



Humanitarian Service Points in Action:

A Global Review

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Cruz Roja
Colombiana



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Introduction

The International Federation of Red Cross and Red Crescent Societies (IFRC) has long worked to provide humanitarian assistance and protection for migrants and displaced persons everywhere. Its approach is strictly humanitarian in keeping with the International Red Cross and Red Crescent Movement Fundamental Principles, and it takes action on the basis of migrants and displaced persons' specific needs, vulnerabilities and capacities, irrespective of their status.¹ As part of this work with and for migrants - **'Humanitarian Service Points' (HSPs) are a flagship IFRC approach to providing assistance and protection to migrants and displaced persons both through longer term programmes and in crises.**

HSPs have been developed by the IFRC Network to overcome the barriers and lack of access to essential services for many migrants and displaced persons. HSPs provide a safe, welcoming and neutral space at strategic locations along migration routes. HSPs may provide basic healthcare and psychosocial support, food and water, information, restoring family links services to help people contact or reunite with their loved ones, temporary shelter, safe spaces for women and children and safe referrals. HSPs may be mobile or fixed, depending on needs.

The approach of HSPs is also based on the strengths and expertise of the IFRC Network, including the principled humanitarian approach of the IFRC, and the permanent local presence of National Societies along migration routes. HSPs are designed to be a flexible tool based on specific needs and capacities. There is no "one size fits all" HSP model.

HSPs are an essential operational component of the [Global Route-Based Migration Programme](#), which aims to improve the safety and dignity of migrants and displaced persons travelling along dangerous and inhospitable migration routes. The programme combines the reach and expertise of 57 National Societies expressing a commitment to

implement the programme across Africa, the Americas, Europe, and the Middle East and North Africa, drawing on the capacities of supporting partners including other National Societies to achieve the objectives.

This global review is a collection of case studies that highlight the variety of HSPs in action around the world, alongside the reflections, insights and lessons they have generated.

While they have many things in common, HSPs are strikingly different. The case studies illustrate HSPs providing assistance and protection to asylum seekers, refugees, undocumented migrants, migrants and displaced persons in transit, internally displaced persons and returnees at various stages of their journeys. For example, the Colombian Red Cross operates an HSP in Villa Del Rosario, on Colombia's border with Venezuela, which provides assistance primarily to Venezuelans in transit through the town. The HSP provides shelter for a limited period and a safe space for migrants and displaced persons to access essential services before continuing their journey in Colombia or to neighbouring countries. Elsewhere, since 2021, the Lebanese Red Cross has operated HSPs along the Lebanese coast in response to humanitarian needs among migrants and displaced persons rescued from shipwrecks or otherwise in need on Lebanese shores. When survivors disembark, they are met by Lebanese Red Cross staff and volunteers at an HSP, where they can access a range of essential services, from medical care and transport to hygiene kits and referrals to long-term shelters.

Significant variety is also seen in the design of HSPs, reflecting the differing needs they serve, from fixed HSPs in key locations (including at ports and borders) to mobile HSPs traversing long distances by land or sea. Since 2021, the IFRC has operated an 'HSP at sea' on board the Ocean Viking ship in the Central Mediterranean,

¹ [IFRC Global Migration Strategy 2018-2022](#) | IFRC

in partnership with SOS Méditerranée. The Central Mediterranean HSP provides essential services including health and mental health, provision of food and non-food items, information sessions and restoring family links. Coordination among the IFRC Network, especially with the National Society in the country where the disembarkation takes place, guarantees continuity of care and relevant referrals.

In contrast, in Poprad, Slovakia, a fixed HSP was designed by the local Red Cross branch in response to the needs of displaced people from Ukraine. As the crisis became protracted, an initial set of temporary services, run from a branch training room, evolved into a longer-term HSP, forming part of the Slovak Red Cross' wider national response. The Poprad HSP now has a longer-term home in a private building easily visible from the street, where displaced people can access information, direct assistance and referrals.

In some countries, interventions were explicitly designed as HSPs, using resources such as the IFRC's HSP digital toolkit. But in others, long-standing programmes evolved over time and were later aligned with the IFRC HSP model. For example, since 2018 the Red Cross Society of Niger has provided assistance to migrants and displaced persons staying in or transiting through Arlit, Niger's northernmost town and a gateway to the Sahara Desert. While the project began as a health-care programme, it expanded over time into an HSP, also providing psychosocial support, non-food items, restoring family links services, as well as protection and assistance for survivors of human trafficking.

In contrast, when the Argentine Red Cross in Jujuy Province decided to implement services in response to large numbers of Venezuelans entering the country, the team intentionally drew on the IFRC's HSP model. Since 2020, the Argentine Red Cross in Jujuy has operated an HSP from inside a van that covers 1400 kilometres per week along the route from San Salvador de Jujuy to La Quiaca (where migrants and displaced persons cross from Bolivia), providing services from first aid and information to psychosocial support and internet connectivity.

The case studies highlight a range of good practices.

For example, the HSP operated by the Philippine Red Cross at Zamboanga City Port, which provides assistance to people deported from Malaysia, highlights the important potential of mobilizing volunteers within operations. At the Philippine Red Cross, working with volunteers is the 'default setting' for all activities. The Zamboanga HSP is no exception: volunteers represent 80 per cent of the HSP workforce, and Malay-speaking volunteers are recruited so arrivals can be assisted in a language they understand.

The case studies demonstrate a range of partnerships in action across HSPs. Strikingly, all HSPs profiled encompass some level of coordination with local or national authorities.

In some cases, partnership with authorities was underpinned simply by the National Society's ongoing cooperation with authorities in emergency response, framed by their auxiliary role to authorities in the humanitarian field. But in other cases, National Societies have signed specific formal agreements with authorities. For example, the Sudanese Red Crescent in Northern State has signed various agreements with relevant authorities, highlighting the approach and activities involved in its HSP, as well as the role of authorities in supporting and facilitating the National Society's work. This includes a formal agreement with the Ministry of Health, facilitating a roster of doctors providing free care to migrants and displaced persons referred by the Sudanese Red Crescent. Whether the partnerships are underpinned by specific agreements or rely solely on the auxiliary role of National Societies, they are widely considered a critical element: to build understanding with authorities about the role of HSPs as neutral, humanitarian spaces and to facilitate access to populations as well as coordination with and referrals to government-run services.

These case studies also reveal the range of partnerships between the International Red Cross and Red Crescent Movement and UN agencies, NGOs, and international NGOs.

Whether on land with the UN High Commissioner for Refugees (UNHCR) or the International Organisation for Migration (IOM), or at sea with SOS Méditerranée, collaboration with different partners have helped to expand the reach and complement the services provided through HSPs.

Various cross-cutting insights arise from the case studies. Most highlight that trust is a foundation of humanitarian action.² Across the board, staff and volunteers point to the importance of maintaining trust – among migrant and displaced populations, as well as with host communities and authorities – both to access vulnerable communities, and to ensure the security and efficacy of interventions. In many cases the well-known emblems of the Red Cross and Red Crescent, familiar from countries of origin or migration journeys, contributed to a sense of confidence that HSPs represented safe spaces where needs could be met with dignity. The same was often true for host communities and government authorities, with trust reinforced by National Red Cross and Red Crescent Societies long-standing presence in communities.

Nonetheless, in some cases, staff and volunteers at HSPs pursued additional activities to reinforce relationships and mutual trust. These spanned from involving leaders of local migrant and displaced communities in the design of HSPs, to recruiting volunteers from migrant and displaced communities. Many HSPs – from Niger to Colombia – have sought to foster trust and social cohesion by extending services to members of the host community.

In North Macedonia, in Lojane village, an initial needs assessment, conducted before initiating services to assist migrants and displaced persons transiting through the Western Balkan route, identified vulnerabilities among the local population. Since 2016, the Lojane HSP has regularly distributed assistance to vulnerable local families, alongside services for migrants and displaced persons. This has been accompanied by a range of initiatives in the local community, from information sessions on the International Red Cross and Red Crescent Movement for local authorities and host communities, to recruiting local volunteers.

Many staff highlighted the personal impact of staff and volunteers' work at HSPs. They reflected a sense of pride and satisfaction from the meaningful difference they felt was visible from their work.

Yet they also spoke of a myriad of challenges. These ranged from difficulties finding resources to sustain operations (particularly in contexts where work with migrants and displaced persons is politically sensitive), to the intensive nature and personal demands of the work, and the inevitable difficulties involved in keeping up with ever-changing needs and migration patterns. Importantly, staff pointed to the critical need to provide holistic services at HSPs: not just because of their clear benefits for migrants and displaced persons, but also in boosting staff and volunteer morale, equipping them with the ability to complement core services with other tools to meet wide-ranging needs.

Finally, while the exact services that HSPs provide differ, core to all of them is the importance placed on maintaining dignity. In many cases, community feedback mechanisms were implemented to better understand the needs and preferences of migrants and displaced persons, with service modalities later amended in line with the suggestions. Various examples arose of delivering services through HSPs in ways designed to best promote choice, agency and dignity: from the use of cash and vouchers to the creation of a clothes and hygiene product 'shop' to replace the distribution of one-size-fits-all hygiene kits. Perhaps most striking was the widespread use of services to help migrants and displaced persons restore links and communication with family members – a unique and core competency of the International Red Cross and Red Crescent Movement – providing comfort to migrants and displaced persons, whether before continuing onwards in their migration journeys or returning home to reunite with family.

All the case studies are available in multiple languages in the [HSP digital toolkit](#) in this link and in the [IFRC website](#).

² *Migrants' Perspectives: Building Trust in Humanitarian Action, 2022 | Global Migration Lab*



Methodology

The research combined a desk-based literature review with remote, semi-structured key informant interviews. The literature review made use of the IFRC's [HSP digital toolkit](#) and global documents relevant to the [IFRC's migration approach](#) and the [Global Route-Based Migration Programme](#); recordings and notes from relevant IFRC events; Red Cross and Red Crescent project documents, evaluations and other research relevant to case study contexts. Grey literature was also reviewed, including reports published by researchers and other humanitarian and development organizations, providing a wider overview of case study contexts. The desk review was supplemented by 18 remote, semi-structured interviews with 23 staff members, including people from the IFRC, National Red Cross and Red Crescent Societies directly implementing HSPs and partner National Red Cross and Red Crescent Societies providing support.

The selection of case studies was guided by the IFRC and National Red Cross and Red Crescent Societies – to ensure feasibility and the participation of staff working at HSPs in the research process – alongside a list of criteria drafted by the research team.

The content of the case studies was finalised at the beginning of April 2023.



ARGENTINE RED CROSS



Key Information

The content of the case study was finalised at the beginning of April 2023

MOBILE HUMANITARIAN SERVICE POINT

Target communities:

- Venezuelan refugees and migrants
- Other migrants and displaced persons in transit

Services provided:

- Healthcare (including first aid and mental health and psychosocial support)
- Social casework
- Food and water
- Hygiene kits
- Information provision
- Connectivity
- Safe referrals

Date established:

2020

The case study is available in multiple languages here:

<https://bit.ly/3E3zRK7>



Argentine Red Cross



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Since 2014, the complex socio-economic situation in Venezuela has forced over 7 million Venezuelans³ to flee the country. Venezuelans continue to arrive in Argentina, despite a considerable reduction in numbers since 2021. By the end of 2022, Argentina's population of Venezuelan refugees and migrants was estimated at 220,595 people. Other migrants and displaced persons from South America countries also move to Argentina in search of safety, jobs and better lives.⁴ For several years, considerable numbers of migrants and displaced persons from outside the Americas have also been settling in Argentina. From 2010 to 2020, migration to the Southern Cone (Argentina, Brazil, Chile, Paraguay and Uruguay) from Bangladesh, China, India, Japan and other Asian countries increased by almost 40 per cent.⁵ Since mid-2022, the Argentine Red Cross has noticed a reconfiguration of the dynamics of migration in Argentina, with the country fast evolving into a country of transit as well as destination.

Despite the prosperity enjoyed by most people in the Southern Cone, the high numbers of migrants and displaced persons arriving since 2014 has left host communities overwhelmed. National and local capacities have also reached their limits.⁶ Countries are under pressure to provide effective support and guidance, including legal services, adequate housing and shelter, healthcare, sanitation, labour opportunities, food, clothing and support with other basic needs.⁷ According to reports, Venezuelan refugees and migrants are at serious risk of exploitation and abuse (particularly gender-based violence, human trafficking and people smuggling) and family separation. Increasing levels of xenophobia also raise various issues around inclusion and integration.⁸ Migration from outside the Americas also

represents a further humanitarian challenge, with African and Asian migrants and displaced persons facing heightened vulnerability due to their lack of regular migration status and knowledge of local languages and cultures.⁹

In this context, key priorities are to provide health, food, water, sanitation, hygiene facilities, adequate housing, protection and social inclusion activities.¹⁰ In 2020, the Argentine National Directorate for Migration, Argentine Red Cross, International Organization for Migration, UN High Commissioner for Refugees and civil society organizations such as Comisión Argentina para Refugiados y Migrantes (CAREF) and Agencia Adventista de Desarrollo y Recursos Asistenciales (ADRA) gathered to discuss how best to alleviate human suffering along the migration route in northern Argentina. These discussions led to the 'protection route' being set up: an inter-agency response aimed at assisting all migrants and displaced persons entering Argentina through the northern border. As part of this initiative, different actors committed to provide services based on their areas of expertise, with the Argentine Red Cross proposing an offer composed of first aid, healthcare and psychosocial support.¹¹

There are now seven fixed and two mobile Argentine Red Cross HSPs, including the mobile HSP in the province of Jujuy. This HSP, which supports migrants and displaced persons in transit, was designed with support from the IFRC, including through the IFRC's HSP digital toolkit. The National Society decided to implement a mobile HSP to respond to the needs of migrants and displaced persons throughout the province of Jujuy, on the border with Bolivia, as well as carry out sporadic interventions in the

³ [R4V América Latina y el Caribe, Refugiados y Migrantes Venezolanos en la Región, December 2022 | R4V](#)

⁴ [South America – Regional Strategy 2020–2024 | IOM](#)

⁵ [Southern Cone and Brazil Plan 2022 | IFRC](#)

⁶ *Idem*

⁷ *Idem*

⁸ [South America – Regional Strategy 2020–2024 | IOM](#)

⁹ *Idem*

¹⁰ [Southern Cone and Brazil Plan 2022 | IFRC](#)

¹¹ The team received training in areas including protection, gender and inclusion; mental health and psychosocial support; prevention of sexual abuse and violence; restoring family links and first aid.



“The sensitive and human aspects are things that are not quantified in this type of projects and evaluations, but they are very important. Being able to maintain contact with the people is very important to be able to guarantee access to rights for the population and to build trust with the population. Without that, our work would not be possible.”

Staff member, Argentine Red Cross

neighbouring province of Salta. Humanitarian services are provided in a van that covers between 1200 and 1400 kilometres every week. It operates on the route from San Salvador de Jujuy to La Quiaca, the northernmost point of Argentina, providing services all the way to the international bridge crossing between La Quiaca and Villazón in Bolivia.

The van is equipped to function as a first aid station and connectivity point, carrying relevant medical equipment and an internet connection that allows people to notify loved ones that they have arrived in Argentina. It is also equipped with computers, infographics and information (including on relevant services in destination cities) to help migrants and displaced persons orient themselves to the context in Argentina. The van also distributes food rations and hygiene kits and works as a hydration point, distributing up to two litres of water per person.

The HSP implements a protection, mental health and psychosocial support strategy for children, aiming to mitigate the impact of violence and discrimination suffered by children on the move. Using the strategy, the Argentine Red Cross focuses on delivering psychological first aid to children and making referrals, where needed, to partner organizations. Safe referral protocols, a referral toolbox and guidelines, were developed based on initial cooperation with partners during the route development.

The HSP pays particular attention to women, children and adolescents (accompanied and unaccompanied), persons with disabilities, older people and people at risk of statelessness. Even though the migrant and displaced population has diversified significantly in recent years, Venezuelans, for whom the project was initially created, remain the largest group receiving services.

The HSP is run by two professional staff, previously Argentine Red Cross volunteers. One specializes in first aid, nursing and healthcare, while the other oversees mental health and psychosocial support. According to Argentine Red Cross staff, part of the success of the Jujuy HSP stems from the articulation between healthcare and psychosocial support. Staff shared their view that, since 2020, a “network of trust between the Red Cross and the migrant population was created, that also allows the team to identify migratory flows beyond Bolivia.” For example, families transiting in Peru may contact the HSP to share details about their migratory journey in advance, or Venezuelans may reach out before they depart. These early contacts with migrants and displaced persons allow the Jujuy team to provide information aiming to reduce vulnerabilities, and better anticipate and understand the plans and needs among incoming people.

Argentine Red Cross staff reported that the trust binding the Argentine Red Cross to migrants and displaced persons is partly rooted in the Fundamental Principles of the International the Red Cross and Red Crescent Movement, in particular the principle of humanity, which promotes mutual understanding, friendship, cooperation and lasting peace among all peoples.¹²

The HSP has become an integral part of the local humanitarian landscape in terms of emergency response and healthcare. Argentine Red Cross staff related that the HSP is recognized among partners¹³ as an essential resource that can be adapted to different situations and contexts. The Argentine Red Cross is now working to adapt its strategy in line with evolving needs. HSP staff believe that it is crucial for the Argentine Red Cross to continue implementing this service point, as an integral part of its migration strategy which “has so much resonance within the [Argentine Red Cross] itself”.

¹² [Fundamental Principles | IFRC](#)

¹³ As mentioned above, the Argentine Red Cross is part of the interagency coordination route in which national organizations such as CAREF and ADRA participate along with IOM and UNHCR. In addition, the National Society maintains direct communication with the delegation of the National Directorate of Migrations in San Salvador de Jujuy, local hospitals, integration centres for migrants and displaced persons and local civil society organizations, among others.

Good practice: Community engagement and accountability

Staff at the Jujuy HSP carry out several community engagement and accountability activities daily. This is despite the challenges noted by staff organizing such activities with migrants and displaced persons, given their mobility and varying needs, profiles and realities.

The team systematically collects data about activities at the border, partly to monitor migration dynamics, but also to continuously assess the changing needs of migrants and displaced persons. Communities are invited to participate in interviews, where they share their level of satisfaction with the services and suggest improvements. A complaints box is available via a QR code to collect anonymous feedback. The Argentine Red Cross also uses focus groups to engage migrants and displaced persons in conversations about their changing routes and humanitarian needs. For example, people accessing services at HSPs participate in focus groups to help develop the Argentine Red Cross strategy on livelihood needs, labour access, and economic and financial inclusion.

Staff explained how feedback led to a van being transformed into a hydration point, and inspired changes to the types of food and hygiene products being distributed, also relating that: **“I think that almost all activities are also transformed to meet the specific needs of the population.”**

“I would recommend the Red Cross, of course. Especially after this meeting, right? I think the fact that we are here, that they listen to us, that they listen to our experiences makes us feel that they really care about us and that they want to help.”

Migrant woman, HSP-led focus group participant

“



Argentine Red Cross insights



“Migrants in irregular transit are exposed to many risks”

Argentine Red Cross staff member

Some of the most significant challenges the HSP team faces are the multifaceted risks and vulnerabilities that people travelling irregularly along migration routes experience. These include violence, human trafficking, exploitation as well as health-related risks such as dehydration. The HSP staff pointed to two elements perceived as crucial to reducing risks and meeting complex needs: providing information about the dangers and risks along migration routes and collaborating with government agencies to mitigate those risks.


“At times when we had no resources, everything fell to a migration team of just four people”

Argentine Red Cross staff member

Finding the human, financial and material resources to operate the HSP was a great challenge for the Argentine Red Cross. The HSP has become a genuine asset, valued by migrants and displaced persons, the Argentine Red Cross and partners alike. However, this is strongly underpinned by – and to some extent reliant on – continued external funding and support.







COLOMBIAN RED CROSS

Key Information

The content of the case study was finalised at the beginning of April 2023.

FIXED HUMANITARIAN SERVICE POINT

Target communities:

- Venezuelan refugees and migrants
- Colombian internally displaced persons (IDPs) and returnees
- Other migrants and displaced persons in transit
- Host communities

Services provided:

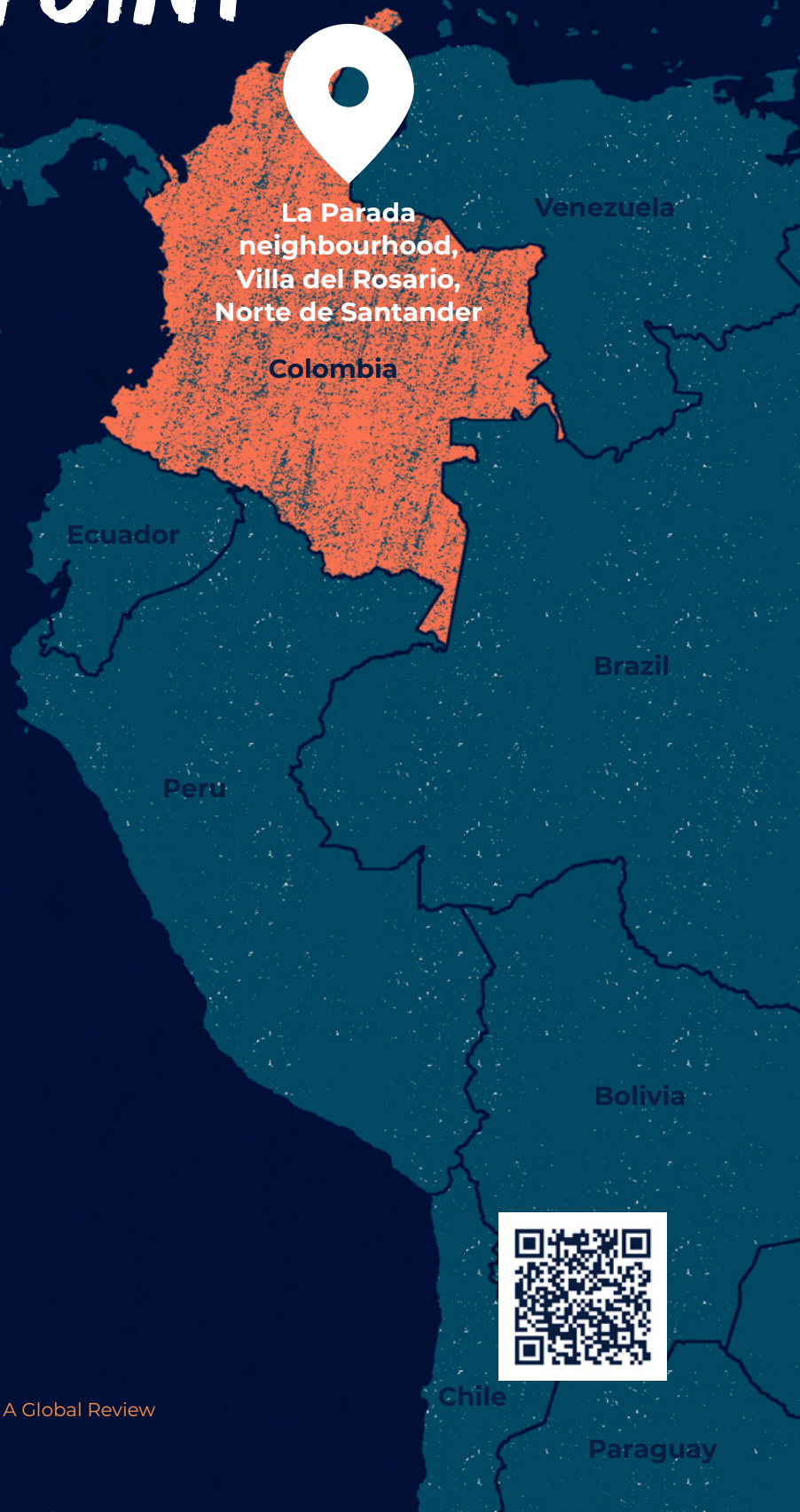
- Temporary shelter
- Healthcare (including mental health and psychosocial support)
- Food
- Water, sanitation and hygiene (WASH)
- Information on risks of sexual and gender-based violence
- Safe referrals and follow-up for survivors
- Child-friendly space and safe space for women

Date established:

2018

The case study is available in multiple languages here:

<https://bit.ly/3E3zRK7>



The Americas region is home to complex mixed migration patterns. Migrants and displaced persons from very different origins and backgrounds move through irregular pathways, driven by persecution, violence, disasters and a desire for better opportunities. In addition to the estimated 5.2 million IDPs living in Colombia¹⁴, the arrival and transit of millions of refugees and migrants from Venezuela¹⁵ has had significant impacts on the country.¹⁶ Territories bordering Venezuela, such as Norte de Santander, where the HSP is located, are particularly impacted: one in every five inhabitants is or has been a migrant or displaced person.

Other patterns of mobility have included migrants and displaced persons from Cuba and Haiti, as well as Africa and Asia, entering Colombia from Ecuador and Brazil, seeking to reach the United States of America via Central America and Mexico.¹⁷ Migration dynamics in Colombia have changed dramatically since March 2020 as a result of the COVID-19 outbreak, related restrictions and their impacts. Thousands of Venezuelans have attempted to return home due to lost livelihoods and housing in Colombia. Meanwhile, almost one million Colombian migrants and displaced persons have returned home to Colombia.¹⁸

Migrants and displaced persons in Colombia have diverse protection risks and humanitarian needs. Urgent needs include access to education, food, housing, health, employment and security. Migrants and displaced persons also experience risks of gender-based violence, risky and harmful survival strategies,¹⁹ labour exploitation, child labour, domestic violence, xenophobia and family separation and disappearance.²⁰ Migrants and displaced persons from outside the Americas face additional challenges due to language barriers, as well as unfamiliarity with specific risks along different routes (which can include jungles, dangerous rivers, climate events and the presence of illicit groups).²¹

The fixed HSP is located around 600 metres from the Simon Bolivar International Bridge, a major border crossing point between Colombia and Venezuela, in the town of Villa del Rosario. It was created in 2018, in response to the Venezuelan displacement crisis.²² When the emergency started, the local Red Cross branch, Seccional Norte de Santander, was initially the only agency responding to needs in the area, distributing water and energy bars to Venezuelans. These efforts were later formally recognized by local authorities, who submitted an official request to the Colombian Red Cross, as an auxiliary to the authorities, to support the local humanitarian response.

¹⁴ [Colombia Country Profile, accessed March 2023 | Internal Displacement Monitoring Centre](#)

¹⁵ [An estimated 2.4 million Venezuelans reside in Colombia. R4V, Refugiados y Migrantes Venezolanos en la Region, December 2022, see R4V, note 3.](#)

¹⁶ [Colombia Crisis Response Plan 2022 | Global Crisis Response Platform | IOM](#)

¹⁷ [IFRC Colombia Country Office, 2021 | IFRC](#)

¹⁸ *Idem*

¹⁹ This can include asset sales, use of survival sex, criminal behaviours, activities with groups outside the law, and other harmful strategies such as begging, consuming discarded food, or sending minors to work. [Global Route-Based Migration Programme: Americas, 2022 | IFRC](#)

²⁰ *Idem*

²¹ [IFRC Colombia Country Office, 2021 | IFRC](#)

²² [The Colombian Red Cross runs 32 Humanitarian Service Points across the country. Colombian Red Cross, Puntos de Servicio Humanitario, January 2023, unpublished.](#)



“We have a comparative advantage over other organisations: it is our presence in the territory where no other governmental body (police, army, state organisations) or NGO can enter. The Red Cross is present throughout Colombia. Its uniform, our emblem, our impartiality, we are auxiliaries of the state. So this allowed us to access places that are difficult to reach and to give a very immediate emergency response.”

Staff member, Colombian Red Cross

The HSP was developed in collaboration with several partners: the Colombian Chancellery, Migration Colombia,²³ International Organization for Migration (IOM), Villa del Rosario's Mayor's Office and the National Unit for Disaster Risk Management. The HSP is housed in an old school building, based on a memorandum of understanding with the Mayor's office. All activities at the HSP are based on a cooperation agreement between the Colombian Red Cross and IOM, which clearly stipulates that the HSP operates according to the Fundamental Principles of the International Red Cross and Red Crescent Movement.

The HSP provides services that were designed in line with a needs assessment conducted in informal migrant and displaced persons settlements by the Colombian Red Cross, with the support of Migration Colombia. The assessment identified shelter as the most important need, followed by food and non-food items, as well as cash. The HSP adapts IFRC standards to the local context, as part of a unified response by the Colombian Red Cross to the needs of migrants and displaced persons across Colombia.

The Villa del Rosario HSP is located in a residential area already inhabited by many migrants and displaced persons, on the basis that this was less likely to create tensions with the host community than creating a brand-new settlement. The HSP, which provides shelter for a limited period, aims to provide a safe space for Venezuelan refugees and migrants as well as Colombian IDPs and returnees – to receive basic services before continuing their journey through Colombia or back to Venezuela. The HSP also assists and protects vulnerable members of the host population, including single-parent households, single women, survivors of sexual and gender-based violence, and people at risk of trafficking, smuggling or of recruitment by armed groups.

It provides food, access to WASH facilities, phone chargers, primary healthcare, and mental health and psychosocial support, alongside protection activities such as referrals of survivors of sexual and gender-based violence. The HSP team also runs capacity-building workshops, aiming to support access to employment.

Most people spend three to five days in the centre, while people with more complex needs may stay for up to ten days. This includes survivors of sexual and gender-based violence. Service users are referred, if required, to external organizations for further support. A 'pasadía' modality also exists for people in transit who simply need to rest, bathe and eat, before continuing their journey the same day.

People in vulnerable situations are referred to the HSP by other humanitarian actors. The circumstances of all individuals referred to the centre are assessed by an in-house specialist, who decides on the most appropriate course of action (including whether to accept individuals for a stay in the shelter, the potential length of stay, a safe exit strategy, 'do no harm' considerations and complementarity with partners). Once people are accepted, they are either transported to the HSP by the referring organization or picked up directly by the Colombian Red Cross.

The HSP has the capacity to accommodate up to 240 people, although COVID-related restrictions meant that its maximum capacity was set at 120. A staff member explained how “the space works like an accordion, it can contract for a few people or increase”. Since the Colombian Red Cross began managing the centre in July 2021, almost 5,000 people have received assistance and protection. Women and girls represent 80 per cent of the total, with minors more widely represented than adults.

²³ Migration Colombia is a Colombian Chancellery agency.



“We work very hard to make people’s stay and transit through this place meaningful, where the way they come in is not the same as the way they leave.”

Staff member, Colombian Red Cross

Since July 2021, various initiatives have been set up to collect feedback from migrant, displaced and local communities. These include a suggestions box; an ongoing evaluation of the level of satisfaction with the infrastructure, food, staff and services; and activities using technological tools such as ArcGIS and Power-Bi.²⁴ Colombian Red Cross staff feel that these activities have greatly contributed to improving their services. For example, since October 2022, hygiene kits are no longer routinely distributed. Instead, a shop called “tienda de paso Victoria” has been created as a space where people choose their own hygiene products and second-hand clothes. The shop is intended to promote dignity and reduce waste, especially compared to distributing one-size-fits-all hygiene kits.²⁵ The initiative has been refined based on feedback from migrants and displaced

persons, especially adolescents, who have also chosen the name – Victory – which represents the achievements along their journey.

The team is proud that, from their perspective, the work of the HSP “really makes a difference” to people’s lives. According to a staff member, it is a place where “everything begins and ends”: it is the first HSP for Venezuelans entering Colombia, and the last point for those who are returning home. Some people who were assisted when they first crossed the border to Colombia look out for the HSP on their way out. According to staff, “this means that we have succeeded in taking care of people, in terms of well-being and dignity.”

²⁴ *ArcGIS Online* is a cloud-based mapping and analysis solution used to make maps, analyse data, share and collaborate. *Power BI* is an interactive data visualisation software solution.

²⁵ *Migrants and displaced persons fed back on the size of the shampoo bottles that were too big, the type of deodorants they prefer and the necessity of providing foot powder, moisturising cream, sunscreen and mosquito repellent.*

Good practice:

Mental health and psychosocial support

The HSP provides professional mental health and psychosocial support. The vast majority of service users benefit from an individual appointment when they arrive at the shelter.²⁶ After this first appointment, the HSP provides one or two collective sessions on key issues including:

- **'migratory mourning': dealing with the difficult process of leaving everything behind**
- **moving forward, adapting to a new context without losing your identity**
- **resilience and autonomy**
- **professional goals**
- **parenting.**

Activities for children are organized in a child-friendly space, and aim to help children learn about their rights, the risks along migratory routes and self-care. This is achieved through play, ball games, music, yoga and handicrafts. Schooling activities are also provided, aiming to support children with a sense of normality. The HSP also includes a dedicated space for women to rest and speak to professional mental health specialists. These specialists identify cases where extra support is needed and refer the women to relevant organizations such as the International Rescue Committee (which implements a women's empowerment programme), the UN Population Fund (which runs a programme aimed at preventing gender violence) and Care Colombia (which focuses on reproductive health).

²⁶ 90 per cent of services users have an individual appointment. The remaining 10 per cent arrived very late at night and left early the next morning.

Colombian Red Cross insights



“Including more host population allows us to reduce the level of xenophobia”

Colombian Red Cross staff member

Now one in five people who come to the La Parada HSP are members of the host population. The team believes that increasing this proportion helps to reduce xenophobia and discrimination faced by migrants and displaced persons in the area, addressing perceptions that they are being prioritized for assistance.





LEBANESE RED CROSS

Key Information

The content of the case study was finalised at the beginning of April 2023.

MOBILE HUMANITARIAN SERVICE POINT

Target communities:

- People landing by sea
- Deceased and missing migrants and displaced persons

Services provided:

- Temporary shelter
- Healthcare (including emergency medical services, mental health and psychosocial support)
- Food and water
- Water, sanitation and hygiene (WASH)
- Hygiene and menstrual kits
- Transport back home
- Restoring family links
- Safe referrals

Date established:

2021

The case study is available in multiple languages here:

<https://bit.ly/3E3zRK7>

Locations
along the
Lebanese
coast

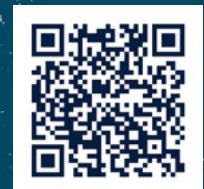
Lebanon

Syria

Palestine

Jordan

Israel



Lebanese Red Cross



Lebanon hosts one of the highest numbers of refugees from Syria as well as a considerable number of refugees from Palestine. Lebanon also hosts migrants and other displaced persons, mostly primarily but not exclusively from Bangladesh, Egypt, Ethiopia, the Philippines, Sri Lanka and Sudan. Since 2019 the country has faced an evolving complex humanitarian crisis, generating widespread and growing needs for assistance and protection.²⁷ Lebanese people, and migrants and displaced persons have been significantly affected by severe inflation and unemployment, creating challenges meeting basic needs.²⁸ Many migrants and displaced persons do not have access to essential services such as drinking water, food, shelter, healthcare, and mental health and psychosocial support.²⁹

Deteriorating living conditions in Lebanon are pushing Lebanese citizens, migrants and displaced persons to leave the country, leading to increased irregular boat departures.³⁰ In some cases, boats leaving Lebanon have been returned by authorities in destination countries.³¹ In other cases, boat crossings have resulted in tragic drownings. For example, in September 2022, over 140 migrants and displaced persons drowned or went missing off the coast of Tartus in Syria.³² Many people reach Lebanese shores in dire need of medical and psychosocial support, as well as water, food, shelter and sanitation. They also have other needs, including means to contact their loved ones, or transportation back home.

The Lebanese Red Cross has long been one of the key actors recognized by Lebanese authorities in response to emergencies, including through a role formally outlined in the Lebanese government's National Crisis Response Plan. In 2020, the Lebanese government invited the national security services, UN agencies and the Lebanese Red Cross to a roundtable to discuss their respective capacity to respond to the evolving crisis on Lebanon's shores. The Lebanese Red Cross offered to provide assistance and protection services to survivors on land, given its limited capacity to work at sea. In 2021 the National Society initiated these interventions, enlisting staff and volunteers already trained in responding to a range of humanitarian crises. These interventions are carried out in close cooperation with Lebanese authorities.

The Lebanese Red Cross identified the need to develop new standard operating procedures for interventions with people landing via sea, since these presented a new type of emergency. The National Society used its first response to carry out a needs assessment, which, coupled with an evaluation of the services provided, formed the basis of the new procedures.

²⁷ [Lebanon: Complex emergency, 2021 | IFRC](#)

²⁸ [Lebanon Response Crisis Plan 2023 | IOM](#)

²⁹ *Idem*

³⁰ *Idem*

³¹ [Access to the Territory and Pushbacks \(Cyprus\), April 2022, Asylum Information Database | European Council on Refugees and Exiles](#)

³² [Shocking Syrian shipwreck sheds harsh light on flow of migration from Lebanon, 27 September 2022 | Le Monde](#)

Good practice: A flexible response

The Lebanese Red Cross HSP is designed to be flexible. The standard operating procedures allow for the location, duration and services to be adapted every time an HSP is deployed.

When the authorities call on the Lebanese Red Cross to provide assistance, a special team is sent out in the field to carry out a rapid needs assessment. Based on the analysis, the assessment team advises on the required response, including on duration and services needed. Using its significant emergency response experience, the Lebanese Red Cross then sets up the HSP tent, or prepares to deploy services in a building, in a matter of hours. It always provides emergency medical services and medico-social care but other services such as shelter are only deployed when needed.

There is no set time limit to the duration of the mobile HSP. Volunteers and staff work day and night shifts, with rotations every 12 hours. Multiple mobile HSPs can also be set up, if necessary.

“

“All our teams are already trained in their specialist areas. We never stop our training. It’s ongoing.”

Staff member, Lebanese Red Cross

At first, these responses were simply referred to by the Lebanese Red Cross as “interventions”. But they have since been labelled “HSPs”, drawing on wider practice across National Red Cross and Red Crescent Societies. First and foremost, these mobile HSP response units are activated when need arises. They usually run for 48 hours (but can last longer if necessary). As of March 2023, the mobile HSPs have been deployed on eight occasions. This includes responses in Beirut, Tripoli and at the Syrian border, following the drowning off Tartus. The Lebanese Red Cross now provides the mobile HSP as a regular service, to be deployed as often as necessary.

The HSP is located where people disembark and, depending on where this is, may be operated from a tent or building. It provides services including first aid, medical care and ambulance transport to hospital if necessary; mental health and psychosocial support; food, water, hygiene and menstrual kits; showers and lavatories; shelter (mattresses and blankets inside a tent for the first 36–48 hours) and referral to long-term shelters; restoring family links services (free calls to family, access to Wi-Fi and phone chargers as well as registration of missing migrants’ cases); and transport for survivors who wish to return to their homes in Lebanon. The Lebanese Red Cross also organizes the repatriation of the bodies of people who lost their lives while attempting the dangerous crossing to Europe.

The mobile HSP is mostly staffed by volunteers, each of whom has a particular role and area of expertise, linked to the three Lebanese Red Cross sectors represented in the HSP: disaster management, emergency medical services and medico-social care. In the disaster management

sector, volunteers also specialize in areas such as shelter, WASH or relief distribution.

On some occasions the Lebanese Red Cross has worked with neighbouring National Red Cross and Red Crescent Societies to provide assistance and protection. For example, in response to the drowning off Tartus in September 2022, the Lebanese Red Cross collaborated with the Syrian Red Crescent to repatriate injured survivors and the bodies of shipwreck victims. The Lebanese Red Cross also collaborates with the Syrian Red Crescent and the Cyprus Red Cross on restoring family links and missing migrants.

Lebanese Red Cross staff shared their view that the most important added value of the Red Cross in this context is the level of trust it enjoys among migrants and displaced persons and the wider population. One staff member related how “everyone in Lebanon knows and trusts the Red Cross”. According to staff involved in the mobile HSP, survivors are relieved to see the Red Cross emblem, knowing that the Lebanese Red Cross is there to help them.

Lebanese Red Cross staff also felt that the combination of services and activities provided makes the mobile HSP unique in the Lebanese context. This includes efforts by the National Society to locate missing migrants and displaced persons, which continue long after the mobile HSP finishes operating. Other longer-term assistance includes support to access healthcare, which is considered particularly crucial. When survivors receive medical assistance at the mobile HSP, they are automatically registered into the Lebanese Red Cross’ medical system, making them eligible for free long-term Red Cross healthcare (including access to free medication and treatment of chronic diseases).

“

“Migrants are relieved when they see the Red Cross. They know that they’re safe and in good hands.”

Staff member, Lebanese Red Cross



Lebanese Red Cross insights



“We learn about the new routes that they’re taking”

Lebanese Red Cross staff member

The Lebanese Red Cross is noticing new profiles of migrants and displaced persons embarking on boats in Lebanon and attempting to reach European shores. This includes an increasing number of African migrants and displaced persons transiting through Lebanon in the hope of finding an easier journey towards Europe than routes via Libya. Some African people have only been in Lebanon for a few days when they embark. Sometimes they leave in boats towards Syria before sailing on to Cyprus. In other cases, they head south or leave from Lebanon and end up in distress off the coast of Malta several weeks later. The Lebanese Red Cross is in the process of mapping these new migration routes to better understand them and adapt its response to evolving needs.





MEDITERRANEAN SEA

Key Information

The content of the case study was finalised at the beginning of April 2023.

MOBILE HUMANITARIAN SERVICE POINT

Target communities:

- Migrants and displaced persons

Services provided:

- Healthcare (including first aid, maternal healthcare and psychosocial support)
- Food
- Non-food items
- Water, sanitation and hygiene (WASH)
- Information provision
- Vulnerability assessments
- Safe referrals
- Restoring family links
- Well-being activities (e.g., yoga, music, dance)

Date established:

2021

The case study is available in multiple languages here:

<https://bit.ly/3E3zRK7>

Italy

Greece

Türkiye

Central
Mediterranean
Sea

Tunisia

Algeria

Libya

Egypt



Mediterranean Sea

The Central Mediterranean Sea is the deadliest known migration route in the world, with more than 20,000 lives lost between 2014 and 2022.³³ This is due both to the length of the journey across the sea, which can take days, as well as dangerous people smuggling patterns, gaps in search and rescue operations and restriction and obstruction of the lifesaving work of NGOs. Migrants and displaced persons often cross the Central Mediterranean in unseaworthy, overloaded inflatable boats.³⁴ As the COVID-19 pandemic slowed and mobility restrictions were lifted, a growing number of sea crossings were reported and are expected to continue.³⁵ Although the number of people departing from Tunisia significantly increased between 2018 and 2021,³⁶ Libya remains the main country of departure for people travelling by sea to Italy, accounting for over half of all sea arrivals registered in Italy in the first nine months of 2022.³⁷

In 2022, the most common countries of origin for sea arrivals to Italy included Egypt, Côte d'Ivoire, Guinea, Pakistan and Tunisia.³⁸ On their journeys to Europe, migrants and displaced persons are exposed to human rights violations, human trafficking, violence, slavery, forced labour, abuse and exploitation.³⁹ In Libya, non-Libyan nationals face severe protection risks, including torture, sexual and gender-based violence in detention centres,⁴⁰ as well as

discrimination and violence when entering, staying and exiting the country.⁴¹ Women, children and older people are especially at risk as they embark on these dangerous journeys. The protection risks add to the traumatic experience of crossing the Mediterranean in overcrowded and unseaworthy boats.

The search and rescue NGO, SOS Méditerranée, was founded in 2015 and has since rescued over 37,000 people in distress in the Central Mediterranean.⁴² In early 2021, SOS Méditerranée approached the IFRC and proposed entering into a partnership with the goal of complementing its search and rescue operations with post-rescue assistance and relief on board the Ocean Viking ship. Since no individual National Red Cross or Red Crescent Society has a clear mandate in international waters, the IFRC agreed to step in as the implementing partner, on behalf of the wider International Red Cross and Red Crescent Movement.⁴³ The partnership began in August 2021, on the basis that the IFRC would implement an 'HSP at sea' (HSP@Sea) to provide relief, health and protection services to people rescued in the Central Mediterranean. On and offshore, 16 National Red Cross and Red Crescent Societies have been involved in supporting the implementation of the HSP@Sea until the end of April 2023.⁴⁴

³³ [50,000 Lives Lost During Migration: Analysis of Missing Migrants Project Data 2014-2022, November 2022 | IOM](#)

³⁴ [Central Mediterranean Sea: Population movement \(HSP@Sea\) | IFRC GO](#)

³⁵ [In the first nine months of 2022, 71,790 refugees and migrants arrived in Italy by sea, compared to 46,329 in the same period in 2021, representing a 55 per cent increase. Italy Sea Arrivals Dashboard, September 2022 | UNHCR](#)

³⁶ ["In 2017, Libya as a country of embarkation accounted for 91% of arrivals in Italy, and Tunisia only 4.5%. Things started changing in 2018, with Libya going down to 55% and Tunisia up to 25% and in 2019 Tunisia became the most common country of departure for people arriving in Italy, accounting for 36% of the arrivals, versus 32% who departed from Libya. This trend continued and further increased in 2020, with 43% of the total arrivals coming from Tunisia versus 38% from Libya. However, in 2021 when, as we saw above, there was a general increase in arrivals along the Central Mediterranean route, Libya became the primary country of departure once again, with 47% of departures, followed by Tunisia with 31%, which equals almost 20,000 people departing from Tunisia." What's new? Analysing the latest trends on the Central Mediterranean mixed migration route to Italy, 2022 | Mixed Migration Centre](#)

³⁷ [IFRC, Protection Analysis Report, HSP@SEA, October 2022 \(unpublished\)](#)

³⁸ [Italy Sea Arrivals Dashboard, January 2023 | UNHCR](#)

³⁹ [Libya Protection Analysis Update, April 2022 | Global Protection Cluster](#)

⁴⁰ *Idem*

⁴¹ [IFRC, Protection Analysis Report, HSP@SEA, October 2022 \(unpublished\)](#)

⁴² [Sauvetage en mer, protection et témoignages des rescapés | SOS MEDITERRANEE](#)

⁴³ [Central Mediterranean Sea: Population movement \(HSP@Sea\) | IFRC GO](#)

⁴⁴ [Participating National Red Cross and Red Crescent Societies include those from Australia, Austria, Belgium, Canada, Denmark, Finland, France, Iceland, Italy, Hong Kong, Kuwait, Monaco, the Netherlands, Sweden, the UK and the USA.](#)

“

“I didn’t plan to go to Europe when I left my country. I just had to escape, and in Libya I had to escape again. The sea was the only way out. I was afraid for my children when I saw the boat. But I had no other choice. It was very hot on the boat. I didn’t have enough water or food. My children were crying. We were all so tired. But then [the Ocean Viking] came. Every morning my daughter massages my back to ease the pain with her little hands and I pour hot water on my aching stomach and back. And now, on the Ocean Viking, I am being cared for by a midwife for the first time in my life.”

A survivor from Guinea⁴⁵

Depending on National Society availabilities at each rotation,⁴⁶ the IFRC post-rescue team on board the ship is usually composed of a team leader, cultural facilitator, doctor, nurse and midwife, alongside relief, protection and communications delegates. The first part of every rotation is dedicated to training⁴⁷ and preparation for different scenarios. On board the Ocean Viking, post-rescue assistance includes health and mental health services (including maternal healthcare, medical and psychosocial first aid), provision of food and non-food items, well-being activities to reduce stress and harmful behaviours (for example dance, music and yoga sessions), restoring family links services (including the ‘Salamat’ safe and well message service), and information sessions (covering topics that

include protection mechanisms and Italy’s asylum system⁴⁸). Between August 2021 and April 2023, the IFRC and participating National Red Cross and Red Crescent Societies took part in 13 rotations on board the Ocean Viking, during which 3,567 people (including 1,115 minors) were rescued.

According to a participating Red Cross National Society staff member, if survivors did not benefit from the services provided by the HSP at sea, “they would have much longer-term injuries.” In their view, the presence of Red Cross and Red Crescent actors on board makes a big difference. In particular, psychosocial support is seen to “help them come back to their regular life.”

“

“Our presence makes people feel safe after a dangerous journey. They feel they can trust us, can share their story with us and they know that there will be a follow up. It is not only about basic needs such as shelter or food, but our job is also mainly about restoring their dignity, safety and well-being, putting them at the centre of any action and activity.”

IFRC Post-Rescue Team Leader

⁴⁵ <https://sosmediterranee.fr/temoignages-de-rescapes/>

⁴⁶ Rotations usually last six weeks.

⁴⁷ Training includes topics such as protection, gender and inclusion, healthcare, international protection systems and restoring family links.

⁴⁸ Information on Italy’s asylum system is included only if Italy is the disembarkation point assigned by the authorities.

Good practice: Protection and vulnerability assessments for continuity of care

The post-rescue team conducts the critical activities of detecting vulnerabilities and identifying protection risks and needs. Being able to identify vulnerabilities immediately after a rescue operation is vital to make sure people are safe and protected, and that they receive timely and dignified support.⁴⁹ Registration is the first moment when the post-rescue team makes contact with survivors, representing the opportunity for an initial screening focused on collecting basic information and identifying health needs. Starting from what is observed during this phase, the team begins the complex activity of identifying vulnerabilities, which are then flagged to teams on land before and on disembarkation.⁵⁰

The results of the vulnerability assessments have various implications. They may, for example, influence the order in which rescued people are disembarked (with people experiencing high vulnerability disembarked first). If the disembarkation is to take place in Italy, the results of the assessments are shared beforehand with Italian authorities,⁵¹ the Italian Red Cross and partners such as the UN High Commissioner for Refugees and Save the Children. So that adequate arrangements can be made and relevant resources and tools mobilized for safe referrals to provide continuity of care for survivors. Each disembarkation is different, based on the needs and vulnerabilities of survivors. For example, during the January 2023 rotation, many unaccompanied minors were rescued. Having been informed, the Italian Red Cross ensured that minors had the opportunity, on disembarkation, to speak to a social worker and cultural mediator, as well as a restoring family links caseworker. The Italian Red Cross also provides psychosocial support and RFL services to witnesses of shipwrecks once they are hosted in reception centres.

Protection standard operating procedures were introduced in 2022⁵² to standardize and guide post-rescue teams in how they provide services. The approach relies on psychological first aid principles, a survivor-centred approach, the best interests of the child and the principle of 'do no harm'. Both SOS Méditerranée and IFRC teams receive mandatory protection training in this approach before each rotation. An IFRC team leader explained that the mandatory training "is very important to remind every member of the team, and especially for newcomers, our approach with survivors. We make sure that everyone is aware that not everything that might be good for us might be good for survivors."⁵³

⁴⁹ IFRC, *Protection Analysis Report, HSP@SEA, October 2022 (unpublished)*

⁵⁰ *Idem*

⁵¹ *Movement actors do not collect rescued people's personal data. Survivors are identified thanks to a number on a bracelet. The only data shared with the authorities concerns their protection and assistance needs, respecting the 'do no harm' principle.*

⁵² *The new protection standard operating procedures were aligned to the medical standard operating procedures.*

⁵³ IFRC, *Protection Analysis Report, HSP@SEA, October 2022 (unpublished)*



Red Cross and Red Crescent insights

Stranded at sea for 21 days: Between 22 October and 10 November 2022, 234 women, men and children rescued by the Ocean Viking were stuck in limbo, waiting to disembark to a port of safety. Rescued people were exhausted, dehydrated, in psychological distress and some required immediate medical attention.



“A safe place was found thanks to the collective efforts of IFRC, National Societies and SOS MED”⁵⁴

The IFRC and National Red Cross and Red Crescent Societies engage in humanitarian diplomacy at both operational and policy levels to address issues affecting the HSP@Sea operation in the Central Mediterranean. Key issues include non-refoulement, safe and predictable disembarkation, safe pathways to international protection and non-criminalization of humanitarian assistance to migrants and displaced persons in an irregular situation. With support from the IFRC and the Red Cross EU Office, national advocacy is carried out by National Red Cross and Red Crescent Societies, whose auxiliary role to their respective governments means they are well placed to engage with the relevant authorities. The IFRC guides this work with a comprehensive advocacy strategy that underpins the operation and includes key messaging and various means of engaging with key stakeholders at national, regional and global levels.

During the 21 days of limbo, the IFRC and National Red Cross and Red Crescent Societies worked tirelessly to find a solution for survivors to safely disembark. The very long delay endured by survivors on board led to a joint SOS Méditerranée and IFRC press release calling for maritime law to be respected.⁵⁵ According to an IFRC staff member, when it comes to humanitarian diplomacy, “perseverance is key”, as is placing the voices of migrants and displaced persons at the centre of advocacy efforts (while protecting the personal data of survivors). Despite a very difficult legal and policy context in the Mediterranean, she explained how “encouraging and spiriting [it was] to see our Movement come together to advocate during the 21-day stand-off.” A place of safety was finally found, and all survivors disembarked in Toulon, France, where the French Red Cross provided assistance and protection.

⁵⁴ IFRC, Protection Analysis Report, HSP@SEA, October 2022 (unpublished)

⁵⁵ [Survivors stranded at sea: SOS MEDITERRANEE and IFRC call for maritime law to be respected, 1 November 2022 | IFRC](#)



A young man and woman are shown from the chest up, wearing white aprons with the Philippine Red Cross logo. The man on the left is looking down at something in his hands. The woman on the right is looking towards him. They are outdoors with trees in the background.

PHILIPPINE RED CROSS

Key Information

The content of the case study was finalised at the beginning of April 2023.

TEMPORARY HUMANITARIAN SERVICE POINT

Target communities:

- People deported from Sabah, Malaysia

Services provided:

- Healthcare (including first aid and mental health and psychosocial support)
- Food
- Hygiene promotion
- Restoring family links
- Safe referrals

Date established:

2017

The case study is available in multiple languages here:

<https://bit.ly/3E3zRK7>



Philippines

Zamboanga
City Port

Malaysia

Brunei

Indonesia



Philippine Red Cross



The Philippines has one of the largest diasporas in the world with an estimated 10 million Filipinos living abroad.⁵⁶ Since the 1970s, people from the southern Philippine Island of Mindanao and the Sulu archipelago have migrated to the state of Sabah in Malaysia, fleeing conflict and economic deprivation. The Malaysian authorities have been organizing large-scale deportations from Sabah for several decades. In recent years, the process has been suspended multiple times. First, because of the sinking of a ship used for deportations (in 2016) and later due to the COVID-19 pandemic (in 2020). On both occasions the authorities undertook larger-scale deportations when the process eventually resumed.

Many returnees were born or lived in Malaysia for many years before being arrested. Some of them have never spoken or no longer speak the languages of Mindanao. While awaiting deportation, they are detained in congested immigration detention centres, sometimes for over a year, exposing them to health-related and protection risks. Men, women and children arrive in Zamboanga City Port in the Philippines in the middle of the night, tired and disoriented. A needs assessment in 2017 by the Philippine Red Cross noted immediate needs among returnees for temporary accommodation, food, essential household and hygiene items (blankets and sleeping mats), medical and psychosocial support, WASH and restoring family link services.⁵⁷ Some returnees also needed other services such as support to meet transportation costs to their places of origin.⁵⁸

When the Malaysian authorities undertook large-scale deportations from Malaysia in 2017 and 2020, the Philippine national government asked the Philippine Red

Cross for support in providing humanitarian assistance to arrivals at Zamboanga City Port. Following internal reflections and discussions with government officials,⁵⁹ the Philippine Red Cross requested support from the IFRC Disaster Relief Emergency Fund (DREF) in both years.

The Philippine Red Cross set up a 'welfare desk' at Zamboanga City Port, building on a pre-existing flagship approach ordinarily used to respond to needs in the context of disasters and conflicts. In such cases, welfare desk tents are usually set up within 24 hours of a disaster to provide information, first aid and medical care, food, water and connectivity services. The Philippine Red Cross decided to set up a temporary welcoming area in a tent at Zamboanga City Port during each disembarkation as a space for returned people to access information and assistance. The Philippine Red Cross set up a 'welfare desk' in the ports of Basilan, Sulu and Tawi Tawi as well.

Welfare desk volunteers are trained in first aid, healthcare, restoring family links, psychosocial support and the IFRC minimum standards for protection, gender and inclusion in emergencies, among other areas.

Recently, the Philippine Red Cross welfare desks assisting migrants and displaced persons were rebranded as HSPs. This new label allows the National Society to more clearly align itself with the IFRC's wider approach and programmes for migrants and displaced persons.

The HSP in Zamboanga City Port provides first aid, including psychological first aid and mental health and psychosocial support, and transportation to hospital via

⁵⁶ [Covid-19 Impact Assessment on Returned Overseas Filipino Workers, May 2021 | IOM](#)

⁵⁷ [DREF Final Report - Philippines: Mindanao Returnees, 2017 | IFRC](#)

⁵⁸ [DREF Final Report - Philippines: Returnees, 2017 | IFRC](#)

⁵⁹ *Discussions with government officials included officials from local government and the Department of Social Welfare and Development.*

ambulance if necessary,⁶⁰ hot meals, services for restoring family links (free phone calls, tracing services, 'I am safe and well' messages, prepaid SIM cards, access to Wi-Fi and telephone charging stations) and hygiene promotion. The team organizes safe referrals to other service providers, in particular for survivors of abuse or exploitation.⁶¹ And they provide continuity of care via the various Red Cross chapters located throughout the country once people leave the Zamboanga Port area.

During the large-scale deportations in 2017 and 2020, the Philippine Red Cross' Zamboanga City chapter responded

to 24 separate arrivals of groups of returnees, assisting 6,665 people. The National Society continues to implement the HSP in Zamboanga City Port. Since July 2022 there have been 8 additional responses, each addressing needs among around 150–200 returnees at a time.

Returnees have shared that they trust the Philippine Red Cross as a neutral organization that is there to help, and appreciate the individual attention and personal touches from the team.⁶²

“

“They [the returnees] are much more open to speaking to us because they feel that they are in a safe place, that volunteers are there to listen and that the Red Cross would not engage in a way that would harm them, that they can trust the Red Cross.”

Staff member, Philippine Red Cross

As long as deportations take place, humanitarian assistance will be needed at disembarkation points. However, the national government has, over time, improved the quality and range of its support to returnees (linked to its partnership with the Philippine Red Cross), allowing the National Society to contemplate refocusing its resources and expertise elsewhere.

The lack of economic opportunities in Mindanao, among other factors, means that returnees often go back to Malaysia after their return to the Philippines. Some people go through the migration-deportation process numerous times.

“

“There is still a need [for assistance at the port] but in terms of the gap, it's already slimming. The government is already doing the same amount of assistance as the Red Cross is doing [...] We're still taking part, but the government is learning about the way that we work so we're refocusing ourselves to other areas where the Red Cross can support, like livelihoods.”

Staff member, Philippine Red Cross

⁶⁰ A psychologist is available, as is a dedicated space for Red Cross volunteers to look after children inside the terminal.

⁶¹ Most returnees, male and female, have suffered some kind of abuse in detention in Sabah.

⁶² The Philippine Red Cross conducted focus group discussions with the deportees. Moreover, the staff members who interact with the deportees on a regular basis also receive direct feedback from them.

Good practice: Involving migrants as volunteers

“The success of the operation was because of the work of the volunteers. They worked from 6pm–5am after every disembarkation”

“

Philippine Red Cross staff member

Most activities of the Philippine Red Cross involve members of the National Society's large volunteer base. The Welfare Desk in Zamboanga City, as the HSP in Sulu, Basilan and Tawi-Tawi, is no exception: volunteers represent 80 per cent of the HSP workforce. They are recruited through the National Society's 'RC143 programme', which helps to recruit, train and mobilize community-based volunteer teams, made up of 1 leader and 43 members. The programme ensures that community volunteers are ready and available to respond to any humanitarian crisis. Other recruitment and training programmes include 'Red Cross Action Teams' (for volunteer team leaders, who are mobilized at the onset of any disaster or conflict) and 'Red Cross Youth' (for people under 30 and students).

The Zamboanga City Port team comprises staff, members of 'Red Cross Action Teams' (such as nurses, social workers and doctors) and Red Cross 143 community volunteers. The Philippine Red Cross ensures that all teams include new and experienced volunteers to provide a continuous learning environment. All volunteers follow a mandatory first aid training course before being deployed. HSP volunteers also receive compulsory training on providing welfare services (including how to run a welfare desk), restoring family links, psychosocial support, the IFRC minimum standards on protection, gender and inclusion including protection from sexual exploitation and abuse, and how to make safe referrals. Additional training on the International Red Cross and Red Crescent Movement approach to migration and displacement and the humanitarian principle of 'do no harm' are also available.

Initially, the Philippine Red Cross found that some returnees who only spoke Malay were unable to understand HSP staff and volunteers, posing a major challenge, particularly for the delivery of psychosocial support and restoring family links services. So it swiftly deployed the Red Cross 143 programme to recruit and reinforce the service point team with Malay-speaking volunteers who had themselves been returned from Sabah. As a result, all arrivals can be assisted in a language they understand.



WELFARE DESK

SERVICES

- Restoring Family Links (RFL)
- Tracing
- Psychosocial Management
- Critical Incident Debriefing
- Guidance and Counselling
- Inquiries and Complaints

FREE CALL
PANGGILAN
PERCUMA




MINDANAO
PHILIPPINE
REDEEMERS OPERATIONS
WELFARE DESK

Philippine Red Cross insights



“A continuous process making sure that our presence is understood by all”

Philippine Red Cross staff member

People accessing the HSP at the Zamboanga City Port are migrants, or children of migrants, who went to Sabah in search of a better life for themselves and their families. They were arrested in Malaysia and detained in very difficult conditions for months, sometimes years, before their forced removal to the Philippines.

The Philippine Red Cross implements several community engagement and accountability activities to foster trust with returnees and the local population, and to ensure that all stakeholders understand the nature of its presence.⁶³ The National Society is the only humanitarian actor providing assistance to returnees in the different ports in the country. It is constantly looking for ways to foster trust with the community, including by clarifying that people accessing Red Cross services will never be reported to the authorities for doing so, and that the Philippine Red Cross will not share their personal data with the authorities. Feedback boxes are available in the HSP, at local branches, and during events organized by the Philippine Red Cross to collect any type of community feedback. Food boxes also contain the branches' contact details so that returnees can call or send text messages and have a space to write feedback about Red Cross services.

⁶³ CEA activities include regular meetings and consultations with the community to discuss their needs as well as gather feedback on the effectiveness of programme and services.



A man with dark hair, wearing a black t-shirt and grey pants, is walking on a grassy hillside. He has a large black backpack and is carrying a red jacket and a plastic bag. The background shows rolling hills with sparse green vegetation under a cloudy sky.

RED CROSS OF THE REPUBLIC OF NORTH MACEDONIA

Key Information

The content of the case study was finalised at the beginning of April 2023.

FIXED AND MOBILE HUMANITARIAN SERVICE POINT

Romania

Bosnia and Herzegovina

Serbia

Montenegro

Bulgaria

Target communities:

- Migrants and displaced persons
- Host community

Services provided:


- Healthcare (including first aid and psychosocial support)
- Food and water
- Non-food items
- Local transport to hospital and transit centre
- Self-protection information
- Restoring family links
- Safe referrals

Date established:

2016

The case study is available in multiple languages here:

<https://bit.ly/3E3zRK7>



Lojane village,
on the border
with Serbia
North Macedonia

Albania

Greece



Red Cross of the Republic of North Macedonia



North Macedonia is located in the Western Balkans, at the heart of Europe. The Western Balkan route refers to the migratory route through North Macedonia, Serbia, Albania, Bosnia and Herzegovina, Kosovo and Montenegro.⁶⁴ It is the most active irregular route through Europe,⁶⁵ used mostly by migrants and displaced people from Asia, Africa and the Middle East.⁶⁶ Since 2019 the number of people travelling along the route has picked up, having steadily fallen since 2015, when a record number of migrants and displaced persons arrived in the EU. In the first ten months of 2022, 22,300 people were detected to have entered irregularly through the Western Balkan route, triple the total in 2021 and the highest number since 2015.⁶⁷

Migrants and displaced persons face many dangers along the Western Balkan route.⁶⁸ Although states attempted to 'close' the route in March 2016, people continued to enter North Macedonia from Greece, making their way north towards the border with Serbia,⁶⁹ transiting through a village called Lojane. The Red Cross of the Republic of North Macedonia sent a team to Lojane in August 2016 to assess humanitarian needs and discuss the situation with the local population. Migrant, displaced and local communities all welcomed the Red Cross: the host community was overwhelmed with the scale of humanitarian needs, while migrants and displaced persons, familiar with the

Red Cross emblem and mandate, asked for medicine, food, clothes, blankets, protection and services to restore family links. Following discussions with local authorities, and having conducted a needs assessment across all communities, the Red Cross team decided that support should be provided in Lojane both to migrants and displaced persons and to local families in situations of vulnerability.

The Red Cross of the Republic of North Macedonia informed the National Crisis Management System⁷⁰ about its plans, who formally approved the project, with a memorandum of understanding then signed with the Ministry of Interior.⁷¹ The National Society was granted a special licence authorizing the teams to enter the 'no man's land' in the forest along the border with Serbia to provide assistance and protection. In the early days of the operation, the official sanctioning of the Red Cross presence in the area helped to reassure local police forces about the Red Cross' humanitarian mandate and objectives. It also contributed to strong and collaborative relationships between the HSP team and local and border police forces.⁷²

The Red Cross of the Republic of North Macedonia identified a space in a private house, strategically located on the migration route, to use as a base for operations. The team gradually equipped this fixed point with a resting

⁶⁴ [Western Balkans Route – Refugee/Migration Crisis, 2015 | ECHO Daily Map](#)

⁶⁵ [Balkan Route: Attempts to Reach EU Continue as the Council Seeks to Expand Frontex Presence in the Region, Croatia Closer to Schengen Amid Continued Violations, Trilateral Agreement to Increase Border Control, November 2022 | European Council on Refugees and Exiles \(ECRE\)](#)

⁶⁶ [Western Balkans route – Consilium | European Council](#)

⁶⁷ [Balkan Route | ECRE \(see note 73\)](#)

⁶⁸ [Strategy for UNHCR Engagement in mixed movement in the Western Balkans, October 2021 | UNHCR](#)

⁶⁹ Migrants and displaced persons enter North Macedonia from Greece and continue their journey towards the EU through North Macedonia, Serbia, Bosnia Herzegovina and Croatia.

⁷⁰ The National Society is a member of the National Crisis Management System.

⁷¹ The National Society also signed MoUs with the Ministries of Health, Labour and Social Policy.


⁷² The National Society holds coordination meetings with police forces and provides them with evacuation drills and training on topics such as the mandate of the International Red Cross and Red Crescent Movement and emergency medical assistance.

space, kitchen, women's bathroom, children's bedroom, child-friendly space, Wi-Fi and TV.⁷³ They developed standard operating procedures and trained the onsite team.⁷⁴ In addition to the fixed HSP in Lojane, they sent mobile Red Cross teams out to conduct patrols, on foot and in 4x4 vehicles, to provide medical and humanitarian assistance in the border area. At first this was a 24/7 operation, but since 2018 services have been available for 12 hours each day.⁷⁵

The HSP teams distribute food, hygiene kits, water, blankets, 'winter sets' (hat, gloves and scarf) and self-protection leaflets in different languages. They provide first aid, restoring family links services and local transport to nearby

hospitals and Tabanovce transit centre.⁷⁶ They also organise referrals to other actors, for example to the Ministry of Labour and Social Policy for unaccompanied minors and to the International Organization for Migration for people interested in voluntary return.

Apart from the field coordinator, all members of the Red Cross of the Republic of North Macedonia's fixed and mobile teams in Lojane are volunteers,⁷⁷ including doctors, interpreters and logisticians. A certified psychologist is also available on request to provide psychosocial support and organize referrals. The size of the team changes according to need, and three-quarters of volunteers come from the local area.



“I live and volunteer in the village where I was born, more precisely in the village Lojane, where transit of migrants through RNM [North Macedonia] has been taking place for years. The smile I see on the faces of migrants after providing them with medical treatment or assistance with food and water cannot be replaced by anything else in the world. Their gratitude gives me so much satisfaction. I feel proud to be helping the vulnerable on behalf of the Red Cross. I help the migrants, but also the local population. It is an honour to wear the uniform and the emblem of the Red Cross.”

Volunteer logistician, Red Cross of the Republic of North Macedonia⁷⁸

Although the Red Cross of the Republic of North Macedonia's response to the humanitarian needs of migrants and displaced persons at the Serbian border fits perfectly with the IFRC description of an HSP, it was developed before the operational model was formally set up. The HSP label was thus applied to the programme at a later stage, with the corresponding toolkit then used to further develop the services, in line with wider Red Cross and Red Crescent practices.

Community engagement and accountability activities allow the teams to collect feedback to improve the quality and relevance of their services. A National Society staff member

explained that, in their view, without the HSP, “there would have been a lot of dead bodies everywhere.” According to her, since 2016 the efforts of both fixed and mobile teams have protected countless survivors of violence (including many minors) and have contributed to saving thousands of lives (including by assisting mothers to give birth). Vulnerable members of the local community are also reported to feel more protected due to Red Cross support and assistance. When asked about the proportion of people from the local population supported by the HSP, staff members who were interviewed pointed to their equal treatment of both communities, exclaiming: “we provide 100 per cent support to each community!”

⁷³ UNICEF and Save the Children supported the Red Cross of the Republic of North Macedonia to include women- and child-friendly equipment.

⁷⁴ Training was provided on topics including WASH, restoring family links, hygiene, human trafficking and preventing sexual exploitation and abuse.

⁷⁵ Even when the office is closed, an emergency contact number is clearly posted on the door so that vulnerable people can reach the Red Cross team.

⁷⁶ The National Society runs a transit reception centre in Tabanovce, near the Serbian border.

⁷⁷ Volunteers at the service point work 12 hour shifts and receive a per diem allowance.

⁷⁸ [Analysis of the response of the Red Cross of North Macedonia to the migration crisis in the Republic of North Macedonia \(2015-2020\)](#). The English version begins at page 123 | Red Cross of the Republic of North Macedonia

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“On my way to Serbia, I was injured, with two broken legs, lying on the road, helpless and exhausted from pain. Then the mobile team of the Red Cross came by. Their doctor examined me immediately and suggested hospitalisation. After three weeks, I had an operation. During my hospital stay, the Red Cross did not leave me alone. They were my family in Macedonia. An additional relief was that there were Arabic translators in the Red Cross, which meant a lot to me [...] I will never be able to pay back to the Red Cross. I will never forget the treatment I received.”

Refugee from Palestine⁷⁹

The HSP has been active since 2016. While the Red Cross of the Republic of North Macedonia plans to continue providing services while the numbers of migrants and displaced persons travelling through Lojane remain high, it has considered an exit strategy for if and when the numbers start decreasing.

If that happens, it plans to create a local branch run by volunteers from the community, who would continue to provide services to both the local population and migrants and displaced persons.



⁷⁹ [Analysis of the response of the Red Cross of North Macedonia to the migration crisis in the Republic of North Macedonia \(2015-2020\)](#). The English version begins at page 123 | Red Cross of the Republic of North Macedonia

Good practice: Building trust with host communities

The Lojane HSP was initially created with the objective to assist and protect migrants and displaced persons, who were considered to be 'invisible to the system'. However, the Red Cross of the Republic of North Macedonia team quickly realized that gaining the trust of the local population would be crucial to facilitate their work. So they carried out information sessions about the International Red Cross and Red Crescent Movement for local authorities and host communities; they recruited motivated volunteers from the village; and they opened Red Cross Youth Clubs in local schools, where children learn about the Red Cross and Red Crescent Movement, first aid and humanitarian values. Based on their initial needs assessment, the team regularly distributes assistance to vulnerable local families. Ongoing feedback collection also pointed to a service gap relating to local access to gynaecologists. Hence the HSP set up a weekly mobile gynaecology clinic for local, migrant and displaced women.

Trust grew between the local population and the National Society. Locally based asylum seekers joined the HSP as volunteer interpreters. School children, supported by the HSP mobile team, started organizing activities such as blood donation drives. The HSP also became central in responding to local emergencies, such as cold waves, with the support of local communities.

A staff member explained how the HSP had also helped to strengthen trust and social cohesion between Macedonian and Albanian ethnic groups in the area. While local communities in Lojane village are Albanian, the HSP team comprises both Albanian and Macedonian members. While Albanian and Macedonian communities share neither a language nor a religion, the staff member related her view that, although the language barrier was challenging at first, culturally mixed teams at the HSP contributed to fostering understanding and solidarity between the communities.

Insights of the Red Cross of the Republic of North Macedonia



“We find people who died of hunger or froze to death, forgotten by everyone else”

Republic of North Macedonia Red Cross staff member

Every year, the mobile team finds around ten deceased or gravely wounded migrants and displaced persons in the border area (for example, people who lost limbs in car crashes or train accidents). In such cases, a clear procedure exists to transport injured people to hospital or to inform the authorities about deceased migrants and displaced persons. The HSP team explained how such activities take a heavy emotional toll on team members, who sometimes find it challenging to remain calm and professional. To address this challenge, individual and collective psychosocial support has been made available for staff and volunteers working at the HSP.





RED CROSS SOCIETY OF NIGER

Key Information

The content of the case study was finalised at the beginning of April 2023.

FIXED AND MOBILE HUMANITARIAN SERVICE POINT



Arlit,
Agadez region

Target communities:

- Migrants and displaced persons
- Returned or deported Nigeriens
- Host communities

Services provided:

- Healthcare (including psychosocial support)
- Water, sanitation and hygiene (WASH)
- Safe referrals for survivors of human trafficking
- Restoring family links

Date established:

2018

The case study is available in multiple languages here:

<https://bit.ly/3E3zRK7>



Red Cross Society of Niger



Located in the southern belt of the Sahara and at the heart of trans-Saharan migration routes, Niger is host to varying forms of mobility, spanning voluntary and forced, regular and irregular migration. This includes internal and seasonal labour migration, mixed migration movements through Niger to Northern Africa and Europe, and voluntary and forced return movements.⁸⁰ Niger is simultaneously a point of origin, transit and destination. In many cases, Niger is the last place where migrants and displaced persons interact with any humanitarian organizations before attempting to cross the Sahara into coastal countries.⁸¹ The cities of Agadez and Arlit, gateways to the Sahara Desert, have become a hub for migrants and displaced persons where they live in precarious conditions in highly overcrowded sites. As the northernmost town in Niger, Arlit has been a point of arrival for migrants and displaced persons forcibly removed from Algeria and those fleeing the crisis in Libya.

Migrants and displaced persons in West Africa have always faced vulnerabilities and barriers to accessing services. Critical vulnerabilities affecting different groups include challenges in terms of access to medical care and safe housing, irregular or precarious migratory status, insufficient or inaccessible information and assistance, increasingly restrictive migration policies in countries of transit and destination, and human rights violations and other protection risks (including the extortion of bribes, 'gifts' or other services).⁸² In Arlit, migrants and displaced persons have diverse and extensive humanitarian needs including physical and mental health, social care, food, non-food

items (such as clothes, blankets and mosquito nets) and restoring family links.

In 2018, recognising the growing humanitarian needs, the Red Cross Society of Niger implemented a new healthcare project in Arlit, based on the model of a joint programme in Agadez in operation since 2013.

The authorities were involved from the start in the design of the new project, alongside representatives from migrant and displaced communities. An official partnership agreement was signed with Niger's Health Ministry, which was also underpinned by more general and ongoing cooperation with authorities in Niger, including as part of the Red Cross Society of Niger's auxiliary role to government authorities in the humanitarian field.

The new project in Arlit started by providing healthcare only. But the team realized health-related services were not enough to respond adequately to the diverse humanitarian needs of migrants and displaced persons. Over three years – and through regular needs assessments and feedback from migrants and displaced persons – the team gradually extended the project's scope, until it developed into a fully-fledged HSP. Psychosocial support was added first, followed by distribution of non-food items and, more recently, introduction to life-saving techniques, restoring family links services and protection and assistance or survivors of human trafficking.

⁸⁰ [Migration in Niger: shifting the focus to development and human rights | GIZ](#)

⁸¹ [Cash and Voucher Assistance in Migration Context – Voices of Migrants in Niger, January 2022 | IFRC](#)

⁸² [Risks and Resilience, Exploring migrants' and host communities' experiences during the Covid-19 pandemic in West Africa, 2021 | IFRC](#)

“

“I wasn’t sleeping until I came to see the Red Cross. I felt like I was a zombie, but now I am feeling much better, I sleep well, I smile and I am hopeful.”

Ivorian migrant in Niger

The HSP is both fixed and mobile. Every day, migrants (including migrant sex workers), displaced persons, Nigerien returnees and deportees as well as the host population can access the healthcare centre, which is situated in a fixed location.⁸³ A pick-up truck also brings services to people in ‘ghettos’ and brothels. The truck is fully equipped to provide medical care, psychosocial support,⁸⁴ WASH

services, and to distribute non-food items such as hygiene kits.⁸⁵ The HSP works in partnership with public health centres, where people are referred for acute and specialist medical care.⁸⁶ Asylum seekers and refugees from Sudan and Chad, who were previously accommodated in a UN High Commissioner for Refugees refugee camp also occasionally use the Red Cross Society of Niger services.

“

“Thanks to Humanitarian Service Points along migration routes, migrants are not left alone, abandoned. They always have somewhere to go when they are desperate.”

Staff member, Red Cross Society of Niger

Since the project operates on an annual basis, each year staff and volunteers receive new training on relevant issues.⁸⁷ For example, they undertake training on self-protection and infection control in response to the COVID-19 pandemic. The current project phase includes a strong capacity-strengthening element: The French Red Cross is training Red Cross Society of Niger and public healthcare staff in the WHO’s Mental Health Gap Action Programme approach⁸⁸ for mental, neurological and substance use disorders in non-specialized health settings. Drivers and bus terminal managers also receive first aid training.

Annual stocktaking exercises suggest that communities and partners alike are very satisfied with the services and in particular with the respect and protection of dignity for the people accessing services.

Service users of medical and protection referral systems as well as restoring family links have also indicated appreciation for related community engagement and accountability activities. In contrast to other humanitarian actors in the area, who frequently deal with security incidents on their premises, there has never been a security incident in or around the HSP. The team believes this is due to the high level of acceptance of the Red Cross among migrants and displaced persons, host communities and local authorities. HSP staff shared their perception that most migrants and displaced persons recognize the Red Cross from their countries of origin, meaning they trust the emblem and feel reassured when accessing Red Cross services. The network of well-trained community-based volunteers also contributes to trust among service users.

⁸³ In 2022, 6,910 migrants and displaced persons were assisted in the fixed healthcare centre (including 8 per cent women and 3.5 per cent children).

⁸⁴ In 2022, 287 collective psychosocial sessions were conducted, reaching 3,022 migrants and displaced persons (including 21 per cent women). In addition, 152 individual sessions were provided to 112 men and 40 women.

⁸⁵ In 2022, 290 mobile clinics were deployed (66 per cent to ghettos and 34 per cent to brothels), assisting 1,873 migrants and displaced persons (including 25 per cent women).

⁸⁶ In 2022, 79 sick migrants and displaced persons were referred to public health centres (39 per cent women).

⁸⁷ Regular training sessions include topics such as restoring family links, preventing sexual exploitation and abuse, community engagement and accountability, psychological first aid, protection and infection control and protection.

⁸⁸ [mhGAP Intervention Guide, 2016 | WHO](#)

Good practice: Cross-border learning

In 2022, the respective migration teams from Niger, Mauritania and Chad National Red Cross and Red Crescent Societies participated in a learning and stocktaking exercise in Dakar.⁸⁹ They spent three days exchanging information and lessons learnt including around HSPs.

The three National Red Cross and Red Crescent Societies manage HSPs that are at different stages of evolution. This led to fruitful discussions about the definition of HSPs, their set up and design and expectations surrounding various types of activities. They discussed and shared tools such as databases, monitoring and evaluation programmes, stocktaking and wider project management methodology. Participants also reflected on the potential development of joint programmatic activities.

The HSP team in Niger left Dakar feeling inspired and motivated to keep improving their activities for migrants, displaced persons and the host population. After the workshop, working groups were set up to extend the exchanges.

⁸⁹ The workshop in Dakar was funded by the British Red Cross.



Insights of the Red Cross Society of Niger



“The Humanitarian Service Point is a holistic model that provides the ‘full package of services’. It responds to all humanitarian needs as thoroughly as possible. It’s very positive!”

Red Cross Society of Niger staff member

The HSP team in Niger particularly appreciates the holistic nature of the model. They value the multifaceted response to humanitarian needs, both for communities’ and volunteers’ sake. When the project only provided healthcare, volunteers had often felt frustrated, noticing the myriad of other needs but not being able to provide for them. Thanks to the evolution of the project toward a fully-fledged HSP, volunteers can, for example, complement healthcare with protection for survivors of human trafficking, and psychosocial support. The team reflected on how, for volunteers working at the HSP, this appears to have led to a more rewarding experience.

KANCELÁRIA POMOCI ODÍDENCOM Z UKRAJINY

ОФІС ДОПОМОГИ ДЛЯ БІЖЕНЦІВ З УКРАЇНИ

- + Cash and Voucher Assistance (CVA) - registrácia**
- + Cash and Voucher Assistance (CVA) - реєстрація**
- + materiálna a finančná pomoc**
- + матеріальна та фінансова допомога**
- + individuálne sociálne poradenstvo**
- + індивідуальні соціальні консультації**
- + Shelter program - program pomoci pre ubytovanie**
- + Shelter program - програма допомоги з пошуку житла**

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Key Information

The content of the case study was finalised at the beginning of April 2023.

FIXED HUMANITARIAN SERVICE POINT

Target communities:

- Displaced people from Ukraine
- Host community

Services provided:

- Health care (including mental health and psychosocial support)
- Cash and voucher support (including cash for shelter programme)
- Hygiene kits
- Safe referrals
- Information provision

Date established:

August 2022

The case study is available in multiple languages

<https://bit.ly/3E3zRK7>

Poland

Czechia

The city of Poprad

Ukraine

Slovakia

Austria

Hungary

Romania





The escalation of the conflict in Ukraine has triggered a fast-growing displacement and humanitarian crisis, pushing millions of people into internal displacement and abroad in search of safety.⁹⁰ Almost five million people fleeing the conflict in Ukraine have been registered for protection across Europe, including in neighbouring countries such as Hungary, Moldova, Poland, Romania and Slovakia.⁹¹ Slovakia has been confronted with the largest displacement emergency in its history.⁹² Before the crisis in Ukraine, Slovakia was mainly a transit country. As of March 2023, over one million migrants and displaced persons had crossed into the country, and more than 110,000 people had been registered as refugees.⁹³

Women and children make up the vast majority (84 per cent) of displaced persons from Ukraine, while persons aged 60 and above also constitute a significant proportion (11 per cent).⁹⁴ Many people arrive in Slovakia with significant vulnerabilities due to trauma relating to the conflict and their displacement journeys.⁹⁵

Their main humanitarian needs in Slovakia include accommodation,⁹⁶ healthcare (including mental health and psychosocial support),⁹⁷ livelihoods and basic needs,⁹⁸ education and social inclusion, child protection, and support for sexual and gender-based violence.⁹⁹

Following the escalation of conflict in Ukraine, the Slovak Red Cross' Poprad branch received hundreds of phone calls every day from displaced people from Ukraine arriving at the train station. Displaced people calling the Slovak Red Cross had a variety of queries, relating to access to food, accommodation, healthcare and documentation in Slovakia. The local team responded to these needs with a rapid response, staffing a local 24/7 helpline with Ukrainian volunteer speakers and using the training room of their branch as their base. Staff at the Poprad branch distributed non-food items, created a network of people willing to provide accommodation and support to displaced people, assisted with access to healthcare including basic first aid and transportation to health facilities, school enrolment, and supported people registering to the Red Cross multi-purpose cash assistance programme.

⁹⁰ [Ukraine situation: Regional Refugee Response Plan | UNHCR](#)

⁹¹ [Ukraine Refugee Situation, accessed 15 March 2023 | UNHCR](#)

⁹² [Slovakia Protection Brief, May-October 2022 | UNHCR](#)

⁹³ [Ukraine Refugee Situation, accessed 15 March 2023 | UNHCR](#)

⁹⁴ [Slovakia Protection Brief, May-October 2022 | UNHCR](#)

⁹⁵ [Ukraine situation: Regional Refugee Response Plan | UNHCR](#)

⁹⁶ Only an estimated 18 per cent of people have found private rented accommodation, while 43 per cent are in collective sites managed by local authorities and 32 per cent remain with host families. IFRC, Slovakia – Federation-wide National Society Response Plan, March 2022-December 2025 (unpublished)

⁹⁷ The most reported health needs are visits for acute illnesses and preventive services, followed by needs for treatment of chronic diseases such as cardiovascular diseases and cancer, and dental care. 20 per cent of displaced people from Ukraine report difficulties in accessing healthcare due to information gaps, language barriers, high costs or rejection by service providers. A third of households from Ukraine report having mental health needs: at least one household member is anxious, worried, agitated, angry, and/or depressed in a way that affects the person's daily functioning. *Idem*

⁹⁸ A majority of the recipients from the Red Cross multi-purpose cash programme report that the monthly payments are only partially sufficient to cover their basic needs. 26 per cent report borrowing money to support their household needs. Some households also rely on remittances and allowances from the Ukrainian government. IFRC, *Idem*

⁹⁹ [Ukraine situation: Regional Refugee Response Plan | UNHCR](#)

Good practice: Multi-purpose cash assistance

The IFRC 2022 Operational Strategy for Ukraine and impacted countries includes cash and vouchers assistance as the preferred modality to provide integrated assistance for the most vulnerable people. Cash and voucher assistance was an appropriate support modality for responding to the crisis, given that people in Ukraine and neighbouring countries were already familiar with receiving cash in times of hardship due to the long-standing social protection mechanisms in country, and because markets were functioning outside the areas of conflict in Ukraine itself.¹⁰⁰

IFRC delegates trained staff teams from multiple branches before initiating the programme, which launched on 1 May 2022. Poprad was among the first branches to get involved. The aim was to provide basic assistance to the most vulnerable displaced families arriving in Slovakia, by providing five monthly cash payments (including one-off top-ups for winterization and education). Households enrolled in the programme by registering in person in nine branches, including Poprad, or via a self-registration application online. The team also set up a helpline to assist displaced persons with the registration process.

Should another crisis occur, the Slovak Red Cross is now trained and committed to deliver cash assistance again, as: “the best way to respect their [the displaced people from Ukraine] dignity as they choose how they spend their money. We’re not forcing them to eat this type of food.”

¹⁰⁰ *Cash and Voucher Assistance in the Ukraine and impacted countries crisis response, November 2022 (internal review) | IFRC*

After several months, it became clear to staff at the Poprad branch that the crisis was swiftly becoming long term and the initial temporary response was no longer sufficient to meet people's needs. These conversations took place in the context of wider discussions at the Slovak Red Cross headquarters, as part of which the small national team had decided to open 15 HSPs across the country where displaced people from Ukraine could access Red Cross assistance and protection. As a result, the initial temporary services in Poprad evolved into a longer-term HSP, forming part of the Slovak Red Cross' wider national response. Standardization across Red Cross HSPs in Slovakia means that displaced people from Ukraine can maintain access to the same basic services even when they move between cities.

Given the Slovak Red Cross' ongoing cooperation with government authorities – including as a member of the Crisis Management Board led by the Ministry of Interior – the Poprad branch did not deem it necessary to develop a formal agreement with local authorities to initiate the HSP. Instead, it simply informed the authorities about its services and coordinated with relevant public services to set up safe referral pathways. All staff and volunteers were trained in providing the new services before they were opened.¹⁰¹

The Poprad 'First Contact Desk' opened in August 2022 in a private building that is easily accessible and very visible in the street. The core team is composed of one social worker, one case worker, a Russian- and Ukrainian-speaking liaison officer, and one administrative staff, while additional volunteers reinforce the team on a more casual basis.

The First Contact Desk provides displaced people from Ukraine with information on how to access legal advice, employment, education and healthcare. The team distributes hygiene kits, organizes safe referrals and provides mental health and psychosocial support. Thanks to the Slovak Red Cross donors, the HSP assists with grocery vouchers.

A cash for shelter' programme provides financial support to both displaced people to rent private accommodation as well as Slovak hosting families for up to six months. Until January 2023, the Poprad HSP also provided access to the Slovak Red Cross' multi- purpose cash assistance programme, which started as part of the initial response in May 2022.

The HSP in Poprad also responds to the needs of host community members in vulnerable situations, or people otherwise requiring additional support, for example families hosting displaced people from Ukraine in their homes. This is particularly important in the context of wider-reaching needs among Slovak nationals as a result of the conflict in Ukraine and related displacement. This includes impacts such as high inflation rates, rising energy prices and increased pressures on Slovakia's housing market.¹⁰²



“The Humanitarian Service Point is not just a place where people come to ask something. They also come to socialise, share their news. It’s really creating relationships within the Ukrainian community. Many displaced people from Ukraine are alone and really appreciate the familiar atmosphere that they feel in the place.”

Staff member, Slovak Red Cross

Slovak Red Cross staff explained that the HSP in Poprad is well-known among the community and other actors and is

particularly appreciated as the only point providing such a variety of services in one place. The informal atmosphere,


¹⁰¹ Before opening the new services, the team received training on areas including the International Red Cross and Red Crescent Movement Principles, Slovak Red Cross services and first aid. In the following months, additional training on protection, gender and inclusion; the Movement's approach to migration; and shelter were later provided as part of the continuous training process.

¹⁰² IFRC, Slovakia – Federation-wide National Society Response Plan, March 2022-December 2025 (unpublished)

created by its committed staff and volunteer team, and its accessibility¹⁰³ add to its unique character. Staff explained that displaced people are aware of the Red Cross' long history and the stability of its services, contributing to a sense that Red Cross assistance is there to stay (compared to smaller initiatives that were born as a result of this crisis and have, in some cases, already disappeared). The Poprad team also noted the extent to which displaced people appear to trust the Red Cross, explaining, "When people see the emblem, it gives them hope."

Like all HSPs in Slovakia, the Poprad HSP benefits from IFRC support, including with community engagement and

accountability measures. In December 2022, it set up a service user feedback mechanism to allow visitors to share their levels of satisfaction with the services and work of staff and volunteers. The satisfaction survey – which is always open on a publicly available laptop – also collects suggestions on potential improvements and accessibility issues. Leaflets with a QR code leading to the survey are also handed out to service users and posted on the walls of the building. As of mid-April 2023, 96 people had responded to the survey. Over 90 per cent of respondents are satisfied or very satisfied with the services and the work of staff and volunteers.



“HSPs are known within the regions. People know they can reach these points. They know that they can ask for help and reach them with their problem, whatever it might be – either with material support, school for children, looking for a job, or social counselling – people know they can reach these points and just get the answer how it can be solved. I think it has a very good impact.”

Staff member, Slovak Red Cross

Again, like all HSPs in Slovakia, Poprad uses the 'ESPO' customer relationship management system, run by the 510 initiative hosted by the Netherlands Red Cross to register all cases on a centralized database. This allows the team to easily monitor the number of service users, their needs and the services provided. It also facilitates continuity of care when displaced people from Ukraine move from one region to another in Slovakia and require services in different locations. Since end of October 2022, the Poprad HSP has registered 407 cases, in addition to 105 registrations for the cash for shelter programme.¹⁰⁴

The standardization of services and systems in all HSPs allows for regular exchanges of information and experiences among HSP teams, contributing to ongoing efforts to strengthen the capacity and quality of services for their users.

Since the creation of HSPs in Slovakia, services have mainly focused on supporting displaced people from Ukraine. But the Slovak Red Cross plans, within the next three to five years, to widen its focus and increase the number of local people benefiting from its assistance and protection. In Poprad, the team foresees services being reintegrated within the local branch, sitting alongside its wider services.

¹⁰³ Factors contributing to this accessibility include opening hours that allow people to come in before or after work one day every week and measures to support disability access.

¹⁰⁴ Among 105 registrations for the cash for shelter programme, there are 46 active cases. The figure reflects the number of displaced people living in rented accommodations as well as Slovak hosting families.

Slovak Red Cross insights



“We are still learning as the situation is evolving”

Slovak Red Cross staff member

It was the first time the Slovak Red Cross had deployed this type (and scale) of emergency humanitarian response. Staff related how much they had learnt during the year, and how much they are still learning every day as the situation unfolds. Today, Slovak Red Cross staff report feeling even more capable of responding to future emergencies, thanks to the training staff and volunteers have undertaken in the past year, and due to the multiple lessons learnt along the way.

“It is not an ordinary job [...] they [staff and volunteers] must have the Principles in their blood”

Slovak Red Cross staff member

When opening HSPs, it can be challenging to find staff and volunteers to run the various services. As noted by the Slovak Red Cross, assisting and protecting displaced people requires a lot of empathy and commitment. Being a qualified social worker or interpreter is not sufficient. Slovak Red Cross staff believe that candidates must not only know and understand the Fundamental Principles of the International Red Cross and Red Crescent Movement, but they must “feel and live them.”



“At HQ, we feel like the field is here with us”

Slovak Red Cross staff member

The creation of an HSP network across Slovakia has reinforced the working relationships between headquarters and local branches, who have been in touch daily throughout the crisis. While working relationships were seen as strong beforehand, they are considered to have improved significantly throughout the crisis response, contributing towards more efficient ways of working. Fortnightly meetings are held with staff from headquarters and all HSPs across Slovakia, allowing participants to share information and daily challenges.





SUDANESE RED CRESCENT

Key Information

The content of the case study was finalised at the beginning of April 2023 before the conflict in Sudan broke out.

FIXED HUMANITARIAN SERVICE POINT

Target communities:

- South Sudanese refugees and undocumented migrants
- Internally displaced persons (IDPs) from Nuba Mountain and Darfur
- Host community

Services provided:

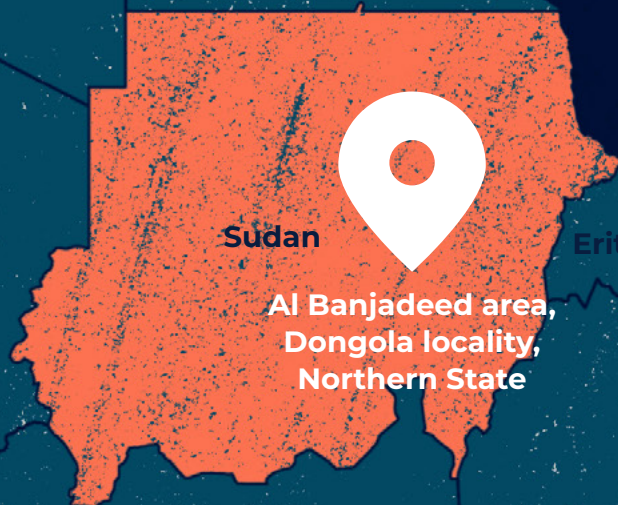
- Healthcare (including psychosocial support)
- Restoring family links
- Awareness on safe migration
- Recreational activities and social inclusion events
- Child-friendly space and kindergarten

Date established:

2017

The case study is available in multiple languages here:

<https://bit.ly/3E3zRK7>



Sudanese Red Crescent



Sudan lies at a strategic geographic junction between East Africa, the Horn of Africa, Europe and North Africa. It is, at once, an origin, transit and destination country for migrants and displaced persons.¹ Sudan hosts one of the largest refugee populations in Africa. As of June 2022, Sudan hosted 1.14 million refugees and asylum seekers, mostly from South Sudan and Eritrea.² Over a third of refugees in Sudan reside in camps, with just under two-thirds in out-of-camp and urban settings.³ In addition to migration flows, Sudan is facing renewed and protracted internal displacement. As of December 2022, there were around 3.78 million IDPs in Sudan.⁴

The overall humanitarian and development situation remains complex and was further complicated in 2022 by sustained economic decline.⁵ Political instability, economic crisis and high inflation have resulted in significant food insecurity. Nearly one in three people across the country are estimated to need humanitarian assistance.⁶

Northern State, where the HSP is located, is no exception. The state borders Libya and Egypt, and is a transit, origin and final destination area for migrants and displaced persons. In the main, this includes undocumented migrants and displaced persons from Eritrea, Ethiopia, Nigeria and South Sudan. An estimated 80 per cent of migrants and displaced persons arriving in the state cross through the Western desert on their onward journey towards Libya and Egypt.⁷ Some migrants and displaced persons transit relatively quickly. However, most remain in Northern State for longer periods of time, sometimes several years, as they try to accumulate sufficient resources to continue their journey towards North Africa and Europe. Undocumented migrants and displaced persons in Sudan are often prone to high levels of vulnerability.⁸ They are largely cut off from formal economies and particularly vulnerable to the effects

of the recent economic decline, heightened food insecurity and resulting protection risks.⁹

In 2017, while the Sudanese Red Crescent and the Danish Red Cross were running a joint migration programme in Sudan, both partners identified a service provision gap that could be filled by creating a place where, as a Sudanese Red Crescent staff member put it, “volunteers can carry out their activities but also that allows migrants to have a free space.” A needs assessment conducted as part of the project helped to confirm the location of migrants and displaced persons, their challenges and gaps in services. Access to healthcare, protection, psychosocial support and social inclusion were highlighted as particular challenges for migrants and displaced persons in Northern State.

Before setting up what was initially called the ‘Community Centre’, the Sudanese Red Crescent discussed potential solutions with the community leaders and with authorities. Establishing an HSP was identified as a good approach and during another meeting, migrants and displaced persons’ leaders indicated the best location. Early discussions with authorities led to memorandums of understanding (MoUs) being developed with both the locality governor and Youth Committee.

¹ [2021 Annual Report | IOM Sudan](#)

² Other refugee population groups include those from Burundi, Chad, Central African Republic, Congo, Syria and Yemen. [Sudan 2022 Country Refugee Response Plan – Mid-Year Report | Refugee Consultation Forum](#)

³ *Idem*

⁴ [Sudan Situation Report, 20 December 2022 | OCHA](#)

⁵ [Sudan 2022 Country Refugee Response Plan – Mid-Year Report | Refugee Consultation Forum](#)

⁶ Sudanese Red Crescent and Danish Red Cross, *Migration context in Sudan* (unpublished)

⁷ *Idem*

⁸ [Sudan 2022 Country Refugee Response Plan – Mid-Year Report | Refugee Consultation Forum](#)

⁹ *Idem*



“Our MoU with the authorities explains the Movement’s approach and philosophy behind the Humanitarian Service Point and the activities expected to be carried out, and then also what we’re expecting from the authorities in terms of supporting and facilitating having the Humanitarian Service Point.”

Staff member, Sudanese Red Crescent

Before the centre was opened, the Sudanese Red Crescent organized training sessions for volunteers on issues such as the International Red Cross and Red Crescent Movement and its Fundamental Principles, and volunteer roles and activities, as well as specialized training on safe and dignified engagement, protection, gender and inclusion, community engagement and accountability, psychological first aid, first aid and detention.¹⁰

Over time, the Community Centre was more formally recognized as an HSP – joining six similar points across Northern State – to better reflect the variety of assistance and protection services provided to migrants, displaced persons and the host community. It is a fixed point, located in a building that belongs to the Youth Committee of the Al Banjadeed area of Dongola, the capital of Northern State. The Sudanese Red Crescent decided to implement the HSP at a fixed location since many migrants and displaced persons targeted for assistance had been settled in that area for a long time and required a stable space to access assistance and protection services. The HSP provides protection activities, including services to restore family links, psychosocial support (individual, collective and recreational sessions) and self-protection messages as well as health-care-related services, including health awareness sessions. It includes a morning kindergarten and other activities for children in a purposefully designed child-friendly space. The Sudanese Red Crescent also organizes social inclusion and recreational events such as traditional coffee and tea ceremonies, music, theatre and sports.

Although most activities are organized at the fixed location, the HSP also includes a mobile element: volunteers carry out home visits during which they address diverse issues.

For example, they provide information about healthcare, including COVID-19, and disseminate general prevention and protection messages. The home visits allow volunteers to collect data about potential new needs among migrants and displaced persons in the community.

The HSP is run solely by volunteers, who cover the various roles involved in the overall coordination and administration of the service point, as well as direct service provision and home visits. A guiding principle in all seven Sudanese Red Crescent HSPs is that volunteer teams should include people from migrant and displaced communities themselves. In Al Banjadeed, this was achieved through dialogue with community leaders, who were made aware of the need for volunteers and relevant selection criteria (for example, commitment, motivation and language skills). All community volunteers are trained by the Sudanese Red Crescent before joining the team. The Al Banjadeed HSP volunteer team is made up of Eritrean, Ethiopian, South Sudanese and Sudanese volunteers, who demonstrate high levels of commitment and regularly organize ‘lessons learnt’ sessions to share good practices and draw out recommendations for the future. Volunteers staffing the HSP recently expressed the desire to expand the services offered to include women’s empowerment and income-generating activities, based on the results of focus group discussions and meetings with beneficiaries.

Sudanese Red Crescent staff felt that the HSP had significantly strengthened social cohesion in the local community. In particular, they felt that its work had highlighted challenges faced by migrants and displaced persons to the host community.

¹⁰ Volunteers received additional training in 2021–2022.

Good practice:

Partnerships with authorities

The Sudanese Red Crescent works very closely with national authorities in various areas, for example disaster response. However, staff noted that “migration is a very complicated issue. The authority always had a lot of doubts related to the work done in this field. That’s the most important reason to have a partnership”. The Sudanese Red Crescent insists on the importance of engaging in a dialogue and entering into partnership with authorities, being convinced that the success of migration-related operations depends on authorities’ understanding of the Red Cross and Red Crescent Movement’s approach. It was noted that “They need to know that our activities are for humanity, to address the needs of human beings.”

To formalize the partnership between government authorities and the Sudanese Red Crescent in Northern State, various MoUs have been signed, including with the locality governor and local Youth Committee. Each MoU highlights the Sudanese Red Crescent’s approach and activities, as well as authorities’ role in supporting and facilitating their work. This includes elements such as minimum protection standards, protecting the dignity of migrants and displaced persons and respecting a ‘free zone’ around the HSP. The documents emphasize the obligation, of both parties, to respect all relevant international human rights and migration bodies of law.

The partnership with authorities has also enabled the Sudanese Red Crescent to set up referral systems with the Ministries of Education, Health and Social Welfare and with family and child protection units. Staff felt that having a formal agreement from the start had strengthened links with relevant departments and officials. For example, over time, volunteers at the HSP have developed very strong links with the Ministry of Education, facilitating school enrolment for migrant and displaced children on the basis of referrals from volunteers. There is also a formal agreement with the Ministry of Health, whereby a roster of doctors provide free medical care and surgeries to migrants and displaced persons following referrals from the HSP.

Staff and volunteers noted several other advantages linked to the partnership with government authorities. It has helped to facilitate access and dialogue with relevant authorities, enabling the Sudanese Red Crescent to put forward the case for how the services provided have benefitted the host community itself, helping to develop a healthy and peaceful community. The partnership was also considered to have helped protect volunteers, for example, by preventing them from being stopped by the police during home visits. It is felt that the formal nature of the partnership helps to ensure its longevity, even in the face of any potential future changes within the authorities. Finally, it has heightened the level of trust between the authorities and the Sudanese Red Crescent. Illustrating this, a local judge recently decided to refer all children at risk in Northern State to the Sudanese Red Crescent’s HSPs¹¹ to receive education services and psychosocial support. One staff member explained, “Reaching such trust in work done by volunteers, which is really appreciated and accepted, [...] it’s also one of the huge achievements of Humanitarian Service Points.”

¹¹ There are seven humanitarian service points in Northern State.



In addition, cultural and recreational activities, such as a female volleyball team and music classes bringing together all communities, have fostered understanding and solidarity among migrants, displaced persons and the host population. Demonstrating strengthened relations, in 2022 the host community decided to include Ethiopian, Nubian and South Sudanese representatives in their ‘Service and

Change Committee’, the local group in charge of running services for the area, with representatives becoming¹² fully-fledged members of the committee. Following floods that devastated the area, the committee decided to allocate a quarter of its governmental relief allowance to assist migrant and displaced communities.



“This HSP [Humanitarian Service Point] makes very good social inclusion between migrants and the host community. These days, they live in peace, every group accepts the other groups.”

Staff member, Sudanese Red Crescent

In Al Banjadeed, Sudanese Red Crescent staff also felt that the unique International Red Cross and Red Crescent Movement approach to migration helped to distinguish the Sudanese Red Crescent from other humanitarian actors, providing assistance and protection to vulnerable migrants and displaced persons on the basis of humanitarian needs alone, irrespective of migration status.

Staff also highlighted the unique auxiliary role of the Sudanese Red Crescent, which they felt had strengthened their ability to advocate for the rights of migrant and displaced persons towards authorities. It is felt that in Northern State, the Sudanese Red Crescent is reaping the rewards of its advocacy efforts and long-term work in migration, being accepted and trusted by the authorities, local population and, crucially, migrants and displaced persons themselves.

¹² The Sudanese Red Crescent is not part of the Service and Change Committee.

Sudanese Red Crescent insights



“At the beginning, gaining the trust and acceptance of migrants and host communities was a challenge”

Sudanese Red Crescent staff member

The Sudanese Red Crescent highlighted the significance of the initial consultation phase with relevant communities before setting up the HSP. This phase ensured that all communities identified the HSP as a good solution and agreed on the best location. The consultation process was also an opportunity to disseminate information about future services and events, while encouraging communities to attend joint activities. To keep building on and improving all communities' trust, the Sudanese Red Crescent ensures that the HSP is a 'dynamic free zone' where newly arrived and long-established migrants and displaced persons alike have access to ever-adapting services and information. Integrating migrants and displaced persons in the volunteer team was also considered crucial to facilitating trust between the Sudanese Red Crescent and target communities.

“The difficulties to reach new arrivals”

Sudanese Red Crescent staff member

Volunteers at the HSP have faced challenges reaching new arrivals in Northern State to inform them about the services available. This difficulty was resolved by including representatives of migrants and displaced persons in the local 'Service and Change Committee'. Regular dialogue within the committee ensures that committee members can keep each other mutually updated on new arrivals, drawing on their respective sources of information.



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THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.