



DRC DANISH
REFUGEE
COUNCIL

SEEFAR

Services for migrants and refugees on the Eastern Mediterranean and Western Balkans routes

A mapping of services and migrants and refugees' knowledge, perception and usage of it



Contents

Executive Summary	1
What services are available and in which locations?	1
What affects perception of need among actors?	2
What affects access to services?	3
Who influences migrant opinions?	4
Recommendations.....	5
Acronyms	7
Introduction	9
Methodology	12
Limitations	15
Humanitarian and Protection Context	16
What Services Are Available in Which Locations?	20
Iran.....	21
Turkey	23
Bulgaria	25
Serbia.....	27
What Affects Perception of Needs Among Actors?	29
Perspective: migrants and refugees vs. service providers	30
Mobility.....	31
Gender and sexual identity.....	32
What Affects Access to Services?	34
Government level.....	35
Service provider level.....	38
Individual level.....	42
Who Influences Migrant Opinions?	45
Family, friends and other migrants.....	46
Smugglers.....	47
Service providers	48
Host community	48

Recommendations	50
Increase awareness of services.....	51
Increase access to services.....	51
Bibliography	53
Annexes.....	58
Annex 1 – Breakdown of interviewees.....	58
Annex 2 – Interview questions	60
Annex 3 - Global and regional frameworks impacting service provision	62
Annex 4 – Protection frameworks.....	63

Executive Summary

Protracted conflict, instability and underdevelopment has created longstanding displacement and migration flows out of Afghanistan toward Europe. Irregular migrants from Afghanistan generally take one of two routes to Western Europe; the Eastern Mediterranean Route or the Western Balkans Route. Both of these frequently-used routes expose migrants to protection risks ranging from death to physical assault to theft, perpetrated not only by irregular actors such as smugglers, but also by border forces.

It can be challenging for migrants to access services along the route; many migrants who have completed the journey indicate that they had almost no access to services for long stretches while travelling. The reasons for poor access to services along the route are not well understood. This study aims to improve the understanding of factors affecting access to services for Afghan migrants and refugees travelling along the Eastern Mediterranean Route and the Western Balkans Route. It is part of a larger effort by the Danish Refugee Council (DRC) and the Mixed Migration Centre (MMC) to develop a social and behavioural change communication (SBCC) campaign to support potential Afghan migrants and refugees to adopt behaviours that maximise safety and avoid protection risks. The findings are based on the results of a literature review and primary data collection: 46 semi-structured interviews were conducted with migrants and service providers across Iran, Turkey, Bulgaria and Serbia.

What services are available and in which locations?

Access to services varies widely according to country, so no generalisations can be made about the route as a whole.

- In Iran, Afghans must be enrolled in a government system (*Amayesh*) to receive services. For those who are documented, access to health, accommodation and education is possible; access to sexual and gender-based violence (SGBV) services is poor. For undocumented migrants, access to education and accommodation is good, but access to health, legal and protection support is poor. The NGO footprint in Iran is small and those that are present are highly regulated. Afghan migrants generally rely on the large community of Afghans resident in Iran for help.
- In Turkey, migrants can apply for international protection with the Directorate of Migration Management; if migrants do apply for protection, they must live in satellite cities rather than major urban centres. For those who are documented, access to primary health services and legal services is good, though access to secondary health services is poor. For those who are undocumented, almost no services are accessible. The gap in services is particularly noticeable in Van, located across the border from Iran, which is the first stopping point for most migrants. The lack of available services for Afghans is particularly acute because most of the humanitarian presence in Turkey is geared toward Syrians, and there is no central referral system.
- In Bulgaria, registration is a prerequisite for access to government services, but the government actively deters asylum seekers. If registered, Afghans must live in transit

centres; those who live outside them forfeit their right to services. Conditions are poor, and separate centres for unaccompanied and separated children are not available. There are information centres to support migrants at key points along the route, although there is no central referral system.

- In Serbia, services for migrants and refugees are managed and coordinated by the Republic of Serbia (ROS) through five Asylum Centres and 11 Reception/Transit Centres; two centres are exclusively for children. Approximately 80% of migrants and refugees attempting to pass through Serbia register and gain access to a centre; the centres provide basic services to a reasonable standard. Access to secondary services usually requires the support of NGOs. There is a centralised referral system and a one-stop-shop approach which is well known to migrants and appears reasonably effective. Translation services and psychosocial support (PSS) services are both however in need of improvement.

What affects perception of need among actors?

Understanding of migrant issues and needs is very murky, not only among service providers, but also among migrants themselves. At an overall level, this study finds that there is a critical mismatch between the services requested by migrants and those that civil society is able to provide. The mismatch revolves around three factors:

- **Immediate needs vs. medium-term services.** Interviewees spoke almost exclusively about needs for food, water, shelter and security during border crossings, and need for emergency health services to recover from injuries sustained during the border crossing. On the other hand, service providers tend to focus on medium- and long-term services, and to place emphasis on providing shelter, translation, and information. These services are not perceived by migrants as critical when migrants face immediate, short-term issues.
- **Desire for support in irregular travel vs. capacity to support integration.** Migrants and refugees perceive that their primary need is to reach their destination and as such the service that is in greatest demand is help to travel and continue along their irregular route. Service providers, on the other hand, want to support regularisation and integration. They emphasise access to PSS, legal aid, education, employment and language lessons aimed at facilitating integration and recovery.
- **Border areas vs. transit hubs.** Migrants and refugees would like to have access to emergency services (food, water, shelter) during the crossing. However, there is a trend away from services being available in the border areas, and towards them being available at transit hubs. This is due to the militarisation of borders, and policy measures undertaken by host governments.

The expressed needs change throughout an individual's journey. When discussing their expectations of their journey prior to departing Afghanistan, most first-time travellers believed the best-case scenario – that they would be able to travel quickly and safely to their destination and thus would have limited need for services beyond what their smuggler would supply. Those who were still moving persisted in requesting support for basic needs.

In the migrant and refugee cohort interviewed there was no significant difference between male and female respondents' reported needs if the speed of travel was controlled for. However, service providers acknowledged the need to reach out to women outside camps, particularly survivors of SGBV.

Needs are differentiated by gender and sexual identity. For example, many LGBTI migrants and refugees leave their homelands due to discrimination and violence, and others get outed as LGBTI during their journey and immediately acquire a need for protection.

What affects access to services?

There is no single factor that prevents Afghan migrants and refugees from accessing their right to services. Instead, there is a complex mix of global and regional trends, intersecting with local and personal circumstances. In general, factors affecting access to services can be influenced by three types of actors: governments; NGOs and civil society; and the migrants themselves.

Governments play a key role in structuring services and controlling access for migrants. They set the rules and govern the environment in which services are provided. Government policies can reflect attitudes of host communities.

- **Status.** Having some form of documentation is essential to gain adequate access to services in all the focus countries. With the exception of Iran, there is a registration system in all countries that is theoretically open to all asylum seekers but in practice there are often efforts made by state authorities to deter Afghans seeking to register. The fear of arrest linked to their irregular status places migrants and refugees in a paradoxical situation that increases their vulnerabilities. They are too scared to approach authorities, which greatly reduces their knowledge about their rights and how to exercise them.
- **Host government and donor priorities.** Host government and donor priorities heavily impact the locations and types of services available to Afghans. Host government policies govern access to services for migrants and refugees along the route; donors (both individuals and countries) determine the funding available to service providers to provide activities.

Service providers catering to migrants often also play a role in supporting access to services. In many situations, service providers are structured to provide services in large-scale responses, and find it difficult to tailor their modes of delivery to small-scale flows of vulnerable migrants.

- **Vulnerability criteria.** Vulnerability criteria typically privilege certain groups like single women, single parents, large families, people with disabilities, and the elderly. The use of vulnerability criteria effectively excludes single men from any material support in Iran and Turkey. The ways in which these criteria work are not broadly understood by migrants, and can engender distrust.
- **Complexity.** Afghan migrants and refugee respondents reported being easily discouraged by difficult or negative interactions with service providers, especially women.

Paradoxically, the more services exist, the harder it is for migrants and refugees to navigate the system effectively. The three strategies that migrants and refugees successfully used to address this issue were engaging with referral services, service centres, and hotlines.

- **Language.** Language difficulties can lead to refugees being turned away from services, resulting in miscommunication and misunderstanding of their needs, and lack of appropriate follow up. Lack of appropriate translation and interpretation services is reported by migrants and service providers to be a major barrier to accessing services.

Individual migrant characteristics and experiences may also affect access to services. Migrants are not all the same; they have differential access to funds and information, experiences along the route, and demographic factors.

- **Trauma.** The protection risks facing Afghans travelling irregularly and the resulting trauma are well-documented. The impact of psychological trauma manifests in two key ways: avoidance behaviours and distrust of others. Trauma compounds access challenges, including additional difficulties navigating services, distrust of service providers and interpreters, and more complex medical conditions.
- **Money.** In any country, if there are no bureaucratic or legal obstacles, money buys access to services; whether through the ability to bribe public officials or to pay for private services. Those with the means have the expectation that they will be able to purchase services en route.
- **Nationality and ethnicity.** Discriminatory access to services happens both as a side effect of practices designed to frustrate migrants' and refugees' attempts to seek asylum, as well as through lack of appropriate outreach and accessibility services.
- **Information.** The level of knowledge among respondents about how services work and their rights as refugees or asylum seekers is staggeringly low. Retrospectively, those that had reached Europe or were stranded for a long period reported that it would have been good to have this information pre-departure. However, at the start of their journey the majority do not think they will need to access services because their smuggler has promised a quick, safe trip.

Who influences migrant opinions?

The question of who is able to influence migrants and refugees to change their behaviour, and how they do so, is a complex one. It is not simply a matter of making accurate information available. It is rather a question of whether the information arrives through a trusted source, and whether the migrant has the agency or resources to act on it.

- **Family, friends and other migrants.** For both Afghan men and women, the most trusted sources of information about migration are friends and family in other countries and Afghanistan, as well as returned migrants in Afghanistan. Family and peers are influential to the extent that they are the main information source, but migrants and refugees realise that the information is often not correct.

- **Smugglers.** Migrants and refugees demonstrate an initial high degree of trust in their smuggler, and this can be tenaciously held. However, most interviewees lost trust in smugglers after their first or second border crossing, with many saying that the denial of promised services such as food, water, shelter and protection was a key factor.
- **Service providers.** There is a clear link between migrant and refugee trust in a service provider and their willingness to access the service. As discussed previously, migrants and refugees favour word-of-mouth communication and information received through family and peers. Therefore, service providers are best able to influence the attitudes of migrants and refugees towards their services by ensuring that those who do come in contact with them have a positive experience, including making sure that they understand aspects like selection criteria.
- **Host community.** Host communities can have a significant influence through their support of political decisions and public policies that impact access, and through their ability to create a safe and welcoming environment. Unfortunately, there is evidence of negative trends for both. In all locations, interviewees reported negative interactions with members of host communities.

Recommendations

These recommendations aim to guide continued discussion within DRC. They include recommendations related to communicating available information and services to migrants, as well as addressing gaps in service provision. They are primarily recommending actions that could be taken by DRC, either directly or through its influence on other humanitarian actors. They fall into two categories: increasing awareness of services and increasing access to services.

Increasing awareness of services

Develop simple messaging about service entry points: Migrants and refugees need to know how to get in contact with 'entry point' service providers. This information should also be given to frontline staff, including translators, in neighbouring countries.

Consolidate hotlines as much as possible: Given the preference for verbal communication, hotlines could be a good, cost-effective entry point, especially if they were consolidated. DRC could begin by organising an information exchange with the operators of *Awaaz* in Afghanistan.

Standardise and simplify information: Use working groups and clusters to standardise information for pamphlets and posters. Simple, consistent information, in appropriate languages.

Improve access to online information: DRC could use its relationship with UNHCR and the global protection cluster to lobby UNHCR to have a standard package of information on transit countries websites.

Don't give up on social media: Many men and women use social media extensively for...being social! Young men are sharing music together with travelling tips on WhatsApp, so there's no reason to think they wouldn't share attractively packaged information about free services, locations of centres etc.

Improve referral system: Migrants and refugees need support to understand their entitlements and practical assistance to access them. One central referral system is the most effective system. DRC could advocate with governments or UN agencies to set up such a system.

Increasing access to services

Encourage registration: In addition to ensuring first point of contacts can give advice about registration, barriers need to be removed through advocacy towards states.

Prioritise activities that deal with trauma: Take advantage of the environment in centres to increase access to PSS and mental health services. Concentrate on teaching skills that migrants can take with them. Train service providers such as teachers and community health workers how to recognise and deal with trauma.

Play a role in preventing trauma: Brutalisation of migrants and refugees is taking place at border points throughout southeast Europe. While NGOs are unlikely to be able to influence the government of Iran (GOI), civil society is influential in Europe and DRC should advocate with European governments.

Incentivise translators to increase the quality of their service: Design vocation training programmes for translators. Support translators to become accredited through internationally recognised programmes.

Support cash programming: Cash programming enables migrants and refugees to pay for services. It also incentivises service to remove barriers that are currently preventing access.

Counter misinformation about entitlements: Migrants, refugees and host communities need to understand how the allocation of aid works, not only by one-on-one information provision, but also by leveraging communication and networks.

Fill known geographic service gaps: Where feasible, establish service provision in Van and other underserved locations.

Acronyms

ARSA	Afghan Refugees Solidarity and Aid Association
ASAM	Association for Solidarity with Asylum Seekers and Migrants
4mi	Mixed Migration Monitoring Mechanism (DRC)
BAFIA	Bureau for Aliens and Foreign Immigrants Affairs, Iran
CRRF	Comprehensive Refugee Results Framework
CBO	Community-Based Organisation
CRM	Commissariat for Refugees and Migration (Serbia)
CSO	Civil Society Organisation
CSR	Convention on the Status of Refugees
DGMM	Directorate General for Migration Management (Turkey)
DG	Directorate General (EC)
DRC	Danish Refugee Council
ESSN	Emergency Social Safety Net
EU	European Union
GCM	Global Compact for Safe, Orderly and Regular Migration
GCR	Global Compact for Refugees
GOI	Government of the Islamic Republic of Iran
ICRC	International Committee of the Red Cross
IOM	International Organization for Migration
IDP	Internally Displaced Person
KII	Key Informant Interview
LFIP	Law on Foreigners and International Protection (Turkey)
LGBTI	Lesbian, Gay, Bi-sexual, Transgender and Intersex

NGO	Non-Government Organisation
MMC	Mixed Migration Centre
PSS	Psychosocial Support
PDMM	Provincial Directorate of Migration Management (Turkey)
ROB	Republic of Bulgaria
ROS	Republic of Serbia
RSD	Refugee Status Determination
SAR	State Agency for Refugees (Bulgaria)
SSAR	Solutions Strategy for Afghan Refugees to Support Voluntary Repatriation, Sustainable Reintegration and Assistance to Host Countries
SBCC	Social and Behavioural Change Communication
SGBV	Sexual and Gender-Based Violence
TRC	Turkish Red Crescent
UASC	Unaccompanied and Separated Children
UNHCR	United Nations High Commissioner for Refugees

Introduction



This study aims to improve understanding of factors affecting access to services for Afghan migrants and refugees travelling along the Eastern Mediterranean Route and the Western Balkans Route from Afghanistan towards Europe. It is part of a larger effort by the Danish Refugee Council (DRC) and the Mixed Migration Centre (MMC) to develop a social and behavioural change communication (SBCC) campaign to support and encourage potential Afghan migrants and migrants en route to adopt behaviours that maximise safety and avoid protection risks.

The study seeks to answer six research questions, outlined and agreed between DRC and Seefar. They are:

- What are the services available to refugees and migrants en route? How are they accessed, used, or not used by migrants and refugees, and why?
- How do refugees and migrants become aware of these services? How does this vary for different groups?
- What barriers exist to accessing services? Are there any status-based or other forms of discrimination experienced by refugees and migrants with regards to accessing these services?
- What are the individual and community perceptions of services available to them?
- What access to information do refugees and migrants have en route and pre-migration, and how does this information influence their access and decision to use or not use the services?
- What are the needs of migrants and refugees during their migration journeys? What do migrants and refugees want and need en route that they are currently not accessing? What services are lacking where and why?

Broadly, the report finds that there is a critical mismatch between the services requested by migrants and those that civil society is able to provide. The mismatch revolves around three factors of opposition:

- **Immediate needs vs. medium-term services.** Afghans on the move favour short-term basic needs services, whereas service providers recommend medium- and long-term services.
- **Desire for support in irregular travel vs. capacity to support integration.** Migrants and refugees want services that would support their irregular route. Service providers want to support regularisation and integration.
- **Border areas vs. transit hubs.** Migrants would like to have access to emergency services during the crossing. Services are concentrated in government-run centres, or urban centres.

This report has eight sections:

- The methodology used to conduct the study is outlined and limitations – including lack of capacity to disaggregate the small sample – are defined.
- The general context for Afghans moving to Europe is described, with special focus on protection risks faced throughout the journey.

- An overview of existing services in the four focus countries; the services are rated and entry points for NGOs who are not present are described, where possible.
- The factors that influence how different stakeholders assess the needs of Afghan migrants and refugees are considered.
- A discussion on the factors impeding or facilitating access to services.
- The groups who exert influence on Afghan migrants and refugees.
- A series of recommendations are made to guide the conversation within DRC regarding their development of the SBCC campaign.

Methodology



This study is set within the pragmatic research paradigm, which prioritises finding practical solutions to real world problems over philosophical debates about truth. Methodological decisions are framed around how best to generate insight into migrants' access to services along the route.

The overarching research question and project objective is to better understand availability of services, as well as migrants' needs for services and perceptions of services, along the route from Afghanistan to Europe. Some critical definition elements include:

- *Migrants*, in the context of this research, refers to people moving as a part of mixed migration flows, defined by MMC as “cross-border movements of people including refugees fleeing persecution and conflict, victims of trafficking and people seeking better lives and opportunities. Motivated to move by a multiplicity of factors, people in mixed flows have different legal statuses as well as a variety of vulnerabilities. Although entitled to protection under international human rights law, they are exposed to multiple rights violations along the journey. Those in mixed migration flows travel along similar routes, using similar means of travel – often travelling irregularly and wholly or partially assisted by migrant smugglers.”
- A *journey*, in this context, is defined as the full period of time between departure from community of origin to arrival into a community in which a migrant achieves a durable solution (where a durable solution is defined in line with the UNHCR definition and comprises physical, legal and material safety). Migrants may experience both voluntary and involuntary delays along the route; this includes short stops of several days at hubs, as well as longer delays of months or years as migrants attempt to make money for the next stage of the journey. The definition of *journey* is therefore holistic and comprehensive.
- *Services*, in the context of this research, are defined in line with the definition of humanitarian aid. The scope of *services* is restricted to those intended to “save lives, alleviate suffering and maintain human dignity”. *Service provision* includes: protection of migrants from physical harm; the provision of food, water and sanitation; shelter; health services; and other items of assistance, undertaken for the benefit of affected people. This definition is in line with the principles and practice of good donorship.¹ This restricted definition is being used for two reasons. First, provision of lifesaving support is a minimum condition for migrants to have access to basic human rights; understanding of whether these services are available is a critical precursor to action. Second, the countries along the route between Afghanistan and Europe have differing perceptions of the roles of duty bearers, and different legal framework and protection mechanisms governing migrants. In order to cover wider definitions of services, it would be necessary to conduct a more thorough review of legal frameworks and protection structures which is beyond the scope of this study.

The study uses a qualitative approach consisting of a desk review and 46 key informant interviews (KIIs).

¹ <https://reliefweb.int/sites/reliefweb.int/files/resources/EN-23-Principles-and-Good-Practice-of-Humanitarian-Donorship.pdf>

The desk review was undertaken in order to minimise risk of duplication with earlier efforts, and comprises academic and grey literature. Drawing on findings and gaps from the desk review, a semi-structured research tool was constructed to guide subsequent data collection (see Annex 2). Qualitative in-depth interviews with migrants and refugees, and with service providers, were undertaken at different stages along the Eastern Mediterranean and the Western Balkans migration routes.

Following the literature review, certain countries were selected as target countries for more in-depth analysis in this survey. The literature review indicates that information gaps regarding migrant needs and service availability are most acute in Iran and Turkey. Iran remains difficult to access due to political complexities, sanctions and an extremely restricted humanitarian access situation. Despite DRC's existing presence in Turkey, the focus of humanitarian response in Turkey is on Syrians, and the situation of Afghan migrants is not prioritised by the humanitarian community. These two countries therefore represent critical areas for data collection in this project. Information regarding services available to migrants in the Balkans is also relatively limited. In order to gain a reasonable perspective on the situation, two countries were chosen for data collection; Bulgaria and Serbia. In Serbia, a more detailed mapping may dovetail with and support existing DRC programming. Bulgaria is anticipated to represent, at a more general level, the situation in other Balkan countries. Greece is not a priority country because DRC has a humanitarian response operation in Greece that focuses on service provision to migrants including Afghans.

Migrant and refugee respondents were identified through a purposive sampling strategy and selected to ensure a variety of genders, age groups, legal statuses and ethnicities were represented (see Annex 1). All migrants and refugees interviewed had the intention of reaching the European Union. Those who had decided to end their journey in one of the transit countries were discounted. Service providers, in the context of this research, were defined in line with the definition of humanitarian aid (see usage notes above).

Overall, 47 semi-structured interviews were conducted in Turkey, Iran, Bulgaria, and Serbia between February and April 2021. The majority of interviews was conducted by phone due to the risks posed by the COVID-19 pandemic. Interviews took place between February and April. Inductive coding was used to identify major themes and then frequency was used to identify trends. Qualitative analysis was then cross-checked against existing literature to verify results. Consent-seeking took place: the purpose of the research was explained to the interviewees, and verbal consent was recorded from all participants. Databases containing interview quotations and transcripts were anonymised.

Quality assurance took place through several steps. All interviewers received one-on-one training in either Dari or English depending on their language skills. The training covered a) introduction, purpose, review of data collection tool, b) quality transcripts and effective notetaking, and c) research purpose and objectives in-depth. Interviews were recorded, except in cases where the respondent did not give permission, for the sole purpose of increasing the quality of the transcript produced. Interviewers produced detailed (though not verbatim) transcripts of the interviews. Each interviewer's first transcripts were reviewed

by the Research Lead, who conducted follow-up coaching as necessary. Minor adjustments were also made to the interview questions to illicit more complete answers.

Country	Migrants and Refugees		Service Providers		Total
	Male	Female	Male	Female	
Iran	10	5	0	0	15
Turkey	6	2	3	1	12
Bulgaria	4	2	0	3	9
Serbia	2	4	1	4	11
Total	22	13	4	8	47

Limitations

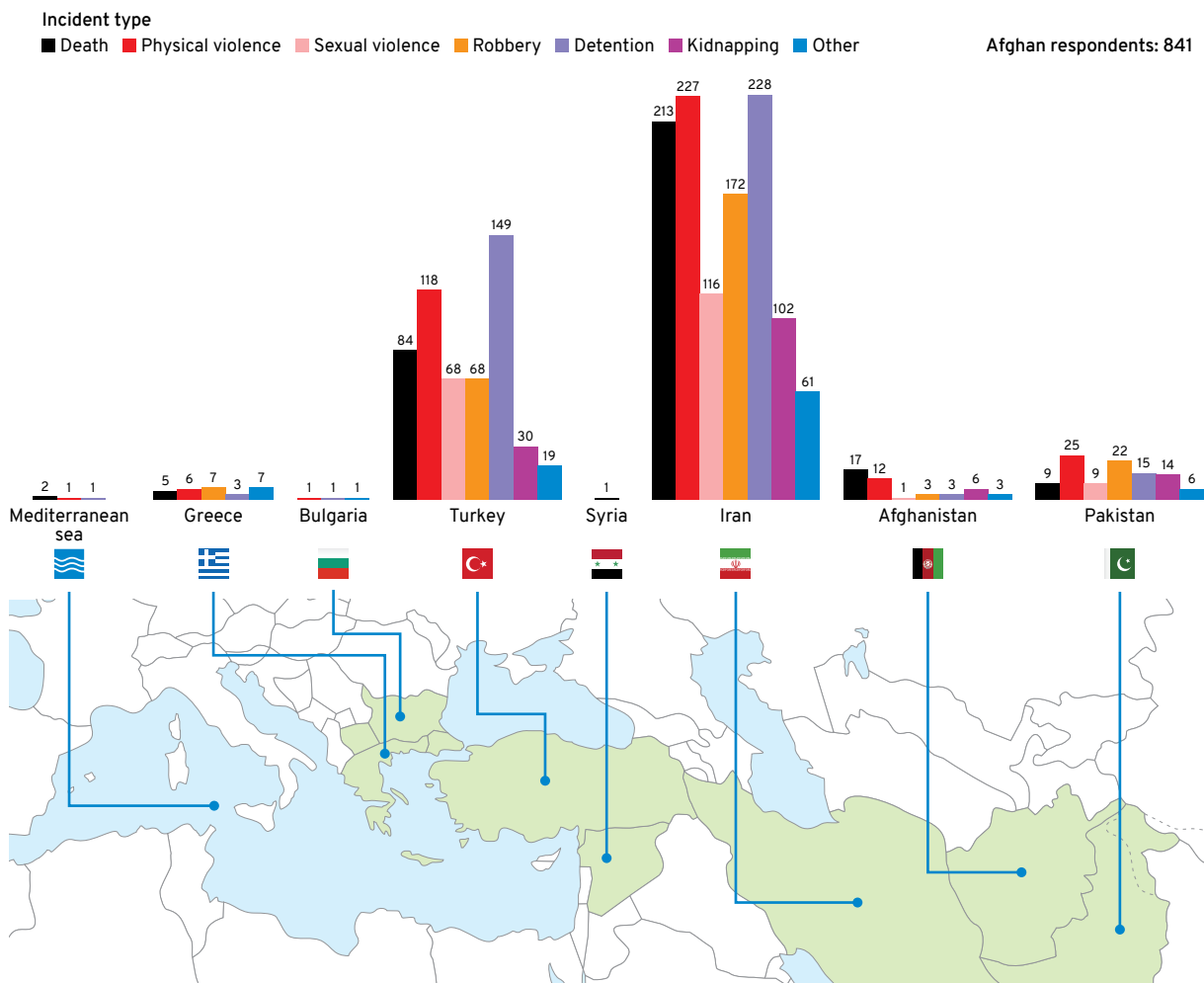
There are several limitations affecting the findings:

- The study used qualitative research methods. Efforts were made to canvas opinions from a range of genders, age groups, legal statuses and ethnicities; therefore the qualitative sample does not reflect the demographic breakdown of the migrant population in the four locations. Findings are not representative of the general migrant population.
- The number of migrant and refugee interviewees reached was 35. Given this small sample size, disaggregation of results is not reliable. Therefore, disaggregated findings had to be verified against secondary data sources. The majority of secondary research included the entire migrant and refugee population in a particular location, whereas this study was focused on a subset – i.e. those intending to reach Western Europe.
- The study adopted a remote methodology due to COVID-19 safeguarding concerns. As a result, only subjects over the age of 17 were interviewed, as child safeguarding measures could not be guaranteed. Children, especially boys, make up approximately a third of the Afghan migrant and refugee population reaching Europe.

Humanitarian and Protection Context



Protracted conflict, instability and underdevelopment has perpetuated longstanding displacement and migration flows out of Afghanistan toward Europe. Irregular migrants from Afghanistan generally take one of two key routes to Western Europe, namely the Eastern Mediterranean Route or the Western Balkans Route. Of the countries along the route, Turkey and Iran host the greatest number of Afghan refugees and migrants. At the end of 2020, the number of Afghans in Turkey having sought asylum was 166,400, with the total number of Afghans in the country estimated at over 450,000.² There are almost 1 million registered refugees residing in Iran and estimates of undocumented migrants are as high as 2.5 million. In the Balkans, the number of refugees and migrants accommodated is significantly lower at around 138,500. Most of them were present in Greece (about 120,000), Bosnia and



Number and type of protection incidents per location reported by 841 Afghan respondents interviewed by MMC from November 2019 until February 2021.

Note: The Number of incidents is the unique amount of respondents that have identified each country and location as dangerous. But because the types of incidents is a multiple choice question one respondent can identify one location as dangerous in various ways.

² No official population figures were found. This is based on an estimate made by the Afghan Turk Foundation <https://www.afghanistan-analysts.org/en/reports/migration/mass-deportations-of-afghans-from-turkey/>

Herzegovina (about 9,000), Serbia (8,652), Bulgaria (486), and Romania (385) (Save the Children, 2020, p.2).

Along these routes, Afghans face a host of protection risks, ranging from physical abuse to detention to sexual and gender-based violence (SGBV). Certain points along the route can be seen as hotspots for protection risks; for example, MMC data indicates that a disproportionate number of serious protection violations, including death and injury, occur at border crossing points between Afghanistan and Iran, and between Iran and Turkey.³ This was corroborated by refugees and migrants interviewed for this study. Furthermore, border closures in Europe resulting from efforts to deter irregular migrants and, more recently, as a

The border crossings... would be the point of most significant risk because [migrants] mix with smugglers, traffickers, all these shady guys who are taking children across the borders. That part is absolutely invisible to us.

(KII2, Serbia)

result of the COVID-19 pandemic, have also increased protection risks in Southeast Europe. The closures have the effect of both incentivising the use of smugglers who are key perpetrators, and reducing access to service providers and protection actors, as migrants and refugees take more difficult and remote routes that avoid large population centres where services are concentrated. Research looking at the impact of COVID-19 showed that 42% of returnees to Afghanistan reported a greater need for smugglers and 85% said that the routes taken are more dangerous (Mixed Migration Centre, 2020).

The border closures in the Southeast Europe⁴ have been accompanied by an increase in reported cases of pushbacks; that is when migrants and refugees are physically prevented from reaching, entering, or remaining in a country. These pushbacks are often accompanied by robbery and violence, including sexual violence, resulting in serious physical and psychological injuries.⁵ They also result in family separations, as individual family members are detained and then released in different areas or countries (KII1, Serbia). As discussed later, the resulting trauma impacts trust leading to a decrease in migrants' and refugees' willingness to engage with service providers.

The demographics of migrants and refugees has changed since the height of the so-called European "migrant crisis" in 2015. There are now fewer family groups reaching Europe, and a much larger proportion of unaccompanied and separated children (UASC). For example,

³ Mixed Migration Centre's 4Mi initiative collects data on protection risks and vulnerabilities of people on the move. See <https://mixedmigration.org/> for data and reports.

⁴ Consisting of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Greece, Kosovo, Montenegro, North Macedonia, Romania, Serbia, East Thrace (Turkey).

⁵ see Border Monitoring Snapshots at <https://drc.ngo/our-work/where-we-work/europe/bosnia-and-herzegovina/>

the breakdown of recent arrivals in Bulgaria was 56% men, 10% women and 34% children (UNHCR, 2019). This is particularly true of Afghans, as family groups are being deterred by the increasing cost and risk of travel caused by border closures. Instead, they are sending young men and boys who they hope can travel more quickly and find work to repay the cost of the journey and to support family remaining in Afghanistan. This is reflected in a sharp increase in UASC from Afghanistan applying for asylum in the European Union (EU), with a 46% rise from 2018 to 2019. Over 85% of these are males aged 14-18 (European Asylum Support Office, 2020, p.101).

The recognition rate for Afghans lodging claims for asylum in Europe was 53% in 2020. However, the recognition rates vary greatly depending on in which country the application was lodged, ranging from 1% to 99% (European Asylum Support Office, 2020). An overview of global and regional frameworks impacting service provision for Afghan migrants and refugees is available at Annex 3.

What Services Are Available in Which Locations?



This section provides an overview of key types of humanitarian and protection services available in the target countries, as well as the conditions for access. The colours represent the degree to which documented and undocumented Afghan migrants and refugees are able to fulfil their in-country needs whether through an external service provider or their own resources. It does not include their needs specifically in border areas, for reasons discussed later. Documented individuals include those who may be intending to travel irregularly, but have a current travel permit; for example, a visitor visa in Iran. For each country, an analysis is also provided of how and whether non-national actors can refer into the country.



Iran

Needs	D	UD
Food/Water	Yellow	Yellow
Non-food Items	Yellow	Yellow
Primary Health	Green	Yellow
Secondary/Tertiary Health	Yellow	Red
Legal	Yellow	Red
Accommodation	Green	Green
Education	Green	Green
Employment	Yellow	Yellow
Psychosocial Support	Yellow	Red
SGBV Protection	Red	Red
Child Protection	Yellow	Red

The model of service provision for migrants and refugees in Iran is **integration into the government system**. This means that Afghans in Iran can access most services if they are registered under the *Amayesh* system, which is managed by the Bureau for Aliens and Foreign Immigrants' Affairs (BAFIA). However, Afghans arriving after 2003 are generally considered economic migrants with no recourse to lodge applications for refugee status and protection on arrival or in-country, and therefore no way to obtain an *Amayesh* card (Zetter, 2018). Only one interviewee for this study had an *Amayesh* card, which he was recently able to obtain as his wife has a chronic medical condition. Five others held some form of travel visa, which also allows access to government health services. The **requirement to be documented** means that for the majority of Afghans transiting Iran the main service provider, the government of the Islamic Republic of Iran (GOI), is not accessible. The exception to this is education, which is open to all children residing in Iran.

For Afghans with the means to pay, **private sector services** are available. Indeed, Iran actively courts Afghan medical tourists with 62,000 Afghans traveling to Iran for treatment in 2019.⁶ Poverty data is very sensitive in Iran, so it is difficult to get accurate and current figures, however suffice to say that the majority of Afghans in Iran would not have sufficient

⁶ see <https://www.laingbuissonnews.com/imtj/news-imtj/iran-to-target-more-afghan-patients/>

income to fulfil all their needs through private sector providers but are probably accessing them for emergency needs.

The **NGO service footprint is small** and heavily regulated. There are a number of local and international NGOs in Iran that work with Afghans, mainly offering tertiary health, education, and skills training programmes. Their work is closely monitored by the GOI and international NGOs have little direct contact with beneficiaries. While officially NGOs should only work with documented refugees, they often include a small number of undocumented beneficiaries in their caseloads. There is a referral network coordinated by UNHCR; however in reality the combined number of undocumented beneficiaries of all NGOs would likely be below 5,000, whereas the number of undocumented Afghans is estimated at 2.5 million.

There were three cases of respondents, all young men, receiving ad hoc assistance in the form of literacy courses, food and clothing from **community-based organisations (CBO)**, which they were introduced to by workmates. However, there is little prospect of scaling up the CBOs' work to reach more undocumented migrants and refugees, as this would bring both the irregular migrants and the CBOs to the attention of authorities. In Iran, reaching undocumented Afghans is tolerated to a degree, but the situation is best described as 'don't ask, don't tell'. Instead, Afghans en route to Europe overwhelmingly rely on smugglers, family living in Iran, the charity of Afghan and host community members, or their own ability to pay for private services.

As an extremely small proportion of migrants and refugee en route to Europe will have an *Amayesh* card, the needs of undocumented travellers have primacy. The most frequently mentioned acute need identified was for **physical and mental health services**. These needs result from injuries incurred during the border crossing, including those caused by sexual assault of women and children, as well as those occurring within Iran.

He was bleeding profusely from his legs and was in severe pain. We called the emergency line and hospitals all afternoon. Unfortunately, because we were illegal immigrants, no one was willing to provide medical assistance or send an ambulance.

(Male, 19 years, Iran)

The protection environment in Iran is such that there is no ability for civil society actors to have a significant influence on service provision for irregular migrants. The most pragmatic approach would be to support efforts to **regularise travel** to Iran. The main barriers to this are the difficulty of obtaining passports in Afghanistan due to the centralisation of the process in Kabul, combined with a general lack of knowledge about both the process and cost to obtain a passport and travel visas.

Main factors at play in Iran:

- Large Afghan migrant and refugee community that can assist new arrivals

- Requirement for registration to access government services
- Restrictions that curtail NGOs' operations, especially with undocumented migrants
- Functional private sector services
- Serious physical and mental injuries sustained during border crossing

Turkey

Needs	D	UD
Food/Water	Yellow	Red
Non-food Items	Yellow	Yellow
Primary Health	Green	Red
Secondary/Tertiary Health	Red	Red
Legal	Green	Yellow
Accommodation	Yellow	Red
Education	Yellow	Red
Employment	Yellow	Yellow
Psychosocial Support	Yellow	Red
SGBV Protection	Yellow	Red
Child Protection	Yellow	Red

There are three protection frameworks applied in Turkey that have different procedures and entitlements according to whether the applicant is European, Syrian or from the remaining nationalities. This is more fully explained in Annex 4. Afghans entering Turkey can **apply for international protection** at Provincial Directorates of Migration Management (PDMMs). Registered asylum seekers in Turkey receive an identification card, *Kimlik*, that provides them access to services, such as health, education, justice, and access to formal employment (six months after registration). These services are only available to asylum seekers in the city that they have been assigned – so-called **satellite cities** – and Afghan refugees cannot change their city on the basis that there is no available work or humanitarian support there.⁷ **Unregistered migrants and refugees** are not able to access official services nor the majority of NGO/UN services, and risk deportation if they approach government services (KII4,

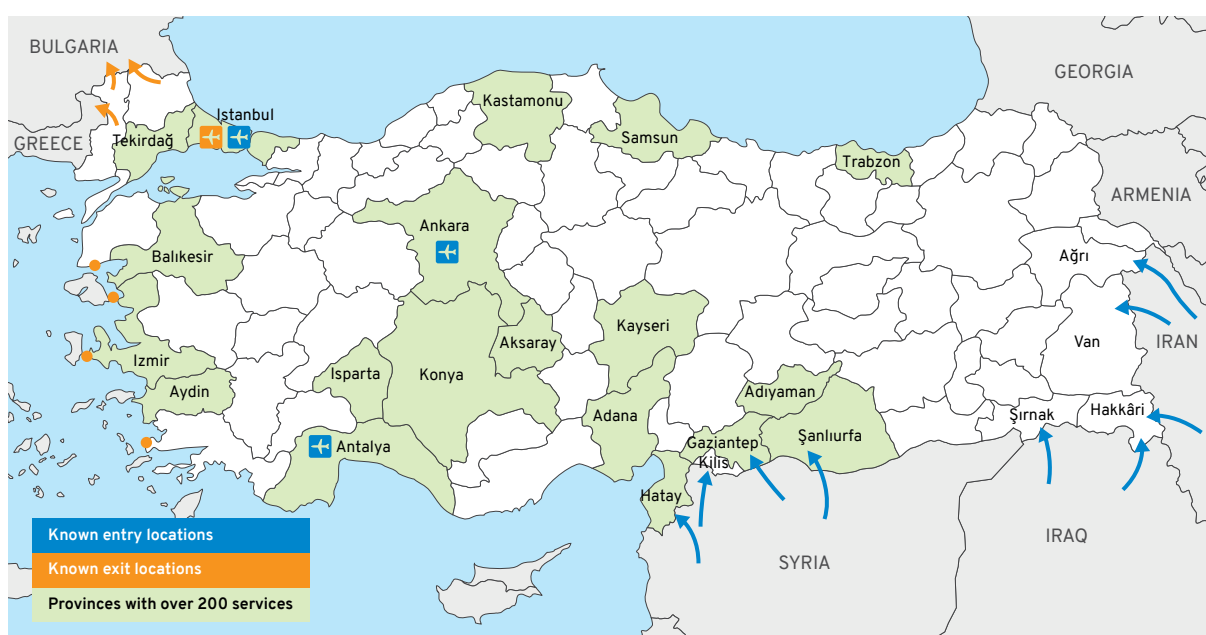
I had toothache one month ago...Another Afghan who works illegally as a dentist fixed my tooth and I'm OK now. Afghans have their own services, like Hawala, doctors, money lenders, employers, contractors, self-managed schools, whatever you need.

(Male, 28 years, Turkey)

⁷ see locations where Afghan asylum seekers can live at <https://help.unhcr.org/turkey/information-for-non-syrians/registration-rsd-with-unhcr/>

Turkey). Instead, undocumented Afghans rely on the Afghan communities in the major cities, which have grown substantially since 2015.

Due to the Syrian crisis, there are literally hundreds of humanitarian and protection service providers in Turkey supporting refugees.⁸ However, the humanitarian architecture in Turkey is fragmented and there is **no central referral system**. Instead, there are a number of hotlines and migrant information centres operated by humanitarian agencies throughout the country. For Afghans, the system is particularly hard to penetrate, because service providers' outreach and accessibility measures are designed to reach Syrians (KII2 & KII3, Turkey).



While in theory all registered asylum seekers can access services equally, service design and location tend to **respond to the needs of Syrian refugees**, who vastly outnumber those from Afghanistan. This is particularly true of NGO services, which are almost entirely dependent on institutional donor funding responding to the Syrian crisis. For example, the location of refugee services in Turkey correlate with entry points and routes taken by Syrian refugees.

Van, in particular, is a location that a number of respondents suggested needed more services. This is the **first point of entry** for the majority of Afghans who, according to interviews, are primarily in need of emergency health services (to recover from injuries sustained during their travel), food, shelter and general protection/referral services. Many of the respondents mentioned traveling through Van to Ankara or Istanbul without any contact with service providers. However both UNHCR and its partner, the Association for Solidarity with Asylum Seekers and Migrants (ASAM), have offices there. This anomaly is probably accounted for by the **low level of knowledge** of Afghans prior to entering the territory, and

⁸ see service mapping at <https://turkey.servicesadvisor.org/en>

the presence of security forces. Van is highly militarised due to the state's efforts to suppress Kurdish populations in the province. This makes it a very sensitive area for the government, and therefore also a difficult area for civil society operations.

Key service providers that were mentioned by migrants and refugees included ASAM and the Turkish Red Crescent (TRC), which implements aspects of the Emergency Social Safety Net (ESSN). Afghan Refugees Solidarity and Aid Association (ARSA) is small with limited services, but they do have a WhatsApp group and Facebook page that interviewees referred to.

Main factors in Turkey:

- Services are available to all Afghans who have applied for international protection
- Asylum seekers are required to live in satellite cities
- Undocumented Afghans live in major cities in well-established Afghan communities
- Services are designed to cater for Syrian refugees
- There are many humanitarian and protection services but no central referral system



Bulgaria

Needs	D	UD
Food/Water	Green	Red
Non-food Items	Green	Yellow
Primary Health	Green	Yellow
Secondary/Tertiary Health	Yellow	Red
Legal	Yellow	Yellow
Accommodation	Yellow	Red
Education	Yellow	Red
Employment	Red	Red
Psychosocial Support	Yellow	Red
SGBV Protection	Yellow	Red
Child Protection	Red	Red

The Republic of Bulgaria's (ROB) State Agency for Refugees (SAR) **registration process is a prerequisite for access to government services.**⁹ However, the GOB actively deters attempts to claim asylum on its territory through violent pushbacks at its borders. In 2020 only 296 asylum seekers were able to apply for international protection at official border points and only 1.4% of them had access to the asylum procedure without detention (ECRE, 2020, p.19).

Government services are made available at transit centres and reception and registration centres. There are open centres in Sofia, Banya, Pastrogor, and Harmanli, and two closed

⁹ see Annex 4 – Protection Framework for an overview of Bulgaria's legal framework and procedures

centres in Sofia and Lyubimets. Asylum seekers who choose to live outside the centres in private housing **forfeit their right to access** government material or social support; as a result the majority opt to stay in a centre. Legally, reception conditions should provide accommodation, food, social assistance, health insurance and health care and psychological assistance. However, since 2015 only shelter, food and basic healthcare are accessible through the centres as none of the other entitlements are provided by the government in practice (ECRE, 2020, p.53). In addition to providing basic services, SAR also has social workers who assist migrants to access a range of specialist government and NGO services.

Unofficially, SAR assigns asylum seekers to centres based on nationality. The Voenna Rampa centre in Sofia is about 97% Afghan, of which 50% are minors (Refugee Solidarity Network, 2018). Under Bulgarian law, unaccompanied minors must be placed in “special accommodation”, however **separate centres for UASC are not available**. Since 2019, IOM has operated project-based ‘safe zones’ within Voenna Rampa for a lack of child-appropriate alternatives. With the exception of the child safe zone, the **conditions in the reception centres** are below or at the level of the minimum standards, with ongoing issues related to sanitation.

The number of NGOs supporting migrants and refugees in Bulgaria is relatively few and are mainly available at the government centres and Sofia, the capital and major transit hub.¹⁰ There are non-government run **information centres** at the main entry point, Burgas, and in Sofia. This makes the system relatively easy to navigate for new arrivals and while there is **no central referral system**, NGOs and government services do refer between themselves. NGOs specialise in specific groups and sectors, such as: basic services (Red Cross; Council of Refugee Women, Caritas Sofia); health issues and disabilities (Red Cross); mental health and SGBV (Nadya Centre); unaccompanied children (Bulgarian Helsinki Committee); and LGBTI (Deystvie). Access to legal services, is also mainly through NGOs as the state legal aid service is weak and restrictive. Only UNHCR and its partner, the Bulgarian Helsinki Committee, have regular access to the border areas.

Main factors in Bulgaria:

- Pushbacks at the borders preventing access to territory
- Requirement to register for access to services
- Services are available in major cities and government-run centres
- Poor services in government-run centres
- Existence of information centres in key locations en route

¹⁰ see service mapping at <http://mapping.refugee-integration.bg/>



Serbia

Needs	D	UD
Food/Water	Green	Yellow
Non-food Items	Green	Yellow
Primary Health	Green	Yellow
Secondary/Tertiary Health	Yellow	Red
Legal	Green	Green
Accommodation	Green	Red
Education	Green	Red
Employment	Yellow	Red
Psychosocial Support	Yellow	Red
SGBV Protection	Yellow	Red
Child Protection	Yellow	Red

Services for migrants and refugees are managed and coordinated by the Republic of Serbia (ROS) through five asylum centres and 11 reception/transit centres operated by the Commissariat for Refugees and Migration (CRM). Two of the asylum centres are exclusively for children. Registration precedes an application for asylum, enabling 15 days to get legal advice and deal with any emergency needs prior to submission.¹¹ Approximately 80% of migrants and refugees attempting to pass through Serbia **register and gain access to a centre**, and about 5% go on to officially lodge an asylum application, reflecting that Serbia is primarily considered a transit country (ECRE, 2020, p.11). The centres provide **basic services** to a reasonable standard and are located throughout the country, but mainly in border areas.¹² Other agencies, NGOs and institutions are also present and tend to offer **secondary or specialised services**. NGO service providers have outreach programmes to known rough sleeping locations. Highly specialised services are often only available in large cities and therefore can be difficult to access from centres near the borders. For example, all of the LGBTI support agencies are located in Belgrade and Novi Sad.

Research in Serbia found that three quarters of irregular migrants and refugees are experiencing acute psychological difficulties (Psychosocial Innovation Network, 2020). Despite a manifest need, provision of **psychosocial support (PSS) services** is currently deprioritised compared with basic services provision (KII3, Serbia). There are immense difficulties trying to treat trauma in a highly mobile population, however it is clear from female interviewees that simply having access to sympathetic staff and safe spaces has some effect. In the long term, the burden of treatment for mental health for migrants and refugees needs to shift from NGOs to the government services, especially if migrants and refugees are staying longer in Serbia.

¹¹ see Annex 4 – Protection Frameworks for an overview of Serbia’s legal framework and procedures

¹² see centre locations at <http://www.unhcr.rs/CentreProfiling/overview.php>

Most NGOs have lost access to border areas due to funding constraints impacting their ability to monitor the situation, and migrants and refugees reported unsuccessfully trying to report human rights violations perpetrated in border areas. In both cases, translators purportedly from a UN agency told the complainant that they could not take the complaint. This goes to concerns also held by service providers that there is a need for a more **professional standard of translation** and interpretation.

Serbia has a highly effective **centralised referral mechanism**, which is coordinated by the CRM. There is a **one-stop service centre** with government and NGO service providers present called Mixaliste in Belgrade, which is well known to migrants. Given the ease that migrants report of accessing services in Serbia, this combination of open centres and strong government-managed referral system should be considered best practice in transit countries. A good referral system negates the need for migrants and refugees to have prior knowledge of individual agencies on their arrival. Thus, agencies trying to encourage service seeking behaviour should provide information about the open centres, and information hub.

Main factors in Serbia:

- Registration and access to services precedes an application for asylum
- Basic services at the government-run centres are adequate
- Access to secondary services usually requires the support of NGOs
- Translation services are limited and of uncertain quality
- PSS service availability needs to be improved
- There is a centralised referral centre and one-stop service centre

What Affects Perception of Needs Among Actors?



Perspective: migrants and refugees vs. service providers

The most striking finding regarding perceived needs is that migrant and refugee informants had very different views of their needs compared to service providers. While this may seem obvious, it highlights a major challenge for both parties as there are reasons why this divergence is likely to continue. Migrants and refugees overwhelmingly view services in terms of basics services that could aid their irregular travel, most notably their efforts to cross closed borders safely. While there were individual differences expressed by informants the trends can be summarised as:

Emergency vs. protection services

While the KII questionnaire focused on services along the entire route, Afghans, especially those at the beginning of their journey, spoke almost exclusively about their experiences and needs for **food, water, shelter** and **security** during border crossings when they were in the hands of smugglers and experiencing protection violations. They also needed emergency **health** services to recover from injuries sustained during the border crossing. Where migrants used the word ‘protection’ they were referring to the need for physical security from robbery, sexual assault, and violence.

Well, this is not hassle-free migration since it is irregular. You always need help on this route. Not only did we not have the right food and drinking water, but we had to be in the mountains overnight.

(Female, 37 years, Iran)

Service providers tend to look beyond immediate needs to services that will also assist migrants in the medium- to long-term, including aiding integration. Many of the services identified were linked to **protection** either directly or indirectly – *shelter* for SGBV survivors, *translation* to access legal rights, *information* to understand the importance of registration.

Irregular travel vs. integration & recovery

The way that migrants and refugees describe their needs when they are on the move is that are on a journey and all their rights and needs will be fulfilled *when they arrive* at their destination. Any assistance beforehand is welcome to sustain them on their journey, and even more welcome if it will facilitate their irregular travel. For example, when migrants and refugees en route described a need for legal aid, which only 2% did, it was related to securing a travel visa (Iran) or to get advice on registration to access services (Turkey). Two more respondents in Bulgaria had received legal support to claim asylum, with the intention to end their journeys if it was granted.

Service providers want migrants and refugees to access **PSS, legal aid, education, employment and language** lessons aimed at facilitating integration and recovery. This divergence also plays out when it comes to information needs. Migrants want to hear information that gives them hope that their migration will be successful, and tips on how to travel irregularly. Their need for reassurance means that there is strong resistance to any information that contradicts their ideal scenario, even when they acknowledge that their information source is unreliable.

The thing is they know we are giving them [trustworthy] information. But it's not the type of information they want. They want to know how to leave and go somewhere else. Any information from a service provider will be, "You know that's not legal, you're putting yourself in risk."

(Serbia, KII2)

Border vs. transit hubs

As suggested in the discussion above, migrants would like to have access to emergency services (food, water, shelter) during the crossing. However, there is a trend away from services being available in the border areas, and towards them being available at transit hubs. These will be discussed in more detail later, but briefly the main reasons for this are:

- Borders have become militarised, ostensibly to deter smuggling and trafficking activities, effectively becoming no-go zones.
- Host governments often try to restrict NGO operations, and containing them geographically is a common tool of control.
- Institutional donors are reducing the amount of funding available for emergency services, in favour of integration services.
- Existing government and NGO services are usually centred in capital or large cities.

Mobility

The needs expressed change throughout individuals' journey, with the speed that migrants and refugees are travelling the key determinant. When discussing their expectations of their journey prior to departing Afghanistan, most first-time travellers believed the best-case scenario: that they would be able to travel quickly and safely to their destination and thus would have limited need for services beyond what their smuggler would supply. Those who were still moving persisted in requesting support for basic needs.

However, the closed borders, cost of 'good' smugglers, and high rejection rates mean that Afghans travelling irregularly tend to get stuck for months or years in transit countries, especially family groups. Regardless of where their journeys pause, needs quickly change to

include longer term concerns such as adequate and private **shelter, employment, legal aid, education and secondary health services.**

I was in pain and needed medical support...I had to bear the situation until we reached a safe place to stay so that I can recover. In Bulgaria, I visited a specialist with the support of a social worker from one of the humanitarian organisations and I am feeling better

(Female, 26 years, Bulgaria)

The needs are echoed by a study undertaken with stranded youth in Greece which found their top concerns were:

1. An overwhelming interest in continuing education
2. A desire to engage in income-generating activities and willingness to learn new skills
3. Disappointment and concern over lack of attentive, professional healthcare
4. Profound stress and decreased psychological well-being
5. Strong sense of care and concern for others
6. Desire for acceptance and connection, despite sense of discrimination
7. Disillusionment with human rights principles
8. Safety concerns and gender-based violence

(Mercy Corp and Norwegian Refugee Council, 2016)

Gender and sexual identity

Due to societal restrictions, only about 12% of Afghan women travel alone.¹³ In the migrant and refugee cohort interviewed there was no significant difference between male and female respondents' reported needs if the speed of travel was controlled for. That is, females generally travel in family groups and therefore their travel is slower, but their stated needs did not differ from men in family groups. Interestingly, this also held for services like employment, which Afghan women do not tend to access themselves.

The service providers interviewed differentiated needs by gender and sexual identity. For example, many LGBTI migrants and refugees leave their homelands due to discrimination and violence, others get outed as LGBTI during their journey and acquire a need for protection (KII4, Serbia). In Turkey, Serbia and Bulgaria, local LGBTI groups have been trained to support migrants and refugees.

Service providers also acknowledged the need to improve outreach to Afghan women outside of camps, as they are often confined to accommodation or hidden within their travelling groups and therefore reliant on their menfolk for access to information and

¹³ see MMC <https://mixedmigration.org/wp-content/uploads/2018/05/ms-asia-1706.pdf>

services. Afghan women traveling alone are also often stigmatised by other migrants and become isolated and at risk of abuse. There are also high rates of sexual violence perpetrated against women and girls, and to a lesser extent boys.

Boys and young men, especially the large number of unaccompanied boys, also have other specific protection needs that are compounded by their role within their families.

Many KIIs mentioned the difficulty of dealing with these gendered needs as often traditional interventions are premised on continuous and extended contact with beneficiaries, which is not feasible for highly mobile populations.

Unaccompanied children are under pressure from their families to continue their journey. I mean we have children who are basically crying. They want to stay here but their families are pressuring them to leave because they need them to send them money.

(KII2, Serbia)

What Affects Access to Services?



There is no single factor that prevents Afghan migrants and refugees from accessing their right to services. Instead, there is a complex mix of global and regional trends, intersecting with local and personal circumstances.

Government level

Status

In the current environment, having some form of documentation is essential to gain adequate access to services in all the focus countries. For example, a much higher proportion (86%) of Afghan refugees in Turkey compared to Syrians (~50%) were defined as multi-dimensionally poor (including access to health, education and food security). This is likely linked to their lack of registration (World Food Program, 2020).

With the exception of Iran, there is a registration system in all countries that is theoretically open to all asylum seekers. In practice, there are often efforts made by state authorities to deter Afghans seeking to register. Officials at PDMM offices in Turkey put obstacles in the way of young male Afghan applicants. Even those young Afghan men who do register fear being quickly rejected and deported without proper consideration of their cases, which acts as a disincentive, as does the requirement that they cannot live in major cities where the employment opportunities lie. Border police in Bulgaria and Serbia engage in pushbacks, physically preventing migrants and refugees from entering the country and registering. Furthermore, in Bulgaria, a claim for asylum precedes registration, however Bulgaria has a 98% rejection rate of Afghan asylum cases – the highest in the European Union (ECRE, 2020). Given the Dublin Procedures, Afghans wishing to gain asylum in Europe would be ill-advised to register in Bulgaria.¹⁴ The system in Serbia, which allows migrants and refugees to register without immediately proceeding to an asylum claim is resulting in the best access to services. The impact of registration on access to services is illustrated by the following case studies from Turkey.

¹⁴ Under the Dublin Procedures unless there is a case for family reunion the first Member State where fingerprints are stored or an asylum claim is lodged is responsible for a person's asylum claim.

CASE STUDY 1

Sadegh** is a 28-year-old Tajik man who left Afghanistan in September 2019 and is attempting to reach Germany. He travelled to Turkey with some friends and was in the hands of smugglers until they reached Van, Turkey. They are now living in Istanbul and none of his group have attempted to register. He was previously deported from Turkey and has the perception that there is no support for irregular migrants. His knowledge about his rights and services available is minimal. He has not sought legal advice because he believes that it is only available to regular migrants.

We don't ask for help from government or NGOs. I even don't know which NGOs are here and if they help migrants. My friends and I don't even go outside during the day as there are policemen walking in the streets and asking for residence documents.

They don't have a TV or radio, and all they see on Facebook is news about deportations and border closures. His family are sending him money, but this will soon run out. When that happens he intends to depend on the Afghan community in Istanbul for support. He hasn't found any work.

CASE STUDY 2

Rasool** is a 23-year-old Hazara man who lived in Iran for 10 years before travelling to Turkey in 2019. He travelled with a group of friends assisted by smugglers. He was undocumented in Iran and he believes that this prevented him from finding out about service providers prior to his departure, however his smuggler told him it was possible to register and referred him to UNHCR who in turn advised him to go to a province to register. After hearing from a friend that there was shelter and work in Yozgat he went there.

When we got [to Turkey] we were very scared of being arrested. There was no one to guide us about what to do and how to register. Where would we find the UNHCR office? What kind of rights do we have?

With the assistance of an NGO, he and his friend were able to obtain a *Kimlik*. They haven't been able to access long term NGO assistance as they don't meet the vulnerability criteria, but his knowledge about NGO and government services is accurate. He is working, albeit illegally, and is able to meet his basic needs.

**names have been changed

As the case studies indicate, the fear of arrest linked to their irregular status places migrants and refugees in a paradoxical situation that increases their vulnerabilities (Mixed Migration Centre, 2020, p.57). They are too scared to approach authorities, which greatly reduces their knowledge about their rights and how to access them. It is crucial that Afghans understand that there are neutral NGO service providers with the capacity to accompany them through the process in all transit countries, with the exception of Iran.

Host government and donor priorities

Host government and donor priorities heavily impact the locations and type of services available to Afghans. Host government policies govern access to services for migrants along the route; donors (both individuals and countries) determine the funding available to service providers to provide activities.

In 2015, at the height of the “migrant crisis”, there was wider availability of emergency services of the type migrants themselves prioritise (food, water, shelter). This was due to a recognition on the part of institutional donors that migrants lacked survival basics, and that agencies therefore needed to be funded to support these basic needs. In addition, however, a significant amount of private funding was available to help meet basic needs. The high availability of private funding was likely due to the media focus on migrants and their needs, as well as associated volunteer and grassroots initiatives. However, private funding has reduced, and institutional donor priorities have shifted away from emergency service provision towards more long-term interventions.

Governments are led by politicians, and their policies are both shaped by and respond to popular sentiment. Populist parties across Europe have been able to successfully build on public anxieties around migration, to increase anti-migrant sentiment.¹⁵ In many countries this manifestly impacts on the standards of migrant and refugee services. For example, in Bulgaria, where there is strong anti-immigrant sentiment, integration services are almost entirely absent with 2020 marking the seventh “zero integration year” (ECRE, 2020).

Host governments often restrict access to services as a means of deterring irregular migration. Host governments in the large hosting countries of Iran and Turkey closely monitor the work of NGOs to ensure they do not support irregular migrants and refugees. Iran is particularly problematic because access to NGOs is mediated by BAFIA. Governments in Europe have also used intimidation and legal prosecutions to deter NGOs from assisting undocumented migrants (RESOMA, 2018).

The impact of this situation on the location of services is that there are few services in border areas. In all countries where KII were performed, service providers reported reduced activities in border areas due to funding cuts.

¹⁵ <https://www.worldpoliticsreview.com/articles/27279/populists-keep-winning-the-messaging-war-in-europe-over-migration>

Nationality

Discriminatory access to services happens both as a side effect of practices designed to frustrate migrant and refugee attempts to seek asylum, as well as through lack of appropriate outreach and accessibility services. The countries where nationality played a significant role were Turkey and Bulgaria.

In Turkey, there are different sets of asylum rules and procedures applied to Syrians and non-Syrians. Temporary protection status is acquired on a prima facie group basis for Syrian nationals. For Afghans, the PDMM makes a first instance decision regarding their application for asylum and in the interim they have right of legal stay as well as a lesser access to basic rights and services than Syrians. The PDMM has been found to discriminate against Afghans, with the main public policy appearing to be to leave Afghans unregistered and thus push them to leave Turkey (ECRE, 2020). As discussed elsewhere, the Syrian refugee population is much greater than the Afghan refugee community. Furthermore, almost all the external funding for refugee services is primarily for the Syrian crisis. This has resulted in a situation where service design and location is dictated by the needs of Syrians, therefore inadvertently discriminating against non-Syrians.

As discussed previously, Bulgaria arbitrarily considers Afghan nationals as manifestly unfounded applicants which is a deterrent to claiming asylum – a prerequisite for gaining access to services. As a result, the recognition rate for Afghan asylum seekers is very low, reaching between 1.5% and 4% in the last four years. In the majority of cases, protection was granted following court decisions overturning refusals. The European Council on Refugees and Exiles found that this amounted to “differential treatment according to nationality” (ECRE, 2020). The government claims that this is because Afghans indicate that they are only claiming asylum in Bulgaria to avoid arrest, and do not want to remain in Bulgaria.¹⁶ If this is accurate, and it well could be, it would point to a need for legal advice to be given to asylum seekers before they make their claim.

Service provider level

Vulnerability criteria

Vulnerability criteria are generally a tool used by NGOs in countries or sectors where demand for services outstrips supply. They typically privilege certain groups like single women, single parents, large families, people with disabilities, and the elderly. The use of vulnerability criteria effectively excludes single men from any material support in Iran and Turkey. For those interviewees who exhibited an understanding of how vulnerability criteria work, the system was begrudgingly accepted.

¹⁶ file:///C:/Users/pipbe/OneDrive/Desktop/DG-HOME-Letter-to-BG-6-July-2017.pdf

Each of the organisations have their own criteria for assistance and if someone doesn't meet that criteria, she/he cannot ask for help. That's why many refugees here don't have access to any help. I cannot myself go to ASAM or other organisations and ask for help because I have only one child.

(Male, 20 years, Turkey)

For others, it was interpreted as a symptom of deliberate discrimination against Afghans or as a result of corrupt practices. This is correlated with distrust of NGOs and therefore, impacts potential uptake of services. Female respondents had less understanding of selection criteria and more commonly stated that aid was deliberately withheld by corrupt service providers or community members.

One of the difficulties with applying selection criteria to migrant flows is that they work best in 'whole of community' responses, where the demographics are typical to fixed population, for example close to 50% male and female.¹⁷ Mixed migration flows often have very skewed demographics. NGOs applying selection criteria need to take this into account when developing their criteria.

Most Afghans when they come [to Turkey] for the first months, they don't have the information about services. For example, where to go to register with ASAM or where to go to apply for the [Red Crescent]. It usually takes two to three months to get familiar with this assistance.

(Female, 37 years, Turkey)

Complexity

Afghan migrants and refugee respondents reported being easily discouraged by difficult or negative interactions with service providers, especially women. Paradoxically, the more services exist, the harder it is for migrants and refugees to navigate the system effectively. This is no doubt why migrants en route speak positively about well-run open camps, as the services are all present in one location.

The three things that migrants and refugees successfully used to address this issue were engaging with referral services, service centres, and hotlines.

Referral services

Referral services are services that share information about available services or research services on behalf of an individual or family for the purpose of directing them to other

¹⁷ see ESSN Turkey criteria, which is more appropriate for a whole of community intervention: <https://kizilaykart.org/EN/degerlendirme.html>

agencies and organisations that provide the services needed. They usually have translators who can assist in communication and may also accompany clients during the referral process.

Serbia has the most effective referral mechanism. The factors that make it a success are twofold. Firstly, it is managed centrally by the CRM so from the migrants' and refugees' point of view there is only one referral system. The user does not need to understand that there are separate referral pathways for different issues behind the main interface. Secondly, because it is government-led it is more long-standing and predictable. The stability in the funding, structures, and personnel that this brings means that the system is not subject to the same fluctuations that UN/NGO-led referral systems suffer from.

In contexts like Turkey, where there are many service providers and a weak referral system, it is important that migrants and refugees know how to reach at least one reliable service provider that has good capacity to refer to other organisations. The main implementing partner of UNHCR or the local ICRC member is a good option, as they generally have strong referral mechanisms and an ability to negotiate with government institutions. Respondents who went directly to UNHCR did not have positive perceptions of UNHCR itself, mainly because the few that knew about UNHCR had unrealistic expectations and were disappointed when they were just referred elsewhere. However, UNHCR is present in every country so in terms of ease of messaging it remains important that migrants and refugees understand UNHCR's role and how to contact the agency.

Service centres

One-stop-shops that house a variety of government and NGO service providers can also be effective. However, as with referral systems, there needs to be a level of stability in their operations. The locations should correspond to the main entry points for migrants with outreach to border crossing areas if possible, so that information is received before they move to the interior and potentially face arrest or further protection risk. Additionally, most migrants and refugees gravitate to the larger cities making them good locations for service centres. Staff should have appropriate language skills, or at least have access to quality translators, and include people with the skills to identify and support individuals at higher risk of protection violations: children, women, and LGBTI people.

Hotlines

Hotlines were not heavily used by Afghans, but when they were there were mixed results.

This is particularly problematic as some migrants and refugees, especially women, report giving up trying to access services after a negative experience.

Almost every large agency in Turkey has a 'hotline', which are no doubt necessary for managing the high volume of requests coming to individual agencies. However, the existence of multiple hotlines does not address the issue that Afghan migrants and refugees find it difficult to navigate the humanitarian system. The humanitarian community in Afghanistan

UNHCR doesn't answer us at all. ASAM is not bad. They don't do much but at least they answer our phone calls.

(Male, 23 years, Turkey)

has developed a centralised hotline,¹⁸ *Awaaz*, which could be a model to emulate in the absence of government leadership.

Based on these findings NGOs seeking to improve access to services can:

- Identify the agency with the strongest referral capacity in each and share contact details with Afghans on the move
- Share information about referral agencies to service providers in neighbouring countries
- Advocate for the consolidation of hotline services
- Co-locate services with other agencies to form one-stop shops
- Direct funding and technical support to strengthen referral mechanisms
- Share good practices between countries.

Language

Studies show that even in resource rich countries like Australia and the United States, language is a significant barrier to refugees accessing services (NSW Refugee Health Service, 2018). Language difficulties can lead to refugees being turned away from services, resulting in miscommunication and misunderstanding of their needs, and lack of appropriate follow up.

In keeping with this, lack of appropriate translation and interpretation services is reported by migrants and service providers to be a major barrier to accessing services. In Turkey, government services may have Arabic language speakers, but no informants had experience of Farsi and Pashto interpreters. The government hotline service does have operators speaking Afghan languages. This means that Afghans require NGO support to access most services, but even they only tend to have Farsi language skills. Moreover, the number of female interpreters remains very low.

We don't know the language and because of that, en route or here, we have a great deal of difficulty asking for help. If there is someone to help, we cannot tell them what we want

(Female, 45 years, Turkey)

¹⁸ For more information see <https://awaazaf.org/>

In Bulgaria and Serbia there are also insufficient translators and interpreters, again especially Pashto speakers. NGOs try to assist by engaging ‘cultural mediators’ who are drawn from the migrant and refugee population. However, there are concerns about the quality of the translation services, as there is so little in-country expertise in these languages that service providers have no way to check the standard of the service they are offering (KII4, Serbia).

NGOs can help overcome this issue through: community education and outreach to explain available services in appropriate languages; employing bicultural workers to act as service brokers; adopting strategies to increase referrals from peers, the refugee and migrant community, and refugee agencies; and collaborating with local NGOs and CSOs with language and cultural skills.

Individual level

Trauma

The protection risks facing Afghans travelling irregularly and the resulting trauma are well-documented. The impact of psychological trauma manifests in two key ways: avoidance behaviours and distrust of others. Trauma compounds access challenges, including additional difficulties navigating services, distrust of service providers and interpreters, and more complex medical conditions (C Due, 2018). In interviews women were more likely to project their inability to access services on others; community leaders are keeping assistance to themselves, other Afghans on the move are deliberately withholding information from them, Afghans are despised above all other migrants and refugees.

Now, even if someone promises to help me, I cannot trust that person or organisation. This distrust is due to the fact that others have hurt me a lot.

(Female, 37, Iran)

While men recounted traumatic events and exhibited distrust, their gender roles as head of the household force a level of interaction with others. Women are able to isolate themselves in the home even while there is a heightened probability that they are experiencing SGBV there. Indeed, service providers reported finding Afghan women particularly hard to reach compared to women from other nationalities.

There are many different recovery models and while the various steps and factors for recovery differ, there are some consistent messages across all of these: building a sense of safety, building connections, and having a consistent and predictable environment. Obviously, these factors are hard to achieve while en route, but they do suggest that well-managed centres could be good environments to focus on mental health.

NGOs can train frontline staff on psychological first aid, as for a highly mobile population there will be very few points of interaction or opportunities for further treatment or referral. They can also sensitise government officials to the importance of PSS activities in camp settings. For NGOs operating in camps, identifying and referring people with acute needs should be a priority.

Money

Access to financial services for Afghans on the move is not a major impediment thanks to the *Hawala* system, which plays a significant role before and during the migration journey.¹⁹ However, the direction of transactions changes throughout the journey. At the beginning families send money to migrants and refugees to fund the journey. However the expectation is that as soon as possible the traveller will start sending remittances back home to their families, friends or communities.

In any country, if there are no bureaucratic or legal obstacles, money buys access to services; whether through the ability to bribe public officials or to pay for private services. This would be the experience of most Afghans in their home country, so it is not surprising that those with the means have the expectation that they will be able to purchase services en route. All the respondents who flew to Iran and are presumably comparatively wealthy were able to fulfil their needs through their own means and were confident that this would be the case throughout their journeys.

Because in my opinion, everything is solvable by money. If you have the money, you can get everything you need. Even the police, doctors, and anything you can imagine can be bought with money.

(Female, 42 years, Iran)

By the time these migrants and refugees had reached Europe none reported having this ability.

Unconditional cash grants are a proven way to access service, including secondary services which are difficult to access in all countries.

Information

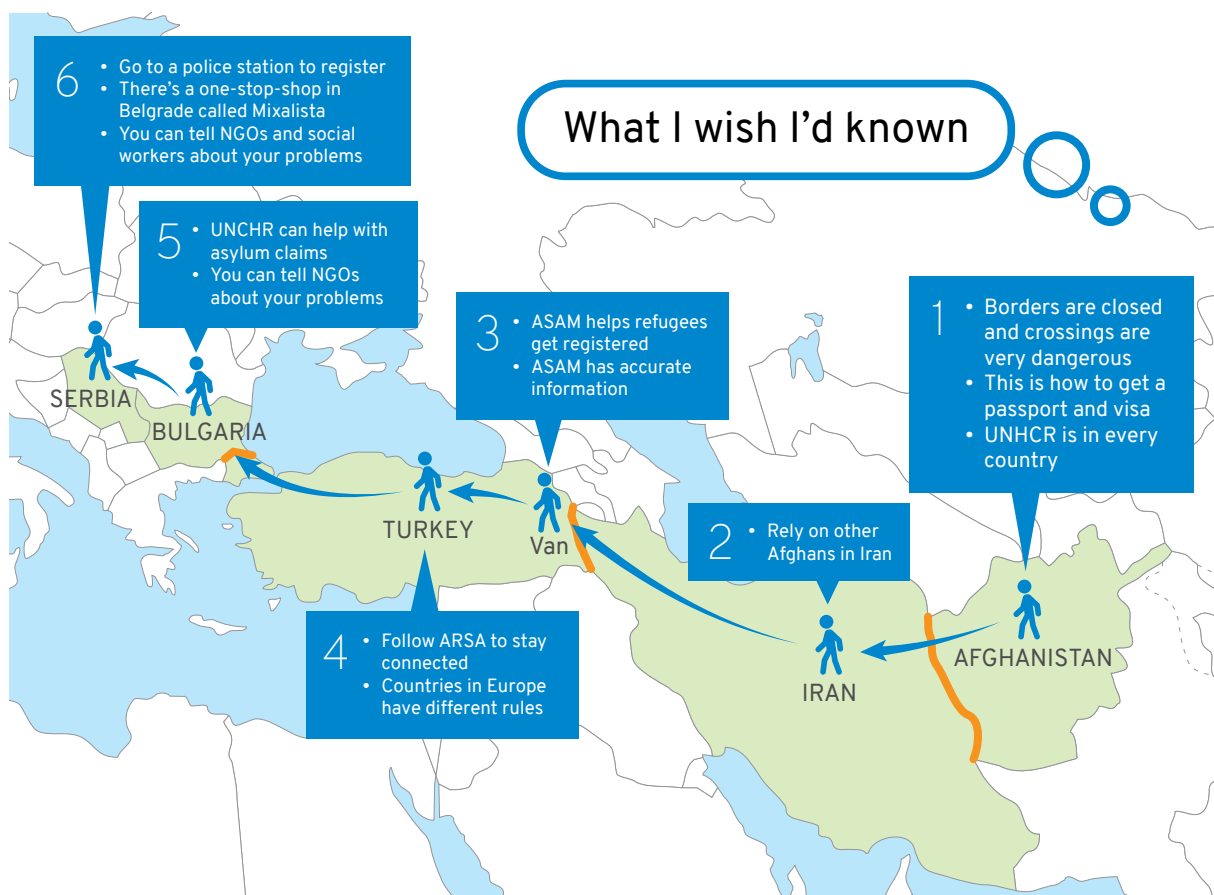
The level of knowledge among respondents about how services work and their rights as refugees or asylum seekers is staggeringly low. Only those living in camps with frequent access to service providers demonstrated an adequate level of knowledge. Discussing their understanding of services at the beginning of their journey, only 2% were able to give any

¹⁹ see MMC snapshot <https://mixedmigration.org/wp-content/uploads/2018/11/ms-asia-1809.pdf>

accurate information about service providers – usually only that they know that UNHCR has a role in refugee management. A further 32% purported to understand something about services, but could only cite incorrect information.

Retrospectively, those who had reached Europe or were stranded for a long period reported that it would have been good to have information about available services pre-departure. However, at the start of their journey the majority do not think they will need to access services because their smuggler has promised a quick, safe trip and to supply their basic needs. Once they discover that they need help they turn to family, friends and other migrants for information, which is often not accurate or up-to-date.

The majority of respondents said they have access to a smart phone, but they use social media to ask compatriots for information. There are some WhatsApp groups, both formal, such as one run by ARSA in Turkey, and informal, which are usually location-based or a group of migrants from the same ethnic group, that could be co-opted to send targeted messages. Only two respondents mentioned proactively seeking information about services online (i.e. performing a Google search) despite there being sufficient information online in Farsi for all countries, except Iran.²⁰ Of the examples linked below, the UNHCR Turkey site appears easiest to navigate, but it would be a worthwhile exercise to test what percentage of Afghan refugees are actually able to use the various sites.



²⁰ see examples at <https://help.unhcr.org/turkey/fa/how-to-seek-help/>; <http://www.asylum.bg/>; <http://www.unhcr.rs/>

Who Influences Migrant Opinions?



The question of who is able to influence migrants and refugees to change their behaviour, and how they do so, is a complex one. It is not simply a matter of making accurate information available. It is rather a question of whether the information arrives through a trusted source, and whether the migrant has the agency or resources to act on it.

Take for example, the graphs below showing the sources that Afghan men and women trusted to give them accurate information about COVID-19, compared with where they were able to get it. Despite trusting health professional and NGOs/UN they had to rely on online sources and other migrants.

Family, friends and other migrants

Secondary research suggests that friends, family and other migrants are the source of vast amounts of information, even though it is often inaccurate or incomplete (UNHCR, 2016). For both Afghan men and women, the most trusted sources of information about migration are friends and family in other countries (53%), friends and family in Afghanistan (13%) and returned migrants (12%).²¹ This trend is confirmed by this study. Family and peers are influential to the extent that they are the main information source, but migrants and refugees demonstrated that they did realise that the information was often not correct.

There are factors that help explain why family and friends remain the preeminent information source despite the questionable veracity of the information they transmit. Firstly, the information about services is combined with other information in a way that is appealing to migrants. There is a lot of information exchanged about how to successfully migrate, social news about friends and family, mutual support and tips on how to access material and other support that brings migrants and refugees hope and comfort. Official information tends to combine messages to dissuade irregular travel with advice about protection services.

We have some social contact on Telegram. Although, most of the members are young Afghan migrants from Faryab only. We share dance and music most often. However, some of the members who have arrived in European countries usually share their travel experiences in our group. They tell us about which way is more secure or, for example, which country is it easier to get accepted.

(Male, 19, Iran)

By self-selecting who they engage with, migrants also can build their trust in the information they are receiving. This usually manifests in the creation of ethnic or kinship networks.

²¹ MMC snapshot https://mixedmigration.org/wp-content/uploads/2020/06/117_snapshot_Asia.pdf

This phenomenon is not restricted to men. Women also use social media to create communities, sharing pictures from friends and family, as well as information on the journeys of other refugees and migrants and their experiences (Mixed Migration Centre, 2018, p.32).

However, the most significant factor is a strong preference for face-to-face or verbal interactions (European Commission, 2018, p.7). There is no other influencer that is able to use this form of communication as effectively and consistently as friends, family and other migrants en route. It also explains why apps and other digital messaging rarely achieves the impact intended.

Smugglers

Migrants and refugees demonstrate an initial high degree of trust in their smuggler, and this can be tenaciously held for some individuals even in cases where their personal situation suggests that smugglers are not trustworthy. In these cases, the narrative is that while *their* smuggler lied, *other* smugglers could be trusted and these are the ones they were now seeking to engage. However, most interviewees lost trust in smugglers after their first or second border crossing, with many saying that the denial of promised services such as food, water, shelter and protection was a key factor. While there were a handful of cases where respondents gave examples of smugglers facilitating access to services, overall their impact on access to services is negative.

We were not allowed to search for medical help if we needed it...We did not have access to hygiene materials and clean water. We were not allowed to speak to local people.

(Male, 24, Bulgaria)

Almost all migrants and refugees recounted experiences where they or someone in their party was prevented from accessing services by smugglers, usually health services. During border crossings, this was achieved by smugglers refusing to deviate from the route, preferring instead to abandon people under their care. Once in-country, they often take routes circumnavigating population centres to avoid detection. There are also cases where smugglers proactively prevent their clients from contacting humanitarian workers, so that their charges are not persuaded to end their journey prematurely (UNHCR, 2016). Even when migrants and refugees are in smuggler-organised accommodation in town and cities, smugglers may effectively imprison them or dissuade them by telling them that service providers collaborate with authorities. Another common tactic is to inform migrants and refugees that service providers wouldn't assist irregular migrants.

The influence of smugglers is less that their information is believed, and more that they can be very effective at blocking information from other sources and physically preventing access.

Service providers

There is a clear link between migrant and refugee trust in a service provider and their willingness to access the service. As discussed previously, migrants and refugees favour word-of-mouth communication and information received through family and peers. Therefore, service providers are best able to influence the attitudes of migrant and refugees towards their services by ensuring that those who do come in contact with them have a positive experience, including making sure that they understand aspects like selection criteria.



Factors that encourage access:

- Past positive experience with service provider and behaviour of field staff
- Access to reliable knowledge about available assistance
- Perceived neutrality of organisations
- Information from family, peers and smugglers



Factors that discourage access:

- Fear of deportation or being forced to return
- Fear of being dissuaded or prevented from continuing journey
- Fear of being poorly treated by humanitarian staff, especially for women
- Fear that organisations collaborate with police or local authorities

A positive indication from the survey is that when the first three encouraging factors were met, migrants' and refugees' perception of service providers was very positive. In Iran and Turkey when asked about their sources of information less than 1% of interviewees mentioned NGO or government service providers. Of those having reached Bulgaria and Serbia, 60% stated that service providers were a key source of information. Women in particular demonstrated a dramatic change in the level of trust in service providers, largely as a result of receiving information directly in centres.

Host community

Host communities can have a significant influence through their support of political decisions and public policies that impact access, and through their ability to create a safe and welcoming environment. Unfortunately, there is evidence of negative trends for both. In all locations, interviewees reported negative interactions with members of host communities ranging from serious criminal acts to expressing racist anti-immigrant sentiment.

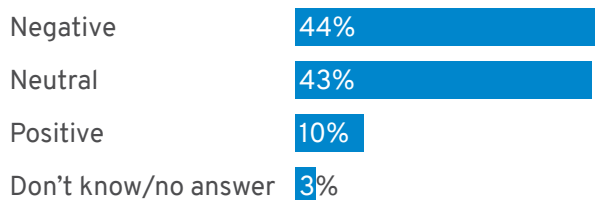
[I couldn't access services] because we had to hide and not be spotted by locals who could tell the authorities about us.

(Male, 18 years, Bulgaria)

This can have a direct impact on service-seeking behaviour, especially for undocumented migrants and refugees who fear that host community members may tell authorities about them.



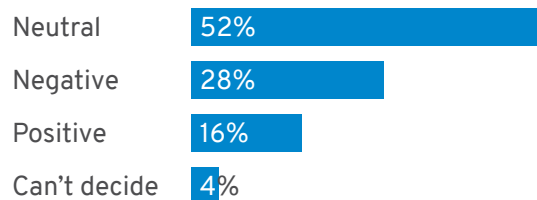
In general, what is your attitude towards migrants/refugees coming to Serbia?



Source: CITATION UND17 \I 3081 (UNDP, 2017)



How would you describe your attitude towards refugees (Bulgaria)?



Source: CITATION UNH202 \I 3081 (UNHCR, 2020)

Key informants interviewed in Europe believe that much of the animosity expressed by host communities there is due to a misunderstanding of how refugee responses are funded or what migrants and refugees are receiving.

It is sometimes misunderstood by the [host] community that the aid is funded from the state budget, which leads to negative comments and hate speech by some provided groups.

(KII5, Serbia)

NGOs have a role in countering the spread of misinformation, by ensuring that information about their activities is widely understood. As shown in the above table there is a significant proportion of the population that remains neutral, suggesting it may be possible to change many host community members' attitudes.

Recommendations



These recommendations aim to guide continued discussion within DRC. They include recommendations related to communicating available information and services to migrants, as well as addressing gaps in service provision. They are primarily recommending actions that could be taken by DRC, either directly or through their influence on other humanitarian actors.

Increase awareness of services

Develop simple messaging about service entry points: Migrants and refugees need to know how to quickly get in contact with service providers, but not every service provider – one quality NGO, one quality hotline, UNHCR. This information should also be given to frontline staff, including translators, in neighbouring countries.

Consolidate hotlines as much as possible: Given the preference for verbal communication, hotlines could be a good, cost-effective entry point. Imagine if there were hotlines in each country with the same number! To test the feasibility of having one hotline per country, DRC could begin by organising an information exchange with the operators of *Awaaz* in Afghanistan.

Standardise and simplify information: Use working groups and clusters to standardise information for pamphlets and posters. Simple, consistent information, in appropriate languages.

Improve access to online information: Many refugees and migrants know about UNHCR. However, the information on UNHCR websites is not standardised and is of varying quality. DRC could support UNHCR by testing how user-friendly migrants and refugees find their information. DRC could leverage its relationship with UNHCR and the global protection cluster to lobby them to have a standard package of information on transit country websites.

Don't give up on social media: Many men and women use social media extensively for... being social! If young men are sharing music together with travelling tips on WhatsApp, there's no reason to think they wouldn't share attractively packaged information about free services, locations of centres etc.

Improve referral system: Information is important, but it is not enough. Migrants and refugees need support to understand their entitlements and practical assistance to access them. One central referral system is the most effective but would need leadership from a government or UN agency.

Increase access to services

Encourage registration: In addition to ensuring first points of contact give advice about registration, barriers need to be removed through advocacy towards states.

- Turkey – a) discrimination at PDMM against young men; b) confinement to satellite cities

- Bulgaria – connection between asylum claim and registration for access to services

Prioritise activities that deal with trauma: Take advantage of the environment in centres to increase access to PSS and mental health services. Concentrate on teaching skills that they can take with them. As integration increases, it will be necessary to train service providers like teachers and community health workers how to recognise and deal with trauma.

Play a role in preventing trauma: The brutalisation of migrants and refugees at border points used to be mainly a feature of the Iran-Afghanistan and Iran-Turkey borders, but now it is occurring throughout Southeast Europe. While NGOs are unlikely to be able to influence the government of Iran, civil society is influential in Europe.

Incentivise translators to increase the quality of their service: Design vocation training programmes for translators. Support translators to become accredited through internationally recognised programmes. Work with government services to employ trained translators in key services.

Support cash programming: Cash programming enables migrants and refugees to pay for services. It also incentivises service providers to remove barriers to access.

Counter misinformation about entitlements: Migrants and refugees, as well as host communities, need to understand how the allocation of aid works. NGOs generally do a good job of sharing selection criteria with easily-engaged populations, such as in camp, but not with the wider community.

Fill known geographic service gaps: It is not currently feasible to address service gaps in border crossing areas and Iran. The only other area that was consistently mentioned as being severely underserved was Van, Turkey. It may be that there are some lessons from the areas receiving Syrian refugees in Turkey that could be applied to Van.

Bibliography



Belgrade Centre for Human Rights, 2020. *Right to Asylum in the Republic of Serbia*. [Online]
Available at: <http://www.bgcentar.org.rs/bgcentar/eng-lat/wp-content/uploads/2014/01/Right-to-Asylum-in-Serbia-2020.pdf>

C Due, A. Z. A. R. E. G., 2018. Psychological trauma and access to primary health care services for asylum seekers and refugees in Australia. *European Journal of Public Health*, 28(1), pp.11-17.

Citizens' Association for combating trafficking in human beings and all forms of, 2018. *How to Ensure Successful and Sustainable Integration of Refugees and Migrants*. [Online]
Available at: <http://atina.org.rs/sites/default/files/Final%20Kako%20osigurati%20uspesnu%20i%20odrzivu%20integraciju%20izbeqlica%20i%20migranata.pdf>

Citizens' Association for combating trafficking in human beings and all forms of, n.d. *How to Ensure Successful and Sustainable Integration of Refugees and Migrants*. [Online]
Available at: <http://atina.org.rs/sites/default/files/Final%20Kako%20osigurati%20uspesnu%20i%20odrzivu%20integraciju%20izbeqlica%20i%20migranata.pdf>

CRPC, 2019. *Between Closed Borders 2019: Joint agency paper on refugees and migrants in Serbia*. [Online]
Available at: <http://www.crpc.rs/dokument/Between%20Closed%20Borders%202019.pdf>

ECRE, 2020. *Country Report: Bulgaria*, s.l.: European Council on Refugees and Exiles.

ECRE, 2020. *Country Report: Serbia*. [Online]
Available at: https://asylumineurope.org/wp-content/uploads/2021/03/AIDA-SR_2020update.pdf

ECRE, 2020. *Country Report: Turkey*. [Online].

European Asylum Support Office, 2018. *EASO Guidance on Reception Conditions for Unaccompanied Children*. [Online]
Available at: <https://www.easo.europa.eu/sites/default/files/Guidance-on%20reception-%20conditions-%20for-unaccompanied-children.pdf>

European Asylum Support Office, 2020. *Asylum Trends 2020 preliminary overview*. [Online]
Available at: <https://www.easo.europa.eu/asylum-trends-2020-preliminary-overview>

European Asylum Support Office, 2020. *EASO Asylum Report 2020: Annual Report of the Situation of Asylum in the European Union*. [Online]
Available at: <https://easo.europa.eu/asylum-report-2020>

European Asylum Support Office, EASO Guidance on Reception Conditions. [Online]
Available at: <https://www.easo.europa.eu/sites/default/files/EASO%20Guidance%20on%20reception%20conditions%20-%20operational%20standards%20and%20indicators%5B3%5D.pdf>

European Commission, 2018. *A study of the communication channels used by migrants and asylum seekers in Italy, with a particular focus on online and social media*. [Online].

European Commission, 2018. *Turkey Fact Sheet - Basic Needs*. [Online]
Available at: https://ec.europa.eu/neighbourhood-enlargement/news_corner/migration_en

European Union, 2013. *Directive 2013/33/EU of the European Parliament and of the Council*. [Online]

Available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013L0033&from=EN>

Group 484, 2016. *Challenges of the Migrant-Refugee Crisis from the Perspective of CSOs*. [Online]

Available at: <https://www.grupa484.org.rs/h-content/uploads/2020/04/web-lzazovi-migrantsko-izbeglic%CC%8Cke-krize-ENG-1-grupa-484.pdf>

International Organization for Migration, 2020. *Socio-economic Assessment: Impact of Covid-19 on migrations and mobility in Serbia*. [Online]

Available at: <https://serbia.iom.int/sites/default/files/publications/documents/SEIA%20Report%20Eng.pdf>

Mercy Corp and Norwegian Refugee, 2016. *Don't Forget Us: Voices of Young Refugees and Migrants in Greece*. [Online]

Available at: https://www.mercycorps.org/sites/default/files/2019-10/Dont_Forget_Us_Report_1.pdf

Mixed Migration Centre, 2018. *Experiences of Female Refugees & Migrants in Origin, Transit and Destination Countries*. [Online].

Mixed Migration Centre, 2019. *Outspoken but Unheard: Exploring how Diasporas in Europe Shape Migration Along the CMR*. [Online]

Available at: https://mixedmigration.org/wp-content/uploads/2019/11/081_outspoken_but_unheard.pdf

Mixed Migration Centre, 2020. *Destination Unknown: Afghans on the move in Turkey*. [Online]

Available at: www.mixedmigration.org

Mixed Migration Centre, 2020. *The Impact of COVID-19 on the Smuggling of Refugees and*. [Online]

Available at: https://mixedmigration.org/wp-content/uploads/2020/10/138_covid_snapshot_smuggling_Asia.pdf

Mixed Migration Centre, 2020. *The Impact of COVID-19 on the Smuggling of Refugees and Migrants from Afghanistan*. [Online]

Available at: https://mixedmigration.org/wp-content/uploads/2020/10/138_covid_snapshot_smuggling_Asia.pdf

Naseh, M. P. M. S. P., 2018. Repatriation of Afghan refugees from Iran: a shelter profile study. *Int J Humanitarian Action*, 3(13).

NSW Refugee Health Service, 2018. *Problems Refugees Face When Accessing Health Services*. [Online]

Available at: <https://www.phrp.com.au/wp-content/uploads/2014/10/NB02065.pdf>

Psychosocial Innovation Network, 2020. *Mental Health and Wellbeing of Refugees and Asylum Seekers in Serbia*, s.l.: s.n.

Red Cross of Serbia, 2020. *Social Inclusion of Migrants: Survey on Perceptions about Migration and Recommendations to Reduce Discrimination*. [Online]

Available at: <https://www.redcross.org.rs/media/6504/social-inclusion-of-migrants-e-book-eng.pdf>

Refugee Solidarity Network, 2018. *The Detention of Asylum-Seekers in Bulgaria*. [Online]

Available at: <https://refugeesolidaritynetwork.org/wp-content/uploads/2018/12/BU-RSN-Bulgaria-Report-final-final-2018.pdf>

RESOMA, 2018. *Crackdown on NGOs Assisting on Refugees and other Migrants*. [Online]

Available at: http://www.resoma.eu/sites/resoma/resoma/files/policy_brief/pdf/Policy%20Briefs_topic4_Crackdown%20on%20NGOs_0.pdf

Save the Children, 2020. *Refugees and Migrants at the Western Balkans Route*. [Online]

Available at: <https://resourcecentre.savethechildren.net/library/balkans-migration-and-displacement-hub-data-and-trend-analysis-regional-overview-january-0>

Spahl, W. Ö. A., 2019. Stratified membership: health care access for urban refugees in Turkey. *Comparative Migration Studies*, 7(42).

UNDP, 2017. *Attitudes to Refugee and Migrant Crisis in Serbia*. [Online]

Available at: https://www.rs.undp.org/content/serbia/en/home/library/crisis_prevention_and_recovery/attitudes-to-refugee-and-migrant-crisis-in-serbia.html

UNHCR, 2016. *From a Refugee Perspective*. [Online]

Available at: <https://www.unhcr.org/5909af4d4.pdf>

UNHCR, 2020. *Survey on public attitudes towards refugees and asylum seekers in Bulgaria 2019 - 2020*. [Online]

Available at: https://www.unhcr.org/bg/wp-content/uploads/sites/18/2020/11/Survey_Report_19-20_EN.pdf

UNHCR, 2020. *The Global Compact on Refugees*. [Online]

Available at: <https://globalcompactrefugees.org/article/global-compact-refugees>

UNHCR, 2020. *The Support Platform for the Solution Strategy for Afghan Refugees*. [Online]

Available at: <file:///C:/Users/pipbe/Downloads/SSAR%20Support%20Platform%20document%20-%20A%20Partnership%20for%20Solidarity%20and%20Resilience%20-%202017%20June%202020.pdf>

UNHCR, 2021. *120,000 refugees assisted to access Iran's health insurance scheme*. [Online]

Available at: <https://www.unhcr.org/news/briefing/2021/4/606c19ad4/120000-refugees-assisted-access-irans-health-insurance-scheme.html>

World Food Program, 2020. *Comprehensive Vulnerability Monitoring Exercise (CVME) Round 4*. [Online]

Available at: <https://www.wfp.org/publications/turkey-comprehensive-vulnerability-monitoring-exercise>

Zetter, R., 2018. *Protection for Forcibly Displaced Afghan Populations in Pakistan and Iran*. [Online]

Available at: https://adsp.ngo/wp-content/uploads/2020/02/DRC_Briefing_Note_Protection-for_22072019.pdf

Annexes

Annex 1 – Breakdown of interviewees

Migrants and Refugees					
Country	No.	Gender	Age	Status	Ethnicity
Bulgaria	1	Male	24	Documented	Pashtun
Bulgaria	2	Male	27	Documented	Pashtun
Bulgaria	3	Male	18	Documented	Pashtun
Bulgaria	4	Female	26	Documented	Pashtun
Bulgaria	5	Female	22	Documented	Pashtun
Bulgaria	6	Male	26	Undocumented	Hazara
Iran	1	Female	37	Undocumented	Hazara
Iran	2	Male	42	Documented	Tajik
Iran	3	Female	36	Undocumented	Tajik
Iran	4	Female	42	Undocumented	Hazara
Iran	5	Female	35	Travel visa	Hazara
Iran	6	Male	22	Undocumented	Tajik
Iran	7	Male	32	Travel visa	Pashtun
Iran	8	Male	20	Undocumented	Hazara
Iran	9	Male	25	Travel visa	Pashtun
Iran	10	Male	19	Undocumented	Tajik
Iran	11	Male	28	Undocumented	Pashtun
Iran	12	Male	32	Undocumented	Pashtun
Iran	13	Female	37	Undocumented	Hazara
Iran	14	Male	26	Travel visa	Hazara
Iran	15	Male	27	Travel visa	Pashtun
Serbia	1	Female	25	Documented	Tajik
Serbia	2	Female	29	Documented	Tajik
Serbia	3	Female	24	Documented	Tajik
Serbia	4	Female	32	Documented	Pashtun
Serbia	5	Male	27	Undocumented	Tajik
Serbia	6	Male	28	Undocumented	Hazara
Turkey	1	Male	28	Undocumented	Tajik

Turkey	2	Male	37	Documented	Pashtun
Turkey	3	Male	24	Documented	Hazara
Turkey	4	Male	27	Undocumented	Sadat
Turkey	5	Male	41	Documented	Uzbek
Turkey	6	Female	45	Documented	Hazara
Turkey	7	Male	20	Documented	Pashtun
Turkey	8	Female	37	Documented	Qizilbash

Key Informant Interviewees			
Country	No.	Gender	Type
Bulgaria	1	Female	Other
Bulgaria	2	Female	Local NGO
Bulgaria	3	Female	Govt
Serbia	1	Female	Int NGO
Serbia	2	Male	Int NGO
Serbia	3	Female	Local NGO
Serbia	4	Female	Local NGO
Serbia	5	Female	Local NGO
Turkey	1	Male	Local NGO
Turkey	2	Female	Other
Turkey	3	Male	UN agency
Turkey	4	Male	Int NGO

Annex 2 – Interview questions

Migrants and Refugees	
No	Question
1	Before you left Afghanistan who did you think you would ask for help if you had trouble on your journey?
2	Did you think you might access NGO or govt services on your journey?
3	Can you tell me about the points on the route when you wanted help and the kind of help you wanted? What happened to you? What kind of help did you want?
4	Can you tell me who you got help from? How did you hear about this actor? What kinds of help did he/she provide?
5	What about other migrants? Who did they get help from?
6	<p>There are a wide range of types of issues people encounter, and types of help people need. Could you please rate the following types of help as ‘very useful’, ‘somewhat useful’ or ‘not useful’?</p> <ul style="list-style-type: none"> • Health • Legal Aid • Cash • Work • Food • Water • Shelter • Other (please describe)
7	How did you hear about services available? How did other migrants learn about services available?
8	<p>Who did you trust to provide services and support? Why did you trust them?</p> <p>Who did you not trust/distrust to provide services and support? Why??</p>
9	<p>Which of these organisations have you heard of?</p> <p>[List of main service in-country providers]</p>
10	Were there any specific spots along the journey where you and other migrants needed services but they were not available? Where was this?
11	Were there any factors that prevented you from accessing services along the route? What were they?
12	Were there any particular migrants who had special difficult accessing services? Why did they face these difficulties?
13	Did everyone have equal access to information about services? If not, who had less access and why?

Key Informant Interviews	
No	Question
1	<p>Can you tell me about your perceptions of the most significant protection risks facing irregular Afghan migrants?</p> <p>Where, geographically, do you think these risks are most significant?</p>
2	Can you tell me a little about the services your organisation offers? Are they facility or community-based? Why have you chosen the location of your operations?
3	In your area is there a central location or organisation/s that is able to refer newcomers to a range of service providers. Or would refugees/migrants need to approach individual organisations?
4	For each of these sectors where would you refer someone? Can you give me a sense of the size of the organisation?
5	<p>To what degree are migrants in the country aware of the services available to them?</p> <p>Where do they get information about services from? Who has less access to this information about services?</p>
6	Is there a system of registration for migrant/refugees in your country? If so, does it impact on their ability to access services?
7	<p>What [other] barriers exist in accessing services? What formal/informal barriers?</p> <p>Are any groups disproportionately affected by these barriers?</p>
8	How do Afghans perceive the services available to them in terms of quality? In terms of quantity? In terms of potential risks?
9	Do you think there are actual risks for Afghans approaching services? i.e. is there a danger that if they are not registered the agency may inform the authorities or the services are so bad they may do harm.
10	How do members of the 'host' community perceive delivery of services to Afghans? What factors influence their perception?
11	What would you say are the three priority unmet needs of Afghans passing through your country?
12	If you could suggest 3 things to improve service availability for Afghan irregular migrants, what would they be?

Annex 3 - Global and regional frameworks impacting service provision

There are a number of global and regional frameworks that deal with the provision of services to refugees and migrants, albeit often with an emphasis on service provision in the major refugee-hosting countries rather than in Europe.

At the global level, the [Global Compact on Refugees](#) (GCR) and the [Global Compact for Safe, Orderly and Regular Migration](#) (GCM) are an effort to modernise the management of refugee and migrant movements. The GCR includes a commitment to deliver assistance, to the extent possible, through appropriate national and local service providers in the areas of health, education, livelihoods and protection. However, this service provision is framed as “burden-sharing” – i.e. that this service provision funded mainly by Western countries would occur in the main hosting countries and not in Europe. The GCM’s objectives include providing migrants, regardless of their status, with access to basic services that are gender and disability responsive as well as child sensitive. It includes language around ensuring that cooperation between service providers and immigration authorities does not compromise irregular migrants’ safe access to basic services.

The [Solutions Strategy for Afghan Refugees to Support Voluntary Repatriation, Sustainable Reintegration and Assistance to Host Countries](#) (SSAR) is a quadripartite agreement originally developed in 2012 by the governments of Afghanistan, Iran and Pakistan, and UNHCR. One of the three areas for cooperation aims to mitigate the impact of hosting refugees on national systems and support the inclusive policies of the host governments. It explicitly mentions the goal of integrating refugees into national education, healthcare, vocational skills development and social protection systems (UNHCR, 2020).

The [EU Facility for Refugees for Turkey](#) arose from the EU-Turkey statement, which pledged EUR 6 billion to support humanitarian assistance, education, migration management, health, municipal infrastructure, and socio-economic support, of which EUR 4 billion has been released. The overwhelming majority of beneficiaries are Syrian, with about 2.8% of cash transfer beneficiaries being Afghan refugees. Within Europe, the European Commission’s [Reception Conditions Directive](#) aims at ensuring common standards of reception conditions throughout the EU. This is further elaborated by operational standards and indicators for [reception conditions](#) and specific guidance on [reception conditions for unaccompanied children](#).

The commonality between these frameworks is that they encourage integration of refugees and migrants into national systems in the countries neighbouring major sending countries, while either remaining vague about service provision or emphasising facility-based services in Europe.

Annex 4 – Protection frameworks



Iran is party to the 1951 Convention on the Status of Refugees (CSR) and the 1967 Protocol, with reservations related to wage-earning employment, public relief, labour legislation and social security, and freedom of movement. The government of the Islamic Republic of Iran (GOI) takes responsibility for refugee registration and determination, and the system that has been developed is subject to frequent changes that impact Afghans' ability to access services. In 2001, the GOI began issuing *Amayesh* cards, which are renewed annually by the Bureau for Aliens and Foreign Immigrants Affairs (BAFIA). *Amayesh* is a form of temporary residency permit that does not specifically afford refugee status but does give card holders limited rights to work and access government services. Afghans arriving after 2003 are generally considered economic migrants with no recourse to lodge applications for refugee status and protection on arrival or in-country, and therefore no way to obtain an *Amayesh* card (Zetter, 2018). In addition, the GOI periodically carries out large-scale registration processes, the last of which occurred in 2017. These processes have not resulted in a change of status for those registered, but in practice those who registered do not get deported. These mass registrations are typical of the pragmatic and unsystematic approach to protection in Iran, which often works in refugees' and migrants' favour, but offers little long-term legal protection or certainty.



Turkey is a party to the 1951 CSR. However, in 2013 Turkey adopted a Law on Foreigners and International Protection (LFIP), which provides three types of international protection status. Europeans qualify for refugee status, in accordance the Refugee Convention. For refugees from Syria, Turkey implements a temporary protection regime, acquired on a prima facie, group basis. Afghan asylum seekers can apply for international protection, with the understanding that they will be re-settled in a third country rather than being accepted as refugees for settlement in Turkey. In 2018, the Directorate General for Migration Management (DGMM) took over the processing of international protection cases from UNHCR. Afghan asylum seekers arriving in Turkey currently can apply for international protection at any of the 81 Provincial Directorates for Migration Management (PDMMs). They are then given a *Kimlik* identification card and are required to reside in an assigned satellite city while they await a decision.



Bulgaria joined the 1951 Geneva Convention and the 1967 Protocol relating to the Status of Refugees in 1992. The main regulation laying down the basic principles, conditions and procedure for granting protection to foreign citizens is the Law on Asylum and Refugees. The

asylum process is initiated when asylum seekers inform a state agency employee, including State Agency for Refugees (SAR) staff, border police, and detention officers, of their intention either verbally or in writing. SAR is required to formally register the referred applications no more than six working days later. UNHCR is authorised by law to monitor all stages of the asylum procedure. One of UNHCR's NGO partners, the Bulgarian Helsinki Committee (BHC), also exercises this right on behalf of UNHCR.



Serbia

The Republic of Serbia is a state signatory of the 1951 UN Convention Relating to the Status of Refugees and the 1967 Protocol Relating to the Status of Refugees. The Serbian Constitution provides for the right to asylum. Serbia adopted its first Law on Asylum in 2007 assuming full responsibility for Refugee Status Determination (RSD), taking over from UNHCR, which exercised its mandate and processed refugee claims in the former Yugoslavia and Serbia between 1976 and 2008. In response to the “migrant crisis” the 2017 Law on Asylum and Temporary Protection was adopted, which is considered by UNHCR to be largely compliant with international and EU standards. The first step asylum seekers must take is to register with the police. The asylum seeker is then issued an ID card and referred to one of the accommodation facilities. The asylum procedure starts when an applicant submits an application to the Asylum Office. This must be done within 15 days of registration.



DRC DANISH
REFUGEE
COUNCIL

SEEFAR

Services for migrants and refugees on the Eastern Mediterranean and Western Balkans routes

A mapping of services and migrants and refugees' knowledge, perception and usage of it