





## INTRODUCTION

This report is based on findings systematized through Médecins du Monde - Belgium (Mdm) interventions in 6 Temporary Reception Centres (TRCs) in Bosnia and Herzegovina in the period from October 2019 to April 2020. In this period, Mdm implemented MHPSS services for migrants and refugees through different partnerships: a project in partnership with Danish Refugee Council (DRC) “**Ensured Access to Health Services and Protection Response for asylum seekers, refugees and migrants in BiH**” funded by the European

Union Humanitarian Aid, through which Mdm has provided mental health and psychosocial services for migrants, refugees, and asylum seekers; and a project in partnership with United Nations Population Fund (UNFPA) titled “**MHPSS, SRH and GBV services for women and girls on the move in Bosnia and Herzegovina**” funded by DG NEAR, which has particularly addressed women and girls in 3 TRCs in BiH (TRC Borići, TRC Sedra and TRC Ušivak – family camps) in 2019 / 2020.



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This document covers humanitarian aid activities implemented with the financial assistance of the European Union. The views expressed herein should not be taken, in any way, to reflect the official opinion of the European Union, and the European Commission is not responsible for any use that may be made of the information it contains.

## CONTEXT

According to data from BiH national authorities there were 29,232<sup>1</sup> migrant arrivals in the country in 2019 and the estimates show that there might be between 7000 and 8000 in the country at any time. Migration flow trends continued in the beginning of the 2020 until the middle of March 2020 when the COVID-19 crisis has slowed down the overall flow of people coming in and out of the country.

There are four TRCs in Una Sana Canton (TRC Bira, TRC Borići, TRC Sedra, TRC Miral) and the newly established Emergency Tent Camp (ETC) Lipa<sup>2</sup> and two in Sarajevo Canton (TRC Blažuj, TRC Ušivak). These centres were established by the International Organization for Migration (IOM), which is supporting the Service for Foreigners' Affairs (SFA) within the Ministry of Security of BiH, in Camp Coordination and Camp Management (CCCM), with many international and national organisations providing various humanitarian services within TRCs, with the European Union as the major donor.

In Una Sana Canton, two TRCs are “family camps” reserved for families, women, and children: TRC Borići with a capacity of app 430 beds and TRC Sedra with app 420 beds. For the other two camps, TRC Bira has around 1900 beds and accommodates single men, UASC and male families, and there is TRC Miral, which is the closest to the border with Croatia, and often perceived as a departure point, with around 700 beds.

In Sarajevo Canton, TRC Ušivak has a capacity of app 800 beds and partially functions as a family camp, although prevalent beneficiaries are single men, while TRC Blažuj is a provisional accommodation centre accepting

new arrivals weekly and has recently stretched its capacity to 2000 people.<sup>3</sup>

Living conditions vary significantly among camps, which may impact the well-being, physical and mental health of their occupants. While all TRCs are covered by basic services providing food, hygiene products, clothes, water and hygiene facilities, family camps provide more privacy, security and comfort in comparison to huge provisional TRCs, like Miral in Una Sana Canton and Blažuj in Sarajevo Canton.

Precarious conditions in overcrowded camps become especially important now that residents have been imposed restriction of movement by local authorities, as part of safety measures in BiH as a response to the COVID-19 pandemic. Significant differences in living conditions were noted among different camps, i.e. whereas people in TRC Sedra have a vast outdoor yard where they have been able to play sports and spend time, people in TRC Bira have spent over one month indoors, in small accommodation spaces.

MdM's team of psychologists, woman empowerment officers, social assistants, and cultural mediators, have been working with communities, offering mental health and psychosocial support services. MdM provides **individual counselling**, including regular consultation, crisis interventions, referrals to psychiatric care when required, and **mental health promotion through psychosocial group activities**, focused on psychoeducation and community empowerment.

This report summarizes findings from MdM's experience working with the communities in the period October 2019 – April 2020. Providing services in 6 camps in Una Sana and Sarajevo, MdM bares testimony of how migrants in BiH

<sup>1</sup> IOM, <https://bih.iom.int/iom-migration-response>

<sup>2</sup> Emergency Tent Center, ETC Lipa situated in the Bihać municipality is a new settlement where migrants and refugees were transferred starting April 2020

<sup>3</sup> TRCs capacity and number of residents tend to change frequently along with constant movement of migrants and refugees and other circumstances

are living the current crisis, and effects on their mental health and psychosocial well-being in Bosnia and Herzegovina, a country that for people on the move is the final step, the last border to cross, on their journey to the European Union, to safety, and to a fresh start. Counselling sessions, psychosocial groups and engagement with communities are the basis for the data and observations included in this report. MdM has also implemented a beneficiary survey which provides insight into subjective sense of well-being of people who accessed services and their views on the benefits received through MdM intervention.

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## TRAUMA IN MIGRATION JOURNEYS – IN THEIR SHOES

Migrants and refugees' journeys are each unique, however common testimonies include traumatic experiences, including being subject to violence, decreased social support, challenges to keeping a sense of identity and cultural habits, being subject to dehumanizing practices.

**Traumatic experiences:** Most people seeking MdM services have experienced significant trauma in their country of origin or during their migration route. Many lived through war and conflict, persecution, and ill treatment. People have suffered harassment by authorities and detention or the loss or separation from loved ones. They experienced living conditions below dignity, extended time in camps, squats, and homelessness.

**Decreased social support:** Many are alone on their path to Europe. They spent months and years on the move on their own, without family or stable community. Most keep communication with their families and hope the arrival to Europe will allow them an opportunity for a life with dignity and enable them to support their loved ones. For families who travel together, the challenges of the route and precarious living conditions, often

take a toll on family relations, partner relations and parenting, impacting men, women, and children.

**Vulnerability to violence:** Women are disproportionately subjected to gender-based violence (GBV) in war and crisis. Violence occurs in countries of origin, during migration journeys as well as in destination countries. GBV against men is also a documented weapon of war in many contexts. GBV fosters feelings of insecurity and lack of trust for many. Stigma and feelings of shame, anger or guilt, can leave lasting physical and mental trauma, and impact social relations. Children are also particularly vulnerable to violence and abuse. Living through war and displacement heightens that vulnerability, and unaccompanied children are especially unsupported. Access to education is hindered for children on the move. Months and years pass by, there are language barriers, access to basic formal education is limited, opportunities for self-reliance are reduced, and can generally hinder important social and relational learning.

**Insufficiency of basic services and threats to individual space, culture and identity:** Life in camps lacks basic privacy and often involves sharing a living space with strangers from different cultural backgrounds. Communities and ethnic groups may also carry a burden of prejudice and a history of conflict, which can propel tension and violence. Competition for resources is the background issue. Accommodation, outdoor space, religious spaces, services, food, etc. are often insufficient in camps.

**Dehumanization and pushbacks:** People on the move often face unwelcoming attitudes and hostility by local population in transit countries, as they are perceived as invaders, often dehumanized, including when seeking access to basic health services or food. The numbers of reported pushbacks to Bosnia and Herzegovina are high - 9796 pushbacks from the Croatian border and chained pushbacks (mainly from Slovenia or Italy), were registered

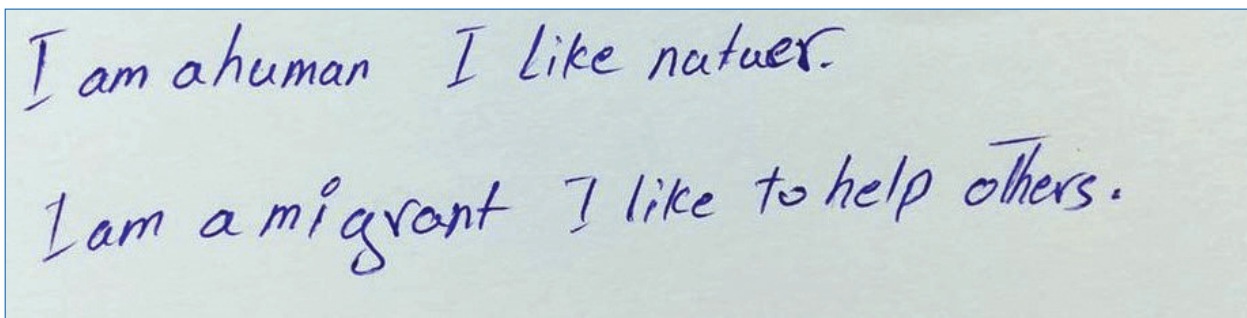
between May 2019 and end of March 2020.<sup>4</sup> According to DRC „Border Monitoring Monthly Snapshot, Bosnia and Herzegovina, March 2020“, 82 % of people interviewed in March 2020 report theft, extortion, or destruction of property, and 51 % report abusive or degrading treatment.<sup>5</sup>

**Populations facing added challenges:** Field observation shows that some populations face additional challenges during displacement. People with previous health and mental health conditions are a population at heightened risk in the event of a crisis, and in a migration route. Those with history of substance abuse may also face special challenges, withdrawal symptoms, impact in general daily functionality. Unaccompanied children and others in situation of dependency are often more vulnerable to abuse. People who experience violence and abuse within the family, often find themselves even more reliant on perpetrators of abuse. LGBT individuals often face exclusion and discrimination from communities and hence isolation and less support.

Inhuman treatment, forced returns and pushbacks, discrimination and degrading treatment by local communities are some of the mentioned causes. People’s legal situation causes confusion as well, while they are generally allowed to move freely in Bosnia and Herzegovina, they cannot rent an apartment, in most cases cannot work, and have very limited access to basic services.

As in most contexts, stigma and lack of awareness surrounding mental health issues represent an obstacle for people to identify distress symptoms and to seek help. Cases are referred to MdM for mental health care by other services, and through self or community referrals. Psychosocial group activities are also an important entry-point for awareness and care-seeking behaviour.

“Being apart from family, relatives, society and gatherings, affects our mental health” - MdM beneficiary



## MENTAL HEALTH TESTIMONIES

People’s present living situation and uncertainty adds up to distress and mental health complaints. People report feeling like they live in conditions that are below dignity, feeling stranded and lacking options, having nothing to lose.

The most prevalent requests to MdM relate to managing anxiety and depressive symptoms. These often arise from past traumatic experiences, or from the current living circumstances hindering self-reliance, and from uncertainty about the future. These may manifest in sleep disorders and nightmares, lack of will or apathy, intrusive thoughts, psychosomatic complaints. Many experience feelings of hopelessness, some suicidal thoughts. People seek ways of coping with distress and emotional suffering through different ways. Adaptive coping includes forming

<sup>4</sup> Danish Refugee Council (DRC), publication „Border Monitoring Monthly Snapshot, Bosnia and Herzegovina, March 2020“

<sup>5</sup> Ibid

community, practising religion, seeking to be self-reliant, keeping contact with loved ones, maintaining daily routines. Negative coping mechanisms include social isolation and withdrawal, tension and interpersonal conflict, or self-harmful behaviour. A minority of people manifest pre-existing

conditions, or develop more critical symptomatology requiring sometimes medical management, ranging from post-traumatic stress, depressive disorders, suicidal behaviour, to psychoactive substance abuse, or psychotic disorders.

Chart 1 represents the prevalence of symptoms with people assisted by MDM monitored from the beginning of the project based on total of 620 consultations:

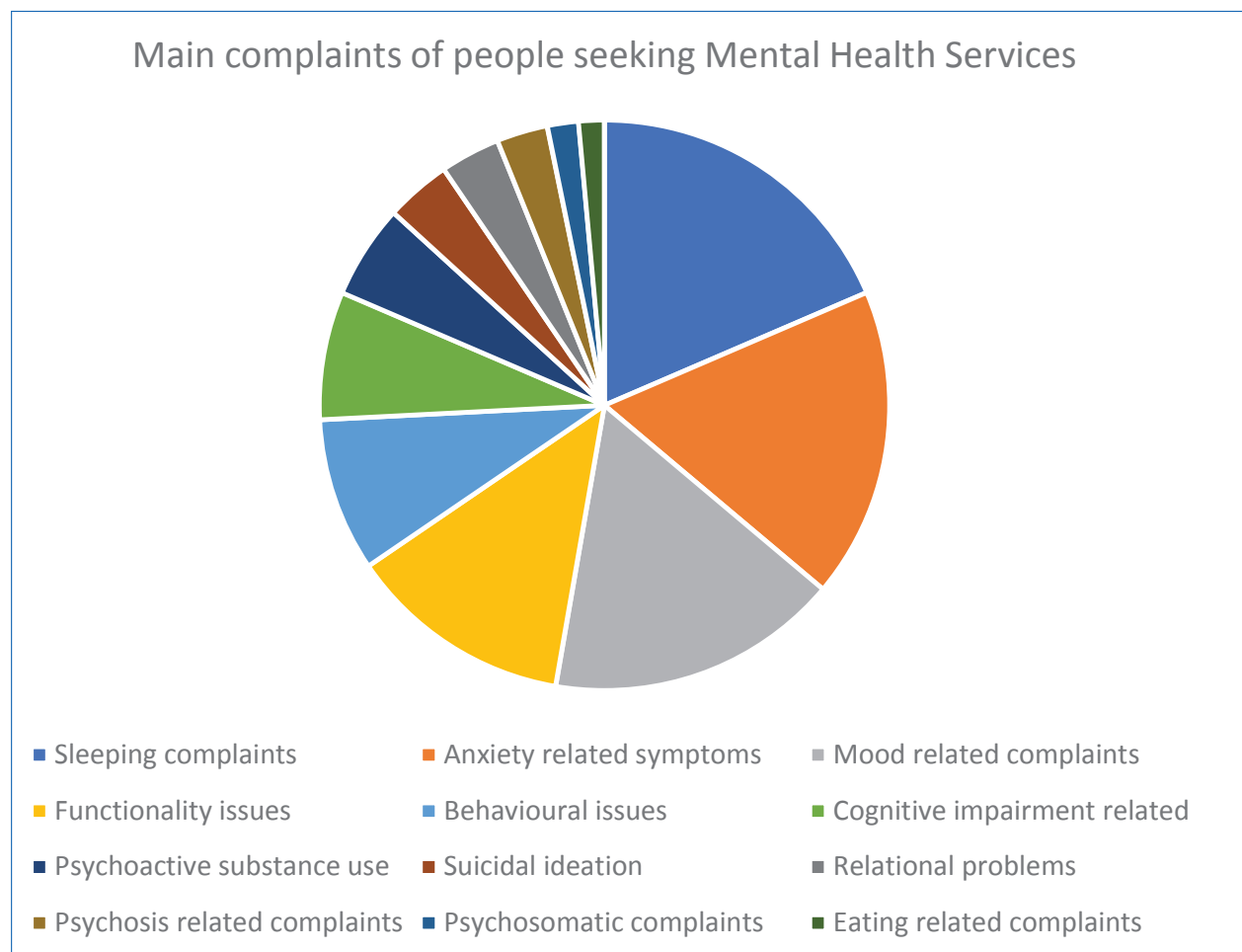
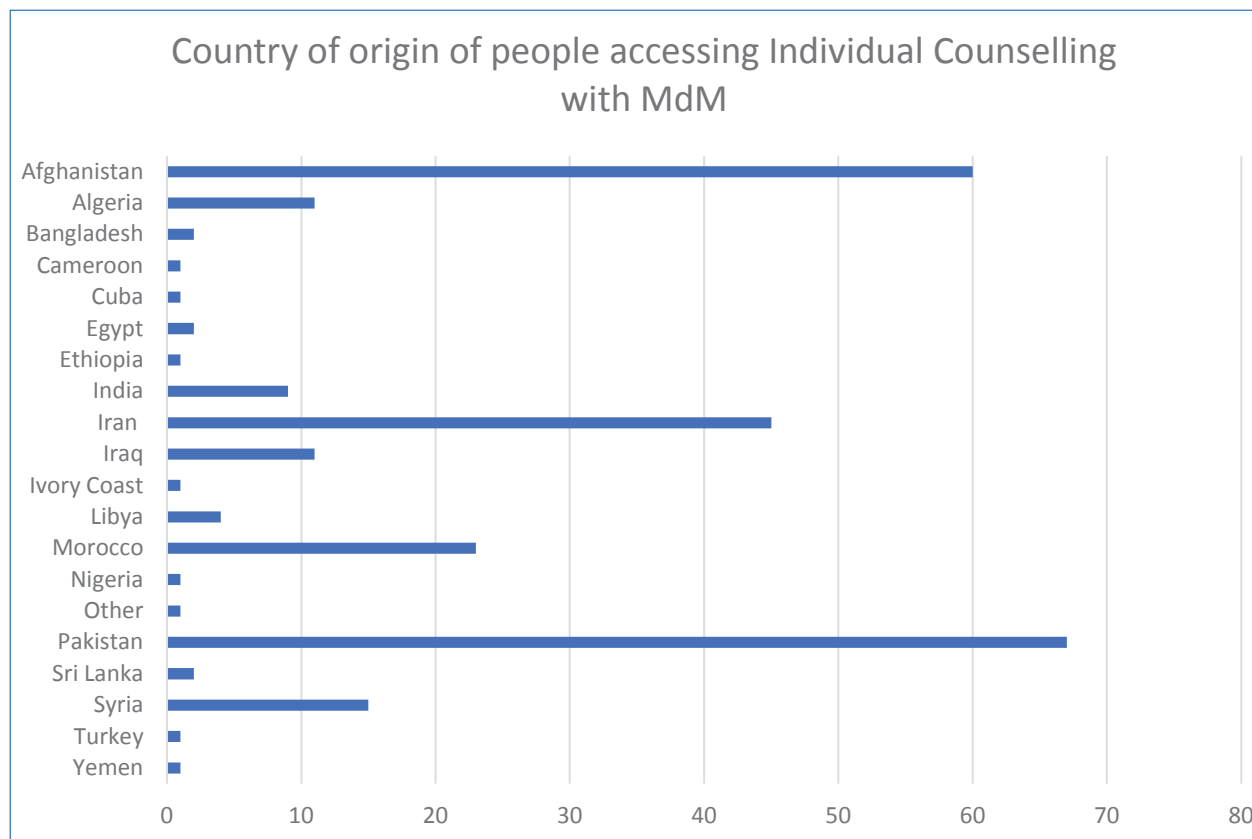


Chart 2 shows country of origin of MdM beneficiaries based on 259 people who used individual counselling service in period October 17, 2019 through May 20, 2020



The nationalities of people accessing services were generally consistent with the proportion of the different communities in camps, although some cultural differences in help-seeking behaviour were identified.

Despite incredible hardship and traumatic experiences, the majority of people shows outstanding resilience. Many who join MdM MHPSS groups, express the will to socialize, to learn and reflect about psychosocial issues, to learn additional coping techniques.

## THE IMPACT OF COVID-19

The measures implemented in response to the COVID-19 outbreak have aggravated the already extremely vulnerable position of the migrant population. In all 6 TRCs in BiH, restriction of movement was imposed since March 16<sup>th</sup>, confining people to closed indoor spaces, in a situation of full reliance on TRC services for food and basic needs, adding yet another layer of vulnerability and uncertainty about the future.



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Access to regular psychiatric consultations has been restricted, as medical services are only accepting emergencies. This is an issue for people who need management of mental health symptoms. Advocacy on a case-basis has allowed for care to be ensured, however this may represent an obstacle for people to pursue critical treatment.

MdM services were adjusted in the COVID-19 response, ensuring continuity of basic services in 6 TRCs. Individual counselling has been provided observing additional safety measures, social distancing, the use of masks and gloves, and disinfection of consultation spaces between appointments. Group meetings were suspended. Live sessions, a Facebook support private group, and consultations over the phone are currently implemented. Mental health promotion materials are being disseminated, via video and posters. Basic handicraft/art supplies are distributed to communities who find themselves with little to do.

MdM is also providing psychological first aid to those forcefully returned from the border through pushbacks, and generally to those placed in quarantine and isolation areas, taking care to follow the safety measures. In some camps there have been barriers, such as restrictions by camp management and limitations of the physical spaces.

Restrictive measures put in place by authorities quickly increased the need to expand accommodation capacities in TRCs as authorities relocated migrants sleeping rough or squatting in abandoned buildings. Dedicated efforts were made to quickly increase the country's accommodation capacity, however, many TRCs have been already densely populated, making physical/social distancing challenging. Works are ongoing to adjust centres to the new situation, adapting both infrastructure (isolation areas, WASH capacities, etc.) and service provision, both to reduce risks of transmission and to enhance living conditions and quality of life of people in the centres.

The demand for individual consultations has increased in this period, and it ranges from beneficiaries who experience an increase of distress and mental health suffering, to people seeking social connectedness and access to basic information. Most frequent complaints remain generally similar: coping with anxiety, sleeping issues, mood-related difficulties.

The impact of COVID-19 confinement has been visible, especially in the bigger TRCs, accommodating mostly male population and where outside areas are limited. After a month of full lockdown, the physical and psychological impact showed, in people's physical aspect, vitality, in anxiety and mood. When people were finally allowed some movement in outside areas, an improvement was also noticeable, and people expressed feeling more relaxed.

The perspective of an outbreak in the camps is terrifying for many, due to the history of discrimination and insufficient access to health services for migrants. The movement of population and forced returns represent a risk for all.

People who were in detention in the past are triggered and re-traumatized with the current lockdown. The presence of additional police and security forces in TRCs makes the environment to some extent prison-like.

Many fear that the local community might believe that the migrants spread the virus as a consequence of their journeys and worry that they would be blamed. A partial confirmation of this fear can be traced to the fact that following the identification of the first cases of COVID-19 in BiH, signs bearing the message "migrants are not allowed", started to appear / increased in shops and supermarkets. For many people on the move with history of persecution and mistreatment, this situation is triggering, with many of them asking if people in Bosnia and Herzegovina are also under lockdown / subject to movement restrictions, fearing this was just an excuse to arrest migrants.

**“You can’t go outside but you live in a crowded place and many question marks come to mind, but you can’t get the real answers“ - MdM beneficiary**

In some camps, people used to buy groceries outside and cook for the family, but the current lockdown prevents them from going out and limits their food choice to the pre-packaged food distributed in the camps. This has caused frustration in families who complain about the quality of the served meals. The provision of cooked food also takes away important routines which are structuring for women and families, of cooking and providing for their close ones.

There have been several reports of violence, abuses, forceful behaviour, aggression against migrants in TRCs, including towards unaccompanied youth. Demonstrations in protest about services in TRCs took place, and communities reported aggression against a migrant which may have led to his death.

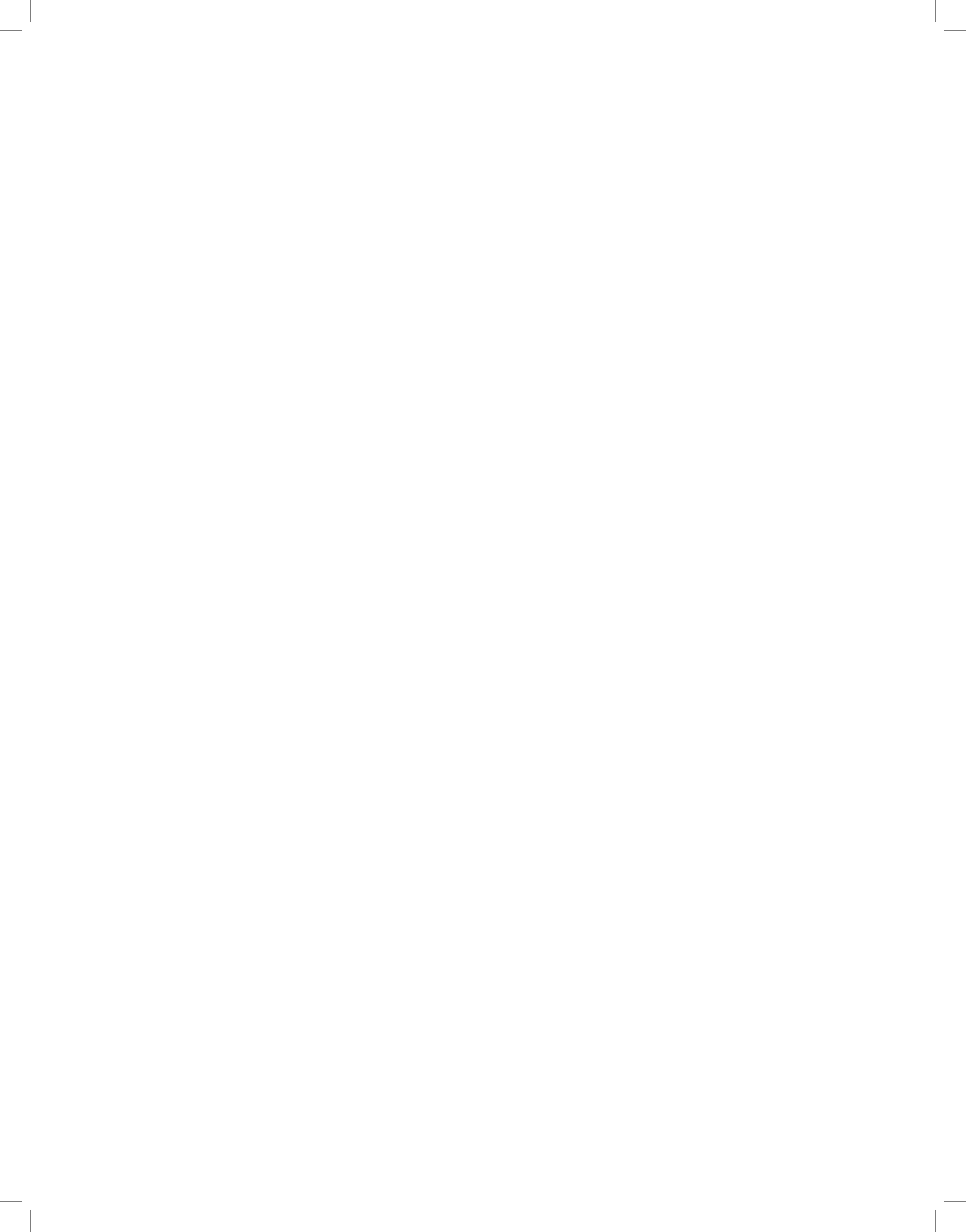
**“COVID-19 affected the whole world but for refugees it is too hard, because refugees were totally banned from going outside. It is human nature, we want freedom, when for any reason you take freedom from people they react” - MdM beneficiary**

In several camps there were complaints about insufficient food, especially with the start of Ramadan and the extended period of daily fasting. Tensions and inter-community fights were reported in some camps. Following one of the conflicts which included a significant number of people, MdM has intervened in mediation processes, gathering community focal points and supporting them in managing conflict, as well as in discussing arising issues with the respective service providers. Conflict and tensions are unsurprising responses to general distress and anxiety, as people find themselves sharing limited space, vulnerable to abuse and with no control over their situation.

## RECOMMENDATIONS

Given the observations and reflections in this report, MdM recommends the following actions, critical in the COVID-19 response, as fundamental for promoting resilience and preventing deterioration of the mental health state of migrants and refugees:

- ensuring continuity of services, ranging from services covering basic needs, to specialized mental health care, including referrals to adequate psychiatric services and follow-up
- ensuring the provision of psychological first aid for those forcefully returned to camps following pushbacks, and all those in quarantine and isolation areas
- ensuring follow-up with those who may experience additional vulnerability in the communities
- strong collaboration and coordination between services to provide high quality person-centred care and to promote coordinated response to critical incidents
- creating conditions for people to maintain their daily habits and functionality, including for people to be able to move in outside areas and for families to cook independently
- ensuring strong communication mechanisms with communities, systematic ways to provide updates about the pandemic and national measures, to avoid misinformation and feelings of mistrust and vulnerability
- ensuring effective protection of migrants inside camps and adequate training to those working with them
- continuing advocacy for migrants to have the same freedom of movement as the general population.





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### **About the organisation – Médecins du Monde**

Médecins du Monde Belgium (Mdm – BE) is a Belgian NGO created in 1997 and is part of Mdm’s international network.

Our vision: A world where barriers to healthcare are overcome, where the right to health is effective through universal health coverage.

Our mission: Médecins du Monde is an independent international association of committed people who contribute to the autonomy of excluded and vulnerable populations and support their progress towards an effective universal right to health (universal health coverage) by conducting innovative health programmes in Belgium and abroad, which are the basis of its advocacy.

**Our values: social justice, empowerment, independence, commitment, and equity.**

Building on previous experience in the region, Mdm-BE started its intervention in Bosnia and Herzegovina (BiH) and officially obtained the registration of its ‘Office to Bosnia and Herzegovina’ in February 2019.

In Bosnia and Herzegovina Mdm-BE focuses on Mental Health Psychosocial Support, preventing and responding to Gender Based Violence and Sexual and Reproductive Health services for migrant and refugee population hosted in Temporary Reception Centres.

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