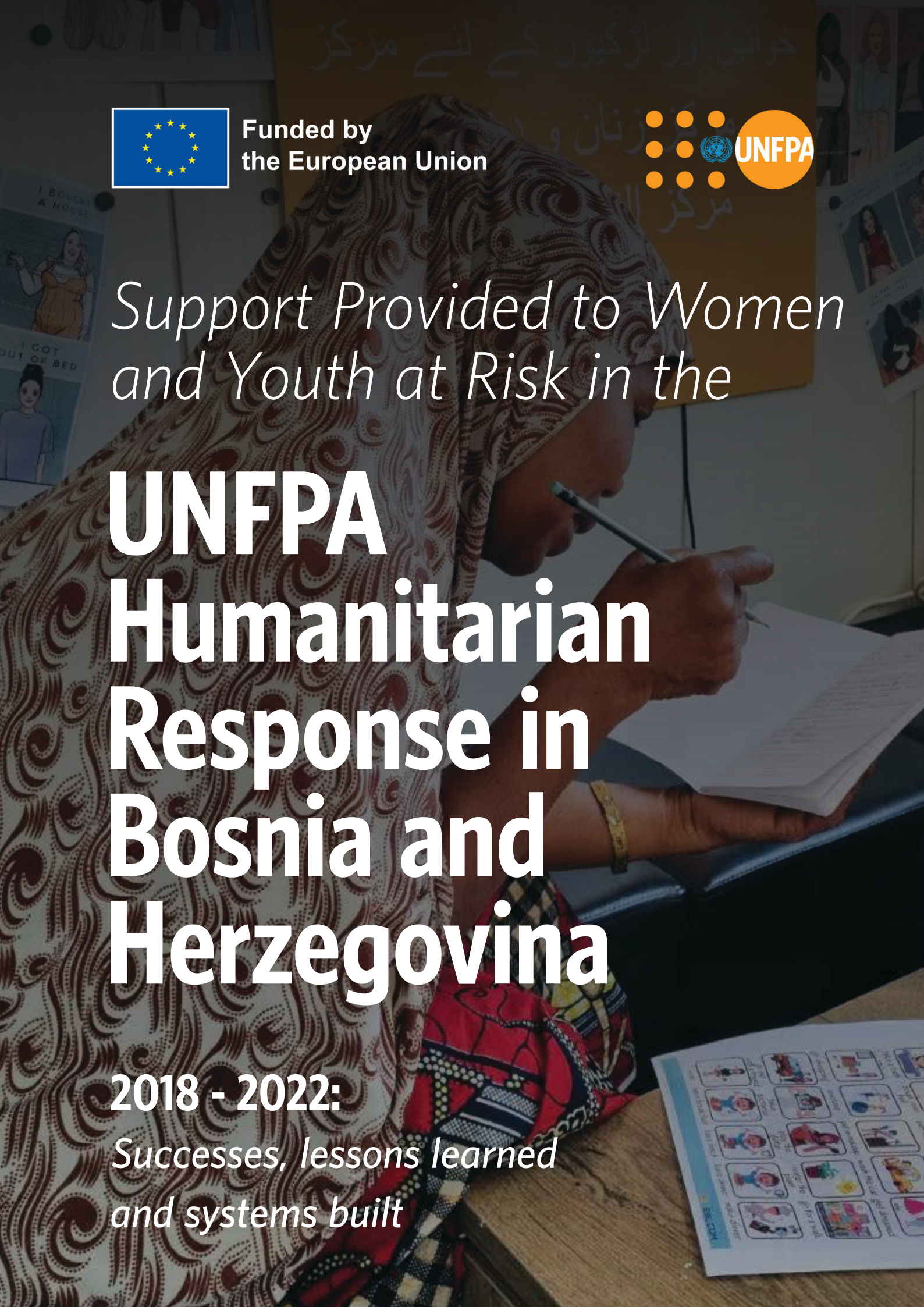

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UNFPA

Support Provided to Women and Youth at Risk in the

UNFPA Humanitarian Response in Bosnia and Herzegovina

2018 - 2022:

Successes, lessons learned and systems built

Impressum

Support provided for Women and Youth at Risk in the UNFPA Humanitarian Response in Bosnia and Herzegovina Successes, lessons learned and systems built 2018–2022

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Sarajevo 2022

Contents

Background

This report reflects the UNFPA response and results achieved within the context of the mixed migration humanitarian response in Bosnia and Herzegovina and covers the period from October 2018 to October 2022.

UNFPA, in line with its global mandate and humanitarian settings, is the leading United Nations agency within the protection sub-category of Gender-based Violence. UNFPA leads programmes that respond to and help prevent GBV and ensure access to sexual and reproductive health services. UNFPA also works to empower women and youth and enhance their decision-making capacity in order to support them in becoming agents of change in the process of recovery and healing. UNFPA has led work in this field since the beginning of the humanitarian response. Besides the country office in Sarajevo Canton UNFPA has established a field office in Una Sana Canton in order to manage the primary points of intervention within the humanitarian response.
Refugees, migrants and asylum seekers in Bosnia and Herzegovina have been continuously exposed to numerous hardships since the beginning of the migration crisis. UNFPA Bosnia and Herzegovina, with the support of the EU Delegation to Bosnia and Herzegovina and in collaboration with government authorities, has scaled up its scope of work in the two cantons most affected by the mixed migration flow since 2018. Its presence has benefitted seven temporary reception facilities (TRC) (Bira, Sedra, Borici, Usivak, Blazuj, Miral and Lipa) through the establishment of four women and girls centres and eight boys and young men centres. In addition, UNFPA initiated and provided technical support to local and cantonal authorities in Bosnia and Herzegovina for the development of the guidelines 'Prevention and Protection Guidelines against Gender-Based Violence in Crisis situations', which the authorities subsequently adopted.

Moreover, UNFPA works closely with the government, healthcare service providers, partner United Nations agencies and international and domestic NGOs to ensure that the humanitarian action is tailored to address the different needs of refugee/migrant women and young persons, especially in the context of gender-based violence. UNFPA has supported the work of women's safe houses and the strengthening of local communities in Bosnia and Herzegovina. It has provided support to women and girls since the beginning of the humanitarian response and later on to boys and young men, it leads the Working Group on Gender-based Violence and provides training for humanitarian personnel on 'Managing Gender-based Violence in Emergencies' and in relation to the guidelines 'Prevention and Protection Guidelines against Gender-based Violence in Crisis situations. As from 2020, in accordance with the relevant assessments and the identified needs, UNFPA has led direct implementation of the entire humanitarian programme. In addition, UNFPA has established women and girls centres as well as boys and young men centres in this country that operate as the central points for women, girls, boys and young men to raise their concerns and communicate their needs.

These UNFPA centres serve as designated safe spaces for the provision of various services with focus on GBV, including empowerment programmes, case management, psychosocial support and sexual and reproductive health services as well as the dissemination of key information. In parallel, UNFPA works to reinforce the existing GBV referral mechanisms. The UNFPA programme targeting refugee/migrant women and youth ensures both the availability of and access to sexual and reproductive health services and to psychosocial support.

Since November 2022, the Ministry of Security of Bosnia and Herzegovina recorded the arrival of 106,090 migrants of which 68 per cent were adult men and 6 per cent were unaccompanied minors (almost exclusively boys).[1] Since the majority of migrants and refugees who came to BiH belong to the male population, this should be taken into account when reading this report and interpreting the data, especially the data from the GBVIMS database.

1 See more in the International Organization for Migration (IOM) Situation Report 2022.

1. Key insights

- **Over 7,000 women and girls have passed through UNFPA safe spaces since the opening of the first Women and Girls Centre in early 2019 and over 9,500 boys and young men have passed through the Boys and Young Men centres since the opening of the first such centre in 2020.**
- **Up until October 2022, 11,641 psychosocial services were provided to both males and females.**
- **Over 9,631 'Dignity kits' have been distributed to the vulnerable population of migrants and refugees.**
- **Over 8,300 sexual health and reproductive health services, including responses to life threatening situations, have been provided to migrants and refugees residing at the temporary reception centres in Bosnia and Herzegovina, including during the COVID-19 pandemic.**
- **Up until October 2022, more than 7,000 contraceptives for both men and women were distributed through the UNFPA centres.**
- **Up until October 2022, more than 44,500 participations by boys and young men were recorded during 'Boys on the Move' activities.**
- **Over the past four years, UNFPA teams provided more than 22,500 empowerment services to women and girls in empowerment sessions run at the temporary reception centres.**
- **Every individual's needs are valued and 67,820 participations have been recorded with respect to useful and helpful information on all of the available services for members of the vulnerable population and the ways to acquire and/or participate in those services.**

2. Gender based violence

In humanitarian settings various forms of risk disproportionately affect women and young persons, which significantly and in many cases devastatingly causes an increase in their level of vulnerability. Undignified living conditions and insufficient accommodation capacities combined with xenophobia and imposed movement restrictions have an extremely negative effect on the dynamics of GBV within a humanitarian setting. The onset of COVID-19 and the imposition of preventive measures, restricted mobility and the corresponding isolation and stigmatisation combined with the high turnover and unsafe movement of the refugee/migrant population has further influenced the prevalence of GBV and this has had a severe effect on the overall physical and psychological health of this vulnerable population. In humanitarian settings women, girls and boys, especially unaccompanied children, and young men often regress in terms of their mental state, which is worsened by their exposure to different forms of GBV either perpetrated or condoned by an intimate partner, family member, community member or smuggler.

Gender-based violence reduces the well-being, dignity, safety and autonomy of this vulnerable population. Survivors of any form of GBV can suffer mental health issues and consequences in relation to their sexual and reproductive health, including forced and unwanted pregnancies, unsafe abortions, sexually transmitted infections and even death.

Besides the direct services and assistance provided to this highly vulnerable population, UNFPA organized and chaired GBV Working Groups, conducted regular GBV coordination meeting and ensured gender-sensitive approaches in the humanitarian response through regular capacity building. In the reporting period, **873** service providers and first-responders in Sarajevo and Una Sana canton were trained on Managing Gender-based violence in Emergencies as well as on Prevention and protection guidelines against gender-based violence in crisis situations.

2.1. Gender-based Violence Information Management System (GBVIMS) overview

(GBVIMS) overview*

July 2020 to September 2022**

- **Psychological violence (37%) was the highest reported incident by females and physical violence by males (47%).**
- **Psychological violence (50%) followed by sexual violence (35%) was the highest reported incident by LGBTQI population.**
- **Of the reported cases 27 per cent were prior survivors (F 28%, M 24%).**
- **Reported cases of women and girls experiencing child, early or forced marriage amounted to 16 per cent.**
- **Reported cases of adolescent boys or young men experiencing child, early or forced marriage amounted to 2 per cent.**
- **Of the female survivors 49 per cent were originally from Afghanistan, 19 per cent from various African countries (including Morocco, Eritrea, Ethiopia, Somalia, Burundi and Congo), 18 per cent from Iran and 6 per cent from Iraq.**
- **Of the male survivors 52 per cent were originally from Afghanistan, 22 per cent from various African countries, 12 per cent were from Pakistan, 9 per cent from Iran and 3 per cent from Bangladesh.**
- **The majority of incidents committed against females occurred at the survivor's residence (57%) or at international borders (23%).**
- **The majority of incidents committed against boys and young men occurred at the survivor's residence (56 %) or in open spaces or streets (15%).**
- **The majority of incidents committed against LGBTQI population occurred at the survivor's residence (47 %) or streets (29%).**
- **The relationship with the alleged perpetrator in cases of violence committed against females:**
  - **no relation (44%),**
  - **intimate partner/former partner (30%),**
  - **family other than spouse or partner (21%),**
  - **other (5%).**
- **The relationship with the alleged perpetrator in cases of violence committed against males:**
  - **no relation (67%),**
  - **family other than spouse or partner (13%),**
  - **another refugee or migrant (12%),**
  - **other (8%).**
- **70 per cent of the LGBTQI survivors has no relation with the perpetrator of violence.**
- **The number of alleged perpetrators who committed violence against women and girls:**
  - **1 Perpetrator (49%), 2 perpetrators (13%), 3 or more perpetrators (32%) or unknown (4%).**
- **The number of alleged perpetrators who committed violence against adolescent boys or young men:**
  - **1 Perpetrator (18%), 2 perpetrators (6%), 3 or more perpetrators (64%) or unknown (8%).**

*** Percentages rounded to first decimal place. The total may not add up to 100%.**

**** GBVIMS was introduced in 2020 in Bosnian and Herzegovinian humanitarian response.**

3. The experiences of migrant and refugees who underwent Gender-based Violence

3.1. GBV Types, survivors' origin and reasons for migration

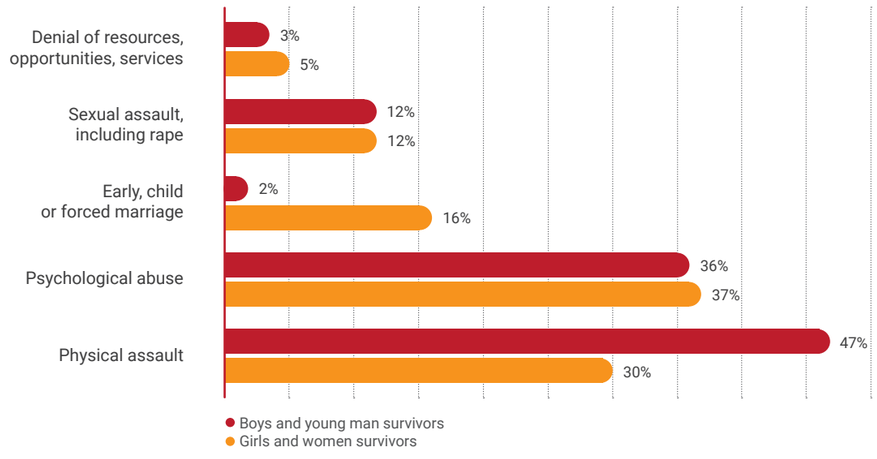
In the Sarajevo Canton and Una Sana Canton temporary reception facilities the UNFPA women and girls centres as well as the boys and young men centres support a vulnerable population comprised from diverse cultural and language backgrounds.

Female survivors mostly come from the Persian speaking countries, such as Afghanistan and Iran, however, beneficiaries from Iraq, Morocco, Eritrea, Ethiopia, Somalia, Burundi, Nepal, Cuba, Congo and India are also represented at the UNFPA centres. Given that the numerical representation of female beneficiaries correlates to the newly identified cases of gender-based violence, the reported cases of GBV in the female population are most frequently closely related to the countries from which they come. In this regard, women of Afghan descent followed by those from Iran and various African countries reported the most cases of GBV. Women and girls most frequently reported the following types of violence: psychological violence followed by physical violence and child, early or forced marriage.

Trauma is also associated with violence based on traditional practices such as **early and forced marriages**, to which beneficiaries at the TRCs reported being subjected. In most cases, early forced marriages resulted in **physical violence** regularly accompanied by rape as well as other forms of sexual violence and abuse.

Out of all the reported cases of early, child or forced marriage 95 per cent of survivors were girls or women.

Types of gender-based violence



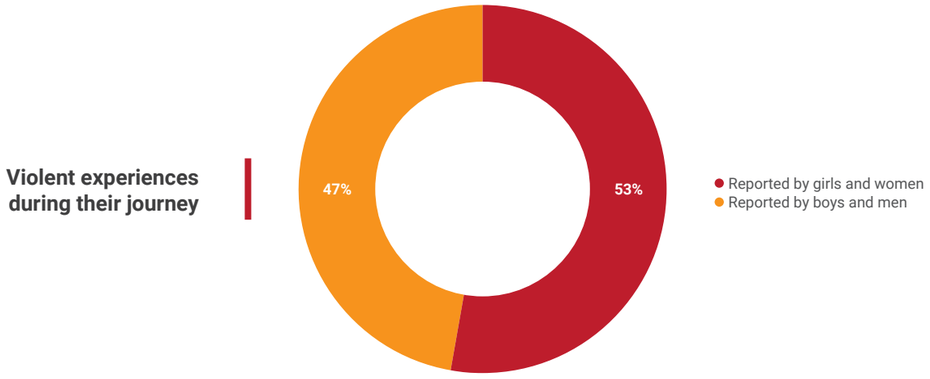
The cultural background guided by patriarchal attitudes within the countries from which the refugee/migrant women and girls come are potential risk factors for gender-based violence and this is amplified by their arrival in a country guided by different cultural standards and social norms. Yet one of the main reasons for them leaving their countries of origin is the prevalence of different forms of gender-based violence against women. This is especially true among the population of single women, having experienced different forms of joint violence including rape, female genital mutilation, sexual abuse, physical and emotional violence and forced child marriage.

When it came to the **male population**, the majority of the survivors were from Afghanistan, Pakistan, Eritrea, Ethiopia, Burundi, Morocco, Iran, Algeria and Bangladesh. Very few adolescent boys and young men were from Syria, Turkey or Sudan. Physical violence followed by psychological violence and sexual violence were the types of violence most frequently reported by adolescent boys and men.

War affected areas, violent conflicts, economic inequality and other complex problems with no apparent solution forced many adolescent boys and young men to leave their countries of origin in the hope and belief of finding a safe place somewhere else.

Moreover, in many cases, leaving their home country was the result of them being exposed to the risk of gender-based violence, many of them left their countries after facing harassment by close family or persons in a leading position in the local authorities. Yet their experience of gender-based violence continued on the onward journey. Young men and especially adolescent boys decided to go but were mostly unprepared, without money and still having to deal with the trauma they experienced in their countries of origin.

The UNFPA team also noted that the perpetrators of violence manifested emotional/psychological abuse in the form of threats to abduct children, depart for the *"Game"* (attempt to continue their onward journey) on their own or through various other demeaning forms of control behaviour, which ultimately influenced the survivors' decision to stay with the abuser. Many GBV survivors, beneficiaries of UNFPA services, reported that in addition to being subjected to the primary form of abuse they also experienced multiple forms of other physical and/or psychological abuse.



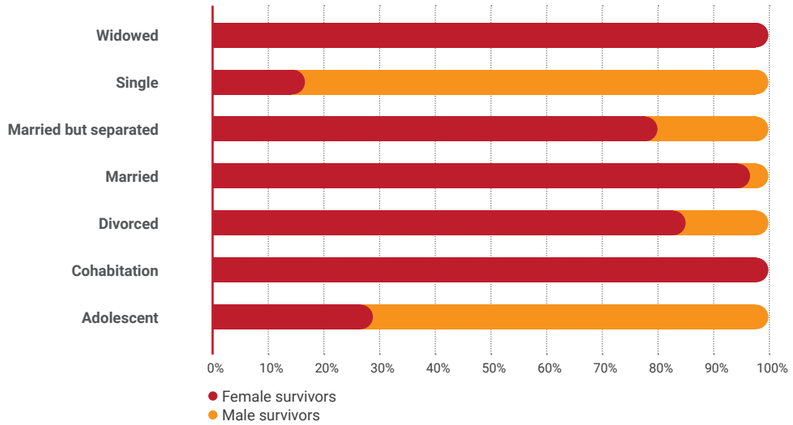
3.2. Identification of gender-based violence (GBV)

In terms of age, the predominant age group among the women and youth involved in UNFPA services was younger to middle-aged with an average age of 30 years.

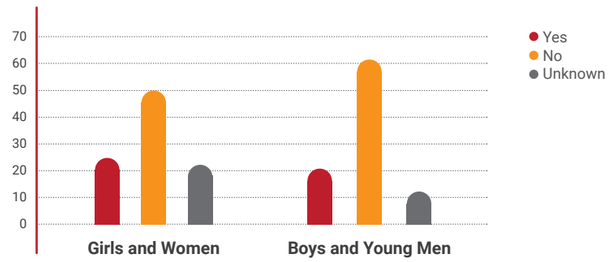
UNFPA identifies cases of GBV on a daily basis with an average of **8 to 10 newly identified cases a week**. Most often, new cases are identified through individual psychosocial counselling, group psychosocial support or survivors reporting their experiences during educational sessions related to GBV. New cases of GBV are also identified during monitoring and follow-up activities, especially those concerning males and females whose attendance at UNFPA activities is irregular.

In a humanitarian setting the process of identifying cases of GBV usually lasts for a certain period until the essential elements have been met, such as creating an atmosphere of trust between the survivor and the psychotherapist/empowerment officer, which is also a key factor in further work with the survivor during the recovery process. This relates mostly to reports of violence such as ***rape or another form of sexual violence*** where the survivors need more time to open up and gain trust. The female survivors of rape reported experiencing this form of sexual violence mostly in their country of origin or during their migration journey. Male survivors more often reported experiencing cases of sexual violence during their journey. In cases of exposure to sexual violence, the trauma is extremely pronounced and the interventions are specific in comparison to survivors who experienced a different form of violence.

Survivor's martial status



Previously experienced GBV %



Concerning physical violence, women survivors mainly reported instances involving visible physical injuries and a larger number of eye witnesses associated with collective accommodation circumstances. A certain number of the male population who had survived physical violence were identified by the UNFPA team during monitoring activities or follow-up on sensitive cases and those already identified as being in need.

The biggest obstacles in the process of identifying recent or previously experienced forms of violence stem from the frequent unpreparedness of the survivors to open up and share their experiences, because of a sense of shame, fear of the perpetrator and such like. In a certain number of cases, the survivors felt a sense of responsibility for the violence they experienced. Moreover, they frequently share a sense of personal responsibility for what happened to them because they were not able to protect themselves. In addition, a significant aggravating factor that contributes to fear of disclosure is the cultural norms in their country of origin that they were raised to adopt and which in some way require them as men to be able to protect themselves or as women to keep silent. There is also a sense of shame if such an experience is shared with others, especially in cases of sexual violence against boys or men. An additional aggravating factor is, on the one hand, the frequent lack of information about personal rights as well as the lack of information about the types of violence and, on the other, the means of personal protection. Ignorance about how to report the violence they experienced was also the case. Gaining trust is sometimes a long process but it is the key to finding out about survivors' experiences of abuse and violence through work and conversations with them.

3.3. Assessed needs and access to the UNFPA services

The UNFPA team reported that most **women and girls** identified as being in need of psychosocial support turned out to be survivors of gender-based violence. Those female beneficiaries who chose not to share their GBV experiences were included in other services, such as empowerment activities where they were able to express their feelings and emotions by using other essential resource techniques.

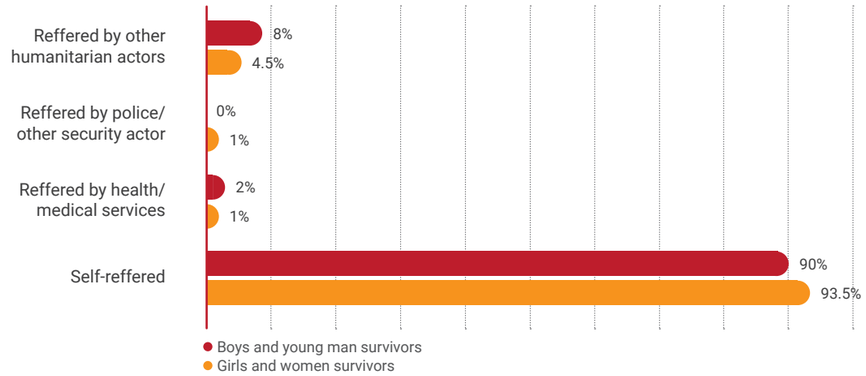
Accordingly, in cases where a language barrier was encountered, namely women of Kurdish speaking origin and those from Burundi, non-verbal techniques as well as drawing techniques were employed to assist the beneficiaries in expressing their thoughts. Adolescent boys and young men who as survivors of violence had experienced violent events during their migration journey were most often in need of psychological assistance.

*Out of the total number of GBV survivors **93.5 per cent** of female and **90 per cent** of male survivors self-reported themselves for UNFPA services, the remaining percentages were referrals from other humanitarian actors or institutions.*

The most striking reasons for seeking psychological help were traumatic experiences in their native region related to family financial difficulties and poverty, war and war events of the state, physical gang confrontations and sexually violent events that occurred in their life. In such cases, provision of sexual and reproductive health services were essential. Adolescent survivors of GBV or those at the risk of violence were in need of protection sensitive accommodation and regular empowerment activities. Those who were not ready to share their experiences of violence were mostly involved in group psychological or educational activities as well as occupational and empowerment activities.

Furthermore, it is evident that most incidents (**42%** of all reported cases) involving any form of violence **take place mostly at night**. When it came to cases of violence committed inside temporarily reception centres they were also reported as occurring during the night. One of the contributing factors to increased violence in TRCs at night was the limited number of humanitarian staff working night shift, on whom the survivors could rely.

Way of accessing UNFPA services



3.4. Acting on the needs of the survivors

UNFPA continuously emphasises the importance of acting on the needs of survivors by utilising multi-sectoral inter-agency support in order to advocate for timely and quality care for the survivors. UNFPA collaborates with relevant humanitarian actors, law enforcement agencies and health institutions to overcome obstacles and improve capacities for accessing services. The transient nature of the stay of survivors at the formal reception facilities, increased turnover, frequent and sudden onward movement departures as well as the lack of financial autonomy of survivors are factors that significantly undermine the GBV case management process and challenge the possibility of holding the perpetrators fully accountable.

Most women and youth perceive UNFPA centres as safe zones within TRCs, which is principally what the centres represent: a zone of peace, trust, understanding and safety. Action plans are created in line with the identified needs of the survivors, while the proposed solutions cater to the best interests of the beneficiaries. These solutions aim to help the women and youth cope better with the challenges that they are likely to encounter in humanitarian emergency settings such as, for instance, relocating women from overcrowded living units, accommodating beneficiaries in accommodation units closer to toilets, ensuring young men at risk are prioritised for accommodation in the so-called Green Zone, easier and safer access to meals and NFI distribution points, etc.

4. Gender-based violence comprehensive support

4.1. BV Case Management

As GBV experiences result in harmful physical, psychological and social consequences that often require information, support and care from multiple service providers, case management has become an integral part of the response to GBV in humanitarian settings. Survivors of GBV have the right to receive quality compassionate care and support that addresses the harmful consequences of violence in order to help them heal and recover.

GBV case management is a structured method for providing help to survivors. It involves one organisation, usually a psychosocial support or social services actor, taking responsibility for making sure that the survivor is informed about all of the options available to her/him and that the issues and problems the survivor and her/his family face are identified and followed up in a coordinated manner. In this way the survivor is provided with emotional support throughout the process. Case management has also become the primary entry point for survivors to receive crisis and longer-term psychosocial support, given the lack of more established health and social support service providers active in humanitarian settings.[2]

GBV case management is provided and ensured through the UNFPA response in all TRCs in Bosnia and Herzegovina. However, this has not been the practice since the beginning of the UNFPA response. At the beginning of the response, UNFPA had safe spaces set up and provided psychological, empowerment and sexual reproductive health support; however, another agency managed GBV cases and case management in general. This presented operational challenges because although UNFPA had safe spaces set up and teams were present at the TRC on a daily basis the referral for survivor support came from the case manager of another agency, who would come to the TRC on call and then approach the survivor. Practice in the field showed that in this way survivors did not get the support provided through UNFPA centres in a timely manner. It also showed that in cases where there was disclosure of violence in a UNFPA centre the survivor would not give consent to the case being handled by a person engaged outside of the UNFPA organisation. This is because of the trust that the survivor had in UNFPA personnel or because of his/her unwillingness to repeat the traumatic experiences to several people or simply because of a sense of safety at the UNFPA safe space. Shortly after these conclusions from the field were considered, UNFPA at the inter-agency level and in cooperation with local authorities agreed on a uniform system of providing support for GBV case management through the UNFPA centres. In this way, it was ensured that a survivor would immediately be provided with emergency support and included in all necessary services. Support for survivors is provided 24/7 at all TRCs where UNFPA has established safe spaces.

This model of holistically promoting the well-being, health and safety of women and youth through the centres has proven to be effective in reaching out to survivors of GBV without their risking stigmatisation or their security.

2 Inter-agency gender-based violence case management guidelines, 2017. Available at https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines#:~:text=Interagency%20Gender%2DBased%20Violence%20Case%20Management%20Guidelines,-Manual%20and%20Guideline&text=It%20includes%20acts%20that%20inflict,public%20or%20in%20private%20spaces.

In order to achieve optimal coordination regarding GBV case management and to meet the needs of survivors, UNFPA initiated GBV Case Conferences for the most sensitive and complex cases. Case conferences organised by the UNFPA team were attended by representatives of all relevant organisations mandated to follow the cases. Case management services are provided in accordance with the psychosocial, medical, legal and safety needs of survivors. It is safe to say that during the reporting period, survivors were most keen to participate in individual psychosocial support followed by group psychosocial support and empowerment activities.

According to the Inter-agency GBV case management guidelines, which UNFPA follows, six steps of case management must be ensured.

Step 1. **Introduction and engagement**
Step 2. **Assessment**
Step 3. **Case action planning**
Step 4. **Implement the Case Action Plan**
Step 5. **Case follow-up**
Step 6. **Case closure**

An important segment of case management is the development of a safety plan; this is crucial for collective living settings. In instances of GBV, the challenge is to separate the survivor from the perpetrator. Yet because of collective living arrangements, overcrowded reception facilities and limited available spaces in safe houses it is essential to develop a safety plan in order to provide crucial safety to survivors and to prevent further violence.

The UNFPA GBV case manager working together with the survivor to identify the potential risks and safety concerns and in joint consultations with the survivor defines the steps to be followed in order for the survivor to stay safe and protect themself. Developing safety plans whilst working with this population has proven to be one of the positive ways to build mutual trust and provide the necessary safety support.

Up until October 2022, UNFPA provided 4,030 comprehensive GBV servises to GBV survivors.

UNFPA staff continuously monitor survivors of gender-based violence at all UNFPA centres in this country, mainly by conducting follow-up interviews that include a reassessment of their safety and psychosocial status and an updated action plan that states which agency should undertake certain steps. Taking into consideration the participation of women and youth in all activities and the established close bond with caseworkers, most people on the move voiced a sense of relief and increased emotional stability during the follow-up interviews. Timely response and the application of relevant procedures have resulted in a significant decline in the recurrence of violence in migrant/refugee reception facilities and in particular against the female population.

4.1.1. GBV educational activities

GBV in all its forms has tremendous physical, social and emotional consequences for the survivors, which is the prime reason why it is important to involve women and youth in available services and decision-making activities. UNFPA centres offer a plethora of activities focused on supporting women and girls as well as boys and young men in a safe space, ensuring active and continuous provision of both individual and group psychosocial support. The coping mechanisms of survivors are further enhanced through their inclusion in empowerment activities that encourage them to maintain positive personality traits, competency and self-efficacy. Following good practice, women and youth are regularly involved in educational activities related to gender-based violence topics.

The main objectives of educational activities related to gender-based violence are as follows:

- Empower people on the move to recognise gender-based violence and risks and to familiarise them with their rights that have been violated through GBV, as a preventive measure.
- Learn to recognise early risk factors as well as promote strategies for the prevention of violence in an emergency context.
- Learn where and how to seek support as well as self-help mechanisms when the service provider is not available (such as during their migration journey).

4.1.2. GBV Support Group

UNFPA works continuously to improve the quality and scope of GBV protection services, in particular taking into consideration the specific needs of survivors. Therefore, as a form of complementary support, UNFPA established **peer support groups** for female and male survivors of GBV. At group meetings survivors gather and share their experiences, strengthen their sense of togetherness and mutually motivate each other in breaking the isolation of GBV survivors through interactive educational sessions and group therapy. The peer support groups are facilitated and assisted by trained UNFPA psychologists and psychotherapists. During peer support groups women and youth are encouraged to initiate discussions on the risks and how to recognise warning signs in women and girls and separately for boys and young men that manifest in challenging circumstances and particularly in moment of trauma reactivation. The peer support groups encourage participants to create a mutual support network, which subsequently transforms participating GBV survivors from passive recipients of support to active supporters that give assistance to other people with similar life experiences.

4.2. Safety and Security

In situations that require humanitarian intervention women, girls, boys and young men often face specific challenges related to sexual, physical, psychological and emotional abuse, isolation and marginalisation. Cultural expectations, fear of intimate partner violence and a lack of information on how to access available sexual and reproductive health (SRH) and gender-based violence (GBV) services prevent vulnerable groups from accessing adequate treatment in a timely manner.

In order to identify the risk and protection sensitive factors in cases of violence against women and youth, UNFPA emergency assessment tools include safety audits and participatory assessment: GBV risks and safety factors, service mapping tool and focus group discussions.

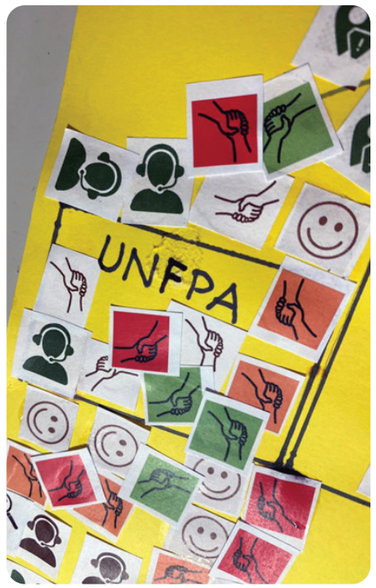
The aim of the above-mentioned tools is to assess the risks of GBV as well as the safety factors, identify potential actions to reduce GBV risks and to provide improved access to a holistic response for survivors. Emergency assessment tools are intended to gain a better understanding of the preferences of GBV survivors when seeking support, the barriers that exist in accessing GBV services and how best to communicate the services that are available to the vulnerable population.

As it was crucial to gain a detailed insight into women and youth through emergency assessment tools, UNFPA developed ***Participatory Assessment****: GBV risks and safety factors with the full involvement of the targeted population without agency interference, where the role of UNFPA is to moderate and guide them through the issues.*

The whole assessment is carried out in a visual way by creating a map of the accommodation facility and marking the map with different emoticons and icons, depending on the topic and area in question. This assessment has proven particularly useful when trends or the structure of people in the accommodation facility change or when there are any changes that could have an impact on the residents. The GBV participatory assessment carried out with the target group checks their viewpoint, experiences, challenges, ideas and recommendations regarding their personal feeling of safety and possible exposure to GBV at a particular TRC.

Recommendations from the above-mentioned documents are forwarded to the TRC management in order to improve the security situation and are discussed with a broader audience during the GBV working group.

Example of a participatory assessment: GBV risks and safety factors in a TRC in Bosnia and Herzegovina



4.2.1. Protection sensitive accommodation or the so-called Green Zone

The challenges and risks to which people who migrate are exposed increase in proportion to their personal vulnerabilities or specificities and in relation to their age. People who travel alone, younger people or people without the support of older family members are more exposed to the risk of violence. One such sensitive category is certainly young adults, namely young men (18-23) who, despite the fact of early adulthood, are still exposed to various forms of security risks, abuse, exploitation and various other forms of violence.

After identifying a large number of young men who were at risk of violence or who had survived violence and were accommodated at the Temporarily Reception Centre Blazuj in Bosnia and Herzegovina, which is intended for adult males only, UNFPA initiated the establishment of protection sensitive accommodation or the so-called Green Zone in 2021. The Green Zone is a separate accommodation unit intended for male youth at risk or in need.

The majority of the population accommodated at and provided with support within the protection sensitive accommodation (green zone) at TRC Blazuj and TRC Lipa were young adults aged 18 to 23.

In collaboration with the International Organization for Migration (IOM) and the Service for Foreigner Affairs of Bosnia and Herzegovina, the Green Zone was established and initially included several accommodation units located close to the Boys and Young Men Centre in order to ensure the proximity of services, support and monitoring. In accordance with the observed need and in line with the trend of increased arrivals the accommodation capacity was increased in 2022. In the same year, a green zone was also established at TRC Lipa with the support of the Service for Foreigner Affairs of Bosnia and Herzegovina. The increase enabled up to 300 more young men to be sheltered in the zones each month, which allowed them to go about their daily lives with the certainty of protection and round-the-clock availability of vital services.

UNFPA also reached a formal agreement with the Service for Foreigner Affairs of Bosnia and Herzegovina and the IOM to participate in identifying and accommodating highly vulnerable persons relocated from TRC Usivak after they reach adulthood (from a reception facility for families and unaccompanied and separated children to TRC Blazuj and a reception facility intended to accommodate adult men) and to provide them with timely support through the Green Zone.

According to the agreement established for the TRC, UNFPA is involved in the following activities related to the Green Zone:

- **I.** identification of vulnerable newly arrived young men and those in need,
- **II.** informing the young men about the existing services,
- **III.** accommodation of young men in the Green Zone,
- **IV.** acting in response to a referral from another organisation,
- **V.** regular monitoring of activities at the TRC for the purpose of identifying persons in need of protection services,
- **VI.** informing the young men about and involving them in the activities of the Boys and Young Men Centre,
- **VII.** ensuring the existence and availability of crucial services through the Green Zone.

UNFPA has supported more than 1,100 young men since the opening of the protection sensitive accommodation for young men at risk or in need.

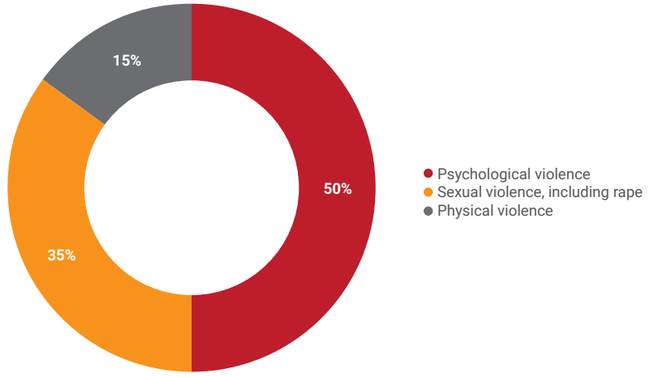
UNFPA has supported more than 1,100 young men since the opening of the protection sensitive accommodation for young men at risk or in need.

UNFPA centres for adolescent boys and young men have proven to be crucial in identifying GBV and protection sensitive cases, ensuring safe disclosure and a prompt response. According to the latest participatory risk and safety assessment conducted with young men, a huge contribution has been made to their personal sense of security. According to the assessment, the young men stated that it is extremely important for them to be physically separate from older men at the TRC. They also stressed the importance of constant monitoring, which allows them a continuous opportunity to express their challenges, concerns and difficulties regarding safety and other needs during their stay at a TRC. The proximity of necessary services was also stated as being very important to the young men, especially during crisis situations and during the night.

4.2.2. Support to the LGBTQI population

A certain number of those arriving at the UNFPA centres were from the LGBTQI population and therefore at risk of or had experienced such violence. The majority of the LGBTQI population came from Iran (40%) followed by Cuba (20%), African countries (Chana, Congo and Gambia 25%), Bangladesh (5%) and Turkey (5%). Most of them had left their country of origin after experiencing discrimination by their family and/or the authorities.

Types of Gender-based violence experienced



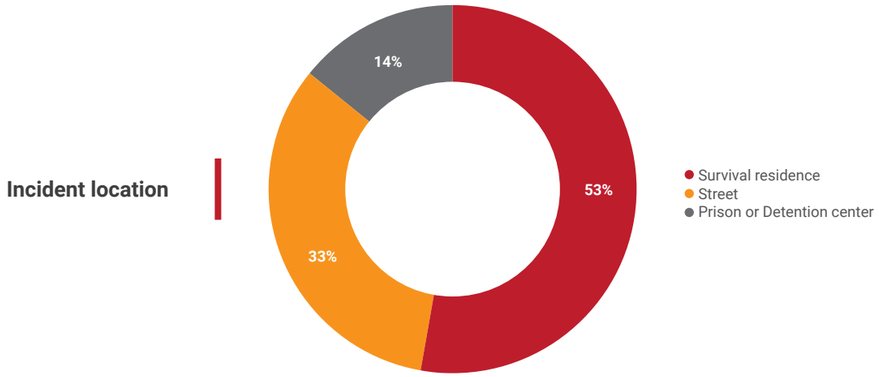
35% survivors reported previously experienced violence and 72% reported that violence was committed by more than 3 perpetrators. Majority of LGBTQI population reported widespread and systematic discrimination against the LGBTQI community in the countries of origin. In terms of recognition and acceptance by family members, all of them reported that their communities, parents and close kin demonstrate sternly negative attitudes towards LGBTQI persons, with responses ranging from abuse, violence, forced marriages to banishments and even death threats. LGBTQI population also opt not to reveal their sexual affiliation in order to avoid negative attitudes by co habitants and personnel working in reception centres.

90 per cent survivors reported that they feel much safer in accommodation centres which are in smaller capacities and family oriented rather than large scale facilities.

The most common type of support provided to the LGBTQI population was related to urgent SRH interventions, involvement in psychosocial activities and support, initiation and advocacy for relocation to other accommodation units or other TRCs. In addition, the UNFPA team often provided psychosocial support, including the provision of psychological first aid. Depression, panic attacks, fear, phobias and anxiety attacks were observed in the majority of them.

During the provision of support to the LGBTQI population, psychologists and GBV case managers worked mostly on their fear that someone would discover and disclose that they are members of the LBGTQI population. They were most afraid that other migrants in the TRC would discover that they were members of the LGBTQI population and that they would experience additional violence as a result.

UNFPA through GBV Case Management mechanisms initiated and facilitated processes which ensured the fragile LGBTQI community access to designated safe shelter, SRH services which ensure access to HIV testing, resettlement opportunities in joint cooperation with relevant agencies, and most of all, a helping hand and a safe corner within UNFPA Centres where persons can be free to express their deepest worries, concerns and desires.



4.3. Mental health and psychosocial support

The provision of specialised, targeted and age appropriate GBV mental health and psychosocial support (MHPSS) activities is a life-saving service. UNFPA recognised the need to prioritise the provision of comprehensive psychosocial services, which includes age-appropriate activities, the promotion of positive coping mechanisms, resilience and self-esteem as well as targeted specialised case management support and counselling.

Reluctance to seek psychological support stems from deeply embedded cultural factors; therefore, vulnerable populations fear exposure and the resulting stigmatisation and shame if their family or community found out that they rely on this kind of support. UNFPA staff also observed that women and girls are often prohibited from reaching out for professional psychological support by their family members (fathers and brothers).

Special focus is placed on adolescent girls and their mental state, paying attention to their vulnerability and psychological development. Despite current resistance to adapting to psychological support, even when they often state that they need such support, it was observed that girls are more focused on positive outcomes. According to their statements, it is a cultural factor that has the potential through stigmatisation to cause shame if it is found out that they rely on this type of support. In addition to the stated reasons, as mentioned above, various prohibitions from male family members (fathers and brothers) were frequently observed in the field.

At the same time, the male population in need of psychological support was reluctant to agree to receive psychological support outside of the boys and young men centre (BYMC) or the green zone. Yet psychological support within a BYMC has proven to be crucial because survivors of violence very often do not give their consent to be referred to other agencies. There are a couple of reasons for this: a) they do not want to repeat GBV disclosure to different people and b) they have come to trust UNFPA personnel at the BYMC and expect that in addition to the already existing services they will be provided with psychosocial support within the UNFPA centre.

The above-mentioned reasons led to psychological support to the male population within BYMCs being focused on GBV survivors and those at risk, while psychological support intended for the female population covered all women and girls aged 15+. Continuous access for all women and youth who were identified as being in need of MHPSS support was provided by UNFPA, the focus was on identifying GBV survivors and providing comprehensive individual and group support and referral for additional services such as GBV case management, referral to other organisations for legal support or psychiatric or other medical examinations.

Up until the October 2022, 11,641 instances of psychosocial assistance were provided to both the male and female population.

4.3.1. Manifestation of the psychological state of the migrant/refugee population

During their work with women and young people UNFPA psychologists and psychotherapists noticed that most of them were in need and experiencing the following difficulties.

Male population

- **Symptoms of depression:** A lack of will and motivation expressed in the form of the inability to maintain discipline and achieve short-term goals.
- **Symptoms of anxiety:** In cases where individuals felt real physiological stress they experienced reactions such as difficulty in breathing, chest pressure, rapid heart rate (even though their psychical health was stable) and a constant and intense feeling of stress and fear.
- **Inability to sleep and maintain the same or similar sleep biorhythm:** This is closely related to the symptoms of depression and of anxiety.
- **Inability to control anger and the expression of anger:** This occurs most often in individuals who do not have the necessary knowledge and skills to act assertively and through non-violent communication and when they do not know the connection between their thoughts and emotions and their behaviour.

Female population

- **Post-traumatic stress disorder (PTSD), various psychosomatic symptoms and often states from the psychotic spectrum:** These were most often noticed among women from Afghanistan and from African countries.
- **Symptoms of depression:** These were mostly linked to a sense of hopelessness and social isolation, which is the most common reason for women and girls resisting involvement in social activities.

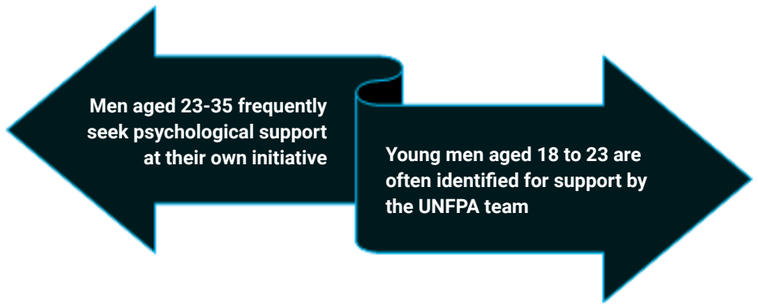
- **Suicidal thoughts, tendencies, ideas and suicide attempts:** This can be attributed to their existing difficulties and prolonged and unresolved existential problems as well as repeated violence during their journey.
- **Frustration, anxiety and panic attacks:** These are reactions to their impaired psychological state and the fact that it hinders any possibility of their onward movement.
- **Lack of coping mechanisms and a weakening of one's own resources:** These may have been stable but because of certain actions and a series of negative environmental factors they have led to a sense of being overwhelmed with increased sensitivity and sensibility as well as effectivity.
- **Psychoactive substance and alcohol abuse:** Abuse of highly addictive drugs, usually prescribed to treat neuroses, psychosomatic conditions and for the treatment of insomnia and other sleep disorders.

4.3.2. Mental health and psychosocial support activities

Individual psychotherapeutic work and counselling is intended to provide support during stressful situations that women and youth encounter. This includes familiarisation with certain processes, difficulties in relationships (especially marital), learning different strategies for coping with emotional disturbances, such as outbursts of anger and self-harm, and calming techniques to help deal with panic attacks and states of anxiety. Women and youth are also taught techniques to help them to recognise emotions, emotional states and means for self-help. UNFPA psychologists noted that women from Iran tended to engage in individual psychosocial support at their own initiative whereas Arabic speaking women preferred group activities, which is relatable to cultural norms from their countries of origin. When it came to the male population, young men from Afghanistan (Farsi speaking men) and Iran tended to seek and engage in individual psychosocial support whereas young men coming from Pakistan, Bangladesh and those Pashto speaking men preferred to participate in group sessions. Young men from Burundi, Sierra Leone, Ghana and Iran were most often included in psychosocial support at their own initiative.

Group psychosocial support serves primarily to develop trust with the participants and prepares them for psychoeducation or familiarisation with various mental states (especially those already recognised in women and youth) and empowerment, relaxation and learning skilful assertive communication. Group psychological sessions are very important because they also include the population that would not accept to work individually with a psychologist or psychotherapist. Although working in a group, they get to know better what a conversation with a psychologist is, what it looks like, what topics are discussed and the kind of support to which they can turn. Very often those who are not open to individual work seek or agree to work one-on-one with a psychologist or psychotherapist after spending some time working in a group.

Psychoeducational groups proved to be very useful for participants who were reluctant to engage in individual psychotherapeutic work and counselling, by reducing the pressure of stigma that exists in the community. Women and youth responded positively to MHPSS groups in the UNFPA centres, practicing relaxation followed by meditation and various workshops to raise their awareness on the importance of mental health. In accordance with the needs of women who are mothers, MHPSS groups were also organised on the topic of raising children, psychological development of children and learning to better understand relationships with children whilst building communication skills. With the male population, psychoeducational groups included topics such as non-violent and assertive communication, understanding the interaction between heritage and the



environment, and respecting everyone's values system and opinions. Furthermore, topics that were of great interest to the male population and which they wanted to have more knowledge and information about were the connection between thoughts, emotions, behaviour and physiological reactions; ways of dealing with stress, and the influence a healthy lifestyle has on physiological and psychological well-being.

In cases where a mental condition from a psychotic spectrum disorder is observed, a **multidisciplinary team** is involved in providing support to such vulnerable persons. The team includes a psychologist, psychotherapist, empowerment officer that speaks the beneficiary's language and if needed a social worker. Based on expert multidisciplinary observation, in these cases referral for psychiatric care is recommended in order to obtain a combination of pharmacotherapy to enable the stabilisation of the mental state and a continuation of the provision of psychological support.

Psychological crisis intervention is usually urgent but temporary support provided to a person in need with the aim to return the individual to their usual level of pre-crisis functioning. It begins with an assessment of what happened and the reaction of the individual to the crisis, which can be emotional (fear, anger, guilt and sadness), cognitive (difficulty concentrating, confusion and nightmares), physical (headaches, dizziness, fatigue and nausea) or behavioural (loss of appetite, sleeplessness, restlessness and isolation). The most common situations where psychologists/psychotherapists responded to crisis interventions involved intimate partner violence, suicide attempts and attacks caused by a condition from the psychotic spectrum.

UNFPA alleviated the effects of violent experiences that occurred during their onward journey by providing psychological first aid to 621 female and 539 male survivors.

It was crucial at the beginning of each process to establish a level of trust with the person in need after which the earlier level of functioning, adaptive capacities, social network and the occurrence of possible suicidal tendencies were assessed. During the process, women and youth were able to recognise their reactions during crisis situations as usual, normal or temporarily, which provided the basis for further exploration of their coping strategies. During relaxing MHPSS activities the participating persons are assisted in taking concrete actions, while monitoring of the beneficiaries is conducted for some time after the end of the intervention.

The UNFPA team focused in particular on pregnant women, single women and adolescent girls. Monitoring and protection related to GBV and MHPSS was also conducted by the UNFPA team.

4.3.3. Peer support groups

In order to animate and include women and youth in psychosocial support (PSS) activities, a Peer Support Group was established for individuals who had survived gender-based violence and are in need for continuous psychosocial support. One of the key benefits of peer support is the greater empathy and respect that peer supporters have for the individuals they support. A Peer Support Group also has the benefits of increasing levels of self-esteem, confidence and positive emotions. The goal of this group is to give survivors the opportunity to exchange experiences, knowledge and skills and in the process to build their trust, compassion, understanding and confidence.

The role of the psychologist/psychotherapists in these groups is more passive, more in the form of a facilitator, while the beneficiaries take on an active role in terms of choosing the topic of discussion, dictating the mood of the discussion and sharing their experiences. The ultimate goal is that through the Peer Support Group women and youth encourage and empower each other, building and strengthening coping mechanisms and accepting and learning from their trauma.

4.3.4. Teen Club

Collective accommodation, constant movement and an uncertain future can have devastating psychological consequences for adolescent girls. After identifying the needs of the adolescent girls, UNFPA established **Teen Club** in order to reach adolescent girls and to provide age appropriate educational and creative activities that can have a significant positive effect on girls as they leap into adulthood.

The purpose of these groups is to achieve a connection among the participants and to gain an understanding of the subjects that are relevant to them. In this way, they can also learn from each other, share their experiences, support each other and understand that 'they are not alone'.

Various educational workshops are organised through Teen Club, such as those on:

- Types of violence and psychological consequences,
- GBV risks during the journey,
- Depression, anxiety and phobias,
- Relationship with parents,
- Relationship with peers,
- Topics in the field of sexual and reproductive health appropriate to their age,
- Coping mechanisms and reporting pathways,
- Creative introduction games for girls from different countries of origin, art themes, inspirational cards and the like.

It provides a platform for adolescent girls to share their concerns, express their needs and build peer support networks that can help facilitate their personal and social growth in these challenging times.

4.4. Access to sexual and reproductive health services

Survivors of different forms of GBV, particularly sexual violence and abuse, face significant sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, increased risk of exposure to sexually transmitted infections, including HIV, and other related health consequences. To ensure that survivors of sexual violence have at their disposal immediate life-saving support, UNFPA applied a holistic approach by working directly with health service providers and establishing specialised GBV services.

The work of UNFPA aims to ensure that a private and confidential space, including safe and appropriate GBV health screening, is available and accessible to all migrants and refugees in need. To make the services more accessible to survivors and gender appropriate the availability of female medical staff in women and girls centres and male medical staff in boys and young men centres is ensured. This has proven to be an important factor when working with GBV survivors and those at risk of violence. As UNFPA is an agency with targeted SRH interventions for women and youth, UNFPA personnel provide SRH services in highly sensitive and urgent health situations that include life threatening situations where women and youth are in dire need of medical assistance.

UNFPA promotes a comprehensive package of sexual and reproductive health, including access to emergency contraception, treatment for sexually transmitted infections (STI) and prevention of HIV. UNFPA assisted in disseminating key messages to other agencies and involved parties in work with migrants and refugees regarding the location of GBV specific health services, access to such services and the implications of mandatory reporting policies and procedures.

At the beginning of the humanitarian response, SRH services were provided primarily to girls and women in emergency situations and group examinations and consultations were organised periodically. In 2018, UNFPA identified issues pertaining to limited access to gynaecological health services. More precisely, the small number of available practicing female gynaecologists as well as cultural sensitivities and isolation arising from intimate partner violence. To counter this, in 2019, UNFPA engaged female gynaecologists from local healthcare centres to visit women and girls centres and provide crucial SRH information and educational sessions to the women and girls.

*UNFPA intervened during **322** life-threatening situations requiring emergency SRH assistance, which was provided in healthcare centres and hospitals. Upon identified need, UNFPA distributed 9,631 dignity kits to females and males migrants and refugees.*

UNFPA, in close cooperation with local healthcare centres, was able to establish quality support for pregnant women on the move. In this way, pregnant women, including expectant mothers who were COVID-19 positive, were able to reach prenatal care and be monitored by SRH experts in coordination with local healthcare centres. UNFPA ensured that pregnant women had access to skilled service providers and quality services, which helped them to maintain a healthy pregnancy.

UNFPA, in collaboration with local health centres, supported 420 pregnant women during the period of the COVID-19 pandemic.

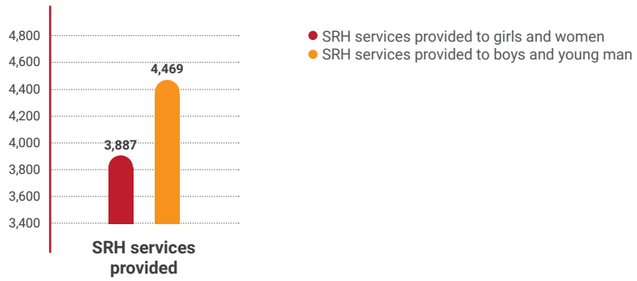
4.4.1. Model of the functioning of sexual and reproductive health services to migrants and refugees

I. Model of the functioning of sexual reproductive health services provided to girls and women through the UNFPA humanitarian response in Bosnia and Herzegovina

II. Model of the functioning of sexual reproductive health services provided to boys and young men through the UNFPA humanitarian response in Bosnia and Herzegovina

UNFPA, working in close collaboration with the cantonal health authorities and local health centres, has extended its response and ensured regular and ad hoc life-saving gynaecological and urological interventions for women, girls, boys and young men accommodated in temporary reception centres (TRC) since August 2020. This proved particularly vital in the case of survivors of sexual abuse and rape. The provided services cover a vast spectrum of care ranging from antenatal care to access to contraception, family planning consultations and early diagnosis and prevention of sexually transmitted diseases. Sexual and reproductive health informative prevention sessions for girls and women are conducted in cooperation with specialist female gynaecologists from the local healthcare centres, while those for boys and young men involve specialist male urologists. These sessions not only educate women and youth on matters related to sexual and reproductive health but also help identify beneficiaries who are in need of individual consultations and/or additional gynaecological/urological examinations. UNFPA made certain that its safe spaces for women and youth are interlinked to reproductive health services in such a way that enables the application of a holistic approach.

Sexual and Reproductive Health services provision



4.4.2. Young Mothers Club

Young mothers clubs have been established with the aim of bringing together pregnant women and young mothers and providing a safe space for antenatal and postnatal support. Young Mothers Club activities meet the immediate needs of pregnant first-time migrant and refugee mothers and expands their opportunities and skills sets.

The topics are mostly about:

- Raising children (challenges and sharing support as well as exchanging experiences between mothers),
- Pregnancy and childbirth (especially in the context of migration),
- Family planning,
- Breastfeeding,
- Prenatal preparation (psychological and sometimes referral to SRH specialists),
- Pregnancy in a forced marriage,
- Postpartum depression and such like.

4.5. Empowerment programmes

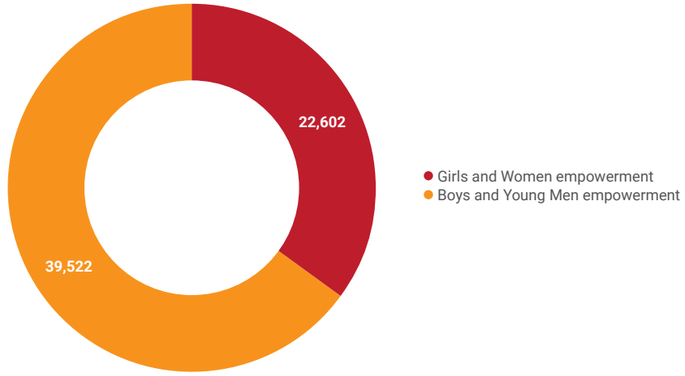
The empowerment of women and youth as well as the improvement of their social and health status is an imperative objective of the UNFPA programme. UNFPA empowerment teams implement activities designed to support the development of participants' skills and to enable them to better navigate those issues that concern them. Through carefully tailored actions UNFPA ensures women and youth access to comprehensive educational and creative empowerment programmes that complement the psychosocial and GBV case management programme. Implementing empowerment activities represents a good way to prevent GBV and support survivors in the healing and recovery process. Within the UNFPA safe spaces women and youth are encouraged to participate in an array of different educational, creative and capacity building activities that facilitate good psychological health, social and emotional learning and development. These activities range from learning foreign languages, arts and crafts, make-up application, dance, theatre, poetry, playing musical instruments, knitting, painting, recreational sports activities, sewing, hair styling, cooking and such like.

Groups of empowerment activities applied in Bosnia and Herzegovina

'Pure' empowerment activities	'Pure' empowerment protection activities
1. Creative activities	6. Empowering through SRH activities
2. Educational activities	7. Empowering through GBV activities
3. Recreational and relaxation activities	8. Empowering through PSS activities
4. Peer-to-peer empowerment	
5. 'The art of doing nothing'	

Empowerment activities are mostly held in groups, both indoors and outdoors, and are of a creative, relaxing and artistic character that motivates and enables personal growth in women and youth and their active participation in the community. UNFPA empowerment officers employ diverse tools to convey knowledge and raise awareness on human rights, literacy, cultural diversity, gender-based violence, bodily autonomy, self-esteem and leadership skills.

Provision of empowerment services



One of the most important aspects of work in boys and young men centres is the implementation of the 'Boys on the Move' methodology. This methodology consists of 12 different sessions whose main goal is to empower vulnerable boys and young men. They consist of a set of informal life skills divided into four modules that promote health and hygiene, well-being, creative and analytical thought, gender equality, respect for diversity and sexual and reproductive health.

UNFPA empowerment officers observed that a number of women and youth were able to participate in educational activities for the first time in their lives, because education was not accessible in their countries of origin. Educational sessions offered women and youth the opportunity to develop literacy skills and learn foreign languages.

3 For more information please see UNFPA, *EMPOWERING WOMEN AND GIRLS IN UNFPA'S SAFE SPACES: Experiences from the mixed migration humanitarian response in Bosnia and Herzegovina, 2022 and EMPOWERING BOYS AND YOUNG MEN IN UNFPA'S SAFE SPACES: Experiences from the mixed migration humanitarian response in Bosnia and Herzegovina,* 2022.

Up until the October 2022, a total of 1,239 males were involved in IT classes and a further 1,134 were involved in poetry and music sessions held within boys and young men centres.

UNFPA strives to ensure that all women and girls have equal access to educational and creative sessions, which in turn is a catalyst for empowering women through knowledge and skills and gives them the confidence to participate fully in their personal development and in the decision-making process. At the same time, empowerment and 'Boys on the Move' sessions are often their first point of contact in terms of GBV disclosure and complementary GBV specific psychosocial support that further improves the quality of life of many survivors. The UNFPA empowerment programme creates opportunities for women and youth to recognise and instigate positive change in their lives and in their community.

4.5.1. Women and Girls Committee meetings

UNFPA established **women and girls committees** based on the findings obtained through the safety audits and after identifying the need for greater involvement of women in decision-making processes as well as to encourage discussion on the activities, joint planning and implementation of the sessions in women and girls centres.

A **Women and Girls Committee** is an interactive platform intended to facilitate better communication between the women and girls aged 15+ residing in TRCs and the key actors in the TRCs. These committees highlight the needs of and ensure that the voice of this vulnerable population is heard and contributes towards decision-making by providing their input and voicing their concerns. Migrant and refugee women and girls actively participate in shaping assistance within the UNFPA centres during these committee meetings. They discuss various topics in regard to potential risks and the differences that could affect them during their time at a TRC or on their further journey after leaving Bosnia and Herzegovina.

Some of the topics discussed at Women and Girls Committee meetings

- **Introduction:** The purpose and goal of the Women and Girls Committee meeting.
- **Changes to the operation of a women and girls centre:** Such as changes to the working hours, the introduction of new activities within the centre, new personnel and joint creation of the terms of reference.
- **Prepared plan of activities to be implemented at the women and girls centre:** Presented to the representatives of the women and girls for their information, feedback and comments.
- **Concerns and queries:** This relates to other organisations operating within a TRC and the involvement of different organisations during women and girls centre meetings and discussions. One example is the Red Cross of the Federation of Bosnia and Herzegovina, which was invited to participate in women and girls committee meetings with a focus on informing them about the various steps and possibilities to re-establish family contacts that were lost through displacement, conflict or whilst on their journey.
- **GBV safety and risk factors within TRCs:** This is seen from the perspective of the women and girls themselves and includes their suggestions for improvement.
- **Learning about different cultures:** Raising awareness about the differences and the importance of maintaining the hygiene, etc.

4.5.2. Boys' Voice

'The Boys' Voice' is a body that represents boys from all over the world that are currently residing in TRCs in Bosnia and Herzegovina. It was formed by organising elections in which all present boys took part and democratically elected two representatives from each country of origin (this was organised with the support of other adolescent mandated organisations). This was followed by the holding of regular weekly meetings attended by representatives of the boys and representatives of organisations that, according to their mandates, work with boys.

Up until September 2022, 80 Boys' Voice meetings had been organised with adolescent boys, including boys from Afghanistan, Pakistan, Bangladesh, Syria, Egypt, Morocco, Burkina Faso, Burundi, Congo, Sierra Leone, Myanmar, Guinea, Guinea Bissau, Western Sahara, Gambia and Algeria.

Now there is two-way communication and the boy representatives have the opportunity to advocate for the opinions, ideas and proposals of the other boys in matters pertaining to solving significant challenges, difficulties and problems at the TRCs, but also to offer ideas and proposals for innovations in matters related to the activities and services themselves. Minutes are taken regularly and delivered to other organisations and through the 'action points' work is done on what is pointed out through 'The Boys' Voice'. In addition to the development of leadership and advocacy skills and the realisation of changes at the TRC, this opportunity contributes significantly towards the boys getting to know each other and brings them together despite all their differences.[4]

5. Challenges and lessons learned

In humanitarian crises women and youth are often faced with numerous risks that can lead to a violation of their human rights, including, forced and early childhood marriage, trafficking, gender-based and sexual violence, abuse and or discrimination. Moreover, in the absence of adequate services the risks related to gender-based violence, rape, exploitation and trafficking are staggeringly high and have a devastating and pervasive effect in terms of the safety of women and youth, their health and their overall well-being. These risks increase for single women traveling alone, unaccompanied girls and boys, pregnant women, single women with small children, and women and youth with physical or mental health impairments. Vulnerabilities can be further exacerbated by irregular migration and limited options for permissible pathways towards their final destination leading migrants/refugees to opt for more dangerous routes navigated by traffickers and smugglers.

The underlying reason behind the underreporting of sexual violence and rape is embedded in **stigma and shame** as well as the **lack of a support network**. One of the biggest challenges that survivors face during their stay in collective accommodation settings (very often two families with more children) is a staggering increase in **alcohol and substance abuse** by the husbands, which significantly increased the number of reports of **domestic violence** during the given period.

4 UNFPA, *Boys and Young Men Safe Spaces: A Guidance note based on the humanitarian response in Bosnia and Herzegovina*, 2022.

Furthermore, uncertainty concerning their onward movement, their lack of financial resources and lack of education mean that many survivors choose to **remain with the abuser**. They usually state that in the long run they feel protected and safe with their partner, even if the survivor's immediate **safety is at stake. Emotional attachment to their children** is the most common reason why female survivors remain in unhealthy relationships, because survivors associate their child or children's prosperity with the father's ability to enable a good life in one of the European countries to which they are moving towards.

A large number of women stated during empowerment activities that they were accompanied by their children because they were unable to leave them with the father because of cultural attitudes that consider **women as being responsible for caring for the children**. This affects single women who are the prime caretakers of their children in particular. **Upon their arrival in Bosnia and Herzegovina, most women reported a decrease in violence against them** compared to their experiences in their countries of origin. This can be attributed primarily to the presence of humanitarian actors who directly monitor their cases as well as to the active involvement of women beneficiaries in various activities. Most of the young men were afraid to continue the journey because most of the violence they experienced happened **during the journey** and before they reached Bosnia and Herzegovina. Most members of the LGBTIQ population were **afraid to disclose the experience of violence** as well as their sexual identity due to the fear of re-experiencing violence by other migrants/refugees in the TRC.

The UNFPA team noticed a surge of GBV both inside and outside of the formal reception facilities occurring against the backdrop of the COVID-19 pandemic. The government imposed measures regarding restriction of movement were deemed necessary for keeping the epidemiological situation under control; however, in terms of collective accommodation settings in humanitarian crises, UNFPA observed that these measures **exacerbated the risks related to GBV** inside and outside the formal reception facilities. Survivors stated that they were subjected to GBV during their onward movement outside of the temporary reception centres and that their ability to protect themselves from the perpetrators and to access vital life-saving services was limited. **Coping with traumatic experiences** is additionally challenging for survivors because of the number of cumulative stress factors they have experienced coupled with uncertainty, constant movement and separation from their family members. **Ensuring regular access to critical services during the COVID-19 pandemic** has proven particularly important and lifesaving, as GBV incidents have increased in both the male and female populations during the pandemic.

UNFPA psychologists provided all possible psychological support to those women and youth who had been subjected to various forms of trauma, violence and abuse (physical, emotional and sexual), taking care not to retraumatise the survivor. Therefore, a systematic approach was applied and special precautions taken into consideration in order to avoid causing additional damage. The core approach was to strengthen their internal capacities and to include survivors in psychoeducational workshops on various topics related to mental health. The lesson learned is that it is **crucial that a single agency** provide psychosocial support to male survivors and that it is able **to include survivors in all essential services** without exposing them to multiple repetition of the traumatic event. The agency must ensure that survivors are included in psychosocial support, taking into account that survivors often do not give their consent to be referred by the UNFPA team to another service provider.

The UNFPA team identified the **short length of stay of survivors at reception facilities and their constant movement** as one of the biggest challenges when working with women and youth GBV survivors from the refugee/migrant population. Many of the women and youth in dire need of psychological support were identified after their traumatic journey. Reported allegations of violent experiences during their journey **evoked trauma** and led to a deterioration of the already impaired mental state of women and youth. Another major challenge identified was the **lack of accommodation capacities** in the already existing safe houses in Bosnia and Herzegovina. Ensuring easier access to safe houses and more accommodation units in safe houses for girls, women and LGBTQI survivors of GBV from the migrant /refugee population is one of the main needs that requires a solution. In addition, practice has shown that LGBTQI population feel much safer in accommodation centres which are in **smaller capacities and family oriented** rather than large scale facilities.

Given the reluctance of LGBTQI population to join Centres for Women and Girls or Centres for Boys and Young Men in specific situations, a version of **LGBTQI centric centre** in particular is needed in order to fully respond to their needs and provide adequate support.

The functioning model of healthcare in terms of sexual reproductive health has proven to be a **good practice**. Cooperation with local health institutions on the provision of SRH services is of crucial importance and the presented model of providing SRH services has enabled women and young people to be **included in the health system** in this country alongside the local population. The availability and assurance of **testing for sexually transmitted diseases**, especially HIV, has proven to be extremely necessary for timely treatment, especially after experiencing sexual violence.

Survivors of GBV stated that they deeply believed that support and hope was out of their reach, being certain that they must endure all difficulties and challenges on their own and in silence. The UNFPA safe spaces, besides offering specialised services, connect women and youth from diverse cultural backgrounds and linguistic areas and allows them to exchange their experiences, beliefs and traditions as well as to create a network of social support among women and youth residents of the reception facilities. Given that some GBV survivors remain in protracted stay within the reception facilities ensuring the **continuation of and access to available services** is of utmost importance. In addition, connecting and involving women and youth through the services provided by **the local community** will have a positive impact on their mental health and strengthen their empowerment.

UNFPA safe spaces have proven to be pivotal components of the GBV case management and coordination processes. In this context, safe spaces serve as designated hubs for all needed services and are crucial for the timely identification and reporting of and service provision to GBV survivors. UNFPA focused its efforts on empowering women and girls to partake in joint activities involving women and girls from the **host communities**. By collaborating with local CSOs, UNFPA has contributed to creating opportunities where both groups can jointly create, develop and benefit from ensuring that refugee and migrant women and girls are not just mere beneficiaries but rather drivers of positive change. UNFPA centres for adolescent boys and young men have proven to be crucial in **identifying GBV and protection sensitive cases**, ensuring safe disclosure and prompt response. Empowerment and 'Boys on the Move' sessions are often the first point of contact in terms of GBV disclosure, while complementary GBV specific psychosocial support has further improved the quality of life of survivors.

6. Collaboration with other humanitarian actors

The UNFPA humanitarian response programme components were delivered through a close collaborative spirit with other United Nations agencies and international and domestic NGOs involved in the humanitarian response in Bosnia and Herzegovina. UNFPA works in close collaboration with local, cantonal and state authorities and service providers to ensure that tailored response services are in place and comply with the legal framework and specific needs of the refugee/migrant population covered under the UNFPA mandate.

Timely and comprehensive support is ensured through close cooperation with the Ministry of Security of Bosnia and Herzegovina and the Service of Foreigner Affairs in the Una Sana and Sarajevo cantons as well as the Ministry of Health, Labour and Social policy of Una Sana Canton and the Ministry of Health of Canton Sarajevo. In the field, UNFPA coalesced its resources together with other humanitarian organisations in order to respond to the critical needs of migrant/refugee women and girls as well as adolescent boys and young men. This led UNFPA to establish close contact with the centres for social welfare in the Una Sana and Sarajevo cantons to ensure coordination with the appointed legal guardians and child protection staff concerning services in order to reach adolescent boys and unaccompanied and separated children accommodated in the temporary reception centres.

UNFPA has also forged cooperation with four healthcare clinics that are fully capacitated to provide a plethora of services concerning diagnostics and treatment in the areas of gynaecology and urology. UNFPA safeguards full complementarity with the health ministries and the contracted healthcare clinics in terms of covering the costs incurred during the provision of SRH services. It also coordinates closely with healthcare service providers in the TRCs in order to minimise overlapping. Adhering to its mandated standards for the prevention of and response to GBV, UNFPA in Bosnia and Herzegovina has at the inter-agency level upgraded the existing GBV referral system in TRCs to ensure the referral of women and girls and other at-risk groups to multi-sector GBV

prevention and response services in a timely and safe manner. UNFPA has also ensured that GBV risk alleviation and survivor support are integrated at every stage of the project implementation cycle.

UNFPA recognises and acknowledges the importance of harmonious cooperation with other agencies and the respective authorities in making sure that services are delivered in a timely and high standard. The UNFPA mandate complements the mandates of other United Nations agency involved in the humanitarian response in Bosnia and Herzegovina, simultaneously ensuring a broad-based support network for service providers and refugees, migrants and asylum seekers in this country.

Abbreviations

BiH	Bosnia and Herzegovina
BYMC	Boys and Young Men Centre
CP	Child protection
CS	Sarajevo Canton
GBV	Gender-based violence
IOM	International Organization for Migration
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
MHPSS	Mental health and psychosocial support
NFI	Non-food items
NGO	Non-government organisation
PSS	Psychosocial support
PTSD	Post-Traumatic Stress Disorder
SRH	Sexual and reproductive health
TRC	Temporary reception centre
UASC	Unaccompanied and separated children
UNFPA	United Nations Population Fund
UNHCR	The United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
USC	Una Sana Canton
WGC	Women and Girls Centre

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