijaš AC, the Immigration Centre, the Ušivak TRC, House of All, and the Salakovac RRC, including through individual counselling, family counselling, and counselling focused on self-protection in camp and migration contexts. BHWI also provide workshops and training sessions. For example, in the last week of June, BHWI organized two training sessions (one for men and one for women) at the

Salakovac RRC on “Mapping personal resources and capacity building to overcome cultural elements and prevent forms of SGBV”.

A limited number of spaces in specialized accommodation facilities are available for people identified as extremely vulnerable, including UASC and victims of SGBV, through the IFS-EMMAUS Centre for Children and Youth at Duje and with ŽsU. In June, Protection teams continued to identify and refer particularly vulnerable individuals to ŽsU for safe accommodation, where they also receive counselling and psychosocial support, in collaboration with DRC who continued to provide GBV case management (with regular follow-up on nine cases) as well as mental health and psychosocial support case management (48 cases in total). Over the month, a total of 32 new individuals were referred to protective shelter (welcome packages are provided and refill packages are available thereafter). Over the month, the shelter accommodated 61 individuals from 29 families for a total of 557 nights.

In June, IOM organized a Training of Trainers on the updated Prevention of Sexual Exploitation and Abuse (PSEA) training programme. The training gathered key IOM staff from the region and contributes to IOM’s commitment towards preventing and combatting sexual exploitation and abuse in the workplace and in field operations. The training is compulsory for all IOM employees.

On 20 June 2019, the GBV Working Group for USC met to discuss the next steps in institutionalizing PSEA mechanism in USC, developing action plans for raising awareness on Sexual Exploitation and Abuse (SEA) amongst the beneficiaries and employees, and the status of the referral info sharing protocol. UNFPA initiated the establishment of the Community Based Complaint Mechanism, and IOM will continue to coordinate the process.

Health:

Primary and Secondary Healthcare

DRC continued to provide healthcare for migrants and asylum seekers in six centres: in USC, the Bira, Borići, Miral, and Sedra TRCs; in Sarajevo Canton, in the Ušivak TRC; in HNC, in the Salakovac RRC. In each of these centres, primary healthcare is provided on-site through the engagement of medical teams from local PHCs (the Bihać, Bosanska Krupa, Cazin, Hadžići, and VK PHCs). Specialized services on the primary level (including laboratory analysis, gynaecological, paediatric and other services) have also been covered through the Bihać, Cazin, and VK PHCs in USC, at the Hadžići PHC in Sarajevo Canton, and at the Stari Grad Mostar PHC in HNC. For those accommodated in the Delijaš AC, primary healthcare continued to be provided with the support of UNHCR by the Trnovo PHC.

Secondary healthcare services are provided through Cantonal Hospital Dr. Irfan Ljubijankic in USC and through the General Hospital in Sarajevo Canton. In HNC, the secondary health care services are ensured through Cantonal Hospital Dr. Safet Mujic, Mostar and University Clinical Hospital Mostar. Specific cases are referred to the University Clinical Centre Sarajevo.

Recent months have seen a trend of increasing medical cases sleeping rough or staying in private accommodation which demands increased outreach activities, referral, and follow-up, supported by the DRC medical teams. Referral pathways for migrants and asylum seekers outside of the centres are limited. While all cases that are referred to DRC or identified by DRC protection teams are followed-up on and referred firstly to TRCs for examination and further referral to primary and

secondary healthcare, the mechanism functions on an ad hoc basis without a systematic approach and is affected by the limited accommodation capacity.

Further, due to a deteriorating protection environment in USC, migrants, asylum seekers, and refugees increasingly tend to minimize their visibility, staying and hiding out in private accommodation, abandoned buildings or outdoor areas. This limits the outreach of health service providers and may encourage those in need of medical assistance to wait until the issue has already become very severe.

Teams engaged through PHCs conducted 4,671 medical examinations and made 997 medical interventions, with 201 referrals to further primary healthcare and 148 referrals to further secondary healthcare in June. The Jesuit Refugee Service, in partnership with DRC, provided accompaniment and translation services for 367 patients referred to specialized services and secondary healthcare services. IOM provided medical transportation on 264 occasions. Regarding the pathologies, respiratory infections still prevail, followed by myalgia as a consequence of scabies and contusions/traumas/injuries.

At the Vučjak location, the USC branch of the Red Cross provided 102 first aid interventions in June.

Twice a week, the first aid team of the USC branch of the Red Cross screened children of school age for scabies. In June, they screened 210 children.

IFS-Emmaus facilitate primary healthcare access for asylum seekers and migrants accommodated in the centre in Duje.

DRC continued with the provision of medication for migrants, asylum seekers, and refugees in need through the medical teams engaged in the field. According to the established system, medications were provided according to the requisition designed by the medical teams. Disposable medical supplies, necessary for provision of health services, are provided by DRC in accordance with requisition designed by the medical teams, and in accordance with funds available.

DRC has frequent consultations with the Primary Health Institutes (PHI) in Sarajevo Canton and USC for counterchecking and updating the protocols for proper maintenance of premises of temporary infirmaries, as well as for the treatment of scabies and pediculosis in TRCs. These will be shared again with the CCCM and other service providers for consideration and action taking.

Mental Healthcare Services

In partnership with DRC, mental health services were provided in the Bira, Borići, and Miral TRCs, through the regular presence of psychologists engaged through Mental Health Centres (MHC) within the engaged PHCs. A total of 56 mental health and psychosocial support consultations were made in June. Services are not available for the hospitalization of more serious cases and rehabilitation therapy and treatment for the addicts is not available.

The Red Cross Restoring Family links team provided 28 psychosocial support interventions in June in the Miral TRC.

Paediatric Healthcare

During June, the paediatric team, supported by UNICEF and in partnership with DRC, provided 141 services for 69 children (32 girls and 37 boys) aged 1 - 17 years, including 32 children up to 4 years

of age. The paediatric doctor conducted 84 paediatric examinations while the nurse followed-up on prescribed therapies and provided services to 57 children. The most frequent type of assistance/diagnoses related to respiratory and intestinal infections, but the number of children patients with allergy symptoms and dermatological problems also increased. Paediatric counselling was provided for 42 children and their parents regarding the usage of prescribed therapy, children's nutrition, and hygiene care. In the reporting period, five children were diagnosed with varicella (chickenpox), three children with hair lice, and three children with scabies. All children received prescribed therapies and the CCCM at the Sedra TRC has been informed of these cases and accommodated the patients in quarantine.

Sexual and Reproductive Healthcare

In June, 58 women were referred from the TRCs in USC by the DRC medical teams to gynaecologists at the primary and secondary level. DRC protection monitoring officers support the DRC medical teams with regular follow-up on specific and chronic medical cases in the TRCs.

UNFPA, in partnership with MdM will continue to identify and address the sexual and reproductive health (SRH) needs of migrants and asylum seekers. A total number of 35 women were engaged in SRH workshop or had individual consultations after which they were referred for a potential check-up.

NFI:

IOM continues to provide NFIs for newly arriving asylum seekers and migrants in all five IOM-managed TRCs. An NFI distribution system is in place and operational with set schedules displaying distribution times. IOM provides NFIs welcome kits, after which individual NFIs refills are provided. The Red Cross, receiving many donations from the public, regularly complements and contributes to IOM's NFIs distribution. In June, IOM distributed 8,850 NFIs to 339 people in the Borići TRC, 21,024 NFIs to 1,967 people in the Bira TRC, 6,148 NFIs to 644 people in the Miral TRC, 5,317 NFIs in the Sedra TRC, and 9,661 NFIs to 1,697 in the Ušivak TRC. The populations in the Bira and Sedra TRCs, where IOM has a small NFI warehouses and storage halls, contributes to the organization and unpacking of delivered NFIs. The distribution of specialized NFIs packages to hospitalized migrants and asylum seekers from Sedra TRC, which contains pyjamas, slippers, a towel and other NFIs necessary for hospital stays, continued during the month of June. IOM provides clean sheets and linen upon arrival and for those in scabies treatment, or other medical cases as per need.

In June, UNICEF in partnership with ŽsU, Save the Children, SoS, and WV, distributed over 9,000 NFIs (hygiene items for mothers and infants, including over 8,000 diapers) through MBCs in the Borići, Bira, Sedra, and Ušivak TRCs, as well as the Salakovac RRC. A total of 612 NFI packages (primarily hygiene products) were provided to women: 592 at the MBCs in Sedra, Borići and Bira and 20 at the Ušivak TRC.

In June, the Red Cross received and distributed a total of 1,765 NFIs were distributed countrywide by Red Cross Mobile Teams. The USC Red Cross distributed 350 hygiene parcels, two 105 m2 tents, and 440 blankets at the Miral TRC. The Red Cross in Mostar distributed 120 hygiene packages in the RRC. The Bihać Red Cross distributed 170 mattresses, 30 beds, and 448 pillows at the Vučjak location.

In June, UNFPA continued to distribute hygienic pads and modern contraceptives for women and girls as needed, through the WGCs. Also UNFPA and MdM agreed with IOMs CCCM that 2,220 packs of modern contraceptives will be distributed in the four TRCs in USC as part of the NFI welcome pack. DRC also supported with the distribution of sanitary pads and condoms, provided by UNHCR.

In June, Caritas supported migrants, asylum seekers, and refugees with NFIs and a range of personal hygiene NFIs to migrants and asylum seekers at the Ušivak TRC, the Delijaš AC, and the Salakovac RRC.

All asylum seekers and migrants accommodated at the Duje Reception Centre are provided with necessary NFIs and clean bedding.

House of All provide residents with NFIs, such as hygiene and sanitary items, pillows, sleeping mats, towels, blankets, and shoes and clothing as necessary.

WASH:

The Bira TRC has 95 toilets and 58 showers and facilities are separated by gender. Drinking water is available in the centre. A number of repairs take place every week in the centre to repair broken facilities. Despite constant awareness-raising efforts made in order to enhance the communication and participation of the centre population, the Bira TRC continues to struggle with broken facilities and equipment, which usually result in an average of 30 toilets being out of order and with a considerable number of showers lacking hot water. Initiated through IOM's social cohesion initiative, joint cleaning actions are organized regularly in the area around the facility with the voluntary participation of many migrants and asylum seekers staying in the TRC. Caritas continued to provide laundry services in the Bira TRC and washed 5,750 kg of clothing in June - between 35 and 50 bags daily.

The Miral TRC has 55 toilets and 34 showers. Facilities are not gender separated since the centre only hosts single males and a few UASC boys. Drinking water is available in the centre. An operational laundry system is in place, allowing the centre population to wash their personal belongings. In June, an average of 216 laundry bags were washed and dried weekly for an average of 166 people, in addition to the bed-linen and other centre inventory washed by the centre staff.

The Sedra TRC has 53 toilets and 59 showers, with 43 rooms having private facilities for a total of 163 people. The remaining TRC population has access to shared toilets and showers, separated by gender. Drinking water is available in the centre. The laundry system is in place and operational with six washing machines and six dryers washing an average of 330 laundry bags for an average of 90 households weekly. The TRC population contributes to the laundry operations on a voluntary basis. Renovation works on both the indoor showers (for women) and the outdoor showers (for men) were completed in June, increasing the centre's WASH capacity. Although minor challenges with the availability of hot water and WASH facilities persist, this constitutes an important improvement for the Sedra residents who do not have toilets and showers in their rooms.

The Ušivak TRC has 33 toilets and 28 showers and facilities are separated by gender. Hot water and drinking water is available at the centre. The centre population is actively involved in cleaning and maintenance of the centre, during food distribution, and in the organization of the centre's communal activities and spaces. A laundry system is in place with two industrial washing machines and one industrial dryer.

The Borići TRC has 23 toilets and 16 showers inside the building and 21 toilets and 13 showers outside the building (in sanitary containers) and facilities are separated per gender. Hot water and drinking water is available in the centre. Six washing machines and six dryers are installed and operational and centre residents are involved in the laundry operations on a voluntary basis. Additional industrial washing machines were set up in the month of May, but will only become operation once connected to the main electricity system.

IOM continue to support disinsection, deratisation and disinfection measures in all TRCs in USC. Disinfections are organized weekly, while disinsections take place monthly, and deratization take place every three months.

All asylum seekers and migrants accommodated at the Duje Reception Centre are provided with necessary hygiene/sanitary supplies. WASH facilities are gender separated with hot water and laundry services available also.

WASH facilities at House of All are separated by room, with 21 toilets and 21 showers for approximately 70 residents.

Food:

Asylum seekers accommodated in the Delijaš AC are provided with a monthly food package by the MoS in accordance with recommendations made by a nutritionist at the Sarajevo Federal Institute for Public Health. Further to this food package, additional food and supplements are provided for pregnant women, chronically ill individuals, and children up to the age of 10. A fresh food allowance to the amount of BAM 30 per month is also given to every asylum seeker at the Centre. In June, Caritas supported with over 50 kg of fresh fruit and 195 kg of vegetables as well as coffee, tea, and milk supplies and baby food. BHWI provide additional support with nutritional needs in specific cases as per recommendations made by a doctor.

The Red Cross Mostar Branch prepares and distributes three meals per day to asylum seekers and migrants at the Salakovac RRC. In June, 8,424 meals were distributed along with a further 5,652 interim meals and 147 packages of baby food. BHWI provide additional support with nutritional needs in specific cases as per recommendations made by a doctor. Caritas supported with food babies in coordination with the management of the centre. In June, IOM concluded the agreement with the Red Cross Mostar for the provision of food supplies for Salakovac RRC starting form 1 July.

In the four TRCs in USC managed by IOM, IOM/the Red Cross (the Bihać and USC branches) continued to support the provision of three meals (breakfast, lunch and dinner) and two fruit snacks per day according to standardized menus ensuring sufficient calorie and nutrition. In June, IOM provided a total of 20,828 meals in the Borići TRC, 83,280 meals in the Bira TRC, 18,708 meals in the Sedra TRC, and 28,121 meals in the Miral TRC. Meals are prepared and distributed in-line with international standards that guarantee sufficient nutritional value, variety and a daily intake of 2,100 Kcal. Meals are prepared on-site at the Sedra, Bira and Miral TRCs. For the Borići TRC, the Red Cross prepares meals at their own premises and transports them to the site

In the Sedra and Borići TRCs, IOM provides specialized food (gluten-free, vegetarian) to those with specific dietary requirement upon Doctor's recommendation/medical prescription or to those who are vegetarians. School children receive an early breakfast on school-days and additional milk is distributed daily to parents or care-takers of children. An individual who has difficulty in eating solid

food receives a specialized menu. In the Miral TRC, those who were injured during the fire had their meals delivered to their rooms. Additionally, IOM/Red Cross provide food for the families who wait for transportation to Bihać in front of the centre.

Open kitchens equipped by IOM for centre populations to cook their own food are operational in the Miral and Bira TRCs, with ongoing works for their establishment in the Sedra and Borići TRCs. The centre population is actively involved in keeping these spaces clean. In Bira TRC, one voluntary focal point has been appointed for that purpose.

In the Ušivak TRC, three meals per day (breakfast, lunch and dinner) plus two fruit snacks are prepared and distributed with the support of Pomozi.ba. Meals are prepared and distributed in-line with international standards that guarantee sufficient nutritional value, variety and a daily calorie intake. More than 42,004 meals were distributed in June. Pomozi.ba does not have the capacity to provide for specialized food for medical cases, or for extra nutritional food for pregnant and lactating women. Supported by the EU, IOM complements the food provision of Pomozi.ba.

In June, at the Vučjak location, the Bihać Red Cross prepared and delivered 20,400 meals.

Migrants and asylum seekers accommodated by House of All are provided with food such that they can prepare three meals for themselves per day.

Asylum seekers accommodated in the ŽsU protective shelter are provided with groceries such that they can prepare meals for themselves in-line with their own practices and schedules. In June, 1,670 meals and 1,100 snacks were provided.

IFS-Emmaus provides hot meals to those accommodated at the Duje Reception Centre.

UNICEF, in partnership with ŽsU, Save the Children, SOS Children's Villages, and World Vision, operated Mother Baby Corners (MBC) at the Salakovac RRC, the Ušivak TRC, the Borići TRC, the Bira TRC, and the Sedra TRC². MBCs provide parents with IYCF counselling, information/awareness raising on breastfeeding and hygiene, psychosocial counselling, and support the provision of infant food and hygiene products. In June, a total of 95 mothers, 11 pregnant women, four fathers, and 83 children under five benefitted from MBC services: 14 mothers and 24 (10 boys and 14 girls) children at the Salakovac RRC; 30 mothers and 33 children (16 girls and 17 boys) at the Ušivak TRC; 25 mothers and 27 children (10 girls, seven boys) at the Borići TRC; six mothers and six children (three girls, three boys) at the Bira TRC; 26 mothers and 35 children (13 girls, 22 boys) at the Sedra TRC. Some 1,159 assistances, 14 workshops, 12 lectures, and 20 educational activities on the importance of breastfeeding and child health, 22 individual consultations, 33 psychosocial services to mothers, and eight referrals of infants to paediatric ambulance were provided. In June, 460 baby food jars, 424 juices for children and 235 supplements for lactating women and pregnant women were provided through MBCs in USC. In the Ušivak TRC, 116 children had access to nutritious food on a daily basis (Monday to Friday) and in the Salakovac RRC 64 children (36 girls, 28 boys) had access to nutrition food on a daily basis (Monday to Friday).

² RRC (WV, 08:00 – 16:00, Monday to Friday), the Ušivak TRC (SOS, 09:00 – 10:30, Monday to Friday), the Borići TRC (ŽsU, 10:00 – 18:00, daily), the Bira TRC (ŽsU, 12:00 – 20:00, Monday, Wednesday, Friday), the Sedra TRC (ŽsU, 09:00 – 17:00, daily).

UNICEF and DRC prepared Infant and Young Child Feeding (IYCF) materials and printed them in English, Arabic, and Persian. The didactic materials were disseminated to target migrants and asylum seekers in TRCs in USC within MBC and medical/paediatric units following parents/caregiver counselling. UNICEF and DRC continue to follow up with IYCF activities and strengthen the capacities of relevant staff on the matter.

The UNICEF led working group on IYCF finalized the protocol on breast milk substitute distribution in all TRCs as well as a rapid assessment tool with key parameters of IYCF to identify children who require baby formula. In addition, SOPs for complementary feeding of infants 6-24 months were finalized and some initial steps have been taken to implement the guidelines in collaboration with IOM and the Red Cross.

Education and leisure:

During the first half of June (the school year ended on 15 June), 196 migrant and asylum seeker children attended formal education in four primary schools (two in Bihać and two in Cazin), with the support of UNICEF and Save the Children and in cooperation with the Ministry of Education. During workdays, nine people as escorts for migrant and asylum seeker children and three cultural and language mediators, accompanied children during transport to and from schools and stayed with them during classes. On a daily basis, children received sandwiches, fruit, and juices at school, while IOM provided transport to and from schools. In addition, schools were provided with the supplies for teaching and hygiene.

As of 15 June, migrant and asylum seeker children in USC continued participating in education activities, which will finish at the end of August. Summer school includes three days a week in the school facilities, where children learn Bosnian/Serbian/Croatian, geography, history, etc. and two days a week with outdoor activities. The classes are being held simultaneously in three groups, based on age. In total, 212 children were enrolled to four primary schools in the municipalities of Cazin and Bihac by the end of June, including formal education and summer school programme.

Further, children attending the CFS in the Bira, Borići, and Sedra TRCs, as well as in protective shelter, participated in educational and creative workshops over the month, provided by ŽsU in partnership with UNICEF.

In Sarajevo, UNICEF in partnership with World Vision supported the regular school attendance of 23 children (10 girls and 13 boys), including escort during the transport from the Ušivak TRC and House of All.

On 25 and 26 June, Save the Children, in partnership with UNICEF, facilitated a professional exchange between education professionals from USC and SC. School teachers, pedagogues and principals shared their experience, discussing about best practices and challenges they face in their everyday work.

Save the Children, in partnership with UNICEF, gave a training session titled “Education of teachers and professional staff on the integration of refugee and migrant children” on 13 and 14 June with 32 teachers, pedagogues and psychologists working in four primary schools involved in integration of migrant, asylum seeker, and refugee children into formal education.

Asylum seeker children in the Salakovac RRC are still excluded from formal and structured non-formal education, pending approval of the Cantonal Government and for the latter from the MHR.

VP previously submitted appeals to the ombudsperson and in May received reply that appeals have been submitted to the MoS and the MoE of HNC for further observations. In lieu, of approval from the HNC Ministry of Education for asylum seeker children to attend school, "My School", a custom education program (attended by 31 children) run by BHWI continued in July in the Salakovac RRC.

In the Salakovac RRC, BHWI, supported by UNHCR, provide a range of activities, including sewing workshops, women's aerobics, and sports and recreational activities. Childcare services are provided during the aforementioned activities as needed.

In the Delijaš AC, BHWI, supported by UNHCR, provide activities for children and adults, including, educational activities for children with a focus on preparing for school enrolment in the BiH education system, sports and recreational activities and Bosnian/Croatian/Serbian lessons.

In the Ušivak TRC, recreational activities provided by BHWI were affected by the high turnover of people in the TRC. Despite this, a number of activities were organized in smaller groups or on an individual level. These included occupational therapy sessions such as drawing and manicure workshops.

[In June, World Vision provided non-formal education activities \(IT, Spanish, Italian\) for 143 migrants and asylum seekers \(five women, 138 men\) and sport and recreational activities for 276 migrants and asylum seekers \(276 male, 37 UASC\) at the Ušivak TRC. 965 migrants \(965 male, UASC 55\) have used Info desk assistance.](#)

When children are accommodated at the Duje Reception Centre they can participate in creative workshops as well as literacy courses held in the IFS-Emmaus Centre for Children and Youth at Duje by professional staff.

[The Integration Centre Unit \(ICU\) ran by ŽsU, supported by IOM, continues to offer a range of intercultural activities in the Sedra TRC.](#) The space is equipped with computers, board games, playing cards, handicrafts, internet, library, etc. A new Integration Centre Unit was also established in the Bira TRC and will be operated by ŽsU with IOM's support. [In the Bira TRC, 534 men participated in ICU activities. At the Sedra TRC, 160 people \(41 women, 26 men\) participated in ICU activities.](#)

[IPSIA serves hot tea in the Bira TRC, operating between 11:00 and 13:00 and between 15:00 and 18:00 on Monday, Wednesday, Thursday, and Friday, and serves approximately 1,200 cups per day. Around 16,000 cups were served in June. Playing cards, table-top games, and books \(in a range of relevant languages\) are available. In June, IPSIA also started to organize sports activities, including volleyball, badminton, and football.](#)

[Children from the Borići TRC attended the international athletics race "Velika Kladuša 2019", held on 16 June, and competed against other children of their age. IOM in cooperation with the Bihać CSW supported the participation of 20 children in the presence of their parents.](#)

Durable solutions, support to host communities, and social cohesion:

[VP continue to work to address challenges faced by asylum seekers opening bank accounts](#) - related to banks not recognizing asylum seeker cards as valid identification documents - and concluding

labour contracts (which require bank accounts to action salary payment) so that asylum seekers who applied for asylum more than nine months ago³ can access the labour market.

UNHCR together with VP BiH continue to provide information and assistance to asylum seekers and refugees regarding the family reunification procedure.

IOM continued to see a high number of migrants interested in returning to their CoO through IOM's Assisted Voluntary Return (AVR) and reintegration programme. With the support of the EU and of the Netherlands, IOM provided several information sessions in the centres and through mobile teams and assisted a total of 18 people in returning to their CoO in June. IOM provides outreach, dissemination of information, provision of counselling and logistical assistance to return and reintegration applying established eligibility criteria for AVR assistance, as well as for more comprehensive reintegration assistance, implemented consistently by IOM throughout the Western Balkan region. IOM provides operational and logistical support in obtaining travel documents, facilitating fit-to-travel health checks, and providing airline tickets as well as transit assistance as required. IOM AVR assistance includes limited accommodation while waiting for repatriation (two days for all cases, and for the entire waiting period for vulnerable cases only), support in obtaining travel documents, travel costs, and limited cash-transfer for reinstallation and onward transportation in the country of return. For medical and vulnerable cases, medical costs as well as in-kind reintegration assistance in the form of grants for education, training or business start-ups is provided.

UNHCR marked World Refugee Day on 19 June in Mostar with the organization of "Take a Step With Refugees Football Cup", a football tournament including local children and asylum-seeker children in the Salakovac RRC, in cooperation with MoS and MHRR. A food festival was organized alongside the tournament, with residents of the Salakovac RRC preparing traditional dishes and sharing recipes with attendees.



UNHCR/Vanes Pilav

The multidisciplinary team by CSW Bihac in cooperation with UNICEF continued organizing activities aimed at social cohesion of UASC and local adolescents. During June, two sports games were organized in Bihać and one international race in VK where UASC and local children participated together.

³ Asylum seekers have the right to work in BiH if a decision on their asylum application is not made within nine months and the burden of failure to make a decision cannot be placed on the asylum seeker.

In terms of other small-scale initiatives:

- IOM's project *Sounds of Migration*, which brought together hundreds of children from Bihać with migrant, asylum seeker, and refugee children from the Sedra TRC in a series of music workshops and helped them to get to know each other and share their musical heritage, ended on 25 June, when a final concert was organized in the city of Bihać, at the occasion of the traditional Bihać Summer festival.
- Integration activities for children from the Borići TRC take place at the CFS, including creative reading workshops, illustration, puppet creation, and art.
- The hair dressing saloon established in the Sedra TRC by IOM is running with the supervision of ŽsU. The centre population provide hair dressing services.
- IOM organizes weekly "movie nights" for the population of Miral TRC. Each Tuesday, a movie from a different country is screened in the centre.
- On the occasion of Eid al Fitr (4 June), a joint prayer in all the TRCs for the centre's population was organized. A buffet followed, organized by the Red Cross. On that night, JRS organized a magic show for the children of Sedra and Borići TRCs.

Safety and security

Throughout the month of June, the security situation in all IOM-managed TRCs was relatively stable, with the exception of the fight which happened in the Miral TRC on 2 June. Following this security incident, a number of measures were taken. Persons who were identified as being trouble-makers were registered with the SFA and several disciplinary meetings were held with members of the centres who were warned about their behaviour.

One of the main recurrent security issues relates to a limited number abusing alcohol and drugs. When identified, these individuals are prevented from entering TRCs when under the effects of such substances. Other recurrent safety issues include the high number of unauthorized entrances, the lending or loss of TRC-ID cards and the usage of fake ones, as well as thefts of money and mobile phones. There is an ongoing attempt to identify the perpetrators of thefts and initiators of fights using the installed video surveillance systems (in place in the Bira and Miral TRCs and being set up in the Ušivak, Sedra and Borići TRCs). Compared to previous months, when the IOM Security Coordinator would receive several security complaints per day, the number is now reduced to several per week.

Tension deriving from the preoccupation of being relocated to Vučjak, sporadically resulted in minor fights and tensions across TRCs. In the Ušivak TRC, the safety and security situation was still challenging due to the high number of arrivals, but manageable.

During the reporting month, IOM formed a Security Unit composed of an IOM staff member appointed as Security Assistant for each centre. Security Assistants will be in charge of monitoring the security situation and response and implementing all security procedures.

On 11 June, a resident of the Sedra TRC drowned in the near-by river. The Police and the IOM Security Coordinator for USC were called immediately and a rescue boat arrived. The man's body was found in the river at 17:45 on the following day. IOM informed the family of the deceased and transported them to the morgue.

In June, UNDSS conducted four Security Orientation Briefings for new personnel and implementing partners, including a total of 24 participants.

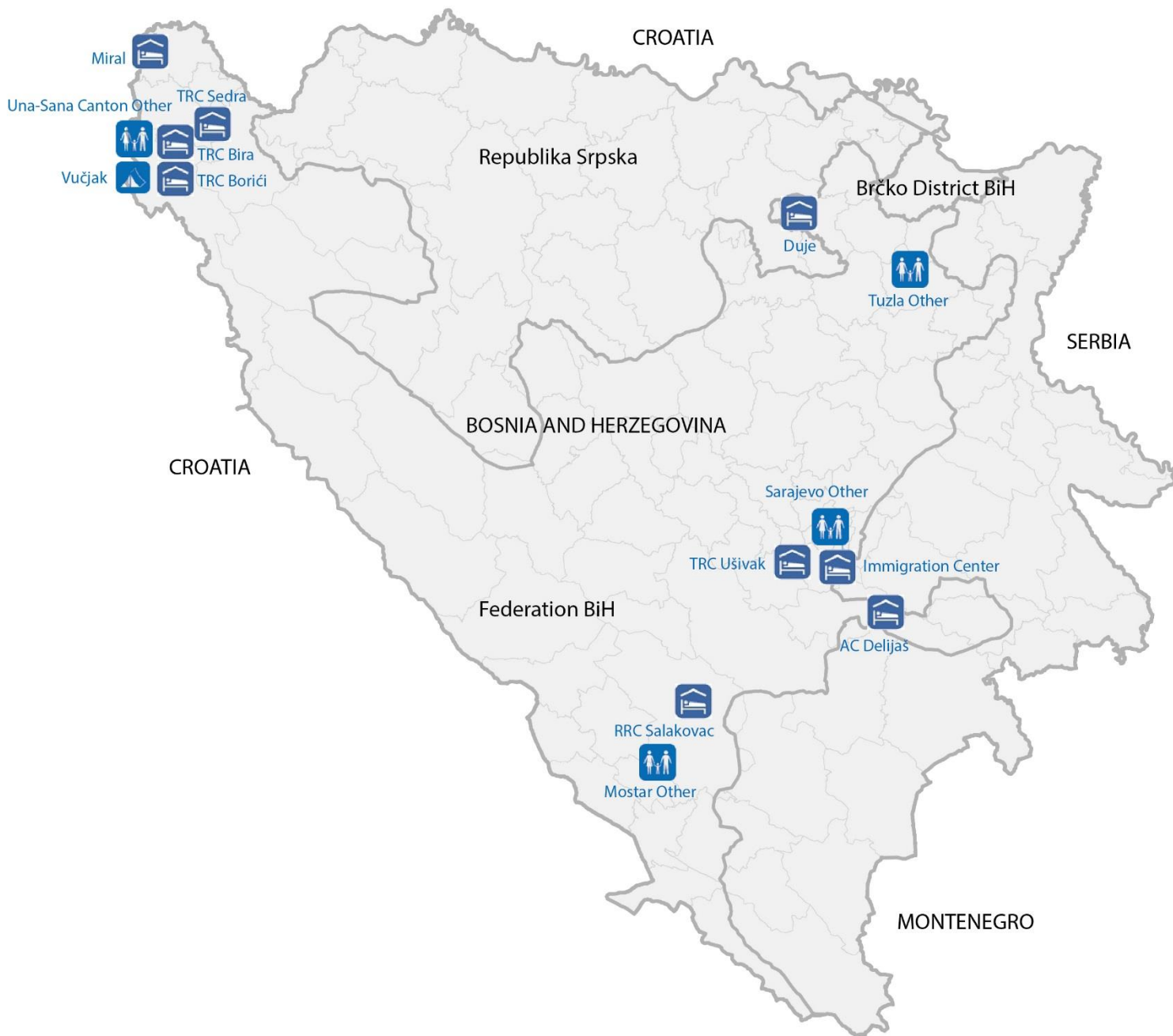
Communication and visibility




In June, Sven Petke (Director of the Konrad Adenauer Foundation in BiH) visited Borići TRC, Lars-Gunnar Wigemark (Head of the EU Delegation to BiH) and other members of the delegation visited



the Sedra TRC and Eric Nelson (US Ambassador to BiH) and Matthew Palmer (Deputy Assistant Secretary at the U.S. Department of State) visited the Bira TRC.

Furthermore, IOM organized a visit of representatives of Montenegro Ministry of Interiors, Ministry of Labour and Social Policy, Spuz Reception Centre staff and North Macedonia Asylum Centre to the Ušivak TRC, the Delijaš AC, and the Salakovac RRC to gather good practices and lessons learnt useful to the opening of the new Transit Centre of Bozaj, near the border with Albania.

Map of Key Sites and Locations



3W																
Location																
	Una-Sana Canton						Sarajevo Canton				HNC	Other				-
	USC, Other, estimate	Borići TRC, Bihać	Bira TRC, Bihać	Sedra TRC, Cazin	Miral TRC, Velika Kladuša	Žene sa Une	Ušivak TRC, Hadžići	House of All	Sarajevo, Other, estimate	Delijaš Asylum Centre	Salakovac Refugee RC	Vucjak	Tuzla and Mostar Other, estimate	Immigration Centre	Awaiting asylum, private accomm.	Totals
Key population estimates	<i>(Population numbers below are a mixture of estimates and counts, depending on location. The numbers below are the most recent available. It must be kept in mind that populations at this sites fluctuate on a daily basis)</i>															
Total Size	3,000	279	1,553	328	473	14	757	75	100	24	162	400	200	41	139	7,545
Of which, UASC	-	3	197	4	17	-	45	1	-	0	0	-	-	0	0	267
Of which, children	-	125	238	142	17	4	123	41	-	8	80	-	-	0	65	843
Of which, women & girls	-	139	21	144	0	4	73	33	-	9	81	-	-	1	56	561
Of which, single women	-	18	0	4	0	1	9	2	-	1	0	-	-	-	2	37
Of which, family members	-	276	113	310	0	8	176	15	-	20	162	-	-	-	101	1,181
Of which, asylum seekers	-	38	34	112	2	2	16	9	-	19	53	-	-	7	105	397
Of which, awaiting asylum registration	-	106	319	151	88	0	390	63	-	5	109	-	-	2	34	1,267
Sector																
Shelter 	-	SFA, IOM	SFA, IOM	IOM	SFA, IOM	ŽsU/ UNHCR	SFA, IOM	HoA	-	MoS/AS/ UNHCR	MHRR/ MoS/AS/ UNHCR	Emmaus / MoS/ UNHCR	-	MoS, SFA	-	-
Centre Management 	-	SFA, IOM	SFA, IOM	SFA, IOM	SFA, IOM	ZsU	SFA, IOM	HoA	-	MoS/AS	MHRR/ MoS/AS	Emmaus	-	MoS, SFA	-	-
Protection 	UNHCR/ DRC/VP/ IOM, CSW, UNICEF/ SiC	UNHCR/ DRC/VP, UNICEF/ ŽsU/SiC, IOM, CSW, UNFPA/ MdM	UNHCR/ DRC/VP, UNICEF/ ŽsU/SiC, IOM, CSW, UNFPA/ MdM	UNHCR/ DRC/VP, UNICEF/ ŽsU/SiC, IOM, CSW, UNFPA/ MdM	UNHCR/ DRC/VP, UNICEF/ ŽsU/SiC, IOM, CSW, UNFPA/ MdM	ŽsU, DRC/ VP/UNHCR	UNHCR/ VP /BHWI/D RC, CSW, UNICEF/ SoS/WV IOM	HoA, BHWI/ VP/ UNHCR, UNICEF	UNHCR/ VP/ BHWI	MoS/AS, UNHCR/ BHWI/ VP, CSW	UNHCR/ BHWI/VP, UNICEF/ WV, IOM, CSW	Emmaus UNHCR/ BHWI/ VP, CSW	-	UNHCR/ BHWI/VP, CSW	UNHCR/ VP/ BHWI	-

Health		-	DRC, JRS, UNICEF, DZ, CH	DRC, JRS, UNICEF, DZ, CH	DRC, JRS, UNICEF, DZ, CH	DRC, DZ, CH, JRS	DRC, DZ, CH	DRC, UNICEF/ WV/SoS, DZ, CH	UNICEF/ WV/ SoS, DZ	-	MoS/AS/ UNHCR, DZ, CH, DRC	MoS/AS, UNHCR, DZ, CH, DRC, IOM	Emmaus	-	SFA, DZ	-	-
Non-food items	NFI	IOM, UNICEF	CoBRC, IOM, UNFPA, UNICEF/ StC/ŽsU	CoBRC, IOM, UNICEF/ StC/ŽsU, CSW, UNFPA	IOM, UNFPA, UNICEF/ StC/ŽsU	CoBRC, IOM	ŽsU	IOM, Pomozi, UNHCR, RC, Caritas, UNICEF/ SoS/WV	HoA	-	MOS/ AS/ UNHCR/ BHWI, Caritas	RC, UNHCR/ BHWI, UNICEF/ WV, Caritas	Emmaus	Emmaus	MoS/SFA	-	-
WASH		IOM	IOM	IOM, Caritas	IOM	IOM	ŽsU	IOM	HoA	Pomozi. ba	MoS/AS/ UNHCR	MHRR/ MoS, UNHCR/ BHWI, UNICEF/ WV	Emmaus / MoS	-	MoS/SFA	-	-
Security/Safety		N/A	MoS/ SFA	MoS/ SFA	MoS/ SFA	MoS/ SFA	ŽsU	MoS/ SFA	HoA	N/A	MoS/AS/ UNHCR	MHRR/ UNHCR	Emmaus / MoS	-	MoS/SFA	-	-
Transport/ Logistics		IOM	IOM	IOM	IOM	IOM	ŽsU, IOM	IOM, UNHCR/ BHWI	-	-	MoS/AS/ UNHCR/ BHWI, IOM	UNHCR/ BHWI, IOM	Emmaus / MoS, IOM, UNHCR/ BHWI	-	IOM	-	-
Administrative/ Legal		MoS/ SFA/ AS, IOM, UNHCR/ VP	MoS/ SFA, IOM, UNHCR/ VP	MoS/ SFA/ AS, IOM, UNHCR/ VP	MoS/ SFA/ AS, IOM, UNHCR/ VP	MoS/ SFA/ AS, IOM, UNHCR/ VP	ŽsU, VP	MoS/ SFA, IOM, UNHCR/ VP	VP/ UNHCR	-	MoS/AS/ UNHCR/ VP	MHRR/ MoS/SFA/ AS, UNHCR/ VP	Emmaus , UNHCR/ VP	-	MoS/SFA, UNHCR/VP	VP	-
Education		-	UNICEF/ PA/ StC/ MoE, IOM	UNICEF/ PA/ StC/ MoE, IOM, CWS	UNICEF/ PA/ StC/ MoE, IOM	-	UNICEF/ PA/ StC/ MoE, IOM	UNICEF, WV/ SoS, IOM	UNICEF/ WV/ SoS, HoA, IOM	-	MoS/AS/ UNHCR/ BHWI	UNHCR/ BHWI, UNICEF/ WV	Emmaus	-	-	-	-
Food and nutrition		IOM/ CoBRC	IOM/ CoBRC, UNICEF/ ŽsU/StC	IOM/ CoBRC UNICEF/ ŽsU/StC	IOM/CR C, UNICEF/ ŽsU/StC	IOM/ CRC	ŽsU	Pomozi. ba, IOM UNICEF/ WV/ SoS	HoA	-	MoS/SA/ UNHCR, Caritas	RC/IOM, UNICEF/ WV, Caritas	Emmaus	-	MoS/SFA	-	-

Acronyms: AS, Asylum Sector / BHWI, Bosnia and Herzegovina Women's Initiative / CH, Cantonal Hospital / CoBRC, City of Bihać Red Cross / CRC, Cantonal Red Cross / CRS, Catholic Relief Services / CSW, Centre for Social Welfare (Municipal) / CT, The Czech Team / CWS, Church World Service / DZ, Public Health Centre (Municipal) / DRC, Danish Refugee Council / HoA, House of All / ICRC, International Committee of the Red Cross / IPSIA, Instituto Pace Sviluppo Innovazione Acli / Emmaus, International Forum of Solidarity-Emmaus / IOM, International Organization for Migration / JRS, Jesuit Refugee Services / MHRR, Ministry of Human Rights and Refugees / MoE, Ministry of Education / MoS, Ministry of Security / MdM, Médecins du Monde / PA, Pedagogic Academy / RC, Red Cross / RCSBiH, Red Cross Society of Bosnia and Herzegovina / SFA, Service for Foreigners' Affairs / SoS, SoS Children's Villages / UNFPA, United Nations Population Fund / UNHCR, United Nations High Commissioner for Refugees / UNICEF, United Nations Children's Fund / VP, Vaša Prava BiH / WHO, World Health Organization / ŽsU, Žene sa Une.

Coordination/Working in partnership

- Monthly UNHCR-IOM led coordination meetings take place in Sarajevo, widely inviting stakeholders engaged in the ongoing response and providing a forum for discussion.
- All stakeholders active in the situation response were invited to provide feedback and inputs for the Support for Migrants mobile phone application developed by IOM and the UNHCR Help Page.
- Weekly CCCM meetings are organized by IOM in all TRCs, in order for partners working in the site to share updates, discuss the centre’s situation and agree on action points.
- Bi-weekly coordination meetings take place in USC, widely inviting stakeholders.
- Sector specific meetings are organized as required in Sarajevo and USC.
- UNFPA lead GBV WG meetings on a monthly basis to ensure a coordinated, survivor centred inter-agency GBV response.
- Earlier this year the Sarajevo Canton Ministry of Labour, Social Policy, Displaced Persons and Refugees established an operational team to improve coordination of all governmental, non-governmental and international organizations dealing with the situation.

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Sarajevo Monthly Coordination Meeting and Monthly Update	UNHCR/IOM	doane@unhcr.org
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Health	WHO	palom@who.int
NFI	IOM	isadikovic@iom.int
Education	UNICEF	skabil@unicef.org

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LINKS

UNHCR Data Portal: <https://data2.unhcr.org/en/situations/mediterranean>
 UNHCR Help: <https://help.unhcr.org/bosniaandherzegovina/>
 IOM Data Portal: <http://migration.iom.int/europe/>
 IOM Support for Migrants Application: <http://supportformigrants.com/>
 IOM AVR Information: <https://bih.iom.int/assisted-voluntary-return>
 IOM Migration Response: <https://bih.iom.int/iom-migration-response>
 Media guidelines: <https://bih.iom.int/pbn/reporting-migration-and-refugees-brochure>
 Asylum Information Brochure:
https://issuu.com/unhcrsee/docs/information_for_as_in_bih



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