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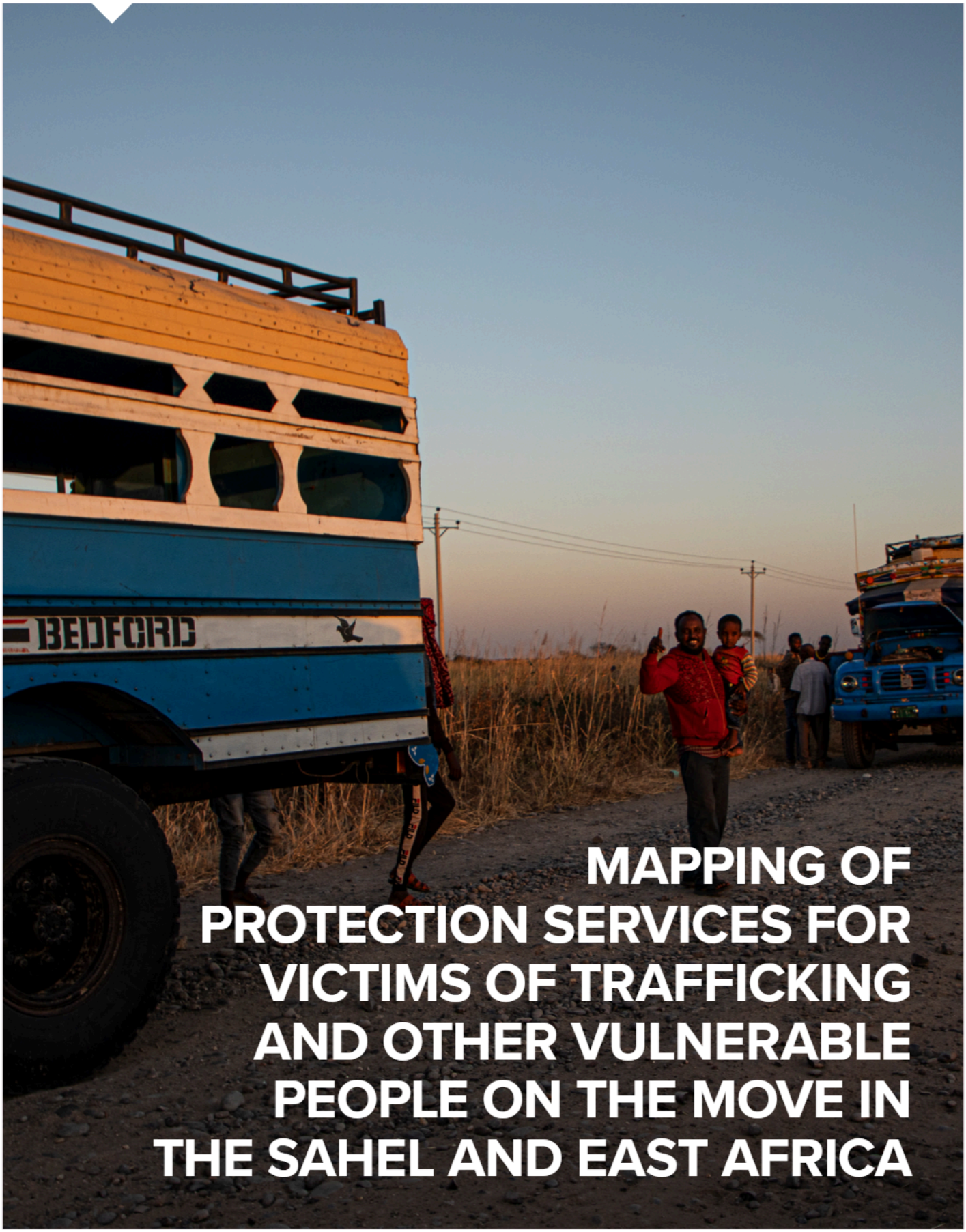

MAPPING OF PROTECTION SERVICES FOR VICTIMS OF TRAFFICKING AND OTHER VULNERABLE PEOPLE ON THE MOVE IN THE SAHEL AND EAST AFRICA

June 2021

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Foreword

Having served as UNHCR's Special Envoy for the Central and Western Mediterranean Situation for nearly four years, I have continued to be extremely concerned by the abuses that refugees and migrants consistently face as they travel along routes through the Sahel and the East and Horn of Africa towards North Africa, and sometimes on to Europe.

Collectively, we need to do more to end these abuses and increase the protection that is available all along these routes.

The following research should be seen as a modest contribution by UNHCR to map out services available for asylum-seekers, refugees and migrants who have suffered abuses, including trafficking, along the migratory route. We will endeavor to keep this information updated and to disseminate it in the languages of the countries concerned with a view to improving access to alternatives to dangerous journeys and protective responses. We will also explore ways to make this information available and accessible to people on the move.

While many organizations are providing valuable protection and assistance along the routes, the report highlights that there are some key gaps in services in geographical locations that present clear risks for people on the move. The report will hopefully assist donors to target resources to areas and the (often local) actors best placed to provide the essential services needed by survivors of abuses and other vulnerable people on the move. These actors need to be capacitated in a way that recognizes the different constraints they face, the added value they bring in terms of knowledge of local environments and their often unique capacity to build trust with survivors and local authorities and communities. These efforts must be sustainable and not ad hoc on a project-by-project basis, and may need to involve some form of twinning with more experienced and/or mandated partners to whom referrals can be made.

Among the key services where gaps seem to be recurrent is the provision of temporary shelter that enables proactive and early identification and counseling, medical assistance, provision of reliable information to inform decisions about onward travel, local options, and return, as well as a safe place to rest and potential referrals for those in need of specialized care and solutions. Without some form of temporary shelter, the temporary protection of survivors is likely to remain elusive, if not just theoretical. Managing temporary shelters for survivors poses numerous practical challenges, but more community-based innovative shelter solutions could also be explored as one concrete means toward improving protection capacities on the ground.

Another key gap seems to be the provision of legal assistance. For example, survivors of trafficking should not be subject to arrest, detention or prosecution, nor should they be penalized or otherwise punished for the illegal conduct they may have committed as a direct consequence of being trafficked. Knowing that traffickers often use their victims to shield themselves from prosecution and enjoy impunity, it is crucial to develop legal services for survivors to maintain the interests of justice, to safeguard the rights of survivors, and to encourage them to report and participate as witnesses and contribute to breaking the cycle of impunity.

Along the routes used for mixed movements, there are clear links between human trafficking and violence against women. Yet the availability of specialized services and assistance measures for female survivors remain well below current needs. The lack of differentiated approaches to solutions for them is in many respects problematic as it tends to deny the continuum of gender-based violence and the gender dimension of human trafficking. Rapid assisted return to the home country cannot be the only solution and it may sometimes lead to risks of re-trafficking upon return.

Finally, I believe that the report makes a clear case for the need to increase access to information on available services for people on the move who have survived abuses or are otherwise particularly vulnerable. Making information available does not happen 'organically', but requires targeted efforts by the relevant service providers and their partners, with support from donors and diasporas, to reach out to diverse communities who communicate differently on these dangerous journeys, and inform them of the support available for those who need it. Such communication efforts are essential to enable better identification of survivors and to step up efforts for more robust preventive strategies.

I sincerely thank the organizations that shared valuable information with us in this mapping process for their time and input, and the donors who provide UNHCR with the unearmarked funds that enable us to carry out such studies.

Vincent Cochetel
UNHCR Special Envoy for the Central Mediterranean Situation
June 2021

“There were eight of us: two girls and six boys, though we did not know each other. It was the smuggler who gathered us into a house before we started moving. We walked to avoid the soldiers. It took us 15 days and we always travelled at night, hiding in the bush during the day. When we reached the border, the smuggler called some people and a car came, which we boarded and we travelled for two hours before another car with three occupants came and then the people told us to cover our eyes. It was at night and then when we opened our eyes, the other car had gone and our smuggler left in the other vehicle. It is then that we realized that we had been sold. We were told not to scream or shout or otherwise they would kill us. We drove for a long time and came to an isolated house. It was dark, so we could not see much. They covered our faces and then took us into the house which was empty. There was no furniture inside there.

They came the next evening and asked for our families’ phone numbers and we refused to give them. We were given a very bad beating and we had to give the numbers and they called out families. They demanded money. We stayed there for 17 days until the money was paid. They would normally beat us or threaten us with knives when we were on the phone speaking to our parents. There were two people who were watching us and they would normally change shifts.

While were in the house, we were all chained together. They had initially tried to separate us but we cried so much until they let us stay with the boys. One of the men who was watching us wanted to rape me but the boys told him that I was HIV positive and that he was about to make a big mistake. He asked me and I played along with the boys’ story and so he left me alone.

After the money was paid, they drove us in their car for about six hours and then they said that we had to call again and tell our parents to pay more cash again. We told them that our families didn’t have any more money and it would be useless to call them again. So they dumped us in the bush. We walked for four hours and then we met police by the river. They organized someone to bring us to the camp and that’s how we got here.”

—Testimony provided by a young Eritrean woman to Telling the Real Story

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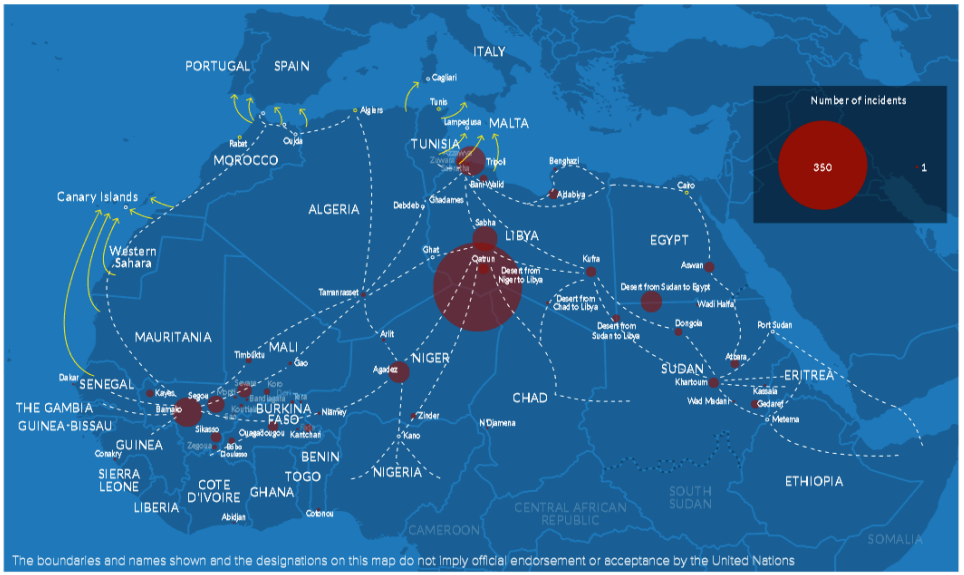
MAP 1 • **Deaths and Abuses along the routes to Libya and Egypt**



Source: Based on 15,983 surveys conducted by 4Mi monitors in 2018 and 2019. The map includes only the primary locations that people reported incidents took place and excludes incidents that reportedly occurred in people’s country of origin. The map indicates the cumulative number of deaths, incidents of sexual and gender-based violence, physical violence, and kidnapping reported by respondents to have occurred in the locations depicted.*

UNHCR, MMC, *On this journey, no one cares if you live or die*, July 2020

Introduction

In July 2020, UNHCR and the Mixed Migration Centre (MMC) released a joint report highlighting the range of abuses refugees and migrants face as they travel along routes through West and East Africa to Libya and Egypt.*

UNHCR, MMC, *On this journey, no one cares if you live or die*, July 2020

The report highlighted the primary locations along the routes where refugees and migrants reported that deaths, gender-based violence (GBV), kidnapping, and physical violence took place, based on survey data collected by the MMC's Mixed Migration Monitoring Mechanism Initiative (4Mi) team in 2018 and 2019.

In addition to deaths and violence reported in Libya, refugees and migrants also reported multiple episodes of violence as well as many deaths along the routes through the Sahel and the East and Horn of Africa. Following on from this report and one of its recommendations, UNHCR has mapped the availability of selected protection services in key locations in the Sahel and the East and Horn of Africa along routes heading north, such as to Libya and Egypt, as well as routes to Spain (including the Canary Islands) and Yemen. It aims to complement similar mapping being done within the North Africa region.

The mapping reveals that protection services that can cater for survivors of abuses along the route are especially limited in some key locations. For example, very little is available in the way of safety mechanisms along the route through Sudan with only two safe houses available for victims of trafficking or survivors of other abuses (both in the east of the country). Similarly, specific support for access to justice for survivors of various forms of abuses is very rarely available, while in several key locations, such as in northern Sudan, northern Chad, and in areas in Mali and Niger bordering Algeria, there are almost no available protection services for survivors of abuses. These sites are often the last stops before dangerous journeys across the desert and thus may be the last opportunity for people to get help and access protection instead of and as an alternative to moving onward crossing the desert. These are also the places to which people expelled from some North African countries are abandoned, leaving them in very vulnerable, often life threatening situations. Identification mechanisms and support for victims of trafficking are generally limited along the route.

By undertaking this mapping, UNHCR aims to help support increased referrals to protection services, including across borders, to highlight areas where further resources are needed in order to address gaps in protection services, and to increase refugees' and migrants' awareness of the support available along the routes.

Protection of survivors of abuse and access to justice

Each year, thousands of refugees and migrants are subjected to horrific abuse as they move along different routes within the Sahel and East Africa, and towards North Africa and sometimes on to Europe.* This includes being subjected to repeated sexual and gender based violence (SGBV), kidnappings for ransom, being left for dead in the desert, and being subjected to many forms of physical and psychological abuse by a range of perpetrators including smugglers, traffickers and sometimes State actors. UNHCR is an agency entrusted with the global mandate to provide international protection and assistance to refugees, asylum-seekers and other persons who come within its mandate,* and to find, together with governments, solutions to their predicament. As such, the work of UNHCR is entirely non-political, humanitarian, and social in character. UNHCR does not have a law enforcement or security mandate but has an interest and responsibility where serious crimes are committed against refugees, asylum-seekers, and others of concern, including killings, SGBV and trafficking in persons. In 2017, UNHCR's High Commissioner addressed the UN Security Council and called for collective action to tackle the horrific abuses along the Central Mediterranean route and an end to the impunity of traffickers,* a call he repeated to the Security Council in 2020.* UNHCR and MMC's joint report contains recommendations on other steps to break the cycle of abuse and increase the protection for refugees and migrants along the route. These recommendations include increasing access to legal aid for victims of abuse, strengthening cross-border cooperation between law enforcement actors, and providing viable alternatives to these dangerous journeys by enhancing efforts to improve access to education and employment in the region.

UNHCR, MMC, *On this journey, no one cares if you live or die*, July 2020

UNHCR, *Note on The Mandate of the High Commissioner for Refugees and His Office*, October 2013

UNHCR, *Statement to the United Nations Security Council*, 2 November 2017

UNHCR, Briefing to the United Nations Security Council, 18 June 2020

The profiles of the people undertaking these routes through the Sahel and the East and Horn of Africa vary greatly, as do their needs for protection services. They include refugees, asylum-seekers, victims of trafficking, unaccompanied or separated children, and migrants fleeing poverty, and their status may change during the migratory journey as their circumstances evolve. In this context, this mapping report focuses on people on the move who are in need of protection services based on their particular vulnerabilities rather than status, in the hope that it may contribute to greater availability of services for all, as well as increased efforts for their identification and referral.

Methodology

The mapping work was conducted between November 2020 and May 2021 and focuses on seven countries: Burkina Faso, Chad, Djibouti, Mali, Niger, Somalia, and Sudan.*

Mapping in Ethiopia was not possible at the time due to the emergency in Tigray.

Mapping was undertaken by a consultant who conducted remote interviews with UNHCR staff and partners who identified the key locations where refugees and migrants on the move transit or may seek assistance, as well as other organizations and individuals to interview. In some locations, other actors had already undertaken similar mapping exercises and the mapping in this report has benefitted from these. However, in other countries, no similar work had yet been done. The mapping also draws on work previously done by the Regional Safe Spaces Network in the Americas* and focuses mostly on eight categories of protection services for survivors:

UNHCR and Regional Safe Spaces Network, *UNHCR: The Regional Safe Spaces Network in the Americas: Lessons learned and toolkit*, June 2018

- **Identification and outreach;**
- **Access to asylum procedures;**
- **Safety mechanisms, including safe shelter;**
- **Legal support, including regarding access to justice;**
- **Medical services;**
- **Psychosocial support;**
- **SGBV support services; and**
- **Child protection services**

The report stemming from this mapping provides a non-exhaustive list of organizations providing services that fall under the above categories.* The mapping does not specifically list all government services providers in the identified locations that provide services to refugees and migrants. However, some government service providers are included based on the information provided in interviews regarding existing referral pathways.

It does not include all organizations providing other forms of humanitarian assistance.

Observations

During the mapping exercise, participants made a number of preliminary observations regarding the availability of services and access to support, which are reflected below.

- **More work may be needed to increase the use by refugees and migrants on the move of the available protection services:** During this mapping exercise, several participants noted that the number of people on the move identified and referred to protection services was relatively limited. In fact, participants reported that many of the people who access the services listed here are those on the journey back (such as returnees or people waiting for Assisted Voluntary Return and Reintegration (AVRR) or people who have stopped for some time to work and make some money to continue their journey. Two recent studies have suggested that people on the move along part of this route may often be reluctant to seek services for fear that they will be prevented or dissuaded from moving onwards, or be detained and ultimately deported.* While a variety of outreach and identification strategies are in use by different organizations in the region covered in this mapping exercise to reach people on the move, more efforts could be made to examine which strategies are proving most effective, what lessons can be learned, and what more service providers can do to gain the trust of people who most need the available protection and assistance.

IMREF, *Exploring migrants' trust in humanitarian organizations*, March 2021

DIIS, *Does information save migrants' lives?* March 2021

- **Limited availability of shelter, as well as access to safety mechanisms:** The number of shelters for survivors of abuses or particularly vulnerable people along the route is very limited. Often, available shelters are for people awaiting AVRR, with little available for people who do not fall into this category. Safety mechanisms, in particular safe shelters that can be used for those facing high risks, including those pursuing access to justice, are even more limited with only two safe shelters, both in eastern Sudan.
- **Lack of services in key areas:** Services are very limited and need to be strengthened in some key areas along routes towards North Africa. These include:
  - In Northern Sudan, areas such as Dongola and Atbara, last stops before crossing the desert; as well as the area known as the 'triangle' (a three-day car journey from Dongola) where people expelled from Libya arrive;
  - Remote border areas of Mali and Niger along the edge of the Sahara desert, where people returning or expelled arrive in a vulnerable

situation with few or no services nearby;

- Northern Chad and Abéché, in the East; and
- In Somalia, areas along the Ethiopian border and in coastal areas where people depart for or arrive from Yemen.

- **Enhancing accountability and access to legal support:** There is very little legal support available along the routes for survivors of abuses, especially with regards to access to justice. Similarly, it was observed that there are currently few mechanisms available to pursue accountability in the event of abuses by State actors against people on the move.
- **Limited support for specific groups of survivors:** There is currently limited support available for specific groups such as male survivors of sexual violence and LGBTI persons. Survivors may be particularly reluctant to seek help in the absence of information of where they can do so safely, especially in the context of criminalisation of same-sex relations and negative attitudes within some countries along the routes. LGBTI people who have been granted asylum in Europe have often used these routes but currently support or protection along the way is limited.
- **Limited support for victims of trafficking:** Services for victims of trafficking are generally very limited along the routes. Despite efforts to strengthen protection in countries including Niger, Mali, and Sudan, in general more needs to be done to identify and assist victims of trafficking, including by providing:
  - Access to specialized shelters;
  - Access to legal support, including support for access to justice;
  - Strengthening referrals*; and
  - Ensuring that male victims of trafficking can access support, as men are often not eligible for the limited amount of support that is available.
- **Strengthen identification and support for UASC and other children at risk:** It appears that more can be done to strengthen current efforts to identify and support UASC and other vulnerable and at-risk children with relevant protection services along the routes. At present, among other initiatives, there are some efforts to provide shelter for unaccompanied children with local host families, but these efforts can be bolstered.
- **Enhancing the provision of psychosocial support:** Several partners interviewed highlighted the need for more psychosocial support services along the route, as existing services, including psychiatric care, are very limited.
- **Abuses in areas where humanitarian agencies have little or no presence:** There are concerns about abuses occurring in places where humanitarian agencies have little or no presence such as in locations where people are held by smugglers, traffickers or others as well as hard-to-reach sites such as gold mining sites, where there are reports of human trafficking, child labour, and exploitation.

UNHCR, *IOM-UNHCR Framework document on developing standard operating procedures to facilitate the identification and protection of victims of trafficking*, June 2020

Services Available for Survivors of Abuses

MAP 2 • **Locations where services are available for survivors of abuses**

BURKINA FASO

Burkina Faso is a key country of transit along routes towards Mali and Niger and then often onwards to North Africa. As an ECOWAS Member State, nationals of other ECOWAS Member States can stay visa-free in Burkina Faso for up to 90 days. This means that people on the move who are from ECOWAS countries can travel legally on public transport if they hold national identification documents and valid vaccination cards. However, since the closure of borders in March 2020 in response to the COVID-19 pandemic, people appear to be increasingly making use of smugglers and varying their routes. According to the 4Mi data reported in the joint UNHCR-MMC report on abuses along the route through West Africa to North Africa, most incidents of physical abuse in Burkina Faso reported by refugees and migrants were allegedly perpetrated by State authorities, while most incidents of GBV were perpetrated by unknown individuals.*

UNHCR, MMC, *On this journey, no one cares if you live or die*, July 2020

Ouagadougou and Centre region

- **Identification and outreach**
  - UNHCR conducts identification and outreach activities as part of its project on asylum and migration. In this context, UNHCR also has an agreement with the National Federation of Road Transport Actors for outreach on the risks of irregular migration and the identification and referral of people in need of international protection across the country, in particular in the regions of Cascades, Hauts-Bassins and Sahel, which are the areas of focus of the project on migration flows for 2020. To carry out these outreach activities, UNHCR has provided the National Federation of Road Transport Actors with audiovisual materials (USB sticks) with messaging for outreach. In addition, staff of bus companies distribute flyers prepared by UNHCR and IOM to strengthen outreach to passengers, including vulnerable migrants and those in need of international protection.
  - Red Cross (Dr M. Nadège Ouedraogo, Health Coordinator, +226 70 04 19 84 or Abdoul Kader Kouanda, Migration Project officer, +226 70 98 82 02) volunteers make regular visits to hotspots in the Centre region, such as stations and reception centres for migrants, in order to come into contact with people on the move who may need medical assistance (see below). The Red Cross also refers people on the move to shelters. Depending on the level of vulnerability of people on the move who are in transit, the Red Cross offers a range of services such as psychosocial support, restoration of family links, distribution of basic hygiene kits and food for a up to three days. This project is funded by the EU Trust Fund for Africa until January 2023.
  - Terre des Hommes (TdH) (+226 25369182 or +226 07535932) has mobile units that go to places where children gather. These are staff who are trained in techniques to approach children. They identify children, talk to them to give them information, try to understand their needs, and refer the most vulnerable to a one-stop centre (Guichet Unique Intersectoriel, GUIS) where they are met by social workers who, depending on their needs, help them access medical professionals, police and judicial officials. These one stop centres are often located near the offices of the Ministry of Women, National Solidarity, Family and Humanitarian Action (MFSNFAH). When children are not willing to go, the staff try to get their contact details and give them the contact details of social workers. To identify children at risk, TdH also works with transport associations that help disseminate information to children and alert social workers when staff see very young children.

SERVICES AVAILABLE FOR SURVIVORS OF ABUSES > Burkina Faso

- **Access to asylum procedures**
  - Asylum applicants who arrive in Burkina Faso must lodge an asylum claim by registering with the National Commission for Refugees (+226 25308713) within 15 days of entering the country. The asylum claim is addressed to SP/CONAREF through a document that includes an information form, a copy of the identity card and any other document that shows their situation. Following the Refugee Status Determination interview, a document signed by the SP/CONAREF is issued to the asylum seeker and serves as a temporary residence permit. This document is valid for six months and renewable upon request.
  - Asylum cases are examined by an Eligibility Committee, which is composed of representatives of several ministries and decides on the asylum case. Asylum seekers can file an appeal against negative decisions.
  - In line with the standard operating procedures (SOPs) between IOM, UNHR and CONAREF, IOM refers asylum seekers to CONAREF or to UNHCR.

- **Safety mechanisms and shelter**
  - The MFSNFAH (Somé Sagnon, +226 70 30 74 40) has a temporary shelter that can accommodate Burkinabè nationals who are destitute as well as vulnerable migrants on the move. The shelter has limited capacity (no more than ten rooms for up to three people per room) and there is no separate section for women or children. Food and medical assistance are not provided.
  - Bassinko government reception centre: with the support of IOM (Claire Laroche, Protection Officer, + 226 54 49 52 11, claroche@iom.int) is developing a new centre that will host Burkinabè returnees as well as people on the move. It is due to open by the end of August 2021. In the meantime, IOM provides shelter to migrants it is assisting in a private centre. In the new centre:
    - Services will include shelter, food, NFIs, basic medical assistance and psychosocial support as well as counselling. The centre will include an infirmary.
    - For those who are in transit in Ouagadougou, are eligible for IOM's assistance and protection programme, wish to continue their migratory journey and do not appear to have any particular vulnerabilities, IOM provides assistance for 72 hours.
    - The centre will also host people who are awaiting AVRR.

- **Healthcare**
  - Basic medical assistance, which is free for Burkinabè nationals, is also free of charge for non-nationals.
  - IOM refers cases requiring more than basic assistance to public hospitals. Most are treated at the Sainte Camille or Yalgado hospitals, and/or the Schiphra medical centre. Psychiatric cases are treated at the Assina clinic or the Yalgado hospital.
  - Red Cross volunteers accompany people on the move in the Centre region who need medical assistance to public hospitals with which it has an agreement. Assistance also includes psychosocial support, hygiene kits, restoring family links and counselling (such as referrals for those who wish to apply for international protection). The Red Cross also contributes to improving health facilities by building latrines and showers in targeted health centres along migratory routes.
- **Child protection**
  - Government shelters for minors: the Kadiogo and Somgande shelters are managed by the MFSNFAH. Unaccompanied or separated migrant children can receive accommodation and assistance in the shelters. Depending on the cases and on the needs, IOM covers their meals and provides food items as well as medical and psychosocial assistance, family tracing and AVRR.
  - Points Espoir: 11 safe spaces run by Terre des Hommes in three provinces (Ouagadougou, Touga and Zorgo) in collaboration with the Association of Children and Young Workers of Burkina Faso (Association des Enfants et Jeunes Travailleurs du Burkina Faso, AEJTB) with the participation of social services. They provide information on the various risks related to the worst forms of child labor and on the risks of migration, games and activities for daily life and for production (such as producing soaps and necklaces). While the Points Espoir are often aimed mainly at children on the move, they are also open to, and often receive, other children.
  - Emergency Reception Centres (Centres d'Accueil d'Urgence): transit centres that are not only for migrant children, though they mostly host unaccompanied migrant children.
  - The MFSNFAH identifies, approves and trains host families to host children. Families are located in different parts of the country and host children in need, not only migrant children.

SERVICES AVAILABLE FOR SURVIVORS OF ABUSES > Burkina Faso

- **Trafficking support services**
  - Nonsin government shelter for GBV survivors: managed by the government and occasionally supported by IOM, it has around 30 places for women. Migrant women who are survivors of SGBV can receive accommodation and support in the shelter. Depending on the cases and on the needs, IOM covers their meals and provides food items as well as medical and psychosocial assistance, family tracing and AVRR.
  - There are no specific services for male victims of trafficking.
- **Legal assistance**
  - The Association of Female Lawyers of Burkina Faso (+226 25 36 15 56) sometimes takes on cases of people on the move.
  - UNHCR receives support from the local NGO Centre d'Information et de Formation en Matière de Droits Humains en Afrique (CIFDHA) in order to provide legal and often judicial assistance to persons of concern to UNHCR.
  - IOM can provide counselling, referrals and/or assistance with legal support, depending on the case, including for victims of trafficking.

Bobo-Dioulasso and Hauts-Bassins region

- **Identification and outreach**
  - The National Federation of Road Transport Actors, under an agreement with UNHCR, provides information to people traveling on their buses about whom to contact if they need assistance.
  - UNHCR is implementing its project on asylum and migration in the Hauts-Bassins region, and it includes outreach activities on irregular migration as well as activities to identify persons of concern to UNHCR and referrals of other people on the move to partners including IOM.
  - Red Cross (Dr M. Nadège Ouedraogo, Health Coordinator, +226 70 04 19 84 or Abdoul Kader Kouanda, Migration Project Officer, +226 70 98 82 02) volunteers make regular visits to hotspots in the Hauts-Bassins region, such as stations and reception centres for migrants, in order to come into contact with people on the move who may need medical assistance (see below). The Red Cross also refers people on the move to shelters. Depending on the level of vulnerability of people on the move who are in transit, the Red Cross offers a range of services such as psychosocial support, restoration of family links, distribution of basic hygiene kits or food for up to three days. This project is funded by the EU Trust Fund for Africa until January 2023.

- **Safety mechanisms and shelter**
  - The Transit Centre of the MFSNFAH has 88 beds, including 32 for women, 32 for men and 24 for children. IOM does not have a presence in the centre but it can provide food for eligible migrants who are staying in the centre for at least 72 hours and/or until the AVRR process has been completed. IOM also supports social workers in the centre with case management and provides assistance with obtaining travel documents and AVRR. Other stakeholders are active in the centre, such as the Red Cross which provides food, NFI kits and basic medical and psychosocial support for a few days. IOM can provide these services to eligible migrants once the support provided by the Red Cross comes to an end.
  - The transit Centre of the organization Tie (+226 76 67 14 76) has 30 beds, including 10 for women and 20 for men. There is also a dorm that is not equipped but could accommodate more than 30 people. The centre accommodates people on the move as well as children living on the street.
- **Healthcare**
  - Medical assistance is only available in public health centres, and people on the move must bear the costs. Medical care is also available in private centres at the patient's cost.
  - Red Cross volunteers accompany people on the move in the Hauts-Bassins region who need medical assistance to public hospitals with which it has an agreement. Assistance also includes psychosocial support, hygiene kits, restoring family links and counselling (such as referrals for those who wish to apply for international protection). The Red Cross also contributes to improving health facilities by building latrines and showers in targeted health centres along migratory routes.
- **Legal assistance**
  - There is no free legal assistance to people on the move.
  - Persons of concern to UNHCR who reach out to CIFDHA may receive legal assistance if they require it.
- **Child protection**
  - Migrant children are often held in police stations as the police check their identity before referring them to the transit centre of the MFSNFAH (see above under shelter) and social services.

SERVICES AVAILABLE FOR SURVIVORS OF ABUSES > Burkina Faso

Banfora and Cascades region

- **Identification and outreach**
  - The National Federation of Road Transport Actors, under an agreement with UNHCR, provides information to people traveling on their buses on whom to contact if they need assistance.
  - UNHCR is implementing its project on asylum and migration in the Cascades region, and it includes outreach activities on irregular migration as well as activities to identify persons of concern to UNHCR and referrals of other people on the move to partners including IOM.
  - Red Cross (Dr M. Nadège Ouedraogo, Health Coordinator, +226 70 04 19 84 or Abdoul Kader Kouanda, Migration Project Officer, +226 70 98 82 02) volunteers make regular visits to hotspots in the Cascades region, such as stations and reception centres for migrants, in order to come into contact with people on the move who may need medical assistance (see below). The Red Cross also refers people on the move to shelters. Depending on the level of vulnerability of people on the move who are in transit, the Red Cross offers a range of services such as psychosocial support, restoration of family links, distribution of basic hygiene kits or food for a up to three days. This project is funded by the EU Trust Fund for Africa until January 2023.
- **Safety mechanisms and shelter**
  - The Reception and Transit Centre of the local NGO Ton in Niangoloko (+226 70 13 35 80) has 30 beds, including 10 for men, 10 for women and 10 for children. Vulnerable people on the move are referred to this centre from around the Cascades region. Food is not provided for people on the move, as funding for the project under which food was provided has ended.
- **Healthcare**
  - People on the move can only receive medical assistance in public medical centres at their cost. Medical care is also available in private centres at the patient's cost.
  - Red Cross volunteers accompany people on the move in the Cascades region who need medical assistance to public hospitals with which the Red Cross has an agreement. Assistance also includes psychosocial support, hygiene kits, restoring family links and counselling (such as referrals for those who wish to apply for international protection). The Red Cross also contributes to improving health facilities by building latrines and showers in targeted health centres along migratory routes.

Dori and Sahel region

- **Identification and outreach**
  - The National Federation of Road Transport Actors, under an agreement with UNHCR, provides information to people traveling on their buses on whom to contact if they need assistance.
  - UNHCR is implementing its project on asylum and migration in the Sahel region, and it includes outreach activities on irregular migration as well as activities to identify persons of concern to UNHCR and referrals of other people on the move to partners including IOM.
  - Red Cross volunteers (Dr M. Nadège Ouedraogo, Health Coordinator, +226 70 04 19 84 or Abdoul Kader Kouanda, Migration Project Officer, +226 70 98 82 02) make regular visits to hotspots in the Sahel region, such as stations and reception centres for migrants, in order to come into contact with people on the move who may need medical assistance (see below). The Red Cross also refers people on the move to shelters. Depending on the level of vulnerability of people on the move who are in transit, the Red Cross offers a range of services such as psychosocial support, restoration of family links, distribution of basic hygiene kits or food for up to three days. This project is funded by the EU Trust Fund for Africa until January 2023.
  - Terre des Hommes has mobile units that conduct outreach to children and refer them to a one-stop centre (see under Ouagadougou). When children are not willing to go, the staff give them the location of the nearest Point Espoir. These activities have been on hold since February 2021 pending new funding.
- **Safety mechanisms and shelter**
  - The shelter of the MFSNFAH has 68 beds including 24 for women, 24 for men and 20 for children. UNHCR provides food via its implementing partner. IOM does not have a presence in the centre but it provides food for eligible migrants who are staying in the centre for at least 72 hours and/or until the AVRR process has been completed. IOM also supports social workers in the centre with case management and provides assistance with obtaining travel documents and AVRR. Other stakeholders are active in the centre, such as the Red Cross, which provides food, NFI kits and basic medical and psychosocial support for a few days. IOM can provide these services to eligible migrants once the support provided by the Red Cross comes to an end.

- **Healthcare**
  - People on the move can only receive medical assistance in public medical centres at their cost. Medical care is also available in private centres at the patient's cost.
  - Red Cross volunteers accompany people on the move in the Sahel region who need medical assistance to public hospitals with which the Red Cross has an agreement. Assistance also includes psychosocial support, hygiene kits, restoring family links and counselling (such as referrals for those who wish to apply for international protection). The Red Cross also contributes to improving health facilities by building latrines and showers in targeted health centres along migratory routes.

Tenkodogo (Centre-East) and Bam and Sanmantenga (Centre-North)

Caritas Switzerland (Olivier Dumont, +226 54381292, odumont@caritas.ch): under a new EU-funded project to support the protection of the most vulnerable migrants along migratory routes in the Sahel (PROMISA), mobile teams trained in legal assistance and psychosocial support will be deployed in key locations. They will advise people on the move directly or refer them either to information points where they can receive vouchers for food and hygiene items, or to other actors (e.g. IOM for AVRR). In the Centre-North region, water holes are being drilled or rehabilitated in order to improve access to water in key locations that migrants go through. The vouchers will be for the most vulnerable (such as children, single women, persons with disabilities and victims of trafficking). The project is being rolled out in Tenkodogo, in the Centre-East Department, with the Burkinabè NGO the Catholic Organization for Development and Solidarity (OCADES) and Caritas Burkina Faso, and in Bam and Sanmantenga, in the Centre-North region, with the German NGO Welthungerhilfe. Under the PROMISA project, accommodation for the most vulnerable will be provided in local hotels close to the information points. The NGO Welthungerwilfe also has a pilot project in Kongroussi (northeast of Ouagadougou) to build Nubian vaults that will accommodate people on the move, and will be transferred to the community once the project is over.

SERVICES AVAILABLE FOR SURVIVORS OF ABUSES > Chad

CHAD

Chad is at a crossroads for refugees, asylum-seekers, and migrants traveling from Sudan, Cameroon, the Central African Republic, and Nigeria towards Libya. Northern Chad, in particular, is an area of transit for people traveling north to Libya or Europe. Vulnerable groups in this area include people who were expelled from Libya, unaccompanied children, trafficking victims, and people on the move attempting to return from Libya to their country of origin.

Abuses reported along the migratory route through Chad include physical abuse, destruction or confiscation of documents, sexual exploitation, kidnapping, arbitrary detention, and theft.

N'Djamena

- **Identification and outreach**
  - The Chadian Red Cross (Yacoub Mahamat Allamine, croixrougeabc@yahoo.fr and Cherif Moussa Khalit, moussakhalit27@gmail.com), UNHCR's implementing partner, has volunteers in 10 districts (arrondissements) of N'Djamena. They are Chadians who live in neighbourhoods where people on the move live. They register people, and the registration form includes the question "Do you want to apply for asylum?"
  - IOM (+235 22 52 53 62) conducts outreach activities in locations through which people on the move transit, such as bus stations, to inform them of the risks of irregular migration and existing services, including by distributing flyers with a toll-free number.
- **Access to asylum procedures**
  - The Chadian Red Cross refers asylum-seekers to the National Commission for the Reinsertion of Refugees and Returnees (CNARR).
- **Safety mechanisms and shelter**
  - IOM's two transit canters have capacity for 150 people and accommodate refugees awaiting resettlement and migrants awaiting AVRR. There are sections for men, women, families, and unaccompanied children. Services provided include food, medical assistance, psychosocial support, and support to GBV survivors, but no legal assistance. Cases requiring more specialized medical assistance are referred to a hospital with which IOM has an agreement.
  - The Ministry of Social Action, Women and Children, with support from UNICEF, has a shelter that can accommodate unaccompanied children on the move who were intercepted in the desert.
  - For vulnerable groups, the Chadian Red Cross tries to find solutions through social services, but it is challenging given the lack of such services.
- **Healthcare**
  - The Chadian Red Cross refers people to medical providers and covers the costs. If they are not referred, they must cover the costs themselves. People on the move can reportedly face discrimination and distrust when they go to hospitals, especially if they do not have documents.

Faya-Largeau (North)

- **Identification and Outreach**
  - IOM conducts outreach activities to inform people of the risks of irregular migration and existing services, including by distributing flyers with a toll-free number.
  - The Chadian Red Cross (Mahamet Saleh, +235 66232500) refers vulnerable refugees to UNHCR and migrants to IOM. If people express the wish to apply for asylum, the Chadian Red Cross informs CNARR and refers them to the CNARR offices in Abéché or N'Djamena.
- **Safety mechanisms and shelter**
  - IOM has two transit centres where it provides services including accommodation, food, medical and psychosocial assistance, but no legal assistance. More serious medical cases are referred to a hospital that IOM rehabilitated in the community.
    - One centre is for Chadians and has capacity for at least 100 people. People stay a short time until they are transferred to their places of origin.
    - A centre for non-Chadians: People stay for around two weeks until they are transferred to N'Djamena and then to their country of origin.

- **Child Protection**
  - There are no organizations working specifically on child protection.
  - UNICEF and the Chadian Red Cross have a project to reunite 200 Chadian children returning from Libya or from goldmines with their families.

Ounianga-Kebir

- **Identification and outreach**
  - An IOM partner that is in charge of the Displacement Tracking Matrix (DTM) alerts IOM in Faya if there are arrivals of people on the move in need of assistance, as do the local authorities. IOM staff travel to Ounianga to bring them to the transit centre in Faya.
- **Safety mechanisms and shelter**
  - IOM has a transit centre where it provides services, including shelter (which includes a seven day quarantine), food and medical and psychosocial assistance, but no legal assistance. Cases that need more specialized medical care are referred to the medical centre of Ounianga. After a quarantine period, Chadian migrants are transported to their places of origin and foreign migrants are transferred to the transit centre of Faya while they await a transfer to N'Djamena where administrative steps for their return to their country of origin are completed.

DJIBOUTI

IOM, *At Least 20 Dead After Smugglers Force Migrants into the Sea Off Djibouti*, 4 March 2021

IOM, *Ethiopian migrants returning from Yemen to Djibouti*, 1 October 2020

Djibouti is a key country of transit for people crossing to Yemen and possibly on to Saudi Arabia and other destinations. Most of those using this route are Ethiopian nationals. Abuses by smugglers are sometimes reported at sea including of incidents in which smugglers have forced people overboard resulting in multiple deaths.* Others have also reportedly been abandoned in the desert.* Djibouti has also received people returning from Yemen, sometimes after enduring very difficult conditions.* Key locations in Djibouti include Obock, where many stop on their way to and back from Yemen, along with Djibouti city.

IOM, *Thousands of African Migrants Return from Yemen, Assisted by IOM in Djibouti*, 25 September 2020

Djibouti city

- **Access to asylum procedures**
  - When people cross the border, border officials give them information about the National Office for Assistance to Refugees and Affected People (ONARS, +253 21 35 67 51 or +253 21 35 16 26). UNHCR does joint registration with ONARS.
  - People who have a document showing they had been granted international protection in Yemen are channelled directly to ONARS. Djibouti grants continuity of status to people who were granted status in Yemen.
  - Following their registration, refugees and asylum-seekers can choose to stay in one of three refugee villages (Markazi in Obock, Holl-Holl and Ali Addeh near Ali Sabieh) where they can receive multisectoral assistance, or to stay in Djibouti city where no direct material assistance is provided. Markazi hosts refugees of Yemeni origin while Ali Addeh and Holl Markaz host other nationalities; the main nationalities are Somali, Ethiopian and Eritrean.
  - Upon their registration, ONARS, in collaboration with UNHCR, transfers newly arrived people to the Holl-Holl refugee village, where they are provided with warm meals for three days before receiving multisectoral assistance.

SERVICES AVAILABLE FOR SURVIVORS OF ABUSES > Djibouti

- **GBV support services**
  - Union Nationale des Femmes de Djibouti (UNFD, +253 21 35 04 21) provides GBV prevention and response services to refugees and asylum-seekers in Djibouti city and in the three refugee villages.
- **Child protection**
  - International Children's Action Network (ICAN, +253 21 25 01 19): Child protection services for refugees and asylum-seekers in Djibouti city and in the three refugee villages.
  - Caritas (+253 213 539 81) has a temporary night shelter (in collaboration with IOM, and funded by the EU) for children waiting for AVRR (coordinated by IOM in coordination with the Ethiopian and Djiboutian authorities) and for children (including vulnerable children such as pregnant girls). It has 36 beds, one room for boys and one room for girls.
  - Caritas has a day centre in Djibouti city for children where it provides food assistance and educational activities. Most beneficiaries are children living on the street, but 85% are unaccompanied children from Ethiopia. The centre also has a small medical unit, and can refer more serious cases to the hospital.

Obock

- **Identification and outreach**
  - IOM focal points on the coast alert the MRC in Obock when boats arrive from Yemen, and the MRC sends an ambulance that provides first aid, water and dates to people who have disembarked, and transports the most vulnerable (including medical cases) to the MRC. From the disembarkation points located along the shores of Obock, migrants can walk up to 60 km, crossing desert terrain, to reach the MRC in Obock city. This is a particularly dangerous route through the desert, especially in the warmer months. Through its mobile unit, IOM goes out on a regular basis to provide live-saving assistance to migrants (water, food, medical first aid) arriving along the shores of Obock.
- **Safety mechanisms and shelter**
  - IOM Migrant Resource Centre (MRC) has capacity to accommodate up to 250 migrants at a time, and accommodates migrants waiting for AVRR services. Given the limited capacity at the MRC, IOM accommodates the most vulnerable migrants (including children, pregnant women, the elderly, medical cases) at the MRC. At the MRC, there are four shelters: one for women and young children, one for families, one for unaccompanied minors and one for men.
    - There is a small clinic in the MRC with a doctor, a nurse and an assistant. For types of care that cannot be provided on site (such as laboratory tests), IOM has an agreement with the local hospital (CMH of Obock). However, for psychiatric cases, there is a lack of providers to which they can be referred.
    - There is a psychosocial support worker who is part of the MRC staff team.
    - Assistance to GBV survivors is provided by the psychosocial support worker.
    - For child protection, a Rapid Response Assessment is done but not a Best Interest Determination. The person in charge of AVRR does family tracing.
    - Once per week, the Red Crescent goes to the MRC to help migrants call their families.
    - When someone at the MRC wishes to apply for asylum, IOM contacts UNHCR and UNHCR then refers them to ONARS. Such cases are identified during their stay in the MRC, through discussions with the protection worker.

A boat carrying 169 Yemenis arrived in Obock, Djibouti, after sailing for 13 hours © UNHCR/Oualid Khelifi

MALI

As well as being a country of origin for many refugees and migrants, Mali is an important country of transit for many people moving through West Africa towards Libya, Algeria, and Mauritania, and sometimes on to Europe. Key locations within Mali identified by UNHCR and partners during the mapping were the capital, Bamako; Gao and Timbuktu, from where people cross the desert to Algeria or Mauritania, or cross to Niger; and Mopti/Douentza, where many pass through on the way to Timbuktu or Gao.

Under ECOWAS regulations, nationals of member states are allowed to travel visa-free within the region with national identification documents for up to three months (or longer with an ECOWAS biometric identity card).* As a result, ECOWAS nationals usually travel by bus (sometimes organized by smugglers) up to Gao or Timbuktu, from where they make use of smugglers' services to cross the desert. Citizens of non-ECOWAS countries reportedly use only private transport along these same routes, but there is a lack of data on these movements.

UNHCR, *Les risques d'apatridie au Mali et pour les Maliens vivant à l'étranger*, August 2020

In the joint UNHCR-MMC report from July 2020, the issue of alleged physical and sexual abuse by some state authorities at several points across Mali was highlighted. This was believed to be linked to checkpoints along the road. In addition, in December 2020, the Global Protection Cluster highlighted the issue of trafficking of children in the north to work on gold mines.* These are some of the protection risks that may be encountered along this part of the route.

UNHCR, *Child-trafficking in Mali increasing because of conflict and COVID-19*, 1 December 2020

Bamako

A range of services are available in Bamako for survivors of abuses and for other vulnerable groups. UNHCR, IOM and many other UN agencies as well as international and local NGOs have offices there.

- **Identification and outreach**

  - Caritas Suisse (Margaux Tharin, Country Director for Mali, mtharin@caritas.ch): As part of its Project to support the protection of the most vulnerable migrants along migratory routes (PROMISA), Caritas Mali mobile teams will identify vulnerable people on the move, provide food, hygiene products and one-time cash assistance via vouchers. Guesthouses that can be used as shelters for short stays have been identified. Mobile teams have been trained on psychosocial support, legal counseling, social assistance and on referral mechanisms. Caritas Mali teams will be implementing the project in San and Kayes, and Catholic Relief Services will implement it in Timbuktu.

  - Red Cross (+223 20 24 45 69) volunteers regularly go to migrant 'hotspots' such as stations and centres for migrants in Bamako to reach people on the move who need medical assistance (see below). The Red Cross also refers vulnerable persons on the move to shelters. Depending on the level of vulnerability, the Red Cross offers a range of services such as psychosocial support, restoring family links, distribution of basic hygiene kits or access to food for up to three days. These activities, previously run under the AMIRA project, are continuing under a new project funded by the EU Trust Fund until January 2023.

- **Access to asylum procedures**

  - UNHCR (+223 82000438 - UNHCR protection hotline): People seeking international protection in Mali must apply for asylum at the National Commission for Refugees (CNCR) in Bamako (except for prima facie cases in the centre and in the north of Mali, mainly coming from Niger and Burkina Faso, for whom being present during registration is sufficient). The CNCR has very recently opened offices in Gao, Timbuktu, Koro (for the Mopti region), Ménaka and Anderamboukane and set up focal points in Tominian (for the Ségou region), and Sikasso. These field offices complement the office in Kayes. While those offices are still new, they can start the process by conducting identification interviews in collaboration with UNHCR offices in the regions before people are transferred to Bamako to complete the Refugee Status Determination (RSD) procedure. For asylum applicants, no assistance is provided systematically by UNHCR, but CIAUD may provide shelter to people identified in the context of mixed movements via its partners on a temporary case-by-case basis at the beginning of the RSD procedure or before the transfer is organised. A rural shelter facility will shortly be reopened by the CNCR and UNHCR at Faragouaran (Bougouni region, 200km from Bamako), which will be accessible to asylum-seekers and refugees (but is more appropriate for long-term situations).

- **Safety mechanisms and shelter**

Shelters for people on the move in Bamako include:

  - ARACEM (Association des Refoulés d'Afrique Centrale au Mali) (+223 98 34 97 66) has a shelter in Bamako
  - IOM shelter for victims of trafficking (IOM hotline +223 83 31 14 83, bkoprotection@iom.int): The shelter is run by Enda Mali (+223 20 22 55 64) and subsidized by IOM. It has capacity for 30 people (25 during COVID-19). Services include food and shelter; family tracing, psychosocial support, including recreational activities; non-food items (NFIs); and medical assistance via a partner clinic in Bamako. IOM also provides AVRR to and in the country of origin. IOM can also provide assistance to victims of trafficking in Gao, Mopti, Timbuktu and Kayes

by working with partner organizations to provide housing, food, medical and psychosocial assistance, AVRR, and transfer to Bamako.

- **Healthcare**
  - Red Cross volunteers accompany migrants in need of medical assistance to the Faladiè and Magnambougou Public Hospitals, with which they have agreements.
- **GBV support services**
  - One Stop Centre (Yaye Diouf, +223 7604 1311): Provides services for GBV survivors, including medical and psychosocial assistance, which refugees and migrants can access.
- **Child protection**
  - Guichet Unique (+223 76 71 83 34): government shelter facility not specific to refugees or migrants that includes community liaison and social worker staff supported by Terre des Hommes, and provides food and psychosocial support via external providers. It can provide temporary shelter for up to five nights and has five beds. Health providers come to the centre to provide medical assistance, and more complicated cases are referred to health services of the State. After a maximum of five nights, children are referred to a CTO or to a host family. Health providers come to the centre to provide medical assistance, and more complicated cases are referred to health services of the State.
  - Centre de Transit et d'Orientation (CTO): Centre Kanuya (+226 20 28 67 08 kanuyaong@gmail.com): Private centre that provides the following services: shelter, food, psychosocial support activities (with the support of Terre des Hommes), and income generating activities. They have up to 20 places and children can stay up to six months. Children staying outside the CTO can also take part in the activities.
  - Host families: There are 66 host families across 14 locations in Mali, and placements are arranged by the Guichet Unique. Children stay with host families while family reunification is being arranged.
- **Legal assistance**
  - A.T.-Services (+223 76 86 85 21/62 29 97 27; atservices7.justice@gmail.com), a legal clinic, provides assistance to refugees on issues relating to the asylum procedure and detention as well as legal counselling, in partnership with the NGO Association Malienne pour la Solidarité et le Développement (AMSODE).

Mopti

- **Identification and outreach**
  - CIAUD Canada has monitors positioned across the region of Mopti who conduct identification and outreach for refugees and migrants in mixed movements. These monitors conduct sensitisation activities, collect data on mixed movement trends and protection concerns, and identify and refer people with specific needs to relevant services. Persons of concern to UNHCR wishing to seek asylum in Mali or return to their country of origin or asylum are referred to UNHCR/CNCR. CIAUD facilitates the transfer to Bamako as needed, provides direct assistance, and organises short-term accommodation in partnership with the shelters in a given zone.
- **Safety mechanisms and shelter**
  - There is no general shelter specifically for migrants in Mopti. However, the following may accept refugees and migrants on a case-by-case basis:
    - Le Centre Jean Bosco (+223 63 15 27 73): a religious institution with dormitories. CIAUD makes referrals on a case-by-case basis;
    - Association pour le Progrès et la Défense des Droits des Femmes (APDDF, +223 76 32 62 30): A local NGO working on women's rights, can host women and girls, including women with children.
- **Psychosocial support**
  - Psychosocial support is currently not widely available but the Danish Refugee Council has trained some medical workers.
- **GBV support**
  - One Stop Centre (+223 82 31 17 52): Run by UNFPA for GBV survivors from host and IDP populations. Refugees and migrants may also use their services, which include shelter, medical and legal assistance.
- **Child protection**
  - Guichet Unique: A governmental shelter facility not specific to refugees or migrants that includes community liaison and social worker staff, with support from Terre des Hommes, and provides food and psycho-social support via external providers. It can provide temporary shelter for up to five nights and has five beds. After a maximum of five nights, children are referred to a CTO or a host family. Health providers come to the centre to provide medical assistance, and more complicated

cases are referred to health services of the State.

- Centre de Transit et d'Orientation (CTO), owned by Bureau National Catholique de l'Enfance (BNCE, +223 69 10 94 90, bncemopti@yahoo.fr): children stay around three months, but in some cases longer. Services provided are shelter, food, clothing, psychosocial support, and basic medical assistance on site. For more complicated cases, children are referred to health centres that the CTO has agreements with, and COOPI covers the costs.

Gao

- **Identification and outreach**
  - CIAUD Canada has monitors positioned across the region of Gao who conduct sensitisation activities, collect data on mixed movement trends and protection concerns, and identify and refer people with specific needs to relevant services. This includes referring persons of concern to UNHCR/CNCR.
- **Safety mechanisms and shelter**
  - La Maison du Migrant (+223 83 31 33 08, +223 62 30 06 87, maisondumigrantgao@gmail.com): Shelter of Caritas Mali and that operates under the Mopti diocese and provides shelter and moral support to migrants, refugees and returnees. It provides basic health services and makes referrals to UNHCR, IOM and other relevant providers. The shelter conducts outreach by radio, holds information sessions for heads of transportation agencies and local communities and authorities to encourage them to refer migrants and other people on the move who are in need. The building is located in the centre of town and has several rooms separated based on the level of vulnerability of the beneficiaries. One part is separate and is for unaccompanied children, and another is for single mothers who can stay in a room with their children.
  - Centre Direy Ben (+223 73 33 09 92, +223 64 60 35 82, casedesmigrantsgaomali@yahoo.com): Shelter created by former migrants. It has capacity for up to 60 people. Services include shelter, information, referrals and food.
  - Directorate of Civil Protection (Direction de la Protection Civile): A governmental entity that provides shelter and health services for people on the move.

SERVICES AVAILABLE FOR SURVIVORS OF ABUSES > Mali

- **Child protection**
  - Guichet Unique (Ichiaka Maouloud +223 76 02 55 98): a governmental shelter facility not specific to refugees or migrants that includes community liaison and social worker staff, with support from Terre des Hommes, and provides food and psycho-social support via external providers. It can provide temporary shelter for up to five nights and has five beds. After a maximum of five nights, children are referred to a CTO or a host family. Health providers come to the centre to provide medical assistance, and more complicated cases are referred to health services of the State.
  - Centre de Transit et d'Orientation (CTO), under Regional Directorate for the Promotion of Women, Children and Families, (Direction Régionale de la Promotion de la Femme, de l'Enfant et de la Famille, Aliou Y Maiga +223 73 30 30 47): provides shelter for longer stays as well as food and psychosocial support. A medical team provides basic medical assistance on site. For more complex situations, the centre has agreements with external health providers and covers the costs.
- **GBV support**
  - One Stop Centre run by UNFPA.

Timbuktu

- **Identification and outreach**
  - CIAUD Canada has monitors positioned across the region of Timbuktu who conduct sensitisation activities, collect data on mixed movement trends and protection concerns, and identify and refer people with specific needs to relevant services. This includes referring persons of concern to UNHCR/CNCR.
  - Red Cross volunteers go to migrant 'hotspots' such as stations and centres for migrants to reach migrants who need medical assistance (see below). This is a new project funded by the EU Trust Fund until January 2023.
  - CRS (Aboubakrine Mohamed, Head of Office, aboubacrine.mohamed@crs.org, +223 74 96 92 49): As part of the PROMISA project, mobile teams will identify vulnerable people on the move, provide food, hygiene products and one-time cash assistance via vouchers. Guesthouses that can be used as shelters for short stays have been identified. Mobile teams have been trained on psychosocial support, legal counseling, social assistance and referral mechanisms.

- **Safety mechanisms and shelter**
  - The Directorate of Civil Protection (Direction de la Protection Civile) opened a new shelter in March 2021 to accommodate people on the move. It includes four rooms, including one for women, with six beds in each.
- **Healthcare**
  - Red Cross volunteers (+223 74 90 40 41) accompany migrants in need of medical assistance to the hospitals with which it has agreements, after filling in a referral form that they present at the hospital. This is a new project is funded by the EU Trust Fund until January 2023. Assistance also includes psychosocial support, hygiene kits, tracing family links, and guidance (such as referrals for those wishing to apply for international protection).
- **GBV support**
  - One stop centre run by UNFPA (Mohamed Abdoulaye, mabdoulaye@unfpa.org, +223 79 86 84 52).
  - Debbo Alafia (Amintou Hamadou, amintou.hamadou@gmail.com, +223 79 30 66 65): A programme led by a consortium of organizations aiming to improve women and girls' rights and health, and funded by the embassy of the Netherlands. Refugees and migrants can make use of its services, which include GBV case management and psychosocial support. In Timbuktu, it is implemented by the Malian NGO Association Malienne pour la Survie au Sahel (AMSS), and will run until June 2024.
- **Child protection**
  - Guichet Unique: A governmental shelter facility not specific to refugees or migrants that includes community liaison and social worker staff, with support from Terre des Hommes, and provides food and psycho-social support via external providers. It can provide temporary shelter for up to five nights and has five beds. After a maximum of five nights, children are referred to a Centre de Transit et d'Orientation (CTO) or to a host family.
  - Centre de Transit et d'Orientation, (Bakari Mariko, +223 76 72 01 17) run by the Regional Directorate for the Promotion of Women, Children and Families (DRPFEF), provides shelter for longer stays as well as food and psychosocial support. There is space for 20 children, but children staying outside can participate in the activities. A medical team provides basic medical assistance on site. For more complex situations, the centre has agreements with external health providers and covers the costs.

Kayes

- **Identification and outreach**
  - Caritas Kayes (Etienne Honoré, etiennehonoretoe@gmail.com): mobile teams will identify vulnerable people on the move, provide food, hygiene products and one-time cash assistance via vouchers. Guesthouses that can be used as shelters for short stays have been identified. Mobile teams have been trained on psychosocial support, legal counseling, social assistance and referral mechanisms.
  - Two monitors of CIAUD will shortly be deployed to Kayes.
- **Safety mechanisms and shelter**
  - There are no shelters for people on the move in Kayes, and both Malians and non-Malians generally stay with locals through informal networks.
- **Child protection**
  - Guichet Unique: A governmental shelter facility not specific to refugees or migrants that includes community liaison and social worker staff, with support from Terre des Hommes, and provides food and psychosocial support via external providers. It can provide temporary shelter for up to five nights and has five beds.

Kidal

- **Identification and outreach**
  - Red Cross volunteers go to migrant 'hotspots' such as stations and centres for migrants, including as far as Tessalit, to reach people who need medical assistance (see below for assistance provided).
  - CIAUD Canada monitors conduct identification and outreach in Kidal.
- **Healthcare**
  - Red Cross volunteers accompany migrants in need of medical assistance to the hospitals with which the Red Cross has agreements, after filling in a referral form that they present at the hospital. Assistance also includes psychosocial support, hygiene kits, restoring family links, and guidance (such as referrals for those wishing to apply for international protection).

NIGER

Niger is also an important country of transit, including for those traveling to Libya and Algeria. Travel as far as Agadez is usually by bus but further travel north will often involve the use of smugglers. Measures to reduce irregular movement towards Libya have contributed to a situation where it has become more difficult to encounter refugees and migrants on the move in locations such as Agadez.

Key locations identified by UNHCR and partners for protection services to survivors of abuses included the capital Niamey, Agadez, and Arlit in the north; and Zinder, on the border with Nigeria.

In October 2020, IOM and the National Agency for the Fight Against Trafficking in Persons (ANLTP) announced Niger's first National Referral Mechanism (NRM) for victims of trafficking.*

IOM, IOM and Authorities Launch Niger's First Referral Mechanism for Victims of Trafficking, 2 October 2020

Passengers wait to board a bus from Niamey to Agadez, in Niger. © UNHCR/John Wendle

The NRM describes the process for the identification of and assistance to victims of trafficking, the judicial process (including the rights of victims of trafficking and legal assistance), as well as the process of return to the country of origin. The NRM is accompanied by a mapping of actors involved in anti-trafficking.*

Republique du Niger, Cartographie des Acteurs Intervenant dans le Domaine de la Traite des Personnes et du Trafic Illicite de Migrants au Niger, June 2020

Niamey

- **Identification and outreach**
  - CRS (Benoit, Christiane, christiane.gbago@crs.org): under the EU-funded project to support the protection of the most vulnerable migrants along migratory routes in the Sahel (PROMISA), mobile teams trained in legal assistance and psychosocial support are deployed in key locations. These teams will advise people on the move directly or refer them either to information points where they can receive vouchers for food and hygiene items, or to other actors (for instance IOM for AVRR). The vouchers are for the most vulnerable (such as children, single women, persons with disabilities and victims of trafficking).
- **Safety mechanisms and shelter**
  - IOM transit centres: IOM operates three transit centre in Niamey for migrants awaiting AVR: one centre is specialized for unaccompanied migrant children (UAMCs) and families (50 places), one centre is for women and victims of trafficking (60 places) and one is for men (100 places). IOM transit centres provide accommodation, food, assistance with documentation, 24/7 medical services, MHPSS support services, socio-educational activities as well as training. Teams of protection assistants are present in each centre and provide individualized management of the most vulnerable cases. Protection assistants provide information to migrants about asylum as an alternative to return. Staff of the transit centres (administrative, protection and MHPSS staff) follow the protocol for referrals to UNHCR for any beneficiary who expresses an interest in humanitarian protection or people whose case management reveals that voluntary return does not seem to be a realistic or safe option. The person is transferred to UNHCR's care once the asylum application has been made. Legal assistance is provided as needed in partnership with the national agency for legal & judicial assistance.

- For asylum applicants, there is no systematic accommodation but it can be provided on a case-by-case basis (unlike asylum-seekers who were evacuated from Libya to Niger under the Emergency Transit Mechanism, and who are accommodated in the Hamdallaye transit centre and, for the most vulnerable, in guesthouses in the city of Niamey).

- **Psychosocial support**
  - Mental health centre run by COOPI (Morena Zucchelli, Chief of Mission, cm.niger@coopi.org) has capacity to assist around 50 people. Most are from the Emergency Transit Mechanism (ETM) but it is also open to people on the move and to Nigeriens. A number of organizations make referrals to the centre.

- **Access to asylum procedures**
  - One Stop Shop (Guichet Unique de protection et d'assistance):
    - Asylum applicants can apply for asylum with the National Eligibility Commission (Commission Nationale d'Eligibilité).
    - UNHCR provides guidance.
    - Action pour le Bien-Etre (APBE) provides medical assistance.
    - Humanite et Inclusion (HI, Madjimbaye Kladoum, m.kladoum@hi.org) provides shelter in urban areas and services including shelter for asylum-seekers on the migratory route and assistance to GBV survivors.
    - The One Stop Shop also has a toll-free number which asylum-seekers and refugees can call and ask for assistance on a confidential basis.
    - CIAUD Canada (Mahamadou Yattara, mahamadou.yattara@ciaud.ca) conducts outreach on asylum processes in Niger. Monitors conduct identification and referrals of people wishing to apply for asylum to the National Eligibility Commission (CNE).

- **Healthcare**
  - For people under UNHCR's mandate, Action pour le Bien-Être (APBE, Souleymane Dieye souleymane@apbe.org) is the partner that leads on access to healthcare. Refugees and asylum seekers are reimbursed for the costs of treatment in public health centres and private clinics with which APBE has an agreement, and for the cost of medicine.

- **Legal assistance**
  - National Agency for Legal and Judicial Assistance (Agence Nationale d'Assistance Juridique et Judiciaire, ANAJJ): Under the Ministry of Justice, it provides legal advice and assistance in judicial proceedings.

Agadez

A range of services are available in Agadez for people on the move, and many humanitarian organizations have offices there.

- **Identification and outreach**
  - CRS (Benoit, Christiane, christiane.gbago@crs.org): under the EU-funded project to support the protection of the most vulnerable migrants along migratory routes in the Sahel (PROMISA), mobile teams trained in legal assistance and psychosocial support are deployed in key locations. These teams will advise people on the move directly or refer them either to information points where they can receive vouchers for food and hygiene items, or to other actors (for instance IOM for AVRR). The vouchers are for the most vulnerable (such as children, single women, persons with disabilities and victims of trafficking).
  - Action pour le Bien-Être (APBE, Souleymane Dieye, souleymane@apbe.org): Conducts monitoring activities in places where migrants are present such as bus stations, "ghettos," and banks.
  - IOM community mobilisers (+227 96 98 32 25): Teams go to places where there are many migrants and provide information about regular migration, the risks of irregular migration, and available services.
  - Nigerien Red Cross (Maazou Oumarou, crdmigracrn@gmail.com) has a mobile team that goes to places where refugees and migrants are present, such as stations and 'ghettos.' They provide medical services to those who need them and make referrals to the hospital where necessary.
  - IRC in Niger (William, protection project coordinator, https://www.signpost.ngo) through its Signpost approach, will provide interactive and responsive information services to meet the needs of people on the move. This information is provided through 1) direct outreach in "ghettos" and communities as well as information points set-up in strategic locations such as bus stops; 2) toll-free numbers and

WhatsApp messages managed by moderators and 3) via an online platform (Sheega.info) and a Facebook page, which will both be operational as of June 2021.

- With the support of UNHCR, the Sultanate of Air organizes outreach caravans on the peaceful cohabitation between the host population, asylum-seekers and migrants. These activities have contributed to reducing social tensions linked to the presence of asylum-seekers and refugees in the city.

- **Safety mechanisms and shelter**

  - UNHCR's Centre Humanitaire (+227 92 18 58 49): For people under UNHCR's mandate, it hosted 870 people as of March 2021 and is located 15km from Agadez.
  - UNHCR Cases de passage (+227 80 06 81 62): UNHCR has five such 'cases,' which are houses with a total capacity of 292 people. Four are managed by APBE and one by COOPI. There are separate houses for men and women. APBE provides food and medical care (except psychosocial support).
  - "Cases de protection" run by UNHCR in Agadez (+227 80 06 81 62): specifically for people with particular vulnerabilities, which may include LGBTI people.
  - IOM transit centre: centre with 1,000 places for migrants awaiting AVRR. IOM transit centres provide accommodation, food, assistance with documentation, 24/7 medical services, MHPSS support services, socio-educational activities as well as training. Teams of protection assistants are present in each centre and provide individualized management of the most vulnerable cases. Protection assistants provide information to migrants about asylum as an alternative to return. Staff of the transit centres (administrative, protection and MHPSS staff) follow the protocol for referrals to UNHCR for any beneficiary who expresses an interest in humanitarian protection or people whose case management reveals that voluntary return does not seem to be a realistic or safe option. The person is transferred to UNHCR's care once the asylum application has been made. Legal assistance is provided as needed in partnership with the national agency for legal and judicial assistance.

- **Healthcare**

  - APBE (Souleymane Diete, souleymane@apbe.org): Provides primary care. For specialist care people are referred to public health centres in Agadez or other cities in Niger.

SERVICES AVAILABLE FOR SURVIVORS OF ABUSES > Niger

  - The French Red Cross (hosd-agadez.frc@croix-rouge.fr) has a clinic, which all people traveling through Agadez can access. The ICRC, Nigerien Red Cross and French Cross have mobile teams that provide medical assistance where people on the move are staying. More complex cases are referred to the regional hospital and to centres for mothers and children.
  - Médecins Du Monde (MDM) (Bonkana Traore, comed.niger@medecinsdumonde.be): Covers the costs of public health services.
  - UNHCR (+227 80 06 99 66): For people whose condition cannot be treated in Agadez, UNHCR arranges transportation to Niamey by plane or by bus, depending on their ability to travel.

- **Psychosocial support**

  - MEDU (Merimeche Basis, co-niger@mediciperidirittiumani.org): Provides psychosocial support in UNHCR's Centre Humanitaire and in the 'cases de passage' for those who are staying there. Serious cases can be referred to the psychiatric wing of the hospital. When necessary, asylum-seekers and refugees are referred to the Mental Health Centre in Niamey that is run by COOPI.

- **Child protection**

  - Case de passage for children established as of early 2021: Specifically aimed at the most vulnerable unaccompanied children (the youngest, aged 10 to 12). It will have capacity for 16 children.
  - Intersos (Delphine Esso Zoha, sp.protection.niger@intersos.org): Provides child protection and educational activities in the 'cases de passage' and the Centre Humanitaire.

- **Legal assistance**

  - National Agency for Legal and Judicial Assistance (Agence Nationale d'Assistance Juridique et Judiciaire, ANAJJ): Under the Ministry of Justice, it provides legal advice and assistance in judicial proceedings.

Arlit

- **Identification and outreach**
  - CRS (Benoit, Christiane, christiane.gbago@crs.org): under the EU-funded project to support the protection of the most vulnerable migrants along migratory routes in the Sahel (PROMISA), mobile teams trained in legal assistance and psychosocial support are deployed in key locations. These teams will advise people on the move directly or refer them either to information points where they can receive vouchers for food and hygiene items, or to other actors (for instance IOM for AVRR). The vouchers are for the most vulnerable (such as children, single women, persons with disabilities and victims of trafficking).
- **Safety mechanisms and shelter**
  - IOM transit centre with 400 places for migrants awaiting AVRR. IOM transit centres provide accommodation, food, assistance with documentation, 24/7 medical services, MHPSS support services, socio-educational activities as well as training. Teams of protection assistants are present in each centre and provide individualized management of the most vulnerable cases. Protection assistants provide information to migrants about asylum as an alternative to return. Staff of the transit centres (administrative, protection and MHPSS staff) follow the protocol for referrals to UNHCR for any beneficiary who expresses an interest in humanitarian protection or people whose case management reveals that voluntary return does not seem to be a realistic or safe option. The person is notified to UNHCR in Arlit, but as there is no UNHCR shelter in Arlit, persons who are identified as falling under UNHCR's mandate are provided with accommodation in IOM's transit centre before being transferred to Agadez where they are transferred to UNHCR's care. Legal assistance is provided as needed in partnership with the national agency for legal & judicial assistance.
- **Psychosocial support**
  - COOPI (Morena Zucchelli, Chief of Mission, cm.niger@coopi.org) has a mental health technician and a psychologist who provide mental healthcare to refugees and migrants as well as the local population.

SERVICES AVAILABLE FOR SURVIVORS OF ABUSES > Niger

Assamaka

- **Identification and outreach**
  - UNHCR supports the Agadez Regional Council in implementing a mechanism for the monitoring of mixed movements in the region. A monitor is based in Assamaka, at the border between Niger and Algeria, to help with the identification and referral of people crossing the border who may fall under UNHCR's mandate. He regularly shares statistics on expulsions back to Niger.
- **Humanitarian assistance and transportation**
  - IOM (+227 80 06 66 22): Assists people who arrive as a result of expulsions with food, NFIs, WASH and accommodation. IOM can also provide transportation to Arlit. Persons with vulnerabilities or specific needs are pre-identified so that they are provided with care within shorter time frames. When there are people of nationalities that do not have permission to enter Niger, IOM informs UNHCR so that UNHCR can obtain such a permission (autorisation de territoire). Upon UNHCR's confirmation, IOM supports these persons and takes them to the closest place in which UNHCR can provide care, which is generally Agadez or Arlit.
- **Emergency healthcare**
  - MDM (+ 227 92 18 60 81) provides medical assistance.
- **Psychosocial support**
  - COOPI (Morena Zucchelli, Chief of Mission, cm.niger@coopi.org) has a mental health technician and a psychologist who provide mental healthcare to refugees and migrants as well as the local population.

Dirkou

- **Safety mechanisms and shelter**
  - IOM transit centre: centre with 100 places for migrants awaiting AVRR. The centre provides accommodation, food, assistance with documentation, and 24/7 medical services. All migrants who are rescued in Dirkou are transferred to Agadez, where they can be provided with fill assistance, within a few weeks. The staff of the transit centre is trained on referral protocols for people with vulnerabilities including victims of trafficking, unaccompanied minors and asylum seekers. The cases of vulnerable migrants are flagged and provided with care within shorter time frames.
- **Psychosocial support**
  - COOPI (Morena Zucchelli, Chief of Mission, cm.niger@coopi.org) has a mental health technician and a psychologist who provide mental healthcare to refugees and migrants as well as the local population.

Zinder

- **Identification and outreach**
  - CIAUD Canada (Mahamadou Yattara, mahamadou.yattara@ciaud.ca) has monitors who are based at the border posting of Maimoujiya. Persons who may fall under UNHCR's mandate are identified and referred to the government's asylum services.
- **Safety mechanisms and shelter**
  - Government centre for victims of trafficking, set-up and supported by IOM: Provides accommodation, food and NFIs are provided in the centre as well as legal assistance and case management. IOM is also setting-up MHPSS support. The centre is embedded in the community and medical care is provided by local healthcare services. Upon completion of the provision of care, IOM supports the reintegration of victims of trafficking in their community of return (within available funds).

SOMALIA

Somalia is a key country of departure for people traveling towards North Africa. It is also a key country of departure as well as country of transit for those crossing to Yemen in order to travel on to Saudi Arabia or other destinations. Some of those traveling to Libya also cross the sea to Yemen initially before again crossing the sea to Port Sudan, Sudan.

Bosaso is the key departure area for those crossing to Yemen, especially Ethiopians. There are several locations around the border with Ethiopia where people are crossing, including en route to Djibouti, but few services are available.

Ethiopian asylum seekers arrive outside Hargeisa, Somalia, after fleeing the Oromo region of Ethiopia. © UNHCR/Oualid Khelifi

Bosaso

- **Identification and outreach**
  - Staff of the Ministry of Interior, Federal Affairs and Democratization (MOIFAD, +252 90 68 92 898), with support from UNHCR, target areas with high concentrations of migrants/refugees in Bosaso to disseminate information about how to seek international protection and the locations of offices. This includes putting up billboards, and, with the help of community leaders, going house to house to distribute leaflets.
  - UNHCR's Telling the Real Story (TRS)* project starting in April 2021: 10 volunteers will conduct outreach in Puntland on the issue of irregular migration. They will visit villages and towns and distribute booklets on the dangers of irregular movement.
  - IOM (304): Distributes NFIs in places with a high concentration of migrants and refers people needing medical assistance to the MRC or the hospital.
  - IOM Way Station: located along the route at Arta, 105km outside Bosaso. The staff gives people arriving refreshments and the number of the MRC (calls are free of charge). The centre is not able to provide transport into the MRC due to regulations on entry into Bosaso. The Ethiopian Community Committee can sometimes help to collect people from the reception centre. IOM also assists the most vulnerable with AVRR and AVRR beneficiaries stay in the UNHCR shelter (see below).

UNHCR, *Telling the Real Story*

Facebook: *Telling the Real Story Somalia*

- **Safety mechanisms and shelter**
  - Ministry of the Interior Reception Centre (+252 90 77 99 197): With support from UNHCR, the reception centre provides temporary shelter for up to five days:
    - Most residents are returnees from Yemen, or are waiting to return to their country, or people who have applied for international protection.
    - Transportation is provided from the port to the centre.
    - Beneficiaries include new arrivals from Yemen and spontaneous returnees, who are picked up from the port and transported to the Reception Centre by MOIFAD.
    - The centre has six big sections for women and men and can accommodate at least 500 people. There are separate spaces for men and women; children are placed with their parents or, if unaccompanied, they are given a separate room.
    - There is a primary health facility, supported by IOM.
    - The Red Cross supports Somali returnees to call their families.
    - Once registered at the centre, refugees are provided with shelter assistance to rent a house in the city (includes Yemenis and Ethiopians who had refugee status in Yemen).
    - Spontaneous returnees are transported by IOM to their hometown (such as Mogadishu, Baidoa or Hargeisa).
  - Ethiopian Community Committee Centre (+252 907412267): Provides accommodation for the most vulnerable Ethiopian migrants and unaccompanied children and has capacity for 15 people.
  - Tadamun Social Society has three safe houses for vulnerable people on the move of all nationalities as well as Somalis.
- **Healthcare and psychosocial support**
  - IOM Migrant Response Centre (MRC, contact number: 304): Has a health department, a registration department, and provides referrals to safe houses. Translators are available 24 hours per day and take calls for appointments via the MRC's toll free line. Where necessary, the medical unit makes referrals to Bosaso General Hospital and IOM covers the cost of treatment as part of an MOU with the hospital. The MRC also has social workers and psychosocial workers, male and female. The MRC provides NFIs.
- **GBV support services**
  - MOIFAD reception centre (+252 90 77 99 197): UNHCR and MOIFAD staff have been trained in assisting SGBV survivors and are connected to local SGBV working groups and referral systems to SGBV service providers, including Bosaso General Hospital, Tadamun Social Society and the Danish Refugee Council.
  - Funded by UNHCR, Galkayo Education Centre for Peace and Development (GECPD, +252 90 76 47 556) provides services to refugees and asylum-seekers (as well as IDPs) including psychosocial counselling, facilitating access to medical care such as PEP treatment, and awareness raising on prevention of and response to SGBV.
- **Child protection**
  - IOM provides AVRR to unaccompanied children, once IOM in Ethiopia do family tracing and confirm that the family can receive the child.

- **Legal assistance**
  - Under UNHCR's Project Partnership Agreement (PPA), the humanitarian and development organization KAALO provides fee legal aid services for refugees and asylum seekers.
  - When police (especially at the point of entry of Bosaso) receive a trafficking case, they refer them to the main police station of Bosaso, and once it is confirmed that it is a case of trafficking, they are referred to the safe house of the Ministry of Women Development & Family Affairs (MOWDAFA). IOM is planning on starting to support victims of trafficking in 2021.
- **Access to asylum procedures**
  - The Ministry of Interior registers Yemenis as prima facie refugees. For Ethiopians coming from Yemen, UNHCR transfers their case to Bosaso if they were registered as asylum-seekers in Yemen. For new asylum-seekers, the Ministry of Interior does the initial registration and then UNHCR does a biometric registration. A UNHCR eligibility officers in Bosaso conducts refugee status determination.

SUDAN

Sudan is a critical country of destination, transit as well as country of origin along routes to Libya and Egypt. Refugees and migrants departing from countries such as Eritrea, Ethiopia, and Somalia usually cross Sudan before traveling onwards. Key migration hubs include Gedaref and Kassala in the east, where people crossing from Eritrea or Ethiopia initially arrive; Khartoum; as well as Dongola and Atbara in the north, along routes to Egypt or Libya.

Refugees and migrants crossing Sudan usually move with smugglers who may move them from one location to another for overnight stops along the route to Khartoum as a means of trying to avoid detection by authorities. From Khartoum, some then head north with smugglers using pickup trucks or buses and head to Dongola or Atbara before crossing the desert to Libya or Egypt. An alternate route used by some Somalis involves arriving by sea at Port Sudan and then traveling to Khartoum before moving onwards. In addition, many Darfuris also cross to Chad before traveling on to Libya.

UNHCR and MMC's 2020 report highlighted particular risks reported in Khartoum, Gedaref, Atbara, Dongola, and Kassala. These included kidnapping, physical violence and sexual and gender-based violence, with smugglers reportedly responsible for most incidents.

Khartoum

- **Identification and outreach**
  - UNHCR Khartoum has an identification system through the counseling services that are provided to persons of concern at the protection desk and jointly with staff of the Regional Support Centre (RSC) and Commissioner for Refugees (COR) staff every Monday and Wednesday: Likewise, five hotlines are available as detailed below:

    (+249) 900934474; (+249) 900934473; (+249) 900934467;

    (+249) 912167304; (+249) 912325161
  - There is generally no identification and outreach in place aside from monitoring visits to detention facilities by UNHCR and COR, as well as by an IOM team from the Migrant Resource and Response Centre (MRRC) (see below). The IOM team also visits the community-run safe houses in Khartoum.

- Under the Telling the Real Story project,* UNHCR is coordinating 10 community volunteers who identify children and youth who are at risk of onward movement and refer vulnerable cases to relevant UNHCR staff. They also through communication with communities raise awareness about the possible dangers of irregular onward movement, the rights of persons of concern and services available in English, Tigrinya, Amharic and Arabic.

UNHCR, *Telling the Real Story*

- **Medical and psychosocial support**
  - IOM Migrant Resource and Response Centre (helpline: +249 922 406 622; krtmrrc@iom.int)
    - Medical services are provided by a medical team on site. If there is need for a specialist, surgery, or laboratory tests, the person is referred to a private clinic by the MRRC doctors and IOM covers the cost.
    - A caseworker of the MRRC Case Office with a psychosocial background provides psychosocial counselling. If a migrant requires a specialist intervention, the case office makes referrals.
    - Depending on the vulnerability, the MRRC provides dry foods and NFIs.
    - For legal assistance, the MRRC refers to local NGO partners who provide pro-bono support.
    - IOM refers vulnerable Ethiopians to the safe house that is run by the Ethiopian Community Association. The MRRC also gets referrals from the safe house for medical assistance, dry food support and AVRR. Similarly, an MRRC team comprising of a doctor, a caseworker, an outreach assistant and an interpreter go once per week to the safe house (and once every two weeks to the detention centre) and provide direct assistance to the people who cannot visit the MRRC by themselves. They do a quick assessment on site.
    - At the MRRC, the vulnerability assessment includes questions about fear of returning to the country of origin. If the person is eligible for AVRR, the staff responsible for the AVRR support checks that the person can return to their country; if the person expresses fear of return, the MRRC refers them to UNHCR. People from Eritrea, the Central African Republic, Syria, Yemen, and South Sudan are de facto refugees in Sudan and are referred to UNHCR.

SERVICES AVAILABLE FOR SURVIVORS OF ABUSES > Sudan

- **Safety mechanisms and shelter**
  - There are no formal safe houses in Khartoum, including for victims of trafficking, or unaccompanied children.
  - There are five shelters run by the local Ethiopian and Eritrean communities, but facilities are relatively basic.
  - Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) supports the presence of a legal assistant at the Ethiopian shelter and supports the Ahfad Trauma Centre to conduct weekly visits and covers emergency referrals to hospitals through the Better Migration Management programme (BMM) funded by the European Union and Germany. GIZ is planning on creating a child-friendly space in the shelter.
  - Some embassies rent accommodation for people waiting for AVRR in cases where there is no shelter for people of this nationality.
- **Healthcare and psychosocial support**
  - People staying in the community-run shelters who are vulnerable are referred to a hospital, and some humanitarian agencies cover medical costs, but not for all.
  - UNHCR through the commission for Refugees (COR) provides health services in urban areas and through Al Manner in south Sudanese settlements.
  - UNHCR supports the child development foundation (CDF) to provide psychosocial support to victims of trafficking, SGBV survivors as well as conduct Best Interest assessments for children.
  - The Danish Refugee Council (DRC) is providing GBV case management including Psychosocial Support Services (PSS) and referral to facilitate access to services.
  - DRC is also providing protection services for victims of trafficking and other people on the move including case management, Individual Protection Assistance, community engagement through Community Based Protection Networks, referrals to access external services, and protection monitoring.
- **Child Protection**
  - Child protection services in Khartoum are currently limited.
  - Commissioner for Refugees: Provides counselling for children as part of its general counselling but this is not specifically tailored for children.
  - Some unaccompanied migrant children are present in community-run safe houses, especially victims of trafficking apprehended by the

Counter-Trafficking Unit of the Sudanese Police. Most are women and girls aged between 16 and 30 who were promised a job in the Middle East and apprehended on their way to Gulf Cooperation Council (GCC) states and Lebanon. IOM does family tracing with IOM in Ethiopia and supports their return if it is safe. When there have been cases of unaccompanied children aged between 10 and 15 years old, IOM coordinates with the National Council for Child Welfare (NCCW) and convenes a Best Interest Determination committee meeting with NCCW, UNHCR and UNICEF.

- UNHCR, COR and implementing partners work on identifying appropriate alternative care for unaccompanied migrant children, especially foster families. For the most vulnerable, UNHCR and COR also provide financial assistance.
- For family reunification, UNHCR has partnered with the NGO the International Refugee Assistance Project (IRAP) to provide legal aid assistance through IRAP's in-house or in-network pro bono lawyers to children and youth with biological parents in Sweden, Germany, Norway, Belgium, France, the UK, the United States and the Netherlands. UNHCR also works on family reunification cases to other countries including Italy, Canada and Switzerland.

- **Legal assistance**

  - UNHCR and COR: a joint legal team that regularly monitors the Alien Detention Centre and advocates for registration, but it is only in Khartoum.
  - UNHCR provides legal aid and legal counseling to persons of concern through its legal aid partner, Mutawinat, who covers Khartoum as well as the northern state.
  - UNHCR offers direct legal aid and counseling as well as detention and Protection monitoring.

Kassala

- **Identification and outreach**

  - Community volunteers and teachers try to identify children on the move and refer them to services as necessary.
  - Telling the Real Story project carries out awareness raising activities about the dangers of irregular onward movement in English and Tigrinya.

SERVICES AVAILABLE FOR SURVIVORS OF ABUSES > Sudan

  - IOM is planning to open an MRC in Kassala in June 2021 which will:
    - Provide protection and assistance to vulnerable people on the move in the Kassala state;
    - Raise awareness on the risks of irregular migration;
    - Support local government agencies, civil society organizations and migrant community leaders and associations in their efforts to protect vulnerable migrants in the state.

- **Safety mechanisms and shelter**

  - UNHCR operates two gender-segregated safe houses managed by the Sudanese Red Crescent. They accommodate victims of trafficking, including those who are due to appear as witnesses and give testimonies in court, those facing serious risk of harm, and those with particular medical needs that cannot be monitored from within the camps.

UNHCR leads a focus groups discussion during an anti-trafficking campaign in Shagarab refugee camp in Eastern Sudan © UNHCR/Hussein Eri

- **Child protection**
  - UNHCR supports a centre for unaccompanied and separated children in the Shagarab refugee camp, where children can access basic services and be in an environment that mitigates the risk of human trafficking.

Gedaref

- **Identification and outreach**
  - IOM's MRC (see below) has an outreach team who go to migrant communities, provide dry food items and hygiene items and support to particularly vulnerable migrants, and refer people to the MRC. The team provides humanitarian assistance to migrants in administrative detention and under the custody of the local immigration and passport offices upon request.
  - Telling the Real Story is expanding through an added position in Gedaref to engage in awareness raising on the dangers of onward irregular movement.

- **Health care, psychosocial support, and other humanitarian assistance**
  - IOM Migrant Resource Centre (helpline: +249 922 406 691; gedarefmrrc@iom.int): open since March 2019, the MRC has a team of three and support staff including a caseworker and a language assistant (interpreter). No services are provided onsite but the caseworker screens migrants and makes referrals to local public and NGO partners.
  - For medical services, the MRC refers people to the Sudan Family Planning Association (SFPA) clinic in Gedaref, as part of a partnership agreement it has. The MRC also supports the SFPA's mobile clinic, which visits remote localities in the state and provides medical assistance to both migrant and host community members. For more specialist interventions, the MRC makes referrals to the hospital. For psychosocial support, the MRC makes referrals to a trauma centre that is part of the Gedaref State Hospital and comes under the Ministry of Health and Social Development.
  - DRC provides protection services for Ethiopian refugees, including in-kind Individual Protection Assistance, community engagement through a network of community volunteers, information dissemination on available services and referrals to access external services.

CONCLUSION

The mapping exercise contained in this report reflects a first attempt by UNHCR to identify the availability of specific types of protection services in key locations along common mixed movement routes in the Sahel and in the East and Horn of Africa. As indicated in the continued reports of abuses that occur along the routes and by the observations contained earlier in this report, more needs to be done to increase the availability of protection services by increasing the geographic coverage of such services, enhancing the support available to specific categories of vulnerable individuals including victims of trafficking, and addressing gaps in certain types of services, including the lack of legal support for access to justice and the limited availability of safe shelter and other safety mechanisms.

Mapping of Protection Services for Victims of Trafficking and Other Vulnerable People on the Move in the Sahel and East Africa

Researched and written by Izza Leghtas, with special thanks to all those who shared their time for this project.

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UNHCR, the UN Refugee Agency, is a global organisation dedicated to saving lives, protecting rights and building a better future for people forced to flee their homes because of conflict and persecution. We lead international action to protect refugees, forcibly displaced communities and stateless people.

We deliver life-saving assistance, help safeguard fundamental human rights, and develop solutions that ensure people have a safe place called home where they can build a better future. We also work to ensure that stateless people are granted a nationality.

We work in over 130 countries, using our expertise to protect and care for millions.

Cover photo:
A bus carries Ethiopian refugees from the Al Hamdayet reception centre in Kassala state to the safety of Um Rakuba camp in Al Qardarif state, Sudan.

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UNHCR
The UN Refugee Agency