



# GENDER ASSESSMENT OF THE REFUGEE AND MIGRATION CRISIS IN SERBIA AND FYR MACEDONIA



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**EUROPE AND CENTRAL ASIA REGIONAL OFFICE  
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Cover: Refugees and migrants getting ready to board the train in Gevgelija on the southern border of FYR Macedonia to travel north towards Serbia.  
Photo: UN Women/Mirjana Nedeva

# EXECUTIVE SUMMARY

In 2015, over one million asylum seekers from some of the world's top refugee producing countries made their way towards Western Europe by sea, resulting in the largest refugee crisis in Europe since World War II.

The majority (more than 851,319 people) transited from Turkey to Greece and through the Western Balkans, including the former Yugoslav Republic of Macedonia<sup>1</sup> and Serbia, with the intention of reaching destination countries further north, such as Austria, Germany and Sweden.

The massive increase in population movements has strained reception capacities and asylum systems, and in some cases has resulted in heavy-handed responses by security forces. Without a political solution to the crises in countries of origin, another million people are expected to try to reach the European Union in 2016. Faced with domestic and budgetary pressures (including security concerns), countries along the transit route are challenged to implement a coordinated response that addresses the humanitarian and protection needs of refugees and migrants in line with international standards and obligations.

Protracted conflict, ongoing violence and insecurity, reduced education and livelihood opportunities and uncertain futures in countries of origin are fueling the mass displacement. As a result, whole families are on the move, including increased numbers of women and children (which make up 42 per cent of the total population), elderly people, people with disabilities, unaccompanied and separated minors, and other vulnerable groups. Refugee and migrant women and girls face specific challenges and protection risks in transit, including family separation, psychosocial stress and trauma, health complications (particularly for pregnant women), physical harm and injury,

and risks of exploitation and gender-based violence. Language barriers and cultural factors, combined with the intention of asylum seekers to move through transit countries as quickly as possible, complicate the efforts of humanitarian actors to provide essential services to women and girls, as well as to identify and support particularly vulnerable groups.

Many women and girls are fleeing conflict in their homeland where they have faced systemic rights violations, including bombardment of civilian areas, killing and disappearance of family members, sexual and gender based violence (SGBV), obstructed access to food, water and electricity, and destruction of their homes and livelihoods. Many have been repeatedly displaced and some have suffered violence, exploitation and abuse while seeking asylum. Women often serve as the main caretakers for children and elderly family members, further increasing their need for protection and support.

The international humanitarian response in fYR Macedonia and Serbia began scaling up in mid-2015 and has focused on supporting the Government response to the emergency needs of populations on the move, including through establishing reception and transit facilities, strengthening registration systems, and providing key services including temporary shelter, emergency health care, essential food and non-food items, and water, sanitation and hygiene. In recent months, with population movements anticipated to continue, the focus has included winterization and contingency planning for longer-term stays. While fYR Macedonia and Serbia are likely to remain primarily transit countries, the situation may change in 2016 as European Union countries impose more restrictive

<sup>1</sup> Macedonia is provisionally referred to for all purposes within the United Nations as "the former Yugoslav Republic of Macedonia", as per UN Resolution 817. Hereinafter referred to as fYR Macedonia.

access to their territories<sup>2</sup> and as the EU defines a more cohesive policy vis-à-vis refugees and migrants.

In October 2015, UN Women's Regional Office for Europe and Central Asia (ECA) commissioned a gender assessment of the humanitarian response in Serbia and FYR Macedonia (where UN Women has a programme presence) to gain a better understanding of the specific needs, priorities and risk factors facing women and girls in the context of the escalating crisis, to assess the extent to which the current response is meeting those needs, to make recommendations to strengthen the response, as well as to identify what operational role UN Women might play.

The assessment found many positive examples of targeted efforts to respond to the specific needs, priorities and protection risks of refugee and migrant women and girls. These include the systemic collection of and reporting on sex- and age-disaggregated data through the asylum registration system; the establishment of mobile protection teams to identify vulnerable groups and facilities to fast track them; the distribution of targeted non-food items (NFIs) such as dignity kits and women's clothing; the availability of targeted services in reception and transit centers including gynecological health care, child-friendly and mother/baby-friendly spaces and psychosocial support; in some cases, the existence of women-only spaces within shelter facilities; and the availability of sex-segregated toilets and showers.

In addition to good practices, the assessment found that while up to 42 per cent of refugees and migrants are women (17%) and children (25%), response planning, services, protection capacity and information are not yet sufficient to meet their needs and address their distinct vulnerabilities. Specifically, the assessment found that registration systems are not comprehensively identifying and referring at-risk groups, and have weak linkages to protection responses. Qualitative

<sup>2</sup> As Slovenia and FYR Macedonia did in November 2015 when they decreed that only persons from conflict-affected Syria, Iraq and Afghanistan would be granted access.



*Women carrying babies in the one stop center in Presevo, Serbia. Photo: UN Women/Mirjana Nedeva*

data on women and girls as well as other vulnerable groups is limited, and it is not clear whether or how existing disaggregated data is being used for contingency planning and operations. Overall coordination among and between government and humanitarian actors needs to be streamlined, and there is a need for more systemic and sustained attention to gender and gender-based violence (GBV) issues within the broader coordinated response. The capacity of front-line actors to systemically identify, refer and respond to issues of gender, GBV and protection of vulnerable groups needs strengthening, as does the capacity of social services and local women's organizations to play an operational role in the response. Some sector-specific services do not yet have adequate provisions in place to ensure that women, girls, boys and men can equally access and benefit from them and targeted services for women and girls are limited or missing, including: systemic protection monitoring, GBV prevention and response services, targeted psychosocial support and trauma counseling, women-only spaces, and full-time gynecological services on site in transit and reception centers.

In 2016, the response should be strengthened to better protect and promote the safety, dignity and

rights of refugee and migrant women and girls in line with international humanitarian and human rights standards.<sup>3</sup> The following recommendations to key stakeholders involved in the refugee and migrants response aim to guide this effort. Further sector-specific recommendations are detailed in the body of the report. UN Women looks forward to cooperating with key stakeholders and partners to help take forward these recommendations, as part of the 2016 UN inter-agency Europe Regional Refugee and Migrant Response Plan (RRMRP).

## Recommendations:

**1. Ensure that all response and contingency plans for the refugee and migrant crisis and related operations and services are in line with international humanitarian and human rights standards** to uphold the safety, dignity and rights of refugee and migrant women and girls, including the Sphere Standards, and standards and guidelines outlined in the IASC Gender Handbook for Humanitarian Action (2006) and the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (2015).

**2. Ensure that the response is evidence-based** and able to adapt to a quickly evolving context and to the distinct needs of a diverse population. This requires:

- Strengthening the accuracy and efficiency of national registration systems including by carrying out individualized face-to-face registration with all asylum seekers, continuing to collect sex- and age-disaggregated data, standardizing vulnerability

<sup>3</sup> Humanitarian actors have an obligation to promote gender equality through humanitarian action in line with the Inter-Agency Standing Committee's (IASC) 'Gender Equality Policy Statement' (2008), as well as an obligation to support, through targeted action, women's and girls' protection, participation and empowerment as articulated in the Women, Peace and Security thematic agenda outlined in United Nations Security Council Resolutions. Internationally agreed standards for humanitarian action and gender and GBV programming in emergencies are furthermore outlined in the Sphere Standards, the IASC Gender Handbook for Humanitarian Action (2006) and the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (2015)

criteria and incorporating GBV as a risk factor for vulnerability profiling, building the capacity of registration staff to carry out interviews with different at-risk groups, and ensuring, when possible, confidential and non-stigmatizing registration.

- Systematizing the regular collection, analysis and reporting on qualitative and quantitative sex- and age-disaggregated data, as well as on other vulnerability criteria, and ensuring that this analysis is used to inform planning and operations.

**3. Strengthen coordinated action on mainstreaming of gender-responsive programming and advocacy,** including by:

- Institutionalizing the involvement of National Gender Mechanisms to participate in and advise inter-Ministerial national coordination structures and response planning.
- Appointing a full time gender advisor to provide technical support on gender and GBV mainstreaming to the United Nations Country Team including through participation in regular coordination, planning, assessment and monitoring activities.
- Supporting the establishment of a regional network of local NGOs including women's organizations working on the response from countries of origin, transit and destination to share information and experiences, improve coordination and carry out joint advocacy on the rights of refugee and migrant women and girls.
- Assisting local governments to promote positive attitudes towards refugees (non-discrimination, solidarity, gender equality) among host communities through communication campaigns and other local community engagement initiatives.

**4. Increase national capacity** to effectively respond to the specific needs, priorities of and protection risks facing refugee and migrant women and girls, including by:

- Increasing the number of field-based staff including gender and GBV experts, protection officers, female health workers including gynecologists, female police officers and Arabic and Farsi language

interpreters, and where possible improving gender parity among first responders.

- Building the capacity of national service providers on issues of gender, GBV, women's/human rights, social exclusion, cultural sensitivity and non-discrimination, psychological first aid, international human rights and humanitarian law and standards, and prevention of sexual exploitation and abuse.
- Building the capacity of state social workers and relevant social work institutions (including Centers for Social Work) to play a greater operational role in the current refugee and migrant crisis response.
- Building the capacity of the national gender machinery and of local women's NGOs in humanitarian action so that they can play a more operational role in the response.

**5. Provide immediate and medium-term priority services,** protection and information to refugee and migrant women and girls in reception and transit centers as well as in waiting areas outside centers, including:

- Establishing multi-purpose women-only spaces for refugee women and girls that provide private

spaces for women to rest, receive information and access a range of targeted services including psychosocial support, trauma counseling, legal advice, health care and NFIs;

- Making mobile gynecological services available 24 hours per day, 7 days per week;
- Establishing accessible and confidential GBV prevention and protection services and functioning national and transnational referral pathways;
- Expanding protection presence, monitoring and measures in under-served areas including along remote green border roads and in transit;
- Ensuring that shelter facilities (for short and long term stays) are safe, accessible, winterized and have family and sex-segregated partitions that ensure safety, privacy and dignity;
- Standardizing WASH facilities so that they are all safe, sex-segregated, dignified, clean and accessible; and
- Establishing NFI distribution protocols that ensure safety, dignity, accessibility and equal benefit for women, girls, boys and men.

## 2.

# RATIONALE

This assessment is informed by an understanding that women, girls, boys and men experience crises and resulting displacement in different ways, and as such have distinct needs, coping methods, priorities and face different protection risks.

It acknowledges that there are differences among women (and among men), shaped by age, socio-economic status, educational level, marital status, nationality/ethnicity, access to resources and ability, among other variables, and that gender roles and power relations among and between groups may change over time and geography, as well as during crises. Understanding these distinctions is key to designing gender-responsive rights-based humanitarian action which helps provide humanitarian actors with a more accurate understanding of the impact of the crisis on different groups, enables them to meet the needs and priorities of the population in a more targeted manner, ensures that all people affected by the crisis are acknowledged and their needs and vulnerabilities are taken into account, and that as a result the humanitarian response is more effective and efficient.

UN Women was established to assist countries to progress more effectively and efficiently toward achieving gender equality, women's empowerment and upholding women's rights, and to hold the UN system accountable for its own commitment towards gender equality. Humanitarian actors have an obligation to promote gender equality through humanitarian action in line with the Inter-Agency Standing Committee's (IASC) 'Gender Equality Policy Statement' (2008), as well as an obligation to support women's and girls' protection, participation and empowerment through targeted action, as articulated in the Women, Peace and Security thematic agenda outlined in United Nations Security Council Resolutions.

This assessment was commissioned in October, 2015 in the context of this mandate and of these obligations, and as part of UN Women's contribution to the overall UN Country Teams' support to the Governments of

fYR Macedonia and Serbia to respond to the refugee and migrant crisis. The specific objectives of the assessment were to carry out a gender analysis of the response to the refugee crisis in fYR Macedonia and Serbia which:

- Determines the main risks that women and girls who are part of the refugee flow face;
- Classifies the existing services being provided by national and international partners to assist women and girl refugees and identifies gaps;
- Determines if there are barriers to access existing services and information for women and girls;
- Preliminarily identifies prevailing attitudes of host communities to women refugees, and any conflict risk factors;
- Assesses how women's organizations and women's activists are contributing to the response and how their capacities could be strengthened;
- Recommends how gender issues can be mainstreamed in the national and international response and where UN Women can provide value added.

This report outlines the findings of the assessment and is intended to serve as a resource for Government, UN and NGO counterparts in fYR Macedonia and Serbia, as well as to help UN Women determine where it might best support national and international partners to address the needs of refugee and migrant women and girls.



### 3.

# METHODOLOGY

This assessment is based on a literature review and field research that included in-depth and semi-structured interviews with key stakeholders as well as observations at key sites in Serbia and fYR Macedonia.

The literature review commenced in mid-October 2015 and included a review of needs assessments, response plans and situation updates which provided preliminary information on the crisis, the current situation and on the humanitarian response to date. Based on the literature review, a set of preliminary research questions were drafted which were refined during the first week of the field research.

Field research was conducted for a total of three weeks in Serbia (from 28 October to 5 November, 2015) and in fYR Macedonia (from 6 to 19 November, 2015), and included in-depth interviews with 75 key informants from 48 organizations or entities, including government officials from central and sub-national levels, staff and leaders from UN Agencies, international NGOs, local NGOs and volunteer organizations. Semi-structured interviews were carried out with over 27 refugee women and men from Syria, Iraq, Afghanistan and Pakistan in reception and transit centers in Serbia and fYR Macedonia.

In fYR Macedonia site visits were conducted at the Vojjug reception center in Gevgelija along the fYR Macedonian/Greek border, and the Tabanovce transit center along the Serbian/fYR Macedonian border. In Serbia site visits were conducted at the Presevo One Stop Shop reception center and the Miratovac transit center along the Serbian/fYR Macedonian border and at the Berkasovo-Bapska transit site on Serbian/Croatian border. In Serbia, site visits were also conducted to the Krnjaca Asylum Center outside of Belgrade, the Principovac temporary shelter in Principovac near the Serbian/fYR Macedonian Border, the Kolevka center for unaccompanied minors and the ASB medium-term reception center in Subotica near the Serbian/Hungarian border, and to key sites

in Belgrade (including the train station, bus station, and the park where asylum seekers gather as well as to nearby services including the Asylum Information Center, Info Park and the Miksaliste Rest Center). During site visits, the assessment team carried out observations of the response and related services, and conducted semi-structured and informal interviews with asylum seekers, volunteers, UN and NGO staff and government officials. Arabic- and Farsi-speaking interpreters provided support during semi-structured interviews with asylum seekers.

The assessment team was comprised of one international consultant and two national consultants who supported the research in Serbia and fYR Macedonia, respectively. From 6-8 November, 2015 the UN Women assessment team joined an inter-agency assessment team in fYR Macedonia which was conducting a complimentary assessment on protection/GBV in fYR Macedonia and Greece on behalf of the Women's Refugee Commission, UNHCR and UNFPA. Together the teams conducted joint interviews and site visits to transit and reception centers in fYR Macedonia. From 10-13 November, 2015 a UN Women staff member from the Cairo regional office joined the assessment team to help conduct qualitative interviews with refugee women and girls in fYR Macedonia and Serbia, as well as to help identify cross-regional linkages between the response in the Western Balkans and UN Women's work with Syrian refugees in Jordan, Lebanon and Egypt.

Limitations to the research included challenges in carrying out interviews and focus group discussions with affected women and girls due to the context of the crisis itself - in which both time and privacy were limited. Language barriers also posed a challenge—only a few

interviews could be carried out with Afghani women and men, as there was only one Farsi-interpreter on site who was also engaged in other support activities. The fluidity of the population movements also affected the research. For example, during the first scheduled site visit to the reception center in Presevo, a ferry strike in Greece delayed the movement of populations into FYR Macedonia and Serbia, as such there were only a handful of asylum seekers there, making it impossible to observe the functionality of the center. A second site visit was carried out the following week, once the ferry strike was over, so the team could observe the reception center at full capacity. Finally the fluid nature of the response itself, including for example the relocation of transit site along the Serbian/Croatian border, or the expansion and winterization of reception and transit centers, mean that some of the details of the response itself have changed since the assessment was carried out.

## 4.

# OVERVIEW OF REFUGEE AND MIGRATION CRISIS AND RISKS FACING WOMEN AND GIRLS

## 4.1 Situation Update

From 1 January to 31 December, 2015 over 1,008,616 asylum seekers from some of the world's top refugee producing countries, including Syria, Afghanistan and Iraq,<sup>4</sup> have made their way towards Western Europe by sea. Of these, more than 851,319 people (including women and children who comprise 17% and 25% of the total population respectively) have traveled through Turkey by sea to Greece, and onwards through the Western Balkans with the hopes of reaching destination countries further north, including in Austria, Germany and Sweden<sup>5</sup>. Total population figures are believed to be much higher, as only an estimated 2/3rds of asylum seekers are being registered upon arrival in transit countries. In 2015 alone, over 3,771 persons making this perilous journey have died or gone missing at sea.

fYR Macedonia is the main corridor for people traveling from Greece to Serbia. The government reports that over 279,900 people have registered intention to apply for asylum in the country from 19 June to 24 November, 2015, although real numbers are

estimated to be almost double.<sup>6</sup> Asylum seekers enter fYR Macedonia from Greece through the southern town of Gevgelija where they can apply for temporary asylum at the Gevgelija reception center, where it can take from 1-6 hours to be registered<sup>7</sup>. Once the registration papers are issued, asylum seekers are permitted to board government-run trains, or private buses and taxis to travel northwards towards the Serbian border (a 3-4 hour journey) where they pass through the Tabanovce transit center before walking across 500 meters of unpaved roads to the green border crossing with Serbia.

4 According to UNHCR, 90% of asylum seekers come from the world's top 10 refugee-producing countries, with the majority coming from Syria (49%), followed by Afghanistan (21%), Iraq (8%), Eritrea (4%), Pakistan (2%) Nigeria (2%), Somalia (2%), as well as Sudan, Gambia and Mali: <http://data.unhcr.org/mediterranean/regional.php>

5 UNHCR: <http://data.unhcr.org/mediterranean/regional.php>

6 According to UNHCR over 586,000 refugees and migrants have passed through Gevgelija reception center from 1 July to 24 November, 2015 - fYR Macedonia Inter-Agency Operational Update 18-24 November, 2015.

7 In June, 2015, fYR Macedonia changed its asylum law which allows people to apply for temporary asylum and legally stay in the country for 72 hours. Prior to this law, asylum seekers were considered illegal and could be imprisoned, as could fYR Macedonians abetting their transport through the country. As a result, people relied on smugglers to transit through the country and/or traveled by bicycle foot and bicycle across fYR Macedonia, including along railway tracks which resulted in several fatalities. The change in asylum law helped decrease risks for asylum seekers by helping to regulate their movement.



Serbia is the main corridor for people traveling from fYR Macedonia and Bulgaria to Croatia.<sup>8</sup> Over 485,100 people registered their intention to seek asylum in Serbia from 1 January to 30 November, 2015 (17% women and 31% children).<sup>9</sup> The majority cross into Serbia from the fYR Macedonian border (thousands per day). From the green border with fYR Macedonia asylum seekers must walk approximately 2 kilometers on an unpaved road to reach the first security check point in Miratovac.<sup>10</sup> Asylum seekers spend an average of 20 minutes in Miratovac before taking a shuttle bus

8 Asylum seekers originally crossed from Serbia into Hungary but changed their route to Croatia after authorities in Hungary closed the border between Serbia and Hungary in mid-July 2015.  
9 Serbia inter-agency operational update – 1-7 December 2015  
10 In December 2015, authorities relocated Miratovac closer to the border with fYR Macedonia reducing the distance to 1 kilometer.

or taxi to the One-Stop-Shop reception center in Presevo, some 7 kilometers away, where they can apply to be registered for temporary asylum, which can take from 2 to 12 hours.<sup>11</sup> Once they have their papers, asylum seekers are permitted to board trains, buses or taxis to travel northeastwards towards the Croatian border (a 6-8 hour journey) where they pass through the border crossing at Sid or Berkasovo to get into Croatia. While the majority of people enter Serbia from fYR Macedonia, a growing number (an average of 220 daily) cross into the country from the eastern border with Bulgaria at Dimitrovgrad, where they can register at the local police station. The Bulgarian route is said to be a cheaper but a more dangerous option due to the difficult terrain, the reliance on smugglers, and the reported brutality of the Bulgarian police. From Dimitrovgrad, asylum seekers can take a 4 hour bus ride to Belgrade<sup>12</sup> where they may spend several hours or days (waiting to get money wired to them), before boarding another bus for several more hours to the northern border with Croatia.

In mid-November several European Union and Western Balkan countries began selective admission practices allowing only Syrian, Afghan and Iraqi nationals (believed to be legitimate refugees coming from conflict affected countries) to cross into their territory. The fYR Macedonian authorities have followed the same practice leaving thousands of asylum seekers (including from Iran, Bangladesh, Pakistan, Morocco and Somalia) stranded at the fYR Macedonian/Greek border village of Idomeni. This

11 The longer wait reflects the more thorough security and registration procedures they must undergo (as compared to fYR Macedonia). At times, it also reflects the conscious decision of the Serbian authorities to slow down the flow in light of the capacity of Croatian authorities to absorb incoming populations.  
12 The number of asylum seekers spending time in Belgrade drastically reduced from thousands in the summer, to dozens more recently, as reception and transport facilities have improved. As such, many of the interventions established to support refugees have downscaled or re-located to the border areas, demonstrating the nimbleness of the response.

## BOX 1

### Push/Pull Factors

During interviews, asylum seekers cited ongoing conflict, high levels of insecurity and lack of educational and livelihood opportunities in their country of origin as factors influencing their decision to flee. For example, a 51 year old Syrian women from a rural village outside of Aleppo reported that repressive life under ISIS rule led her and her family to leave: her daughters had not attended classes for two years after ISIS closed down schools, and her sons risked being forcibly recruited. One Syrian man reported that he and his family initially fled Syria for Jordan, but the lack of livelihood opportunities and increasing tensions with host communities there led him and his family to seek a viable future elsewhere. One woman from Ghazni, Afghanistan cited repressive life under Taliban rule, and a desire for a better future for her two daughters as the motivation for her and her husband to escape.

Opportunities for safe asylum and a better future were cited as pull factors for destination countries. While many of those interviewed had a specific destination country in mind (i.e. Germany, Sweden, Netherlands) many had not yet decided on a destination country, or had changed their minds in mid-flight in light of shifting EU asylum policies. The factors underlying the selection of a destination country varied - some refugees were planning

to join family members, while others expressed an interest to start fresh in a new country, where the likelihood of obtaining asylum would be higher and where conditions for asylum seekers were perceived as good. While many asylum seekers (both men and women) interviewed had high hopes for their future, others expressed more apprehension about what awaited them in the destination countries.

The extent to which women were involved in the decision to leave their home country varied from case to case. Many married women reported that the decision to depart was made jointly between them and their husbands, although in some cases, when probed it seemed that the prompt to leave was due to risks faced specifically by the husband (i.e. one Afghan man worked as a translator for foreign troops and felt he was at risk; one newly married university graduate from Damascus feared he would be unable to find work). In other cases, the decision to leave was made unilaterally by the father of the family (for example, one Afghani man made the decision to flee on behalf of his wife and his 19 children, while his wife expressed high levels of fear and stress. Despite agreeing to flee, many women expressed deep remorse and worry at leaving their loved ones behind.

has led to increased tensions as well as incidents of violence including attacks on fYR Macedonian police and on asylum seekers allowed across the border. According to UNHCR, this has also led to the separation of mixed-nationality couples and families.<sup>13</sup> These restrictive border policies may lead to the reactivation of smuggling routes and related increases in protection risks as people try to reach Western Europe through irregular channels.<sup>14</sup> Daily arrivals in fYR Macedonia in December decreased to 2,827, most likely in large part due to averse winter weather conditions.

<sup>13</sup> fYR Macedonia Inter-Agency Update, 18-24 November 2015

<sup>14</sup> Rights monitoring organizations in fYR Macedonia have reported seeing groups walking along the highway towards Skopje at night - fYR Macedonia Inter-Agency Update, 18-24 November 2015.

## 4.2 Population Profile

The refugee and migrant crisis is extremely fluid and characterized by mass trans-regional and trans-national population movements and by shifting transit routes that may change in response to border closures, restrictive asylum policies, new smuggling routes and weather conditions. The humanitarian response has attempted to adapt to the fluidity of the crisis and to the emerging needs and protection risks faced by the affected population. Serbia and fYR Macedonia are primarily transit countries along the Western Balkans route, and the priority of asylum seekers is to move through the territories as quickly as possible in order

## BOX 2

### Kinship Groups

The majority of women and girls travel in extended family or kinship groups, ranging in size from a handful (3-5 persons) to several dozen people (i.e. the assessment team met one group from Pakistan with 26 extended family members). Groups may be comprised of family members – parents, children, siblings, uncles/aunts, grandparents, husbands/wife's, in-laws; as well as neighbors or friends. While many groups are established prior to departing their home country, some groups form along the transit route, usually among individuals with the same nationality, language and culture.

Group members share information, resources and companionship, and provide each other with informal protection and a sense of security. Individuals in the group may plan to travel to different destination countries (including among people from the same family), suggesting that the primary function of the group is to facilitate transit and provide protection for its members en route.

The group usually appoints one leader – normally male<sup>15</sup> who serves as the main interlocutor with authorities. The leader makes decisions about what route and mode of transportation the group should take and regularly communicates by mobile phone with family or friends (at home and/or in destination countries).

Service providers report the difficulties in communicating with individual women – especially with those traveling in a group - as there is no privacy and oftentimes women will defer to the group leader or other men in the group to speak. As a result, it can be difficult to assess the actual relationships among members of the group, and whether or not women feel safe within the group itself. Furthermore, the time and privacy needed to build trust with women to enable them to express

their concerns about GBV and other protection issues, under normal circumstances, are extremely challenging in the context of rapid population movements as people don't stay in the reception centers for more than a few hours.

The priority of asylum seekers is to reach the country of destination as quickly as possible and minimize delays. Given the protective function of the group in this context, there is pressure (both by the individual him/herself and by the group) to stay with the group, and the potential of being separated generates anxiety for individual members. As a result, sometimes the priority of catching the next train supersedes the immediate medical needs of individuals within a group, increasing the risk and wellbeing of the most vulnerable. For example, front line workers describe many cases of pregnant women refusing to stop for urgently needed medical care, because they risk missing the train for the next border and they (or their husband) do not want to be separated from their group. In several cases this has led to miscarriages. The desire to stay with the group also means that vulnerable individuals may refuse offers to be fast tracked (i.e. to the front of a registration line for example) as they do not want to risk separation.

On the other hand, asylum seekers have also shared stories about slowing their pace to accommodate the specific needs of vulnerable persons in their group in the interest of staying together.

15 There are exceptions – the assessment team interviewed one female leader of a group from Afghanistan who was a lawyer in her home country.

to reach destination countries in Western Europe. The unpredictability of border closures and increasingly restrictive asylum policies, combined with the difficulty for asylum seekers to get updated information on viable transit routes, transport options, and asylum procedures in each country, generates high amounts of anxiety and stress among individuals.

Most asylum seekers have sold everything and left behind families and friends, as well as home countries ravaged by conflict, loss, instability and violence. Individuals and families have faced countless dangers in their attempts to cross land and sea, by a combination of foot, bus, taxi, train, boat and/or plane. Many have been displaced multiple times, and all have lost part or all of their possessions along the route. Some have faced or witnessed violence and death, including individuals who have lost children or spouses due to drowning during the sea crossing between Turkey and Greece. By the time they reach the Western Balkans, many have not slept or eaten properly for days or weeks.

While the routes they follow may be similar, the refugee and migrant population is extremely heterogeneous, comprised of individuals with different nationalities, languages, cultures, ethnicities, religions, sexes, ages, and levels of vulnerability. Individuals also differ widely in terms of their group composition, socio-economic status, levels of education, social capital and reasons for leaving their country of origin. Depending on their country of departure and available

resources, asylum seekers may also differ in their travel routes, the length of time they've been traveling (ranging from several days to several months), their travel modalities (including their use or not of smugglers for part or all of the route), the conditions of their travel (some have been largely dependent on humanitarian assistance, while others have been able to pay for hotel rooms or purchase their own food), and the related risks they face.

Beginning in October 2015, front line workers reported shifts in population trends away from largely single men, to increased numbers of women and children as well as vulnerable groups, including unaccompanied and separated minors, elderly persons, pregnant and lactating women, people with disabilities and people with chronic illnesses. These populations also appeared to have less money, fewer resources and less information about their journey, increasing their vulnerability to exploitation and abuse.

By November 2015, women and children comprised up to 42% of the affected population (18% and 24% respectively) - an average 10% increase in the percentage of women as compared to May 2015.<sup>16</sup> The profile of women and girls reflects the diversity of the broader affected population and includes pregnant and lactating women (including women at late stages of pregnancy), married women (including second or third wives, as well as married adolescent girls), widows, women with disabilities, elderly women, adolescent girls, younger girls, female unaccompanied minors, single women, among others. The majority of women and girls travel with extended family



*Whole families are on the move and pass through the one stop center in Presevo, Serbia. Photo: UN Women/Mirjana Nedeva*

<sup>16</sup> The percentage of refugee and migrant women and minors varies according to nationality. For example, among the Syrian, Afghan and Iraqi population, women comprise 17%, 12% and 15% of the total population respectively, while minors make up 32%, 28% and 28% of the population respectively. Among Pakistani and Bangladeshi nationals, women comprised only 1% of the population and minors 4% and 10% respectively, while among Eritrean nationals, women comprised 62% (possibly due to a trafficking case) and minors 11% of the population. The percentage of women has increased incrementally over time: In May 2015, refugee and migrant women comprised 8%, 5% and 12% of the total number of Syrian, Afghan and Iraqi asylum seekers respectively, while by October 2015, women comprised 18%, 12% and 15% of Syrian, Afghan and Iraqi asylum seekers respectively (an increase of 10%, 7% and 3% respectively).

or kinship groups, which vary in size from a handful (3-5 persons) to dozens of people and provide a form of informal protection and sense of safety in transit. Front line workers report that many women travel 'alone' with their children - that is, without their husbands - but within larger kinship groups that usually include other men (i.e. uncles, brothers, etc). Many of these women are traveling to join their husbands who are already in countries of asylum. Others have left their husbands behind, assuming they and their children will have a higher likelihood of a successful asylum application, after which their husband can follow. Women may also be traveling exclusively with their husbands (without children or a larger group), or completely alone or alone with their children (without a husband or a larger group), although examples of the latter case are few.

### 4.3 Protection Risks

Refugee and migrant women and girls face specific challenges and protection risks in transit, including family separation, psychosocial stress and trauma, health complications, particularly for pregnant women, physical harm and injury, and risks of exploitation and gender-based violence. Many of the women are fleeing conflict in their homeland and have suffered extreme violence and rights violations, including regular bombardment of civilian areas, killing and disappearance of family members, sexual and gender based violence (GBV), disrupted access to food, water and electricity and destruction of their homes and livelihoods. Some have been repeatedly displaced or have been exploited or abused while attempting to seek asylum.<sup>17</sup> Women also often serve as the main caretakers for children and elderly family members, further deepening their need for protection and support.

17 The New York times reports that refugee women arriving in Germany reported violence from fellow refugees, smugglers, male family members and even European police officers ("On Perilous Migrant Trail, Women often become prey to sexual abuse," by Katrin Bennhold, New York Times, 2Jan.2016: [http://www.nytimes.com/2016/01/03/world/europe/on-perilous-migrant-trail-women-often-become-prey-to-sexual-abuse.html?emc=edit\\_th\\_20160103&nl=todaysheadlines&nid=68417686&\\_r=0](http://www.nytimes.com/2016/01/03/world/europe/on-perilous-migrant-trail-women-often-become-prey-to-sexual-abuse.html?emc=edit_th_20160103&nl=todaysheadlines&nid=68417686&_r=0)



Women benefit from spaces for mothers and babies in the one stop center in Presevo, Serbia. Photo credit: Mirjana Nedeva

Women and children (including unaccompanied minors<sup>18</sup>) traveling without male family members, who depend on smugglers and have limited funds, are at increased risk of sexual exploitation or trafficking.<sup>19</sup> In FYR Macedonia, prior to June 2015, two cases of trafficking were detected in the FYR Macedonian asylum center in Vlzbegovo<sup>20</sup> however no cases have been identified since, possibly due to the challenge of collecting testimony among populations on the move. Women who lose or run out of money en route, are at increased risk of exploitation. A 25 year old Syrian woman reported having to sell her wedding ring in Greece, after her and her husband ran out of money due to unforeseen costs stemming from the ferry strike, which delayed their journey by 4 days. Those with fewer resources may have to rely on more exploitative ways to raise funds in order to continue their journey.

For those women traveling in groups, pressure to keep moving (either self-imposed pressure or pressure by their husbands or other family members) may mean that they defer seeking urgent medical attention,

18 Serbian officials registered over 8,600 unaccompanied minors (including 24 per cent girls) from May to November 2015 – the majority of which are assumed to be moving with the help of smugglers.

19 Many asylum seekers use the services of smugglers to travel from Turkey to Greece - while a smaller percentage use smugglers throughout their journey.

20 The cases involved women from Cameroon and Ivory Coast who had been trafficked for the purposes of sexual exploitation in Greece.



thus jeopardizing their health. Family separation is an additional risk factor given the trans-national/trans-regional nature of displacement and the large numbers of people on the move. In fYR Macedonia and Serbia, unaccompanied women and girls who arrive at border areas or to new cities late at night are at increased risk of sexual violence as often these areas are remote, unlit and have limited police presence at night. In mid November, 2015, aid workers reported an unverified incident of a sexual assault against an unaccompanied minor girl who was walking across the remote green border area between fYR Macedonia and Serbia at night.<sup>21</sup>

Women and girls may also suffer protection incidents en route prior to arriving in fYR Macedonia or Serbia including GBV, as well as physical harm as a result of robbery or police brutality and related injuries.<sup>22</sup> Many others suffer high levels of psychosocial stress and trauma. Most women interviewed reported that the boat ride from Turkey to Greece was the most harrowing part of their journey, and several front line workers reported meeting women who were severely traumatized after having lost a husband or a child due to drowning in the sea crossing between Turkey and Greece. The stress of the journey itself may exacerbate tensions within families and lead to inter-familial violence. The government coordinator of the Tabanovce transit site reported having to break up several cases of domestic violence disputes between refugee and migrant husbands and wives.

21 In Belgrade, asylum seekers arriving late at night by bus or train may end up sleeping in the un-policed city park where several cases of robberies have been reported. Reports of private taxi drivers overcharging asylum seekers, giving them false information about registration requirements, and leaving them stranded in remote areas are common. In all these contexts, women and girls traveling alone may be at increased risk.

22 Many incidents of police brutality against refugees and migrants have been reported and documented including systemic reports of brutality by police in Bulgaria. See: <https://www.oxfam.org/en/pressroom/pressreleases/2015-11-13/refugees-crossing-europe-tell-abuse-hands-bulgarian-police>

### BOX 3

#### Key Trafficking Indicators:

Front line workers in fYR Macedonia report that key trafficking indicators have been observed among asylum seekers including: individuals appearing scared, reserved and unwilling to speak; having limited communication with officials possibly due to control by the leader of the group; having false or no travel documents; unwillingness to leave the group; displaying signs of physical injury or poor health.

While these indicators may be due to cultural factors, language barriers, and/or the protection mechanisms of the group itself, front line workers report that it is extremely difficult to carry out a proper trafficking assessment in the context of the current crisis given that people are moving through fYR Macedonia and Serbia in a matter of hours, and due to the related limited time (and limited privacy) in which to build trust and encourage potential victims of trafficking to speak. Even if victims were identified, service providers note that the ability to provide support services in the context of the transitory flow is a challenge.

Language barriers, cultural factors, as well as the intention of asylum seekers to move through fYR Macedonia and Serbia as quickly as possible, may limit the ability of women and girls to communicate with service providers and can prevent them from seeking the protection and assistance they need. The lack of time and privacy to build trust with women, combined with limited numbers of trained personnel, and the rapid movement of populations, make case identification, referral and service provision (including providing a continuum of care across multiple countries along the route) extremely challenging.

## 5.

# HUMANITARIAN RESPONSE

The international humanitarian response in fYR Macedonia and Serbia began scaling up in mid-2015 and has focused on supporting the Government response to the emergency needs of populations on the move, including through establishing reception and transit facilities, strengthening registration systems, and providing key services including temporary shelter, emergency health care, essential food and non-food items, water, sanitation and hygiene.

In recent months, with population movements anticipated to continue, the focus has included winterization and contingency planning for longer-term stays. The scale, fluidity and rapid movement of populations combined with unpredictable border closures, and limited registration and reception capacities pose challenges to the response, which has had to be nimble and adapt quickly to evolving needs and shifting transit routes.

The following section looks at extent to which the distinct needs of women and girls are understood and addressed in the context of the refugee/migrant crisis response. Specifically, it looks at the extent to which gender considerations have or have not been reflected in all stages of the humanitarian programme cycle, including in response planning and coordination, needs assessments, as well as in programme implementation and service delivery. Within each programme sector, the assessment specifically looks at whether services are designed to meet the needs of women and men equally, whether both women and men can access services equally, and whether individual programme sectors take specific actions to prevent and/or respond to GBV. It also identifies targeted actions or services for specific groups already in place or needed, including special measures to protect more at-risk groups.<sup>23</sup> Within each sub-section, good practices

and gaps are presented followed by a list of detailed recommendations for strengthening the gender-dimension of the response.

- Collect and analyse all data concerning the humanitarian response by age and sex breakdown, with differences analysed and used to develop a profile of at-risk populations and how their needs are being met.
- Analyse the distinct impact of the humanitarian crisis on women, girls, boys and men.
- Design services to meet the needs of women and men equally; make sure that women and men can access services equally.
- Based on the gender analysis, make sure that women, girls, boys and men are targeted with specific actions when appropriate; if one group is more at-risk than others, special measures should be taken to protect that group.
- Ensure women, girls, boys and men participate equally in the design, implementation, monitoring and evaluation of humanitarian response, and that women are in decision-making positions.
- Ensure that women and men benefit equally from training or other capacity building initiatives offered by the sector actors.
- Make sure that all sectors take specific actions to prevent and/or respond to gender-based violence and ensure mechanisms are in place to prevent and respond to sexual violence, exploitation and abuse, including transactional sex.
- Set up gender support networks to ensure coordination and gender mainstreaming in all areas of humanitarian work.

<sup>23</sup> The IASC Gender Handbook in Humanitarian Action (2006) presents a framework for how to operationalize gender-responsive humanitarian programming, which includes a list of critical elements that, when used together, can help improve the quality, efficiency and effectiveness of response. These elements include:

## 5.1 Response, Contingency and Preparedness Planning

In FYR Macedonia, the national response to the crisis is outlined in the Government's Response Plan in Event of Mass Influx of Migrants (September 2015), which aims to outline the institutional, material and administrative capacities of the state to respond in case of a mass influx of migrants. The key measures and activities outlined in the plan focus on maintaining security and public health, registering migrants, providing temporary accommodation as well as humanitarian and medical assistance, enabling unimpeded safe transit of migrants through the country, and coordinating actions among public institutions, humanitarian organizations and international organizations. The plan makes mention of targeted assistance needs for vulnerable categories of persons including through special assistance at temporary check points (including for pregnant women, unaccompanied minors, persons with special needs, etc.) and for psychosocial protection for vulnerable categories of persons in the event of longer term stays.

In Serbia, the national response to the crisis is outlined in the Government's Response Plan in Case of Mass Influx of Migrants (September 2015) which aims to secure appropriate capacities for efficient response in case of mass influx of migrants in the Republic of Serbia. It identifies competent authorities, organization and institutions, and outlines measures and activities to be undertaken by each in case of mass influx of migrants, as well as necessary resources needed. Key measures outlined in the plan include border protection, reception facilities and registration, health care provision and securing public health, WASH, humanitarian NFI assistance, caring for unaccompanied minors, ensuring public order and providing migrants with information about the asylum procedure. The plan includes mention of the need to provide special assistance for particularly vulnerable categories of migrants, including unaccompanied minors and pregnant women. It also highlights the need to establish separate accommodation facilities for vulnerable persons including single parents, minors, elderly, sick, people with special needs, victims of torture and violence.

While mentioning vulnerable categories, neither plan specifically incorporates a gender analysis nor demonstrates a particularly gender-sensitive response. Both are relatively weak on protection and neither looks specifically at addressing GBV issues.

Individual UN agency response plans formed the basis of the response at the start of the crisis in both FYR Macedonia and Serbia. In October 2015, agencies began drafting an inter-agency Regional Refugee and Migrant Response Plan (RRMRP) (January – December 2016), with separate chapters for FYR Macedonia and Serbia (as well as Turkey, Greece, Slovenia and Croatia). The RRMRP makes specific mention of gender responsive and GBV programming and draws greater attention to the need to strengthen the protection response including for vulnerable groups.

Government contingency planning to date has focused on hardware (for example, number of winterized shelters and beds needed) rather than on the need for services (including on protection and GBV prevention and response) under conditions of longer term stay. Contingency plans should consider the provision of services to accommodate and accompany longer term stays, including protection services, and take into account any targeted support needed in light of sheltering mixed /heterogeneous population groups over long periods of time.<sup>24</sup>

### **Recommendations for Response, Contingency and Preparedness Planning:**

- Review national response, contingency and preparedness plans and services in light of international standards and guidelines<sup>25</sup> and adapt accordingly to ensure the rights, well-being,

<sup>24</sup> UNHCR in FYR Macedonia drafted a refugee contingency plan in September 2015, which includes strong protection and gender-responsive components (including support to protection monitoring and response to GBV, and providing information on rights and carrying out participatory needs assessments), which may serve as a good example for government-led contingency planning.

<sup>25</sup> Including the Sphere Standards as well as the IASC Gender Handbook for Humanitarian Action (2006) and the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action (2015).

protection and dignity of refugee and migrant women and girls are respected and promoted.

- Ensure national preparedness and contingency plans include service provision which take into account protection issues, including prevention and response to GBV, as well as gender, age and cultural considerations, given the heterogeneity of the groups and the challenges and possible tensions that might arise during longer term stays.
- Carry out consultations with affected populations, including women and girls, to inform the design of scale up, contingency plans and services.

## 5.2 Coordination

In FYR Macedonia, coordination of all line Ministries for the overall response is assumed by the national Crisis Management Center in line with the Law on Crisis Management, which was activated after the Government's Declaration of a State of Emergency on 21 August, 2015 (extended to 15 June 2016). Border control and registration is under the responsibility of the Ministry of Interior, while humanitarian assistance and reception conditions are coordinated by the Ministry of Labour and Social Policy (MoLSP) in cooperation with UNHCR. An inter-ministerial working group oversees the response with the support of an operational body for managing the increased numbers of migrants, managed by the Ministry of Interior. Inter-agency coordination for the crisis response is undertaken through the UNHCR-chaired UN Task Force for Refugees and Migrants, which oversees the coordination of a Refugee Protection Working Group, co-chaired by the MoLSP and UNHCR. Weekly field level coordination meetings take place in Gevgelija and Tabanovce with the involvement of up to 35 operational actors (UN, INGOs and local NGOs and local authorities), and chaired by the Crisis Management Center in cooperation with UNHCR. The UN Resident Coordinator supports the organization of regular donor coordination meetings where updates on the UNCT's activities are presented.

In Serbia, the Government established a Working Group on Mixed Migration Flows (comprised of the Ministry of Labour Employment, Veteran and Social

Affairs (MoLEVSA), the Commissariat for Refugees and Migration (SCRM), the Ministry of Interior, the Ministry of Health, the Red Cross, and other relevant governmental stakeholders) to coordinate response to the crisis and together with UNHCR facilitate coordination within and between the Government, the UN and NGO partners. UN coordination is carried out under the UN Refugee Theme Group (RTG), which coordinates four sectoral working groups (WGs) that are co-chaired by relevant UN and Government Ministries, namely: (1) Refugee Protection WG (co-chaired by the MoLEVSA and UNHCR); (2) WG on Shelter/NFI/WASH (co-chaired by the SCRM, MoLEVSA and UNHCR); (3) WG on Health/Food/Nutrition (co-chaired by the Ministry of Health and WHO); and (4) WG on Local Community Support (co-chaired by the Ministry of Local Self-Government and UNDP). In addition, the UN Resident Coordinator and UNHCR Representative jointly chair several forums involving external partners where UNCT activities on refugees/migrants are presented to other stakeholders including donors.

In both FYR Macedonia and Serbia, attention to gender within government and UN coordination frameworks is limited. At the Ministerial level, the national gender machineries do not participate in the inter-Ministerial coordination bodies and are not active in the response. However they can and should play an important role in ensuring that a gender analysis is brought to the table and that relevant national policies and planning frameworks are gender sensitive, including response and contingency plans. They also have an important role to play as advocates for women and girls in the context of the response and can potentially form partnerships with their gender machinery counterparts in countries along the transit route. There is also a need for systemic attention to gender and GBV within UN coordination frameworks. Within the FYR Macedonian UNCT, the Human Rights and Gender Theme group has traditionally focused on development issues, and originally brought the issue of irregular asylum seekers to the attention of the UNCT. While representatives from that group participate in the refugee coordination meetings (including UNFPA which is supporting vulnerable groups of women (pregnant women) and has raised issues of GBV), there is no mechanism to address gender and GBV issues on a systemic basis. In

Serbia, while several UNCT members consider gender in their work, and while the thematic working group on Protection includes several sub-working groups (including on child protection), as of yet there is no focused attention on GBV or gender mainstreaming. In addition to coordination within each country, transnational coordination on gender and GBV (in terms of information sharing, advocacy and programming) is critical and needs to be strengthened, given the nature and scope of the crisis.

### Recommendations on Coordination:

- Institutionalize the involvement of the respective National Gender Machineries (in both FYR Macedonia and Serbia) in inter-Ministerial national (and sub-national) coordination structures for the refugee and migrant crisis, including by appointing a representative as a standing gender advisor to the respective national crisis coordination bodies.
- Establish a standing agenda item on gender and GBV in national coordination and planning meetings to ensure these issues are systemically identified, analysed and collectively addressed at national, regional and sub-national levels.
- Appoint a full time gender and GBV advisor to work with the respective UNCTs to ensure that gender equality and GBV issues are systemically mainstreamed within the coordinated UNCT refugee response and reflected in key documents and planning frameworks, including humanitarian protocols/SoPs, contingency plans, site plans, and common messaging.<sup>26</sup>
- Strengthen leadership, clarify accountabilities, and streamline coordination mechanisms amongst government and humanitarian actors (nationally and transnationally) to improve the quality and

<sup>26</sup> The gender advisor could also help identify and advise on gender and related protection issues as the humanitarian situation evolves; analyse sex and age disaggregated data and trends, and contribute to the development of qualitative assessments to ensure that gender dimensions reflected; ensure gender specific data and information is reflected in UN-wide reporting including weekly situation updates, donor updates; and liaise with national authorities, including national gender machinery, on gender related matters in the broader UNCT response.

effectiveness of the response, with a focus on ensuring support to and protection for women and girls.

- Mobilize women NGOs across regions, in partnership with key international, regional and national actors,<sup>27</sup> to carry out joint evidence-based advocacy and raise awareness about key gender and GBV issues in the context of the current crisis.

### 5.3 Data and Gender Analysis

In FYR Macedonia and Serbia, base line data on populations - including sex- and age-disaggregated data (SADD) - is collected primarily through the asylum registration system under the respective Ministry of Interiors,<sup>28</sup> and is critical to tracking populations and shifting demographics over time.<sup>29</sup> While the collection of SADD can be seen as a good practice, this data is not always reported on and it is not evident to what extent the information is being analysed and used to by authorities to inform programming and contingency planning.<sup>30</sup> There remains a gap in qualitative data on vulnerable groups including women and children and the risks they face, which

<sup>27</sup> Partners to include UN actors (i.e. UNFPA, UNICEF, UNHCR, IOM), regional and global women's networks (i.e. the Regional Women's Lobby; women parliamentarian networks; and local women's NGOs and networks).

<sup>28</sup> There are acknowledged weaknesses in the registration systems in both Serbia and FYR Macedonia, with an estimated up to 2/3rds of asylum seekers not being registered in FYR Macedonia. The UN is working with the respective Ministries of Interior to see how they can support them in increasing their capacity to register larger numbers of asylum seekers, as well as supporting them to strengthen the quality of data collection – including using registration as an opportunity to identify protection concerns (please see section on protection below) As such the data at hand may not accurately reflect the scale and scope of displacement and the related demographic profile may be skewed.

<sup>29</sup> For example, in Serbia by November, 2015, refugee and migrant women comprised up to 18% of the asylum seeking population – an increase of 10% since this data was first collected in May 2015.

<sup>30</sup> For example, the increase in the number and percentage of women and children, as well as other vulnerable groups since October has implications for service provision and protection, but it is not clear if and how this is translating into services on the ground.

limits the ability to deliver an effective response. In Serbia, authorities reported facing challenges in communicating with refugee and migrant women due to language and cultural barriers, and welcomed additional information on gender and cultural sensitivities and practices that would help them better serve these populations. Qualitative information on vulnerability factors should be used to complement quantitative data and this data should be analysed and used to inform crisis planning and the protection response. Several agencies are planning to carry out qualitative assessments<sup>31</sup> however it is not clear to what extent gender consideration will be incorporated into these. It is critical to ensure that qualitative assessments, and sectoral needs assessments are gender sensitive and that findings are shared among all humanitarian actors to inform a broader gender analysis and relatedly the broader evidence base of the response.

In both FYR Macedonia and Serbia, several agencies, including UNHCR and UNICEF have carried out sector-specific perception surveys, including with women and girls, to assess the relevance of their services and refine them accordingly. In light of the limited time and privacy available in the current context, agencies have been innovative in using adapted participatory methodologies to solicit feedback from women and girls (for example by using the opportunity of delays at border crossings to invite women in line to participate in a short focus group discussions, or by using the privacy available inside mother/baby tents to hold short discussions with women), which generated useful information and informed an refined response.<sup>32</sup> Regularly consulting with women and girls about services is critical to ensuring resources are used in the most effective and efficient manner.

31 For example, UNICEF is planning to carry out vulnerability assessments with children using tablet technologies (UNICEF) and UNHCR is carrying out a regional qualitative protection assessment with asylum seekers.

32 Specifically, in response to the feedback, humanitarian actors reorganized NFIs, such as wet wipes and sanitary napkins into smaller packages for easy transportation, and began to distribute items such as sanitary pads more discreetly in line with the culturally appropriate comfort levels of the women.

## Recommendations for Data and Analysis:

- Regularly report on sex and age disaggregated data and on the qualitative dimensions of population needs and the response including in daily and weekly situation updates and other regular reporting on the crisis.
- Ensure qualitative assessment methodologies are adapted to ensure women and girls' voices are heard in the context of perception surveys and other needs assessments and evaluations.
- Prepare monthly gender profiles, highlighting gender- and culturally-specific findings from ongoing assessments, with recommendations for service delivery.
- Conduct systemic participatory consultations with affected communities including regular (monthly/bi-monthly) gender-sensitive rapid needs assessments, as well as ongoing perception surveys; ensure female participation in assessments as respondents and as assessment team members.
- Design and conduct protection assessments that examine the risks of GBV related to protection programming, and strategize with protection actors about ways such risks can be mitigated.

## 5.4 Programme Sectors/Services

### 5.4.1. Registration, Reception and Transit Centers:

#### 5.4.1.1 Registration

In both FYR Macedonia and Serbia, the government's capacity to register large numbers of asylum seekers has increased since the start of the crisis. In Serbia, the Ministry of Interior is in charge of registration and staff, with the support of UN and NGOs, and accompanied by interpreters, conduct interviews with individual asylum seekers at border points and reception centers. They collect bio data as well as information on sex, age, country of origin, as well as select data on vulnerable groups, including unaccompanied minors.

In FYR Macedonia, the Ministry of Interior (Mol) is also in charge of registration, and collects sex- and age-disaggregated data as well as data on country of origin and vulnerability criteria. The registration system in FYR Macedonia is less robust than that in Serbia, as authorities do not carry out individual interviews with or collect bio data from asylum seekers, but rather copy registration data directly from Greek registration papers. Furthermore, a large percentage (UNHCR estimates up to 2/3rds) of asylum seekers are not registered, as the registration system's capacity to keep up with the numbers of people moving through is limited. Weak registration procedures means that the data required to provide the basis for accurate programme planning, assistance and protection is limited - including critical data on the characteristics of a population including sex and age breakdown as well as the number and type of groups with specific needs.

UN and EU-supported efforts to improve the capacity of the respective Mols to strengthen registration procedures are underway. This includes aiming to ensure that all asylum seekers are registered, and that the protection component of the registration system is strengthened, including through standardizing vulnerability criteria, building the capacity of staff to identify and refer vulnerable groups (including victims of trafficking), and harmonizing registration procedures across the region, so that data is comparable and efficiency of registration increased. Strengthening the asylum registration system in these ways would help strengthen the overall response including protection for women and girls.

### **Recommendations for Registration:**

- Ensure registration is carried out on an individual face-to-face basis; ensure equal access for both men and women to individual registration and documentation.
- Build the capacity of interviewers to carry out interview techniques with different at risk groups; to identify vulnerable groups (including for GBV or Victims of Trafficking survivors) and provide appropriate guidance and timely referrals regarding safety and specific needs; and to ensure interview questions are age-, gender- and culturally appropriate.



*The Gevgelija registration center near the border between Greece and FYR Macedonia. Photo: UN Women/Mirjana Nedeva*

- Ensure profiling and registration data is disaggregated by relevant vulnerability factors as well as sex, age and disability; Ensure registration system includes mechanism to register different family structures and the relationship of individuals to each other.
- Make female registration staff available to interview females; ensure focal persons GBV specialists are available at registration/transit centers to expedite registration process for survivors and those at risk, and to provide them with information on where to access care and support.
- Establish a regional data base system for registration to reduce duplication, harmonize data and increase protection and efficiency.
- Establish mechanisms to monitor registration systems to prevent exploitation and abuse.

#### **5.4.1.2. Reception and Transit Centers**

In FYR Macedonia, the main reception center is located in the town of Gevgelija on the border with Greece, with the main purpose of registering asylum seekers, providing them with urgent assistance – including short-term shelter, water, sanitation, hygiene, food, NFIs, health care and protection – and facilitating the continuation of their journey northwards towards Serbia. The reception center itself is relatively new, and

upon first glance, the facilities appear well designed and seem to comply with Sphere standards (see sector specific sections below for further details). The center has a heavy presence of male uniformed police and army personnel. Upon arrival, asylum seekers are divided into groups of 50 and asked to wait outside the center until their registration papers are processed. Once processed they can enter the reception center, where they can access services and make their way towards the train, bus or taxi boarding areas for the onward journey to Serbia. Given the large numbers of refugees and migrants, registration capacity is often overstretched so not everyone is registered. Police direct those without registration papers to board the trains traveling directly to the Serbian border, and those with registration papers to buses or taxis. Individuals do not seem to have a choice about which transport option to take.

The majority of the time asylum seekers spend at Gevgelija seems to be outside the reception center waiting for their registration papers to be processed, which can take from 1-6 hours depending on the numbers of people waiting and on the police commander in charge. Outside the center they have no access to basic services including shelter, WASH facilities, NFIs, food or medical care. After dark there is no lighting outside the center, increasing risks for women and girls. Conversely, due to the logic of the organization of the reception center (combined with strains on the registration system) the actual time asylum seekers spend inside the center using the services is relatively limited and it seems that the services are underused. Once inside the camp, information about registration procedures, waiting times, transportation options and times, as well as center services are not readily available or clear. Plans are underway to winterize and expand the size of the center in anticipation of longer-term stays, the need for more shelter. The site plan for the expanded camp does not seem to be gender or cultural sensitive or to take protection considerations into account (for example, the placement of the child friendly space is close to the exit of the center, the short-term shelter for vulnerable groups are located around the periphery of the camp, there are no toilet facilities near the train ticket booth and there are no private spaces for women and girls).

In Tabanovce along the FYR Macedonian/Serbian border, the transit center is built around the train station and serves as a way station for people moving onwards to Serbia –where they spend an average of 30 minutes (vulnerable individuals arriving late at night have the option to stay overnight in short term accommodation facilities). A range of services are available inside the center (short-terms shelters, WASH, NFI distribution, food, health care, protection) although it is much smaller than the site in Gevgelija and services are crowded together. As with Gevgelija, information on the route and signage about what services are available are not always clear.

In Serbia, the main reception center is located in Presevo, several kilometers from the border with FYR Macedonia. Prior to arrival at Presevo, asylum seekers crossing into Serbia from FYR Macedonia pass through a security check point at Miratovac (2 kilometers from the border), which has limited services with people spending no more than 20 minutes there after which they are transported to Presevo by shuttle bus or taxi, approximately 7 kilometers away. As in FYR Macedonia, the main purpose of the Presevo reception center is to register asylum seekers and provide them with urgent services – including short-term shelter, water, sanitation, hygiene, food, NFIs, health care and protection - before they continue their journey northwards towards Croatia. The reception center has a heavy police presence. The facilities inside the center are not as new as those in Gevgelija with weathered tents, containers and portable toilets rather than semi-permanent structures. Protection actors expressed concerns that conditions in the reception center do not comply with Sphere standards.

Upon arrival at Presevo, asylum seekers must first pass through security clearance (including a metal detector) to enter the reception center, where they wait to be registered. Once they receive their asylum papers they can leave the reception center to take trains/buses/taxis towards the Croatian border. The volume of people seeking registration (an average of 6000 asylum seekers a day) compared to the reception center capacity (an average of 1200 people) means that the majority of people spend the bulk of their time waiting outside the center (up to 12 hours) where they have limited access to services



including shelter (save a few tarps near the entrance of the center); WASH facilities (save 4 portable toilets which were reportedly serviced infrequently). Access to the Presevo reception center is restricted by the government, so many NGOs and volunteer organizations operate outside the site and provide additional medical care (MSF), food and NFI distribution (NGOs and volunteer organizations) and child friendly spaces (NGOs). When crowds outside the center swell into the thousands tensions can rise and crowd control can be a challenge. During the site visit the assessment team witnessed women and children being pushed to the side by single men try to get to the front of the line. Unlike in FYR Macedonia, the Presevo reception center is used to full capacity and services seem to be well used. As with Gevgelija – once inside the camp, the availability of information about the route and services in the center is not always clear.

In light of border closures, the upcoming winter season, and the potential for more overnight stays, the question of safety and security will become a greater issue in the reception centers and will need to be addressed. Plans for expansion and winterization of the reception center are underway, including the refurbishment and winterization of existing structures as well as the construction of new ones.

### *Recommendations for Reception and Transit Centers:*

- Ensure placement and design of the reception and transit centers and site-related services are safe, accessible, lit, culturally appropriate, and are responsive to the specific needs of women and girls and in line with Sphere, IASC Gender and GBV standards (including GBV risk reduction and mitigation strategies in the care and maintenance of the center); Ensure safety and privacy are considered in camp planning and expansion and that Sphere standards for space and density have been met to avoid overcrowding.
- Ensure there are designated areas for women, adolescent and child-friendly spaces; use partitions for privacy.
- Provide basic services and protection to asylum seekers where they are located, including when

waiting outside of the reception centers, including targeted services for women and girls.

- Establish crowd control mechanisms to manage long waits outside of camps including considering separate lines for women (and families) and refining fast track procedures so that the most vulnerable can benefit in light of family size.
- Improve signage in the camp and ensure updated information is available on boards/panels in different languages to inform refugees of available services and train/bus schedule.
- Carry out consultations with affected populations, including separate consultations with women and girls to systemically inform planning, including the design/re-design of transit/reception centers to help ensure they are safe, functional, culturally appropriate and are responsive to the specific protection needs of women, girls and other vulnerable groups.
- Support the role of adequate numbers of properly trained law enforcement and security patrols to prevent and respond to GBV in and around site; include greater presence of non-uniformed staff and women police officers.
- Establish referral pathways in transit and reception centers and ensure all personnel/staff who engage with affected population have written information about where to refer survivors about care and support.

### **5.4.2 Shelter**

In FYR Macedonia, shelter facilities inside the Gevgelija and Tabanovce reception and transit centers include Rub Halls (large open tents) and Refugee Housing Units (RUS/smaller family-sized housing) which are being prepared for winterization. The RHUs in Tabanovce had wooden floors but were empty of furniture, so persons using them would have to rest/sleep on the floor. In Gevgelija, RHUs were equipped with benches but no beds. No shelter was available outside of reception center, leaving hundreds of women and children outside in the elements, with no shelter, lights or basic services. As part of the expansion plans of the reception center additional RHUs will be provided to accommodate longer-term stays.

In Serbia, shelter facilities inside the Presevo reception center include Rub Halls and other large open tents. Some, shelter facilities are equipped with benches, while others have gravel flooring. A separate female-only facility is available inside the reception center to provide overnight accommodation for 20 or so women and children, however the space is reportedly rarely used, as women don't want to be separated from their families. A longer-term shelter facility for up to 1500/2000 people is being prepared in a refurbished abandoned tobacco factory on site as part of the Presevo site expansion, currently under way. It will include a family section and a separate section for women and girls. Sleeping quarters for female police officers are also being renovated to enable them to stay on site for overnight shifts. No proper shelter is available outside of the center in Presevo, leaving thousands of asylum seekers queuing for up to 12 hours at a time subject to the elements. At the Berkasovo-Bapska crossing point near Sid along the border with Croatia several tarps were erected to cover a passage leading to the into Croatian border where many people queue, however during the site visit the structures had been damaged by strong winds so asylum seekers were directed to take an unpaved path circumventing the tarp to get to the border. Protection actors in Serbia lamented that the shelter and WASH response was below Sphere standards, leaving women and children sleeping out in the open, with no lights or shelter and with limited sanitation services.<sup>33</sup>

Serbia has an additional shelters for short term accommodation located in various locations around the country, including in existing asylum centers, in refurbished buildings as well as in new constructions. The extent to which each facility meets gender-responsive standards differs, with the newer constructions closer to Sphere standards. The Krnjaca asylum center, located several kilometers from Belgrade, is being used to provide temporary accommodation to asylum seekers requiring overnight stays. The facility is old, somewhat dilapidated and was originally designed for

longer-term accommodation for refugees. It includes separate housing for single men, single women, and families, provides basic services including accommodation, food, health care and clothing, and has various programmes for long-term residents. The Director of Krnjaca noted the challenge adapting pre-existing integration-focused services to meet the distinct needs of populations in transit, in light of their particular gender, cultural, language and time-bound specificities. The Presevo temporary accommodation center located several kilometers from the Presevo one-stop-shop, is a refurbished school designed to accommodate short-term overnight stays. The shelter has designated family-only spaces, women only spaces and nursery facilities for infants, as well as common sleeping areas for single men and sex-segregated toilets and showers. However the limitations of the pre-existing space means that privacy and cultural appropriateness of the service are inadequate- for example family-designated rooms are divided from the common sleeping area by windowed walls, and WASH facilities are located in the center of the common area which requires women and children to walk through the sleeping quarters for single men to use the facilities. In contrast, a newly constructed temporary shelter facility (ABS) located several kilometers from the Hungarian border<sup>34</sup> meets all Sphere standards including private and secure family-only and women-only accommodation, common areas and separate WASH facilities for women and men.

The majority of the shelters are located several kilometers from the border areas and transit routes, leading several protection actors to lament the impracticality of these facilities for asylum seekers who depend on staying together and on getting across borders as quickly as possible. The government is offering shuttle transportation to and from shelter facilities to attempt to address this gap. For example, a shuttle bus is available to take asylum seekers from the center of Belgrade to the Krnjaca shelter from morning to 7pm daily, however those arriving late at night have

33 Since the site visit was conducted, the Berkasovo-Bapska border crossing is no longer functional - as refugees/migrants can now travel to Croatia by train from the Sid train station. Humanitarian actors have relocated services to Sid town accordingly.

34 With the closure of the Hungarian border, transit routes have redirected towards the Croatian border so only limited numbers of refugees and migrants are located in this area and the purpose of the new shelter facility may need to be rethought.

difficulty reaching the shelter, and many end up sleeping in town or in the central park.

### *Recommendations for Shelter:*

- Provide 24/7 emergency shelter where asylum seekers are concentrated, including the backlog of people waiting outside the reception centers, allowing them to wait in safety and dignity.
- Ensure that all short- and long-term shelters – communal and RHUs - are sited in safe locations, have family and sex-segregated partitions, are culturally appropriate, provide privacy and dignity including with partitions, are adequately illuminated and are accessible to people with disabilities, are secured with adequate locks on windows and doors, are winterized, have heating and beds; and have protection monitoring systems in place (including security patrols), in line with Sphere, Gender and GBV standards.
- Ensure shelter provisions allow women traveling alone the opportunity to be housed together safely and ensure that facilities accommodate those with special needs (including female-headed households; widows, unaccompanied girls; women with disabilities).
- Shelter considerations in contingency planning should include provisions to avoid overcrowding in the event of increased long-term stays in line with Sphere standards and should address related risks that come with overcrowding (including sexual and gender based violence, intimate partner violence and other forms of domestic violence; sexual assault by non-family members).
- Ensure that shelter risk assessments are conducted and include consideration of actual or potential security threats and unique risks and vulnerabilities due to age, gender (including GBV), disability, social or economic status, relationships between affected populations and host communities.
- Ensure the provision of communal spaces, including women, adolescent and child-friendly spaces; ensure they labeled/visible, accessible, culturally appropriate and are safely and securely located

- Wherever possible affected communities (including women and girls) should be consulted on the design and planning of shelter facilities.
- Wherever possible ensure longer-term shelters are easily accessible from border areas and transit routes; in the event of the need for shuttle services, ensure these are provided 24/7 to facilitate asylum seekers arriving late at night.

### 5.4.3 Water, Sanitation and Hygiene

In FYR Macedonia, WASH facilities in Gevgelija and Tabanovce are made of semi-permanent construction sanitation blocks with wheelchair accessible sex-segregated toilets, sex-segregated showers (in Gevgelija) and hand washing facilities. The facilities are lit at night. In Gevgelija, there is a separate a mother/baby changing station in the sanitation block which can be accessed by requesting a key from the UNICEF Child Friendly Space nearby. All toilet facilities appear to be clean and well kept. Toilets are separately labeled for women and men, however in Gevgelija signage is only visible from specific points in the center, as such many asylum seekers are not aware where toilet facilities are located, and men were observed mistakenly entering the female sanitation block. In Gevgelija the women's shower blocks have no private dry changing area, as such women must use the public area of the sanitation block to change. In Gevgelija toilet facilities are at the opposite end of the center from the train boarding area, making it difficult for mobility-challenged individuals to access toilets while waiting in line for the train. There are no toilet facilities outside the reception center in Gevgelija where hundreds of people queue, sometimes for several hours, to be registered.

In Serbia, WASH facilities in Presevo and Sid are comprised of sex-segregated portable toilets and separate hand washing facilities. Lighting around the toilet facilities is limited. There are a handful of portable toilets located outside the Presevo reception center which people queuing can access. Front line workers report that toilets are not being regularly cleaned, rendering them unusable and leading some people to defecate outside.

Front line workers reported the urgent need for culturally appropriate private areas to allow women to



Sex segregated toilets in the Gevgelija registration center (FYR Macedonia). Photo: UN Women/Mirjana Nedeva

change out of wet clothes. No such spaces were available in any of the sites visited.

### Recommendations for WASH:

- Ensure adequate numbers and quality of sex-segregated toilets (i.e. safe, culturally appropriate, accessible, private and dignified) are available in areas where asylum seekers are concentrated, including outside reception centers in Gevegelija and Presevo, and near transportation boarding hubs in line with Sphere standards.
- Ensure sex-segregated showers are available, accessible, situated in a safe location, include locks on the inside, ensure privacy and dignity and include dry changing areas for women.
- Establish private women-only spaces for washing, drying and changing out of wet clothes (or facilities for drying wet clothes)
- In Serbia, ensure toilet facilities meet minimum Sphere standards, including ensuring adequate numbers per population, cultural appropriateness, privacy and dignity - including by ensuring they are serviced with regular maintenance/waste management, are located in safe areas, are well lit at night and that signage is clearly visible.
- Consult with affected populations, including women and girls, to identify, safe, culturally and functionally appropriate locations for the toilet facilities during the planning phase for expanding reception centers and carry out regular perception

surveys including on signage and maintenance of facilities.

- Include clear and visible signs throughout reception and transit sites to inform refugees of location of male and female toilets.

### 5.4.4 Food and Non-Food Items

In FYR Macedonia and Serbia, many actors (including volunteer organizations which were among the early responders to the crisis) are involved in the procurement and distribution of food and non-food item (NFI). Food distribution may range from hot meals to cold snacks and water. NFIs for women may include: dignity and hygiene kits with specific supplies for women and girls including sanitary napkins, underwear and in some cases whistles and torches (for protection); supplies for infants including diapers, baby food, baby bottles; weather appropriate clothing, including winter shoes and coats as well as blankets, sleeping bags and tents. Due to the large numbers of women and girls, NFIs need regular replenishment including: dignity kits, women's underwear, women's leggings (for warmth and easy dress/removal), baby carriers, as well as women's and girls' winter coats, shoes and clothing.

NFI distribution methods vary from place to place with little standardization in terms of putting in place gender-sensitive measures to ensure equal access including for vulnerable groups. For example, in a Gevgelija clothing distribution station, the assessment team witnessed men pushing women and children out of the way to get to the front of the line while staff looked on as they had little experience in crowd control. Some agencies (i.e. Serbian Red Cross) have prioritized NFI and food distribution for vulnerable groups according to vulnerability criteria<sup>35</sup> which are posted outside distribution sites in order to inform communities about who qualifies so as to reduce the risk of tension or insecurity between groups. Front line workers reported that early on in the crisis, prioritized food distribution for women and children ended up disadvantaging men who had limited to no access to food parcels.

<sup>35</sup> Vulnerability criteria include women and children, people with disabilities, single fathers with children, persons over 60 years of age, persons with health certificate for mental disability or condition and those with certificates for special legal or physical protection needs.



*Women collecting donated clothes for themselves and their children in Tabanovce, FYR Macedonia near the Serbian border. Photo: UN Women/Mirjana Nedeva*

Cultural and contextual factors shaped distribution modalities and NFI content. Specifically, front line workers reported that early on in the crisis, women were not taking sanitary napkins despite their availability. Focus group discussions with women revealed that they did not feel comfortable taking sanitary napkins in public, particularly if male front line workers distributed them. As a result, more discrete distribution modalities were put in place which proved successful (including leaving sanitary materials inside mother/baby tents, distributing them in single (discreet) packets, or handing them out discretely and individually from woman-to-woman). Front line workers also reported some NFI content was not being used. Focus group discussions with women revealed the need to provide small-sized or single-use NFIs for easy transportation, given the limited amount that individuals could carry, so agencies adapted NFI packaging and content accordingly.

### **Recommendations for Food and NFI Distribution:**

- Ensure that systems for NFI distribution ensure safety, accessibility and equal benefit for women, girls, boys and men. This includes regularly monitoring queues and may include providing a separate queue for specific persons and groups (such as those not able to stand in line for various reasons, including elderly persons, persons with disabilities, or pregnant women, or other specific groups requiring assistance) or may require establishing targeted distribution systems.
- Ensure the content of NFI packages is informed by an understanding of the culture and context of the affected population, including in light of their mobility and limited ability to carry extra material.
- Ensure dignified and culturally appropriate access to hygiene materials.

- Carry out periodic (monthly) consultations with women and girls on culturally appropriate hygiene materials, other NFIs and distribution methods.
- Ensure food packages are informed by an understanding of cultural and religious food restrictions/preferences of the affected communities, as well as nutritional needs of specific groups.
- Strengthen coordination among NFI providers to address gaps, reduce overlap/wastage and increase efficiency.

### 5.4.5 Protection

The protection response in fYR Macedonia and Serbia is focused in and around the main reception and transit centers and includes: deployment of mobile protection teams to identify vulnerable groups; protocols for fast tracking vulnerable groups; informal cross-border case identification and referral systems; provision of psychosocial support and specialized care through child friendly spaces and mother/baby tents; rights monitoring and awareness raising; capacity building of front line workers on identification and referral of vulnerable groups including victims of trafficking and GBV survivors; support to unaccompanied and separated children and family reunification.

In fYR Macedonia and Serbia, child friendly spaces and mother baby tents (in the case of Serbia) operate inside or near transit/reception centers and provide a range of services for children and mothers including psychosocial support, access to recreational materials (children's toys/games) and NFIs (including hygiene kits or infant formula, diapers, etc). The spaces are managed by implementing partners<sup>36</sup> and are staffed by social workers, protection officers, pediatric nurses and interpreters who help supervise the space, facilitate recreation activities and provide psychosocial support and specialized care. Social workers staffing the spaces reported that often they see children accompanied by mothers who need psychosocial support, due to stress, exhaustion and at times trauma (due to the loss of a family member at sea), however

<sup>36</sup> Funded by UNICEF and run by DRC in Presevo, World Vision in Sid, La Strada in Gevgelija and SOS children in Tabanovce. Save the Children also runs CFSs in Belgrade and outside Presevo.

they are not able to provide individualized attention, as the number of staff compared to the need is limited and the mandate of the spaces is to prioritize support for children and babies. Front line workers repeatedly identified the lack of targeted psychosocial support for women, as well as the absence of women-only spaces (where women could rest, change their clothes, remove their hijab, access medical services, and receive psychosocial support) as a critical protection gap in the current response.

In both fYR Macedonia and Serbia individuals and groups that meet a set of vulnerability criteria<sup>37</sup> (including pregnant women and children) are eligible for fast tracking in registration and transportation lines, are prioritized for food distribution and, for those with mobility challenges, may be provided with transportation assistance (for example along unpaved roads leading to and from the green borders). At times, fast tracking has led to increased protection risks. For example, protection actors reported that asylum seekers may lend one of their children to another family so they can benefit from fast tracking. In another example, persons to be fast tracked can be accompanied by one or two family members, as such fast tracking may result in their separation from their larger (protective) group. Alternatively, vulnerable individuals may decline to be fast-tracked as they don't want to be separated from their larger family. Agencies have had to adapt fast tracking methods in light of these challenges and the large family structures.

In fYR Macedonia and Serbia, mobile protection teams<sup>38</sup> operate inside the reception and transit centers as well as outside the gates (among those queuing to get in) to screen the affected population, identify vulnerable individuals, carry out informal protection assessments, and refer them to appropriate follow up support, if and as needed. In Serbia, mobile teams are also active in areas of Belgrade where asylum seekers gather (i.e. the park and the

<sup>37</sup> It is not clear whether vulnerability criteria is standardized across agencies and/or across countries along the transit route.

<sup>38</sup> Mobile teams are normally comprised of two persons (often male/female), either lawyers, pedagogues, social workers or protection officers, and are often accompanied by an interpreter.

train/bus stations). In both FYR Macedonia and Serbia, protection actors have established informal protection mechanisms for cross-country and cross-border identification and referral of vulnerable groups. Specifically, when vulnerable individuals about to cross a border are identified, protection actors (who may not have enough time to provide support), may take a photo of the individual and text it in real time with a brief description of the case via WhatsApp to colleagues at the next transit point (within the country or across the border in the neighboring country). The receiving colleagues then identify the individual as they come across the border and attempt to provide appropriate protection support. Currently these referral mechanisms function informally, with information circulating among protection colleagues within the same, or with partner organizations. While the informality of the system allows for a speedy and pragmatic response, not all protection actors are in the same information loop (i.e. there may be several WhatsApp referral groups functioning in parallel) and there is no common protocol for identification and referral. As a result, the capacity to share information and refer high-risk individuals to appropriate services is limited. Several protection actors recommend that a formalized transnational referral and protection system be established to provide a continuum of care to people on the move. While others caution against formalizing the referral mechanism for fear that the institutionalization and bureaucratization of the system (including setting up data protection and confidentiality measures in line with international standards) would slow down referrals and render the system inefficient and non-functional.

Protection officers report that carrying out protection assessments in the context of this crisis is a challenge - particularly efforts to identify GBV survivors or victims of trafficking, given the lack of time and privacy/confidentiality normally required to build trust with survivors. Furthermore, asylum seekers tend not to report about abuses carried out or witnessed in a country, until after they have left that country. Additional challenges stem from difficulties in communicating with individual women, both due to language barriers as the availability of interpreters is limited (i.e. particular female Farsi speakers), as well

as due to cultural barriers, as women often defer to men in their group to speak on their behalf.

Many aid workers reported they have not received specialized training on protection or GBV and don't feel they have the skills and knowledge to carry out proper identification and referral of vulnerable groups.<sup>39</sup> Furthermore, the current number of field based mobile protection teams is not enough to cover the scale and scope of the population needs. In Serbia, a government official in an accommodation facility outside of Presevo reported that their current protection capacity is limited to reactively responding to those who seek out assistance – as a result proactive identification and case management is not possible in light of finite human resources. Another challenge is burn out – one NGO reported that although 5% of police officers in Serbia are trained to identify victims of trafficking, in the context of the current crisis, if they do see suspected cases, they may not act, possibly due to unclear accountabilities, a sense of non-possibility, or apathy in light of the overwhelming number of people moving through the country so quickly. Many aid workers flagged burn out as an issue that is affecting their ability to identify vulnerable individuals in the context of mass population movements.

IOM and several anti-trafficking NGOs are carrying out protection monitoring at border points, and are training border police and registration officials on identification of victims of trafficking. UNFPA has carried out preparedness work on sexual and reproductive health including sexual violence in emergencies with the Ministry of Health (MoH) since 2011 (as part of a regional project), and the current response of the MoH has been informed by this groundwork. Early on in the response, MoH with the support of UNFPA carried out a joint capacity assessment and mapping

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39 For example, several local NGOs are carrying out on-site rights monitoring through mobile teams - for example MYLA in FYR Macedonia monitors activities of the border police and of the train officials as asylum seekers board the train. The monitors also provide asylum seeker with information about their rights to asylum in the country. Staff of these organizations, felt they did not have adequate training on how to identify cases of GBV and VOT and welcomed the opportunity to build capacity in these area

of available sexual and reproductive health (including GBV) services in FYR Macedonia and Serbia, and have since conducted focused training on treating sexual violence in emergencies with MoH staff as well as border police and other key stakeholders. To complement the UNFPA/MoH training focus on health care providers, protection actors felt there was a need for additional GBV training including for NGO staff and volunteers, as well as for social workers and the centers for social work, who are engaged on responding to domestic and sexual violence in the development context but have not yet been active or had a strong field presence in the crisis response.

Despite the positive initiatives mentioned above, there are no comprehensive services for GBV in the context of the broader crisis and protection response in FYR Macedonia and Serbia, no dedicated GBV expertise on staff, no systemic thematic focus on GBV within the coordinated protection response, and no GBV referral pathways have been established within the respective countries or trans-nationally. The majority of Government and UN officials interviewed in both countries felt that GBV is not an issue in the context of the crisis as no cases have been reported. Furthermore, many felt that the likelihood of GBV incidents occurring in transit was minimal because communities are moving so quickly through the country, and the majority of women and girls are traveling in protective kinship groups. Others felt that even if GBV incidents did occur, the nature of the crisis in transit countries would limit the ability of protection actors to identify, refer or provide substantive support to survivors, and therefore by that logic, there was little that could be done. Protection actors reported furthermore that within both FYR Macedonia and Serbia, domestic legislation, policies, protocols and referral pathways for GBV are weak, as such may not be able to inform comprehensive efforts to support high-risk or affected asylum seekers in transit. GBV experts are challenging these perspectives and advocating that services are needed *prima facie* to increase the likelihood of survivors to seek support and report abuse, and that skilled field-based staff are needed to identify and refer survivors even within the non-traditional nature of this current crisis.

Some NGOs have employed unique strategies to deliver protection information to women and girls, with the understanding that traditional information dissemination strategies, including pamphlets, posters and information sessions may not be effective in the current context (given that individuals cannot carry non-essential material with them and time spent in the reception and transit centers is limited). For example, La Strada, hands out laminated maps to vulnerable women and girls - which they will likely keep given the importance of maps to their journey - on the back of which is listed contact information for protection services in countries along the transit route and in destination countries.

In both FYR Macedonia and Serbia, there were limited efforts to address protection risks in transit despite the common understanding that those risks exist, particularly for women, girls and disabled persons traveling by foot at night along remote, unpoliced unlit and unpaved green borders, for women and girls traveling inside unsupervised dilapidated trains (in FYR Macedonia), and for asylum seekers subject to exploitation by unlicensed private transportation companies and exploitative taxi drivers. Work is being carried out on the FYR Macedonian/Serbian green border to pave the road and install lights; and in Serbia, officials are providing asylum seekers with information about their rights with regards to travel and about the dangers of exploitation and are attempting to regulate private buses and taxis waiting for passengers outside of Presevo (for example by ensuring they charge standard fares and provide passengers with receipts).

Currently no systems are in place to address the risk of exploitation of asylum seekers by front line workers in exchange for aid - risks that may increase in light of longer-term stays. Standard training on prevention of sexual exploitation and abuse (PSEA) for aid workers and related systems for monitoring and establishing complaints mechanisms should be introduced in transit and reception centers.

### *Recommendations on Protection:*

- Hire urgently needed field-based protection staff, including trained social workers, psychologists,



trauma counselors and GBV experts, to carry out proactive identification of vulnerable groups and case management so that high-risk individuals are detected and supported.

- Hire urgently needed Arabic and Farsi interpreters (including women Farsi speakers) to facilitate communication with women and girls.
- Provide targeted psychosocial support (PSS) programmes for asylum seeking women and girls, including adolescent girls; ensure PSS support is culturally appropriate and relevant.
- Strengthen protection presence and monitoring in underserved areas including in Serbia along the Bulgarian border, and in FYR Macedonia on the trains; ensure that the broad protection factors that may exacerbate the risks of GBV are considered.
- Establish women-only multi-purpose spaces in reception and transit centers where women (accompanied by their children) may conduct a variety of activities, such as breastfeeding their children, learning about nutrition and discussing issues related to well-being (including women's rights, sexual and reproductive health, GBV, etc.), access targeted psychosocial support and trauma counseling; rest; change out of wet clothes; receive and access protection related information; and obtain NFIs in a culturally sensitive way. In light of the semi-privacy that spaces would afford, protection actors might more easily identify vulnerable women and girls, and provide appropriate referral and protection support, as well as consult with women and girls to gather more qualitative information about their experience and needs.
- Establish and ensure multi-sectoral GBV prevention and protection services are available and accessible for asylum seekers, including at reception centers and transit points.
- Develop Standard Operating Procedures (SOPs) on GBV and referral pathways to strengthen coordination of prevention and response services within each country and transnationally; ensure staff are aware of referral pathways.
- Establish a trans-national continuum of care and information exchange that is functional and upholds international protection standards including for data protection and confidentiality. The insights and experience of anti-trafficking organizations working on the response (i.e. Atina, La Strada) may be valuable in thinking this through given their transnational network and experience in responding trafficking prevention and response transnationally.
- Strengthen protection measures in transit including by increasing security along remote green border roads by providing 24/7 police presence, leveling roads and installing lights; establishing 24/7 transportation shuttle services between border points and reception centers (including in Serbia, between the FYR Macedonian border, Miratovic and Presevo); improving conditions of trains and ensuring security and/or protection monitors on board; regulate private transportation companies and provide asylum seekers with information about real costs of transport and risks.
- Ensure women and girls are provided with access to protection related information that can help prevent harm or allow them to seek protection services along the route and in the destination country; ensure GBV-related messages (including information about risks and contributing factors; how to report risk and where to access services for female and male survivors; prevention messaging, survivor rights, including to confidentiality) are available in multiple formats and languages to ensure accessibility and are placed in visible and accessible locations.
- Train front line workers, including border police, mobile protection teams, NGO staff and volunteers on protection including GBV identification and referral; ensure training includes issues of gender, age, culture, GBV, women's/human rights, social exclusion, sexuality, psychosocial first aid (i.e. how to supportively engage with survivors and provide information in an ethical, safe and confidential manner about their rights and options to report risk and access care).

- Build the capacity of state social workers and relevant MoLEVSA and MoLSP institutions (including centers for social work) to play an operational role in the current refugee/migrant crisis response including by strengthening their capacity to provide protection services to high-risk groups in emergencies, including social protection and GBV services; relatedly, use this to inform the development of GBV in emergencies crisis preparedness (and DRR) plan for MoLEVSA and MoLSP building on the example of preparedness work done with the MoHs.
- Ensure that emergency standards of care and protection are upheld including the Sphere, IASC Gender and IASC GBV guidelines and standards.
- Provide psychosocial support for front line staff to reduce burn out and improve quality of care.
- Establish mechanisms to monitor potential exploitative practices including putting in place complaints procedures, and accountability frameworks, ensuring asylum seekers are aware of their rights and conducting training of front line workers on prevention of sexual exploitation and abuse (PSEA); adapt and implement mandatory codes of conduct for front line workers, including security personnel engaging with affected populations (including policies on discrimination, sexual harassment and violence).
- Enhance the capacity of security personnel to prevent and respond to GBV in the crisis including through training as well as through inclusion of increased number of trained women police officers, border guards, etc.

#### 5.4.6 Health

In both FYR Macedonia and Serbia, the health response includes 24/7 presence of Ministry of Health medical staff and Red Cross staff in transit and reception centers, who work closely with translators to provide basic medical and follow up health care treatment. Ambulances are available on site to transport people to nearby hospitals, and translators are on hand to help communicate between patients and medical staff. Services for pregnant women are limited in both countries, and often times pregnant

women may delay health treatment in the interest of reaching their country of destination in Western Europe. This has led in some cases to medical complications, including miscarriages. In FYR Macedonia, UNFPA are supporting a mobile gynecological clinic run by the NGO Hera that services the reception center in Gevgelija one day per week. Plans to scale up to 24 hour presence of mobile clinics at all reception and transit sites are underway. In FYR Macedonia, MoH is developing SoPs on how to respond to GBV in crises, as part of a national plan to respond to sexual and reproductive health in crisis. The SoPs are multi-sectoral and will focus on providing survivors with medical care. In FYR Macedonia, UNFPA ordered kits for medical facilities including pep kits, STI medications, emergency contraception, and equipment for vaginal exams. However gynecologists are fearful of using the kits due to a national protocol on sexual violence that dictates that medical treatment is not to be provided to survivors until a forensic assessment is carried out. To overcome this, the MoH will need to issue a waiver for service providers so they can provide timely services. In Serbia, health officials reported that many women did not want to be treated by male doctors or in clinics where other male patients were present, so they've been seeking to recruit more female doctors and female translators to support the response, and where possible have a female-only examination rooms.

In terms of mental health, limited psychosocial support services are provided to women through child friendly spaces and mother/baby centers. Additional staff is needed to provide short-term psychosocial support and trauma counseling to women in the context of semi-private women-only spaces (see protection section above).

#### *Recommendations on Health:*

- Ensure more female doctors (currently 30% are female), more gynecologists and more Arabic and Farsi speaking translators are on staff.
- Ensure medical staff understand the cultural and religious aspects related to the provision of health care for asylum seekers, especially women.

- Expand mobile gynecological services to service all intervention sites 24/7.
- Make culturally adapted education on STIs available to asylum seekers and communicate about specific health risks affecting women and men.
- Provide Minimum Initial Service Packages (MISP) so that women and men and adolescent girls and boys have access to priority sexual and reproductive health services including GBV-related services.
- Ensure the prevention and response to GBV including treatment, referral and support for survivors (see protection section, above).
- Make culturally appropriate social and psychological support available to women and girls.
- Ensure health facilities have and abide by standardized guidelines for the clinical care of survivors of sexual assault including supporting service providers to obtain informed consent prior to performing physical examination, perform physical examinations and provide treatment (including PEP for HIV exposure, emergency contraception, STI prevention and syndromic treatment, care of wounds and life-threatening complications, and pregnancy counseling); provide psychological first aid and survivor-centered mental health and psychosocial care; provide safe and confidential referrals to other services as needed.
- Establish private consultation and examination rooms for women and girls to ensure privacy and safety, including for GBV survivors seeking care.
- Enhance the capacity of health providers to deliver quality care to survivors through training support and supervision, and where feasible including a GBV caseworker on staff at health facilities to provide support to survivors.
- Establish agreed-upon protocols for the clinical care of sexual assault survivors that meet international standards, as well as protocols for addressing health needs linked to intimate partner violence, child marriage and FGM.
- Develop and institute standardized systems of care (referral pathways) and procedures (such as SOPs) that safely and confidentially link survivors with



Women collecting donated clothes for themselves and their children in Tabanovce near the FYR Macedonia and Serbia border. Photo: UN Women/Mirjana Nedeva

additional services (legal/justice support, mental health and PSS, police services, etc.).

- Advocate for reform of national and local laws and policies that hinder survivors from accessing quality health care and other services, including the right to receive immediate treatment.

## 5.5 Communication and Information Needs

In FYR Macedonia and Serbia, asylum seekers need access to critical updated information in order to help them continue their journey quickly and safely. This includes information about: changes in the status of border closures or asylum policies along the transit route and their intended destination country; their current location, rights in the country and what procedures are needed for them to obtain paperwork to allow them to continue their journey; transportation options, costs, routes and schedules; available services at reception and transit centers.

The majority of asylum seekers reported that they relied on personal connections (i.e. friends or family who had traveled before them) for updated information to inform their journey and many were in constant touch by phone with family or friends at

home or in destination countries to get updates about the changing conditions and routes. Most men and some women seemed to have cell phones and thus could communicate freely with friends and family. In both FYR Macedonia and Serbia, reception and transit centers have phone charging stations and free Wi-Fi, to facilitate communication between asylum seekers, family members and friends

Mobile legal aid teams working inside reception centers try to provide asylum seekers with information about their rights and asylum procedures, and several static information boards are located in and near reception and transit centers, and include critical information in multiple languages about transportation options, services, and maps of the country and transit routes. Plans to install electronic information boards at key transit points are underway. In Belgrade, several NGOs have set up information booths or information centers near the main train and bus stations and volunteers provide asylum seekers with information about their rights, their journey as well as tips on where to find essential services in Belgrade.<sup>40</sup> Several NGOs are developing phone apps for asylum seekers with a view to providing updated information on border closures, transport options, and available services along the transit route, including one organization which wanted to include a mapping of GBV health services in countries along the route.

Despite various efforts, providing asylum seekers with information about registration procedures as well as about what services are available in reception and transit centers remains a challenge. Language barriers, as well as cultural factors limited the ability of most women to access information directly (many often relied on their husbands for information) and

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<sup>40</sup> This includes the NGOs InfoPark, which manages an information booth situated in a park near the train station and the Asylum Information Center, situated in an office down the street from the train station. Due to resource limitations and insecurity in the park at night, the InfoPark information booth is not open 24/7. As such, asylum seekers arriving late at night are at a disadvantage vis a vis information and they are at increased risk. As the numbers of asylum seekers moving through Belgrade have decreased, plans are underway to open information centers at the border areas in Serbia.

conversely made the ability to communicate directly with women more difficult. Plans to broadcast multi-lingual audio messages via loudspeaker in the transit and reception centers are underway to help ensure everyone, including those with no literacy skills, have the updated information on their rights, registration procedures, transportation options, as well as select information on health care and protection. Efforts to strengthen accountability to affected population have included placing a feedback/suggestion box in the Gevgelija reception center - unfortunately the box has never been used and alternative ways to solicit feedback from asylum seekers has not yet materialized.

### **Recommendations on Communication and Information:**

- Share information about rights including to minimum standards of care with asylum seekers as well as officials – ensure that message and modes of delivery are tailored to different information needs of women and men and to their different access to and different ways of receiving information.
- Establish opportunities for asylum seekers, including women and girls, to voice their concerns, register complaints and provide feedback about services in a safe and confidential manner.
- Consult with women and girls when developing information materials and tools both in terms of the content of the messages, as well as on the medium or mode of delivery.
- Increase the number of Arabic/Farsi translators operating on the ground and approaching women and girls refugees sharing critical information.

## **5.6 Media and Host Communities**

In Serbia, stakeholders report that host populations have been generally welcoming to refugees and migrants and have demonstrated a strong sense of solidarity and empathy with them. There is a risk that the welcoming attitude may shift if asylum seekers stay in Serbia for longer periods and if related services at border areas are strained. In FYR Macedonia,

stakeholders reported that there has been limited media coverage of the refugee crisis and limited statements by the government in support of refugees, as much of the attention of the country has been on the national political crisis. Two armed robberies against asylum seekers, perpetrated by nationals (allegedly local criminal gangs) along the FYR Macedonian Serbian border were reported in late November. In both Serbia and FYR Macedonia, the response of local volunteers and NGOs to supporting the refugees and migrants has been enormous with thousands of individuals donating their time and resources. They have played a critical role in providing support to vulnerable populations particularly in the early days of the crisis and throughout the current response including in underserved areas.”

In Serbia, several actors have been working with local municipalities along the transit route to promote positive attitudes towards asylum seekers. For example, the local NGO Divac is working with local crisis committees, with the local media, as well as with leaders in the community to spread positive messages about

and express solidarity with asylum seekers. UN Women also has plans to assist local governments to promote positive attitudes towards refugees (with a focus on non-discrimination, solidarity, gender equality) among host communities through communication campaigns and other local community engagement strategies. In FYR Macedonia, NGOs are working with rights and anti-xenophobic organizations to play media campaigns in support of tolerance and acceptance of refugees. Within these efforts, no specific attention has been given to refugee and migrant women and girls.

### ***Recommendations on Media and Host Communities***

- Carry out media, communication and advocacy campaigns with a focus on the rights and needs of refugee women and girls in order to promote tolerance and local community acceptance of asylum seekers.

## 6.

# CONCLUSION AND FOLLOW UP

The assessment found many positive examples of targeted efforts by governments, UN and civil society actors to respond to refugee and migrant women and girls' specific needs, priorities and protection risks in both FYR Macedonia and Serbia.

These include the systemic collection of and reporting on sex- and age-disaggregated data through the asylum registration system; the establishment of mobile protection teams to identify vulnerable groups and facilities to fast track them; the distribution of targeted non-food items (NFIs) such as dignity kits and women's clothing; the availability of targeted services in reception and transit centers including part-time gynecological health care, child-friendly and mother/baby-friendly spaces and psychosocial support; in some cases, the existence of women-only spaces within shelter facilities; and the availability of sex-segregated toilets and showers.

Despite the identification of these gender-sensitive good practices, stakeholders acknowledged the existence of gaps, and that more should and could be done. The assessment found that while up to 42 per cent of refugees and migrants are women and children, response planning, services, protection capacity and information are not yet sufficient to meet their needs and address their specific vulnerabilities. Specifically, registration systems are not adequately identifying and referring at-risk groups, and have weak linkages to protection responses; qualitative data on women and girls as well as other vulnerable groups is limited and it is not clear whether or how existing disaggregated data is being used for contingency planning and operations; focused attention on gender and GBV in the context of the broader government and UN coordination mechanisms is limited with negative implications for planning and operations; the capacity of humanitarian front-line actors to identify and respond to issues of gender, GBV and

protection of vulnerable groups needs strengthening, as does the capacity of social services and local women's organizations to participate operationally in the humanitarian response; some sector-specific services do not yet have adequate provisions in place to ensure that women, girls, boys and men can equally access and benefit from them and some urgently needed targeted services for women and girls are missing or need to be scaled up, including: increased protection monitoring, GBV prevention and response services, targeted psychosocial support and trauma counseling, women-only spaces, and full-time gynecological services on site in transit and reception centers.

With populations movements anticipated to continue throughout 2016, it is critical that the response is strengthened to better uphold the safety, dignity and rights of refugee and migrant women and girls, in line with international humanitarian and human rights standards. In light of the fluidity of the crisis, and the restrictions on border crossing in the EU which are likely to grow in 2016, the humanitarian response will need to demonstrate continued flexibility and nimbleness to adapt to persistent humanitarian needs and to specific protection risks faced by women and girls. Gender and GBV issues must be afforded regular and concerted attention by all actors including by strengthening the evidence base on vulnerable groups, improving coordinated action and protection on gender and GBV issues, addressing related information and capacity gaps among front-line workers and policy makers, and ensuring that women and girls' specific needs, vulnerabilities and rights are central to

the planning, implementation and monitoring of the response in line with international standards.

In 2016, UN Women plans to follow up on the assessment's findings and recommendations in the framework of the Inter-Agency Europe Regional Refugee and Migrants Response Plan (RRMRP), and in close coordination and partnership with government counterparts, UN actors, as well as international and national NGOs. Specifically, UN Women plans to continue to assess and report on the evolving needs and protection risks facing refugee and migrant women

and girls; support the establishment of measures to prevent and respond to GBV; facilitate women and girls' access to information including on risks and protection resources; strengthen the capacities of the national gender machineries, national service providers and local counterparts on gender, women's rights and crisis/refugee response; and help establish a regional network of local NGOs, including women's organizations, working on the response from countries of origin, transit and destination, to share information, coordinate advocacy, and facilitate transnational protection.

# ANNEXES

## ANNEX I

### Interviews and Site Visits - Serbia and FYR Macedonia

#### Serbia

Meeting	Person
<b>UN</b>	
UN	Irena Vojackova-Sollorano, Resident Coordinator
UN Women	Milana Rikanovic, Officer in Charge Jelena Milovanovic, Admin Finance Officer
UNHCR	Francesca Bonelli, Senior Protection Officer Ljubimka Mitrovic, Assistant Protection Officer Anne-Brigitte Krum-Hansen, Chief of the Department for Legal Protection
UNICEF	Michael Saint Lot, Representative Coordinator Severine Lombardi, Deputy Representative Coordinator
IOM	Jovana Gusic, Project Coordinator & Research Focal Point Lidija Markovic, Head of Office
UNCT WG Coordination meeting	–
<b>Government</b>	
Ministry of Labour, Employment, Veteran and Social Affairs	Dr. Nenad Ivanisevic, State Secretary and Deputy Coordinator of the WG on Solving Problems of Mixed-migration Flows Milenko Nikic, Presevo Camp Coordinator
Commissariat for Refugees and Migrations (SCRM)	Svetlana Velimirovic, Deputy Commissar Tanja Kacar, Coordinator of Principovac Camp Rade Ciric, Krnjaca Center Coordinator
Ministry of Interior – Border Police	Zoran Lazarov, Head of the Department for International Cooperation
Ministry of Health	Dr Vesna Knjeginjic, Assistant Minister Snezana Pantic-Aksentijevic
City of Subotica	Milimir Vujadinovic, Member of the City Council in Charge for Social Protection and Coordinator in Front of the Work Group for Solving Problems of Mixed-migration Flows for Vojvodina Province
<b>NGO</b>	
Red Cross	Vesna Milenovic, Secretary General



Meeting	Person
Ecumenical Humanitarian Organization -EHO	Natasa Markovska Momcilovic, Project Manager
Divac Foundation	Ana Koeshall, Director Ivona Gvozdenovic, Project Coordinator for Single Parents
Atina	Marijana Savic, Director
APC	Rados Djurovic, Officer for Information
Women in Black	Stasa Zajovic, Co-founder
Center for Support of Women from Kikinda	Biljana Stepanov, Manager
Refugee Aid Serbia	Elise Filo, Coordinator of Volunteers
Asylum Info Center	Vladimir Sjekloca, Manager Vlada Puvaca, NGO KLIK Aktiv, Volunteer
World Vision	Weinui Wang, Child Protection Lead
Balkan Center for Migrations	Ognjen Pantelic, Translator Serbian-English-Arabic-Farsi
Israel Aid	Volunteers
Covekoljublje	Volunteers
B92 Foundation & Trag Foundation	Tijana Sjenic, Volunteer Abdelk Adel Ramadan, Volunteer
ASB	Subotica Camp Coordinator
<b>Site visits</b>	
Mixaliste - Belgrade Resting Place; Asylum Info Center Belgrade; Principovac Camp, Principovas; Berkasovo-Bapska (border with Croatia); InfoPark Bus Station Park, Belgrade; ASB Camp Subotica; Kolevka - Shelter for Unaccompanied Migrants, Subotica; Krnjaca Asylum Center, Pancevacki put BB, Belgrade; Presevo Camp, Presevo and Miratovac Transit Camp, Miratovac	

## FYR Macedonia

Meetings	Person
<b>UN</b>	
UN	Louisa Vinton, Resident Coordinator
UN	Silva Pesic, UN HR Advisor
UN Women	Dominika Stojanoska, Head of Office/Gender Specialist
UNHCR	Alexandra Krause, Senior Protection Officer
UNICEF	Bertrand Desmoulins, Representative, UNICEF Mouhamed Ugool, Emergency Field Coordinator Zoran Stojanov, Monitoring and Evaluation Officer (gender focal point person)
IOM	Sonja Bozinovska Petrushevska, Head of Office
WHO	Margarita Spasenovska, Protection Officer (Focal Point on Disaster Preparedness and Response)/ Acting Head of Office
UNFPA	Sonja Tanevska, Assisstant Representative
Human rights and Gender Theme Group	Chaired by UN Women (representatives from UN Women, UNICEF, UNFPA, WHO, UNHCR, IOM, UNDP)
<b>Government</b>	
Ministry of Labour and Social Policy	Elena Grozdanova, State Councillor for Equal Opportunities Svetlana Cvetkovska, Advisor for Prevention and Protection of Victims of Human Trafficking Suzana Anova, State Advasor for Social Welfare Natasha Stojanovikj, Social Worker Anja Shemic, Independent Consultant Supported by UNHCR
Center for Crisis Management	Suzana Saliu, Director Stevko Stefanoski, Head of the Department for Analytics
Ministry of Interior	Sali Ramadani, Deputy Minister, Department for EU and International Collaboration; Ibrahim Bekjiri, Assisstant Minister, Department of Civil Affairs; Svetlana Vlahovikj Dimanovska, Head of the Department of EU Policies in the Area of Asylum, Migration and Border Area; Jovan Peshevski, Independent Advisor of Asylum, Department of EU and International Collaboration; Bratka Dejanoska Milchevska, Head of the Department for Asylum, Ministry of Interior; Nevenka Shishkovska Nikolovska, Head of the Department for Asylum, Ministry of Interior; Elisaveta Jovanovikj, Official at the Department for Asylum, Ministry of Interior
Ministry of Health	Nermina Fakovic – Advisor for Preventive Health Care (Gender Focal Point at the MH)
<b>NGO</b>	
Red Cross	Sasho Talevski, International Cooperation – Responsible Person (met with volunteers in the field)
FYR Macedonian Young Lawyers Association (MYLA)	Martina Smilevska, Project Manager

Meetings	Person
Terre des Hommes – child relief	Vera Dimitrievska, Project Manager (met with volunteers in the field)
La Strada	Marija Todorovska, Programme Director Maja Varoshlija, Programme Manager
Health Education and Research Association H.E.R.A.	Bojan Jovanovski, President Mila Carovska, Programme Manager
NGO LEGIS	Jasmin Redzepti, President (met with volunteers in the field)
National Council for Gender Equality	Savka Todorovska, President Blagorodna Shopova, Programme Coordinator
Oxfam	Stefano Baldini, Country Director
Helsinki Committee for Human Rights FYR Macedonia	Uranija Pirovska, Executive Director
<b>Site visits</b>	
Vinojug Reception Center, Gevgelija; Tabanovce Transit Center, Tabanovce, Kumanovo; Presevo Camp, Presevo and Miratovac Transit Camp, Miratovac	

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