



Women and Children's Protection Assessment Report – SERBIA

February 2016



Sectors: Child Protection and Women's Protection and Empowerment

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MARCH UPDATE FROM FEBRUARY 2016 ASSESSMENT

Disclaimer: Since the assessment in February 2016, as a result of recent closure of the Balkan Route in direct consequence to the controversial European Union-Turkey agreement reached on March 18th, approximately 2,000 refugees remain in Serbia unable to make the journey to their country of destination¹. Over 600 refugees are currently accommodated at the center in Presevo and over 700 refugees at the center in Sid (previous transit sites close to the borders with Macedonia and Croatia respectively). The number of asylum seekers has been significantly increased in March and they are accommodated in several asylum centers in Serbia. More than ever, the recommendations to improve services are imminent as people claim asylum and are static in Serbia, unable to make the journey to the country of destination. As the EU tightens border restrictions to women and children fleeing conflict, the increased demand for smuggling becomes more imminent. This places women and children at increased risk of exploitation and harm. The closures increase their vulnerability in Serbia as time passes and services remain inadequate without simple measures such as safe spaces for women. The need for quality service provision is pressing as populations become static, unable to make the journey they risked their lives for from conflict zones around the world.

EXECUTIVE SUMMARY

More than 100,000 men, women, and children fleeing conflict have arrived in Europe as of the end of February 2016, triple the rate of arrivals over the first half of 2015.² Refugees are arriving in Serbia by land, through Macedonia and Bulgaria. Women and children now make up nearly 60% of the transiting population in the European response.³ This represents a significant shift from 2015, when the majority were men. Women and children are often the most vulnerable populations, as they face specific risks and requiring urgent assistance and services that are tailored to their unique needs. Of the published reports on women and children in the European crisis, very few have assessed the specific needs of women and children in Serbia, let alone what action is required to meet such needs.

In response to this large population movement through Europe, the IRC undertook a protection assessment in four locations across Serbia to better understand the protection risks and vulnerabilities as well as the humanitarian needs of women and children transiting through Serbia. The assessment set out to meet the following objectives:

- ➔ To better understand the immediate protection risks and concerns for children and women.
- ➔ To identify support services available and accessible for women and unaccompanied children as well as any gaps in response efforts or referral pathways.

The IRC conducted assessments in the transit sites across Serbia in Preševo, Dimitrovgrad, Belgrade and Šid/Adaševci. Methodology included key informant interviews with humanitarian NGOs, UN and Government agencies, a key informant interview with refugees regarding child protection, and a focus group discussions with women and girls.

¹ UNHCR Daily Update 23 March 2016

² <http://www.theguardian.com/world/2016/feb/23/number-of-refugee-arrivals-in-greece-passes-100000-in-less-than-two-months>;
<http://data.unhcr.org/mediterranean/regional.php>

³ <http://tracks.unhcr.org/2016/03/the-women-and-children-turning-to-europe/>

KEY FINDINGS

Shared Findings

- Lack of consistent humanitarian access to transit sites in some locations limits humanitarian service provision.
- There are no confidential spaces for GBV or child protection case management services in any location.
- Service providers consistently flag significant technical gaps and adherence to minimum standards for both GBV and child protection case management. This leads to a lack of cultural sensitivity, lack of continuity of care, absence of safety planning, absence of standardized assessment process or Best Interest Assessment (BIA), and too many agencies working on very sensitive cases, such as trafficking, due to missing or unclear referral pathways and non-specialised agencies wanting to take on cases.
- Across sites, agencies echoed a concern that there are no durable solutions for safe and appropriate data protection of cases and that many agencies were not using safe data protection platforms for sensitive data.
- Each time the border closures occur, agencies see an increase in smuggling so that people can continue their journey forward. This is of grave concern as the above findings indicate this is one way in which many unaccompanied children and women travel and yet it is known to be incredibly risky and dangerous.

Child Protection Findings

- There was inconsistent use of formal referral mechanisms between the Serbian authorities and humanitarian agencies working on child protection.
- Many agencies report that child protection is one of their core activities, especially the identification and referral of unaccompanied and separated children; however, there were no formal referral mechanisms on the ground in any sites. In some locations there were informal referral pathways, but understanding and use of those mechanisms varied according to each organization.
- There was no feedback on referrals. This created gaps and frustrations between agencies that did not know how cases were handled and if there was any follow-up. There was also concern that referral pathways may only be working in one direction; however, with push back and new admissions criteria, there was a recognized need to have referral pathways for those who are repatriated as well.
- Across sites, there were significant programming gaps for child protection, and in particular case management of sensitive cases such as unaccompanied and separated children and safe spaces for youth.
- There were no appropriate alternative care arrangements for unaccompanied children. In each site they were accommodated in the same general accommodation area as all others. Foster care services were identified as a potential solution but lacked language capacity and are challenged to accept older youth.

Women's Protection Findings

- There were no separate, safe spaces for women available, other than mother and baby spaces accessible only to Syrian, Iraqi, and Afghani mothers inside the registration site; there were also no separate sleeping spaces for women traveling alone. This means women are at increased risk of harassment and violence, and have no opportunity to rest, access information (including critical information about health services available to survivors of sexual violence), and make decisions.
- GBV response actors have limited understanding and support in providing quality services that are tailored to women and girls, particularly case management. This lack of expertise in GBV leads to significant gaps. For example, often a survivor is asked to repeat the same traumatic story multiple times without even accessing the

most basic and appropriate services. Medical care to which GBV survivors may be referred was also inconsistent across sites.

- There was no established and clear referral pathway for GBV survivors; and survivor-centred care – meaning care specialized for women and girls that prioritizes safety, dignity, respect and confidentiality – was not apparent. There are opportunities to prioritize and strengthen referrals and the approach to work with women, girls and GBV survivors.
- There are major concerns over the smuggling networks across Europe and the exploitation and funding involved; this is likely to increase as borders close and smuggling routes are re-invigorated, as people desperately make the journey to safety.
- Women noted Macedonia and Turkey as transit areas of major abuse and concern; and raised concerns about forced marriage to facilitate crossing into Europe.

RECOMMENDATIONS

Child Protection

Child protection services must be equipped with the technical expertise to support children who have experienced trauma in transit and in destination countries. Child protection services and referral pathways must safeguard against secondary trauma and include appropriate data safeguarding and information sharing protocols. Psychosocial support for children and families is also a significant need. Therefore, child protection actors in Serbia must:

- Coordinate the provision of services for children in all transit sites to ensure services are consistent and meeting the types and levels of need.
- Establish a formal referral mechanism in each site, and ensure links to services in other sites in Serbia and neighbouring countries are clear.
- Make available holistic mental health and psychosocial services, ranging from psychological first aid to more comprehensive counselling.
- Provide a range of psychosocial support services to children.
- Identify and refer cases of unaccompanied children and sensitive cases in a more coordinated way to facilitate quality case management service provision. This would include a well-designed referral pathway that agencies are sensitized to, minimum standards for case management, and follow-up.
- Provide quality case management at each site, with links to services beyond the immediate site. Ensure safe data management and confidentiality as part of quality case management.
- Identify appropriate alternative care arrangements for both transient and more permanent populations.
- Ensure referral pathways safeguard against secondary trauma and include appropriate data-safeguarding and information-sharing protocols.

Women's Protection

Women's protection services must be equipped with the technical expertise to ensure quality case management, safe referrals to other services, and a survivor-centred approach across service provision. Transit centres and registration sites must provide safe, separate spaces for women to rest, access information and support, and make decisions. As borders close, GBV and other actors must take action to reduce potential risks of further violence and exploitation of women by smugglers and others. Therefore, GBV actors in Serbia must:

- Ensure case management is systematic, meets best standards, provides crisis counselling, and give greater considerations to data management and confidentiality.
- Separate sleeping spaces for women and girls from men and boys, even if a separation by a curtain, to maintain dignity of the women travelling.
- Employ female translators who are trained on the GBV guiding principles; any translator demonstrating bias or abusive behaviour is in clear violation of these and other humanitarian principles and should not be working directly with women or girls.
- Each site must establish and agree upon a GBV referral pathway that is clear, visible, and includes focal points for women and girls.
- Provide consistent information, education, and communication materials, addressing intimate partner violence and sexual violence resources. This can be done with simple message boards, for example, explaining intimate partner violence abuse and providing information on resources for women experiencing this violence. In addition, for sexual violence, materials explaining the importance of medical services and how to access those services should be available at each site.
- Conduct public information campaigns on services for sexual assault survivors and the importance of treatment within 72 hours.
- Stock rape kits – post-exposure prophylaxis and emergency contraceptive – and ensure that clinical management of rape is free, and that medical staff are trained to provide this care. Also ensure that medical teams include trained female staff.
- Create separate women’s spaces, where women and girls can access GBV case management and psychosocial services, and can rest in safety.

GBV actors in Macedonia must:

- Ensure information dissemination on the waiting time for train and increase protection actors at the train stations to discourage smugglers and traffickers.
- Investigate claims that women are being held hostage along border areas.

GBV actors in Turkey must:

- Establish GBV programming in western Turkey to provide life-saving services to women and girls. By the time they reach Greece, women and girls are forced to move until they reach Germany or the other destination. Turkey is a critical point for services and advocacy.

Overarching EU

The European Union must:

- Determine procedures to reduce smuggling and to ensure people can access safety with dignity and respect.
- Expand refugee status to other war torn countries in order to ensure old smuggling routes and exploitation of vulnerable populations has the potential to be curbed.

INTRODUCTION & JUSTIFICATION

More than 100,000 refugees and migrants have arrived in Europe as of the end of February 2016, which is three times the rate of arrivals over the first half of 2015.⁴ The vast majority of refugees are arriving in Serbia from Macedonia, and fewer from Bulgaria. In late 2015, Serbia decided to only allow refugees from Syria, Afghanistan, and Iraq to transit through to Croatia; placing other refugees at risk of seeking other means to enter the EU and disallowing access to services within the transit sites. Furthermore, as of this year many countries along the Balkans route have introduced stricter screening procedures and a more selective admissions process. This has resulted in delays in transit, which has caused many refugees and migrants to stay in Serbia and at border crossings for longer periods of time.

Women and children now make up nearly 60% of the refugee flows in Europe,⁵ a steady shift away from the majority male population coming through in 2015. Women and children are often the most vulnerable populations facing specific risks and requiring assistance and services tailored to their unique needs.

The proportion of children amongst the arrivals in Europe continues to steadily increase. Between August and December 2015, a total of 147,727 children (62% boys and 38% girls) were registered as entering into Serbia and approximately 13% were children with disabilities. Most of the unaccompanied children traveling through Europe are older, 14 years and above, and are particularly vulnerable as they move through the major trafficking routes in the region. Additionally, refugees' movement through major trafficking routes in the region prompts significant concerns for children who are independently moving through the area on their own. Despite steady media attention, there remains little to no statistical data on unaccompanied and separated children, causes of separation and or coping mechanisms in transit. Children arriving in South-eastern Europe continue to be a highly vulnerable population, often physically exhausted, scared, distressed and in need of medical assistance.⁶

Refugee women are arriving in increasing numbers to Serbia. This means during 2016, more than 120,000 refugee women are expected to transit through Serbia.⁷ Reports on the situation of women in Syria, Iraq and Afghanistan describe high levels of targeted sexual violence; a rise in female-headed households; routine intimate partner violence and a lack of decision-making power within households; honor-based violence and killings, including against women and girls who have survived sexual violence by armed groups and on return to their homes face further stigma and violence.⁸ To date, there has been a gender assessment and report conducted reports by UN Women and Women's Refugee Commission⁹, respectively, highlighting gaps within the humanitarian system in delivering services for women and girls in Europe; however there is little data reflecting the risks faced by women and girls along their journey as well as the specific needs of this population. Despite the advocacy reports, there has been little to no change in service provision that allows women and girls to access life-saving services such as Clinical Care for Sexual Assault Survivors (CCSAS) nor safe spaces established for all women to access.

In response to this displacement scenario, the IRC undertook a protection assessment to better understand the needs of refugees and migrant women and children transiting through Serbia into the EU, and the referral pathways and support services that are in place.

It should be noted that a within a week of the assessment two key events happened:

⁴ <http://www.theguardian.com/world/2016/feb/23/number-of-refugee-arrivals-in-greece-passes-100000-in-less-than-two-months>

⁵ <http://tracks.unhcr.org/2016/03/the-women-and-children-turning-to-europe/>

⁶ UNICEF, Jan 2016, Refugee and Migrant Crisis in Europe: Regional Humanitarian Situation Report <http://reliefweb.int/report/serbia/unicef-refugee-and-migrant-crisis-europe-regional-humanitarian-situation-report-7-11>

⁷ <http://data.unhcr.org/mediterranean/regional.php>

⁸ UNHCR Woman Alone: The fight for survival by Syria's refugee women https://s3.amazonaws.com/unhcrsharedmedia/2014-syria-woman-alone-report/Woman_Alone_ENG_2_July_2014.pdf; Care/IMC, Rapid Gender and Protection Assessment Report, <http://www.care.org/sites/default/files/documents/Report-Kobane-Refugees-Rapid-Gender-Protection-Assessment.pdf>; We Are Still Here: Women on the Front Line of Syria's Conflict, <https://www.hrw.org/news/2014/07/02/syria-wars-toll-women>;

⁹ <http://www2.unwomen.org/~media/field%20office%20eca/attachments/publications/country/serbia/gender%20assessment%20of%20the%20refugee%20and%20migration%20crisis%20in%20serbia.pdf?v=1&d=20160112T163308>; <https://www.womensrefugeecommission.org/images/zdocs/Refugee-Women-on-the-European-Route.pdf>

1. Border closures along the route were announced, increasing the vulnerability and changing the movement of the populations. As refugee populations become stuck along the border, they are placed at greater risk of exploitation, shelter needs are inadequate across the region, and people may turn to smugglers and trafficking in order to attempt to enter further into Europe.
2. Blue dot hubs were announced by UNHCR which are meant to address the lack of safe spaces for women, children, and families travelling through Serbia. However, this has not been rolled out in Serbia or Greece as of March 8, 2016.

However, the assessment highlights remaining critical gaps that should be noted and addressed.

STATEMENT OF INTENT

Objectives:

- To better understand the immediate protection risks and concerns for children and women transiting through Serbia
- To identify support services available and accessible for survivors of sexual violence and unaccompanied children as well as any gaps in response efforts or referral pathways.

Core Questions:

- What are the immediate protection needs of refugee and migrant women and children transiting through Serbia into Europe? How might their needs be addressed?
- What services already exist for refugee and migrant women and children?
- What gaps exist in child protection and GBV services and referral pathways?
- What child protection and women's protection interventions would be most effective?

METHODOLOGY

The assessment was conducted from February 22-29, 2016. The IRC visited four transit sites in Serbia: Preševo, Dimitrovgrad, Belgrade and Šid/Adaševci where there were high numbers of refugees and migrants transiting.

The assessment covers both women's protection and child protection. Two IRC staff, together with six enumerators from Atina (a local partner in Serbia) completed a field based orientation on the basic assessment principles and data collection tools in Preševo, Belgrade and Šid/Adaševci. Enumerators were able to observe the use of each data collection tool prior to independently conducting data collection.

Assessment sites were purposefully selected as the major transit sites for refugees and migrants as well as the major humanitarian hubs across Serbia. A total of 22 key informant interviews (KII) with refugees and migrants, six focus group discussions (FGDs) with women, and 16 KII with NGO/UN/government agencies were completed during the course of the assessment. In order to respond to the core questions and achieve the stated objectives above, the IRC deployed three data collection tools which can be found in Annex 1, they are as follows:

Key Informant Interviews: The protection team used a closed questionnaire¹⁰ administered to key informants who were defined as mothers and fathers. The questionnaire aimed to identify specific protection risks and support services for children. The team ensured individuals selected as respondents in each assessment location were either traveling with children or had children in their country of origin that they did not travel with to Europe. A total of 22 KII were completed

¹⁰ The questionnaire was adapted from the Global Protection Cluster's Child Protection Working Group's Child Protection Rapid Assessment tool.

in each location: Preševo (9), Dimitrovgrad (0), Belgrade (8) and Šid/Adaševci (5). Of the child protection key informants, 10 of the respondents were female, and 12 male. The following nationalities were included in the sample: Pakistan (4), Syria (10), Iraq (6), Morocco (1) and Afghanistan (1).

The protection team also used an open questionnaire administered to key informants who were defined as NGO or UN or government authorities. Key informant respondents were purposively sampled, ensuring that respondents were knowledgeable about protection programming and support services in each assessment location (total of 17 KII were completed across sampled location, with some interviews conducted with multiple respondents). Of the NGO (13), UN (3), and government (1) key informants, 12 were female, and eight were male.

Focus Group Discussions: Focus group discussions (FGDs) tools were adapted from the IRC's GBV rapid assessment toolkit¹¹ and used open-ended questions. FGDs were completed with groups of two to four women in two assessment locations (Preševo and Šid/Adaševci). The sites for FGDs were selected based on the feasibility of organizing a group of women at each assessment site. A total of five FGDs were completed, in order to provide more in-depth information regarding protection risks and concerns for women and girls along the transit route. It should be noted a sixth FGD was attempted in Belgrade however, the data was dismissed due to lack of privacy and the distress level of the women participating – they had been turned back from Croatia and were unable to answer any questions unrelated to onward movement. Only Iraqi and Afghani women participated in FGDs, which remains a critical limitation in the analysis as women from other nationalities may have different experiences and greater risks since they are not part of the accepted refugee status in Europe.

Limitations

The information presented below should not be interpreted to be representative of the experiences or needs of all women and children transiting through Serbia. The sampling methodology employed during this assessment does not allow any findings to be generalised beyond the sample collected. The findings outlined below are intended to highlight trends in protection risks, vulnerabilities and needs of the population interviewed.

In addition to the above limitations, data collection was challenged by unanticipated border closures and access restrictions of NGOs by the government, particularly in Dimitrovgrad, where no FGDs with women or KII with parents were conducted due to inaccessibility to the site and safety concerns around organising a FGD. The transiting population had limited time at each site and often needed information about the onward journey which limited their ability to answer questions not regarding onward journey.

Data collection was not intended to be conducted directly by local partner staff; however, due to constraints in access and availability of appropriate respondents, it became critical for the data collection of KII to be extended through the support of local partner staff. Enumerators reported that KII data collection took longer than anticipated as the affected population was distressed over border closures and had a difficult time completing questionnaires as they were concerned about their travel and legal status. In addition, while local partners received an orientation and demonstration of how to use the data collection tools, they lacked formal and in-depth training.

Lastly, the data collection tool that was developed to collect perspectives of NGO, UN and government authorities was employed in all four assessment locations; however, the protection team was only able to interview government actors in Šid/Adaševci.

Constraints in FGDs: Only Syrian and Iraqi women were able to participate in discussions, meaning the experiences of other nationalities may differ. However, the information provided still provides guidance on what can be done to improve services for women and girls. Unfortunately, whilst some themes were recurring, saturation of themes were not reached

¹¹ <http://gbvresponders.org/emergency-response-preparedness/emergency-response-assessment/>

during FGDs. It would have been valuable to conduct three to four more FGDs to gather more information on the concerns of women and girls. Due to limited time and lack of space to conduct safe FGDs, FGDs focused only on behaviours, unsafe areas, and knowledge of services. All interviews were translated in real time from Arabic to English, adding to the time constraint. In addition to beneficiaries, UN agencies and NGOs were asked questions regarding safety of women and girls.

During FGDs, in line with good practice, women were not asked to disclose their status but rather explain if they knew someone or witnessed on the journey who experienced violence (see appendix for FGD tool). It was difficult for women to express themselves fully as there were few spaces to hold discussions. FGDs were often interrupted by husbands, brothers, or male accompaniment even though all family members agreed to the FGD prior to beginning a discussion.

Ethical Considerations

All respondents, focus group participants and NGO/UN/Government staff were briefed on the IRC's intentions, informed of their right to refuse participation and right to refuse answering specific questions. Interviewers emphasized that no benefit would be granted to respondents for participating and no negative consequences would result from refusing. Informed consent to participate in interviews and focus group discussions was verbally granted prior to any questions being asked.

KEY FINDINGS

Child Protection

Unaccompanied and Separated Children (UASC)

Nineteen out of 22 refugee key informants had met children under the age of 18 who were traveling without their usual caregivers during their transit. The most notable reasons for separation included caregivers voluntarily sending their children to travel with extended family/friends (12), children losing caregivers during relocation or displacement (10), and disappearance of caregivers in the immediate aftermath of conflict in home of origin (7). Separated children were reported as mostly older than 14 years of age (8) and both boys and girls (8), while unaccompanied children were reported as mostly boys (12) and above the age of 14 (12). No respondents were aware of infants below the age of two who were separated from their primary caregivers. Respondents also reported that there was no one along their journey who was offering to take children to Europe for education (19); however, there were three respondents who reported the smugglers were offering guarantees of getting children into Europe for a fee with no mention of schooling.

Nine key informants were asked if they knew of families who left children under the age of 18 behind in their country of origin and four reported that they were aware of such cases, while only three reported no and two did not know. The reasons cited for leaving children behind in the country of origin included education or children in work, to keep them safe as this journey is too dangerous, for marriage and because they were uncertain of this journey and did not have enough money to bring everyone. For those who lacked the resources or were uncertain of this journey, they often included an explanation that once the parent had arrived in Europe, they planned to save money for their children to join them at a later date.

Regarding care arrangements for unaccompanied and separated children¹², respondents reported that mostly these children are traveling with extended family (15), with friends (12), by themselves (8), with smugglers (5), and with a partner (2) and with a stranger (2). Several respondents explained that it was often difficult to confirm if separated children were actually traveling with family and raised concerns that they suspected that many of the reported extended families were actually smugglers moving with children. Respondents reported that if they were to come across an unaccompanied child, they would most likely take care of the child themselves (10), keep the child for a short period of time until they could

¹² This question allowed respondents to select more than one response.

identify a longer term solution (5) or find someone else to take care of the child (5). When probed further if nationality was significant for how they would handle an unaccompanied child it was noted that they would care for the child only if they were of the same nationality as themselves. It was mentioned by some respondents and agencies working in these sites that there have been reports of some groups who have taken children during border crossings as a perceived mechanism for quicker registration and admissions into the next country. During the assessment, the team came across an unaccompanied boy who was traveling with a family upon entering Serbia; when they encountered him at the exit border, the family had moved on without him indicating that some of the temporary care arrangements do not last throughout the transit.

Physical Violence and Harmful Practices

When asked about perceived risks that could lead to injury or death for children along the journey, key informants (22) reported violence (22), sickness and medical issues (9), the cold (4) and traveling by boat from Turkey to Greece (4), hunger (3), separation (2) and kidnapping (1).¹³ The types of violence listed included trafficking, sexual exploitation, trafficking in organs, violence and beating by both smugglers and police at border points, and extortion by smugglers and gangs. The risks listed above were reported to happen most often in transit (15), and at border crossings (11). Respondents mentioned specific border crossings – all borders of Bulgaria as well as the Iran-Turkey border – at which there are significant levels of violence and risk of injury or death.

Psychosocial Wellbeing

All key informants (22) reported that they have seen changes in children's behaviours since they began this journey. Frequently cited behavioural changes for girls included sad and worried (15), antisocial and isolating themselves (11) and unusual crying and screaming (5). They often cited causes of stress for girls as: being separated from their family (10), sexual violence (7), attacks (5) and kidnapping and abductions (5). It was also noted that the lack of changing spaces available for girls was a source of stress. Respondents reported that girls seek support in stressful situations from the parents (14), their peers (11) and their siblings (5).

Frequently cited behavioural changes that boys have displayed since beginning their journey include sadness and worried (10), antisocial and isolating themselves (7), increased aggression (3) and unusual crying and screaming (3). They often cited causes of stress for boys as: being separated from their families (13), attacks (10), tension within the family (7) and traveling long distances for long periods of time (4). Boys reportedly seek support in stressful situations from their parents (15), their peers (11) or their relatives (5).

The majority of key informants reported that there were also changes in caregiver's attitudes towards their children since they began this journey (11). They frequently cited changes in caregivers behaviours as: paying more attention to their children's needs (6), forcing or encouraging their children to work or beg (3), spending more time with their children (3), paying less attention to their children (2) and being more aggressive towards their children (2). Multiple respondents noted how stressful this journey was for them as parents and how that has been challenging to be as supportive as possible for their children. The sources of stress for caregivers that were most frequently reported included their children's safety (15), registration and documentation (7), lack of food (5) and violence during this journey (5).

Access to Services and Excluded Children

Key informants (5) reported some children lacked access to important services; however, of those who flagged this issue, they noted children with disabilities (4), children from poor families (1) and infants (1). They also flagged that exclusion affected mostly boys above 14 and non-Syrian, as they reported that support services focused on younger children, women and the elderly.

¹³ It is assumed that some of these perceived risks are those that key informants also witnessed directly, but some may also be risks that are perceived to be important.

Access to Information

The most important sources of information for families in transit include the Internet (16), SMS (9), friends, neighbours and family (9), humanitarian aid workers (5), and police and border officials (5). Of the 22 key informants who responded to this question, 14 reported a combination of both electronic data from their phone or internet and face-to-face. When key informants were asked what information they wished they had that they cannot find at this moment, they almost exclusively wanted information to further their journey, including information on border closure, admissions, documentation, train times etc. When asked what information they wished they had sooner in the journey, most reported that they wished that someone told them how difficult and dangerous this journey would have been and about all of the border closures and push backs. Many explained a misinformation campaign led by smugglers to convince refugees and migrants that there were no complications at borders and that all nationalities could still pass or that they would be able to pass them through into Europe despite these complications. When asked how they would prefer to receive future information, they reported in writing at bus stops, before registration an orientation would be useful, more people speaking their language and more aid workers to answer questions would also be helpful.

Sexual Violence against Children

When key informants were asked what they would do if they came across a child who had experienced sexual violence, they reported that they would take the child to the health centre (7), take the child to a caregiver (6), take the child to a social worker (3), take a child to a safe space run by NGOs (3) or report the incident to the police (3). A few respondents also reported that culturally, they would not report the incident despite indicating that they would report it in one of the above ways and one respondent did report that they would not talk about it.

The majority of respondents (9) reported that they did not know of any children who had experienced sexual violence along their journey; however, three reported knowing of incidents that occurred in transit. When probed further and taking into account that a few respondents would not report the incident, enumerators asked about where children might be most at risk of sexual violence. Respondents replied: while traveling (12), with smugglers (7) and in country or origin (4). Regarding who is most affected by sexual violence, it was reported that girls were mostly affected (7), that there was no difference between boys and girls being affected by sexual violence (6) and boys (1). It was also reported, that there was no difference in who was affected by sexual violence according to age (7), mostly over the age of 14 (4) and under the age of 14 (2).

When key informants were asked if they were aware of any location that refugees could seek help if they did experience sexual violence the majority of them said they did not know (17) and similarly, the majority of respondents also did not know if those services could be accessed by children.

Child Protection Services

Each assessment site operated differently in terms of agencies on the ground and child protection services run by local authorities as well as other support mechanisms. Child protection initiatives underway in the various assessments sites are listed below, although significant concerns were raised in each in relation to quality.

Key child protection initiatives underway during the assessment included:

- Finalizing Standard Operating Procedures (SOPs) nationally for refugee children is underway and there is a sense of optimism that these will provide more clarity and structure for child protection actors on the ground.
- In each location, there seems to be a commitment by agencies towards rolling out coordination mechanisms, which will improve service provision and coverage. In some locations there are also family tracing and reunification working groups.

- Foster care has been flagged as a potential solution for children without care by local authorities and has been piloted with a few vulnerable case of children placed into temporary care arrangements with some successful cases to date.
- There is recognition that the alternative care centres that were used previously in the juvenile detention centres for juvenile offenders, is not a durable solution for accommodating and supporting unaccompanied children and there are now high level discussions to identify a more appropriate solution.

Women's Protection

Overall from FGDs, women expressed fear of general physical violence and sexual violence during their journey. In 72% of the KII surveys, men and women expressed that sexual violence occurs “while travelling” or “with smugglers,” even though the responses for if there is sexual violence occurring remained low. Willingness to access services for sexual violence was low with most people expressing that advice around sexual violence in the community is to keep quiet.

Risks in Transit and Arrival

Traveling from Turkey

In four out of five FGDs, Turkey was mentioned as a place where women and girls feel unsafe. The majority stated both borders with Greece and Syria as a concern. “It’s really hard for women to travel alone. Because the journey is insecure especially from Turkey to Greece on the boat,” said one Syrian woman. Two groups witnessed or experienced detention by the Turkish authorities. Mothers in one Iraqi group indicated a fear of children under twelve being taken in the night by strangers; they reported fearing that their children cry lest it draw attention. An NGO reported that on the Greek side of the Greece-Turkey border, smugglers had approached women and offered to take them onwards through Europe in exchange for sex.

Transiting through Macedonia

Two FGDs noted Macedonia as an unsafe and fearful place for women and girls. Both groups, for example, commented on how the trains to Serbia would delay, causing insecurity and uncertainty about the duration of stay in Macedonia. An Iraqi woman explained that “gangs are raping women and stealing money.” When speaking with an NGO providing services along the Serbian border, staff noted they had treated rape and trauma cases out of Macedonia of non-Syrian, Iraqi, and Afghani people who had taken routes through the mountains. In addition to the concern raised by female refugees, an NGO worker commented that providing services that along former smuggler routes, smugglers were abducting women and keeping them in houses for days until families paid for ransom.

Arriving in Serbia

Young Syrian women between the ages of 19-22 in one FGD noted that they understood there was limited space for sleeping and the importance of keeping families together. “[It would be] great if there was a room where only women can stay with children. Even if it’s a tent only for women, I would feel safer,” suggested one Syrian woman. “If it’s whole families, I cannot rest... Boys are part of family and girls don’t feel secure with people from other families.”

NGO staff from two agencies reported that when a group of women traveling alone entered Serbia, due to lack of female only sleeping space and inability to access the registration site as they were not Syrian, Afghani or Iraqi, the women opted to sleep outside since the communal tent would place them at greater risk. One group of Syrian women commented they would feel more secure sleeping on the bus rather than in a mixed tent. However, they explained that one had to be careful about which bus was chosen as it is better to travel with people from your country to reduce risk of harassment.¹⁴

¹⁴ Travelling with people from the same country came up strongly during the Child Protection KII as well.

Upon observation, it was clear that sleeping spaces lacked any separation between men, women, and children. Women felt uncomfortable changing or conducting basic hygiene needs.

Seeking Services

Women were asked, “Whom can women and girls turn to in case of insecurity?” Answers varied across groups. Two FGDs commented that they would seek out help from the police and one group said UNHCR or Red Cross. No groups mentioned seeking medical care as a response to physical or sexual violence. However, during FGDs, when asked what advice they would give a friend who experienced sexual violence, all of FGDs indicated that the friend would be, “afraid to seek help in case it puts them in harm,” or “don’t want to speak out about that; it would fall to the wrong people.”

Another group said they would be supportive and listen but ultimately would tell their friend to “keep it to herself” and not disclose to her family and community in order to not get into trouble. Repercussion fears for disclosing GBV included: shame, shunning by the family or community, stigma, and retribution. When asked if NGOs could assist, one group commented, “They can’t do anything. We have no rights.”

Women cited the need for more female translators to help women feel comfortable seeking out support. Having women to speak with is both culturally appropriate and safer for women. In two FGDs, women expressed concern over translators using their power to choose who crosses the border. For instance, if a translator did not think your accent belonged to a region or country, they may go to an official and inform them that you are not from the country you are claiming.

“I will commit suicide. I won’t go back”

“Every place you are optimistic, but with every push back you fall apart.”

-Female refugees

Lack of Safe Spaces

Women expressed extreme levels of stress along the journey. This highlighted the need for women-only spaces where women travelling alone or with children to gain respite. Observationally, women and baby spaces were available, however, they appeared to be more commonly used as a place to get milk and as a child friendly space. Case managers were present ad hoc and often only one available during daytime hours to provide GBV case management for survivors. The case managers were not easily identifiable. In addition, there were there no information, education, and communication material or pamphlets explaining access services for intimate partner violence or sexual violence services available for women to read to empower them to know of resources along the route.

GBV Referral Pathways

No GBV referral pathways had been formally established, leading to confusion over service provision. NGOs and UN explained that GBV specific referral pathways did not yet exist. Ad hoc, some actors commented that they could refer GBV cases to one NGO but no clear referral pathway for case management existed. In addition, medical services at the sites did not have female staff to perform clinical management of rape.

Case management services were available, but women have extremely limited access to information about what these services entailed and how to access them. For instance, one NGO is available at three sites to provide case management – however, a survivor arriving in Serbia may be unaware of this fact due to no information, education and communication materials available. Between NGOs and UN, there was inconsistency over the referral pathway and often in-fighting over cases. This led to non-specialised agencies inferring they could provide case management despite not having the staff or the expertise. Where services are available for women, the approach of staff, medical and non-medical needs to be consistent and keep in mind women centered-care and dignity to ensure women and girls feel comfortable accessing services.

On non-food items (NFIs), women from Iraq and Syria noted that hygiene kits were available but items available at each site were not consistent; they expressed the need for underwear and cleansing wipes.

Women's Decision Making

In order to make the journey, in three out of five FGDs, women explicitly expressed the need to travel with men or else “you will have many problems if you travel alone.” It was thought that if a woman travels alone “there is no way she can protect herself.” One group expressed that if a woman did travel alone, she needed to make herself invisible so as to not draw attention to the circumstance. When asked how a single woman can travel, one group replied that for protection “you will just have to find a husband. If that fails, a brother or other male.”

Forced marriage was alluded to in three FGDs as a means of protection. There was significant concern about what happens to a woman if she is forced or “legally” married and then neglected by her husband once in the country of destination or along the route and unable to take asylum if her last name does not match documents provided along the route. Two NGO and UN workers commented that some men had more than one wife but would only travel with one while the other had to travel a few borders behind, placing her and any children at greater risk.

Observationally, women did not have access to information via phone. When asked how they access information, three FGDs said they speak to NGOs or humanitarian workers for information. When the male counterparts of those female FGD participants were asked during a key informant interview about information access, they had access to information via Internet. The women did not have access, however, as the men they were traveling with held and controlled the phones. NGOs and UN agencies also noted the lack of autonomy women faced. “Women have very little say” in decision making, commented a UN field worker. As one Syrian woman explained, “We have no rights.”

CONCLUSIONS & RECOMMENDATIONS

Child Protection

Child protection services must be equipped with the technical expertise to support children who have experienced trauma in transit and in destination countries. Child protection services and referral pathways must safeguard against secondary trauma and include appropriate data safeguarding and information sharing protocols. Psychosocial support for children and families is also a significant need. Therefore, child protection actors in Serbia must:

- Coordinate the provision of services for children in all transit sites to ensure services are consistent and meeting the types and levels of need.
 - Establish a formal referral mechanism in each site, and ensure links to services in other sites in Serbia and neighbouring countries are clear.
 - Make available holistic mental health and psychosocial services, ranging from psychological first aid to more comprehensive counselling.
 - Provide a range of psychosocial support services to children.
 - Identify and refer cases of unaccompanied children and sensitive cases in a more coordinated way to facilitate quality case management service provision. This would include a well-designed referral pathway that agencies are sensitized to, minimum standards for case management, and follow-up.
 - Provide quality case management at each site, with links to services beyond the immediate site. Ensure safe data management and confidentiality as part of quality case management.
 - Identify appropriate alternative care arrangements for both transient and more permanent populations.
 - Ensure referral pathways safeguard against secondary trauma and include appropriate data-safeguarding and information-sharing protocols.
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Women's Protection

Women's protection services must be equipped with the technical expertise to ensure quality case management, safe referrals to other services, and a survivor-centred approach across service provision. Transit centres and registration sites must provide safe, separate spaces for women to rest, access information and support, and make decisions. As borders close, GBV and other actors must take action to reduce potential risks of further violence and exploitation of women by smugglers and others. Therefore, GBV actors in Serbia must:

- Ensure case management is systematic, meets best standards, provides crisis counselling, and give greater considerations to data management and confidentiality.
- Separate sleeping spaces for women and girls from men and boys, even if a separation by a curtain, to maintain dignity of the women travelling.
- Employ female translators who are trained on the GBV guiding principles; any translator demonstrating bias or abusive behaviour is in clear violation of these and other humanitarian principles and should not be working directly with women or girls.
- Each site must establish and agree upon a GBV referral pathway that is clear, visible, and includes focal points for women and girls.
- Provide consistent information, education, and communication materials, addressing intimate partner violence and sexual violence resources. This can be done with simple message boards, for example, explaining intimate partner violence abuse and providing information on resources for women experiencing this violence. In addition, for sexual violence, materials explaining the importance of medical services and how to access those services should be available at each site.
- Conduct public information campaigns on services for sexual assault survivors and the importance of treatment within 72 hours.
- Stock rape kits – post-exposure prophylaxis and emergency contraceptive – and ensure that clinical management of rape is free, and that medical staff are trained to provide this care. Also ensure that medical teams include trained female staff.
- Create separate women's spaces, where women and girls can access GBV case management and psychosocial services, and can rest in safety.

GBV actors in Macedonia must:

- Ensure information dissemination on the waiting time for train and increase protection actors at the train stations to discourage smugglers and traffickers.
- Investigate claims that women are being held hostage along border areas.

GBV actors in Turkey must:

- Establish GBV programming in western Turkey to provide life-saving services to women and girls. By the time they reach Greece, women and girls are forced to move until they reach Germany or the other destination. Turkey is a critical point for services and advocacy.

Overarching EU

The European Union must:

- Determine procedures to reduce smuggling and to ensure people can access safety with dignity and respect.

- Expand refugee status to other war torn countries in order to ensure old smuggling routes and exploitation of vulnerable populations has the potential to be curbed.

ANNEXES

1. Assessment Tools