Refugee and Migrant Situation in Bosnia and Herzegovina

THE MULTI-CLUSTER/SECTOR INITIAL RAPID ASSESSMENT (MIRA) REPORT

May 2018.
Executive summary

Between March and April 2018, the United Nations Country Team (UNCT) in Bosnia and Herzegovina (BiH) in cooperation with various international and non-governmental organizations (NGOs) 1, conducted a Multi-cluster/sector Initial Rapid Assessment (MIRA) to gather information on the current migrant and refugee situation, identify needs and gaps and inform the planning and coordination of the immediate UN response. Below are outlined the key findings of the MIRA assessment and recommendations for further action.

Key findings

Access to asylum procedures and legal assistance, including Assisted Voluntary Return and Reintegration (AVRR):

Due to onward movement and limited access to the asylum procedure, for multiple reasons, out of 70 percent of people who expressed intention to seek asylum in Bosnia and Herzegovina (BiH), only 30 percent formally submitted an asylum application.

The asylum procedure is particularly complicated for those not accommodated at the Asylum Centre.

Access to free legal aid (FLA) is limited; the Ministry of Justice (MoJ) is responsible for providing free legal aid to asylum-seekers, yet the free legal aid office foreseen to cover this has not yet been established.

Access to Accommodation:

Given the increase in arrivals, only a limited number of asylum-seekers are able to access the Asylum Centre on a given day (in March, only 58 people of 437). In addition, appropriate accommodation is not provided to refugees and migrants apprehended at times pending referral to the Asylum or Immigration Centers.

In some cases, asylum-seekers refuse accommodation or vacate the Asylum Center due to unsatisfactory conditions and distance from city centers, resulting in a growing number of people, including vulnerable groups, found sleeping in open areas or abandoned buildings.

There are limited institutional capacities to accommodate vulnerable people and families in appropriate structures, especially outside Sarajevo. As such, the Provision of adequate accommodation and services to vulnerable migrants and asylum-seekers is a challenge. For example, providing adequate accommodation to unaccompanied and separated children (UASC) is impeded by the difficulty to duly appoint guardians beforehand. According to UNHCR data, just six unaccompanied and separated children had been appointed a guardian in BiH before the end of the MIRA exercise.

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1 These organizations participated in the MIRA: UNHCR, IOM, UNICEF, UNDSS, UNFPA, OSCE, the Office of the UN Resident Coordinator, the Ministry for Human Rights and Refugees of Bosnia and Herzegovina, Refugee Aid Serbia, Save the Children, Médecins Sans Frontières, Hilfswerk Austria International, Catholic Relief Services, Vaša Prava BiH, Caritas, and the Bosnia and Herzegovina Women’s Initiative.
Vulnerable groups:

Although most of the refugee and migrant population interviewed is composed of adult individuals in decent health condition and with no particular vulnerabilities, through the MIRA exercise, the UN and partners have identified a number of persons in vulnerable situations, such as families with minor children, unaccompanied and separated children (UASC), people with health conditions (including chronic illnesses) or disabilities, elderly individuals, pregnant women, etc. The MIRA exercise identified 28 children (of which, eight were UASC), two elderly individuals, one person with a disability, and three with chronic illnesses. UNHCR and partners have identified approximately 40 unaccompanied and separated children, including two girls, since January. Data collected by IOM Mobile Teams since June 2017, also indicate the presence of individuals and families who have been exposed to beatings, robberies and sequestering during the journey to BiH or are particularly at risk of becoming victim of violence, exploitation, and abuse.

Provision of adequate accommodation and services to vulnerable migrants and asylum seekers (UASC, people with health conditions or disabilities, etc.) is a challenge, impeded by the difficulty to duly appoint guardians beforehand. According to UNHCR data, six unaccompanied and separated children have been appointed a guardian in BiH. MIRA informants, aside from the Asylum Centre, were not aware of the availability of any child friendly spaces for children who stay longer with their families in the country. A number of vulnerable irregular migrants and asylum seekers (including some families with children) are held in the Immigration Centre in East Sarajevo (close type of centre/detention).

Health condition of refugees and migrants and access to health services, including psychosocial assistance:

Access to health care, mental health care, and sexual and reproductive health care is a major concern, compounded by a lack of personal hygiene often connected with protracted travel in difficult circumstances. Primary health care is provided by the BiH authorities and accessible to individuals residing in the Asylum and Immigration Centers. Asylum-seekers living outside of the Asylum Centre have access to primary health care in theory, but in practice must travel to Trnovo Municipality. Irregular migrants and those unable to register an intention to seek asylum, do not have access to health care, unless provided by the United Nations (UN), civil society, or volunteers. Infants, babies, and pregnant women are exposed to particular health risks due to incomplete/inadequate levels of immunization and limited access to maternity care. From January to March, 12 pregnant women were identified.

A large number of individuals have experienced traumatizing events during their journey and show signs of depression, post-traumatic stress disorder (PTSD) and other mental health issues. So far in 2018, UNHCR’s partner, the Bosnia and Herzegovina Women’s Initiative (BHWI), has identified 114 people with symptoms of psychological problems and seven people diagnosed with a mental disorder.

Food Security:

2 The specific needs and vulnerabilities of families and children were not covered by primary data collection in the MIRA; this particular issue needs to be addressed with targeted research.
Food security varies by location. Sixty-seven percent of informants confirmed having at least one meal per day, provided through donations and gifts; 14 percent eat twice per day; 4 percent eat three meals per day.

Second or third meals are often purchased by refugees and migrants themselves. However, reports from Bihać and Velika Kladuša indicate that personal funds are running out and some refugees and migrants beg for money.

**Transportation:**

Access to rights and services is often dependent on the provision of transportation, which is provided on a case-by-case basis to vulnerable groups of refugees and migrants at the request of the Service for Foreigners’ Affairs (SFA) and other actors (to public offices, hospitals, and hostels).

**Non-Food items (NFiS):**

Eighty-two percent of refugees and migrants covered through the MIRA exercise expressed a need for clothing and shoes; 48 percent expressed a need for a sleeping bags (mainly in western BiH).

**Education:**

Though asylum-seekers are entitled to primary and secondary education by law, at present, the population in question is sufficiently transient that there is no demand. Should the situation evolve, this aspect will need to be reassessed.

**Security:**

No violence against refugees or migrants was reported through the MIRA in BiH. Cross border attempts in mine suspected areas are of major concern.

The Velika Kladuša Police have registered house break-ins without intention to steal and a few cases of theft, which may or may not have been perpetrated by refugees or migrants. Further to this, there have been five reported cases of criminal activity, of which one involved a member of the local population.
Recommendations

**Improve access and capacities for asylum procedures and legal assistance:**

- Improve provision of information and continuation of the asylum procedure, in particular by the SFA, allowing asylum-seekers to renew expired attestations on expressed intention to seek asylum.
- Strengthen capacity to register asylum-seekers through hiring and training additional registration interview staff.
- Improve the asylum-seeker registration process for asylum-seekers residing outside the Asylum Centre.
- Enhance the staff capacity and equipment of the SFA Terrain Centres (TC) to process and issue attestations of expressed intention to seek asylum.
- Record intentions to seek asylum made by UASC and ensure attestations are issued in the presence of the guardian appointed by the relevant Centre of Social Work (CSW).
- Establish free legal aid office under the MoJ, capacitate employees on asylum matters, and strengthen partnerships with NGOs providing free legal aid services.
- Ensure availability of interpretation services at all stages.

**Strengthen government capacities for preparedness and response to refugee and migrant emergency scenarios:**

- Conduct/update mapping of available human, financial and operational government resources for response to refugee and migrant needs and share with the UN to inform strategic support prioritization.
- Increase staff capacity and provision of trainings to Border Police to identify and refer migrants and refugees to relevant services and provide necessary information on rights and obligations.
- Strengthen capacities of relevant actors for the provision of services to vulnerable individuals at all stages, regardless of status, in cooperation with major humanitarian stakeholders in the country.
- Include the needs of refugees and migrants in the contingency plans of specific institutions relevant to response and with special focus on local-level responders operating in the areas of high refugee and migrant concentration.
- Strengthen Government information and data management in order to establish a harmonized, collaborative tool for planning, reporting and early warning, including with age and sex-disaggregated data.
- Enhance coordination between all relevant actors to ensure timely information sharing and avoid duplication of activities.
- Ensure deployment of mobile teams to monitor the situation and respond to immediate needs.

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3 Given the inherent uncertainty, the recommendations should be prioritised or adjusted based on the evolution of the refugee and migrant situation.
**Enhance accommodation capacity with consideration of vulnerable groups’ needs:**

- The accommodation capacity of the MoS for asylum-seekers should be urgently increased.
- The SFA should increase coordination with the Sector for Asylum (SA) to ensure smooth and timely referral of asylum-seekers to designated accommodation facilities (once new accommodation facilities for asylum-seekers are provided by MoS).
- Safe accommodation, especially for UASC, should be provided to ensure safety, health and wellbeing and avoid any potential threats in private accommodation and/or public spaces, and set conditions for monitoring of general living conditions. Children and people seeking asylum should not be accommodated in the Immigration Centre (i.e. detained).

**Improve access and quality of services for people in vulnerable situation (across the board, regardless of status):**

- Conduct more in-depth assessment on the needs and vulnerabilities of families with children in order to ensure proper protection of children, and their rights to care, protection, health care, and education.
- Strengthen screening, identification and referral mechanism for persons in vulnerable situations, in particular, in cases of vulnerability to human trafficking, violence, exploitation and abuse.
- Ensure the adoption and use of Standard operating Procedures (SOPs) and protocols to guide all relevant actors on how to deal with vulnerable population in emergency situations (in particular in the context of mixed migration flows) and effectively address specific risks.
- Develop and finalize clear referral mechanisms and guidelines for the provision of protection services specifically designed for UASC, in particular for the appointment of guardians with defined roles, responsibilities, and accountability mechanisms.
- Improve capacities to respond to and prevent cases of violence, including gender-based violence (GBV) and violence against children in general.
- Consider the establishment of child friendly spaces to provide safe space for children and ensure their protection from violence and abuse.

**Improve access to health care, including mental health:**

- Enhance coordination between all health actors already providing services to refugees and migrants and conduct a mapping of available resources.
- Establish a referral system that ensures access to primary health care for all registered asylum-seekers outside of the Asylum Centre.
- Consider establishing mobile health units/mobile clinics for all who are not guaranteed access to health care for various reasons. This is especially important from the perspective of pregnant female migrants.
- Provide trainings to refugee and migrant first-line responders to identify communicable diseases and effectively deal with them.
- Conduct in-depth research – in collaboration with key stakeholders - on the psychosocial needs of refugees and migrants, including an assessment of the available capacities to respond and provide relevant and quality services. The research should make recommendations vis-à-vis the expansion of services and capacity building needs and should also look into the specific psycho-social needs of women and children (boys and girls).
Enhance food security:

➢ Strengthen partnerships and coordination with local actors and organizations with capacity to provide food on a regular and sustainable basis to migrants and refugees across the country, and in particular in hotspots.
➢ Consider establishing partnerships with private enterprises through their corporate social responsibility arms, such as supermarkets to complement food provision efforts.

Increase safety level to prevent discrimination and xenophobia:

➢ Build capacity of relevant responders to prevent and react to potential tensions/incidents among refugees, migrants, and the local population in a timely and appropriate manner.
➢ Share land mine data widely through channels relevant for migrants and refugees.

Ensure vulnerability-sensitive and responsible media reporting:

➢ Analyse and continually monitor media reporting on refugees and migrants to assess its impact on public perception and build the capacity of media to report in a vulnerability-sensitive and responsible manner.
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Glossary of acronyms

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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>BIH</td>
<td>Bosnia and Herzegovina</td>
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<tr>
<td>CoO</td>
<td>Country of origin</td>
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<td>BP</td>
<td>Border Police</td>
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<td>CSW</td>
<td>Centre for Social Work</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<td>IOM</td>
<td>International Organization for Migration</td>
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<td>MHRR</td>
<td>The Ministry for Human Rights and Refugees</td>
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<tr>
<td>MIRA</td>
<td>Multi-cluster/sector Initial Rapid Assessment</td>
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<tr>
<td>MSF</td>
<td>Médecins Sans Frontières</td>
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<tr>
<td>MoJ</td>
<td>Ministry of Justice</td>
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<tr>
<td>MoS</td>
<td>Ministry of Security</td>
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<tr>
<td>SA</td>
<td>Sector for Asylum</td>
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<td>SI</td>
<td>Sector for Immigration</td>
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<tr>
<td>SFA</td>
<td>Service for Foreigners’ Affairs</td>
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<tr>
<td>SGBV</td>
<td>Sexual and gender-based violence</td>
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<td>SOP</td>
<td>Standard Operational Procedures</td>
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<td>TC</td>
<td>Terrain Centre</td>
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<tr>
<td>UASC</td>
<td>Unaccompanied and Separated Children</td>
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<td>UNDSS</td>
<td>United Nations Department of Safety and Security</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Fund</td>
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<td>UNCT</td>
<td>United Nations Country Team</td>
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<td>UN RCO</td>
<td>Office of the UN Resident Coordinator</td>
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Definition of key terms

**Asylum-seeker** – When people flee their own country and seek refuge in another country, they apply for asylum – the right to be recognized as a refugee and receive legal protection and material assistance. An asylum-seeker must demonstrate that his or her fear of persecution in his or her home country is well-founded.

**Irregular migration** – movement that takes place outside the regulatory norms of the sending, transit, and receiving countries, for example in cases in which a person crosses an international boundary without a valid passport or travel document. There is no clear or universally accepted definition of irregular migration. There is a tendency to restrict the use of the term “illegal migration” to cases of smuggling of migrants and trafficking in persons.

**Migrant** – a migrant is any person who is moving or has moved across an international border or within a state away from her/his habitual place of residence, regardless of (1) the person’s legal status; (2) whether the movement is voluntary or involuntary; (3) what the causes for the movement are; or (4) what the length of stay is.

**Refugee** – a refugee is someone who has been forced to flee his or her country because of persecution, war, or violence. A refugee has a well-founded fear of persecution for reasons of race, religion, nationality, political opinion or membership in a particular social group. Due to such a fear, they cannot return home or are afraid to do so. War and ethnic, tribal and religious violence are also leading causes of refugees fleeing their countries.

**Unaccompanied and separated children (UASC)** – Unaccompanied children are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so. Separated children are children who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members. A child is every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier.

**Expulsion** – an expulsion is when a refugee is stopped in the territory of a country and returned to the country from which the refugee is travelling; expulsions occur both inside and outside of the legal framework.
Introduction

The number of refugees and migrants arriving to Bosnia and Herzegovina (BiH) saw a noticeable increase late in 2017. In contrast to an average of 32 arrivals per month recorded in the period January-November, in December the number of arrivals reached 198. The trend continued into 2018 and the number of recorded arrivals has more or less doubled each month this year, increasing from 237 in January to 666 in March.5

Between 1 January and 31 March 2018, the authorities registered 1,314 new arrivals. The most common countries of declared origin were Syria, Libya, Palestine, Afghanistan, Iran, Algeria, and Iraq. Over the same period, 741 attestations of intention to seek asylum were issued by the Service for Foreigners’ Affairs (SFA). Nineteen percent of these arrivals had registered an asylum claim by the end of March. As of 31 March, 253 people had lodged their asylum claim in BiH. Of these, 30 percent were from the Syrian Arab Republic, 19 percent were from Pakistan, 11 percent were from Afghanistan, 9 percent were from Libya, and 8 percent were from Palestine.

Many of the refugees and migrants cross the border in an irregular manner (i.e. at non-official border crossing points) and the majority arrive from Montenegro and Serbia. Currently, a large proportion reside in Sarajevo and its vicinity. At the same time, there is an ongoing accumulation of refugees and migrants at various potential exit points along the border with Croatia. This accumulation is particularly visible in Velika Kladuša and Bihać; further short-stay accumulations are visible at entrance points in Trebinje and Goražde (arriving from entry points in

5Source: Ministry of Security.
Rudo and Čajniče). National and regional media, with memories of increased refugee and migrant arrivals in the neighbouring countries in 2015–2016, have taken keen interest.

Although the number of recorded arrivals has not yet reached humanitarian crisis levels, the current trend calls for increased support, engagement, and coordination from a range of actors, as well as increased funding. It should be noted that capacities to respond are already being tested and strained. A prime example of this is the available accommodation, or lack thereof: the Asylum Centre, managed by the Ministry of Security (MoS), is now regularly at or close to capacity and limited sustainable alternatives exist.

Additionally, structural problems that already undermine the immigration and asylum systems would be further exacerbated should the current arrivals trend continue. These include obstacles to accessing the asylum procedure and health care for people accommodated outside of the Asylum and Immigration Centre, challenges with the identification and referral of unaccompanied and separated children (UASC), no official and sustainable support – such as the provision of food - for refugees and migrants outside of Sarajevo, and the presence of land mines.

As such, and upon the initiative of the United Nations Resident Coordinator in BiH, UNHCR coordinated a Multi-cluster/sector Initial Rapid Assessment (MIRA) in March and April of 2018, including a wide range of actors: IOM, UNICEF, UNDSS, UNFPA, OSCE, the Office of the UN Resident Coordinator, the Ministry for Human Rights and Refugees of Bosnia and Herzegovina, Refugee Aid Serbia, Save the Children, Médecins Sans Frontières, Hilfswerk Austria International, Catholic Relief Services, Vaša Prava BiH, Caritas, and the Bosnia and Herzegovina Women’s Initiative.

The purpose of the MIRA exercise and this derivative report is to support humanitarian actors and decision-makers - including the UNCT, the government, and donors - to communicate on the nature and dynamics of refugees and migrants in BiH in a needs-informed and harmonized manner as well as to further define strategic humanitarian response priorities.
The MIRA: rationale and objectives

Rationale

When faced by an emergency or potential emergency, conducting a MIRA is one of the first steps in a country’s humanitarian response. It is a rapid inter-agency process that enables actors to reach – early on in an emergency or potential emergency - a common understanding of the situation at hand and its likely evolution. The findings of a MIRA provide evidence allowing humanitarian actors to identify strategic humanitarian priorities, develop a joint response, mobilize additional funding if needed, and to monitor the situation as it progresses. A MIRA often informs more detailed response planning, involving more detailed needs assessment and analysis.

Importantly, a MIRA provides an important channel for the affected population to voice their various perspectives, concerns, and needs.

Findings of a MIRA should be shared widely with Government and other stakeholders and used to inform and strengthen responses by all parties.

Objective of the MIRA in BiH

The MIRA, as a tool, can be adapted to suit particular contexts and scenarios. This particular MIRA was modified to a context of significantly increased refugee and migrant arrivals to the country.

The primary objective of this MIRA was to gather information on this new and evolving refugee and migrant situation and to inform subsequent, more-detailed needs assessments, as well as to inform the planning and coordination of immediate steps.

It is intended as a first step to ensuring that the humanitarian response to the needs of this population is appropriate and based on evidence, promotes and doesn’t undermine safe, local coping-mechanisms, and understands and takes account of the unique and respective needs of the diverse groups within this population.

Wider UNCT efforts vis-à-vis refugees and migrants in BiH

This MIRA exercise can be placed within wider efforts made by the UNCT in relation to refugees and migrants. In 2015, the UNCT formed an inter-agency Refugee and Migration Task Force, chaired by UNHCR and IOM, to lead the UN contingency planning efforts in response to potential large-scale arrivals of refugees and migrants in BiH. The key mandate of the Task Force is to:

- Provide a coordinated analysis of the situation and identify potential scenarios and triggers;
- Foster a common understanding among UN agencies involved on the scope of the emergency, possible humanitarian needs, and modalities of the operational response;
- Identify possible gaps/challenges and needs, as well as devise sector response strategies in response to imminent needs of the refugees and migrants;
• Provide a basic platform for close collaboration and coordination among UN entities and other stakeholders involved in the response.

As a result, the Task Force developed the UN Contingency Plan for a Potential Refugee and Migrant Influx to BiH (2016). Even though the closure of the so-called Balkan route significantly reduced the risk of exceptional numbers of refugees and migrants arriving in the country, the plan was consulted with the BiH Coordination Body for Migration in the interest of further coordination and harmonization of the UN and Government plans and preparedness actions in this regard.

In response to the recent increase of detected migrant and refugee arrivals to BiH, the UNCT reactivated the Refugee and Migration Task Force to adjust the UN contingency planning efforts to the current scenarios and identify ways to assist the government to manage the situation. The Task Force is currently engaged in:

• Monitoring the evolving context and emerging needs of refugee and migrant situation in the country and developing a coordinated UNCT response;
• Assessing the protection needs of vulnerable refugees and migrants through the MIRA tool to inform UNCT positioning and advocacy for interaction with the government;
• Continuing to support the government’s response capacities.

### UN ASSISTANCE (Jan-Mar 2018)

- 538 asylum seekers and additional 139 vulnerable persons were provided with accommodation.
- Over 484 migrants and asylum seekers were provided with meals, directly by the UN or through civil society partners.
- Over 650 psychosocial support instances have been provided through mobile teams and UN partners.
- 274 individuals have been provided with safe transport through the IOM Mobile Teams and UNHCR’s partner, BHWI.
- Through the UNHCR Information Centre, 243 people in Sarajevo were assisted with NFIs. In addition, the Red Cross of the city of Trebinje is supported by IOM to provide NFIs.
- 30 migrants were supported by IOM to return to and reintegrate in their country of origin.
Background

Legislative framework

This section provides brief insight on the legislation regarding the movement and stay of foreigners in BiH under the Law on Foreigners\(^5\), the procedures required for seeking international protection (asylum) under the Law on Asylum\(^6\), and the rights refugees and migrants are entitled to, according to international\(^7\) and national legislation. It is important to note that the below description of asylum and immigration procedures is not intended to be comprehensive but is limited to the purpose of clarifying the context of the MIRA assessment and related recommendations.

All refugees and migrants who enter or attempt to enter the territory of BiH in an irregular manner are first referred by the Border Police to the organizational unit of the Ministry of Foreign Affairs - Service for Foreigners Affairs (SFA) with territorial jurisdiction, i.e. the regional Terrain Centre (TC)\(^8\), for international protection needs screening. Prior to the significant increase in numbers, individuals who did not express an intention to apply for asylum or a fear of returning to their country of origin at the stage of contact with the SFA were referred to the Immigration Centre, where the majority were then returned - through the readmission processes - to Montenegro or Serbia. The SFA shall issue ex officio - or based upon the proposal of another organizational unit of the MoS or other law enforcement body - a decision on expulsion. In limited cases, the SFA may issue an order for voluntary leave from the BiH territory instead of pronouncing the expulsion measure.

Individuals who express an intention to seek asylum are issued an attestation of the expressed intention to seek asylum by the SFA and are referred to the Asylum Centre if in need of accommodation\(^9\). Asylum seekers may also choose to reside in private accommodation, in which case they must register their address with the SFA or police station. The attestation provides a 14-day...

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\(^5\) Available at: http://sps.gov.ba/dokumenti/zakoni/Law%20on%20Aliens.pdf. Published in the Official Gazette of BiH no. 88/15. It should be noted that temporary residence on humanitarian grounds is regulated by Article 58 of the Law on Foreigners and granted only in a limited number of cases (victims of trafficking, stateless persons, minor unaccompanied child, if abandoned or a victim of organized crime, or left without parental care, or CoM could approve temporary residence on humanitarian grounds for other justified reasons, or if an alien’s stay is need for cooperation in criminal procedure/or he/she is a victim of organized crime).

\(^6\) Available at: http://www.refworld.org/docid/58b575084.html. Published in the Official Gazette of BiH no. 11/16 and 16/16. Available at http://www.sluzbenilist.ba/page/akt/inCqYohz4nh78h77PG4gI=.


\(^8\) Currently, there are 16 SFA Terrain Centres in Sarajevo, Banja Luka, Mostar, Tuzla, Zenica, Brčko, Doboj, East Sarajevo, Bihać, Travnik, Trebinje, Bijeljina, Livno, Ljubuški, Orahovac and Goražde.

\(^9\) Article 34 of the Law on Asylum foresees that exceptionally, in situations of increased numbers of asylum applications, asylum-seekers in need of accommodation may be received and accommodated in private homes, apartments, hotels or other premises adapted for this purpose. The Law also prescribes that in case of persons who expressed the intention to seek asylum who are in need of accommodation, organizational unit of the Service for Foreigners’ Affairs informs the Ministry of Security which ensures reception and accommodation.
window\textsuperscript{10}, during which individuals must formally submit their asylum application and undergo registration with the Sector for Asylum (SA) of the MoS.

Registration of the application for asylum can currently be carried out at the Asylum Centre in Delijaš or, if a person is staying in a private accommodation whose address has been recorded with the SFA or police station, at the premises of UNHCR’s Information Centre in the UNITIC Building in Sarajevo. Registered asylum seekers are given an asylum seeker card. Asylum seekers are entitled to the right to reside in the country until a final decision on the asylum claim is made and have access to a number of services, as described further below. If an asylum seeker is in possession of a travel document, it will be temporarily confiscated by the Ministry of Security, pending a final decision on the asylum application.

The SA will then conduct an interview with the applicant and decide on the asylum application within six months, and exceptionally within 18 months, from the moment the application was filled. In particular cases, the MoS may reject the application in an accelerated procedure (within 30 days)\textsuperscript{11}.

During the asylum procedure, a person has right to:

- Residence in BiH;
- Information on the procedure, rights, and obligations linked to the status;
- Accommodation in the centre for asylum-seekers or at a registered private address if the person can provide themselves with accommodation\textsuperscript{12};
- Primary health care;
- Access to primary and secondary education;
- Free legal aid;
- Follow the procedure in a language they understand;
- Psycho-social support;
- Access the labour market if a decision on the asylum application is not made within nine months, and the burden of failure to make a decision cannot be placed on the applicant;
- Contact a representative of UNHCR.

In addition, the MoS and other responsible authorities in BiH are obliged to ensure the best interest of the child. UASC require prompt action in regard to their early identification, protection, reception and care as well as in regard to tracing their families. Guardians should be appointed to minor foreigners under the same conditions as for BiH nationals. In practice, until the moment of registration with the SA or SFA, asylum seekers are not guaranteed access to most of the above-enumerated rights or those guaranteed by international or regional instruments that BiH is a party to, unless provided by

\textsuperscript{10} Article 32 of the Law on Asylum foresees a period of 8 days and in case of large number of intents to apply for asylum, 14 days. Currently, authorities are issuing 14 days.

\textsuperscript{11} Special grounds for use of the accelerated procedure are included in art. 45 of the Law on Asylum and include, among others, submission of incomplete, contradictory or misleading information, concealed identity documents or having entered in the country irregularly without reporting to the competent authorities in due time.

\textsuperscript{12} Article 10 of the Law on Asylum prescribes that foreigners who expressed an intention to seek asylum, asylum seekers, refugees, and persons under subsidiary or temporary protection enjoy freedom of movement in BiH and free choice of the place of stay, which may be partially or fully restricted only under the conditions prescribed by law.
UNHCR and its implementing partners, IOM, civil society, local red cross, volunteers or other international organizations or if individuals are hosted at the Asylum or Immigration Centres.

When it comes to apprehended irregular migrants under regime of surveillance, i.e. detained in the Immigration Centre, they have the right to\textsuperscript{13}:

- Accommodation at the Immigration Centre;
- Food;
- Free legal aid;
- Diplomatic-Consular Representation;
- Be informed of the rights and obligations arising from BiH Law on Foreigners;
- Follow the course of the proceedings through an interpreter or translator;
- Access primary and, upon recommendation of the doctor of the Centre, secondary health care, including pregnancy care.

Foreigners who are placed in the Immigration Centre, detention, prison or institution for accommodation of victims of trafficking can express an intention to seek asylum to the SFA through the management of the institution in which they are placed.

Migrants staying outside the Immigration Centre are not guaranteed access to most of the above-enumerated rights or those guaranteed by international or regional instruments that BiH is a party to, unless provided by IOM, civil society, local Red Cross, volunteers or other international organizations.

\textsuperscript{13} Rulebook on Standards of Operation and Other Issues of Importance for Work of Immigration Centre, BIH Official Gazette No. 55/16
BiH institutions’ available resources and capacities

Issues related to refugees and migrants in BiH fall under the competence of several institutions in BiH. This section briefly outlines the relevant capacities of these institutions.

The Ministry of Security:

The MoS manages the Asylum Centre in Delijaš (near Trnovo, 42 kilometres away from the capital). It is the only Asylum Centre in BiH and has 154 beds distributed between three buildings (two for single men, and one that, if needed, can be reserved for women and families). With the recent increase in number of asylum-seekers and limited number of beds, many cannot be accommodated in the Centre and need to find accommodation elsewhere.

The Sector for Asylum:

The SA is a constituent part of the MoS. As regards asylum registration, the Asylum Centre had been the only official location where asylum-seekers could officially register. From March 2018, the SA has been using UNHCR’s Information Centre in Sarajevo for the registration of asylum-seekers on the condition that they have a registered address (through private individual support, NGOs, religious communities, etc.).

The SA currently has two registration staff with a maximum estimated capacity of 50 registration interviews per week, compared to an average of 90 attestations of intention to seek asylum per week in February and March of 2018.

The Sector for Immigration (SI):

The SI is a constituent part of the MoS. Among other duties, the SI is responsible for planning and implementing policies in the field of migration, drafting relevant laws and bylaws and securing accommodation and referral of foreign victims of trafficking.

The Service for Foreigners’ Affairs:

The SFA is an operationally independent body within the Ministry of Security and operates through 16 TCs, of which three are located in Eastern BiH along the route of recent and frequent refugee and migrant movements (Bijeljina, Goražde and Trebinje). The SFA is responsible for the entry and stay of foreigners. Under the Law on Asylum, the SFA is responsible for recording and issuing attestations of intention to seek asylum for all asylum-seekers as well as for providing initial information (mainly through the distribution of brochures with basic asylum process information and free legal aid providers’ contacts, translated in 12 languages). The SFA manages the Immigration/Detention Centre in East Sarajevo (with a capacity of 105 beds).

SFA officers are generally well-trained in terms of providing attestation of intention to seek asylum services as well as giving necessary information to asylum-seekers. However, their capacities to provide attestations on intention to seek asylum for larger groups of refugees are limited and they lack adequate equipment for attestation in some locations (such as cameras and equipment for photo printing). Another issue relates to the working hours of SFA field offices: they are closed Monday to Friday from 4pm to 8am and on weekends. As such, attestations cannot be processed during these
times, encouraging asylum-seekers to travel without obtaining an attestation. Communication and coordination issues between the SFA and SA also pose challenges: the SFA contacts the Asylum Centre via the MoS and at times individual attestation documentation is not forwarded to the Asylum Centre on time, meaning asylum-seekers arriving at the Asylum Centre are not accepted. Further to this, the SFA lacks capacity to provide transportation of asylum-seekers from the SFA to the Asylum Centre.

The Border Police of Bosnia and Herzegovina:

The Border Police manage official border crossings, patrol the border and potential places of irregular crossings into the country, and escort refugees asking for asylum to the closest SFA office to register an attestation of intention to seek asylum.

At the beginning of 2018, the Border Police had approximately 1,845 employees covering 55 international border crossings and 28 local border crossings. According to government sources, it is estimated that the Border Police is in need of an additional 580 officers in order to provide adequate services.

For example, the Border Police Unit in Trebinje – with jurisdiction over a border area that is currently part of one of the refugees and migrants’ route, is stated to be short of 65 police officers.

The Ministry for Human Rights and Refugees (MHRR):

Once an asylum-seeker receives a positive decision on her/his claim, they are registered as a refugee or as a person granted subsidiary protection and become the responsibility of the MHRR. A refugee or a person granted subsidiary protection has the option of being accommodated in the Refugee Reception Centre in Salakovac (near Mostar), which has capacity for around 200 individuals. At present the Centre in Salakovac is significantly below capacity and there are discussions around making it available to asylum-seekers.

The below graphic depicts the refugee/migration-related procedural flow involving the above-mentioned stakeholders/institutions:
MIRA Methodology

A MIRA can either be initiated by the Government of a given country or initiated by the UN RC and UNCT, in close coordination with other humanitarian actors. Crucially, the MIRA is a joint needs assessment tool. As such, all steps of the methodology are necessarily consulted and agreed in the multi-stakeholder manner.

The methodology consists of three fundamental elements:

1/ **Secondary data collection**: actors participating in a MIRA first undertake a systematic inter-sector review of available data.

2/ **Primary data collection**: on the basis of the secondary data review and the needs identified, field assessments are conducted in order to collect primary data through visits to affected areas and interviews with affected people and communities. Given that a MIRA should be a participatory assessment, the primary data collection is intended to capture the needs and priorities as perceived by affected populations (including from age, gender, and other diversity related perspectives).

3/ **Joint data analysis and reporting**: a joint process of analysis of secondary and primary data is undertaken to develop a MIRA report – containing possible scenarios, situation developments, and recommendations - to inform immediate next steps and further analysis and planning.

Secondary data collection

Secondary data was gathered from a multitude of sources including the Border Police of BiH, the SFA, the SA, Centres for Social Work (CSW), NGOs, volunteer sources, and UNHCR, IOM, and UNICEF.\(^\text{14}\)

Primary data collection\(^\text{15}\)

The selection of locations for the collection of primary data was informed by an initial analysis of the secondary data.

Some 1,314 refugees and migrant arrivals to the country were recorded between 1 January and 31 March 2018 and a number of key congregation points were clearly developing: Sarajevo, the Bihać and Velika Kladuša area, entry points such as Goražde (arrivals via Rudo and Čajniče) and Trebinje, the Asylum Centre in Delijaš, and the Immigration centre. Others are en-route throughout the country with different legal status and with different needs. Furthermore, as data is more available on those in the care of the authorities of BiH and given that they are more likely to have their immediate needs met based on their rights under international protection, it was decided that it was more urgent to collect primary data on those not currently residing in Government institutions. Namely, those gathered in Sarajevo, the Bihać and Velika Kladuša area, as well as those who have recently crossed the border and are in need of first-response assistance.

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\(^\text{14}\) It is important to note that harmonised and collaborative information and data management and sharing has been somewhat lacking. This has improved greatly over the first three months of 2018, in tandem with increased arrivals and in particular as a result of the implementation of MIRA, but further efforts and investment of all those involved in providing support to refugees and migrants is necessary. As a result, the analysis of the secondary data was only possible only after a prolonged period of data gathering and harmonisation with some extant issues still posing challenges.

\(^\text{15}\) * The data presented in this Report reflect the period when the MIRA exercise was conducted.
Primary data collection was undertaken by small, inter-agency, assessment field teams using a rapid assessment questionnaire for refugees and migrants. The pilot questionnaire was developed with this purpose in mind and with a view to being further developed and converted into a KoBo tool\(^\text{16}\) for future expedited data collection and assessment vis-à-vis the refugee and migrant situation in the country.

A total of 50 questionnaires were completed by seven teams, interviewing 51 migrants and refugees and covering 308 migrants and refugees in the greater Sarajevo area, Bihać, Velika Kladuša, and Goražde. Meetings with local authorities and discussions with local informants, such as café owners and bus drivers, also took place.

More specifically, primary data and information collection exercises took place in the following locations and on the following dates:

- **Bihać and Velika Kladuša:** 22 and 23 March 2018 (initial mapping and information gathering, including meeting with local authorities).
- **Greater Sarajevo area:** 27 and 28 March 2018 (collecting detailed data using the aforementioned questionnaire).
- **Goražde:** 5 April 2018 (initial mapping and information gathering, including meeting with local authorities).
- **Bihać and Velika Kladuša:** 10 and 11 April 2018 (collecting detailed data using the questionnaire and conducted talks with several local informants).

Interviews were conducted with four women and 47 men. Forty-three of the groups covered were unrelated individuals. The average age of those interviewed was 27. A total of 13 children were among the 308 people covered by the questionnaire responses; of these, eight were understood to be UASC. One individual with a disability was identified. The groups included people from the Syrian Arab Republic, Pakistan, Nepal, Afghanistan, Sri Lanka, Algeria, Morocco, Egypt, Iran, Libya, Palestine, Tunisia, and Turkey.

**Situation analysis and reporting: summarizing secondary and primary data**

The MIRA process combines the secondary and primary data it has collected to generate an overall analysis. This includes possible scenarios (best case, worst case) of how the crisis is likely to unfold.

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\(^\text{16}\) KoBoToolbox is a suite of tools for field data collection for use in challenging environments.
Assessment findings

This section outlines key findings, informed by both secondary and primary data.

Protection:

- Access to asylum procedures and legal assistance:

Access to asylum procedures has been problematic, especially at the stage of formal asylum application and registration. Asylum-seekers are usually able to obtain attestations of expressed intention to seek asylum upon their entry to BiH or relatively soon thereafter. For example, between 1 February and 31 March, the SFA issued 706 asylum attestations, equal to 70 percent of arrivals. However, it has proven more challenging for people to access asylum application and registration procedures, which give right to an asylum-seeker card, which is valid for a longer period: over the same period, only 30 percent of those who were issued an attestation managed to then lodge the asylum claim.

Initially, despite the existence of regulations that allow for the registration of asylum-seekers residing outside of the Asylum Centre, the process did not function. Asylum-seekers who reside in accommodation other than the Asylum Centre are first required to register the address of their stay at the SFA TC or police station responsible for the area in which they are accommodated. This is primarily in Sarajevo Canton. This registration of address requires a guarantee by the property owner that the person actually resides at the address provided. At the outset of the increased arrival of migrants and refugees, property owner guarantees included language that required them to take financial responsibility for those accommodated, in particular their health care, food, etc. Understandably, property owners, despite their altruism, were reluctant to make such a commitment with potential financial consequences. Causing further confusion, the attestation indicates that asylum-seekers should go to Asylum Centre for accommodation regardless of capacity of the Asylum Centre at the time of issuing the document.
Towards the end of March, the issue of the property owner guarantee was resolved through advocacy efforts made by IOM and UNHCR, and property owners now only have to guarantee/confirm that the asylum-seeker resides at a particular address. However, in the interim, a large number of people’s attestations of intention to seek asylum expired. Without a valid attestation, these individuals were not allowed to then formally apply for asylum and register with the SA.

While some asylum-seekers have now been allowed to re-express their intention to seek asylum, thus allowing them to subsequently apply for asylum and register with the SA, large numbers remain with expired attestations and in a de facto irregular status on the territory. Further, these individuals have no access to the rights and services as stipulated by law for asylum-seekers.

Irregular migrants who did not or could not express intention to claim asylum are detained in the closed Immigration Centre. Some subsequently express intention to seek asylum but are not released automatically thereafter. As such, some asylum-seekers are detained in the Immigration Centre.

The Ministry of Justice (MoJ) is responsible for providing free legal aid to asylum-seekers. However, the free legal aid office foreseen to provide this service has not yet been established. Legal aid is provided to asylum-seekers almost exclusively by UNHCR’s legal aid partner Vaša Prava (VP), often from UNHCR’s Information Centre - open Monday to Friday - where legal information and legal counselling is provided. Legal information and legal counselling is also provided in the offices of VP, as well as at the Asylum and Immigration Centres (where individuals are referred to VP by the SFA). IOM and other assistance actors that come into contact with asylum-seekers, refer cases seeking asylum to the UNHCR Information Centre and VP. Demonstrating a real demand, in the first three months of 2018, 640 people were provided with free legal aid by UNHCR’s partner (in and outside the information centre) and 521 came to UNHCR’s information centre.

Evidence from the field shows that a number of refugees and migrants in BiH change “status”, sometimes on multiple occasions. Some express intention to seek asylum, but, once they become aware of the criteria for international and humanitarian protection or are faced with the challenges of the BiH asylum system and the scarce assistance available in the country, they decide to proceed further and attempt to reach EU countries. Cases of the opposite have also been observed, whereby individuals and families, strained by repeated push-backs at the border, finally opt to file a request for asylum in BiH.

- Access to Accommodation:

Currently, BiH has neither reception nor transit centres at the border entry and exit points/areas. Moreover, the authorities lack capacity to provide any appropriate accommodation for refugees and migrants apprehended at times when they are unable to redirect them immediately to the Asylum or Immigration Centres. This is particularly evident as most apprehensions happen during night time.

Persons who have filed a request for asylum have the right to be accommodated in the government-run Asylum Centre in Delijaš which, as stated, can host up to 154 persons - including a space to accommodate vulnerable categories such as women and families with children. However, since the beginning of 2018, the Centre has been full or close to full capacity. With the increase in asylum-seekers, only a limited number of them are able to access the Centre on a given day. In March, only 58 people of 437 in need of accommodation who visited UNHCR’s Information Centre were able to be
accommodated in the Asylum Centre. In addition, there have been some cases in which asylum-seekers have refused accommodation or left the centre due to unsatisfactory conditions (lack of internet connection, lack of regular transportation from the Asylum Centre to Sarajevo).

As a result, most asylum-seekers now resort to alternative accommodation solutions, such as private houses, hostels, hotels and mosques, provided by international organisations, volunteers, religious institutions, or by private individuals. Among these, IOM provide temporary accommodation to refugees and migrants in particularly vulnerable cases; UNHCR supports asylum-seekers who have registered with the SA with accommodation in hostels and hotels, when the Asylum Centre cannot host them and particularly vulnerable asylum-seekers in an NGO MFS Emmaus shelter. Between 1 January and 31 March of this year, 538 asylum-seekers who could not be accommodated in the Asylum Centre have been provided with accommodation by UNHCR and their partners. Further, since the beginning of 2018, IOM has provided accommodation as a stop-gap measure for 113 individuals in vulnerable situations –primarily in hostels – for a limited period of time until alternative accommodation could be sought. A small proportion of migrants and asylum-seekers have money to pay for their own accommodation (e.g. two families paying for themselves were encountered during the MIRA exercise in Velika Kladuša and Bihać). This type of accommodation in the long term can be highly unsustainable and should be seen as temporary.

In addition to a lack of government provided accommodation for asylum-seekers, challenges in registering as an asylum-seeker, especially in cases where the initial attestation has expired, prevent vulnerable asylum-seekers from even accessing accommodation provided by UNHCR.

In the past months, a growing number of people have been found sleeping in parks, squats or abandoned buildings, including families, children, injured and other vulnerable people. In total, MIRA data attests of more than 300 persons hosted in hostels, houses run by volunteers, or sleeping either in abandoned buildings, bus stations or in parks. Of these, MIRA recorded 59 persons sleeping outside or in abandoned constructions in the areas of Velika Kladuša and Bihać only. Though, according to the police and local informants, this number is over 200. Of the 50 persons who have been interviewed, more than half reported having problems with accessing shelter or accommodation.

Limited institutional resources to provide adequate accommodation to particularly vulnerable migrants and asylum-seekers, such as unaccompanied and separated children, persons with health conditions or disabilities, person at risk of violence due to their sexual orientation and/or gender identity, etc. is also a challenge. One NGO-run safe-house occasionally accommodates vulnerable asylum-seekers upon request by UNHCR or IOM. However, in several cases, migrants and asylum-seekers deemed certain conditions at this location unsatisfactory and chose to quickly leave the location, perpetuating their vulnerable situations. Additionally, referral of UASC to this safe house is impeded by the difficulty to duly appoint guardians beforehand (discussed in more detail in a later section of this report).

When it comes to the geographical distribution of migrants and refugees, in and around Sarajevo, accommodation capacities are shared between the Asylum Centre, stays in hostels sponsored by UNHCR or IOM, and houses managed by volunteers. In the border exit area towards Croatia, most migrants and refugees stay in squats, mosques or houses provided by private individuals.
Finally, a number of irregular migrants and asylum-seekers (including some families with children) are also held in the Immigration Centre in East Sarajevo. However, unlike the Asylum Centre, the Immigration Centre is a closed facility, and persons held there are kept in a state of detention.

- **Vulnerabilities to trafficking / smuggling / SGBV:**

Data and information collected by IOM Mobile Teams since June 2017, attests to the presence of a number of individuals and families at risk of, or particularly vulnerable to, exploitation and abuse. Among these: several unaccompanied and separated children; families with children (including single-headed families); persons with urgent needs to access medical care; one LGBTI individual; a few cases of suspected abuse/potential victims of trafficking. The MIRA exercise identified 28 children (of which, eight were unaccompanied UASC), two elderly individuals, one person with a disability, and three with chronic illnesses. IOM experience and data from the region (primarily from Greece, Serbia, and the former Yugoslav Republic of Macedonia) show that several migrants and refugees transiting along the Balkan Route have experienced diverse forms of abuse and exploitation, including physical and mental abuse, food and sleep deprivation, theft, imprisonment for the purpose of asking a ransom, and labour exploitation.

NGOs in the region have collected additional information related to instances of SGBV among the migrant and refugee population. UNHCR’s partner, the Bosnia and Herzegovina Women’s Initiative (BHWI), recorded eight SGBV incidents between 1 January and 31 March 2018. In all cases, victims were supported by finding adequate accommodation in a safe environment and were provided psychosocial support as part of efforts to overcome traumatic experiences, empower them, encourage them to report violence, and prevent any future SGBV incidents.

IOM data indicates that the majority of migrants and refugees who have had an experience indicative of human trafficking, have had that experience prior to entering the countries in the Western Balkans. Furthermore, IOM recorded a correlation between both the duration of travel, as well as the duration of stay in a particular country, with positive responses by migrants and refugees to specific human trafficking indicators. So far in 2018, only one potential victim of trafficking was identified within the mixed migration flow in BiH and referred to appropriate authorities for further investigation. With the rise in the number of entries and the increasing duration of stay of those who are unable to enter Croatia, based on the above, there is a greater number of migrants and refugees that are likely to have experienced some form of abuse or exploitation while in transit. The reliance of migrants and refugees on irregular migration and use of smugglers further exacerbates their vulnerability. In BiH, institutional capacities for the identification and assistance to potential victims of trafficking and other crimes among the mixed migration flow are currently insufficient and require adaptation. Although the legal frameworks for identifying and referring traditionally-identified profiles of victims of trafficking to services exist, implementation is still uneven across the country and further increases in vulnerable cases may thus put the system under further strain. IOM is currently working with the National

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Coordinator’s Office to enhance capacities in the country on this subject; however, further coordination and capacity building efforts in this regard will be needed as numbers increase.

- **The specific needs and vulnerabilities of families and children:**

  The MIRA assessment did not place a specific focus on families with children and the team of interviewers did not collect detailed information on their needs and vulnerabilities, including any needs for psychosocial support. This said, the experience of the team of interviewers shows that families tend to travel more slowly, hence, their relative number may increase with the arrival of summer. Further, MIRA participants - the Asylum Centre aside - were not aware of the availability of any child friendly spaces for children who stay longer with their families in the country.

- **The right for unaccompanied children to be appointed a guardian:**

  The children are amongst the most vulnerable groups suffering from systemic deficiencies in the response, particularly related to the institution of guardianship. The lack of a comprehensive framework for appointing a guardian to fully protect their rights and ensure effective access to services remains of major concern.

  According to data collected through the MIRA, the team identified eight unaccompanied children (all boys). Further, information shared by the MoS indicates that more than 20 unaccompanied children were registered in BiH between February and mid-April. UNHCR and partners have identified approximately 40 unaccompanied children, including two girls, since January.

  According to UNHCR data, just six unaccompanied children have been appointed a guardian in BiH. Based on observation through the implementation of assistance provided by UN agencies and partners it can be deduced that the legal requirement to appoint a guardian to unaccompanied children is rarely fulfilled.

  Relatedly, discussion has been initiated between UNHCR, UNICEF, IOM, the MoS, and CSWs to clarify responsibilities and procedures to appoint guardians and to increase capacities of social services to do so. Additionally, and based on communication with representatives of different UN agencies, there is an apparent lack of clear data and figures on where unaccompanied children are accommodated and what their needs are in order to inform the provision of alternative care.

- **Security:**

  No violence against refugees or migrants was reported through the MIRA in BiH. Interviewers who took part in the exercise agree that refugees and migrants express that they feel safe in the country and claim that this is the safest they have felt along their respective routes. This said, legal insecurity does create frustration and promotes self-reliance in many instances.

  Of major concern are attempts to cross borders in mine suspected areas. Areas close to Velika Kladuša and Bihać (on both sides of the border), as well as border crossing areas en route to Goražde and Trebinje, are known to be contaminated with land mines. The quality of mapping and marking varies from location to location. According to UNHCR and civil society findings in the field, many attempts and repeat attempts to cross the border into Croatia occur in mine suspected areas.
The Velika Kladuša Police have registered house break-ins without intention to steal and a few cases of theft, which may or may not have been perpetrated by refugees or migrants. Further to this, there have been five reported cases of criminal activity, of which one involved a member of the local population. Crucially, the police in Velika Kladuša noted growing malcontent among locals. Malcontent among the local population has also been registered by the Red Cross in Trebinje, where residents have expressed a sense of insecurity as a result of the increased number of migrants and refugees transiting through the area, especially at night time, and fear this may negatively impact the approaching tourist season.

**Health:**

- **Health condition of migrants and refugees:**

The vast majority of individuals interviewed through the MIRA didn’t report any major medical conditions. That said, MIRA interviews and observations of the UN and partners in the field have identified a number of health conditions often connected with protracted travel in difficult circumstances. It has also been observed that migrants and refugees arrive in a state of severe physical exhaustion, making them more susceptible to different illnesses. For example, between 1 January and 30 March, BHWI identified 233 people with health issues, and assisted in the provision of medical assistance in 103 interventions, by covering costs, scheduling medical exams, and arranging transport and translation services. Common injuries include: blisters, bone fractures, ligament damage, rash/allergies, psychosomatic diseases, flu, body pains, vision problems, kidney problems. There were also a few cases of hepatitis C, carcinoma and epilepsy. Records also mention weight loss and insomnia due to stress as well as food and sleep deprivation. Further, a number of cases where pre-existing medical conditions have been aggravated by the difficulties of the journey and lack of adequate medication (diabetes, hypertension, epilepsy) have been recorded. In these conditions it is often children who are most affected. There is also a particular risk for infants and babies and especially for those who’ve yet to be vaccinated against viruses such as measles. Relatedly, information from Médecins Sans Frontières Serbia notes a measles epidemic in Serbia with over 4,500 cases reported between October 2017 and April 2018; they also report cases of measles in Republika Srpska and Montenegro.

- **Access to health care and medical assistance:**

Access to health and mental health care, including sexual and reproductive health services, is a major concern. Primary health care is only provided for those staying at the Asylum Centre in Delijaš (in a medical facility in the municipality of Trnovo) and in the Immigration Centre in East Sarajevo for those placed there. There is limited access to secondary or tertiary health care. Asylum-seekers who reside in private accommodation have a right to primary healthcare too, but in practice they must go to Trnovo municipality and they must already have been registered, which severely restricts their access to an initial medical screening and appropriate healthcare. Irregular migrants in the Immigration Centre may have access to secondary health care or pregnancy care with the recommendation of the Centre’s doctor. Refugees and migrants outside the Asylum and Immigration Centres do not have access to health care, except in case of emergencies or if provided on a voluntary basis or through humanitarian assistance, which might result in inadequate detecting of refugees and migrants.
potentially suffering from communicable diseases to go undetected. Compounding this issue, the MIRA assessment shows that the majority of interviewed persons are not aware of their rights in terms of health care and medical assistance, proving deficiencies in health vulnerability assessments leading to restricted access to the services and information vital to the health and wellbeing of refugees and migrants.

The predicament faced by pregnant women is also of particular concern. Between 1 January and 31 March, 12 pregnant women were identified. To-date, one of them has delivered in BiH. The costs of medical consultations and exams have been covered at times by the MoS, but most often by UNHCR and their partner (BHWI), IOM, and volunteers.

Hospitals in Sarajevo Canton have been receiving all referrals from volunteers, BHWI and IOM; however, IOM has informally received information that they will begin insisting that migrants and refugees have proof of legal status in the country and will not assist non-urgent cases otherwise (emergency rooms will continue to receive and treat all emergency cases).

With the increase of arrivals, IOM has engaged a doctor to provide refugees and migrants referred by the Border Police to IOM Mobile Teams with immediate medical care and referrals for further medical services. In more complex and urgent cases, IOM also covers the costs of medical interventions. The UN has also information about other actors planning potential future engagement in this field, including Médecins Sans Frontières and the FBiH Red Cross.

- Access to psychosocial assistance:

During field work, UN Agencies and civil society have collected evidence of a number of refugees and migrants with symptoms of psychological problems and mental health conditions. This has been confirmed by observations by Médecins Sans Frontières during the conduct of the MIRA assessment. For example, since January, UNHCR’s partner BHWI have identified 114 people with symptoms of psychological problems and diagnosed seven people with a mental disorder. The following symptoms prevail: anxiety disorder, depression, psychosomatic symptoms, difficulties in adjustment, behavioural disorders, and post-traumatic disorders. Additionally, 67 people were identified with symptoms of psychoactive substance and medications abuse (benzodiazepines, alcohol, marijuana/hashish, pregabalin, analgesic, cocaine, sedatives, etc.) and four people were diagnosed with mental and behavioural disorders due to such abuses.

Many refugees and migrants have experienced traumatizing events, whether in their countries of origin or during their travel. For diverse reasons, many feel in relatively better security conditions in BiH which allows them to release psychological tensions. According to experts, this context encourages the resurgence of past traumas and fears which may lead to increased need for psychosocial assistance.

Perhaps of particular concern, is the need for psychosocial assistance within the groups of refugees and migrants in western BiH. Frequent unsuccessful border crossing attempts, diminishing group resources, and a lack of outside assistance may prompt deteriorations in people’s psychosocial condition.
Counselling and psychotherapy (psychological first aid) have been provided by civil society and international actors, but in some cases professional psychiatric assistance and administration of adequate medical therapy may be required. Providing systematic assistance is particularly challenging in the current context where refugees and migrants move onwards very quickly. Support is currently provided by BHWI, in the UNHCR Information Centre, in the Asylum Centre, the Immigration Centre, and during field visits. By the close of March 2018, BHWI had 415 instances of psychosocial assistance to asylum-seekers. Similarly, IOM Mobile Teams include one psychologist per team. Psychologists provide initial psychological first aid and psychosocial assistance to vulnerable refugees and migrants during transit, as well as in the Immigration Centre, upon request of the SFA or other actors in the field. Between 1 January and 31 March, IOM psychologists provided psychosocial counselling and assistance in 174 instances.

**Food security and nutrition:**

- **Food security:**

  According to the MIRA data findings, 67 percent of all interviewed groups declare they eat at least one meal per day, provided through donations and gifts; 14 percent say they eat twice per day; 4 percent say they eat three meals per day. Twenty-four percent believe they would not make it without food for a single day. Second or third meals, where consumed, are often purchased by refugees and migrants themselves, but reports from Bihać and Velika Kladuša indicate that personal funds are running out and some refugees and migrants beg for money.

  Food security varies by location. The difference between refugees and migrants situated in wider Sarajevo area and those in the east and west of the country is of note. Food provision in Sarajevo is more systematic. In the Asylum Centre and Immigration Centre food is regularly provided to all residents. In the Sarajevo area, food security is also provided to a number of refugees and migrants by UNCHR and its partner, IOM, and volunteers. Between 1 January and 31 March, IOM Mobile Teams supported over 200 migrants with meals, while UNHCR’s partner, BHWI, has provided meals to 284 asylum-seekers. Food security mechanisms elsewhere rely almost exclusively on local volunteers – something which is unsustainable in the longer-term. For example, in Velika Kladuša, a local restaurateur offering free meals to refugees and migrants has seen demand rise from 70 meals per day in the middle of March to 175 meals per day in April. This particular individual has requested urgent assistance in order to continue. In addition, in February and March of 2018, the Red Cross of the City of Trebinje has been supported by IOM to provide food to individuals in need and to date served 273 meals.

**Shelter and NFIs:**

- **Need for non-food items:**

  Overall, 82 percent of refugees and migrants encountered through the MIRA exercise expressed a need for NFIs in the form of clothing and shoes. Forty-eight percent expressed a need for a sleeping bag (mainly in western BiH). The Asylum Center aside, where NFIs are to a large extent provided, the need for NFIs is somewhat met by volunteers, IOM Mobile Teams, and UNHCR. Between 1 January and 31 March, through the UNHCR Information Centre, 243 people in Sarajevo were assisted with
NFIs. In addition, the Red Cross of the city of Trebinje is supported by IOM to provide NFIs upon notification by Border Police in that area of migrants and refugees having arrived.

Fact finding and MIRA missions to Bihać, Velika Kladuša, Goražde, and Trebinje - where people are transiting/congregating – encountered a need for a range humanitarian assistance, including NFI distribution points. In Goražde, the authorities report many cases of people arriving exhausted from the journey and with clothing and footwear in need of replacement. Further, due to the tightly closed border with Croatia, frequent attempts to cross (many of those interviewed in western BiH had made several border crossing attempts), and terrain characteristics, leave returning migrants in urgent need for humanitarian assistance, including NFIs.

Transportation:

The importance of transportation is of note: access to rights and services is often dependent on the provision of transportation. For example, much of the work of the IOM Mobile Teams involves accompanying migrants and refugees, identified as vulnerable, at the request of the SFA, and other actors, on a case-by-case basis to public offices, hospitals, and hostels. Of note, there is no official transportation assistance provided to asylum-seekers who wish to be accommodated in the Asylum Centre, despite its remote location where the closest bus stop is 8 km away from the Centre. Since the beginning of the year, IOM Mobile Teams have transported 211 individuals. UNHCR’s partner, BHWI, provided transport to a further 63 individuals over the same period.

Education:

- Access to Education:

Though asylum-seekers are entitled to primary and secondary education by law, at present, the population in question is sufficiently transient – people are not staying in one place for enough time - that there is no demand for primary or secondary education. Should the situation evolve and this change, this aspect will need to be reassessed to increase focus on education through introduction of structured learning activities for children in accommodation centres. In this regard, on paper, primary and secondary education is available for asylum-seekers. Language classes for children asylum-seekers to facilitate their full access to primary and secondary education needs to be ensured.

Durable solutions

- Assisted Voluntary Return and Reintegration (AVRR)

In BiH, IOM offers counselling on AVRR to migrants. For those who express their will to return to their home countries, IOM offers assistance in obtaining the necessary travel and identity documents, a one-way flight ticket, and financial support at the beginning and the end of the return procedure. Between 1 January and 31 March 2018, IOM supported the return to and reintegration in the country of origin of 30 migrants, of which one was a child and three were infants.
Key conclusions and possible scenarios

BiH is experiencing a mixed-migration flow with an increasing number of arrivals month on month. In this context, a proportion of migrants and refugees change their status between migrant and asylum-seeker depending on a range of factors, making it more difficult for the state to provide international protection to those in need who often prefer to proceed further to seek asylum in EU countries. Current capacities - government and other - to address the evident humanitarian needs of migrants and refugees in the country as well as to guarantee their rights are insufficient.

The situation is relatively new, dynamic, and tied to a number of highly unpredictable factors within and without BiH. These include the porosity of the Croatian border, the proportion of arrivals to BiH who elect to seek asylum in the country, and possible political/policy decisions as far away as Greece and Turkey.

As such, the situation could evolve in a number of different manners. The number of arrivals could increase, decrease, or stabilize. In case of either an increase or decrease, each could happen to different degrees. Further, the accumulation of refugees and migrants in the country – the proportion of those choosing to stay or unable to continue – could also increase, decrease, or stabilize, thus affecting the length and nature of refugee and migrant stays in BiH.
Recommendations

Recommendations must be given in relation to the context, with consideration of the fluidity of the operational context and volume of new arrivals. Given the inherent uncertainty in this regard, and the MIRA key findings, the recommendations below should be prioritised or adjusted based on the evolution of the refugee and migrant situation, with the above outlined scenarios in mind.

- **Strengthen government capacities for prioritized, targeted and coordinated response to increased migrant and refugee arrivals**
  - Conduct/update government mapping of available human, financial and operational resources of all actors involved in response to refugee and migrant needs and share results with the United Nations to inform strategic support prioritization and potential fundraising efforts.
  - Increase staff capacity of the BiH Border Police and ensure provision of trainings to identify and refer migrants and refugees to relevant services as well as provide necessary information on rights and obligations.
  - Increase staff capacity of the Service for Foreigners’ Affairs Terrain Centres and provide relevant training to additional staff to ensure extension of working hours. Correspondingly, SFA TCs should be provided with the equipment necessary for processing attestations on expressed intention to seek asylum.
  - Ensure availability of relevant language interpreters at all stages.
  - Strengthen capacity of relevant actors to conduct registration of asylum-seekers through the hiring and training of registration interview staff as well as of relevant language interpreters.
  - Strengthen government information and data management practices in order to establish a harmonised, collaborative tool for planning, reporting and early warning.
  - Enhance coordination between all relevant actors in order to ensure information sharing, better resource management, and equitable and predictable responsibility sharing mechanism and avoid duplication of activities.
  - Consider the establishment of an operational-level coordination mechanism to ensure all response interventions are tailored to the country context and delivered in timely and needs-informed manner, enabling frontline humanitarian organizations to remain operational and effective.
  - Raise awareness among civil society and service providers about the rights of refugees and migrants, the services they are entitled to and modalities for their provision.

- **Update, expand, and improve contingency planning of relevant response actors based on the evolution of the refugee and migrant situation**
  - Revise/update the government country-level contingency plan for refugee and migrant emergency response in light of the recent developments and make it available to the UN to support the reception of refugees and migrants.
In addition to this existing higher-level government contingency plan, conduct a thorough multi-sector evaluation of the resources, roles, responsibilities, and internal crisis response procedures of individual actors within the contingency plan. The contingency plan should also include municipal level actors and institutions, particularly those in refugee and migrant hotspots.

These key actors and institutions should review and revise internal response procedures to include – where lacking – the needs and specifics of refugees and migrants in view of the current situation and its possible future developments.

- **Improve access and capacities for asylum procedures**
  - Facilitate access to and continuation of asylum procedures, in particular by the SFA, allowing asylum-seekers to renew their attestation on expressed intention to seek asylum.
  - Include dependant family members in the attestation on expressed intention to seek asylum issued to the head of household.
  - Facilitate the process of registration of addresses for those staying outside the Asylum Centre to ensure asylum-seekers do not fall out of any legal framework, in particular when they have no access to accommodation in the Asylum Centre.
  - Ensure intention to seek asylum by unaccompanied children is recorded and an attestation issued in presence of the guardian appointed by the relevant CSW.
  - The SFA should increase coordination with SA to ensure referral of asylum-seekers to designated accommodation facility (once new accommodation facilities for asylum-seekers are provided by MoS).

- **Establish free legal aid office and strengthen partnerships with free legal aid NGOs**
  - The BiH Office for the provision of free legal aid should be urgently established as envisaged by the Law on Provision of Free Legal Aid and with capacities - in terms of number of employees who are trained on asylum matters and office space with adequate equipment - sufficient to respond to an increased number of people seeking asylum in BiH.
  - At the same time, partnerships with NGOs should be maintained and strengthened to ensure free legal aid to all and in locations outside of Sarajevo.

- **Enhance accommodation capacity with consideration of vulnerable groups’ needs**
  - Urgently increase accommodation capacity of the MoS for asylum-seekers. A good first step would be to open the Refugee Reception Centre in Salakovac to asylum-seekers in addition to refugees.
  - In addition to the expanding asylum-seeker government accommodation capacity, more immediate solutions need to be sought in the meantime, helping to alleviate a wide range of serious issues that persist in the hotspots. This is especially true given the fast-approaching tourist season and likelihood that hostels will be hesitant to accommodate migrants and refugees.
- Furthermore, temporary accommodation solutions need to be made available for refugees who cannot or choose not to access the asylum process.

- **Improve access and integrated service delivery for people in vulnerable situation (across the board, regardless of status)**

- Strengthen institutional mechanisms for vulnerability screening, and for identification and referral of persons in vulnerable situations in emergency contexts, in particular in the context of mixed migration flows. This includes: 1) the establishment of reception facilities where migrants and refugees can be screened in a safe and protected environment; 2) capacity building of first-contact personnel and staff who is in a position to better identify any vulnerabilities; 3) the adoption and use of migration-sensitive vulnerability indicators throughout the country; and 4) the adoption, dissemination and use of standard operational procedures (SOPs) that clearly outline all relevant actors’ responsibilities and a referral pathway for addressing specific cases such as human trafficking, exploitation, abuse, violence (including SGBV), medical and mental health issues, addictions, etc. In this regard, procedures for protection of children and especially UASC are of utmost importance and need to be urgently improved (further detailed below).

- **Conduct desk review on the specific needs and vulnerabilities of families with children**

- Conduct more in-depth assessment on the needs and vulnerabilities of families with children to ensure proper protection of children’s rights to care, including health care and education, following the example of similar assessments undertaken in neighbouring countries. If deemed necessary, this assessment could be complemented with the collection and analysis of primary data in BiH.

- In tandem, an assessment of the available capacities to respond and provide relevant and quality services should be undertaken and make recommendations vis-à-vis the expansion of services and capacity building needs.

- **Improve capacities to respond to and prevent cases of SGBV**

- Improve capacities of relevant actors, including CSWs and civil society, to respond to and prevent cases of violence, including gender-based violence (GBV) and violence against children in general.

- Ensure relevant vulnerability assessments are conducted to inform sufficient SGBV case management and increase safety of refugee/migrant women.

- Ensure reception and accommodation facilities have separate spaces (including showers and toilets) for men, women, and families with children and closely monitor any risk LGBTI individuals may be exposed to. If deemed necessary, provide separate accommodation for individuals at risk.

- Ensure ongoing security in places of large accumulation of the refugee and migrant population and offer individuals who may be more vulnerable to SGBV safe accommodation and access to separate sanitary services.
• **Referral mechanism/guidelines for UASC are finalised and implemented**

- Finalise clear referral mechanisms and standard operating procedures – with defined roles, responsibilities, and accountability mechanisms - for the provision of protection services for UASC, in particular for the appointment of guardians and best interest determination, with the participation of key stakeholders and introduced in practice by relevant institutional actors.

  Standard operating procedures need to ensure quality standards of alternative care for UASC, whose best interests must be in focus. Where necessary, and based on further assessment, capacities of relevant institutions (CSWs in particular) should be enhanced to ensure the effective implementation of and compliance with referral mechanisms and guidelines.

• **Consider the establishment of child friendly spaces**

- Consider the establishment of child friendly spaces in order to provide safe space for children in the asylum and migration process and ensure their protection from violence and abuse.

- Improve existing accommodation conditions to ensure relevant protection standards for children.

• **Improve refugee and migrant access to health care services, especially to most vulnerable groups**

- Coordination between all health actors already providing services to refugees and migrants should be initiated along with a mapping of available resources.

- A referral system that ensures access to primary health care for all registered asylum seekers outside of the Asylum Centre should be established; it would be necessary to assign the provision of health care-related referral documents to other GPs in the cities/towns on the main route of migrations.

- Mobile health units/mobile clinics should be established to ensure screening, referral and, in urgent cases, immediate treatment of individuals who are sleeping rough, cannot reach medical centres or are not registered. This is especially important from the perspective of pregnant female migrants.

- Refugee and migrant first line responders should be trained to identify communicable diseases and how to deal with them.

- Hygiene measures, access to drinkable water, cleaning and waste management in places of large accumulation of migrants and refugees need to be up scaled to prevent the spread of diseases.

• **Conduct a desk review to inform on psychosocial support needs and specifics of support needed**

- Conduct a desk review on the need for psychosocial support and the specifics of the psychosocial support needs of migrants and refugees to inform relevant steps towards the
provision of psychosocial support to refugees and migrants in BiH. If deemed necessary, this desk review could be complemented with the collection and analysis of primary data in BiH. Similar assessments have already been undertaken in neighbouring countries and could be used as a reference.

- In tandem, undertake an assessment of the available capacities to respond and provide relevant and quality services and make accompanying recommendations vis-à-vis the expansion of services and capacity building needs.

- **Enhance food security**
  - Strengthen partnerships with local actors and organizations which already have capacity and networks necessary to provide food on a regular and sustainable basis to migrants and refugees across the country, and in particular in hotspots. This should include organizations such as the Red Cross and Red Crescent, public kitchens, religious communities, etc.
  - Explore opportunities for partnerships with private enterprises through their corporate social responsibility arms, such as supermarkets.

- **Deployment of Mobile Teams to monitor the situation and respond to immediate needs**
  - Deploy Mobile Teams in refugee and migrant hotspots to ensure timely and efficient provision of services to address immediate needs and monitoring of the provision of humanitarian assistance, thus ensuring that staff, supplies and services are deployed where they are needed the most, including based on the views of refugees and migrants.
  - Capacitate Mobile Units to collect and share information with the UN and other relevant actors in a timely manner.

- **Share land mine data widely through channels relevant for migrants and refugees**
  - Data of the locations and risks of mine suspected areas should be shared widely and in multiple languages with refugees and migrants. This should be done in partnership with BiH MAC and the Red Cross.
  - Where needed along the route, ensure marking of mine suspected areas is in place, especially in potential border crossing areas.

- **Increase safety level to prevent discrimination and xenophobia**
  - Build capacity of relevant responders to prevent and react to potential tensions/incidents among refugees, migrants and the local population in a timely and human rights-informed manner.

- **Analysis of media reporting on refugees and migrants**
  - Analyse and continually monitor media reporting on refugees and migrants to assess its impact on public perception.
Simultaneously, proactively work to build the capacity and understanding of media to report in a responsible manner. UNHCR and IOM guidelines for journalists can be used as reference material.
Data collection considerations

Upon completion of the data collection segment of MIRA, the UNCT and partners conducted an overall experience analysis and reached the following conclusions:

- Few obstacles (mainly language) were found to reaching out to refugees and migrants and the overall atmosphere was friendly and people interviewed were responsive. This said, large hostels are not the most suitable place for interviews due to a lack of privacy.
- Interview timing could be adjusted so as not to overlap with prayer times and sleeping times. In this regard, it has been noted that many refugees and migrants sleep in. MSF believes this is a sign of psycho-social vulnerability.
- Volunteers and private individuals coordinating accommodation for refugees and migrants generally welcomed the assessment. Nevertheless, special emphasis should be placed on nurturing their cooperation as well as cooperation with refugees and migrants in similar exercises.
- The questionnaire is too long and too detailed for this particular situation (in particular the sections pertaining to health, nutrition, coping strategy, safety/barriers), some features are unclear, and there are overlaps.
- Certain sections (access to food, health services, and obstacles to documentation) need to be revised and adapted to the current dynamics in BiH.
- According to MSF, questioning refugees and migrants about psychosocial needs and conditions could trigger trauma symptoms and should only be done by specialised staff. In particular, certain questions on protection and SGBV are not adapted to this type of survey.
- At least basic enumerator knowledge of transit countries, pushbacks, possible incidents en route, and destination countries would be useful.
- The measurement of theoretical available rights vs. actual access should be introduced in order to identify obstacles.
- Accommodation should be put into relation with number of days in country.
Annex 1:

Map of Bosnia and Herzegovina depicting current points of interest to BiH Refugee and Migrant situation
Annex 2: Mixed Migration and Asylum Process Map and gaps identified by MIRA

1. Services for people in vulnerable situation
   - There is no systemic provision of food, NFI, psychosocial assistance, health care, interpretation or free legal aid outside the two government-run facilities and outside the asylum and irregular migration systems.
   - There is no systemic access to alternative accommodation or guardianship for unaccompanied or separated children.

2. Access to Asylum System
   - Identification and referral of asylum-seekers is not always ensured.
   - The government-run asylum centre capacities are insufficient and no alternative accommodation is provided except on temporary basis by UN, civil society and volunteers and subject to availability of funds.
   - Asylum-seekers who are not accommodated in the asylum-centre are not always enabled to submit their asylum claim i.e. register within the validity period of their initial attestation and may fall out of the legal system unless allowed to express intention to seek asylum again.
   - Sector for Asylum is in need of strengthening through the hiring and training of registration interview staff.

3. Irregular Migration
   - Children and people expressing intention to seek asylum may be detained in the Immigration centre.
   - Identification and referral of in vulnerable situations is not always ensured.

4. Government capacities
   - Border Police and Service for Foreigners' Affairs lack a significant number of trained staff trained in order to identify and refer migrants and refugees to relevant services as well as provide necessary information on rights and obligations.
   - Government Information and Data Management should be strengthened in order to establish a harmonized, collaborative tool for planning, reporting and early warning.
Annex 3: MIRA questionnaire, adapted to the BiH current refugee/migration context and assessment scope

**UNCT RAPID NEEDS ASSESMENT**

**Enumerator Team Number:** ________  **Visited Group Number:** ________

**Date of Assessment:** 10/04/2018

**Municipality:** ________Bihac_____________________________

**Location of Assessment:** ___________Kamenica____________

**Data collection type:** REMOTELY  FACE-TO-FACE

<table>
<thead>
<tr>
<th>Questions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEY INFORMANT TYPE</td>
<td></td>
</tr>
<tr>
<td>Municipal Staff</td>
<td></td>
</tr>
<tr>
<td>Operational Partner</td>
<td></td>
</tr>
<tr>
<td>Civil Society</td>
<td></td>
</tr>
<tr>
<td>Refugee or Migrant</td>
<td>X</td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
</tr>
<tr>
<td>KEY INFORMANT GENDER, AGE</td>
<td></td>
</tr>
<tr>
<td>Informant age (please write age of informant)</td>
<td>25</td>
</tr>
<tr>
<td>Informant Gender (M or F)</td>
<td>M</td>
</tr>
</tbody>
</table>
### GROUP DEMOGRAPHICS

<table>
<thead>
<tr>
<th>Type of Group (Unrelated Group, Family)</th>
<th>Unrelated group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of Refugees and Migrants</td>
<td>8</td>
</tr>
<tr>
<td>Country of Origin of Refugees and Migrants</td>
<td>pakistan</td>
</tr>
<tr>
<td># Elderly Men (60+)</td>
<td># Boys (13-17)</td>
</tr>
<tr>
<td># Elderly Women (60+)</td>
<td># Girls (13-17)</td>
</tr>
<tr>
<td># Adult Men (26-59)</td>
<td>7   # Boys (6-12)</td>
</tr>
<tr>
<td># Adult Women (26-59)</td>
<td># Girls (6-12)</td>
</tr>
<tr>
<td># Adult Youth Men (18-25)</td>
<td>1   # Boys (0-5)</td>
</tr>
<tr>
<td># Adult Youth Women (18-25)</td>
<td># Girls (0-5)</td>
</tr>
</tbody>
</table>

### PRESENCE OF VULNERABLE PEOPLE

- Unaccompanied or Separated Children
- Infants (less than 1 y.o.) without Mother
- Elderly with no Care
- People with Disabilities
- People with Chronic Illness or Psychological Condition
- People at Risk (to be identified by Protection Officer)
- Single Woman

### FOOD SECURITY SECTOR

**What are three main consumables in group?**

- Wheat Flour
- Pasta
- Bulgur
- Rice

<table>
<thead>
<tr>
<th>Fresh Vegetables</th>
<th>Bread</th>
<th>x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chicken</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lentil</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oil</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**# Meals consumed in one day:**

**What are the main sources of food in last seven days?**

<table>
<thead>
<tr>
<th>Other (specify):</th>
<th>junk food</th>
</tr>
</thead>
</table>

---

www.ba.one.un.org
| Casual labour | Purchases | x |
| Borrowed     | Food Assistance |  |
| Gifts        | Other (specify): | x |

**COPING STRATEGY**

**Select one option per Coping Strategy**

**Relay on less preferred and less expensive foods?**
- All group: x Less than half
- Half of the group: None

**Borrow food or relay on help from friend or relative?**
- All group: x Less than half
- Half of the group: None

**Purchase food?**
- All group: x Less than half
- Half of the group: None

**Reduce number of meal eaten per day?**
- All group: x Less than half
- Half of the group: None

**Limit portion size at mealtime?**
- All group: x Less than half
- Half of the group: None

**Skip entire days without eating?**
- All group: x Less than half
- Half of the group: None

**In your opinion how many days can you sustain the current situation before running out of food?**

**HEALTH**

| Is there a serious problem in group because people are not able to get adequate health care? | x |
| Is there a serious problem in group because people are not accepting providers of health care? | x |
### Are there a serious problem in group regarding physical health (illness, injuries)?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Do people from your group have access to the following health services?

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient consultations</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient / Hospitalisation</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine (EPI) Vaccination</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Services</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Emergency Obstetric Care</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Emergency Obstetric and Neonatal Care</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hygiene promotion</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-exposure prophylaxis for STI</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health and psychosocial support services</td>
<td>x</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### NUTRITION

#### Have any problems been identified in feeding babies and young children (from birth to 2 years)?

<table>
<thead>
<tr>
<th>Age</th>
<th>0-5 months</th>
<th>6-24 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>0-5 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-24 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### If yes, what are top three main problems? (1 to 3)

<table>
<thead>
<tr>
<th>Age</th>
<th>Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 months</td>
<td>Breastfeeding difficulties&lt;br&gt; No support for non-breastfed&lt;br&gt; Poor hygiene for feeding non-breastfed&lt;br&gt; Other (specify):</td>
</tr>
<tr>
<td>6-24 months</td>
<td>No suitable food&lt;br&gt; Not enough food&lt;br&gt; Not good enough food&lt;br&gt; Not enough variety&lt;br&gt; No feeding utensils for babies</td>
</tr>
</tbody>
</table>
Have there been any distributions of the milk products, such as (Select all that apply):

<table>
<thead>
<tr>
<th></th>
<th>Liquid milk</th>
<th>Bottles/teats</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Distribution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infant formula</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dried milk</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, by whom? (Select all that apply):

<table>
<thead>
<tr>
<th></th>
<th>Local councils</th>
<th>Religious leaders</th>
<th>Local NGOs</th>
<th>International NGOs</th>
<th>Don’t know</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local charity organisations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How were they distributed? (Select all that apply):

<table>
<thead>
<tr>
<th></th>
<th>As part of a food donation</th>
<th>As part of a non-food item kit</th>
<th>As a standalone distribution</th>
<th>Via the local medical facility or mobile medical team</th>
<th>Other (specify):</th>
</tr>
</thead>
</table>

PROTECTION AND GBV

Identify situations prevalent within your group in the last 3 months, if any? (Choose all that may apply and identify towards whom?)

<table>
<thead>
<tr>
<th></th>
<th>men</th>
<th>women</th>
<th>boys</th>
<th>girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inter-communal disputes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family separation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forced and early marriage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exploitation</td>
<td>men</td>
<td>women</td>
<td>boys</td>
<td>girls</td>
</tr>
<tr>
<td>--------------</td>
<td>-----</td>
<td>-------</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>Harassment</td>
<td>men</td>
<td>women</td>
<td>boys</td>
<td>girls</td>
</tr>
<tr>
<td>Kidnapping</td>
<td>men</td>
<td>women</td>
<td>boys</td>
<td>girls</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>men</td>
<td>women</td>
<td>boys</td>
<td>girls</td>
</tr>
<tr>
<td>Sexual violence</td>
<td>men</td>
<td>women</td>
<td>boys</td>
<td>girls</td>
</tr>
<tr>
<td>Child labour</td>
<td>men</td>
<td>women</td>
<td>boys</td>
<td>girls</td>
</tr>
<tr>
<td>Other(specify):</td>
<td>men</td>
<td>women</td>
<td>boys</td>
<td>girls</td>
</tr>
</tbody>
</table>

**Are there any problems with child safety?**

| Violence against boys and girl |  |
| Missing/separated children |  |
| Child recruitment |  |
| Other (specify) |  |

**If child separated, with whom they are living or travelling? (select all that apply)**

| Child-headed, Disabled-headed or Elderly-headed household | Relatives |
| Don't know | Friends |
| Other(specify): |  |

**Have you observed/are you aware of type of support (formal or informal) that exists specifically for women and girls in your group in the last three months?**

| Yes | Do not know |
| No | No answer |
### Are there problems with shelter accommodation?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td></td>
</tr>
</tbody>
</table>

### If yes, what are main problems with accommodation

<table>
<thead>
<tr>
<th>No accommodation is available</th>
<th>x</th>
<th>Overcrowded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### What dwelling do refugees and migrants mostly live in? (select all that apply)

<table>
<thead>
<tr>
<th>Hotel</th>
<th>Private accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal collective center</td>
<td>NGO/ faith-based accommodation</td>
</tr>
<tr>
<td>Collective centre</td>
<td>Non-residential/public building</td>
</tr>
<tr>
<td>Refugee accommodation centre</td>
<td>Other (specify)</td>
</tr>
</tbody>
</table>

### par

<table>
<thead>
<tr>
<th>Needs</th>
<th>Availability</th>
</tr>
</thead>
</table>

- **Blankets**
  - x Yes □ No □ Don't know □ Plenty x Some □ No □ Don't know
- **Clothing**
  - x Yes □ No □ Don't know □ Plenty □ Some □ No □ Don't know
- **Boots / Shoes**
  - x Yes □ No □ Don't know □ Plenty □ Some □ No □ Don't know
- **Mattresses**
  - x Yes □ No □ Don't know □ Plenty x Some □ No □ Don't know
- **Cooking Equipment**
  - x Yes □ No □ Don't know □ Plenty x Some □ No □ Don't know
- **Heaters/stoves**
  - □ Yes □ No x Don't know □ Plenty □ Some □ No □ Don't know
- **Water Containers/Jerry-can**
  - □ Yes □ No □ Don't know □ Plenty □ Some □ No □ Don't know
- **Other(specify):**
  - □ Yes □ No □ Don't know □ Plenty □ Some □ No □ Don't know

### What is the preferred modality of NFIs support?

<table>
<thead>
<tr>
<th>x Cash</th>
<th>□ In-kind</th>
<th>□ Voucher</th>
</tr>
</thead>
</table>
### WASH

<table>
<thead>
<tr>
<th>Do people have access to the following products? (select all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bar of soap</td>
</tr>
<tr>
<td>Sanitary pads</td>
</tr>
<tr>
<td>Disposable diapers</td>
</tr>
<tr>
<td>Washing Powder</td>
</tr>
<tr>
<td>Jerry-can</td>
</tr>
<tr>
<td>Toothbrush</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which of these practices are people sacrificing because of lack of water? (select all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washing clothes</td>
</tr>
<tr>
<td>Washing hands after toilet or before eating</td>
</tr>
<tr>
<td>Cooking food with water</td>
</tr>
</tbody>
</table>

### SAFETY - BARRIERS - OBSTACLES

<table>
<thead>
<tr>
<th>Select all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence or Verbal abuse by local population</td>
</tr>
<tr>
<td>Violence or Verbal abuse by officials</td>
</tr>
<tr>
<td>Violence or Verbal abuse Others</td>
</tr>
<tr>
<td>Presence of Landmines or IEDs</td>
</tr>
<tr>
<td>Refusal of access to communal services (bus, taxi, etc.)</td>
</tr>
</tbody>
</table>
### What are the major barriers to accessing services in this community?

Select up to three main barriers per service

<table>
<thead>
<tr>
<th>Service</th>
<th>No barriers</th>
<th>Non availability</th>
<th>Unreliability/distrust</th>
<th>Discrimination against refugees and migrants</th>
<th>Discrimination against Women &amp; Girls</th>
<th>Discrimination against Men &amp; Boys</th>
<th>Lack of information about availability of aid</th>
<th>Security constraints</th>
<th>Too high costs for accessing services</th>
<th>Takes too long to access services/supplies</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
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<tr>
<td>Water / Sanitation</td>
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<tr>
<td>Food security</td>
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<tr>
<td>Asylum documentation</td>
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<tr>
<td>Community services, including Child Protection and GBD</td>
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<tr>
<td>Education</td>
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<td></td>
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<td></td>
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<td>x</td>
</tr>
<tr>
<td>Shelter</td>
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<td></td>
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<td>x</td>
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<tr>
<td>Non-food Items</td>
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<td></td>
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<td>x</td>
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<tr>
<td>Nutrition</td>
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