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Revised Emergency Appeal

Bosnia and Herzegovina: Population Movement

 International Federation
of Red Cross and Red Crescent Societies

Revised Appeal n° MDRBA011

Glide n° OT-2018-000078-BIH

For details on coverage, see the
[Donor Response Sheet](#)

To be assisted: 50,000 migrants and 1,500 households (approx. 4,500 people) from host communities

300,000 Swiss francs DREF loan allocated (reimbursed to the Fund)

3.8 million Swiss francs Appeal current funding requirements

2.2 million Swiss francs funding gap

Appeal launched: 8 December 2018

Revision no.1: 22 November 2019

Revision no.2: 7 December 2020

Revised Appeal end date:
8 December 2021 (extended by 12 months)

The revised Emergency Appeal seeks total of **3.8 million** Swiss francs to enable the **International Federation of Red Cross and Red Crescent Societies (IFRC)** to continue supporting the **Red Cross Society of Bosnia and Herzegovina (RCSBiH)** to respond to the needs of migrants and host communities with a focus on the following areas: **Shelter; Livelihoods and basic needs; Health; Water, Sanitation and Hygiene promotion (WASH); Protection, Gender and Inclusion (PGI); Migration and National Society capacity strengthening.**

This Revised Appeal results in a funding gap of **2.2 million** Swiss francs based on an increased number of people to be assisted (**50,000 migrants increased from 35,000**) - as well as 1,500 households (4,500 people) from the host communities - an **extended timeframe until December 2021**, and adjustment of the operational activities taking into consideration the impact and changes in the operational context due to the COVID-19 outbreak, which has affected the implementation of the EA activities.

The extended EA operation will continue focusing on the work of the mobile teams in delivering services to the migrants as well as supporting host communities through cash assistance. However, it will put more emphasis on increasing the capacities of local branches involved in direct implementation of activities; as well as reallocation and adjustment of mobile teams' services based on the migrants needs. Additionally, community based health promotion activities have been introduced specifically targeting migrants in camps through setting up medical health points which will increase the Red Cross presence in camps.

Details will be available in the revised Emergency Plan of Action to be published in the upcoming weeks.

The situation and the Red Cross Red Crescent response to date

- **2015-2017** Balkan countries experienced a significant influx of migrants, with Bosnia and Herzegovina (BiH) only receiving a small number of migrants in this period.
- **2018:** Due to changes in migration routes, the number of migrants arriving in BiH began to increase. In June 2018, IFRC issues a DREF for 212,444 CHF to assist 3,000 people with food and hygiene parcels. **On 8 December 2018** IFRC issues an Emergency Appeal for 3.3m Swiss francs to support up to 7,600 migrants and 1,500 households from the host communities.
- **2019:** Joint IFRC/RCSBiH assessment is carried out throughout the country in October. On 22 November, IFRC issues the Revised Emergency Appeal for 3.8 million Swiss francs to assist 35,000 people and 1,500 households from the host communities.
- **5 March 2020:** First case of COVID-19 confirmed in Bosnia and Herzegovina and shortly afterwards, Government imposed strict movement measures for citizens below 18 and above 65 as well as strict procedures at borders.



Image 1- Red Cross Mobile Team (MT) assisting people on the move. Photo: RCSBiH

- **22 April 2020:** The camp near the village of Lipa, some 20 kilometres from Bihac, is set up.
- **30 September 2020:** Una Sana Canton authorities, forcibly transferring refugees and migrants from the temporary reception centre “Bira” in Bihać outside the emergency facility in Lipa, which is already at full capacity. As a result, hundreds of persons are left in harsh weather conditions without shelter and access to basic assistance.
- **7 December 2020:** revised Emergency Appeal no. 2 is published extending the operation time frame by 12 months, increasing the targeted population to 50,000 and including additional activities in the camps to address the continuous needs in country.

The operational strategy

Overall situation

According to latest updates from the Bosnia and Herzegovina (BiH) authorities and the International Organization for Migration (IOM); since January 2020 until the end of October 2020 there have been 13,760 registered arrivals, which is a significantly lower number compared to the same period last year (26,864). However, the political situation in BiH and neighbouring countries has changed and resulted in a decrease of new arrivals due to tighter controls on the Croatian border resulting in migrants losing interest to use the BiH route. The impact of the COVID-19 outbreak also caused border closures and movement restrictions.

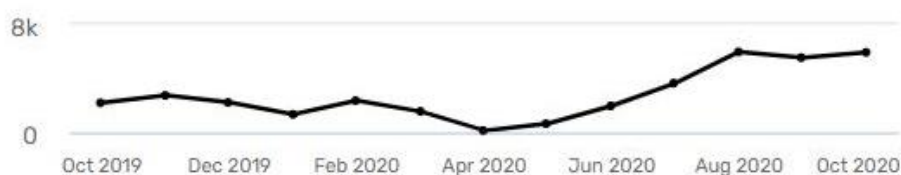
BiH is almost exclusively a transit country for migrants, with most people staying from a few days up to a few months before moving on to other countries. The transitory nature of people’s presence in BiH makes supporting people effectively a serious challenge with little opportunity for long term engagement.



Map 1 – Main migratory routes in BiH

Around mid-August 2020, authorities in Una-Sana Canton imposed strict measures towards migrants such as ban of movement within the canton, ban of entering the canton, closing of Temporary Reception Centres (TRCs) in Bira and ban of use of public transport. All these measures have further worsened the situation and caused more migrants to stay outside of reception centres. As of November 2020, it is estimated that there are 3,500 to 4,500 people living outside of TRCs, such as abandoned factories, houses or in improvised tent settlements. These people are in dire need of assistance, especially in the area of Una Sana canton where the Red Cross is the only recognized agency by the local authorities that is allowed to provide support to the people on the move. Other agencies are therefore cooperating and coordinating with the cantonal Red Cross branches to support the migrants.

According to reports from RCSBiH Mobile Teams in Tuzla and Eastern part of Republic of Srpska during the period September-November 2020, there is an increased number of migrants who are returning to Serbia due to pushbacks on the Croatian border and also due to the very harsh situation in Una Sana canton and lack of proper accommodation. According to IOM Flow monitoring of migrants¹, influx of migrants have been observed coming back to Serbia from BiH where most of the migrants stated that they will stay over the winter in Serbia, where camps have much better conditions, and after winter they will try to return to BiH or try another route directly to the EU.



Graph 1 - Influx trends in Serbia (Source: IOM)

¹ <https://migration.iom.int/europe?type=arrivals>

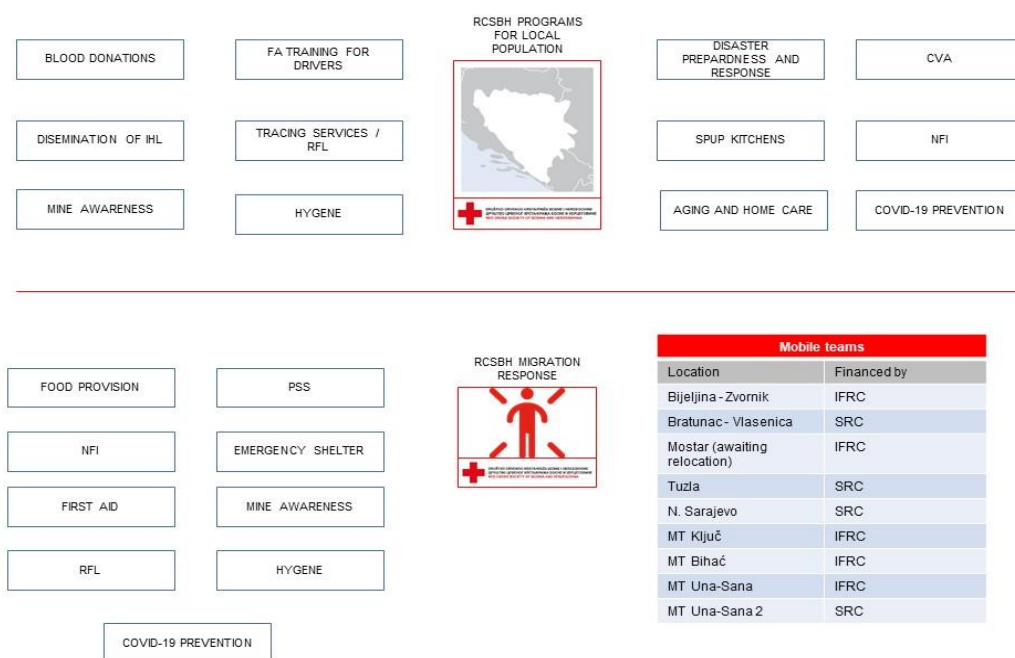
In October 2020, RCSBiH mobile teams have witnessed an increased number of families with children on the move and outside of TRCs.

The outbreak of the COVID-19 pandemic and enhanced border protection measures have had a major impact on the current operation. While the number of migrants and refugees crossing international borders reduced dramatically, the already challenging conditions for migrants and refugees were further exacerbated by the direct and indirect impacts of the COVID-19 pandemic, including reduced access to vital public or other social care services and humanitarian support. However, access to basic health care services is still available within the public health system. Ensuring an effective response operation during the COVID-19 pandemic has required significant readjustments, both in terms of programming and duty of care to the people targeted, volunteers, and staff. Despite the overall lockdown restrictions and challenges ranging from procurement of adequate PPE and ensuring social distancing in crowded settings, RCSBiH has managed to deliver its activities to the migrants following all necessary precautions.

The mitigation and restrictive measures due to the COVID-19 pandemic continued in the entities of the Federation of Bosnia and Herzegovina as well as in the Republika Srpska, however, a huge increase in number of confirmed cases is still being recorded in both entities. The authorities were calling for respect of the epidemiological measures in place country wide. Although the BiH Council of Ministers' decision on ban of movement between the TRC was still in force, this did not affect the movements except for the TRC Bira. Screening on COVID-19 symptoms has been performed in all TRCs. Currently, Danish Refugee Council (DRC) is still supporting COVID-19 screening in camps, however information on infected migrant population are not available.

Summary of the RCSBiH response to date²

Continuation and reinforcement of the regular programmes and activities currently implemented by the RCSBiH have been found to be a critical aspect of supporting the migration crisis. All services provided by RCSBiH are illustrated in the below chart to give the overall picture covering both regular and migration response assistance.



The table below provides information of the TRCs and their state of occupancy as of October 2020.

Table 1 - The locations of Temporary Reception Centres and their current occupancy (as of October 2020)
Source: October 2020, IOM, Bosnia and Herzegovina – Official Temporary Transit Centres

CANTON / REGION	TRC	POPULATION
UNA – SANA CANTON	Miral	697
	Sedra	283
	Bira	0
	Borići	268

² For more details on the achievements so far, please refer to the [Emergency Appeal Operations Update n° 6 for Bosnia and Herzegovina: Population movement \(MDRBA011\)](#)

	Lipa	1442
HERZEGOVINA – NERETVA CANTON	Salakovac	70
SARAJEVO CANTON	Ušivak	932
	Blažuj	2739
	Delijaš	35
REPUBLIC OF SRPSKA	Lukavica	50

During 2019-2020 IOM and local authorities have been closing and opening new camps depending on the number of migrants in different areas. The RCSBiH has been involved in the support of the migrants that were reallocated with provision of First Aid and Psychosocial Support as well as food needed for their trip.

Migration

In addition to the food preparation and distribution in camps, RC mobile teams provided outreach services to people on the move. Following a training, five Mobile Teams (MTs) were established in Bihac, Bijeljina, Kljuc, Mostar, and in Una-Sana Canton as a cantonal team each consisting of a team leader and three members.

Due to the increasing numbers of people on the move, there was a need to establish one MT in Tuzla, run by the City Red Cross and two months later another one in Kalesija, run by the Kalesija Branch, bringing the total number of established MTs to nine (9) -with the support of the Swiss Red Cross who has been a long term partner of the Red Cross Society of BiH-. The Mobile team of Mostar is awaiting reallocation due to low numbers of migrants in Herzegovina-Neretva canton and a new location will be soon decided upon.

Since 1 April 2019 until 31 October 2020, MTs have supported 30,000 people on the move, sleeping by the roadside and those staying outside of official TRCs, and provided them with essential emergency relief items such as: dry food parcels, hygiene items, blankets, mattresses, sleeping bags, shoes and clothes, as well as psychosocial support and first aid.

The below chart provides an overview of the RCSBiH's mobile teams interventions per type of service.

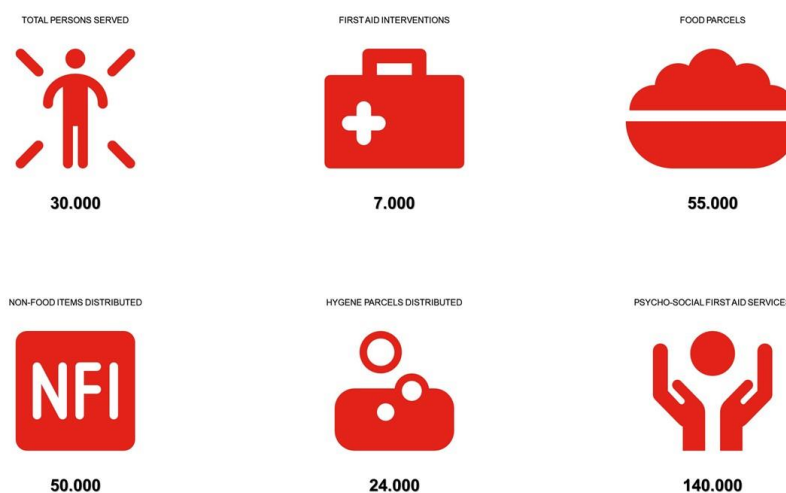


Figure 1 - Overview of people reached in 2019 - 2020 through the RCSBiH mobile teams' interventions across BiH and the type of services provided.

Shelter and WASH

As for the shelter support, household items provision such as winter clothes, winter shoes, winter hats, socks, underwear, raincoats, thermal foil, baby diapers, nail clippers were procured in 2020 for approximately 2,000 people. In July 2020, procurement has been completed for nail clippers, thermal foil, baby diapers and raincoats for approx. 500 people. A second tender has been launched in October-November 2020 for winter clothing, underwear and shoes for an additional 1,500 people. Initially it was planned to engage in camp management operations in the area of Bihac with provision of beds and other shelter-related items, but due to insufficient capacities of the NS and funding coverage of the appeal the shelter component has been revised for the provision of basic household / clothing items.

While 10,500 food parcels and 15,000 hygiene kits were procured under the Emergency Appeal that were prioritized by the NS, items such as blankets, sleeping bags, mattresses, clothing and shoes were collected through in-kind donations from Partner National Societies (PNSs) and other donors. In addition, the RCSBiH has been providing first aid, Restoring Family Links (RFL) services, psychosocial support (PSS) and with the support of the ICRC, awareness raising about mines and other explosive remnants of war, which are a potential threat along the migration route – and especially around Vucjak Camp.

Further to the distribution of food and household items through outreach activities of the MTs, the RCSBiH has also distributed its own stock of relief items (e.g. hygiene kits, clothing items, shoes, blankets, pillows, mattresses, beds) inside of IOM/EU run TRCs, very often on request from IOM. The RCSBiH has also set up large tents (donated by the Turkish Red Crescent) for temporary accommodation with mobile heating systems for hundreds of migrants staying in Bira and Miral over the 10-month period, until IOM/EU secured a sufficient amount of accommodation containers. Further to this, the RCSBiH lent 26 containers (out of 34) to IOM (donated by the German Red Cross), currently in use for accommodation of migrants in Ušivak TRC.

The local Red Cross branch in the city of Ključ established a small laundry service mainly to wash used blankets and linen used by migrants who are sleeping in a small shed at the checkpoint Velečevo, and also set up two portable toilets for migrants. This solves and overcomes immediate sanitation issues, but it is uncertain for how long the branch can sustain these services from their own resources.

Health

Based on the results of the joint health needs assessment (conducted in May 2019), the RCSBiH, with support of IFRC, Italian RC and Montenegro RC, a First Aid and community-based health and first aid (CBHFA) training was conducted in November 2019 for the volunteers coming from Cazin-USC, Bijeljina, Kalesija, Mostar, and Tuzla canton. In total, **15 First Aid** volunteers, including MT members, were trained to respond on the most urgent health needs of migrants. In February 2020, a PGI/CEA training has been carried out in the city of Bihać with the participation of the involved RC branches/chapters in this Emergency Appeal. In March 2020, before the COVID-19 lockdowns were introduced, additional MT training was carried out for the new MT volunteers that have joined in Zvornik and Sarajevo.

Due to the high numbers of COVID-19 cases in the country, there are still measures in effect that are ordering all population to wear masks in public places (closed and open areas). All mobile teams continue to distribute protective equipment approx. 200,000 pcs (surgical masks) and approx. 43,000 informational leaflets with COVID-19 awareness materials to migrants on the move.

Livelihoods and basic needs

In addition to the support to the migrants under the Emergency Appeal, RCSBiH with the technical support of the IFRC implemented a Cash and Voucher Assistance programme in 2020 providing cash grants for two months and reaching 557 local families in Bihać, Ključ, Velika Kladuša, Cazin, Ključ, Bosanska Krupa, Bosanski Petrovac, Bužim, Sanski Most, Kladanj, Živinice, Kalesija, Tuzla, Bileća, Ljubinje, Zvornik, Čajniče, Bratunac and Vlasenica, all locations where tensions are very high between local and migrant population.

Apart from the Emergency Appeal activities, IOM is currently operating in a total of 6 camps, which are located in Una-Sana Canton (Borici, Miral, Sedra and Lipa) and Sarajevo canton (Ušivak and Blazuj) where the Red Cross of Federation of Bosnia and Hercegovina entity is providing food (funded by IOM). Additionally, 3 camps are operated by



Map 2 - RCSBiH mobile teams' distribution and migration routes. DRC (Danish Refugee Council), SRC (Swiss Red Cross), MT (Mobile team)

the State authorities in Hercegovina-Neretva Canton (Salakovac) where the local RC branch is involved in food provision with funding from IOM.

Protection, Gender and Inclusion (PGI)

As for PGI services, since the beginning of the operation, a total of 312 protection and health referrals have been registered by the MTs, majority of the referrals (around 200) were related to health issues of the migrants and the rest were referrals to IOM and Danish Refugee Council for the transportation and accommodation of migrants especially families and minors travelling alone.

Overview of Red Cross Red Crescent Movement in country

In order to support the RCSBiH in their activities to assist migrants, the IFRC and Movement Partners have provided both management and operational support to the RCSBiH leadership and technical teams. In addition, the RCSBiH has received technical, financial and in-kind support from the ICRC and multiple other RCRC partners who have long-standing partnerships with RCSBiH and/or have been present in the country; including the Austrian RC; Swiss RC, Turkish RC)³. ICRC is also financing two RFL mobile teams in Una-Sana canton and Tuzla canton. These teams are working together with the Mobile teams supporting migrants on the move and visiting TRCs to provide information on RFL services, promoting trace the face platform, charging phones and distributing phone and internet cards.

Needs assessment and targeting

As of the end of October 2020, the needs of people on the move or staying outside of the existing TRCs have continued with lack of access to sufficient food, health services, water and sanitation facilities and appropriate shelter; especially considering the upcoming winter. The Red Cross currently has 9 operational teams that are funded by the Emergency Appeal and bilateral cooperation with Swiss RC supplied with necessary First Aid materials and relief items for immediate use and distribution. Items to be distributed must be appropriate for the weather conditions and include winterization items, warm clothing, shoes/socks, hot drinks, blankets, sleeping bags etc.

Based on some of the main findings from the joint health assessment which was conducted by RCSBiH with the support of IFRC and Italian RC in May 2019 -that are still relevant to the current health situation- a further opportunity for much needed improvement in the health sector is related to community activities such as CBHFA for migrants in TRCs. Communities are facing the threat and risk of non-communicable diseases because of displacement, migration, and economic disparity.

During **September and October 2020**, the IFRC Operations manager together with the RCSBiH staff carried out several field visits and conducted small scale assessments in the different areas where the NS carries out its activities. Based on findings from field visits and discussions held with the local RC staff and volunteers, it has become obvious that the main focus of the intervention should be the MT's and their direct work with migrants as the need for this support is significant and not covered by other actors which is in line with the findings of the multi-sectoral assessment done in 2019. Additionally, during the inter-agency meetings, it has been confirmed that migrants on route and residing outside of the TRC's are in highest need of assistance especially during the winter months.

In October 2020, the NS carried out workshop with the entities of the RC Federation of Bosnia and Herzegovina and the RC of Republika Srpska to plan for future activities as part of the extension of the Emergency Appeal. The main findings during this workshop were:

- The support to migrants through the Mobile teams should continue as it is essential work done by the NS. The support given will be in food, hygiene items, clothing, first aid, etc.
- Support to the migrants in the camps and development of community-based health promotion (new activity)
- Support to the local population through cash assistance to cover basic needs of households and to mitigate the tensions between local population and migrants. Indeed; with increased number of migrants on the move negative attitudes towards migrants have been reported among the local population.

In conclusion, and based on the continuous needs assessments conducted since the beginning of the operation and based on the conclusions of the Inter-Agency Coordination Meetings and other operational factors, it has been decided to extend the current Emergency Appeal. These factors include the extended duration people on the move spend in BiH now compared to the past, the limited space in the official TRCs, the growing number of people sleeping in public places and abandoned buildings and deterioration of the weather conditions with the arrival of the winter.

³ More information on the support provided to the NS can be found in the Operations Update published in October 2020 and the revised EPoA (to be published soon).

At the disembarkation point in Velečevo at the entry to Una-Sana Canton there are increased number of families with small children, including pregnant women. IOM transportation teams are arriving to pick people up when there are free spaces in TRCs, in coordination with the NS. However, authorities are not allowing people to enter if there are no free spaces in the reception centres. This is causing a longer stay at this checkpoint for many people under difficult conditions. Warm clothing and shelter are essential along with sufficient amount of food and First aid material for treatment of wounds caused by long walks and scabies.

Learning from the experience gained in the course of the implementation of the emergency operation so far, preparation of informational material on risks of winter conditions is also planned. Indeed, MTs have been regularly observing migrants suffering from conditions such as malnutrition, blisters, scabies, respiratory infections and chronic diseases, including COVID-19 symptoms. In addition, the MTs are also seeing the need for longer-term care and medicines to address some chronic illnesses or medical complications. Health problems will be only increasing during the winter months, especially respiratory infections, flu, cold, exacerbation of some chronic diseases, due to the low outside temperatures. Therefore, more medical attention will be needed especially since COVID-19 cases have been rapidly growing in the country, according to World meters⁴. This will affect migrants but also RC staff working in contact with people. Work in weekly shift rotation will be considered and all precautionary measures will be respected to protect staff and volunteers.

The RCSBiH is working in close coordination with partners already engaged in the TRCs (such as IOM, Danish Refugee Council (DRC), UNHCR and Save the Children) in exploring the possibility to engage in health awareness raising activities for vulnerable people staying at official TRCs. For example, it was observed during the health assessment (May 2019) that there is a need for a gender-based approach and activities for sensitization of medical (local) doctors towards migrants due to existing stigma. Closer cooperation has been established lately between the Red Cross MTs and the DRC who are responsible for health care in TRCs, originally contracted by the UNHCR for the health sector. This cooperation is being now formalized through an MoU in some locations already.

Targeting

Taking into consideration the fact that most of vulnerable categories (i.e. women, children and minors) are accommodated in the existing TRCs on priority basis, the primary target of the RCSBiH assistance are single male (90%) and women and children (10%), including a few underage boys/unaccompanied minors all on the move (new arrivals) or subject of pushbacks. The RCSBiH will continue to follow the existing referral system with regards to vulnerable people met on the move / outside of TRCs (i.e. communication/reporting to IOM/UNHCR/DRC for transfers to the TRCs). Additionally, the RCSBiH will be targeting migrants accommodated in the TRCs with Community Health Promotions and First aid activities.

In terms of geographical coverage, considering needs-based approach, the priority will be given to areas that are facing the biggest burden of the migrant crisis in BiH which in this case are Una-Sana canton and Tuzla canton. In addition, MTs will continue to be deployed along the critical entry points into the country bordering mainly with Serbia and Montenegro.

In terms of selection of recipients for cash assistance from vulnerable members of the local population, the priority will be given to those vulnerable people who have been receiving humanitarian assistance from the RCSBiH prior to this migrant crisis, whose vulnerability has increased due to sudden influx of migrants and insufficient support from the RCSBiH due to lack of resources (which have been diverted to support the migrant crisis). The targeting criteria has been set through the Ministry of Social Work that has the most updated data on households that are in need of support within the different areas of intervention. The RCSBiH will be following the Ministry regulations for allocating one-time cash transfer that would be sufficient to cover the basic needs of a household according to the national standards.

Continuous re-assessments and monitoring of the situation will be taking place to adjust the operational capacities and resources to meet the needs of the affected people and areas.

Coordination and Partnerships

While the existing TRCs (5) continue to be run by the IOM, the Ministry of Security took over responsibility for coordination and supporting managing reception centres. The humanitarian response continues to rely mostly on the humanitarian community, where UN agencies are the biggest stakeholders.

- **The International Organisation for Migration (IOM), with support from European Union** continues to be the main humanitarian actor, providing accommodation for migrants by renting facilities for TRCs in Sedra hotel and, Bira and Miral factories in Una-Sana Canton (USC). IOM also continues to support running of TRC Borici (Bihac-USC) and TRC Salakovac (Mostar) as well as supporting food provision implemented by the RCSBiH in Borici

⁴ <https://www.worldometers.info/coronavirus/country/bosnia-and-herzegovina/>

and Bira TRCs in Bihac, Miral TRC in Velika Kladusa, Sedra TRC in Cazin and Salakovac and TRC in Mostar. Water and sanitation facilities are also provided by IOM in areas where no water established infrastructure is available.

- **UNHCR** is in charge of health care as well as supporting vulnerable groups by providing international protection documentation, free legal aid both in and outside of the temporary reception centres and continues to advocate for the restoration of freedom of movement of migrants, asylum seekers and refugees and accommodation in hostels and private accommodation. UNHCR also provided RCSBiH with significant resources and materials for distribution, including two field warehouses, six housing units, 7,000 blankets, 500 sleeping bags, 700 mats, 6,100 clothing items and 400 bags.
- **The Bihac Municipality**, has made a former student dormitory in Borići, near Bihac available as an additional shelter and provided support for Vucjak Camp in daily water supply, garbage collection and one time off in cash donation to the RC Bihac for food preparation (from 21 October Bihac Municipality withdrew all its support from Vucjak and from that date water provision and garbage collection was taken over by the local civil protection).
- **Pomozi.ba**, a local volunteer group, organized food distributions for migrants sleeping rough in Sarajevo and are also in charge of food provision in the city's Ušivak centre.
- **Danish Refugee Council (DRC)** is providing health care to migrants staying in the TRCs in Una-Sana Canton. DRC also supports strengthening of four RCSBiH Mobile teams with additional FA staff and other team members. Kalesija MT funding continued through Red Cross of the Federation of Bosnia and Herzegovina entity project signed by DRC along with teams in Tuzla Canton, Mostar, Ključ, Cazin, Bosanski Petrovac, Sarajevo.
- **MSF** provided a container used by RC first aid teams in Borići. Furthermore, MSF international medical team has been deployed in Velika Kladusa outside of TRC Miral and in a village near Vucjak camp to assist those without access to health services. MSF has suspended all activities and has not been active in the field since October 2020.
- **MFS Emmaus** provided food in Velika Kladuša until September 2018 and hosted a small number of vulnerable people in Duje, near Doboj. They have offered accommodation for 2,000 people in Duje, but this is off the migration route and people are not willing to stay there.
- **International Rescue Committee** is providing outreach services to migrants outside of TRCs together with Red Cross of Una-Sana canton

Coordination mechanisms

Movement coordination is maintained by the RCSBiH with the support of the IFRC. So far, two Partnership Meetings have been held with Partner National Societies supporting the Emergency Appeal including all in-country Partner National Societies and the ICRC. In addition to these meetings, very regular coordination and information sharing meetings are held at country level between the IFRC Operations Manager and PNSs present in country and ICRC. Additionally, nine partnership calls have been organized by the Regional Office for Europe.

In addition to the regular participation in monthly Inter-Agency Coordination Meetings held at national level in Sarajevo, the RCSBiH started to participate in national-level bi-weekly coordination meetings organized by UNHCR and IOM on outreach activities. Similar coordination meetings are held regionally in Una-Sana Canton and Salakovac, with the respective RCSBiH Branches participating.

RCSBiH COVID-19 response plan

The overall operational objective of the NS's COVID-19 response plan is to contribute to reducing morbidity, mortality and socio-economic impacts of the outbreak by preventing or slowing transmission and helping to ensure communities affected by the outbreak maintain access to basic social services and can support themselves with dignity.

The priorities are focused on the following pillars:

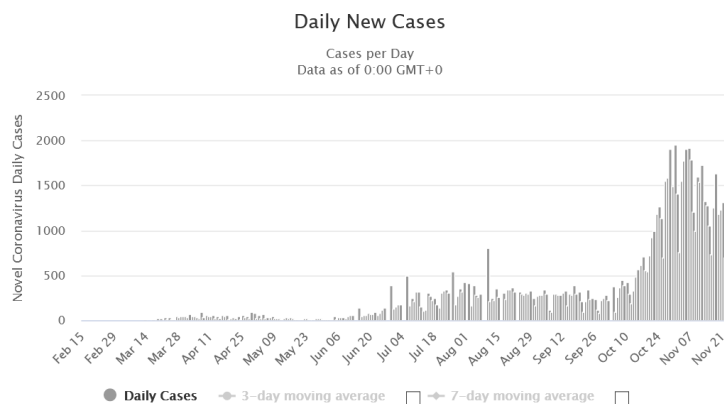
- Health and WASH including hygiene and personal protection materials, epidemic control, community health, health promotion, MHPSS, Risk Communication and Community Engagement better access to essential health services, especially to people with pre-existing conditions
- Addressing socio-economic impact of COVID-19 including livelihoods programs, food aid, cash and vouchers assistance, community engagement and accountability as well as community feedback mechanisms.
- Institutional strengthening including national society readiness and national society sustainability and support to volunteers.

As the outbreak evolves, the National Society has been:

- Preparing for cases imported to the country or new communities in order to be able to respond quickly, appropriately and effectively
- Supporting rapid containment of localized outbreaks when they occur
- Mitigating the health and social impacts of large-scale outbreaks.

According to the latest WHO data for BiH, there are currently 83,328 COVID-19 confirmed cases, 2,429 confirmed deaths and 32,689 active cases.⁵

Daily New Cases in Bosnia and Herzegovina



Daily new COVID-19 cases in BiH. Source: Worldmeters

IFRC COVID-19 Response

The National Societies' responses to COVID-19 are supported through the IFRC global appeal, which will facilitate supporting them to maintain critical service provision, while adapting to COVID-19. This operation is aligned with and will contribute to the current global strategy and [regional Emergency Plan of Action for COVID-19](#) developed by the IFRC Regional Office for Europe, in coordination with global and regional partners. IFRC continues to assess how emergency operations in response to disasters and crisis should adapt to this crisis and provide necessary guidance to its membership on the same. The NS will keep monitoring the situation closely, focusing on the health risks, and revise accordingly if needed taking into consideration the evolving COVID-19 situation and the operational risks that might develop, including operational challenges related to access to the affected population, availability of relief items and procurement issues, and movement of NS volunteers and staff as well as international staff. For more information please consult the [COVID-19 operation page](#) on the IFRC GO platform.

The complementarity between the response operations of RCSBiH (COVID-19 and Population Movement):

The Population Movement Emergency Appeal and COVID-19 response operations are complementing each other in delivering services to the migrants on the route and the local population affected by the migration crisis as well as the COVID-19 pandemic. The Mobile Teams, being one of the main components of both operations, have been providing support to the migrants on the move with provision of food, household items, as well as personal protective equipment to stop the spread of the COVID-19 infections among them, and provision of first aid. The mobile teams are being funded by both operations due to the nature of their services and in order to provide continuum in delivery of the services to the migrants. This complementarity also applies to the support of the local population as the population movement EA will support households that are affected by the migrant crisis and the COVID-19 appeal is supporting vulnerable groups of Roma population with Cash assistance.

⁵https://covid19.who.int/?gclid=CjwKCAiA8Jf-BRB-EiwAWDtEGvwbIMv6e1Ux4E-VqarZC3fwg3sMmRC-ldLpGiODKt8GEI33OrPxoCkjsQAvD_BwE

Proposed areas for intervention

Overall objective

The Revised Emergency Appeal operation aims to meet the immediate needs and support 50,000 migrants on the move or accommodated in TRCs as well as 1,500 vulnerable local households (approx. 4,500 people) affected by the migration crisis in BiH focusing on Shelter (including distribution of household items); Health; WASH; Livelihoods and basic needs; Protection Gender and Inclusion, Restoring Family Links and National Society Strengthening.

Proposed strategy

The revised EA operation will continue to focus on the work of the mobile teams in delivering services to the migrants (food, household items, first aid, referrals, masks, disinfectants and etc) and support vulnerable host communities to meet their basic needs. However more emphasis will be put on increasing the capacities of local branches involved in direct implementation of activities; as well as reallocation and adjustment of mobile teams' services considering the current level of funding, needs and context. Additionally, community-based health promotion activities have been added specifically targeting migrants in camps through setting up medical health points which will increase RC presence in camps.

The revised plan reflects the slightly changing needs due to the fact that migrants stay longer in the country as a result of the tight border control on the Croatian side, limited space in the official Temporary Reception Centres (TRCs), growing number of people sleeping in public places/abandoned buildings, deterioration of the weather conditions with the arrival of winter, as well as other operational implementation challenges of the RCSBiH due to changing migration routes and the interventions of many actors into the humanitarian assistance efforts in BiH.

The revised appeal takes into consideration the impact and changes in the operational context due to the COVID-19 outbreak which has been affecting the implementation of the activities within the EA. The Population Movement Emergency Appeal and COVID-19 operations are using comprehensive approach to deliver services to migrants on the move through mobile teams and to local population in areas with high concentration of migrants.

Although the EA originally planned to establish 12 mobile teams to support migrants outside the Temporary Reception Centres (TRC), due to the low funding coverage of the EA, only 5 teams had been set up and funded by IFRC EA, while 5 teams are funded by the Swiss RC in bilateral contribution. Additionally, 7 teams are funded by Danish Refugee Council in the Federation of Bosnia and Herzegovina on bilateral agreement with the Red Cross of Federation of Bosnia and Herzegovina entity.

To address the current needs, the revised Emergency Appeal is envisaged to facilitate the continuation of the deployment of a total of 5 mobile teams across the country with main focus being on Una-Sana and lately Sarajevo and Tuzla Canton, which are experiencing highest numbers of unassisted people in public places and eastern part of the country along the border with Serbia,.

The MTs are equipped with appropriate tools, equipment, skills, information and relief stocks to act on the spot relieving suffering of people in need. Such assistance can range from support in establishing contact with family members (i.e. providing access to a phone/internet/sim card) to first aid assistance, ready to eat food/hot drinks, hygiene kits, information dissemination, awareness raising (i.e. COVID-19 information, mine awareness, cultural awareness), internal and external referral to specialized services, identification of the protections risks or simply distribution of household items such as blankets, sleeping bags, clothing/shoes, rain coats – depending on the needs people have when approached by MTs.

In the framework of the project "Building communication and coordination capacities for effective preparedness and response in Southern-Eastern Europe", implemented by the IFRC and of which the RCSBiH is part, an Emergency Operational Centre (EOC) has been set up. The common function of the EOC is to collect and analyse data; facilitate decision making that protects life and livelihoods; and disseminate those decisions to all concerned RC branches, agencies and individuals. Furthermore, the EOC would also aim to support capacity building for the new volunteers and members of the mobile teams, proper reporting and applying Standard Operating Procedures.

As of mid-2019 an EOC was established in its temporary location which is conference room in RCSBH HQ. The EOC has been providing support to the work of the MTs and will ensure smooth process of coordination at NS level. EOC will continue to provide services in information provision to the RC structure as well as to partners and authorities.

In addition to the support to the migrants under the EA, the IFRC together with the RCSBiH will continue the support to the local host communities affected by the migration crisis through multipurpose cash grants to cover basic needs

and to reduce the tensions between the host community and migrants. The activity will be coordinated with other RC partners in the country to provide further and greater assistance.

Transition strategy

During the remaining year of the operation's timeframe (2021), the NS will start working on a transition plan to ensure the continuity of the activities and basic services provided for the migrants once the Emergency Appeal is finalized.

The RCSBiH will continue to work together with their long-term partners (Swiss RC, Italian RC, Turkish RC, ICRC, etc.) on the areas identified as priorities in the National Society Development Plan 2020-2021. The IFRC ROE participated in the Movement Coordination meeting in Sarajevo on 3 February 2020, facilitating the partner interest to support towards the NS Development Plan 2020-2021 introduced in the meeting. Since the beginning of the COVID-19 outbreak, IFRC continued supporting RCSBiH in organizing the movement coordination meetings virtually with in-country Movement partners. The IFRC will continue supporting the NS technically but also to explore potential future external funding resources that can be accessed through different resources. Currently, the Partnerships and Resource Development department at IFRC ROE is working with the RCSBiH to carry out Resource Mobilization Capacity Building assessment in Bosnia and Herzegovina to support the NS in development of a fundraising strategy that will help to support the fundraising effort in the country.

Areas of Focus



Shelter

People targeted: 15,000

Male: 14,000

Female: 1,000⁶

Requirements (CHF): 342,000

Proposed intervention

The urgent needs of thousands of unassisted people on the move and people staying outside of TRCs and/or sleeping rough are now further exacerbated with the deteriorating weather conditions. Closure of TRC Bira and announced possible closure of TRC Miral in Una-Sana Canton will further complicate the already difficult situation on the ground. The RCSBiH needs to procure additional winterisation items with the main focus on warm clothing, shoes and sleeping bags.

The NS as part of its contingency plans will keep stock of household items such as winter clothes and shoes, underwear, raincoats, thermal foil, etc to provide assistance to the migrants on route in case of sudden spikes and potential TRC's closures. The stocks will be kept in the central warehouse of the RCSBiH for approximately 5,000 people in need.

Items will be distributed to people in need through Mobile Teams deployed across the country.

Outcome 1: Communities in disaster and crisis affected areas restore and strengthen their safety, well-being and longer-term recovery through shelter and settlement solutions

Output 1.1: Shelter and settlements and basic household items assistance is provided to the affected persons.

- Procurement and distribution of winterization items/clothing for 10,000 people in need including sleeping bags, warm clothing and shoes, disposables raincoats and light backpacks. **(ongoing)**
- Replenishment of contingency stocks for sudden spike in needs for 5,000 people in need (blankets, clothing, hygiene kits, shoes, raincoats.) **(ongoing)**
- Coordination with government and other stakeholders **(ongoing)**
- Coordination with other relevant sectors for integrated programming **(ongoing)**
- Monitoring of the use of distributed items. **(ongoing)**

⁶ Considering that shelter support is mainly targeting out-of- camp migrants, where the vast majority are single men, the number of females in need is significantly lower than men.



Livelihoods and basic needs

People targeted: 40,000 migrants and 1,500 households (approximately 4,500 people)⁷ (from local communities)

Male: 38,250

Female: 6,250⁸

Requirements (CHF): 1,360,000

Proposed intervention

The aim is to cover food needs of migrants in the form of dry food parcels/ready-to-eat meals, supplemented with hot drinks with 40,000 units targeting areas with highest concentration of migrants as first priority (such as Una-Sana Canton and most recently in Sarajevo Canton), while appropriately assisting in other areas according to influx and extended stay.

This assistance will be provided through the existing 10 mobile teams (MTs) (5 out of them funded by IFRC and 5 are funded by Swiss RC). Current and additional mobile teams will be equipped with cell phones, power banks and flashlights (MT equipment). The mobile teams will aim to serve approximately 40,000 people considering that same migrants on the move may receive assistance from different mobile teams in different locations while they are transiting.

The content of food parcels will be adapted to information received from the field⁹ and it will cover the needs of one person for one day in line with Sphere standards, while the teams will also provide hot drinks and soups. 10,000 portions of dry rations will be kept on stock as contingency for any sudden increase in the number of migrants or unexpected events.

In addition to the support to the migrants and in order to reduce growing tensions between migrants and the local population, assistance to the local host community will be expanded. Due to hosting a disproportionate number of migrants, there are increasingly hostile attitudes towards migrants. The IFRC and the RCSBiH have already implemented CVA support for basic needs, and are planning to implement an additional CVA programme for vulnerable people in local communities around the areas that are mostly affected by the population movement, with highest priority given to areas that host the majority of migrants on the move and have highest number of migrants staying outside TRCs in the country.

The targeting criteria has been set through the Ministry of Social Work that has the most updated data on households that are in need of support within the different areas of intervention. The RCSBiH will be following the Ministry regulations for allocating one-time cash transfer that would be sufficient to cover the basic needs of a household according to the national standards. The activity has been implemented in close coordination and complementarity with the existing cash program supported by the Swiss Red Cross.

Outcome 1: Communities, especially in disaster and crisis affected areas, restore and strengthen their livelihoods

Output 1.1: Food assistance is provided for vulnerable migrant population on the move

The intervention in this output will take the form of Food assistance to meet food needs of 40,000 people

- Procurement of dry food parcels and hot drinks to meet immediate food needs of 40,000 people **(ongoing)**
- Procurement of 10,000 pcs of food parcels for contingency purposes **(ongoing)**
- Operation of mobile teams. **(ongoing)**

Output 1.2: Local vulnerable households are provided with multipurpose cash grants for two months to address their basic needs

- Identification of the local vulnerable households based on Ministry of Social Work data. **(ongoing)**
- Provision of cash assistance to 1,500 households in host community through FSP. **(out of which, approx. 550 households had been covered up to November 2020, the cash assistance will expand to another 950 households) (ongoing)**
- Develop CEA campaigns for cash transfer programmes **(ongoing)**
- Post distribution Monitoring and Evaluation **(ongoing)**
- Setting up Framework agreement with a Financial Service provided for cash transfers. **(new activity)**

⁷ After the Balkans war (mid '90s), the BiH has been experiencing consistent increase in numbers of its people leaving the country for good, but not only heads of households but complete families (usually leaving behind elderly parents). Una Sana Canton ranks no 1 in the country with highest number of people leaving (as economic migrants mainly to EU countries). This has affected the average size of a household, which used to be 4-5 some 30 years ago, but recent estimates give indications that this number significantly reduced to 2-3 members in most remaining families.

⁸ Considering that livelihoods and basic needs support is mainly targeting out-of- camp migrants, where the vast majority are single men, the number of females in need is significantly lower than men.

⁹ Will exclude roasted toast bread since most of the PoCs refused to use it and include bread from bakery where possible.



Health

People targeted: 21,300

Male: 18,000

Female: 3,300¹⁰

Requirements (CHF): 152,000

Proposed intervention

Through this revised EA, the RCSBiH is looking at opportunities to scale up its engagement in First Aid provision considering various options and partnerships. One of them, currently not provided by any organization working inside of any TRC, would be to explore engagement as unique service provider in essential First Aid training for migrant population through Community -based health promotion - as such skills can be of vital importance to many migrants making attempts to cross the border, getting injured on the way, helping them learn skills that would prevent small injuries from developing into more serious health issues. Additional first aid staff in the camps will be an additional capacity to the existing first aid service by the DRC. Teams will be able to organize in shifts and will cover a longer part of the day or days when DRC doctors are not in the TRCs. Community health promotions and First aid sessions will also be conducted for the migrants that are occupying the camps specifically in the Una-Sana and Sarajevo canton where in total approximately 6,300 people are accommodated. RC Teams will be equipped with FA replenishments sufficient to assist an average 500 people per month. The content of the FA kit for the MTs remains the same.¹¹

Although IOM and UNHCR provides psychosocial support (PSS) to migrants in the centres, there are still gaps to be filled. Therefore, through this Emergency Appeal, RCSBiH aims to build its capacity in the field of PSS and Community Based Health promotion) through training staff and volunteers and developing psychosocial support programming focused on displacement and components of the CBHFA focused on training of migrants on the move and possibly in the TRCs on how to provide FA while on the move.

In order to build on the PSS training provided for the staff and volunteers with facilitation of Croatian RC PSS experts, there is still need for PSS support for staff and volunteers through group and personal sessions in order to support them to continue with delivering services to migrants for the upcoming period. Such support could be provided through PNSs in the region that are experienced in the field of PSS or through other movement partners (ICRC) who have experienced professionals who would join MTs during their interventions and provide on-the-job support.

Outcome 1: The immediate risks to the health of affected populations are reduced

Output 1.1: Target population is provided with rapid medical management of injuries and diseases

- FA services by 3 FA teams in 6 camps (2 camps per team: T1 Miral / Sedra, T2 Borići/Lipa, T3 Blažuj/Ušivak) **(new activity)**
- 2 FA/Community-based health promotion trainings to the first aid team members **(ongoing)**
- 2 FA/ Community-based health promotion training and a refresher for mobile team members (initial training and refresher trainings for MT members will be carried out locally by Branch doctors that are responsible for FA drivers' courses. This is due to limitation to hold training with larger groups of people so that each training will be done in branch with max 4-5 attendees) **(ongoing)**
- Procurement of FA materials **(ongoing)**.

Output 1.2: Psychosocial support is provided to the target population and to RC staff

- Assessment of PSS needs among migrants and RCSBiH capacities **(ongoing)**
- PFA training for volunteers **(completed)**

Output 1.3: Community -based disease prevention and health promotion measures provided.

- Develop health promotion and disease prevention awareness raising materials through the implementation of the community-based health promotion and first aid approach to migrant. **(ongoing)**
- Printing and Dissemination of key messages on health promotion and disease prevention based on Community-based health promotion. **(ongoing)**
- FA/Community-based health promotion sessions for some 6,300 migrants in the camps in Una-Sana and Sarajevo canton **(new activity)**
- FA/Community based health promotions activities for some 4,000 migrants on move **(new activity)**.

¹⁰ Considering that health support is mainly targeting out-of- camp migrants, where the vast majority are single men, the number of females in need is significantly lower than men.

¹¹ Please refer to the original EA for the content.



Water, sanitation and hygiene

People targeted: 35,000

Male: 30,000

Female: 5,000¹²

Requirements (CHF): 231,000

Proposed intervention

RCSBH integrated the distribution of hygiene kits alongside its ongoing activities, in particular through MT outreach activities. While 15,000 hygiene kits have been procured and most of it were distributed during the first 12 months of this Appeal, the needs on the ground have increased especially for those staying outside of existing centres, whose numbers have grown over the last few months. The content of the original hygiene kits has been modified taking into consideration feedback from migrants on the move to better meet their needs in the future. Under this Revised Emergency Appeal, sufficient stock will be made available for additional 15,000 people to be distributed by Mobile Teams. Sanitary towels and various sizes of diapers will also be kept in stock to be distributed based on needs. In addition to the 15,000 kits, 1,000 hygiene parcels will be kept on stock as contingency to be mobilized in case of sudden increase in the number of migrants or unexpected events. Each standard revised hygiene kit consists of the following items:

INDIVIDUAL HYGENE SETS*	
Included in each	Hotel soap 12 g
	Hotel shampoo and gel 2/1 40 ml
	Toothpaste 30-50 ml
	Toothbrush (Travel)
	Towel 30*50 cm
Optional	Wet wipes
	Shaving set (travel)
	Sanitary pads for woman
	Baby diapers
<i>*Subject to change according to available budget and needs in the field</i>	

To contribute to further improvement of hygiene conditions of migrants, RC volunteers and staff will be trained on Community-Based Health promotion and First Aid approach with special focus on health promotion, prevention of infectious diseases, spread of TB, HIV/AIDS, STDs, personal hygiene and sanitation. The trained volunteers will raise awareness among migrants using information and educational materials in the languages of migrants (Arabic, Farsi, Urdu, etc.) – such hygiene promotion materials will be distributed on the spot during distribution of kits.

Outcome1: Immediate reduction in risk of waterborne and water related diseases among targeted population

Output 1.1: Hygiene promotion activities which meet Sphere standards in terms of the identification and use of hygiene items provided to target population

- Design/Print, translate and distribute IEC materials **(ongoing)**
- Train volunteers on hygiene promotion **(ongoing)**

Output 1.2: Hygiene-related goods (NFIs) which meet Sphere standards is provided to the target population

- Procurement and distribution of hygiene kits **(ongoing)**
- Regular evaluation for the hygiene kits` content and usage based on migrants` feedback **(new activity)**.

¹² Considering that water, sanitation and hygiene support is mainly targeting out-of- camp migrants, where the vast majority are single men, the number of females in need is significantly lower than men.



Protection, Gender and Inclusion

People targeted: 10,000

Male: 8,000

Female: 2,000¹³

Requirements (CHF): 62,000

Proposed intervention

The overall intervention under this area of focus will be supporting the achievement of protection outcomes, to prevent unintended harm, reduce exposure to protection risks and strengthen the wellbeing of the affected population by promoting access to services and humanitarian support.

RCSBiH will prioritize dynamic outreach through MTs located in strategic areas where migrants are on the move and need humanitarian assistance. MTs will be trained and supported to implement the current SOPs and to establish a basic protection monitoring system, to be able to spot immediate protection risks or concerns and to provide adequate, timely and safe support and referral accordingly. Teams will be supported with coaching on-the-job sessions to guarantee that protection, gender and including minimum standards are in place and harm is not caused while providing services to the affected population. This will also support the strengthening of accountability toward affected population

RCSBiH will also start to use the national referral system and will strengthen its capacity in raising awareness and applying the pathways as identified by the interagency working group. For the referral, an information management system will be in place to guarantee safe data management and protection on data collection, dissemination and storage. Procedures will also be included and disseminated among the teams to guarantee that confidentiality is respected and consent is fully collected and stored. Basic accountability system will be put in place to guarantee the full respect and implementation of the standards.

Outcome 1: Reduce harm and exposure to protection risks and strengthen wellbeing of affected population

Output 1.1: Mainstreaming protection, gender and inclusion in the response through:

- a training session on professional standards and PGI (jointly run by IFRC, ICRC) **(completed)**
- providing coaching on the job to staff, volunteers and mobile teams **(ongoing)**

Output 1.2: Strengthening outreach and protection monitoring

- Provide technical support to establish mechanisms to identify and report protection risks or signs of threat **(ongoing)**
- Use the mobile teams reporting mechanisms to collect protection risks and threats reported by people on the move and migrants staying in the shelters, and to analyze them to identify trends and new challenges. This will be done in cooperation with ICRC and incorporated in daily report of MTs. **(ongoing)**

Output 1.3: Enhancing referral mechanisms

- Running a mapping exercise to identify pathways and service providers in the areas served **(ongoing)**
- Enhance the referral system internally and externally **(ongoing)**
- Establish a reporting mechanisms and info management system to report and follow-up cases **(completed)**
- Online or face-face training on the referral system for new staff members. **(ongoing)**

Output 1.4: strengthen the position of the NSs among protection actors

- Support the participation of the NSs in coordination mechanisms to better position the NSs among protection actors **(ongoing)**
- Provide induction sessions on protection in migration context to better explore opportunities of intervention **(ongoing)**
- Make sure that safe information protocols are in place to prevent people to be exposed to risk through the sharing of images and story on social media. **(ongoing)**

¹³ Considering that protection, gender and inclusion support is mainly targeting out-of-camp migrants, where the vast majority are single men, the number of females in need is significantly lower than men.



Migration

People targeted: 5,000

Male: 4,500

Female: 500¹⁴

Requirements (CHF): 103,000

Proposed intervention

Migrants will continue to be assisted to establish contacts with their families through the Red Cross Restoring Family Links (RFL) service. Trained RFL staff and volunteers from local Red Cross branches are involved in these activities. RFL services are established and running in Una-Sana Canton with support from the ICRC and RCSBiH Tracing Services. Although the demand to scale up the RFL services remains relatively low, the RCSBiH plans to enhance the services through:

Outcome 1: Support to the needs of migrants and their families and those assisting migrants at all stages of migration (origin, transit and destination)

Output 1.1: “Family links are restored for people separated from, or without news of, their loved ones as a result of the disaster”

- Conducting RFL training for the members of the 10 MTs **(completed)**
- Equipping the MTs with mobile phones with internet connection to enable access to information **(completed)**
- Development of key messages for migrants on move **(completed)**
- Regular monitoring of migration flow **(ongoing)**

Output 1.2: Enhancing referral mechanisms

- Enhance the referral system internally and externally **(ongoing)**
- Establish a reporting mechanisms and info management system to report and follow-up cases **(ongoing)**
- Running a mapping exercise to identify pathways and service providers in the areas served **(ongoing)**

Strategies for Implementation

Strengthen National Society

Requirements (CHF): 400,000

While several trainings at national level have taken place such as MT training, CEA/PGI/IM, PSS and PMER, the experience showed that it is very difficult to ensure key people engaged in the operation are actually participating in the trainings as, if they did, they would have had to stop their services to people in need – since there were no additional staff available to cover for them, especially if the location of the training was far from their operations. It has been jointly agreed with the IFRC and RCSBiH that technical capacities of the RCSBiH field staff and volunteers should be further built and strengthened, the modality of delivering those trainings has been changed from national to branch level – ensuring more impact on the ground. On-the-job training and coaching is another method that will be promoted i.e. working directly with MT members while they are carrying out their daily activities to strengthen their capacities in protection and/or community engagement and accountability. This approach will provide adequate competencies to guarantee that teams are equipped with the right skills to avoid doing further harm and to apply protection minimum standards in support and delivering services. On a longer term, this process will allow the NSs to have minimum standards and an accountability system in place toward people served.

Outcome S1.1: National Societies’ capacity building and organizational development objectives are facilitated to ensure that the National Societies have the necessary legal, ethical and financial foundations, systems and structures, competencies and capacities to plan and perform.

Output S1.1.4: National Societies have effective and motivated volunteers that are protected.

- Provide National Society volunteers engaged in migrant operation with insurance and necessary health protection (vaccinations) **(completed)**
- Develop volunteer database **(ongoing)**
- Ensure volunteers are properly trained by providing complete briefings on volunteers’ roles and the risks they face **(ongoing)**
- Provide psychosocial support to volunteers **(ongoing)**
- Ensure volunteers are aware of their rights and responsibilities **(completed)**
- Ensure volunteers’ engagement in decision-making processes of projects they implement **(ongoing)**

¹⁴ Considering that migration support is mainly targeting out-of- camp migrants, where the vast majority are single men, the number of females in need is significantly lower than men.

- Volunteer recruitment campaign and volunteers' retentions plans in participating branches **(ongoing)**

Output S1.1.7: NS capacity to support community-based disaster risk reduction, response and preparedness is strengthened

- Tailored training for the National Society, with a focus on Standard Operating Procedures for emergency response and Contingency Planning **(ongoing)**
- Strengthen field operational team based on the needs on the ground **(ongoing)**
- Procurement of 6 light transport vehicles for Mobile Teams activities **(completed)**
- Procurement of uniforms for mobile team members **(completed)**
- Salaries of staff engaged in EA implementation **(ongoing)**
- Procurement of 4 laptops to strengthen operational team capacities **(completed)**
- Branch Level Training on Emergency Needs Assessment **(completed)**
- RCSBiH field monitoring and evaluation missions, as needed **(ongoing)**
- Regional DCPRR technical team mission **(completed)**
- Logistics/procurement (national level) **(ongoing)**
- Information Management capacity building (IM); (branch level) **(completed)**
- Community Engagement and Accountability (CEA); (branch level) **(completed)**

Ensure effective International disaster management

Requirements (CHF): 250,000

Outcome S2.1: Effective and coordinated national and international disaster response is ensured.

Output S2.1.1: Effective response preparedness and NS surge capacity mechanism is maintained.

- Needs-based Surge capacity deployment to strengthen NS operational response capacities

Output S2.1.6: Coordinating role of the IFRC within the international humanitarian system is enhanced

- Support Movement coordination meetings (National Societies, the IFRC and the ICRC), ensuring an effective, coordinated and needs-based response is provided **(ongoing)**
- Continuously support to the RCSBiH on the implementation of the emergency appeal **(ongoing)**
- Provide technical support to the preparation of EPoA **(ongoing)**
- Coordinate with United Nations agencies and other relevant stakeholders **(ongoing)**
- Support the NS development of an information management system **(ongoing)**
- Disseminate key findings of evaluations, operational research, case studies and experiences to promote learning and the positioning of National Societies **(ongoing)**

Influence others as leading strategic partner

Requirements (CHF): 170,000

Outcome S3.1: The IFRC secretariat, together with National Societies, uses its unique position to influence decisions at local, national and international levels that affect the most vulnerable.

Output S3.1.1: The IFRC and National Societies are visible, trusted and effective advocates on humanitarian issues.

- Support National Society to enhance their auxiliary role to the public authorities in the humanitarian field, reinforcing the Fundamental Principles of humanity, independence, impartiality and neutrality and advocate for migrants to be treated in a dignified manner **(ongoing)**
- Highlight the work of the IFRC and National Society through the dissemination of regular news stories and continuously updated information and communications materials to support advocacy and resource mobilization.
- Further position National Society as key actor in emergency response nationally **(ongoing)**
- Continue to bring attention to the suffering of migrants and their situation of high risk and vulnerability **(ongoing)**
- Ensure the representation of National Societies and the IFRC at media and public forums inside and outside of the humanitarian community, including with the United Nations and other relevant stakeholders **(ongoing)**

Outcome S3.2: The programmatic reach of the National Societies and the IFRC is expanded.

Output S3.2.1: Resource generation and related accountability models are developed and improved

- Organize regular information exchange fora within the Movement components (National Societies, the IFRC, and the ICRC) and other stakeholders to ensure optimal coordination in resource mobilization.
- Build partnerships and maintain exchanges with external actors **(ongoing)**

- Support development of proposals and funding applications for different partner/donor audiences (**ongoing**)
- Support development of effective marketing tools for fundraising (**ongoing**)
- Ensure timely and quality reporting (**ongoing**).

Ensure effective IFRC

Requirements (CHF): 730,000

Human Resources

To support the National Society in its efforts to implement the Revised Plan of Action and taking into consideration the complex operational environment and deteriorating migrant crisis, the IFRC has maintained the Operations Manager position in country since launching the appeal to oversee the operation and support the RCSBiH Emergency Appeal Coordinator in coordination with the National Society leadership, government authorities, and external partners.,

The IFRC Regional Office has deployed a Surge Communication Delegate for the period of one month and has also deployed its regional Protection and CEA Delegates to support NS capacity building efforts and facilitate technical training sessions planned by the NS.

Through the support of the Global Service Centre's procurement team, IFRC has also been supporting procurement activities related to the operation and ensuring all procurement is done in compliance with the standard IFRC procedures and regulations.

Technical staff of IFRC Regional Office (RO), such as the Operations coordinator, IM, CEA, PGI, PMER and Health Focal Points will continue supporting the National Society in the development and implementation of the respective relevant programmes and will pay regular visits to the National Society and to the field.

One of the main recommendations of the joint assessment is also to provide National Society Development support to RCSBiH in parallel to the Emergency Appeal. This has been also considered by the IFRC Head of Country Cluster and included in the development plan of the National Society.

Funding requirements

International Federation of Red Cross and Red Crescent Societies

EMERGENCY APPEAL

MDRBA011 - Bosnia and Herzegovina - Population Movement

Funding requirements - summary

SHELTER	342,000
LIVELIHOODS AND BASIC NEEDS	1,360,000
HEALTH	152,000
WATER, SANITATION AND HYGIENE	231,000
INCLUSION, GENDER AND PROTECTION	62,000
MIGRATION	103,000
STRENGTHEN NATIONAL SOCIETY CAPACITIES	400,000
ENSURE EFFECTIVE INTER'L DISASTER MANAGEMENT	250,000
INFLUENCE OTHERS AS LEADING STRATEGIC PARTNERS	170,000
ENSURE A STRONG IFRC	730,000
TOTAL	3,800,000

Jagan Chapagain
Secretary General

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How we work

All IFRC assistance seeks to adhere to the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, **encourage, facilitate and promote at all times all forms of humanitarian activities** by National Societies, with a view to **preventing and alleviating human suffering**, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.

The IFRC's work is guided by Strategy 2020 which puts forward three strategic aims:



Save lives,
protect livelihoods,
and strengthen recovery
from disaster and crises.



Enable **healthy**
and **safe** living.



Promote **social inclusion**
and a culture of
non-violence and **peace**.