

REFUGEE AND MIGRANT CHILDREN - INCLUDING UNACCOMPANIED AND SEPARATED CHILDREN - IN BOSNIA AND HERZEGOVINA

CHILD FOCUSED RAPID ASSESSMENT – KEY FINDINGS AND RECOMMENDATIONS



8 June 2018

Summary of Key Findings and Recommendations

This assessment was initiated at the request of international organisations working in the child rights sector in Bosnia and Herzegovina (BiH). A coalition, comprised of International Forum of Solidarity – Emmaus (IFS-Emmaus), Save the Children, SOS Kinderdorf, United Nations Children’s Fund (UNICEF), and World Vision, was formed to oversee the design and implementation of the assessment. The International Organisation for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR) and the United Nations Resident Coordinator’s Office (UN RCO), contributed to the realisation of this assessment through logistic and technical support for data collection. Key Government stakeholders at State, Entity and Cantonal levels were informed and positive about the planned assessment.

Key findings:

Protection

- Accompanied children -

- The top five stress factors of accompanied refugee and migrant children in BiH were 1) ‘lack of shelter’ 2) ‘lack of food’, 3) ‘cold weather’ and 4) ‘being far from home’, and 5) ‘attacks’.

- Unaccompanied and separated children (UASC) -

- Three quarters of UASC had been separated from their parents/family for more than a year, nearly half of them for more than two years. Every tenth child reported to have only seldom contact and every tenth child did not have any contact at all with his parents/family.
- Every fifth unaccompanied and separated child was though without accommodation/shelter.
- None of the unaccompanied and separated children were aware of any legal guardian appointed to them.

Also worth noting, though not directly assessed, is the low awareness of mine risks observed. This is of particular concern as Una Sana Canton, with currently the highest refugee and migrant population, is one of the most mine affected areas in BiH, especially the region close to the border with Croatia / places of potential border crossing areas.

Nutrition

- Only slightly more than half of infants 0-12 months are breastfed.
- More than half of children do not eat sufficient fresh fruits, fresh vegetables and meat per week.



Health

- One third of children reported experiencing health problems since the beginning of their journey and out of these more than one third did not receive any treatment, citing financial constraints, no access to medical services, reluctance to ask for help or not knowing whom to ask for help.
- One quarter of children reportedly was not vaccinated at all, while two thirds of children reportedly received some vaccines. However, out of these less than one fifth were vaccinated against the major childhood diseases (MMR - Measles, Mumps, and Rubella; Hepatitis b; Polio, Tetanus, Diphtheria, and Pertussis).

Education

- Though the assessment did not focus on education, several children and their parents, especially those intending to stay (for a while) in BiH, stated during the interviews interest in primary or secondary education, as well as some form of early childhood development/ pre-school activities.

Non-Food Items

- More than half of accompanied children assessed, wore inadequate clothes and even slightly more than that inappropriate shoes for the season.
- As for UASC, the four priority needs reported were: 1) Internet, 2) clothes, 3) shower and toilet, and 4) food. Internet, often the key communication channel to stay in contact with family and friends, was mentioned by more than three quarters of UASC.

- Key priorities for immediate response -

Ensure that

- all UASC as well as accompanied children and their families are provided with immediate accommodation/shelter.
- all children, accompanied or unaccompanied, are provided with urgent medical attention (check-up) and needed clothing, hygiene supplies and adequate food (including three meals per day, and supplements such as vitamins, where needed).
- all UASC get immediately a legal guardian appointed.
- all UASC as well as accompanied children and their families have access to continuous psychosocial counselling.

Contents

<i>Summary of Key Findings and Recommendations</i>	2
<i>Acronyms</i>	5
<i>Glossary of Key Terms</i>	5
<i>Introduction</i>	6
<i>Purpose and Scope of Assessment</i>	7
<i>Methodology</i>	7
<i>Assessment Findings</i>	10
<i>Recommendations</i>	19
<i>Annex 1 Questionnaires</i>	22

Acronyms

BiH	Bosnia and Herzegovina
BHMAC	Bosnia and Herzegovina Mine Action Centre
CRC	Convention for the Rights of the Child
d	Day
GBV	Gender-based Violence
IFS – EMMAUS	International Forum of Solidarity – EMMAUS
IOM	International Organisation for Migration
mo	Month
MIRA	Multi-cluster/sector Initial Rapid Assessment
MMR	Measles, Mumps and Rubella
NGO	Non-governmental Organisation
UASC	Unaccompanied and separated children
UNCT	United Nations Country Team
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UN RCO	Office of the United Nations Resident Coordinator
wk	Week
yr	Year

Glossary of Key Terms

Migrants are individuals who are moving or have moved across an international border or within a state away from their habitual place of residence, regardless of: (1) the person’s legal status; (2) whether the movement is voluntarily or involuntarily; (3) what the causes for the movement are; or (4) what the length of the stay is.

Refugees are in accordance with the 1951 Convention relating to the Status of Refugees (and its 1967 Protocol), individuals who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, are outside the country of their nationality and are unable, or owing to such fear, unwilling to avail themselves of the protection of that country; or who, not having a nationality and being outside the country of their former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it.

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

Unaccompanied and separated children. Separated children are children who have been separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members. Unaccompanied children are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

In line with the Convention on the Rights of the Child, the terms ‘**child**’ and ‘**children**’ in this report refer to all people below the age of 18.

Introduction

Around the world, millions of children and their families are fleeing their homes to escape conflict, persecution and poverty. Children on the move face a range of risks, lack protection and fall through the cracks during their desperate journeys through countries of origin, transit, arrival and return.

Some 164,000 refugees and migrants, including 29,000 children, entered Europe in 2017, joining the 1.4 million people, including 360,000 children, who arrived in 2015-2016, and the 3.6 million people, including 1.2 million children, already hosted in Turkey. The Central Mediterranean was the most used route in 2017, with spikes of arrivals in the Eastern Mediterranean in the fall. Amid this fluid situation, additional routes through the Western Mediterranean and the Black Sea also re-emerged.

Although protection systems have improved and social inclusion has progressed with increasing access to education, major gaps remain. Key challenges include the poor reception conditions, child migration detention and persistent discrimination against refugees and migrants. Many children are still unable to pursue education or access basic services. In Bulgaria, Greece and Serbia, more than 20,000 stranded children remain in limbo, and in Italy, 90 per cent of arriving children are unaccompanied and/or separated. A continuum of care and protection is needed for children on the move, throughout their journeys, given the long-term impact that this experience will have on their lives. Every child is entitled to the rights guaranteed under the Convention on the Rights of the Child.¹

The number of refugees and migrants arriving to Bosnia and Herzegovina (BiH) saw a noticeable increase late in 2017. In contrast to an average of 32 arrivals per month recorded in the period January-November, in December the number of arrivals reached 198. The trend continued into 2018 and the number of recorded arrivals has more or less doubled each month this year, increasing from 237 in January to 2,557 in May.² As stated in the Multi-cluster/sector Initial Rapid Assessment (MIRA) report from April to May 2018, although the number of recorded arrivals has not yet reached humanitarian crisis levels, the current trend calls for increased support, engagement, and coordination from a range of actors, as well as increased funding.

¹ For more information on the situation of child refugees and migrants, globally and in the Western Balkans, visit: [https://www.unicef.org/appeals/files/2018-HAC-Refugee-and-migrant-crisis-Europe\(1\).pdf](https://www.unicef.org/appeals/files/2018-HAC-Refugee-and-migrant-crisis-Europe(1).pdf); <https://www.savethechildren.org/us/what-we-do/emergency-response/refugee-children-crisis>; <https://www.worldvision.org/our-work/refugees-fragile-states>; <https://www.sos-childrensvillages.org/our-work/emergency-response/refugee-migrant-crisis>; <http://mfs-emmaus.ba/>; <http://www.unhcr.org/mixed-migration-western-balkans.html>; <http://gmdac.iom.int/data-brief-migration-children-europe>

² Source: Ministry of Security; MIRA (April – May 2018)

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The UN RCO informed the Ministry of Security, the Ministry of Human Rights and Refugees and the Coordination Body for Migration Issues, and UNICEF informed the Service of Foreigners’ Affairs, Cantonal Ministries responsible for health and social welfare, as well as centres for social welfare, of the assessment and invited them to join. The planned assessment was received positively. Information meetings with relevant local authorities were conducted in Bihać, Velika Kladuša, and Sarajevo and with the management of the Asylum Centre ‘Salakovac’ before the start of the assessment.

Purpose and Scope of Assessment

Between March and April 2018, the United Nations Country Team (UNCT) in BiH in cooperation with various international and non-governmental organisations (NGOs)³, conducted a MIRA to gather information on the current migrant and refugee situation, identify needs and gaps and inform the planning and coordination of the immediate UN response. The final MIRA report was released towards the end of May 2018.

As the MIRA assessment did not place a specific focus on families with children and the team of interviewers did not collect detailed information on their needs and vulnerabilities as well as considering that their relative number may increase with the arrival of summer⁴, it was deemed necessary to conduct a rapid follow-up assessment on the needs and vulnerabilities of refugee children and migrants, including unaccompanied and separated children (UASC).

Methodology

The inter-agency, multi-sectorial (protection, nutrition, health) assessment builds on the MIRA and intends to determine in particular:

- the **scale** of needs and health, nutrition, and protection risks of refugee and migrant children
- the **priorities** for the required response – including geographical and programmatic areas of priority

³ The following organisations participated in the MIRA: UNHCR, IOM, UNICEF, UNDSS, UNFPA, OSCE, the UN Resident Coordinator’s Office, the Ministry for Human Rights and Refugees of Bosnia and Herzegovina, Refugee Aid Serbia, Save the Children, Médecins Sans Frontières, Hilfswerk Austria International, Catholic Relief Services, Vaša Prava BiH, Caritas, and the Bosnia and Herzegovina Women’s Initiative.

⁴ MIRA (April – May 2018)

With regard to education, it is proposed to conduct a more detailed follow-up assessment during the summer to assess how many families with children intend to stay longer in BiH, assess children's specific educational needs, and also to assess the capacities of relevant stakeholders in the education sector, including Ministries of Education and schools, to integrate child refugees and migrants into the regular school system.

The focus was exclusively on primary data collection with the target population, as UNICEF, IOM and UNHCR had supported a rapid assessment of the capacities of relevant stakeholders, in particular centres for social welfare (CSW), in 2017, and the MIRA, a planned gender-based violence assessment from UNFPA and a planned assessment of capacities of relevant stakeholders to the migrant and refugee response, including a focus on human trafficking, from OSCE, are expected to provide related information.

The data collection was undertaken by inter-agency assessment field teams using two questionnaires: 1) for accompanied child refugees and migrants and/or their caregivers, if less than 15 years of age, and 2) for unaccompanied and separated children. Both were converted into a KoBo tool, allowing collection of data in the field using mobile devices such as mobile phone or tablets, as well as with paper or computers.⁵

All participating agencies contributed with their own resources (staff, interpreters, vehicles) for the data collection period. This made the assessment possible despite limited funds.

Considering that the overall number of child refugees and migrants, including unaccompanied and separated children, in BiH is still relatively low, and geographic locations with larger groups of refugees and migrants present known, a mix of convenience and purposeful sampling methods was applied. The following sites for data collection were selected: Bihać, Velika Kladuša, the greater Sarajevo area and the Asylum Centre 'Salakovac' near Mostar. Efforts were made to interview as many children and/or their caregivers as possible in the selected sites and willing to participate in interviews.

In order to avoid as much as possible duplication of data collection due to movements of refugees and migrants from one location to another, data collection was scheduled for a relatively short period of time - the 28th of May, 2018, in 'Salakovac' and the 29th and 30th of May, 2018, in Bihać, Velika Kladuša, and Sarajevo.

A total of 381 questionnaires were completed, including 29 UASC, 34 accompanied children aged 15 and above (of which four were actually 18 and one 20 years of age), 40 children without age identification, with the remaining ones' caregivers covering 278 accompanied children ages 0-14. It is worth noting that an additional 37 male UASC were identified in Velika Kladuša, however, did not agree to being interviewed. Twelve children with different forms of physical and/or intellectual disabilities were identified, of which five were unaccompanied and separated children.

⁵ <https://www.humanitarianresponse.info/en/applications/kobotoolbox>

- Number of interviews per site -

Site	Unaccompanied and separated children	Accompanied children and/or their caregivers	Total
Greater Sarajevo area	4	108 (boys: 45, girls: 53, not recorded: 10)	112
Bihać	19	94 (boys: 36, girls: 30, not recorded: 28)	113
Velika Kladuša	4	117 (boys: 52, girls: 59, not recorded: 6)	121
Salakovac	2	33 (boys: 14, girls: 18, not recorded: 1)	35
Total	29 (all boys)	352 ⁶ (boys: 147, girls: 160, not recorded: 45)	381 (boys: 176, girls: 160, not recorded: 45)

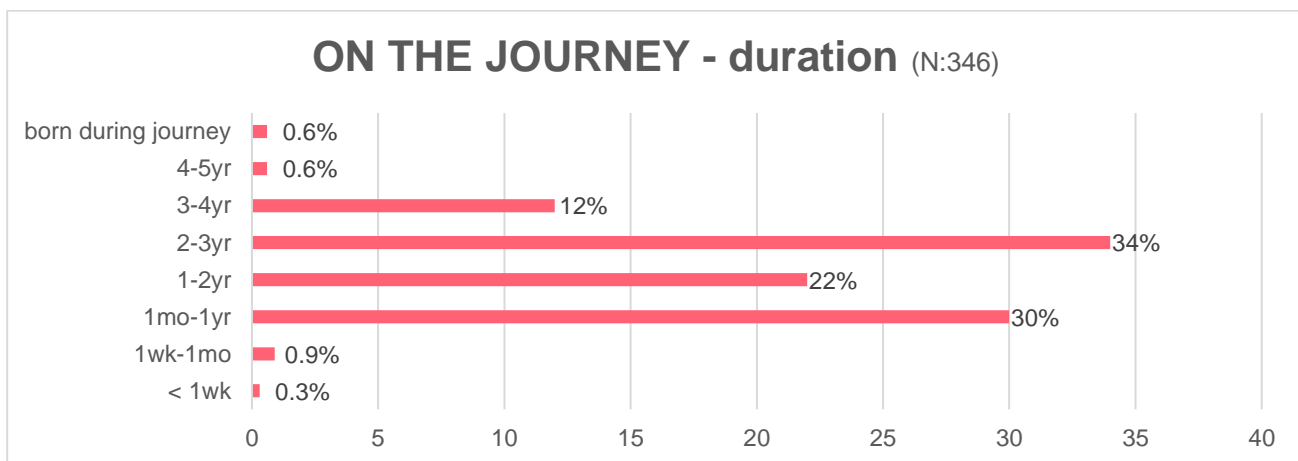
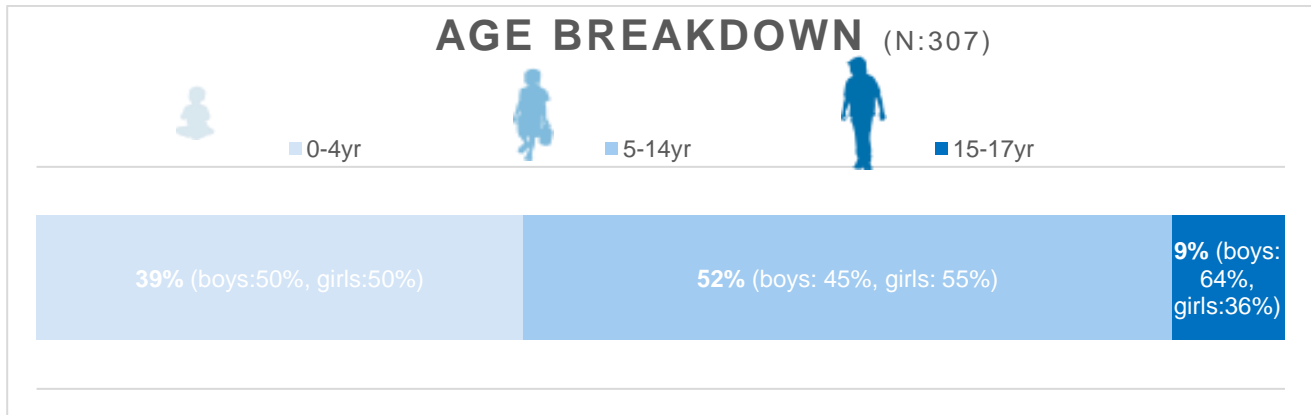
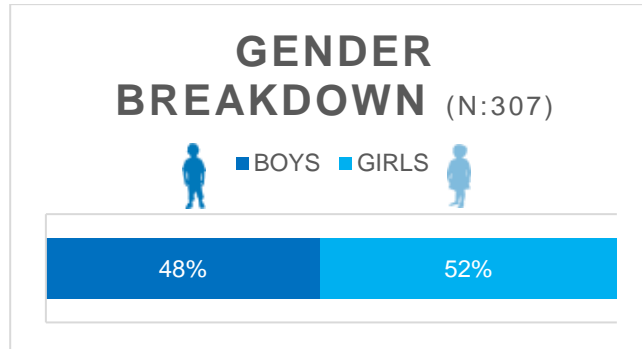
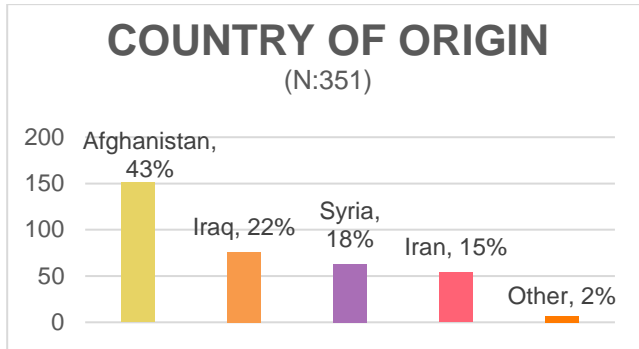
- Key limitations -

There were some challenges in establishing a rapport with the interviewees, considering both language barriers and the related need of interpreters, limited availability of suitable places for the interviews and the related lack of privacy, and the short time available per interview, which might have had an impact on certain responses for more sensitive questions, such as related to violence. Another limitation relates to the identification of UASC and getting their agreement to be interviewed as part of the assessment, especially in Velika Kladuša. The assessment of different forms of disability and potential undernourishment was primarily based on observation and thus has to be interpreted with caution. Last but not least, the organisations who contributed to this assessment are aware that the situation described in the assessment does not reflect the situation in the whole territory of BiH, as data was collected in four locations only, and that the findings of the report are time-specific; the situation is very fluid and the context rapidly changing, with increasing numbers of migrants and refugees from different countries entering and/or transiting through the territory of BiH. Nevertheless, the findings are useful in highlighting the situation of child refugees and migrants in BiH; the scale of needs and health, nutrition, and protection risks and the priorities for the required immediate and mid-/long-term response.

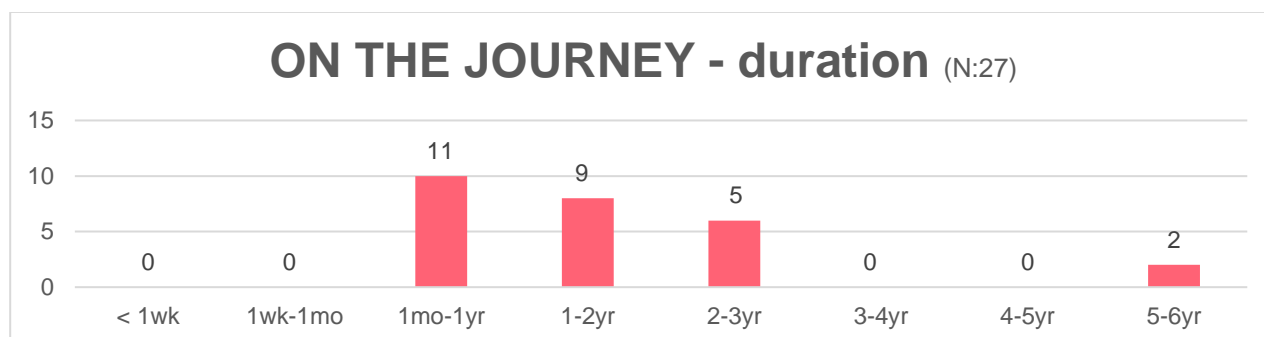
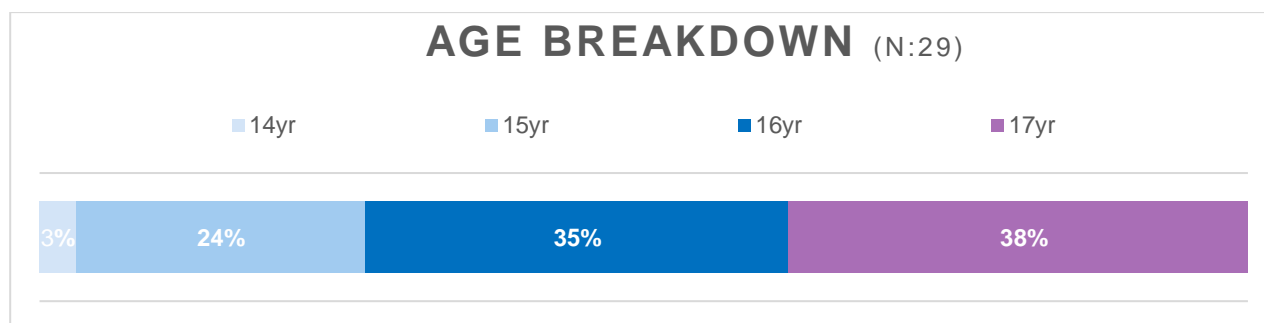
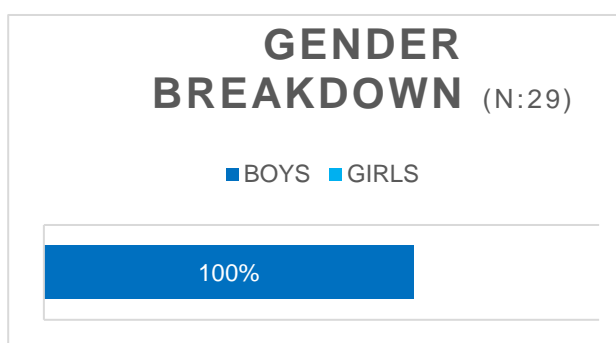
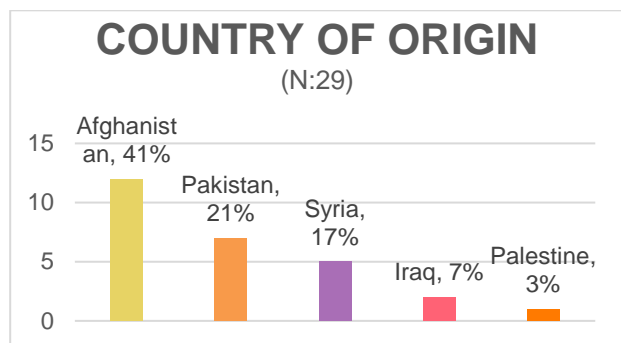
⁶ This includes four respondents aged 18 and one aged 20 years.

Assessment Findings

- Facts at a glance: accompanied children -



- Facts at a glance: unaccompanied and separated children -



ON THE JOURNEY – most frequented countries after crossing Turkey (N:28)

1. Serbia (20)	4. Bulgaria (9)
2. Greece (17)	5. Montenegro (8)
3. Macedonia (11)	6. Albania (7)

ON THE JOURNEY – destination countries (N:28)

1. Germany (7)	5. Belgium (2)
2. Italy (6)	6. Austria (1),
3. France (4)	Netherlands (1),
4. UK (3), BiH (3)	Norway (1)

ON THE JOURNEY – reasons for being on the move (N:28, multiple answers possible)

1. Family living there (19)	4. All the refugees/migrants go there (2)
2. Good reception (4)	5. Easier to get a passport (2)
3. Friends living there (3)	6. Go to school (1)

- Accompanied children -

Out of a total of 191 responses received to the question on **what made the child feel secure and safe since the beginning of his/her journey**, 26% responded that ‘nothing’ made them feel secure and safe, 37% ‘parents’/’family’/’staying together’, 8% ‘shelter’/’accommodation’, and 5% ‘people in BiH’ helping them.

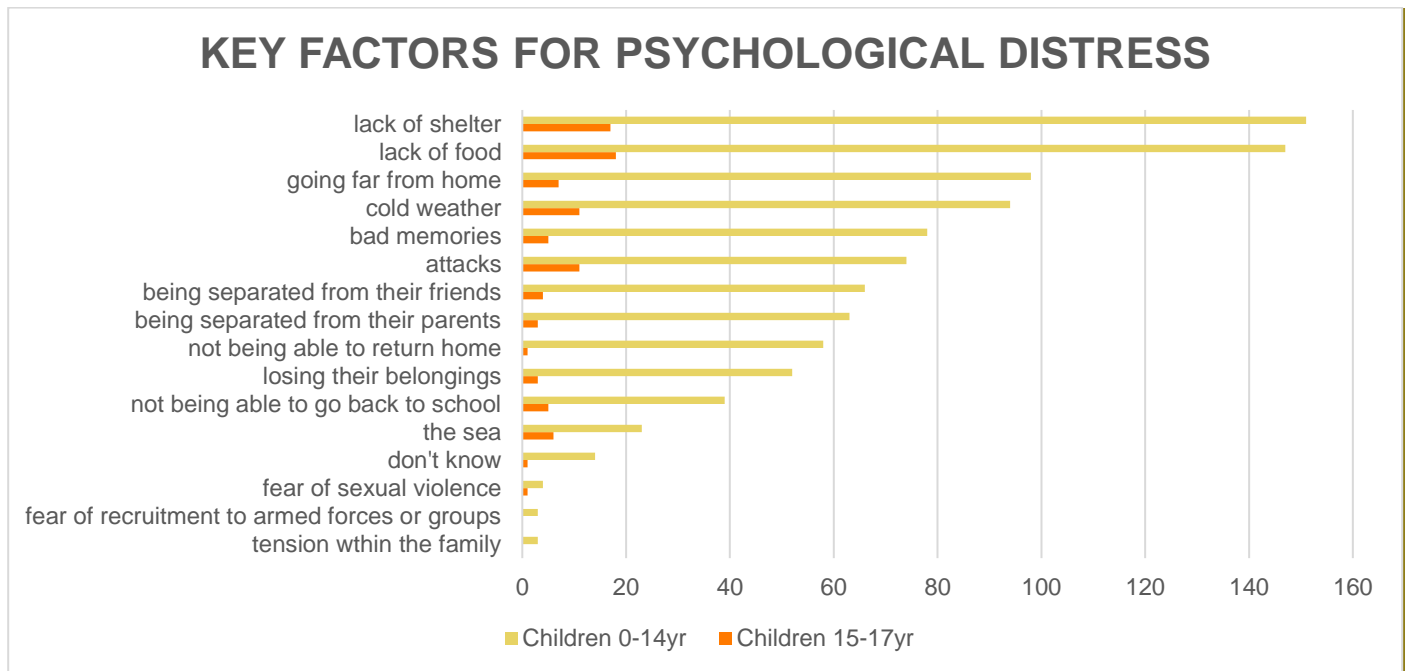
When asked **whether the child has felt scared or stressed since the beginning of the journey**, out of a total of 330 responses, 18% responded ‘yes’, 68% ‘no’ and 14% ‘don’t know’.

When asked **what has been most stressful for them**, the top five stress factors mentioned by accompanied children 15-17 years of age (N:22) and caregivers of children 0-14 years of age (N:267) were: 1) ‘lack of shelter’ (58%), 2) ‘lack of food’ (57%), 3) ‘cold weather’ and 4) ‘going far from home’ (both 36%), and 5) ‘attacks’ (29%). It is worth noting that among children 15-17, the ‘fear of attacks’ came in third together with ‘cold weather’ (50%). No significant differences between boys’ and girls’ responses were observed.

“My daughter was scared because she was young. Only in the camp she felt safe.” (Mother of a 9-year old girl, who has been on the move for more than 3 years)

“When I entered Trebinje, police took us to a police station. I was afraid that the police would deport us like in Montenegro, but they did not. They gave us food and they behaved so good to us. And people are good here and that is what makes us feel safe here.” (16-year old accompanied child, who has been on the move for more than 2 years)

“The whole trip has been organised by smugglers, which is from time to time and depending on the country very dangerous.” (Mother of a 10-year old girl, who has been on the move for more than 1 year)



- Unaccompanied and separated children -

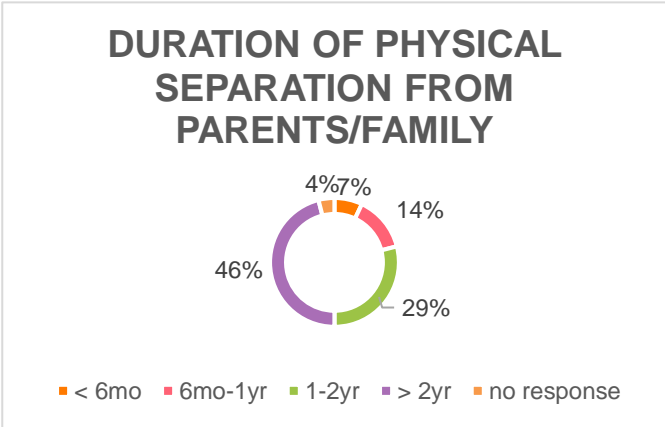
“My father had passed away and my mother went to the UK. She left me behind to stay with my grandmother. I left my home country two years ago to try to join her in the UK, but I think it is impossible. I am in contact with her via Viber.” (14-year old boy)

“I left my home country one year ago to get to my sister who is in the UK. She is paying for my trip. Once I will arrive in France, she wants to pick me up in person. I want to study in the UK.” (15-year old boy)

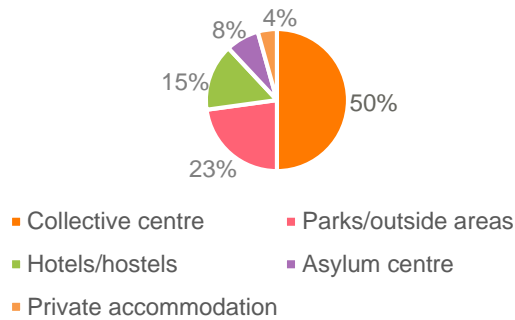
As earlier reported, all interviewed UASC were boys. The field teams did not identify any female UASC. According to data provided by UNHCR, only 2 female UASC have been identified by their staff in the period January to May 2018. The majority of UASC interviewed about the **length of their journey** (N:27) has been on the move for more than a year (59%) and more than a third between 3 and 12 months (41%). Two boys have been on the move for more than 5 years. Depending on their country of origin, the children have passed through 4, 5 or even 6 countries along the way (e.g. Iran, Pakistan, Iraq, Turkey, Bulgaria, Greece, Macedonia, Albania, Serbia, and Montenegro), staying in some for few days only and in others for several months or even up to 2

years. Relatively longer stays were noted for Turkey, Greece, Bulgaria and Serbia. Though 68% of UASC reported that they registered in certain countries (13 UASC in BiH), only one UASC reported that he had sought asylum (in BiH). The majority of children (68%) reported that they want to join family in their destination countries.

When asked about the **history of separation from their parents** (N:28), the majority of children reported that their parents are in their country of origin (mother:68%; father:54%), few reported that their parents had passed away in the conflict (mother:14%; father:21%) or before the conflict (father:11%), while 14% reported that their parent (mother) is in the destination country. 11% of children were reportedly full orphans (both mother and father deceased). Out of a total of 27 respondents, 7% were separated from their parents/family less than 6 months, 14% between 6 months and 1 year, 29% between 1 and 2 years, and 46% for more than 2 years. The majority of children (86%) reported that they are in contact with their parents, out of which 14% every day, 11% several times a week, 18% once a week, 18% once or twice a month, and 11% seldom, while 11% said they did not have any contact and 3% did not provide any answer. More than half (56%) of UASC reported that they travelled in a group, out of which 11% with relatives, 29% with friends, and 11% with others, the remaining ones did not provide a valid response. Out of only 11 respondents, the majority reported that they travelled with people of similar age or between the ages of 20-25, that they met them along the move (e.g. same nationality) and got along well.



SHELTER/ACCOMMODATION



In regard to the **length of their stay in BiH**, out of 28 respondents, the majority of UASC (93%) had stayed less than a month in BiH; only 7% reported that they had been in BiH for 2 months. Nearly half (39%) of UASC interviewed, reported that they had faced **challenges while aiming to enter BiH**, citing difficult travelling conditions (18%), BiH police sending them back to Serbia (7%), financial issues (7%), and security issues (4%). None of the UASC interviewed reported that he had been appointed a legal guardian. Nearly half (46%) of UASC reported that they have registered

in BiH, of whom one UASC also sought asylum. More than half (54%) reported that they did not register, as they want to continue their journey (18%), had just arrived (11%), or were not aware of the possibility (3.5%). In terms of **shelter and accommodation**, 46% of UASC were in a collective centre, 14% in hotels/hostels, 7% in an asylum centre, less than 4% in a private accommodation and 21% in parks/outside areas; one UASC was without accommodation as he had just arrived to BiH the same day. Less than a third of UASC (27% out of 22) responded that they would go to a refugee centre if given the opportunity. Reasons provided for not wanting to be accommodated in a refugee centre were the following: moving on to destination country/ crossing the border to Croatia (3), hotel is better (2), condition is bad (1), asylum procedure too long (1).

When asked **whether they would feel safe in BiH** (N:28), the majority (75%) responded 'yes' and 21% 'no', the latter citing conflicts among refugees and migrants (3), sickness (1), fear from theft/robbery (1). Out of 14 UASC staying in some form of centre, the following priority needs were listed: clothes (64%), food (50%), shoes (29%), and a doctor (21%).

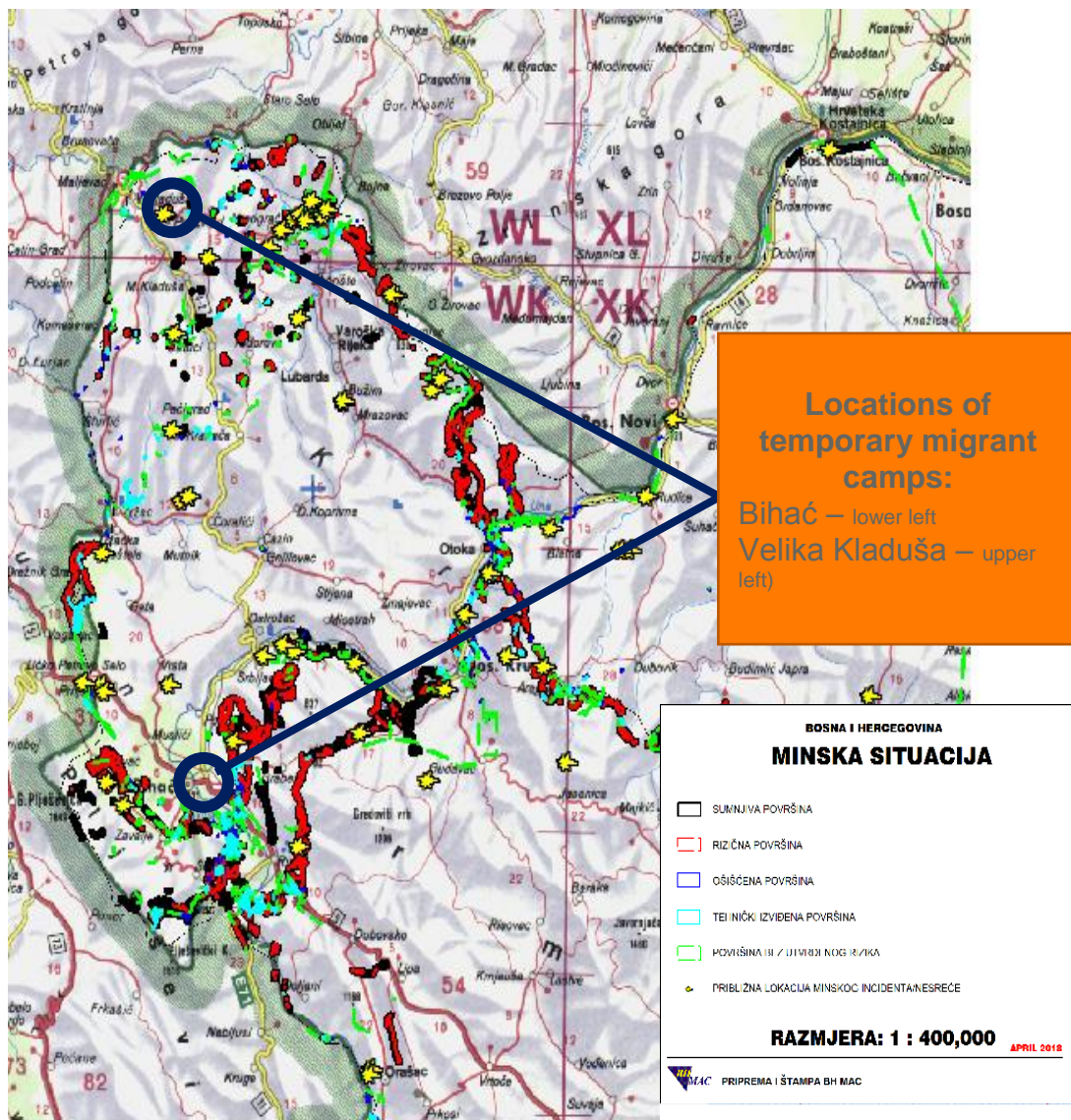
Nearly half of UASC interviewed (46%) reported that they have tried to move on, in particular via the border from BiH to Croatia, but have been stopped by the Croatian police and been sent back. One boy reported that he has already tried to cross the border eight times.

With regard to **indicators for potential risks of human trafficking** (N:27), one quarter (26%) of UASC responded that smugglers had arranged their travel, 15% did not provide a clear answer, and 59% reported that no one had arranged for their travel. However, 52% of UASC responded that payments for travel were either made in advance in the country of origin, en route, or are to be made once they arrive their destination country. One boy paid 1,200 USD for the passage from Pakistan to Turkey once he arrived in Turkey. The uncle of another boy paid 12,000 Euro for the boy's trip so far (Syria to BiH). Nearly a third of UASC (27% out of 26) responded that they worked at one point of their journey, 4% in Greece and 22% in Turkey, including work in factories, construction sites, and discotheques. The large majority of UASC (96%) responded that they have not heard about boys or girls being exposed to violence while staying in BiH. Only one boy reported that there were "some issues" (violence) with the police in BiH while trying to cross the border to Croatia. However, considering the sensitivity of the questions and challenges in creating rapport with the interviewees (see 'limitations'), there is likely some underreporting.

Humanitarian Mine Action and Risk Education

Though not directly assessed through questionnaires, interviewers especially in the area of Velika Kladuša and Bihać, reported that responders were unaware of the **mine risks** in BiH. This finding matches with the findings from the MIRA report, which pointed out that migrants and refugees are not aware of mine risks on their route through BiH, especially in the region of Una-Sana Canton, close to border with Croatia (close to Bihać and Velika Kladuša). According to the BiH Mine Action Centre (BHMAC), Una Sana Canton is one of the most mine affected areas in BiH (103m² suspected mine risk area), especially the region close to the border with Croatia / places of potential border crossing areas.

Mine risk areas in Una Sana Canton (source: BHMAC, 2018)

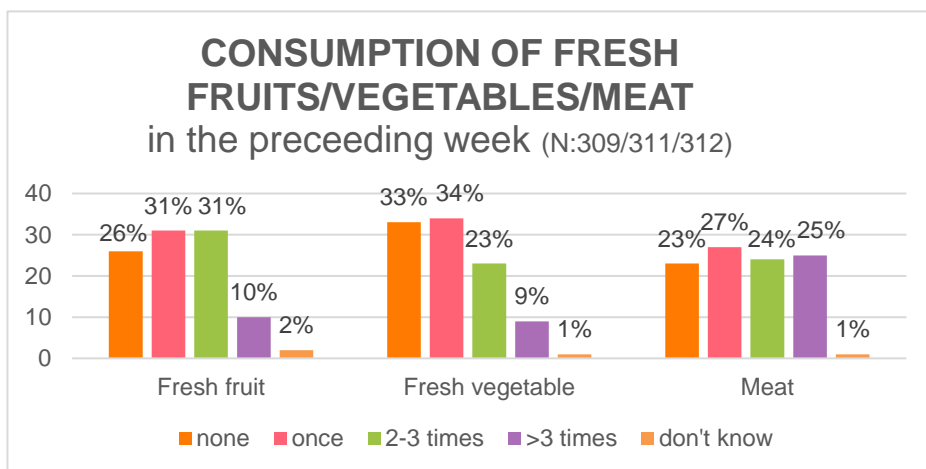


Out of 327 accompanied children assessed for **signs of undernourishment**, a small number of children were identified as undernourished (5%), while the large majority were not assessed as undernourished (92%) or their nourishment status could not be assessed (3%). Of the 17 children (boys: 9, girls: 6, gender not recorded: 2) assessed as undernourished, nine were in Bihać, seven in Velika Kladuša and one in Sarajevo. The majority (15) were less than 12 years of age.

Out of 19 infants under 12 months of age, more than half were breastfed (58%), however every sixth infant was fed with baby formula (16%) and for one quarter (26%) of the assessed infants under 12 months parents did not give an answer.

Out of 312 children assessed for the **consumption of fresh fruits** in the preceding week, one quarter (26%) said that they did not have fresh fruit, while less than one third (31%) said they ate fresh fruit once. This points to the fact that over half of the children are not receiving enough fresh fruits per day. Less than one third (31%) reported receiving fresh fruit 2-3 times per week, one tenth (10%) reported receiving fruits more than 3 times per week while 2% of respondents did not know.

A total of 311 children were assessed for the **consumption of fresh vegetables** in the preceding week. One third (33%) said that they did not eat vegetables, while another third (34%) said they had vegetables only once last week. Less than one quarter (23%) of children reported eating vegetables 2-3 times per week, while less than one tenth (9%) reported eating vegetables more than 3 times per week. 1% did not know.



Out of 309 children assessed for their **consumption of meat** in the preceding week, one quarter (23%) did not eat meat while a little more than one quarter (27%) ate meat once. One quarter (24%) ate meat 2-3 times while another quarter (25%) ate meat more than 3 times. 1% did not know. Since meat is a major source of protein, it can be assumed that nearly half (50%) of children did not satisfy the daily protein intake.

Out of 293 respondents, 81% reported that the child had biscuits and bread; 51% that the child had juice. Other reported and selected foods that were eaten were chocolate (39%), chips (39%) and cheese (11%).

The majority of children (70%) had access to **drinking water** since the beginning of the journey. Almost one third (29%) reported that they sometimes had clean water, while less than 1% reported 'never' or 'do not know'.

Health

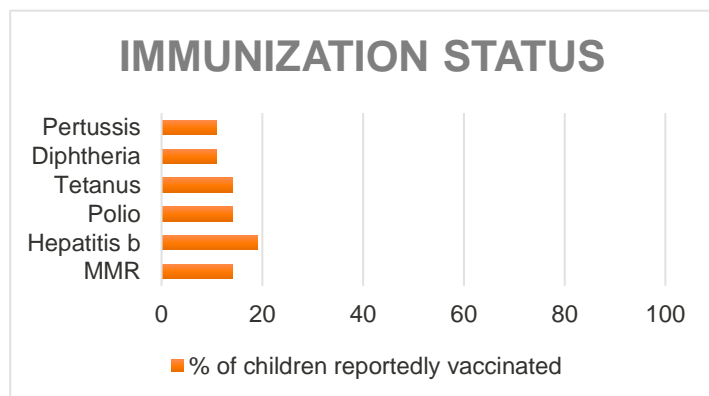
Out of 311 children assessed, almost one third (30%) reported having experienced **health problems since the beginning of the journey**, while more than two thirds (70%) reported having no health problems. Out of the 93 that reported having health issues, less than two thirds reported that the child received the **treatment** (57%), while more than one third (38%) said they did not receive any treatment. Most often cited reasons for not receiving medical care were the following: 1) Financial constraints (13); 2) No medical services (11); 3) Did not want to ask for help (11) and 4) Did not know whom to ask for help (10).

Out of 314 respondents, over three quarters (76%) reported that the child received some **vaccines** while less than a quarter either did not receive vaccines (14%) or did not know whether they received vaccines (10%). In terms of which vaccines were received, children/guardians/parents reported the following: MMR (14%), Hepatitis b (19%), Polio (14%), Tetanus (14%), Diphtheria (11%), and Pertussis/whooping cough (11%). Many reported that they did not know what vaccines they received and that their immunization booklets were lost during the journey. Based on interviews with parents in the Asylum Centre ‘Salakovac’, children born in Serbia and Greece reportedly did not receive any immunization except BCG (Bacillus Calmette–Guérin to protect against Tuberculosis) and Hepatitis b. They were very eager to vaccinate the children and continuously asked for information where to receive all the necessary vaccines. Additionally, they reported dental problems among children that are not prioritised or dealt with.

“The doctors have been very dismissive, saying nothing is wrong with my daughter. She has low blood pressure, headaches, at times was dehydrated, and has nightmares.”
(Mother of a xx-year old girl, who has been on the move for nearly 4 years)

“My baby is one month old and has not yet received any vaccines.” (Mother of a 1-year old boy who has been on the move for more than 1 year)

“My child has toothache. My husband also needs medication. We’ve told NGO XY but nothing has happened.” (Mother of an 8-year old boy, who has been on the move for more than 2 years)



Education

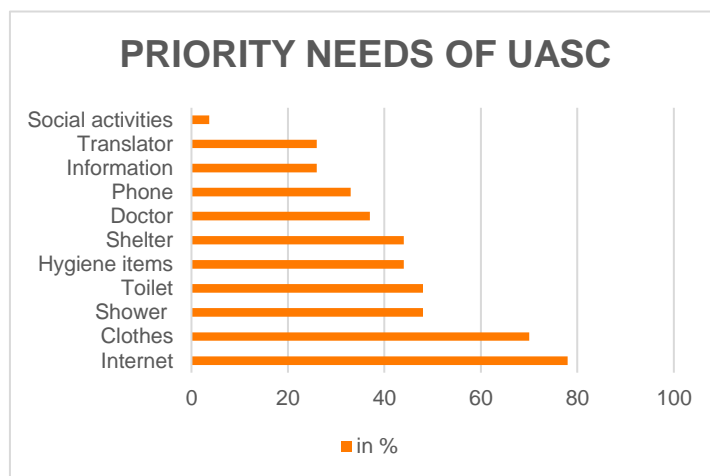
Though this assessment did not cover education, several children and their parents, especially those intending to stay (for a while) in BiH, stated during the interviews interest in primary or secondary education, as well as some form of early childhood development/ pre-school activities.

"I crossed illegally the border from Turkey to Greece by boat and all other borders by walking. In few countries they deported me and my family. We often lacked food, water, and shelter and sometimes I think there is no future for us and no hope. We cannot continue our education. If I was able to continue my education, one of my biggest dreams would be to become a doctor to fulfill my parents' dream. I have been in BiH for more than 3 months but I have not heard about any language course or class. I have faced money problems but I want to forget all of the problems, and just look forward and continue my education, if possible." (A 16-year old boy, who has been on the move with his family for more than 2 years)

Non-Food Items

Out of a total of 352 accompanied children assessed, more than half wore inadequate clothes (53%) and even slightly more than that inappropriate shoes (57%) for the season. Nearly one third of children (30%) wore tattered clothes (showing large holes or tears) and every tenth child (12%) no clothing (partially or fully naked). Several children and caregivers mentioned in particular lack of underwear and shoes.

When asked about **what they would need right here, right now that does not exist**, out of 27 UASC, the following items were confirmed to be lacking (multiple responses possible): Internet (78%) clothes (70%), shower and toilet (each 48%), food (44%), hygiene items (44%), shelter (41%), doctor (37%), phone (33%), information (26%), translator (26%), social activities (3.7%).



Recommendations

Key priorities for immediate response:

Ensure that

- all UASC as well as accompanied children and their families are provided with immediate accommodation/shelter.
- all children, accompanied or unaccompanied, are provided with urgent medical attention (check-up) and needed clothing, hygiene supplies and adequate food (including three meals per day, and supplements such as vitamins, where needed).
- all UASC get immediately a legal guardian appointed.
- all UASC as well as accompanied children and their families have access to continuous psycho-social counselling.



Protection

From the MIRA report:

- Finalise clear referral mechanisms and standard operating procedures – with defined roles, responsibilities, and accountability mechanisms - for the provision of protection services for UASC, in particular for the appointment of guardians and best interest determination, with the participation of key stakeholders and introduced in practice by relevant institutional actors.
- Standard operating procedures need to ensure quality standards of alternative care for UASC, whose best interests must be in focus. Where necessary, and based on further assessment, capacities of relevant institutions (centres for social welfare in particular) should be enhanced to ensure the effective implementation of and compliance with referral mechanisms and guidelines.

Additional recommendations:

- Engage relevant child psychologists and experts to provide specialised psychosocial counselling to children, and ensure that these psychologists screen and identify children potentially in need of more specialised care and protection, e.g. UASC, GBV/trafficking victims.
- Establish child friendly spaces to ensure a safe and protective environment for children in the asylum and migration process, where children can learn, play and benefit from psychosocial counselling.
- Improve existing accommodation conditions to ensure relevant protection standards for children, including establishment of safeguarding policies.
- Ensure availability of and access to legal aid/advice to child refugees and migrants and their families as well UASC in a language they can understand.
- Provide information to children, in particular UASC, on their rights to seek asylum, availability of and access to basic social services, and on protection risks such as violence, abuse, trafficking, exploitation, and advice on how to mitigate these risks, in a language they can understand.

- Improve and expedite asylum procedures, especially for UASC.
- Train/educate frontline workers on how to adequately convey information to children, including cultural sensitivity.
- Further assess capacities and training needs of those professionals working directly with child migrants and refugees.
- Further assess the links between children transiting through BiH and smugglers to define relevant response strategies and to ensure that protection measures do not result in further risks for children.

Humanitarian Mine Action and Risk Education

From the MIRA report:

- Data of the locations and risks of mine suspected areas should be shared widely and in multiple languages with refugee and migrant children and their families, including UASC. This should be done in partnership with the BiH Mine Action Centre and the Red Cross.
- Where needed along the route, ensure marking of mine suspected areas is in place, especially in potential border crossing areas.



Nutrition

- Advocate and support partners in charge of food distribution to adapt activities to the nutritional needs of children, with a special focus on children under 5 years old to ensure that all nutritional needs of children are met, including training of frontline workers on infant and young child feeding practices.
- Establish mother-and-baby corners in key locations and strengthen infant and young child feeding activities through these corners, including breastfeeding support and support for adequate baby formula for mothers who are unable to breastfeed.
- Ensure that children are provided with adequate and sufficient food, e.g. three meals per day and supplements, if required.
- Ensure more systematic solutions for food provision and food safety.



Health

- Establish a system that ensures access to primary, secondary and tertiary health care for all children regardless of their status.
- Consider engaging mobile health units to deal particularly with the issues that are relevant for children such as providing much needed dental care and immunization services.
- Provide support to the Institutes of Public Health to develop protocols on immunizing migrant and refugee children as well as possibly conducting vaccination campaigns.

- Collaborate with the Institutes of Public Health to ensure that all children who did not receive all necessary vaccines are given an opportunity to do so. Protocols need to be developed on how to deal with immunization issues with the migrants and refugees coming into the country. Further support needs to be provided to the Institutes of Public Health on procurement and distribution of the vaccines.
- Provide training to refugee and migrant first line responders to identify communicable diseases and effectively deal with them.



Education

- Conduct an education assessment as soon as possible to assess education needs of asylum-seeking children and what needs to be put in place to ensure integration of asylum-seeking children into the regular primary and secondary education system in BiH in the new school year starting in September 2018.
- Provide non-formal education, in particular among new arrivals with the aim to facilitate asylum-seeking children's gradual integration into the BiH school system, including relevant BHS language courses.

Non-Food Items

- Provide services in a coordinated and dignified way with respect for the autonomy and privacy of the child. Wherever possible, support should enable children to choose how they would like to do things in order to maintain a sense of personal control.
- Better coordinate the provision of (seasonal) clothes, including shoes, to children and their families.

Annex 1 Questionnaires

1. Questionnaire for child refugees and migrants and/or their caregivers

IDENTIFICATION
Assessor's name:
Organisation:
Date of assessment:
Location:

Informed consent form:

A

As I said previously, I am **[interviewer's name]** and I am working with UNICEF/ Save the Children / World Vision / SOS Children's Villages / IFS-Emmaus, a child rights organisation. We are conducting an assessment on the situation of child migrants and refugees, including UASC in BiH.

The information you provide will help us to provide improved protection and services to you and your family.


This interview will not negatively or positively impact the asylum process. It also cannot be considered a guarantee for any direct or indirect support to you or your family or those traveling with you. You will not be asked about your name or any other personal data. Your participation is voluntary and you can choose not to answer any or all of the questions. You can stop the interview at any time.


A) Do you agree to continue with this interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Do you have any questions before we start? <i>[Note any questions from the RESPONDENT in the space here] [if no question, tell respondent that they can ask questions at the end as well].</i> <hr style="border-top: 1px dashed black;"/>		

Screener			
C	Age and gender of selected child: [if child under 15, find appropriate adult caregiver to speak to]	- - - - years months [months are most important for children 0-4 years old] <input type="checkbox"/> Male <input type="checkbox"/> Female	
C.1	[if speaking to adult caregiver of the child] Age and gender of respondent:	- - - - years <input type="checkbox"/> Male	

		<input type="checkbox"/> Female	
D	Country of origin of the child:	<input type="checkbox"/> 1. Syria <input type="checkbox"/> 2. Afghanistan <input type="checkbox"/> 3. Iraq <input type="checkbox"/> 4. Iran <input type="checkbox"/> 5. Lebanon <input type="checkbox"/> 6. Jordan <input type="checkbox"/> 7. Yemen <input type="checkbox"/> 8. Somalia <input type="checkbox"/> 9. Nigeria <input type="checkbox"/> 10. Other (specify_____)	
E	How long has the child been traveling?	[_____ - _____] days months <input type="checkbox"/> don't know [If 'don't know', try to get an estimate:] <input type="checkbox"/> 1. less than a week? <input type="checkbox"/> 2. between a week and a month? <input type="checkbox"/> 3. more than a month?	
F	What is the relationship of the adult respondent who is answering questions on behalf of the child?	<input type="checkbox"/> 1. Mother <input type="checkbox"/> 2. Father <input type="checkbox"/> 3. Sibling (brother or sister) <input type="checkbox"/> 4. Uncle <input type="checkbox"/> 5. Aunt <input type="checkbox"/> 6. Cousin <input type="checkbox"/> 7. Other family members (specify _____) <input type="checkbox"/> 8. Family friends (specify _____) <input type="checkbox"/> 9. Other (specify _____) <input type="checkbox"/> not applicable <input type="checkbox"/> don't know	
<i>For supervisor's use only:</i>			
Verification done by: _____ Date: ___/___/___ Signature: _____			

B

[thank the Respondent for answering the questions to the previous section and continue to the new section]		
1. Clothing		
1.1	 Is the child wearing adequate clothes for the season?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [don't know] [if YES, skip to section 2.1]
1.2	[if NO to 1.1] describe the clothing situation:	<input type="checkbox"/> 1. tattered clothes (showing large holes or tears) <input type="checkbox"/> 2. no clothing (partly or fully naked) <input type="checkbox"/> [other (specify)] _____

1.3	 Is the child wearing appropriate shoes for the season?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [don't know]	
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[thank the RESPONDENT for answering the questions to the previous section and continue to the new section]

2. Psychosocial Distress

2.1	<p>[child] What made you feel secure and safe since the beginning of the journey?</p> <p>Or</p> <p>[caregiver] What made the child feel secure and safe since the beginning of the journey?</p> <p>-----</p>		
2.2	<p>[child] Have you been feeling scared or stressed since the beginning of your journey?</p> <p>Or</p> <p>[caregiver] Has the child been scared or stressed since the beginning of the journey?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [Don't know] <input type="checkbox"/> [if NO, skip to section 3]	
2.3	<p>[if yes to 2.2] [select maximum 3 answer options]</p> <p>[child] What has been the most stressful for you?</p> <p>Or</p> <p>[caregiver] What has been the most stressful for your child?</p>	<input type="checkbox"/> 1. attacks <input type="checkbox"/> 2. being separated from their parents <input type="checkbox"/> 3. losing their belongings <input type="checkbox"/> 4. not being able to go back to school <input type="checkbox"/> 5. not being able to return home <input type="checkbox"/> 6. being separated from their friends <input type="checkbox"/> 7. bad memories <input type="checkbox"/> 8. going far from home <input type="checkbox"/> 9. tension within the family <input type="checkbox"/> 10. fear of sexual violence <input type="checkbox"/> 11. lack of shelter <input type="checkbox"/> 12. lack of food <input type="checkbox"/> 13. fear of recruitment to armed forces or groups <input type="checkbox"/> 14. the sea <input type="checkbox"/> 15. cold weather <input type="checkbox"/> 16. boat <input type="checkbox"/> [don't know] <input type="checkbox"/> other (specify) -----	<p><i>[note any other issues that the respondent may raise in response to this question]</i></p> <p>-----</p> <p>-----</p> <p>-----</p>


[thank the RESPONDENT for answering the questions to the previous section and continue to the new section]

3. Disability/ impairment

3.1	 <p>Does the child have any visible intellectual or physical (including visual or hearing) disability or impairment? [Mark all that apply]</p>	<input type="checkbox"/> 1. Yes – Mild physical disability <input type="checkbox"/> 2. Yes – Moderate physical disability <input type="checkbox"/> 3. Yes – Severe physical disability <input type="checkbox"/> 4. Yes – Mild intellectual disability <input type="checkbox"/> 5. Yes – Moderate intellectual disability <input type="checkbox"/> 6. Yes – Severe intellectual disability <input type="checkbox"/> 7. Yes – Cannot determine the type <input type="checkbox"/> 8. No observable disability <input type="checkbox"/> [Don't know]	
3.2	<p>[if Yes to 3.1] describe the observed disability:</p> <p>-----</p> <p>-----</p>		

[thank the RESPONDENT for answering the questions to the previous section and continue to the new section]

4. Nutrition / food / water

4.1	 <p>Does the child look visibly under nourished?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [cannot be assessed] [if YES, describe: ----- -----)	
4.2	<p>[if child less than 12 months] Do you breastfeed your child or provide baby formula?</p>	<input type="checkbox"/> breastfeed <input type="checkbox"/> baby formula	
4.3	<p>How many times have you/child eaten fruits (banana, apple, orange or similar) in the last week?</p>	<input type="checkbox"/> never <input type="checkbox"/> once <input type="checkbox"/> 2-3 times <input type="checkbox"/> more than 3 times <input type="checkbox"/> don't know	
4.4	<p>How many times have you/child eaten vegetables (tomato, cucumber, carrot or similar) in the last week?</p>	<input type="checkbox"/> never <input type="checkbox"/> once <input type="checkbox"/> 2-3 times <input type="checkbox"/> more than 3 times <input type="checkbox"/> don't know	
4.5	<p>How many times have you/child eaten meat in the last week?</p>	<input type="checkbox"/> never <input type="checkbox"/> once <input type="checkbox"/> 2-3 times <input type="checkbox"/> more than 3 times <input type="checkbox"/> don't know	

4.6	<p>[child] What other types of food have you been eating since you started your journey?</p> <p>Or</p> <p>[caregiver] What other types of food has the child been eating since you started your journey?</p> <p>[choose maximum 3 options]</p>	<input type="checkbox"/> 1. Biscuit <input type="checkbox"/> 2. Bread <input type="checkbox"/> 3. Juice <input type="checkbox"/> 4. Chocolate <input type="checkbox"/> 5. Cheese <input type="checkbox"/> 6. Chips <input type="checkbox"/> 7. Other (specify) _____ <input type="checkbox"/> [don't know]	
4.7	<p>[child] Have you had access to drinking water when needed since the beginning of your journey?</p> <p>[caregiver] Has the child had access to drinking water when needed since the beginning of the journey?</p>	<input type="checkbox"/> Yes, always, mostly <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> [don't know]	

[thank the RESPONDENT for answering the questions to the previous section and continue to the new section]

5. Health

5.1	<p>[child] Have you had any new (major) health problems since the beginning of your journey?</p> <p>Or</p> <p>[caregiver] Has the child had any new (major) health problem since the beginning of the journey?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [don't know] <input type="checkbox"/> [if NO, skip to next section]	
5.2	<p>[If YES to 5.1] [child] Did you receive treatment to resolve the health problem you mentioned?</p> <p>Or</p> <p>[caregiver] Did the child receive treatment to resolve the health problem you mentioned?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [don't know] <input type="checkbox"/> [if YES, skip to next section]	
5.3	<p>[If NO to 5.1] [child] Why did you not receive treatment?</p> <p>Or</p>	<input type="checkbox"/> lack of time <input type="checkbox"/> no medical services available <input type="checkbox"/> language constraint <input type="checkbox"/> financial constrains <input type="checkbox"/> distance <input type="checkbox"/> was not allowed to go to medical facility	

	<p>[caregiver] Why did the child not receive treatment?</p>	<input type="checkbox"/> did not want to ask for help <input type="checkbox"/> didn't know who to ask for help <input type="checkbox"/> other(specify _____) <input type="checkbox"/> [don't know]	
5.4	<p>[child] Have you received any vaccinations that you know of?</p> <p>Or</p> <p>[caregiver] Has your child received any vaccinations you know of?</p> <p>[If yes, check which ones]</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> [don't know] <input type="checkbox"/> MMR (Measles, Mumps, Rubella) <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Polio <input type="checkbox"/> Tetanus <input type="checkbox"/> Diphtheria <input type="checkbox"/> Pertussis (whooping cough)	

<p>[thank the RESPONDENT for answering the questions to the previous section and continue by saying: "Now I am finished with my interview. Is there anything you want to share with me about your experience during the journey? Is there anything that should be done / changed to make it easier for you?"]</p>		
	<p>[note any other issues that the child/caregiver has shared with you]</p> <p>-----</p> <p>-----</p> <p>-----</p>	

2. Questionnaire for unaccompanied and separated children

IDENTIFICATION
Assessor's name:
Organisation:
Date of assessment:
Location:

Informed consent form:

A

As I said previously, I am **[interviewer's name]** and I am working with UNICEF/ Save the Children / World Vision / SOS Children's Villages / IFS-Emmaus, a child rights organisation. We are conducting an assessment on the situation of child migrants and refugees, including UASC in BiH.

The information you provide will help us to provide improved protection and services to you and your family.

This interview will not negatively or positively impact the asylum process. It also cannot be considered a guarantee for any direct or indirect support to you or your family or those traveling with you. You will not be asked about your name or any other personal data. Your participation is voluntary and you can choose not to answer any or all of the questions. You can stop the interview at any time.

A) Do you agree to continue with this interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B) Do you have any questions before we start? <i>[Note any questions from the RESPONDENT in the space here] [if no question, tell respondent that they can ask questions at the end as well].</i>		

KEY INFORMATION ABOUT INFORMANT
Age:
Gender:
Specific needs: <input type="checkbox"/> Child with disability <input type="checkbox"/> Medical Case <input type="checkbox"/> Girl mother <input type="checkbox"/> Other (please specify): -----

MIGRATION TRENDS
1. Where is your country of origin?
<input type="checkbox"/> Syria <input type="checkbox"/> Afghanistan <input type="checkbox"/> Iraq <input type="checkbox"/> Iran <input type="checkbox"/> Other (specify): -----
2. What is your nationality?

Syrian Afghani Iraqi Iranian Other (specify): _____

3. What languages do you speak?

Arabic Farsi Dari Pasto Urdu Kurdish Other (specify): _____

4. Why did you leave your country?

- To study To find work To join family To escape conflict/violence/persecution
 Other (specify): _____

5. How long have you been travelling from the country of origin? (if unclear to the KI, use answer options as examples)

- Up to 2 weeks 2 weeks up to 1 month
 1-3 months 3 months to 1 year
 more than a year don't know / not sure

**6. What countries have you travelled through since leaving your country of origin until arriving here?
How long have you stayed in those countries?**

- i. Country: _____ / Time spent in the country: _____
ii. Country: _____ / Time spent in the country: _____
iii. Country: _____ / Time spent in the country: _____
iv. Country: _____ / Time spent in the country: _____
v. Country: _____ / Time spent in the country: _____
vi. Country: _____ / Time spent in the country: _____

7. Have you been registered in any of those countries? Did you ask for asylum in any of those countries? If yes, please specify where.

8. Do you know what country you want to go to as a final destination?

- Yes (specify): _____ No [if so, jump to question 10]

9. Why did you choose it for your final destination? (if unclear to the KI, use answer options as examples. Tick all that apply, but try to guide the KI to tell you which ones are the most important)

- Family living there
 Good reception conditions
 Rumour / Information
 Don't know
 Friends living there
 Medical reasons
 Because all the refugees are going there
 Other (specify): _____

HISTORY OF SEPARATION

10. Where are your parents?

Mother:

- In country of origin
 Don't know where she is
 Passed away in conflict
 Passed away before conflict

- In country of destination
- Other: _____

Father:

- In country of origin
- Don't know where he is
- Passed away in conflict
- Passed away before conflict
- In country of destination
- Other: _____

11. How long have you been separated from your family?

12. Where did you separate from them?

13. How did you separate from your family?

- Lost them during the journey
- Voluntarily (parents decided to stay behind on the route)
- Left them in a country of origin
- Other (specify): _____

14. Are you in contact with your family?

- No
- Yes (Specify with whom and how often: _____)

15. Who did you start your journey with?

- Alone
- In a group (specify the relation: family/friends/neighbours/unknown people)

16. Who do you travel with now?	Alone	In a group	
	How long have you been alone?	Where and when did you meet people you are travelling with now?	How is your relationship with them?
	For what reason did you separate from the group?	Do you know them from the country of origin?	Would you like to stay with them?
		How old are others in the group?	

INFORMATION ABOUT BOSNIA AND HERZEGOVINA

17. Do you know in what country / city are you now?

- Yes (specify): _____
- No

18. When did you come to Bosnia and Herzegovina?

19. Did you face troubles while trying to cross the border to enter Bosnia and Herzegovina?

- No
- Yes (specify): _____

20. Has someone appointed a guardian to you [someone who provides you with information and ensures access to essential services, such as healthcare if needed]?

- No
- Yes (specify): _____
- Don't know

21. Did you register / ask for asylum here in Bosnia and Herzegovina? If not, explain why?

- Yes
- No (specify): _____

22. Where are you staying while being in Bosnia and Herzegovina?

- Hotel
- Collective center
- Refugee accommodation center
- Informal collective center
- Private accommodation
- Park / outdoors
- NGO / faith-based accommodation
- Other (specify): _____

22a. If the interview is conducted out of an accommodation facility: Would you go to any of the refugee accommodation centres in Bosnia and Herzegovina?

- Yes (specify): _____
- No (specify): _____

22b. If the interview is done in an accommodation facility: What main things would you need in this facility?

- i. _____
- ii. _____
- iii. _____
- iv. _____
- v. _____

23. Do you feel safe here?

- Yes
- No (specify): _____

24. What is it that you need right here, right now that does not exist?

- Food
- Shelter
- Clothes
- Shower
- Toilet
- Hygiene items
- Doctor
- Internet
- Phone
- Information
- Translator
- Other (specify):

Provide more details.

25. Did you try to continue your journey from Bosnia and Herzegovina? If yes, can you provide more details about your experience?

INDICATORS OF POTENTIAL RISK OF HUMAN TRAFFICKING

26. Did anyone arrange your travel to and onward Bosnia and Herzegovina?

- No
- Yes (Who?)

27. How is the payment for the travel arranged? (paid in advance in the country of origin / paid along the route / to be paid in the country of destination)

- No
- Yes (Explain)

28. Did you work throughout the journey to earn money to continue journey?

29. Have you heard about boys or girls who have been exposed to violence while staying in Bosnia and Herzegovina? (Collect the information concerning the time, place and details of the accident)

- No
- Yes - What exactly happened?

[thank the RESPONDENT for answering the questions to the previous section and continue by saying: "Now I am finished with my interview. Is there anything you want to share with me about your experience during the journey? Is there anything that should be done / changed to make it easier for you?"]

	<p>[note any other issues that the child has shared with you]</p> <p>-----</p> <p>-----</p> <p>-----</p>	