



Global Disaster
Preparedness Center

“MIGRANTS EXPECT THE RED CROSS TO BE THERE”

EXPLORING RED CROSS AND RED
CRESCENT CONTINUITY OF CARE
ALONG MIGRATION ROUTES

2024

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EXECUTIVE SUMMARY

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This report outlines findings from research commissioned by the The Global Disaster Preparedness Center (GDPC) exploring opportunities to support continuity of care along migration routes. The term “continuity of care” refers to consistent and connected assistance at different stages, and at different locations, along migration journeys. This was understood as applying to National Society programmes both across and within borders. The research drew on a desk review and data collected in June-July 2024 in the Balkans (in Serbia, Slovenia and North Macedonia) and Central America (in Guatemala, Honduras and El Salvador[1]), covering 201 individuals. This included 113 migrants.

Continuity of care

The International Red Cross and Red Crescent (RCRC) Movement Migration Strategy 2024-2030 calls on the Movement to “leverage its presence in countries of origin, transit and destination to strengthen continuity of care... along migration routes”. This should be understood as an inherently difficult challenge and one that has posed difficulties for wider service providers. Within the RCRC, additional challenges link to broader difficulties with collaboration and coordination across National Societies.[2]

There was no single shared understanding of “continuity of care” among National Societies. The research drew on literature in the context of healthcare to outline three main elements:

- **Information-sharing** to better anticipate needs along migration routes and facilitate continuous management for individual cases.
- **Consistency across programmes in different locations**, including consistent services and strategic approaches.
- **Building a relationship between migrants and the RCRC** throughout their journeys, facilitated by service coverage at key points along migration routes.

Understanding migrant journeys with the RCRC

The research aimed to understand migrants’ experiences of the RCRC throughout their journeys. Migrants’ experiences should be understood in view of regional contexts. In the Balkans the highly securitised context surrounding migration means that some National Societies struggle to reach those in need of assistance (due to increasingly covert migration routes) and are sometimes concerned that visible humanitarian assistance may be perceived as encouraging irregular migration. In Central America, while National Societies face fewer challenges due to government policies, project-based funding is a key constraint.

In Central America many migrants have experienced an ongoing relationship with the RCRC throughout their migration journey: the RCRC is a visible provider of assistance that has often met (or exceeded) expectations. In contrast, in the Balkans the RCRC is largely not visible along migration routes. Migrants had at best encountered isolated instances of support, which sometimes failed to meet their expectations. More promising practices were noted in North Macedonia, where the National Society has mobile teams.

[1] Just one interview was conducted remotely in El Salvador due to a flooding emergency.

[2] Van Doosselaere, S. and Anderson, K. (2023) Collective Action for Global Impact: Understanding and Strengthening Red Cross and Red Crescent Society Coordination and Collaboration Along Migration Routes.

Many migrants did not know where they could next access RCRC assistance during their journey: in the Balkans this conflicted with staff and volunteers' perceptions, who often believed that migrants already knew this information. The vast majority of migrants said that, if they received assistance from the RCRC again, they would like staff to be aware of the assistance they had already received. Echoing this, National Societies emphasised the benefits of migrants feeling supported throughout their journeys with appropriate and relevant assistance. Continuity of care was seen by National Societies as most important in the context of healthcare, followed by Restoring Family Links (RFL) and protection.

Opportunities for digital tools

Migrants were positive about using digital options to support continuity of care. National Societies, however, are concerned about their capacity to support digital tools and overlapping tools in use across the Movement. Several other challenges were highlighted, including access to devices, limited connectivity, data protection and digital exclusion. Notably, few migrants felt that risks linked to data protection outweighed potential benefits.

The research collected feedback from migrants and National Societies on various proposed tools, drawing on previous IFRC research[3] **Digital ID** was the most universally supported, particularly in the context of healthcare. **Messaging apps** were often the preferred digital option for migrants to connect to RCRC services. National Societies, however, have valid concerns, including how they would manage the additional workload.

Recommendations

The following recommendations are proposed to support future RCRC action:

1. **Don't assume a shared understanding of continuity of care across the RCRC and that it is universally seen as important.** The new Movement Migration Strategy is an opportunity to strengthen regional dialogues around continuity of care.
2. **Recognise that RCRC continuity of care is an aspiration but not yet the reality worldwide,** learning from challenges as well as successes.
3. **Develop global and regional tools to operationalise continuity of care.** For example, guidance on safe and effective information-sharing to facilitate referrals.
4. **Recognise that continuity of care is difficult and small first steps are needed.** Sometimes providing high quality assistance within national borders should take precedence over connecting services between countries.
5. **Invest in a small number of high quality, well-designed and -resourced pilots for digital tools.** For example, using Digital ID and messaging apps.
6. **Continue to undertake humanitarian diplomacy** on how government and donor approaches, including securitisation, impact humanitarian assistance.
7. **Understand and address negative perceptions about National Societies.** For example, implementing mechanisms to facilitate real-time reporting of negative experiences and reinforcing efforts to separate National Societies from authorities.
8. **Ensure that efforts to support continuity of care are based on migrants' feedback.** This should include addressing National Societies' limited visibility in the Balkans and scaling up efforts globally to provide information about RCRC services.

[3] IFRC (Forthcoming) Digital innovation for migrants and displaced communities: emerging humanitarian approaches.



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1. Introduction

1.1 Overview of the research

This report outlines the findings from research commissioned by the The Global Disaster Preparedness Center (GDPC) to explore opportunities to support cross-border continuity of care for migrants supported by National Red Cross and Red Crescent Societies along key migration routes.

The RCRC Movement has long been active in responding to the needs of migrants as part of its core mission to alleviate human suffering, protect life and health and uphold human dignity. National Societies are present in migrants' countries of origin, transit and destination, with local branches and volunteers embedded in communities.

As highlighted in the new Migration Strategy for the International Red Cross and Red Crescent Movement 2024-2030 (to be finalised and approved in late 2024, hereafter the “Movement Migration Strategy 2024-2030”), the RCRC Movement’s global presence presents opportunities for coordinated support that strengthens continuity of care for people on the move along migration routes.[4] However, while there are some notable examples of collaboration and coordination between National Societies along migration routes, this has often been limited by internal and external barriers.[5]

In this context, the research focused on specific contexts in the Balkans and Central America to:

- Identify migrants' evolving needs and expectations for continuity of care from National Societies along established migrant routes;
- Determine if and how these needs and expectations are understood and being met by National Societies;
- Identify opportunities to utilise digital tools to provide consistent and connected services to migrants within and across borders;
- Determine if and how National Societies are collaborating and/or coordinating with each other to support continuity of care along migration routes and modalities of cooperation.

Throughout this report the term “migrant” is used reflecting the deliberately broad description used by the RCRC Movement: “encompass[ing] all people who flee or leave their habitual residence in search of safety, opportunities or better prospects – usually abroad. This includes, among others, asylum seekers, refugees, stateless migrants, labour migrants and migrants deemed to be irregular by the public authorities.”[6] Specific terms are used here when referring to discrete groups.

The term “continuity of care” in the context of migration routes is broadly used to refer to people in transit receiving consistent and connected assistance at different stages, and at different locations, along their migration journeys. As discussed further in Chapter 2, the term is open to different interpretations (and misinterpretations) and can be understood to in practice include various different

[4] IFRC and ICRC (2024) Migration Strategy for the International Red Cross and Red Crescent Movement 2024–2030. Draft Zero Resolution. See Enabler 4 ‘Coordination and cooperation’.

[5] components. Importantly, continuity of care was explicitly understood in the research as applying to National Society programmes for migrants both across and within borders.

[6] IFRC (2013) Migration Policy.

components. Importantly, continuity of care was explicitly understood in the research as applying to National Society programmes for migrants both across and within borders.

1.2 Methodology

The research combined in-country primary data collection with a desk review. The desk review included RCRC internal documents, academic and grey literature. It aimed to provide global and regional context for the study, through a review of:

- **Global thematic literature** focused on continuity of care and associated themes (e.g. cross-border collaboration and the use of digital tools).
- **Regional literature** exploring migration route dynamics and RCRC programmes in the Balkans and Central America (with a specific focus on the case study countries outlined below).

In-country primary data collection was conducted in June and July 2024 in the Balkans and Central America. The two migration routes were chosen based on RCRC programmes and the feasibility of carrying out data collection. In total, five countries were covered by data collection, including Serbia, Slovenia and North Macedonia (for the Balkans route[7]), as well as Guatemala and Honduras (for Central America). While El Salvador was initially planned to be included as part of data collection in Central America, a severe flooding emergency shortly before the planned visit meant that this was no longer feasible. The selection of countries for data collection was primarily informed by National Societies' interest and capacity to host a data collection visit, as well route dynamics and relevant National Society programmes. In each country, primary data collection was coordinated and facilitated by the relevant National Society, with support from IFRC regional teams.

A flexible approach was applied to data collection given the fast-shifting dynamics along migration routes and the need to work around National Societies' capacities. In each country, data collection included Key Informant Interviews (KIIs) with National Society staff and volunteers (and in some cases other RCRC Movement partners), as well as Focus Group Discussions (FGDs) and/or KIIs with migrants (depending on what was possible in each context). Interviews with National Society staff and volunteers included those based at headquarters and those working at service locations with migrants on a day-to-day basis. While two external partners (both interpreters working with the National Society) were included in Slovenia due to a shortage of National Society staff and personnel for interviews, external partners were considered outside the scope of the present research.

The research questionnaires drew on existing IFRC research to minimise duplication, including research on modalities of coordination and collaboration between National Societies along migration route, and research exploring the use of digital tools in migration programmes.[8]

[7] Although Slovenia is not strictly part of the Western Balkan route as defined by the EU, it is an important transit country on the way to Western Europe, and one of the first EU countries that migrants enter after travelling along the Balkans route.

[8] Van Doosselaere, S. and Anderson, K. (2023) Collective Action for Global Impact: Understanding and Strengthening Red Cross and Red Crescent Society Coordination and Collaboration Along Migration Routes; IFRC (Forthcoming) Digital innovation for migrants and displaced communities: emerging humanitarian approaches.

Alongside questions about experiences of providing or receiving assistance from National Societies, the guide questionnaires also elicited perspectives on various specific digital tools that were identified as presenting promising opportunities in previous IFRC research. The data from KIIs and FGDs was coded using MAXQDA to draw out key themes.

In Central America data collection was conducted in Spanish by the visiting researcher. In the Balkans parts of the data collection were conducted in English and French by the visiting researcher and others were conducted with assistance from interpreters (providing interpretation from Serbian, Macedonian, Arabic, Pashto and Farsi into English). All KIIs and FGDs were semi-structured, following a loose questionnaire targeted to the type of respondent, which was adapted by the researchers based on the circumstances and time available. All interviews and focus groups were conducted in-person, with the exception of one KII conducted remotely with a National Society representative in El Salvador, in order to include their perspective despite the cancelled data collection visit.

For KIIs and FGDs with migrants, the guide questionnaires were informed by a User Journey Mapping methodology, aiming to understand migrants' experiences of migration journeys, perceptions of the RCRC and assistance from National Societies at different points in their journeys. User Journey Mapping is a methodology with a long background in the private sector, focused on understanding user journeys with products and/or processes from their own perspective. User journey mapping has become a common methodology in the public sector and has been used in the humanitarian sector.[9]¹ A user journey map visualises user experiences over time and space, identifying key moments of interaction or touchpoints, as well as thoughts and feelings about that experience.

It is, however, stressed that, since the focus was on chronological experiences with and perceptions of the RCRC rather than a specific process, the methodology for interviews with migrants drew on elements of a user journey mapping approach rather than employing a strict user journey mapping approach. The user journey maps presented in this report employ a 'User Persona' technique: an abstraction tool used to create archetypes of different users in order to explore their different journeys. It is, however, also stressed here that dependence on migration dynamics and what was feasible for National Societies to organise meant that it was not possible to strictly control the different types of 'users' included in the research. The journey maps presented here should therefore be understood as illustrations of the different kinds of experiences on different routes, rather than fully representative depictions of the experiences of specific demographic groups.

[9] See for example Ground Truth Solutions and Humanitarian Policy Group (2019) [Iraq case study: Improving user journeys for humanitarian cash transfers](#), December 2018.

1.3 Data collection and limitations

In total, 201 individuals were covered by the data collection, including 86 Red Cross and Red Crescent personnel and 113 migrants: participants were relatively evenly distributed between the two routes being studied. The data collection spanned 47 KIIs and 2 FGDs in Central America, with 32 KIIs and 10 FGDs conducted in the Balkans. An overview of ethical guidelines used for the research is included in Annex 1.

A full breakdown of respondents and demographic details for data collection with migrants are included in Figures 1-2. Almost all respondents were adults, with the exception of seven unaccompanied minors interviewed in Serbia. Most migrants were still in transit, apart from some of those interviewed in Slovenia who had settled in the country. In Central America, the majority of migrants included in the data collection were originally from Venezuela, with smaller numbers from Ecuador, Colombia, Peru and Haiti. In the Balkans, migrant respondents came from a wider range of countries, including Morocco, the Democratic Republic of Congo, Burundi, Egypt, Afghanistan and various other nationalities.[10] As highlighted in Figure 2, over two thirds of respondents were male, although the gender imbalance was most visible in the Balkans where the vast majority were male. Overall, this gender balance reflected dynamics on both routes: with migrants predominantly male in the Balkans and more mixed demographics seen in Central America.

FIGURE 1: Breakdown of data collection respondents

	National Society staff	National Society volunteers	Other RCRC Movement - Partner National Societies, IFRC, ICRC	Migrants	External[11]	TOTAL
BALKANS						
Serbia	12	7	0	12	0	31
Slovenia	5	2	0	24	2	33
North Macedonia	7	6	0	22	0	35

[10] Other nationalities covered in the Balkans included migrants from China, Sudan, Iran, Syria, Palestine, Pakistan and Libya.

[11] While the data collection was mainly limited to respondents from the RCRC Movement and migrants, in Slovenia the data collection included two interpreters who were closely involved in the National Society's work with migrants.

TOTAL	24	15	0	58	2	99
Central America						
Guatemala	23	1	1	22	0	47
Honduras	6	11	4	33	0	54
El Salvador	1	0	0	0	0	1
TOTAL	30	12	5	55	0	102

FIGURE 2: Gender breakdown of migrant and National Society respondents

	Balkans - Migrants	Balkans - NS staff and volunteers	Central America - Migrants	Central America - Staff and volunteers	TOTAL
Male	46	13	33	18	79
Famale	12	26	22	24	34

In Central America, locations for data collection included:

- **In Honduras:** National Society Headquarters in Tegucigalpa, Humanitarian Service Point (HSP)^[1] Tegucigalpa, HSP Pescadero Danlí, Las Manos border point, El Paraíso local branch, Sagrada Familia Temporary Rest Centre for Migrants in Danlí managed by Caritas, Temporary Rest Centre for Migrants in El Paraíso managed by Fundación Alivio del Sufrimiento (FAS), ICRC Headquarters in Tegucigalpa.
- **In Guatemala:** National Society Headquarters in Ciudad de Guatemala, Attention Center for Migrants and Refugees (CAPMiR) Agua Caliente, CAPMiR Centra Sur.

[12] 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 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. See IFRC (2023) [Humanitarian Service Points in Action: A global review](#).

In the Balkans, locations for data collection included:

- **In Serbia:** National Society headquarters in Belgrade, Obrenovac local branch and reception centre, Sid local branch and reception centre, Palilula local branch.
- **In Slovenia:** National Society headquarters in Ljubljana, HSP Ljubljana, Logatec Asylum Home.
- **In North Macedonia:** National Society headquarters in Skopje, HSP Lojane, Obrenovac transit centre, Gevgelija transit centre.

The research was subject to limitations. The nature of migration routes, transit dynamics and busy National Society services meant that some interviews - both with migrants and National Society representatives - were limited in duration. In addition, while the researchers stressed their independence, where interviews took place in RCRC service locations or with RCRC personnel nearby, respondents may not have felt comfortable speaking negatively about services they had received in that country. The research was initiated a month ahead of data collection: while limited time to prepare may have impacted data collection in some ways, the large number of participants suggests this was not a significant constraint.

As outlined in the research findings, particularly in the Balkans, a significant number of migrants had not previously received assistance from the RCRC during their migration journeys (including in the country where they were being interviewed), though some had seen National Societies without receiving assistance. Therefore, while the KII and FGD guides for migrants were constructed to capture experiences with the RCRC at different stages of their journeys, in some cases this had to be adapted to take a lack of contact with National Societies into account. Data collection with migrants was also limited by their availability and the scope of what could be organised by National Societies, meaning that it was difficult to target specific groups. As such, there were small numbers of respondents for some groups - such as women travelling alone in the Balkans and unaccompanied minors - meaning that the findings cannot be considered representative.

It is also important to stress that, while the questionnaire focused primarily on experiences of assistance from the RCRC, migrants do not always remember clearly when or where they received assistance, or from which organisation. The research findings should be interpreted in this light. In Central America, migrants often confused the RCRC with other organisations providing medical assistance and talked about 'the UN' to refer to humanitarian assistance as a whole. In Honduras, the rainy period during the research led to lower numbers of people in transit and the opening of a new government centre for migrants with an irregular status led to an unexpected shift in migration routes. In Guatemala, time conducting research at field locations was limited by a national holiday.

In the Balkans, a heavily securitised migration context meant most migrants were unwilling to engage directly with questions requiring them to share future plans. In North Macedonia, a visit was made to the HSP in Lojane to identify migrants receiving services who might be willing to participate in an interview. However, unfortunately no migrants were present at the HSP during the visit. In Serbia, most adult migrants who were available for discussion had been granted a visa to Serbia and had flown to the country. Therefore, they did not have experiences to share about other countries in the Balkans route. During some FGDs in Slovenia interpretation proved a challenge.

2. Continuity of care in the RCRC

This chapter explores the concept of ‘continuity of care’ in the RCRC Movement, outlining the Movement’s strategic emphasis on continuity of care and how the term is understood by RCRC actors in the countries included in the research.

2.1 Strategic emphasis on continuity of care

The new Movement Migration Strategy 2024-2030 emphasises the importance of strengthening coordination and cooperation within the Movement, recognising that the RCRC Movement’s contribution in the field of migration lies in its presence across countries around the world”.[13] The Strategy’s fourth Enabler, “Coordination and Cooperation”, calls on the Movement to “Leverage its presence in countries of origin, transit and destination to strengthen continuity of care, bridge assistance and protection gaps and promote effective and coordinated support along migration routes, including across borders”.[14] The strategy also calls on National Societies, the IFRC and the ICRC to “enhance cross-border cooperation within the Movement to achieve greater availability, continuity and quality of service delivery along migration routes”.[15]

Before the new Movement Migration Strategy 2024-2030, the term ‘continuity of care’ did not appear in key RCRC Movement strategic documents, such as the 2009 IFRC Policy on Migration or the Global IFRC Migration Strategy 2018-2022.[16] Nonetheless, various Movement components have, over time, called for strengthening coordination and cooperation along migratory routes. Notable examples include the 2015 ‘IFRC Response plan to meet the humanitarian needs of vulnerable migrants - A Movement coordinated approach focusing on the Mediterranean and neighbouring regions’; the IFRC Global Migration Strategy 2018-2022, which called for continuing efforts to strengthen collaboration; the Migration Action Plan of the Red Cross Movement in the Americas 2021-2024; and commitments made in Tbilisi in 2022 by National Societies in Europe and Central Asia, including to increase mutual cooperation between National Societies.

To that end, IFRC has increasingly sought to achieve a “route-based approach” through its major programmes, including the flagship Action for Migrants Route-Based Assistance (AMiRA) project,[17] and, more recently, the Global Programme.[18]

[13] Council of Delegates of the International Red Cross and Red Crescent Movement, (2024) Migration Strategy for the International Red Cross and Red Crescent Movement 2024–2030 Background Document.

[14] Ibid.

[15] Ibid.

[16] ^[1] IFRC (2009) [Policy on Migration](#); IFRC (2017) [Global Strategy on Migration 2018-2022](#).

[17] The AMiRA project (2018 to 2022) was implemented in Niger, Burkina Faso, Guinea, Mali, Sudan, and Egypt, aiming to facilitate access to basic services and respect of migrants’ rights along migratory routes, through the provision of humanitarian assistance and protection. See: Van Doosselaere, S. and Anderson, K. (2023) Collective Action for Global Impact: Understanding and Strengthening Red Cross and Red Crescent Society Coordination and Collaboration Along Migration Routes.

[18] IFRC (2024) [‘Global Route-Based Migration Programme’](#).

The Global Programme represents the most recent culmination of ongoing efforts to build a route-based approach. It builds on the experiences of previous programmes that have increasingly shed light on the importance of collaboration and coordination along migratory routes. It also builds on IFRC policies and approaches on refugees, displacement, and migration, which increasingly recognise the value of collaboration and coordination and a route-based approach.[19]

A defining element of the 'route-based approach' is the idea that migrants enjoy 'continuity of care' along a migration route. The new Migration Strategy 2024-2030 therefore brings to the fore the fundamental *raison d'être* of the route-based approach,[20] achieved through effective coordination and cooperation within the Movement: contributing to the availability, continuity and quality of protection and humanitarian service delivery along migration routes.

2.2 Understanding continuity of care

The concept of 'continuity of care' has roots in the healthcare sector. In terms of healthcare, this is generally understood as achieving consistent and continuous delivery of healthcare services to an individual over time. This concept can be applied to wider service delivery, such as National Societies' services for migrants.

This report draws on the understanding of 'continuity of care' developed by Reid et al.(2002), which proposes three different - though often overlapping - elements of 'continuity of care' in the context of healthcare[21]

- Relational continuity, which includes an ongoing relationship between a patient and healthcare provider.
- Informational continuity, which includes the transfer of information about a patient between different healthcare professionals or institutions providing care, creating combined accumulated knowledge of the patient that facilitates more effective care.
- Management continuity, which includes consistency in terms of the types of care that is provided to a patient at different stages and by different providers.

Notably, the research found that there is no single shared understanding of 'continuity of care' among National Society staff and volunteers in the countries covered by the research. Some, particularly staff in operational roles, struggled to engage with the concept and others elaborated misconceptions. For example, confusing continuity of care with the sustainability of services or the idea of avoiding duplication.

[19] Van Doosselaere, S. and Anderson, K. (2023) Collective Action for Global Impact: Understanding and Strengthening Red Cross and Red Crescent Society Coordination and Collaboration Along Migration Routes.

[20] Although, interestingly, the term 'route-based approach' does not figure in the new Movement Migration Strategy 2024-2030.

[21] Reid, R., Haggerty, J. and McKendry, R. (2002) Defusing the Confusion: Concepts and Measures of Continuity of Healthcare

Where staff and volunteers demonstrated familiarity with continuity of care, their understandings largely mapped onto the three components highlighted above. Particularly in Central America, RCRC staff and volunteers spoke about continuity of care as a relationship between migrants and the RCRC throughout their migration journey, facilitated by RCRC presence and service coverage at key points along migration routes.

"They come [to the Red Cross in Honduras] from Panama because they were treated there and assume they can continue receiving assistance from us." - National Society staff member, Honduras

"People come to understand when they start their migratory journey that the Red Cross is there and they usually expect the Red Cross to be there." - IFRC representative, Central America

Others highlighted understandings of continuity of care that revolved around sharing information between National Societies - and sometimes with external partners - to facilitate continuous management for individual cases or to better anticipate shifting needs along migration routes.

"It doesn't make sense for people to start all over again when they change country and have to go to the Red Cross again." - National Society staff member, North Macedonia

"If they tell me in Panama that they are dealing with a lot of dengue and experiencing a high peak, we can expect these complicated patients or [we can plan for] follow-ups, especially for children, pregnant women." - National Society staff member, Honduras

Others spoke about continuity of care as consistency of the services provided along migration routes. This spanned different types of consistency, including National Societies having a consistent service offer (for types of services or their quality), RCRC staff and volunteers treating migrants in a consistent way, developing consistent capacities along migration routes and uniting programmes under a shared strategic approach.

"It's important for the Red Cross to keep basic services that are the same in each country: humanitarian support and PSS for example. That would be very useful, and I think it's realistic. If IFRC gives some guidelines like we already have for some other programmes, why not for migration?" - National Society staff member, North Macedonia

"[We need] principles to maintain our identity. The Red Cross and Red Crescent is the same. We need to maintain the same quality of services." - National Society volunteer, Serbia

"[Continuity of care is important] because that way colleagues would treat migrants as we treat them." - National Society volunteer, Honduras

"Innovation in how we can improve care for migrants will only be possible if we have a connected vision of how we can help protect their rights from beginning to end." - National Society staff member, Honduras

As highlighted above, none of these understandings of 'continuity of care' are exclusive and they should be understood as reinforcing one another. What is, however, critical, is ensuring that efforts to strengthen continuity of care build from a shared understanding of what this means and the different elements of how it can be developed in practice.

2.3 Challenges

RCRC aspirations to strengthen continuity of care along migration routes should be understood as addressing an inherently difficult challenge and one that has posed difficulties for service providers far beyond the RCRC. There is a significant academic literature noting the difficulties achieving effective continuity of care for migrant populations in the context of healthcare. Many of the barriers that are documented overlap with wider barriers migrants face accessing healthcare and other services. For example, this includes challenges in terms of restrictive legal frameworks (for example, on freedom of movement and access to services), costs, transportation, language barriers, lack of trust in state institutions, gaps in knowledge and information about services.[22]

[22] WHO (2022) [Continuum of care for noncommunicable disease management during the migration cycle](#); Aljadeeah, S. et al. (2022) [Facilitating access to medicines and continuity of care for Ukrainian refugees: exceptional response or the promise of more inclusive healthcare for all migrants?](#); Brandenberger, J. et al. (2019) [A systematic literature review of reported challenges in health care delivery to migrants and refugees in high-income countries - the 3C model](#); Straßner et al (2019) [The impact of patient-held health records on continuity of care among asylum seekers in reception centres: a cluster-randomised stepped wedge trial in Germany](#).

Particular challenges are noted in terms of continuity of care for highly mobile populations, such as people who are in transit. This is due to difficulties associated with information sharing and referrals across borders (or even between different areas of the same country) - including considerations around data protection - and the high number of providers that may be involved.[23] National Societies consulted for the study reported a lack of clear guidance for cross-border referrals. They also felt that the nature of transit migration made follow-up difficult. National Societies are not always aware of where migrants will travel to next. Often, migrants are keen to get moving quickly after receiving assistance and are reluctant to stay at a service point long enough to organise follow-ups in another location.

Within the RCRC, challenges and enablers for continuity of care link to broader factors impacting collaboration and coordination across National Societies.[24] Challenges to broader collaboration and coordination include a lack of adequate and sustainable financial and human resources for migration programmes, challenging political environments, and internal stumbling blocks such as hierarchical institutional culture and inflexible systems. Conversely, enablers include financial and human resources, as well as leadership that is supportive of an organisational culture conducive to collaboration and coordination.

National Societies highlighted difficulties developing consistent approaches across different National Societies, who have different institutional cultures, priorities and levels of leadership support, with varying operating contexts, levels of capacity and funding. Varying National Society capacities along routes were highlighted as making it difficult to organise referrals, since the relevant National Society may not have the necessary capacity to follow-up. Many National Societies highlighted how in practice what they were able to deliver was determined by government policies and agreements with relevant authorities, which differed between countries and National Societies.

"The different culture, or the different structure of care and services, in terms of how each National Society handles it [...] in Mexico, for example, they can't have much direct access to people or they don't provide as many services as we do. And in Guatemala, they are attached to CAPMiR [centres under an alliance led by the Government of Guatemala in coordination with UN agencies] but they are not able to set up a humanitarian service outpost according to [migrants'] needs. I believe that each National Society has its own challenges." - National Society staff member, Honduras

"Sometimes other National Societies presume about other National Societies' activities based on their own activities. If it was like a mirror, then it would be easy! Our hands can be tied sometimes, and some National Societies assume what we can do." - National Society staff member, Serbia

"The Red Cross has so many different capacities and programmes that it's impossible to have it all consistent. In Bosnia the Red Cross runs reception centres, it's not possible in Slovenia but I don't want them to stop doing it! We have such different contexts." - National Society staff member, Slovenia

[23] Ponthieu, A. and Incerti, A. (2016) '[Continuity of Care for Migrant Populations in Southern Africa](#)'; Harlow, T. (1999) '[TB Net Tracking Network Provides Continuity of Care for Mobile TB Patients](#)'; Straßner et al (2019) '[The impact of patient-held health records on continuity of care among asylum seekers in reception centres: a cluster-randomised stepped wedge trial in Germany](#)'

[24] Van Doosselaere, S. and Anderson, K. (2023) [Collective Action for Global Impact: Understanding and Strengthening Red Cross and Red Crescent Society Coordination and Collaboration Along Migration Routes](#).

Institutional factors were also considered key challenges. Constant communication within and between National Societies takes significant time and staff capacity. Interviewees also pointed to the importance of developing shared tools (such as IFRC's HSP toolkit), as well as common priorities, to operationalise high-level regional ambitions. Some felt that information-sharing about individual cases would be strengthened by formal agreements between National Societies, for example about referrals.

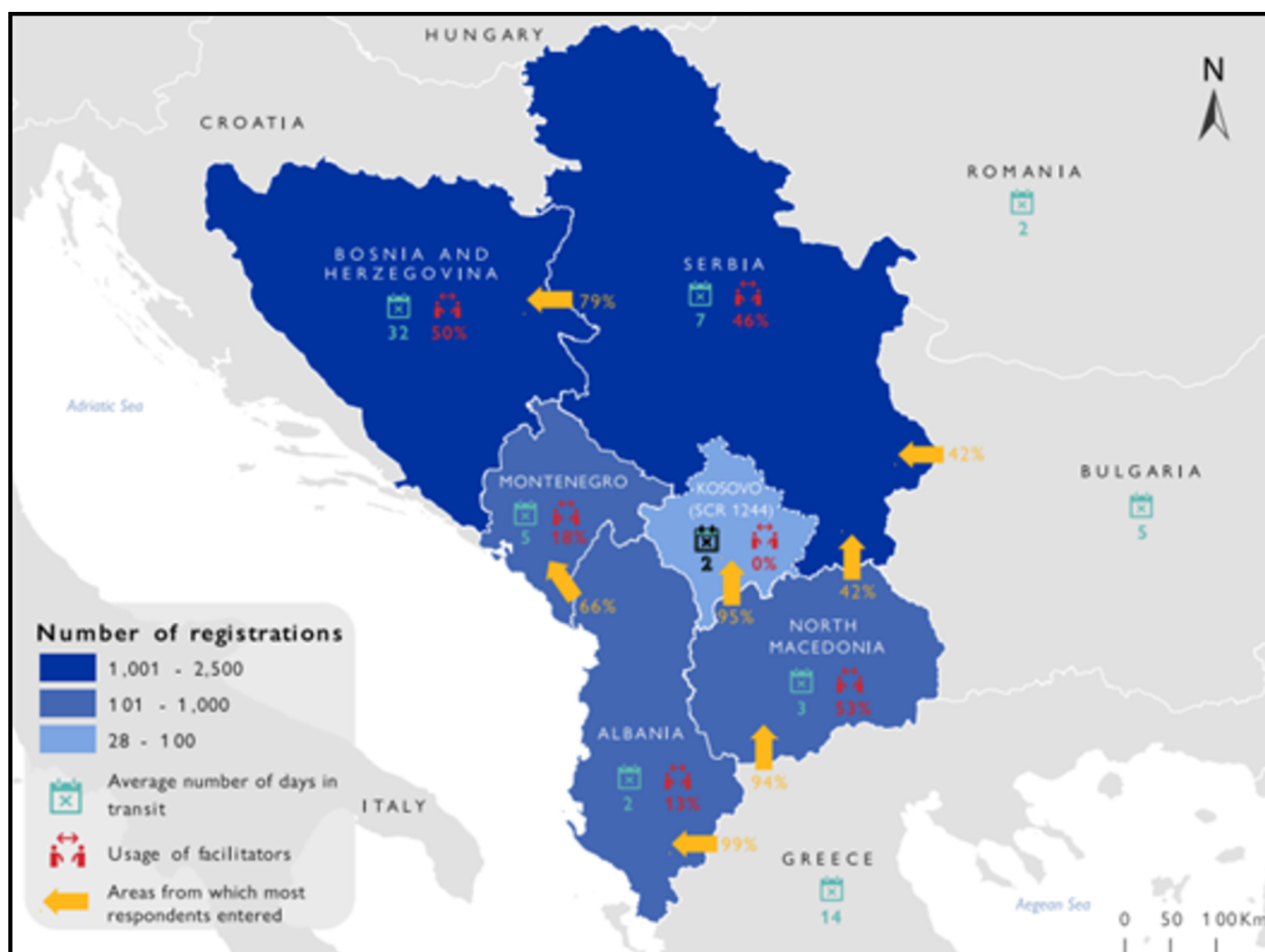
In view of various constraints, some National Societies highlighted the importance of including non-RCRC partners in aspirations towards continuity of care, feeling that the RCRC should not be expected to provide end-to-end assistance to migrants on its own. This was particularly highlighted in terms of information-sharing mechanisms, especially for case management, where National Societies may not be best placed for ongoing follow-ups. In many cases this is already happening, for example through referrals to health services run by governments or other humanitarian actors. However, referrals outside the RCRC present even more complex challenges in terms of sharing information and ensuring data protection.



3. Regional contexts and challenges

This chapter summarises migration contexts and National Society programmes along the two migration routes included in the data collection: the Balkans and Central America. A more comprehensive and detailed overview of regional and national contexts as well as National Society programmes is included in Annex 2. This chapter also explores context-specific challenges for supporting continuity of care across the two migration routes.

3.1 The Western Balkan route



(Map source: MIGRANT MOBILITY SITUATION REPORT THE WESTERN BALKANS – MAY 2024 - IOM)[25]

The Western Balkan route refers to arrivals of migrants with an irregular status in the EU through the region: Albania, Bosnia and Herzegovina, Kosovo, Montenegro, North Macedonia and Serbia.[26] [27] Although Slovenia is not strictly part of the Western Balkan route as defined by the EU, it is an important transit country on the way to Western Europe. In recent years the Western Balkan route has been the most active irregular route through Europe. Since 2015, when a record number of migrants arrived in the EU along this route,[28] the number of people travelling along the route has fluctuated. Since 2022 numbers have been decreasing, largely due to the increased presence of Frontex on the borders.[29] The main countries of origin include Pakistan, Syrian Arab Republic, Morocco, Afghanistan, Occupied Palestinian territories, Nepal, Türkiye, and Egypt.[30] Some countries of origin benefit from visa regimes which allow their nationals to reach the Balkan region by air (China and Burundi, for example).[31] According to IOM, in 2024 migrants' average age was 28 years old, with the vast majority male.[32] UNHCR also reports 227 unaccompanied and separated children in the Western Balkans at the end of March 2024.[33]

According to IOM, food and water, non-food items, accommodation and shelter, and money are migrants' most pressing needs along the route.[34] Only few migrants feel that they have all the information they need, with gaps in terms of information on legal processes and about safety, security and journey conditions.[35] The determination of people on the move to reach Western or Northern EU countries, coupled with strict controls at EU external borders and frequent pushbacks, creates risks of exploitation, violence and abuse (including at the hands of state authorities), especially for women and unaccompanied minors.[36] Increasingly strict controls and securitisation of borders have encouraged migrants to take more dangerous routes, to hide during the day and travel at night.

In 2014 - 2015, when large numbers of migrants entered the EU via the Western Balkan route, RCRC National Societies strived to coordinate their humanitarian operations as best they could in an emergency setting. Today National Societies in the Balkans mostly coordinate their migration-related activities through the IFRC Sarajevo Cluster, in the framework of the Global Route-Based Migration Programme (hereafter "the Global Programme"), RFL specific regional coordination mechanisms (linked to the ICRC office in Belgrade), and, for those National Societies who are members, the Platform for European Red Cross Cooperation on Refugees, Asylum-seekers and Migrants (PERCO)[37]

[25] IOM (2024) [Western Balkans: Migrant Mobility Situation Report](#)

[26] European Council of the EU (2024) 'Western Balkans route'

[27] Different organisations include different countries as part of the Balkans route. While the RCRC includes other countries in its definition of the Western Balkans, the six countries included here are used as per the EU and IOM's definitions. This choice was made due to the consistency of countries included in the definitions used by the EU and IOM, which also represent the most reliable sources of up-to-date information about migration patterns.

[28] Frontex (2023) 'Detections in Central Mediterranean at record level'.

[29] ECRE (2024) 'Balkan Route'.

[30] IOM (2024) [Western Balkans — Mixed Migratory Flows Report \(May 2024\)](#).

[31] Data Collection - Serbia

[32] IOM (2024) [Western Balkans — Migrant Mobility Situation Report \(May 2024\)](#).

[33] UNHCR (2024) [Western Balkans - Refugees, asylum-seekers and other people in Mixed Movements](#).

[34] IOM (2024) [Western Balkans — Migrant Mobility Situation Report \(May 2024\)](#).

[35] Mixed Migration Centre (2023) [4Mi Snapshot – July 2023. Access to information and decision-making among migrants and refugees who took the Western Balkan route](#).

[36] UNHCR (2021) [Strategy for Engagement in Mixed Movements in the Western Balkans](#)

[37] The Platform for European Red Cross Cooperation on Refugees, Asylum-seekers and Migrants (PERCO), is a group bringing together migration focal points from European NS, IFRC and the RC EU Office with the aim of strengthening cooperation amongst European National Societies.

In **North Macedonia**, the National Society provides humanitarian assistance to migrants in government-run transit centres both in the north of the country, at the border with Serbia, in Tabanovce, and in the south, at the border with Greece, in Gevgelija; assistance is also provided at a detention centre in Skopje.[38] These activities are partly funded by the IFRC Global Programme. Services include food, first aid, Water Sanitation and Hygiene (WASH), transport to/from hospitals, psychosocial support, non-food items (NFIs), information and referrals, and RFL. The National Society also runs an HSP in Lojane, near the border with Serbia, including a mobile team that provides assistance to migrants. Another mobile team assists migrants who enter the country through the Southern border with Greece. Ukrainians settled in North Macedonia also receive assistance from the National Society which, in comparison to support provided to transit migrants, focuses on supporting integration.

In **Serbia** the National Society - funded by the Global Programme - provides humanitarian assistance and protection for migrants and host communities through various activities, including Protection, Empowerment and Prevention (PEP) points in two locations along the route (Obrenovac and Palilula), where volunteers run weekly information workshops, First Aid training and PSS for migrants.[39] The National Society also provides non-food items at these points and responds to specific needs (such as accommodation for male victims of trafficking). Following the research visit, a new HSP was opened in Belgrade. Other local branches can provide assistance to migrants in reception centres across the country on a case by case basis. The National Society also runs an online information hub for migrants.

In **Slovenia**, the National Society's main activity, funded by the IFRC Global Programme, is the HSP located in the capital city, Ljubljana. It provides services that include distribution of NFIs (clothing, footwear, hygiene items), connectivity and RFL services, access to medical services (including referrals and cultural mediation/interpretation), information, and referrals.[40] The National Society also provides first aid training and NFIs for migrants in the Asylum Homes run by the authorities.[41] Local branches outside of Ljubljana also provide services to migrants with regular status in Slovenia. For example, information, referrals, translation/interpretation, and financial assistance are provided to refugees from Ukraine.[42]

[38] The transit centre in Gevgelija is run as a detention centre where migrants' freedom of movement is significantly limited. The National Society's presence and services within the centre caused confusion among the migrants about the relationship between the National Society and the authorities.

[39] Volunteers run PEP workshops for two hours, once a week, in English and Serbian, as there is a shortage of relevant interpreters in Serbia.

[40] Other services are also provided at the HSP: First Aid workshops; employment assistance, housing, school enrollment; celebrations, sports days, language courses, and small scale repair activities

[41] Reception centres for asylum seekers in Slovenia.

[42] Local branches outside of Ljubljana do not provide direct assistance to irregular migrants, only directly assisting Slovenians and migrants with regular status in the country, for example, Ukrainians. However, they give material donations to the government-run centres for migrants.

3.2 Central America



The Central American route includes Panamá, Costa Rica, Nicaragua, Honduras, El Salvador, and Guatemala.[43] While El Salvador, Guatemala, and Honduras were historically considered the main countries of origin in the region, over the past decade an increasing number of migrants from South America, the Caribbean (including Haitians and Venezuelans), Asia and Africa have travelled across Central America on their way to the United States, Canada and Mexico.[44] Between January and December 2023, over 500,000 people - predominantly from Venezuela, Ecuador and Haiti - crossed the perilous Darien jungle from Colombia before continuing on the Central American route.[45] Since the early 2020s the profile of migrants crossing Central America is no longer that of a working adult travelling alone, but instead with most travelling in family units or as unaccompanied minors.

[43] IFRC (2022) Case for Support: Humanitarian Assistance and Protection for People on the Move

[44] While the most frequent destination is usually the United States, in recent years Mexico has become not only a transit country, but also a destination country, due to the difficulties in reaching US territory. REDLAC (2020) Riesgos de protección en las rutas migratorias.

[45] UNHCR (2023) Guatemala - Monitoreo de movimientos mixtos - Informe anual 2023

While countries in Central America have a long history with migration and displacement, changing migration demographics across the region have resulted in evolving assistance and protection concerns.[46] On the Central American route, migrants lack access to essential services such as medical care, shelter, food, clean water and sanitation.[47] Multiple barriers prevent migrants from accessing much-needed services: a lack of capacity in overwhelmed health facilities, lack of information about available services, discrimination, lack of transportation, cost and language.[48] Many also experience discrimination, robbery, extortion, kidnappings, and sexual violence. Human trafficking is currently one of the most lucrative businesses for criminal groups in the region.[49] Médecins sans Frontières reports that authorities themselves have been directly involved in the violation of migrants' rights.[50]

In 2016, components of the Movement met in Toluca and signed the first Red Cross Movement Plan of Action on Migration in the Americas (2017-2020) that operationalised their commitments to advocate for migrants, respond to their needs, improve and strengthen coordination among Movement members.[52] This Action Plan was subsequently replaced by the Migration Action Plan of the Red Cross Movement in the Americas (2021-2024), reiterating a commitment to establish mechanisms to "follow up and facilitate a Movement coordination approach".[53] Central American National Societies are part of the Global Programme, which provides a framework to coordinate activities. In practice, this has led to several efforts to coordinate activities amongst National Societies, as well as with IFRC and ICRC, through regional meetings, peer-to-peer support, and operational collaboration. Notably, however, the Nicaraguan Red Cross, covering a key country along migration journeys, ceased operating in 2023.[54]

In Honduras, the National Society's work with migrants is guided by their Policy for Responding to Mobile Population 2023-25 and corresponding implementation strategy. The Honduran Red Cross provides services for migrants and returnees at eight HSPs across the country, including five HSPs dedicated to meeting the needs of transit migrants.[55] Services provided include RFL, telephone calls, battery charging and WiFi, healthcare, PSS, WASH kits, Protection Gender and Inclusion (PGI) activities (including services for survivors of human trafficking), Cash and Voucher Assistance (CVA), self-care messages, information and access to ICRC's RedSafe platform.[56] The Honduran Red Cross developed an Early Action Protocol in December 2023, whereby humanitarian assistance and protection will be activated when specific triggers are reached in terms of arrivals and response capacities.[57] The Honduran Red Cross is supported by multiple partners and funders including the IFRC, ICRC, the Dutch, German, Spanish, Swedish, and Swiss Red Cross, ECHO, the Spanish Agency for International Development Cooperation (AECID), CERF-IOM, PADF-USAID, and the Fundacion Simon Bolivar.

[46]IFRC (2022) [Case for Support: Humanitarian Assistance and Protection for People on the Move](#).

[47] Médecins Sans Frontières (2024) [Violence, Desperation and Abandonment on the Migration Route - the Medical-Humanitarian Impact of an Unprecedented Crisis in Mexico and Central America](#).

[48] [49] [50] [51] Ibid.

[52] IFRC and ICRC (2017), [Red Cross Movement Plan of Action on Migration in the Americas \(2017-2020\)](#).

[53]IFRC and ICRC, [Migration Action Plan of the Red Cross Movement in the Americas 2021-2024](#).

[54]IFRC (2023) ['Update on the Nicaraguan Red Cross'](#).

[55] Four of these HSPs provide ongoing services, while one is activated when migrant caravans are crossing the country.

[56]^[1] [RedSafe](#) is a digital humanitarian platform providing safe and secure services for people affected by conflict, migration and other humanitarian crises.

[57] The Honduran Red Cross developed this protocol with technical support from the German RC.

In **Guatemala**, the National Society, under its Policy on the Care and Protection of Migrants, Displaced Persons, and Asylum Seekers 2022-2026, provides multiple services to assist and protect returned migrants and those in transit, including at eight HSPs and through mobile assistance along the route. [58] The National Society provides psychosocial support and livelihood opportunities, information and guidance about services available, primary physical and psychological health care, RFL, activities promoting social cohesion, and safe referrals. The Guatemalan Red Cross is supported by multiple partners and funders including the IFRC, ICRC, Spanish Red Cross, ECHO, AECID, UNHCR, and IOM.

In **El Salvador**, the Salvadorean Red Cross, currently developing its Migration and Displacement Strategy 2024, provides humanitarian assistance and protection to returned migrants at HSPs and organises social cohesion activities with host communities. Their programmes are supported by the Spanish Red Cross (with AECID funds), as well as funding from IFRC within the ECHO Programmatic Partnership (ECHO-PP). Between October 2023 and February 2024 the National Society conducted a border assessment to better understand the phenomenon of transit migration and plan future services.

3.3 Context-specific challenges

In each of the two migration routes there are context-specific challenges shaping opportunities to develop RCRC continuity of care. In the Balkans the highly securitised context surrounding migration is a particular challenge. Migrants in the Balkans are taking increasingly covert routes, meaning that it is difficult for National Societies to identify and reach those in need of assistance. Non-linear and fast-changing migration routes pose a challenge in terms of National Societies' ability to be present in key locations as migration routes shift or disperse, often in response to changing border policies. Concerns about being perceived as encouraging irregular migration have shaped National Societies' work in different ways. For example, National Societies were generally reluctant to refer migrants to services across borders, share information about other RCRC service locations, or even to provide visible assistance outside government centres due to this concern.

Overall, less securitised migration contexts in Central America appears to have facilitated more visible National Society service provision along migration routes. However, there have been some controversies. For example, interviews pointed to a map that had long been shared with migrants displaying RCRC service locations, the use of which had recently been halted due to concerns about encouraging migration towards North America. [59]

[58] The Honduran Red Cross developed this protocol with technical support from the German RC.

[59] See Fox News (2023) '[Red Cross providing migrants with maps, resources to travel to US border](#)'

“[Migrants] may tell the police that the Red Cross tells them where to go. It’s better if they go to another place and then they can say that they were assisted by the Red Cross in the past. I’m not comfortable for the Red Cross to tell them where to go next.” - National Society volunteer, North Macedonia

“The National Society has now halted [the map] because it has also been a tool used by guides or human traffickers. Sometimes the authorities tend to see this as a promotion for migration.” - National Society staff member, Honduras

Each region faces different funding landscapes. In the Balkans, some National Societies reported feeling overstretched and described struggling to find long-term funds for basic assistance, meaning that, as discussed later in this report, aspirations towards continuity of care and questions about the use of digital tools were sometimes met with some scepticism.

In Central America migration programmes, as outlined above, have seen significant funding from various different donors, enabling the implementation of extensive migration programmes. However, this has presented its own challenges. In Central America interviewees highlighted how National Societies’ ability to develop a strategic long-term vision for responses within countries and across borders was hindered by short-term, project-based funding. Some pointed to an important role for IFRC and ICRC to play in bringing shared regional approaches in Central America into practice - especially in a context of multiple RCRC actors and donors - in close cooperation with National Societies.

[58] The Honduran Red Cross developed this protocol with technical support from the German RC.

[59] See Fox News (2023) [‘Red Cross providing migrants with maps, resources to travel to US border’](#)

4. Understanding migrants' RCRC journeys

This chapter explores migrants' perspectives of RCRC continuity of care. In particular, the research explored the relationship between migrants and the RCRC throughout their migration journeys: assessing whether the RCRC was there to support them throughout their migration journeys, if they knew where to find assistance and what to expect from National Societies, and whether those expectations were met.

The research used a methodology inspired by user journey mapping to understand migrants' interactions with National Societies and evolving relationships with the RCRC. The journeys presented here combine data collected from different migrants in order to illustrate key features of different experiences (as opposed to representing stories from individual migrants). In various places the journeys documented through the research are discussed with reference to previous research by the Global Migration Lab across 15 countries worldwide to demonstrate the wider applicability of some of the findings.^[60]

Overall, migrants' experiences made clear that in Central America many migrants have experienced an ongoing relationship with the RCRC throughout their migration journey: the RCRC is a visible provider of assistance that has often met (or exceeded) expectations, alongside the UN and other humanitarian actors. However, in the Balkans this experience was comparatively rare, with the RCRC largely not visible along migration routes, in part due to the challenges outlined above. In the Balkans, migrants interviewed had at best encountered isolated instances of support from National Societies, which sometimes failed to meet their expectations.

4.1 Home countries

In both Central America and the Balkans, most migrants who were interviewed were aware of the RCRC from their home countries. Most showed some - although often limited - familiarity with the National Society in their home country. This often included references to specific services, such as medical assistance, first aid training, vaccinations or blood donations. Along both routes migrants spoke about being familiar with the RCRC from childhood, including hearing about it in school. A small number of migrants interviewed in the Balkans were involved with the National Society in their home country, including through financial and in-kind donations.

[60] Honduras is the only country where the present and Global Migration Lab research overlapped. See Global Migration Lab (2022) Migrants' Perspectives: Building Trust in Humanitarian Action.

“In Syria yes, I knew the Red Crescent. They provide medical help, lots of kinds of help but mostly medical help and food.” - Syrian migrant (male), North Macedonia

“[I heard of the Red Cross] since I started studying in elementary school. The Red Cross helps us with medicine through taking care of yourself, if you are in poor health or nursing. I heard it from the teacher.” - Venezuelan migrant (female), Guatemala

“I was, and still am a member of the Red Cross [in Tanzania - where he grew up]; I took first aid courses and got paramedic training in Tanzania. I needed this training and I followed it for a year and a half. I got the certificate. I was also a blood donor for the Red Cross.” - Burundian migrant (male), Slovenia

In Central America, some had received assistance, usually medical services, from the National Society in their home country. However, across both routes these cases were the exception. A very small minority spoke about negative views of National Societies in their countries of origin: echoing previous research by the Global Migration Lab, negative views tended to be connected to perceptions of unequal assistance and preferential treatment of certain groups in migrants' home countries.[61] However, for the vast majority, National Societies were viewed positively.

“I heard about it when I was a boy, during the war between the government and the rebel forces. I saw the Red Cross helping the government to clean up areas where there had been a lot of dead bodies. They impressed me, not everyone is able to do that. I also know they provide first aid.” - Burundian migrant (male), Serbia

“The experience [of getting assistance from the Red Cross in Venezuela] was pleasant, good. The Red Crosses are like equals, little ants at work. They carry the same concept, they are not rude, they speak well to you.” Venezuelan migrant (female), Honduras

Only a very small minority were aware before beginning their journeys that the RCRC provided help to migrants: this again echoes previous research by the Global Migration Lab, who found that RCRC actors are widely recognised, but vaguely understood in terms of the support provided to migrants.[62] Positive general perceptions in home countries sometimes created expectations among migrants that the RCRC would assist them if they were encountered during individuals' migration journeys. However, as discussed in more detail below, these expectations were not always met.

[61] Global Migration Lab (2022) Migrants' Perspectives: Building Trust in Humanitarian Action.

[62] Ibid.

“Since childhood I knew that the Red Cross is all over the world. They told me: ‘if you travel and you don't have money, go to the Red Cross and they will help you selflessly.’ Now that I'm travelling I'm now checking it out.” - Venezuelan migrant, Honduras

“When we came here we found the Red Cross logo. We were hopeful, we know the Red Cross, they help people in Africa. We were disappointed by what the Red Cross did for us.” - Migrant from the Democratic Republic of Congo, North Macedonia

4.2 Visibility of the RCRC along migration routes

Some migrants sought out help from National Societies - or other humanitarian service providers - for specific needs during migration journeys. For example, seeking treatment for injuries and illnesses developed while in transit, or looking for phone charging and Wifi facilities for communication with family members. In many cases, however, migrants spoke about not having time to seek out assistance, preferring instead to keep moving. In the majority of cases the RCRC was encountered without migrants proactively seeking out assistance. For example, where the RCRC was present at key locations along migration routes or when migrants ended up in reception or detention centres.

Journey map 1 (below) illustrates a typical scenario in Central America, where National Societies have a strong, very visible presence at key locations along migration routes. Interviews with migrants made clear that the RCRC - alongside other humanitarian organisations - is often strategically located at key transit points, such as the exit of the Darien jungle, bus stations or next to centres where migrants are issued transit permits. Some migrants discussed how they had seen National Societies proactively searching for vulnerable migrants during their journey to offer aid. However, it is stressed that, while many migrants in Central America spoke about encountering the RCRC during their journeys, this was not always the case. Particular gaps were noted in Nicaragua (where the National Society has been closed since 2023), Costa Rica - and sometimes in Colombia and Panama - as well as during migrants' journeys through the jungle.

In contrast, **Journey Map 2** (below) highlights how in the Balkans many migrants did not see the RCRC during their journeys, despite experiencing acute humanitarian needs which remained unmet. For many, the RCRC was simply not present. For example, for many migrants interviewed in Slovenia and some in Serbia (including unaccompanied minors travelling from Egypt and Afghanistan), this was the first time they had encountered a National Society as a migrant. In the Balkans National Societies often provide assistance in government-run centres and, where they are present at border crossings, operate in a context of heavy securitisation. In this way, some migrants expressed that, even when they had

come across National Societies, they had been afraid to approach staff for assistance or viewed them negatively due to a perceived association with the authorities. This echoes previous research by the Global Migration Lab, which found that humanitarian actors' independence from state authorities is a key precondition for migrants to trust humanitarian organisations and seek assistance from them.[63]

Notably, many National Society staff in the Balkans themselves reflected on limited service coverage along migration routes in Europe. Some felt that National Societies could be doing more to proactively look for migrants in transit in need of assistance, for example through setting up more humanitarian service points, working outside government-run centres or setting up mobile teams similar to those in North Macedonia and Bosnia. However, others reflected on the constraints they faced that have already been highlighted, including limited funding and heavily securitised migration contexts.



[63] Ibid.



On both routes some migrants seeking out help spoke about not being aware of the support being provided by National Societies, finding it difficult to find out information about services or not being able to identify where to go to receive assistance. This again echoes previous research by the Global Migration Lab, which found that information about where to find assistance was one of the most common barriers to migrants accessing humanitarian aid, alongside whether assistance was available in the first place.[64]

[64] Ibid.



"I searched in google for assistance when I was in Croatia but I didn't find any information about the Red Cross. I didn't find any number for the Red Cross." - Female migrant, Slovenia

"The truth is I didn't even know what to do, because I didn't know where to go for treatment, and they didn't give me any information. I got there late. But then I saw a lady coming out who looked like she had been helped, and I asked her where she was treated, and she said: here at the Red Cross." - Male migrant, Guatemala

Across both routes - but particularly in Central America where interaction with the RCRC was more prominent - many migrants spoke about hearing about National Society services from other migrants who were further along the route (including through social media), members of the host community or family members who had previously made the same journey. In Central America, migrants also spoke about being told by National Societies about where they could find RCRC assistance further on in their journeys, or being referred to the RCRC by UN agencies and other INGOs/NGOs.

"I looked for information about the Red Cross in Slovenia, and my friend who had been in the centre for two years, took me to the Red Cross. He told me about it and introduced me to everyone." - Male migrant, Slovenia

"I joined a WhatsApp group that passed the information on. A person who had already passed through had given them the information: There is a Red Cross in Necoclí [in Colombia] which provides help and medicine for the trip." - Female migrant, Honduras

4.3 Expectations and experiences of assistance

Expectations of assistance and overall perceptions of the RCRC were often shaped by personal experiences of assistance and stories relayed by other migrants. Some made comparisons between better or worse treatment by National Societies in different countries. In the Balkans, some of those who perceived National Societies very positively in their home countries were left disappointed. In some cases, this was because they did not encounter National Societies while on the move. In other cases, this disappointment was attributed to not receiving much-needed assistance during their journeys despite asking for it.

“In Serbia the Red Cross is not to be trusted. I went to ask for assistance after being beaten up by the police who also stole my phone and my money [...] I told the Red Cross and the police which police office took all my things but nobody helped me at all.” - Male migrant, Slovenia

“[The Red Cross] helps us a lot. We do not have the resources for the things we need along the way. Whenever we see a Red Cross point, we go over to see what we can find.” - Migrant, Guatemala

“You arrive disoriented, but you see the red vest and you know that there is something that they are going to give you, that they are going to help you.” - Male migrant, Guatemala

In Central America, those who had received previous assistance from the RCRC had a clear expectation that they would get help when they saw it again.

Across both routes, many who received assistance described finding it easy to register, having to provide only basic personal information and usually receiving assistance after a short wait. In Central America and the Balkans - particularly referring to experiences in Bosnia and Slovenia - migrants spoke about positive experiences of receiving assistance from the RCRC and feeling that their expectations were met (or exceeded). Although critically, in some cases migrants did not have many clear expectations of what assistance would involve. In the Balkans, when migrants decided to stay in the region, support with integration, for example language classes and skills training, was particularly valued. In Central America, migrants particularly valued medical assistance, hygiene kits and connectivity that had enabled them to speak to their families.

“The Red Cross has helped me 100 percent: I don't have any family, it's my second family here. They are everything to me and my children. They've helped me with clothes, food, language courses, hairdressing courses, I'm a hairdresser now thanks to the Red Cross. My children go to school thanks to the Red Cross.” - Female migrant, North Macedonia

“It is very important help, especially the calls to communicate with the families. These are things that help as phones get dropped, wet and damaged on the road.” - Male migrant, Honduras

“It was a lot of help, because at that moment we didn't have anything. We had been robbed on the road. [The Red Cross] gave us what we needed, what could help us.” - Migrant, Honduras

When discussing positive experiences, many migrants highlighted moments when they felt they had been treated with warmth, kindness or respect.

“[Speaker 1]: In Slovenia and Bosnia, yes. We feel like home here. [Speaker 2] You need to increase the Red Cross budgets for these countries, especially Bosnia, and we should congratulate them.” - Migrants, Slovenia

“The Red Cross [...] came to me in the reception centre [in Slovenia] and since then they've become my family.” - Male migrant, Slovenia

“The experience with the Red Cross [in Honduras] has been very good. Up to now, this is the first [time] I have been well treated, there is more humanity.” Female migrant, Honduras

“Sometimes people [service providers] get frustrated when they have a lot of people depending on them, they have to assist them. Here there is more space, more tranquillity. They pay attention to you and listen to you here.” - Male migrant, Honduras

Journey map 3 (below) highlights the lasting impression that positive interactions with individual National Societies can have on migrants' overall perceptions of and relationship to the RCRC. However, it also highlights how negative interactions can have the opposite effect. While the RCRC Movement is made up of individual National Societies (and indeed each National Society is made up of different individuals), different interactions add up to an overall impression of the RCRC, which can be impacted in negative and positive ways.

Negative experiences of RCRC assistance were documented across both routes. However, the frequency and severity of negative interactions was notably higher in the Balkans, particularly when referring to Greece and Croatia. One migrant who had travelled along the Balkans route described the RCRC as being “either unhelpful or unavailable when we needed it.” In the Balkans, several experiences were documented involving migrants asking RCRC personnel for assistance and then not being provided with it. Others spoke about feeling discriminated against or treated badly by the RCRC, not being happy with the quality of services provided or perceptions that the RCRC was cooperating with the authorities.



"They [the Red Cross] didn't give us the aid [in Greece] because they were giving preference to the Syrians and Afghans. They told us Africans to come back tomorrow. When we came back, they didn't give us anything. We felt discriminated against because we're Africans." - Migrant, North Macedonia

"The Red Cross was often unreachable in Croatia when we tried to call them. Croatia's Red Cross is more racist than the police." - Male migrant, Slovenia

"Once we went to ask for food [from National Society staff working in a transit centre in North Macedonia] but they told us we weren't allowed to ask anything or complain [...] They tell us that if we want something better, we have to go to the supermarket, but we don't have any money!" - Migrant, North Macedonia



In Central America, while there were some incidents reported where migrants said they had felt poorly treated by RCRC staff or volunteers, this was less common and appeared more isolated. Negative experiences tended to revolve around practical challenges accessing assistance. For example, arriving at service points that were closed or when key personnel (such as doctors) were not available, or facing long queues at busy service locations (mostly in Panama). Some spoke about issues with WiFi that was provided, differences in hygiene kits in different countries, or being disappointed that food was not being provided at some points. A repeated complaint was that they had not received enough medication to take away with them, meaning they ran out before the next time they could get assistance.

“At the UN in Panama there was also a Red Cross but we did not go to their services because there were too many people.” Migrant, Honduras

“They only give one dose [of medication] they do not give the bottle. I ran out of money [it was stolen in the Darién jungle] and had to sell the phone to buy medicine for my daughter who has seizures.” - Migrant in Honduras

4.4 Future assistance

Across both routes the vast majority of migrants said that they would like to get assistance from the RCRC again. For the small minority who didn't feel this way, this was either because they didn't think they would need further assistance or (for two cases in the Balkans) due to negative RCRC experiences.

“Of course, I hope that they can always help me. They say that the Red Cross is all over the world. I hope nothing happens to me. But if they [the Red Cross] are there, it's good to know.” - Male migrant, Guatemala

“As an immigrant, you'll always need help from the Red Cross - can you tell us where we can find help? You've got to tell us!” - Migrant, North Macedonia

The vast majority said that, if they received assistance from the RCRC again, they would like staff to be aware of the assistance they had already received. While some stressed concerns about their data being protected, only a few migrants felt that these risks outweighed potential benefits. Several migrants in Central America spoke about how a record of their previous assistance could help to streamline the process of receiving assistance and, in the case of medical records, help ensure they received appropriate care.

“It is better that they know, that they take a record and then you come back and they already know the medications you have been given.” - Male migrant, Honduras

“It may be useful, for example, if I am allergic to a medication or have a disease [...] They would be more informed and may be able to help me better.” - Female migrant, Honduras

Across both routes, however, migrants often said they were not sure where they could next access RCRC assistance. In the Balkans, all but one migrant noted that they did not know where to find RCRC assistance further along their journey. Knowledge about service locations further along routes was generally higher in Central America, where some migrants spoke about receiving a map of service locations or downloading the RedSafe app.

“I had a map of the Red Cross [service locations] that they gave me and it marks every point.” - Male migrant, Honduras

“I saw on the map that there are quite a few spots here in Guatemala, there are several spots, and in Mexico too.” - Male migrant, Guatemala

Information gaps among migrants about RCRC services sometimes reflected gaps among National Societies. Across both routes some field staff and volunteers said they didn't know enough themselves about services in other countries to be able to provide information. In the Balkans, information provision is shaped by the securitised context. In North Macedonia, the migration programme's SOPs make clear that information with migrants about their ongoing journeys, especially outside of North Macedonia, is considered “sensitive information” which could be misconstrued by the authorities. In practice, this prevents volunteers from sharing information with migrants about RCRC services in other countries and, to some extent, within North Macedonia. In the Balkans there was also a common perception among some National Society staff that migrants already knew about where to get assistance and didn't need more information, in spite of migrants' own comments to the contrary.



“They know everything already. They don't lack the information, they know more than us sometimes.” - National Society volunteer, North Macedonia

“Migrants are so very well organised, they know how they will move, where to go.” - National Society staff member, Serbia

In North Macedonia, these assertions appeared intertwined with broader perceptions of migrants as deceptive, manipulative or overly demanding. Such comments may reflect broader community perceptions of migrants and burnout among field teams working in difficult conditions for many years. In North Macedonia, some staff and volunteers have been working in the National Society's programmes for migrants since 2015, often working long hours and witnessing traumatic events (including death and serious injury).

“When they [migrants] tell you that they don't know where the help is, they're fooling you. They're not being truthful about what they receive. They're deceiving you.” - National Society volunteer, North Macedonia

“The migrants will come here and they will open the can in front of us and say “I don't like this, give us something else” - but this is not a hotel, they will get what they're supposed to get.” - National Society volunteer, North Macedonia

5. National Societies

This chapter explores National Society perspectives and practices relating to continuity of care in Central America and the Balkans. The research aimed to understand whether continuity of care was considered important by National Societies, as well as relevant practices from National Societies.

5.1 Perspectives on continuity of care

Many National Society staff and volunteers expressed the view that continuity of care was important and relevant for migration programmes. In some cases this was expressed in vague terms. In others, more specific benefits were articulated, often linked to how individuals understood continuity of care. Many spoke about how continuity of care can create benefits for migrants. In particular, many highlighted how continuity of care could strengthen the ability of the RCRC to provide appropriate and continuous assistance that meets migrants' needs, so that they feel supported throughout their journeys.

"I think it would contribute to them receiving the right assistance based on their changing needs."
National Society volunteer, Slovenia

"It is important [for migrants] to know that wherever they are there will be people willing to help regardless of their circumstances." - National Society staff member, Serbia

"Yes, because crossing the migration route is a crucial experience that marks a person's life. They feel reinforced and supported." National Society volunteer, Honduras

Reflecting migrants' perspectives highlighted above, others highlighted how continuity of care, and particularly sharing information between National Societies, could make service provision more convenient. Some also highlighted how it could reduce re-traumatisation by avoiding migrants needing to give personal details and case histories multiple times. This is particularly relevant under a 'do no harm' approach to providing humanitarian services.

“Migrants are very sensitive, and their story is so sensitive, it’s important they don’t have to tell their stories again and again, and have to gain trust every time.” - National Society staff member, North Macedonia

In many cases, National Society staff and volunteers emphasised the importance of continuity of care in the context of specific types of services. In particular, many pointed to benefits for health service provision, including to facilitate care for conditions that require ongoing monitoring and treatment over time (for example, in cases of pregnancy, chronic diseases and injuries) or to share information about regular medication and allergies. Some also pointed to benefits in terms of Restoring Family Links (RFL) services and to facilitate referrals for protection cases (including for anti-trafficking).

Some National Society staff and volunteers pointed to **benefits for National Societies**. For example, explaining how continuity of care could reduce duplication and avoid wastage, strengthen relationships with governments by demonstrating a unified RCRC approach, or build on collective strengths through a unified RCRC approach.

“[In 2015-16] when they received food when exiting North Macedonia, then the Red Cross in Serbia, one hour away, we offered food again: it creates lots of garbage.” - National Society staff member, Serbia

“If the government asks for support, it’s important to show that the Red Cross network can help. If we work in the new centre at the border with Croatia, it would be a good opportunity to collaborate with the Croatian Red Cross.” - National Society staff member, Slovenia

“We are the same humanitarian institution, same principles. We need interconnectivity and responses based on the route.” - National Society staff member, El Salvador

In **Central America**, National Society staff and volunteers were mostly unanimous in seeing continuity of care as important, likely reflecting the coordinated programmes in place and significant, ongoing cross-border mobility in the region. However, in the Balkans there were some who questioned this. For example, some National Societies articulated their perspective that, while continuity of care may have had benefits at the peak of mobility along the route in 2015-16, lower numbers of people in transit today meant that there was less need to explore it. Others simply questioned the relevance of knowing information about assistance provided in other countries or stressed that the most important priority was strengthening the quality of services within individual countries. However, one National Society staff member in the Balkans highlighted how shared tools - such as a regional contingency plan - could contribute to future preparedness in case of a sudden increase in migration in the region, enabling National Societies to provide timely and high quality support.

“Exchange of information with other National Societies is not needed any more. There are fewer migrants.” - National society staff member, Serbia

“Are we going to write on the card that we give them shampoo? Why do they need to know that down the line?” - National Society staff member, North Macedonia

“Are migrants only numbers to us? [...] Is it important for me to know what they received in Greece? Is it important to the Serbian Red Cross what they received in Macedonia? Is that the most important thing: what they have received?” - National Society staff member, North Macedonia

5.2 National Society practices

Across both routes some National Society staff put forward their view that, while important in theory, continuity of care was difficult or impossible to operationalise, reflecting multiple challenges for continuity of care already discussed. Some National Societies were, however, more optimistic, and discussed the different ways in which National Societies were already working to achieve continuity of care. With this in mind, the research assessed National Society practices around continuity of care, exploring links to coordination and collaboration, as well as practices relating to different elements of continuity of care already highlighted.

5.2.1 Coordination and collaboration

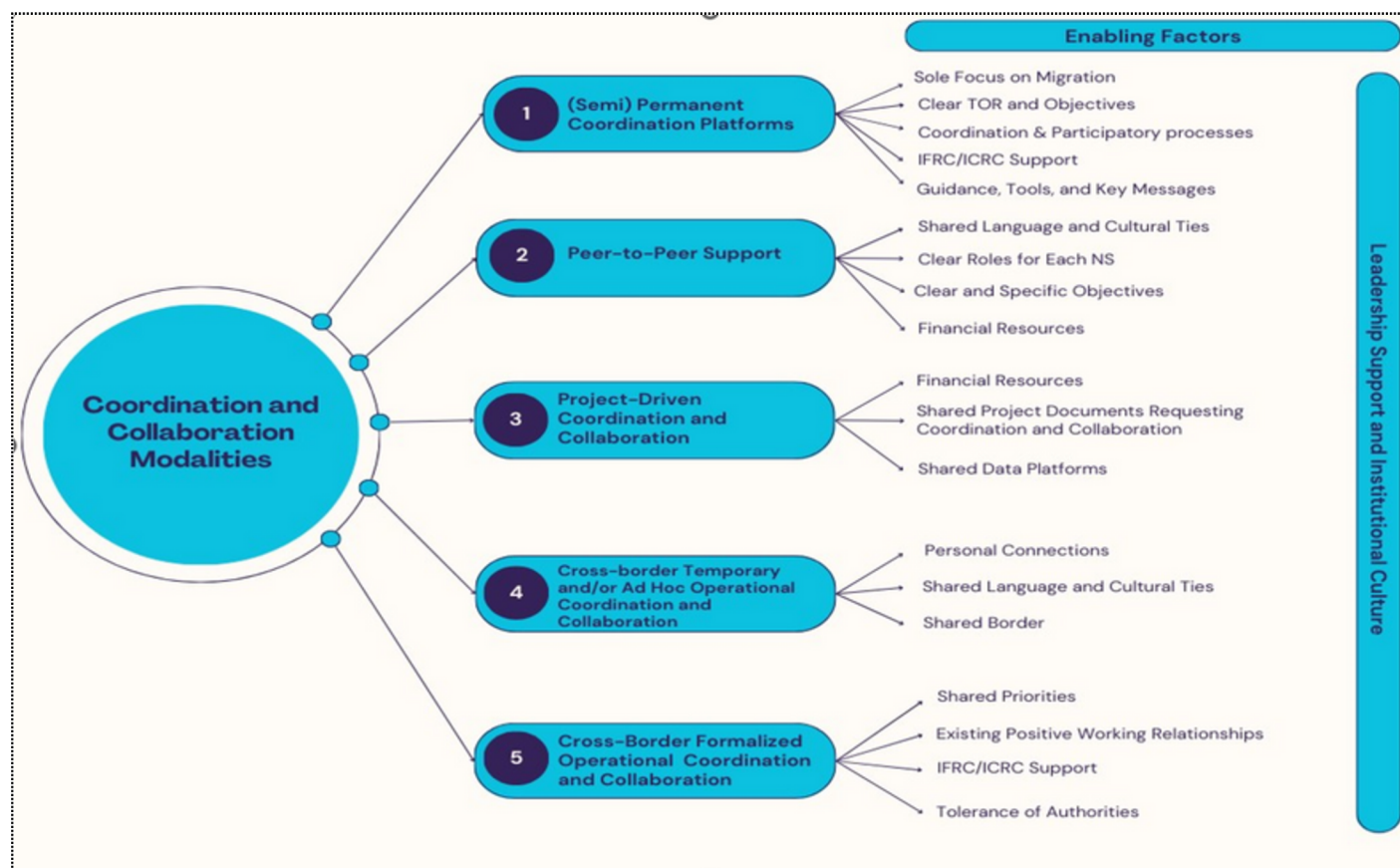
National society practices in terms of supporting continuity of care should be understood in the context of broader coordination and collaboration. In 2022, IFRC commissioned a piece of research on modalities of coordination and collaboration between National Societies along migration routes and across borders, in the context of the Global Programme.[65] The research showed that coordination and collaboration are fundamental to the Movement's history, organisational culture, and functioning. National Societies, IFRC, and ICRC are working together across borders and within countries to bring life-saving support to people on the move in various ways, at all levels of the Movement.

The report presented a typology of coordination and collaboration modalities used by National Societies (and other components of the Movement) along migration routes - across borders, and to a lesser extent, within countries. The five broad modalities of coordination and collaboration are summarised in Figure 3. The present research reflected the overall tendency of National Societies to

[65] Van Doosselaere, S. and Anderson, K. (2023) Collective Action for Global Impact: Understanding and Strengthening Red Cross and Red Crescent Society Coordination and Collaboration Along Migration Routes.

to collaborate mostly via '(semi) permanent coordination platforms,[66] 'peer to peer support',[67] and 'project-driven collaboration and coordination.[68] In the Balkans, current examples of 'temporary and/or ad hoc operational collaboration'[69] are scarce and examples of 'cross-border formalised operational collaboration and coordination'[70] do not exist (apart from RFL-specific mechanisms). In Central America, National Societies increasingly collaborate operationally, with varying degrees of 'formalisation'.

FIGURE 3: Modalities of coordination and collaboration



[66] Platforms that are formed and implemented explicitly to foster coordination among different components of the Movement that are delivering programs in support of migrants.

[67] Peer-to-peer support, for the purposes of this report, can be defined as an activity or set of activities in which two or more National Societies (or branches of a National Society) implement various forms of support to one another, in the broader interest of advancing programming.

[68] Project-driven collaboration and coordination constitutes activities that are created in the context of, and/or for the sole or primary purpose of enabling collaboration and coordination, for a specific project or piece of funding. Project-driven collaboration and coordination includes projects funded directly by a bilateral donor, as well as projects that are funded by a PNS to one or more HNS.

[69] Temporary and/or ad hoc collaboration and coordination consists of activities that are carried out at the initiative of two or more National Societies in order to meet an immediate or shorter-term operational need, such as informing a neighbouring National Society of population movements so they can be prepared, or communicating about vulnerable groups travelling through adjacent countries.

[70] This modality consists of cross-border operational collaboration and coordination that is structured and concretized through formal mechanisms such as an MoU or an operational protocol. This modality is distinct from project-funded modalities--which are attached to very specific projects.

5.2.2 Consistent approaches and information-sharing

The research explored elements of continuity of care focused on consistency and information-sharing between National Society services along a route, exploring how this played out in practice for National Societies. An overview is provided here, with more detailed analysis in Annex 3.

Consistent programmes

As already highlighted, achieving continuity of care requires elements of consistency: this may be in terms of the types of services being provided along migration routes, how they are provided and minimum standards, as well as whether National Society actions form part of a shared strategic approach.

In Central America, reflecting the experiences of migrants already discussed, there are strong signs of consistent strategic approaches being developed along migration routes. This has often been fueled by project-driven collaboration and coordination, including the Global Programme, as well as funding from ECHO (Pilot Programmatic Partnership) and AECID. There is a Movement-wide Migration Action Plan in the Americas 2020-2024, which outlines a shared vision for the migration response across the RCRC Movement. Interviewees felt that this had helped to shape consistent approaches across borders by building a shared understanding of what RCRC partners were trying to achieve. While services that are provided to migrants vary between and sometimes within countries, there have been efforts to explore standardisation of service offers and approaches, such as regional IFRC HSP trainings and workshops. Strong emphasis has also been placed on the consistency of services within countries, as part of coordinated national approaches. For example, in Honduras HSPs are part of a country-wide plan. In Guatemala, activities are organised under the National Society's migration strategy 2022-2026, described as helping to bring projects funded by different donors and partners under a consistent approach.

“We tried to ensure that everything that was provided at one point would be standardised at the following points [...] We believe that the teams should not work in isolation or separately, or that they should be like islands within the territory, but that they should work along the same lines. That is why the terms of reference are used in all parts of the country.” - Partner National Society, Honduras

“In order for our assistance to be as uniform as possible, even though we have different types of interventions, different types of funding partners or projects with different approaches, we seek to ensure that these projects fit in with the strategic vision that migration policy is setting out. That is why we always try to have three people at each point of assistance, so that the teams are multidisciplinary: a nurse, a logistician and a psychologist in order to provide the same services at each point.” - National Society staff member, Guatemala

A different picture emerged in the Balkans, where there was little sign of a shared regional approach. While this is emphasised under the Global Programme, National Society approaches in the region appear mainly informed by their individual capacities, priorities and opportunities in the context where they work (including due to government restrictions). There was also less consistency of services than in Central America. Some efforts have been made to develop common standards for activities through peer-to-peer support, including regional trainings and exchange visits. Greater efforts to achieve consistency were found within individual countries. For example, in Serbia, staff and volunteers attend standardised training, and the PEP points run similar weekly information workshops.

“It’s the same programme: both teams in the transit centres are part of the same programme, work with the same criteria, same number of team members, same activities: humanitarian support, first aid, PSS, RFL”. - National Society staff member, North Macedonia

Information-sharing

The research also assessed National Society practice in terms of information-sharing. On the one hand, this includes information being shared between (and within) countries about trends in migrant arrivals and needs. On the other, this also includes information shared about individual cases in order to facilitate operational collaboration and follow-ups for ongoing or complex needs. The information here outlines information-sharing within and between RCRC partners. However, it is noted that in most countries covered by the research there was some level of coordination and information-sharing with stakeholders outside the RCRC, including UN agencies, INGOs, NGOs and government authorities.

Across both Central America and the Balkans information about migrants’ needs and dynamics along routes is being shared in various ways. Information-sharing is a key part of participation in cross-border (semi) permanent coordination platforms and peer-to-peer support. In both regions, information-sharing is also taking place in the context of the Global Programme. For example, through monthly calls in the Balkans and plans in Central America to create an accessible shared monitoring tool to analyse movements of people.

In Central America it was clear that information being shared between National Societies is directly informing programmes. National Societies exchange information about arrivals via a Whatsapp group. In 2022, a first cross-border meeting was held between the Mexican and the Guatemalan Red Cross, leading to a draft shared Operational and Communication Security Protocol. Information is also sometimes shared about individual cases including for RFL, returnees and arranging medical transport. For example, the Honduran Red Cross will send information about specific cases to the Guatemalan Red Cross so that local teams look out for them to provide services. Efforts are being made between the Honduran and Guatemalan Red Cross to formalise bilateral communication mechanisms about gender-based violence (GBV) and human trafficking cases.

In contrast, in the Balkans, while plenty of information is shared between National Societies, it is unclear how far this is informing programme delivery. Many National Societies felt that this was no longer relevant given low arrivals, though some pointed to greater use of information in 2015-16 when numbers travelling through the Balkans were higher. Similarly, cross-border information-sharing for follow-up and case management with individual cases is rare in the Balkans. When this happens it is

usually part of temporary and/or ad hoc operational collaboration in specific areas, such as RFL[71] or anti-trafficking cases.

“In 2015 we were sending emails about the number of people crossing the country to National Societies in Serbia and Croatia. We do coordinate, but it could always be better.” - National Society staff member, North Macedonia

“During the peak of the crisis, we had very good relations with colleagues from North Macedonia as they were the country migrants entered from. On a daily basis we received numbers of migrants who entered North Macedonia and it was very important as travelling through North Macedonia took about 4 to 5 hours, so we could expect the same number in 5 or 6 hours in our first reception points in the south [...] When you have a predicted number of beneficiaries so you can make some sort of plans and you can count on your capacities, request additional items.” - National Society staff member, Serbia

Across both routes, information-sharing within countries - between different National Society branches and with headquarters - was stronger. This was most developed in Central America. For example, in Honduras, there are regular meetings between headquarters and field teams, and coordinators from different HSPs are well connected, with protection and health cases often referred for assistance at other HSPs. In Guatemala, teams working across the country coordinate through a Whatsapp group and sometimes make referrals to each other. In the Balkans, internal information-sharing appeared sometimes weaker and more centralised. In Serbia, there are no databases and few formal mechanisms to share information, though colleagues sometimes share information informally. In North Macedonia, staff across the country regularly exchange information about migrant arrivals and facilitate ongoing follow-up for individual cases, particularly for RFL and medical care. While this is often channelled through the National Society's Field Coordinator, who acts as a “bridge” between the North and South, field teams are now communicating directly through Viber.

“If there is a health case with more specialised care [needs] they are transferred from Danlí to the Tegucigalpa school hospital and are followed up from this point. They are also supported with food, transfer, medicine, lodging.” National Society volunteer, Honduras

“If we see a caravan coming in, we notify the next facility so they can prepare with supplies [...] We have a team of nurses with whom we discuss emerging diseases and significant cases that could occur in Puerto Barrios before they arrive here.” National Society staff members, Guatemala

“The different [North Macedonia] Red Cross teams are on Viber and so we communicate with each other. Viber groups are very useful. Every morning I always input information about how many migrants are here, when new migrants arrive, the problems we face.” - National Society volunteer, North Macedonia

[71]The global Family Links Network inherently relies on various modalities of collaboration and coordination between the components of the Movement, in particular the ICRC and the National Societies, to carry out RFL activities. For more details, see Van Doosselaere, S. and Anderson, K. (2023) Collective Action for Global Impact: Understanding and Strengthening Red Cross and Red Crescent Society Coordination and Collaboration Along Migration Routes.

6. Using digital tools to support continuity of care

The research explored how digital tools can support continuity of care. There are various ways digital tools could support RCRC continuity of care, including by helping migrants to find and access services, improving the efficiency of information flows within and between National Societies, or providing wider 'on the move' information to migrants. Digital tools are defined here as technological platforms or software accessed through phones, computers or other electronic devices.

6.1 Opportunities and risks

Previous IFRC research has highlighted wider opportunities to use digital tools to strengthen RCRC services for migrants.[72] However, the research highlighted the need to ensure that any efforts to do so are inclusive and risk-informed, recognising the investment needed to 'do digital properly'. In a similar vein, the new RCRC Movement Migration Strategy highlights the opportunities for digital technology to be used to support contact with and access to information for migrants, while noting the need to recognise data protection risks.[73]

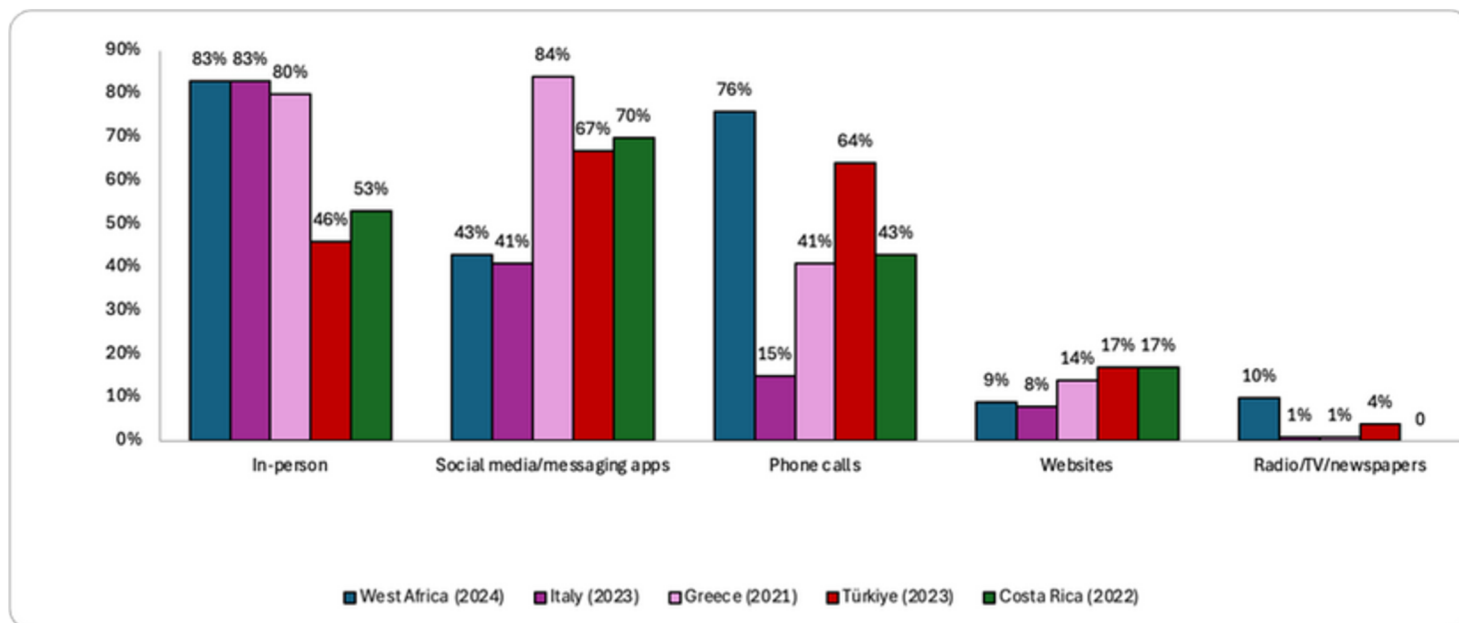
Migrants consulted through the research broadly expressed an interest in using digital tools as part of receiving services from the RCRC. Data collected by Mixed Migration Centre (MMC) in 2021 highlighted that 85 percent of Afghans surveyed in Greece said they owned a smartphone while on the move.[74] Data from the MMC highlights that many migrants worldwide use social media and messaging apps as sources of information during their journeys, though this varies between contexts and in-person information sources remain dominant for many (see Figure 4). Notably, across contexts websites have not been key information sources.

[72]IFRC (Forthcoming) Digital innovation for migrants and displaced communities: emerging humanitarian approaches.

[73] Council of Delegates of the International Red Cross and Red Crescent Movement, (2024) Migration Strategy for the International Red Cross and Red Crescent Movement 2024–2030 Background Document.

[74] Mixed Migration Centre (2023) [Digital Lifelines: The use of social media networks among Venezuelan refugees and migrants heading north. 4Mi data analysis](#); Mixed Migration Centre (2021) [Access to information among Afghans on the move towards Greece. MMC Europe 4Mi Snapshot - December 2021](#).

FIGURE 4: Information sources for migrants during journeys - MMC data[75] [76]



In both Central America and the Balkans, National Society staff and volunteers, as well as migrants themselves, highlighted challenges associated with using digital tools, many of which echoed findings from previous research.[77] For example, challenges that were mentioned included access to devices (with phones often being sold, broken, lost or stolen during migration journeys - and access to devices sometimes limited by smugglers), intermittent connectivity and limited access to phone charging. Concerns were raised across the board regarding data protection and digital security, as well as concerns about the exclusion of specific groups (such as the elderly, people with disabilities, or those with limited literacy or language abilities). However, notably, while many National Society staff and volunteers expressed the view that these challenges meant that migrants wouldn't (or shouldn't) use digital tools, many migrants themselves remained positive about the option.

Perhaps the greatest concern from a National Society perspective was the staff time and capacity that would be involved in creating, maintaining and keeping digital tools updated. Some expressed the opinion that there were already too many overlapping and sometimes duplicating tools in use. While many National Society staff were open to using digital tools in principle, some - particularly in North Macedonia - also expressed a strong preference for in-person service delivery and discussed concerns that investment in digital tools should not be prioritised over material support to National Societies' programmes.

[75]MMC (2024) [Unpacking migrants' information access in the Central Sahel](#); MMC (2023) [Access to information and decision-making among migrants and refugees who took the Western Balkan route](#); MMC (2021) [Access to information among Afghans on the move towards Greece](#); MMC (2023) [Access to information and decision-making among refugees and migrants in Türkiye](#); MMC (2022) [Access to information before and during the journey among refugees and migrants in Costa Rica](#).

[76] MMC data collected in West Africa includes Mali, Burkina Faso and Niger. In Italy, it included migrants from Pakistan, Afghanistan and Bangladesh who had taken the Western Balkans route; in Greece it focused on Afghans; in Costa Rica migrants from Venezuela, Colombia, Peru, Cuba and other countries of origin; and in Türkiye those from Afghanistan, Iran, Iraq, and Somalia.

[77] IFRC (Forthcoming) Digital innovation for migrants and displaced communities: emerging humanitarian approaches.

In this way, while significant opportunities are raised here to use digital tools to strengthen RCRC continuity of care, any efforts to do so should be mindful of the investment needed from a National Society perspective. Such efforts should also take into account the need to streamline tools (including by ensuring consistent tools across the Movement) and to ensure that the rollout of digital tools supports National Societies' ability to undertake programmes meeting migrants' basic needs, rather than diverting funds from programme delivery.

"Don't do these online things! Put people together more. The more you try to digitalise us, the more distance you are keeping between us." - National Society staff member, North Macedonia

"Don't give us digital tools, give us money to support migrants! These ideas are great but in the real life, the help in the HSP is what matters!" - National Society staff member, North Macedonia

"What we really miss is money, we don't need these extra tools [...] We would like the IFRC to pay more attention to the nutrition and the food distributed to migrants." - National Society volunteer, North Macedonia

6.2 Evaluating proposed tools

There are opportunities for digital tools to support different elements of continuity of care. Importantly, however, while digital tools present opportunities, they are not a silver bullet that can eliminate more fundamental challenges. National Societies across both routes are already using digital tools in different ways to support RCRC continuity of care for migrants. Digital tools are a key channel used to share relevant resources and minimum standards for services, for example using IFRC platforms and Sharepoint. Digital tools are part of information-sharing within and between National Societies along the routes that were studied. Most commonly, through the use of messaging apps such as WhatsApp and Viber to connect colleagues within and between National Societies. Various online databases and platforms were documented that facilitate information-sharing about individual cases, such as RFL platforms and a database used in Honduras to log cash assistance.

The research team presented both migrants and staff/volunteers with various options for digital tools, based on an earlier IFRC mapping of tools in use by National Societies and an analysis of options that were best placed to support continuity of care. Notably, some of the options presented are already being used in some form in the countries that were covered by data collection, which may have influenced responses.

6.2.1 Digital ID

The research collected perspectives on the use of **Digital ID** to create portable records for migrants that could be used in different locations and by different National Societies. This was perhaps the most universally supported of all digital tools proposed, especially in the context of healthcare.

Portable records have been particularly highlighted in the context of healthcare as presenting opportunities to enhance continuity of care by creating a record of key health information that migrants can take with them as they move.[78] This can be facilitated by digital technologies. For example, Digital ID refers to a “suite of technologies that, when taken together, facilitate the identification process [...] [which] can be a digital copy of an identity document, a set of attributes representing an individual in a transaction or a metasystem of digital identifiers that, when taken together, can uniquely identify an individual”.[79] Digital ID has been a global area of exploration for IFRC and National Societies, including in the context of migration.[80] There have been various global pilots, usually involving the use of QR codes that individuals can carry with them and which, when scanned by National Societies, contain information such as services received or medical records.[81]

Some uses of Digital ID were reported across both routes. In Slovenia, a project supported by the Spanish Red Cross involved giving migrants cards with QR codes, which could be scanned by branches in different parts of the country to view services that had already been provided. In Central America the cross-border programme supported by AECID is in the process of developing a ‘single code’ to be used from Colombia to Mexico. The code will identify vulnerable individuals (classified with a green, yellow or red code depending on urgency) and facilitate follow-up, particularly in the context of healthcare.

Both National Society representatives and migrants were very positive about the potential for Digital ID to facilitate information-sharing between National Societies. Digital ID was seen as particularly useful in the context of healthcare, allowing National Society healthcare workers to see medication that had previously been given to individuals and their medical history.

There are people with a somewhat complex condition and maybe they don't know how to express themselves to the person who is taking care of them. With the QR code, the worker that is helping them already knows everything.” - Male migrant, Guatemala

“It’s so useful, can we have one now?” - Migrant, North Macedonia

The staff could see the migrants’ needs; it would work very well. Subsequent points can check if follow-up is needed. We could leave a comment for the team in Machuca or Guatemala to follow-up.” - National Society staff member, Honduras

[78] Harlow, T. (1999) ‘[TB Net Tracking Network Provides Continuity of Care for Mobile TB Patients](#)’.

[79] IFRC (2021) [Digital identification: An analysis for the humanitarian sector](#).

[80] IFRC (2021), [Digital Identity: Enabling Dignified Access to Humanitarian Services in Migration](#)

[81] IFRC (Forthcoming) Digital innovation for migrants and displaced communities: emerging humanitarian approaches.

National Societies highlighted that it would make registering people for services faster and avoid re-victimising people. In the Balkans, National Society staff and migrants highlighted how it could be helpful for overcoming language barriers that currently prevent migrants from sharing detailed information with those who are helping them.

“It would be a super, good idea. It would speed up the process and we would already have a record of each one of us: why we received assistance and the assistance we received.” - Migrant, Honduras

“It’s not useful to know if they received food in 5 countries but knowing their medical conditions/illnesses, if they have missing family members, ongoing tracing requests would be very useful to have to provide continuity of care. They would not need to repeat the same things so many times.” - National Society staff member, Slovenia

Both National Society staff and migrants highlighted the need to ensure that data was protected, although this was usually considered a surmountable challenge.[82] In the Balkans there was particular concern about ensuring that data collected about migrants was not accessible by the authorities. Across routes, National Society staff and migrants shared concerns that cards with QR codes could easily be lost, although there were suggestions that this could be addressed by also sharing a digital version of the QR code or by putting it on a sticker.

In Guatemala, a National Society staff member highlighted that a similar initiative had created confusion, suggesting that it would be important to communicate clearly that Digital ID was not a travel document. There was most pushback against the idea in North Macedonia, where the National Society felt that migrants would not like the idea, though this was not supported by interviews with migrants themselves. National Society staff in North Macedonia suggested that migrants would be likely to reject being “tracked” and also might be keen to avoid a record of services so that they could fraudulently apply for more assistance (though specific evidence was not provided for this allegation).

[82] For example, mitigations could include limiting the collection of identifiable personal data (such as names and dates of birth) or working with trusted third-party providers with experience implementing end-to-end beneficiary management solutions (such as, in the case of IFRC’s Access RC app, RedRose). See IFRC (2024) [Investigating safe data sharing in humanitarian cash assistance: technical validation exercise lessons learned](#).

6.2.2 Online map of service locations

Addressing challenges migrants highlighted identifying RCRC service locations, migrants and staff/volunteers were presented with the option of using an online map of RCRC service points. As already highlighted, an ICRC-funded paper map has been used in Central America since 2017, also linked to an online version via a QR code, but has recently become contentious. In the Balkans, no such map exists but some National Societies share information about their own services. For example, the Red Cross of Serbia's online information platform includes a map (via Google Maps) of the National Society's branches.[83]

Overall, feedback on the option of an online regional map was mixed. Across both routes, many migrants were positive about the idea and in Central America many saw the map they had already received as helpful. However, particularly in the Balkans, some migrants reported that they would prefer to access this information through an app, particularly one they were already using (such as Google Maps). Echoing wider research, some staff felt that migrants, and particularly younger people on the move, were unlikely to use a webpage to access information. In the Balkans, while some staff and volunteers highlighted their concerns that any map of service locations would be perceived as encouraging migration, others did not feel that this should deter National Societies from making this information accessible.

"When you are walking you don't know where the places you can receive support are. This way they could identify them, because sometimes you pass those services by when you don't know that they're there." - Female migrant, Honduras

"There's an Airbnb platform that takes you directly to Google Maps, why are we not there too? They [migrants] could find any branch [on Google Maps] for water or information and referral to the national team." - National Society staff member, North Macedonia

"We think it's a good idea. The authorities may perceive a map as helping migrants but I think the Red Cross should do it anyway." - National Society staff member, Serbia

Other considerations highlighted by National Society staff and volunteers included adding services run by other humanitarian organisations to any online map. On both routes National Society staff highlighted that any online map should have offline functionality - given challenges with internet access - and would need to be regularly updated, which would require significant capacity. Some in the Balkans felt that challenges with access to internet, charging and devices meant that a paper map would be better. However, in Central America some staff highlighted benefits of a digital option, including that paper maps could easily be lost or damaged while in transit. Paper maps can also easily become outdated as service locations change, setting up expectations that may not be met. These considerations point to the need for digital and offline alternatives for any tools that are developed.

[83] See Red Cross of Serbia (2024) '[Prevention Empowerment Prevention](#)'

6.2.3 RCRC app for information and self-registration

Research participants were also given the option of a RCRC app, which could provide information to people while they were on the move (including about RCRC service locations) and allow them to register digitally for services. In Central America, information is already available through the ICRC's RedSafe app which has been piloted in some countries (including Honduras) in the context of services for migrants. The RedSafe app also offers a protected digital 'vault' for migrants to store their documents. In Europe the IFRC AccessRC app was used - though not in the countries covered in the research - in the context of displacement from Ukraine to allow Ukrainians to self-register for cash assistance. Wider use cases are being discussed for AccessRC, including a pilot in Colombia.

The ICRC RedSafe app is a digital humanitarian platform providing safe and secure services for people affected by conflict, migration and other humanitarian crises. Services that are accessible through RedSafe include information as aid (for assistance and protective measures), a digital vault (for uploading and safely storing digital copies of important documents and contacts), a map of services (enabling users to locate humanitarian services on a map to see their description, contact details and type of service they offer), messages (allowing users to send and receive predefined messages including geolocation, selfies and contact information with other app users) and alerts shared by ICRC. RedSafe is governed by ICRC Data Protection rules and personal data is encrypted, then stored on ICRC servers. Users must provide only an email address or phone number to register. However, most services, except the digital vault and messages, can be used without registering.

The IFRC AccessRC app was developed in response to the challenge of distributing a high volume of cash assistance to people displaced from Ukraine across Europe (to cover their basic needs), in a context where National Societies were experiencing challenges accessing the target population in order to distribute assistance, many of whom were not presenting themselves to RCRC service points. The AccessRC app, which supports registration in multiple languages, was first used in Romania, then expanded over time to cover cash assistance to Ukrainians in Hungary, Poland, Slovakia, Ukraine, Bulgaria, Moldova, Montenegro and Lithuania.

National Societies used various tools to share information about cash assistance available through the app, including social media channels such as Viber and Telegram, and by using QR codes. The National Societies put in place measures to support users who might struggle with digital self-registration. For example, through home visits to people with disabilities and assisted registration sessions at National Society service points where users could be guided through the process by staff or volunteers. The AccessRC app has also been used to distribute monitoring and other surveys to users. IFRC has since explored other use cases for the AccessRC app. Most notably, the app was tested and validated in Colombia for cash assistance targeting Venezuelans and host communities.

For further details see IFRC (Forthcoming) Digital innovation for migrants and displaced communities: emerging humanitarian approaches.

[83] See Red Cross of Serbia (2024) '[Prevention Empowerment Prevention](#)'



Perceptions of using a RCRC app to connect with migrants throughout their journeys differed between migrants and National Societies. Overall, many migrants were positive about the idea. Particularly in the Balkans, most were positive and said they would download such an app. In Central America, while many were positive there were more concerns expressed, including having sufficient storage on their phone to download a new app.

“Yes, an application would be great, we would be happy to download it. 1000 percent! Is it ready for us to use now?” - Male migrant, Slovenia

“It would be very useful for us, but we do not have the necessary storage space in our phones to download applications and our phones get stolen in the jungle and in the city centre.” - Male migrant, Guatemala

Opinion on the option of an app was much more mixed among National Society staff, who pointed to the challenges of getting migrants to download a new app, suggesting that it would be better to engage with an existing app that migrants already used. In Central America there were concerns about duplication between competing IFRC and ICRC apps being piloted in the region. Some in Central America pointed to RedSafe as a positive example of how an app could be used effectively in the context of migration programmes. However, others questioned how many migrants were downloading and using it regularly, which was echoed in some of the feedback from migrants themselves.

“I think RedSafe does this [provides information about services through an app], but many don't download it [...] Ideally, they would be able to access Red Cross information through an app they already have.” - National Society staff member, Honduras

“In Panama, I installed RedSafe in the Red Cross, but I had not even checked it [in Honduras] because I forgot I had it. But it is necessary because it shows where I could get help, I just have to change the country.” - Female migrant, Honduras

In both the Balkans and Central America many staff emphasised the importance of ensuring that any data used for self-registration was protected. In Central America, some said that they felt this had been achieved well through the RedSafe app, though others spoke about concerns in this regard in Mexico.

“What would be the point of registering for services on this app? They still need to come to get help from the HSP. It’s important to share the info but the registration? I’m not convinced. But who would update the info? It changes all the time! What about personal data protection?” National Society staff member, Slovenia

Feedback from National Society staff and volunteers across both routes emphasised the need for offline functionality due to challenges with internet access. In the Balkans, significant concerns about using a RCRC app were expressed. This included concerns that migrants might enter false information or would not want to enter their information at all (given the covert nature of migration in the Balkans) and that it would take significant staff capacity to keep it up-to-date. Several staff that were interviewed referred to the AccessRC app and felt that, while it worked in the context of Ukrainians, it wouldn't be a useful tool for other migrants: they explained that providing assistance to migrants with an irregular status in transit amidst government restrictions posed a very different set of challenges compared to assisting Ukrainians, which could be done more openly.

6.2.4 Messaging apps as a point of contact between migrants and National Societies

The research also raised the option of using WhatsApp or other messaging apps as a point of contact between migrants and National Societies throughout their journeys, including to facilitate the sharing of self-care information and directions to in-person services. In Latin America several National Societies used WhatsApp for two-way communication with migrants during the height of the Covid-19 pandemic, including in the context of cash programming in Ecuador and to provide public health information in Peru.[84] WhatsApp has been used more widely in the region by UNHCR and by ICRC. In Guatemala, the National Society already uses WhatsApp as part of a general hotline and staff highlighted the potential to expand this usage to refer people to the National Society’s migration teams. In Europe, WhatsApp and other messaging apps have been used to communicate with migrants. For example, this includes work in the Netherlands and projects supported elsewhere by the Netherlands Red Cross 510 Initiative.[85] In Slovenia some National Society staff indicated that they were already using WhatsApp to communicate with migrants on an individual basis.

[84] IFRC (2020) [Whatsapp Business. Information and feedback mechanism in a migratory context. Regional Orientation Guide.](#)

[85] WhatsApp was used by the Netherlands Red Cross during Covid-19 to implement a helpdesk and provide cash vouchers. More recently, Viber was used as part of a digital helpdesk in Hungary in response to the arrival of refugees from Ukraine, supported by the Netherlands Red Cross 510 Initiative. For more information see: IFRC (Forthcoming) Digital innovation for migrants and displaced communities: emerging humanitarian approaches.

Again there was a big divide in perspectives between National Society staff/volunteers and migrants on using messaging apps as a tool for communication. Across both routes migrants were extremely positive about the idea, highlighting that many of them already used WhatsApp or similar messaging platforms and would be interested to use them to contact the RCRC.

“WhatsApp is also good, it is more direct. You ask them and they tell you and send you the location of a site for example.” - Female migrant, Guatemala

“Good, everyone has WhatsApp.” - Female migrant, Slovenia

Migrants who did not express interest generally said that this was because they didn't have a phone or access to the internet. One migrant in Serbia expressed that, while they were interested, they would not find a 'chatbot' approach helpful. In Honduras, some migrants questioned the capacity of RCRC teams to respond quickly to messages and thought they would be overwhelmed by a high volume of queries. National Society staff and volunteers shared these concerns. While many, particularly field staff, said that they thought that migrants would use WhatsApp to contact the RCRC, they questioned the practicality of this option. In particular, they highlighted the additional workload for National Societies.

“It would be very good to have direct communication. But they would have to be responsive. I don't have faith in that.” - Female migrant, Honduras

“On one hand yes because it would help, but on the other hand it would be congested, unless they assign a person for that. We are thousands of people migrating, we would have questions all the time.” - Female migrant, Honduras

In the Balkans, some expressed concerns that staff would not have the right expertise to answer questions, that migrants would ask for information that National Societies could not provide (such as information to help them plan their journeys), or that migrants would ask 'nonsense questions'. In Central America an IFRC representative highlighted issues that had been experienced with an ICRC WhatsApp account, where migrants had shared information about protection risks (for example, kidnappings and GBV) which ICRC could not realistically address.

Across both routes National Society staff and volunteers spoke about data protection challenges using an external app and the need to provide guidance on using messaging apps. Highlighting this, in the Balkans one volunteer spoke about creating a WhatsApp chat group for migrants without their consent, which some involved did not appreciate.

“It would be good, but this will also require additional financial and human resources. If it could be given, it would be great.” - National Society staff member, Guatemala

“With established personnel that can take care of it, it’s ok. If there are questions when nobody has the answer, better not to exist! People would need to be very responsive [...] If we get questions about how to cross the border and then we respond about first aid, that’s not good!! Will not be helpful! We need to balance the costs and benefits deeply.” - National Society staff member, Serbia

“It’s not a good idea, we would need to find good people to give good answers on all the themes.” - National Society staff member, North Macedonia

6.2.5 Online FAQ page

Linked to elements of continuity of care focused on consistency, the research explored the idea of an online FAQ page for National Society staff and volunteers, which could be used as an internal tool to standardise information being shared with migrants in different locations and provide wider guidance on common questions staff and volunteers might face in their role. This proposed tool was based on a model developed by the Netherlands Red Cross in the context of refugee arrivals from Ukraine, where volunteers at assistance points in different parts of the country were struggling to provide accurate information to Ukrainians being assisted in the context of a fast-changing crisis and government response.[86]

A small number of staff and volunteers on both routes related concerns that, given the speed with which migrants moved through their services, they would not have time to consult an online FAQ page. There was the most pushback against the idea in North Macedonia, in a context of scarce resources and high pressure on field staff, with staff emphasising that they already had well-trained teams and that providing a guide along these lines would make service provision more impersonal.

“It just reminds me of being at university, being given a script, and having to learn it.”- National Society volunteer, North Macedonia

“We don’t need that because we have staff coordinators who are trained. We work with people, not with documents [...] We’re trying to save their lives! We don’t have time to go on the internet and search what are the FAQs, that’s for babies! We’re seniors here, we don’t need that!” - National Society staff member, North Macedonia

[86] Netherlands Red Cross 510 (2024) [‘Reaching People Affected with Helpful Information’](#).

Nonetheless, across both routes most staff and volunteers, including in field roles, were positive about this option. Many felt that it would be helpful in their role or particularly for more senior staff and volunteers to train new personnel. One National Society representative in Central America highlighted that it would help to mitigate “reputational risk” that could be created by staff or volunteers providing inaccurate or inappropriate information. It was highlighted that a similar approach had been taken in Panama through the inter-agency protection group, with different organisations collaborating to collect frequently asked questions from migrants and develop standard responses. In Central America, National Society staff highlighted the importance of connecting any such tool to community feedback mechanisms in order to build a shared understanding within and between countries of common questions being asked in order to provide relevant answers.

6.2.6 Regional dashboards

Finally, the researchers discussed with National Societies the idea of sharing topline information about migration patterns and needs on a shared regional database. The IFRC Central America cluster is already working on a regional migrant registration dashboard that would collect information about migrants assisted by National Societies in different locations and the kinds of assistance given. In both the Balkans and Central America National Societies are using Kobo for registration and national-level reporting. In the Balkans National Societies participating in the Global Programme have recently implemented Kobo forms with shared characteristics to collect consistent information about services provided across different countries, which are then collated at the regional level. However, National Societies in the Balkans stressed that they had not yet seen any real-time data beyond their own country, receiving regional reports from IFRC that were compiled only on a monthly basis.

In Central America, National Society staff and volunteers were largely positive about the idea, feeling that it would make information-sharing that was now done individually by phone or WhatsApp easier by automating the process. Many felt that it would enhance National Societies’ preparedness and their ability to provide relevant, timely assistance. Some in the Balkans felt similarly, though there was in general less enthusiasm. For example, because they felt that IFRC already had enough platforms or that a dashboard was unnecessary given limited migration flows at present. Across both routes there were concerns about the staff capacity that would be involved in keeping a dashboard updated, though this was rarely explicitly compared to the efforts already in place sharing data through informal channels.

7. Conclusion and recommendations

The research highlighted that, while the Red Cross and Red Crescent Movement has considerable ambitions for achieving continuity of care along migration routes, significant progress is needed before this is realised in practice worldwide. The research highlights how different National Society contexts, resourcing and constraints create challenges and enablers that shape opportunities for continuity of care and migrants' experiences of the RCRC throughout their journeys. Digital tools present significant opportunities but are not a silver bullet and cannot in themselves resolve more fundamental obstacles to furthering continuity of care at regional and global levels.

The following recommendations are proposed to support future RCRC action towards enhancing continuity of care:

1. Don't assume that there is a shared understanding of continuity of care across the RCRC and that it is universally seen as important. Despite inclusion of continuity of care in the new Movement Migration Strategy, there is a lack of shared understanding about what continuity of care is and whether it is important. There is an opportunity, in the context of the implementation of the new Movement Migration Strategy, to initiate and strengthen regional dialogues aiming to build consensus around a shared definition of continuity of care, discuss how it can support wider RCRC Movement goals, as well as the level of ambition that is realistic and desirable (globally and in individual regions).

2. Recognise that RCRC continuity of care is an aspiration but not yet the reality worldwide. Continuity of care and route-based approaches have been prioritised in RCRC funding pitches and communications, such as those around the Global Programme. However, it is important to recognise and learn from cases where continuity of care isn't happening in practice, which may indicate significant contextual challenges. Open dialogue with, between and within National Societies is needed to explore how challenges can be addressed or if RCRC continuity of care is always a realistic goal. In some cases, it may be most appropriate to better manage expectations and reflect that the RCRC is one of several organisations providing assistance to migrants at different points throughout their journeys.

3. Develop global and regional tools to operationalise the concept of continuity of care. This should include breaking continuity of care down to smaller operational components (such as those outlined in this report), creating guidance and practical tools to bring individual elements of continuity of care into practice. For example:

- a. Global and regional guidance on secure and effective ways to share information between National Societies (both formally and informally). This should emphasise the need for communication channels that do not rely only on individual connections and how information can be shared in a way that upholds robust data protection standards. Within this, specific guidance is needed on facilitating referrals and ongoing follow-up for migrants.
- b. Emergency plans of action for scaling-up activities to support continuity of care in regions where migration flows are currently relatively low but may increase in future.
- c. Research to explore the potential role of collaboration between the RCRC and external partners to support continuity of care along migration routes.

4. Start small: recognise that achieving continuity of care along migration routes is difficult and that small first steps are needed. For example:

- a. In the Balkans, where continuity of care is limited, initial steps could include carrying out regular rapid analysis of transit migrants' needs to ensure that the services provided are located in the most relevant locations to support the most vulnerable and are responding to the most acute needs.
- b. In Central America, where continuity of care is more developed, efforts to increase service standardisation and enhance cross-border case management could start with pilots in the context of healthcare.
- c. In some contexts, providing high quality assistance and protection in key locations within national borders should take precedence over connecting services to route-based approaches.

5. Invest in a small number of high quality pilots for using digital tools to enhance elements of continuity of care. Efforts to leverage digital tools should be properly resourced (in terms of funding and human resources), emphasise consistency in tools adopted across the Movement, build on established Movement frameworks for data protection^[87] and include offline alternatives to ensure inclusion. Based on perspectives gathered through the research, promising options include:

- a. **Digital ID:** Lessons from ongoing work on a unique code in Central America could be incorporated into a pilot exploring the use of Digital ID in another context (prioritising use cases in the context of healthcare provision).
- b. **Using apps which migrants already use to share information:** For example, Google Maps, WhatsApp or other messaging apps. Any pilots using messaging apps should be appropriately resourced (based on the volume of messages expected), include protection safeguards and clear data protection standards.
- c. **Online FAQs for National Society staff and volunteers:** A pilot could be developed, drawing on experiences in the Netherlands, to explore other use cases for the online FAQs for staff and volunteers.

6. Continue to undertake humanitarian diplomacy to engage governments and donors on how their approaches can impact migrants' access to humanitarian assistance and the RCRC Movement's ability to support continuity of care. This could include:

- a. Highlighting at global and regional levels how securitisation creates challenges for National Societies' ability to access and provide meaningful assistance to migrants. This should include highlighting the need for principled humanitarian approaches to migration and protecting humanitarian space for National Societies to provide migrants with assistance.
- b. Advocating for long-term funding that enables the development of long-term strategic approaches for migration programmes at national, regional and global levels.

[87] See for example ICRC (2020) [Handbook on Data Protection in Humanitarian Action - Second Edition](#). Key principles for data protection in migration programmes are outlined in IFRC (Forthcoming) Digital innovation for migrants and displaced communities: emerging humanitarian approaches.

7. Undertake ongoing efforts to understand and address negative perceptions among migrants about National Societies. For example, this could include:

- a. Implementing mechanisms (potentially using digital tools) to facilitate real-time reporting of negative experiences to IFRC and find ways to work with National Societies to address them. The research highlighted how migrants often felt most comfortable sharing concerns about interactions from National Societies encountered earlier during their journeys, as opposed to National Societies they were interacting with at the time when they were asked about experiences. National Societies could explore mechanisms to proactively collect these experiences and document concerns about care elsewhere on migration routes.
- b. Reinforcing efforts to separate National Society services from national authorities, recognising that close and visible cooperation may negatively impact migrants' perceptions of National Societies and discourage migrants from seeking care (particularly in heavily securitised contexts).
- c. Focusing on how migrants are treated as well as what is provided. It is important to address institutional challenges (such as staff burnout and turnover) that may exacerbate negative attitudes and behaviour from field teams. For example, ensuring that resources are in place to monitor staff and volunteers' wellbeing, ensuring they are appropriately supported and rotated away from high-pressure positions if needed.

8. Ensure that efforts to support continuity of care are based on feedback from migrants. Staff and volunteers should not assume that they already know what migrants want, know and need: it is always important to ask. Based on the research, priorities could include:

- a. Addressing feedback about the limited visibility of National Societies along migration routes in the Balkans. This could include exploring relocating service points outside government-run locations, developing more mobile teams or seeking funding to increase the number of service points.
- b. Scaling up efforts across routes to provide information about where RCRC service points are located. This could include mobilising digital tools discussed above, as well as finding ways to reinforce the sharing of information about RCRC services among migrant and host community networks. Migrants in Central America clearly articulated that the existing map of service points in the region was a useful tool. This should be considered a decisive argument to maintain it despite political pressures. Stronger information-sharing is also needed between National Societies about services that are available in other countries, ensuring that this information is regularly updated and reaches staff interacting with migrants on a day-to-day basis.

Annex 1: Ethical guidelines for the research

This research project followed the below ethical guidelines to ensure protection of participants and of researchers:

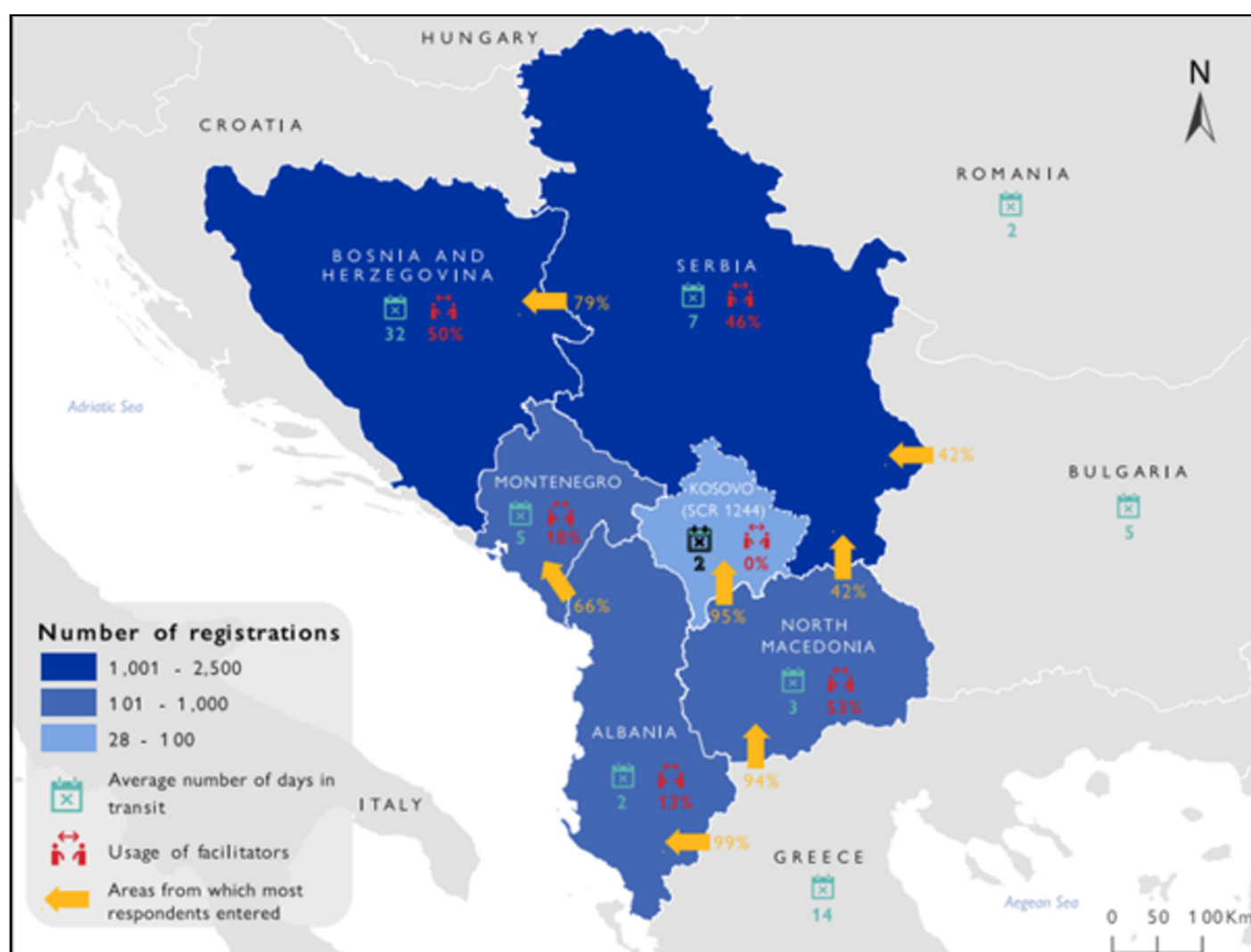
- **Informed Consent:** The researchers obtained informed consent from all research participants using template text included in the KII and FGD questionnaires. This included information on who was conducting the study, why it was being conducted, how the information would be used and shared, and the rights of participants to refuse or withdraw their participation at any moment should they choose. Participants were asked to indicate their consent verbally or with their signature/initials if they preferred. An informational sheet on the study (in English, Spanish, French, Arabic, Farsi and Urdu) including this information was also distributed to participants where appropriate.
- **Protection mainstreaming and ‘do no harm’:** Data collection took a ‘do no harm’ approach, taking measures to avoid or mitigate negative consequences during the design and implementation of data collection. The study tools (in particular, questionnaires for migrants) were designed with a protection lens to address the themes sensitively and in a way that was less likely to trigger traumatic memories or reactions among participants. The research questions were focused on experiences of Red Cross and Red Crescent services and participants were not asked to share personal experiences of violence or traumatic experiences. Nonetheless, the research team acknowledged the possibility that participation in the research might inadvertently trigger memories of previous trauma or difficult experiences. In line with the RCRC Minimum Protection Approach, the research team therefore coordinated beforehand with the National Society in the country where the data was collected to identify suitable options for referrals for psychosocial support or other relevant services where participants made disclosures during the data collection that indicated they might need additional support.[88]
- **Safeguarding/Child Protection:** Ahead of data collection the research team reviewed relevant policies on protection of sexual exploitation and abuse, child protection and other relevant topics in order to ensure that data collection complies with all relevant Red Cross and Red Crescent standards.[89] FGDs with minors were run separately to FGDs with adults and were conducted only when this was possible in terms of National Society procedures. A RCRC staff/volunteer was present for FGDs with minors.
- **Data Protection:** The research team worked in line with IFRC’s Data Protection Policy. Researchers did not collect names or identifiable personal details from FGD participants and where names were used unprompted this was not included in notes/transcripts produced by the research team. Specific consent was sought for audio recordings, which were deleted upon finishing and submitting transcripts in order to protect the privacy of participants. KII/FGD transcripts were shared only within the research team.

[88] <https://www.ifrc.org/document/minimum-standards-pgj-emergencies->

[89] Eg. IFRC’s Code of Conduct, Anti-Harassment Guidelines, Whistleblower Protection Policy, Child Protection Policy (2013), Policy on Prevention and Response to Sexual Exploitation and Abuse (2018)

Annex 2: Regional and national contexts

2.1 Balkans



(Map source: MIGRANT MOBILITY SITUATION REPORT THE WESTERN BALKANS – MAY 2024 - IOM)[90]

[90] IOM (2024) Western Balkans: Migrant Mobility Situation Report.

The Western Balkan route refers to arrivals of migrants with an irregular status in the EU through the region: Albania, Bosnia and Herzegovina, Kosovo*, Montenegro, North Macedonia and Serbia.[91] In recent years the Western Balkan route has been the most active irregular route through Europe. Since 2015, when a record number of migrants arrived in the EU along this route,[92] the number of people travelling along the route has fluctuated. Between 2015 and 2019, the numbers declined steadily. From 2019 until 2022, the numbers picked up again, reaching a total of 192,182 people detected in 2022, over 70,000 more than in 2021. However, since then, the figures have been decreasing again, largely due to the increased presence of Frontex on the borders:[93] in 2023 a 16 percent decrease was detected (with numbers totalling 163,521 people) and this downward trend continued in the first half of 2024, with a 75 percent decrease compared to the previous year.[94]

The main countries of origin include Pakistan, Syrian Arab Republic, Morocco, Afghanistan, Occupied Palestinian territories, Nepal, Türkiye, and Egypt.[95] IOM's Situational Report for May 2024 (based on over 1000 interviews) suggests an average age of 28 years old and predominance of male migrants (totalling 93 percent of those interviewed by IOM).[96] UNHCR also reports 227 unaccompanied and separated children in the Western Balkans at the end of March 2024.[97]

On average, migrants left their country of origin almost two years ago. IOM reports food and water, non-food items, accommodation and shelter, and money as migrants' most pressing needs along the route.[98] Research focusing on the information needs of migrants in transit along this route, shows that "11 percent of respondents said they had all the information they needed. 41 percent needed information on legal processes regarding migration and asylum, 30 percent on safety and security along the journey, and 19 percent on the conditions of the journey." [99]

The determination of people on the move throughout this route to reach Western or Northern EU countries, coupled with strict controls at EU external borders and frequent pushbacks create the risk of exploitation, violence and abuse, especially for women and unaccompanied minors.[100] Overall, the increasingly strict controls and securitisation of borders along the Western Balkan route incite migrants to take ever more dangerous routes, to hide during the day and travel at night.

In 2014 - 2015, when large numbers of migrants entered the EU via the Western Balkan route, Red Cross National Societies located along the route strived to coordinate their humanitarian operations as best they could in an emergency setting. This included regular communications about arrivals, some referrals between National Societies (mostly in relation to Restoring Family Links (RFL) cases), and sharing information about the items that were distributed along the route to avoid duplication and waste. Today National Societies in the Balkans mostly coordinate their migration-related activities through the IFRC Sarajevo Cluster, in the framework of the Global Programme, RFL specific regional coordination mechanisms (linked to the ICRC office in Belgrade), and the Platform for European

[91] European Council of the EU (2024) '[Western Balkans route](#)'.

[92] Frontex (2023) '[Detections in Central Mediterranean at record level](#)'.

[93] ECRE (2024) '[Balkan Route](#)'.

[94] Frontex (2024) '[EU external borders: Irregular border crossings fall nearly 40% this year](#)'.

[95] IOM (2024) '[Western Balkans — Mixed Migratory Flows Report \(May 2024\)](#)'.

[96] IOM (2024) '[Western Balkans — Migrant Mobility Situation Report \(May 2024\)](#)'.

[97] UNHCR (2024) '[Western Balkans - Refugees, asylum-seekers and other people in Mixed Movements](#)'.

[98] IOM (2024) '[Western Balkans — Migrant Mobility Situation Report \(May 2024\)](#)'.

[99] Mixed Migration Centre (2023) '[4Mi Snapshot – July 2023. Access to information and decision-making among migrants and refugees who took the Western Balkan route](#)'.

[100] UNHCR (2021) '[Strategy for Engagement in Mixed Movements in the Western Balkans](#)'.

Red Cross Cooperation on Refugees, Asylum-seekers and Migrants (PERCO).[101]

2.1.1 North Macedonia

As of 31 July 2024, IOM reports a total of 2,925 arrivals/transit in North Macedonia. The number of arrivals has decreased significantly since 2022 (when they totalled 11,795), likely due to a Frontex presence in North Macedonia, since April 2023.

The main nationalities of arrivals in North Macedonia in May 2024 were Syrian (47 percent), Moroccan (11 percent) and Egyptian (7 percent).[102] Needs echo those found elsewhere on the route, as well as clothes and shoes, personal hygiene and sanitary supplies, medicine and health services.[103]

Frontex presence on the Southern border with Greece has led to an increase in irregular migration, smuggling traffic accidents, increased injuries and hospital stays.[104] Pushbacks happen both at the southern border with Greece (where migrants are pushed back into Greece from North Macedonia) and at the northern border with Serbia (where migrants are pushed back from Serbia to North Macedonia).[105] Pushbacks sometimes involve violence and lead to injuries.[106]

Between January and June 2024, the RC of North Macedonia assisted 2,299 migrants at the HSP in Lojane, 2,744 migrants in transit centres, 206 migrants in the Centre for Foreigners, and 200 Ukrainian citizens. The RC of North Macedonia provides humanitarian assistance to migrants in government-run transit centres both in the north of the country, at the border with Serbia, in Tabanovce, and in the south, at the border with Greece, in Gevgelija.[107] Services provided include food, first aid, Water Sanitation and Hygiene (WASH), transport to/from hospitals, psychosocial support, NFIs, information and referrals, and RFL. The National Society also runs a Humanitarian Service Point in Lojane, near the border with Serbia, including a mobile team that provides assistance to migrants in the border area between North Macedonia and Serbia. Support to host communities near the HSP is also delivered. Another mobile team assists migrants who enter the country through the Southern border with Greece. In the capital city, Skopje, the National society supports migrants in the “Centre for Foreigners” (a detention centre) with primary health care there, psychosocial support PSS), and RFL in cases of

[101] The Platform for European Red Cross Cooperation on Refugees, Asylum-seekers and Migrants (PERCO), operational since 1997, is a group that brings together migration focal points from European NS, IFRC and the RC EU Office with the aim of strengthening cooperation amongst European National Societies so as to improve the situation of refugees, asylum seekers and migrants in Europe.

[102] IOM (2024) [Western Balkans — Mixed Migratory Flows Report \(May 2024\)](#).

[103] IOM (2023) [DTM North Macedonia — Flow Monitoring Surveys with Migrants Travelling through North Macedonia in 2023 \(June-August\)](#).

[104] IFRC (2023) Global Route Based Migration Programme Narrative Report 2023 - Red Cross of North Macedonia.

[105] ECRE (2024) [‘Balkan Route’](#).

[106] Red Cross of North Macedonia (2024) Semi Annual Report.

[107] The transit centre in Gevgelija is run as a detention centre where migrants’ freedom of movement is significantly limited. The National Society’s presence and services within the centre caused some confusion among the migrants about the relationship between the National Society and the authorities, prompting a Congolese migrant to ask the researcher if the National Society could allow them to leave the transit centre.

emergency. Ukrainians who have settled in North Macedonia also receive assistance from the National Society.[108]

These activities are partly funded by the IFRC Global Programme.

2.1.2 Serbia

As of 18 August 2024, IOM reports a total of 11,621 arrivals/transit in Serbia, a dramatic decrease compared to 2023, when 106 886 arrivals/transit were reported.[109]

According to the Red Cross of Serbia, in 2023, migrants stayed in reception and asylum centres for an average of two weeks before continuing their journey. The main nationalities were Syrian (67 percent), Moroccan (10 percent), and Afghan (8 percent). In 2023, the number of very young unaccompanied boys[110] from Egypt, Syria, Afghanistan, Morocco, Tunisia and Pakistan increased notably. Unaccompanied minors present one of the most vulnerable groups, very often exploited in different ways by the smuggling networks.[111] Many stay in squats in border areas outside formal government-run centres; in 2023 up to 4,000 migrants were living in squats. There is no functional protection referral mechanism for unaccompanied children staying outside the government centres.[112] The most frequently cited problems for migrants in Serbia include financial problems, hunger, robbery, lack of shelter, lost/stolen documents, and health issues.[113]

19 percent of respondents to an IOM survey have faced physical violence in Serbia.[114] InfoMigrants and Serbian NGO Klikaktiv report that the continued border closure between Hungary and Serbia, and the migrant pushbacks that have been taking place for several years have led to an increase in violence in the region “with criminal gangs occupying border regions and migrants becoming increasingly vulnerable to exploitation”.[115] Migrants are subjected to (sometimes violent) pushbacks from Serbia to Bulgaria,[116] Croatia,[117] North Macedonia,[118] and Hungary,[119] and to other forms of violence at the hands of the police in the north of Serbia.[120]

[108] Since the beginning of the crisis in Ukraine, 24, 372 Ukrainian citizens have arrived in North Macedonia, including 18, 212 people who have continued their journey to a third country. 454 Ukrainians are registered with the National Society for humanitarian aid. They receive support from the National Society with CVA, inclusion, health and PSS, NFIs (Red Cross of North Macedonia, 2024, Semi Annual Report)

[109] IOM (2024) [‘Mixed migration flows to Europe by sea and land’](#). DTM Dashboard.

[110] Children younger than 14.

[111] Klikaktiv (2023) [The Second Quarterly Report in 2023, \(April - May - June 2023\)](#).

[112] Klikaktiv (2023) [From Migration to Criminalization - Growing Oppressive Treatment Against People on the Move in Serbia - Annual Report 2023](#).

[113] IOM [Serbia — Flow Monitoring Surveys with Migrants Travelling through Serbia \(June-August 2023\)](#). [Displacement Tracking Matrix](#).

[114] Ibid.

[115] ECRE (2024) [‘Balkan Route’](#).

[116] Border Violence Monitoring Network (2024) [Illegal Pushbacks and Border Violence Reports](#).

[117] Klikaktiv (2023) [From Migration to Criminalization - Growing Oppressive Treatment Against People on the Move in Serbia - Annual Report 2023](#)

[118] The Guardian (2024) [‘Videos show migrants stripped of clothing in freezing temperatures at Serbian border’](#).

[119] ECRE (2024) [‘Balkan Route’](#); EU Fundamental Rights Agency (2024) [Fundamental Rights Report 2024](#).

[120] For example: “Police pushing refugees away from urban places, impeding their access to local shops, stealing money and groceries from refugees, as well as asking up to 300 euros per person to allow them to continue from a squat to the border area”. Klikaktiv (2023) [The Second Quarterly Report in 2023, \(April - May - June 2023\)](#).

In 2023, the Red Cross of Serbia supported 6,992 migrants with humanitarian assistance or protection activities at Protection, Empowerment and Prevention (PEP) points,[121] while 43,300 migrants were supported through leaflets, posters and relevant information sharing in six local branches.

In 2024, the Red Cross of Serbia provides humanitarian assistance and protection for migrants and host communities through various activities, including PEP points[122] in two locations along the route (Obrenovac and Palilula)[123] where volunteers run weekly information workshops, First Aid training and PSS for migrants. The National Society also provides non-food items at these points and responds to specific needs (such as accommodation for male victims of trafficking). Other local branches can provide assistance to migrants accommodated in reception centres across the country on a case by case basis. The National Society also runs an online platform “For Migrants, Where Migrants Are”, an online information hub for migrants in Serbia.

These activities are funded by the IFRC Global Programme.

2.1.3 Slovenia

Although Slovenia is not strictly part of the Western Balkan route as defined by the EU, it is an important transit country on the way to Western Europe. There was a large increase in arrivals in 2023 (totalling 60,587 people) compared to 2022, with numbers almost doubling: so far, in 2024 numbers appear stable.[124] This may be due to Croatia joining the Schengen Area in January 2023, making it easier for people to cross from Croatia into Slovenia. As a result, the government of Slovenia introduced additional measures at the border with Croatia in October 2023. [125]

In 2023, the main nationalities of migrants travelling through Slovenia were Afghan (29 percent), Moroccan (15 percent), Pakistani (9 percent), Bangladeshi (6 percent) and Syrian (6 percent).[126] UNHCR reports that in 2022 the vast majority of arrivals were Ukrainian citizens: as of May 2024, over 10,000 Ukrainians have been granted temporary or subsidiary protection in Slovenia.[127] The main humanitarian needs expressed by migrants in 2023 echo those found elsewhere on the route, as well as connectivity, legal aid, PSS, First Aid training, and social activities.[128] For Ukrainians - many of whom plan to remain in Slovenia - the top three needs are access to employment, health care, and language courses.[129]

The Human Rights Ombudsman in Slovenia rarely receives complaints with allegations of physical mistreatment of migrants by the Slovenian Police that could result in death or serious injury.

[121] In 2023, the RC of Serbia ran six PEP points. In 2024, it was decided to reduce this number to two.

[122] Volunteers run PEP workshops for two hours, once a week.

[123] These workshops are run in English and Serbian, as there is a shortage of relevant interpreters in Serbia.

[124] There were 31 161 new arrivals/transit in 2022. See IOM (2024) [‘Mixed migration flows to Europe by sea and land’](#). DTM Dashboard.

[125] IFRC (2023) [Route Trends: Analysis of 2023 IOM Data](#) (PowerPoint Presentation).

[126] IOM (2023) [Migrants Travelling to Europe by Land and by Sea](#).

[127] UNHCR (2023) [Slovenia Fact Sheet](#), February 2023; UNHCR (2024) [Slovenia Multi-Sector Needs Assessment](#).

[128] ⁱⁱⁱ Ibid.

[129] UNHCR (2024) [Slovenia Multi-Sector Needs Assessment](#).

However, considering the various reports from credible sources about widespread violations committed by Croatian authorities, the Ombudsman is concerned with allegations of denial of access to asylum procedure in Slovenia and returns of migrants to Croatia.[130]

In 2023, the Slovenian Red Cross supported 3,736 migrants with humanitarian assistance and protection. The main activity is the HSP located in the capital city, Ljubljana. It is located in the city centre, near the main bus and train station. It provides services that include distribution of NFIs (clothing, footwear, hygiene items), connectivity and RFL services, access to medical services (referrals and cultural mediation/interpretation), information, and referrals.[131]

The National Society also provides first aid training and NFIs for migrants in the Asylum Homes[132] run by the authorities. Local branches located outside of Ljubljana also provide services such as information, referrals, translation/interpretation, and financial assistance to Ukrainian citizens.[133]

These activities are funded by the IFRC Global Programme.

[130] Human Rights Ombudsman of the Republic of Slovenia (2021) National Report on the situation of human rights of migrants at the borders.

[131] Other services are also provided at the HSP: First Aid workshops; assistance with finding employment, housing, school enrollment; celebrations, sports days, language courses, and small scale repair activities.

[132] Reception centres for asylum seekers in Slovenia.

[133] Local branches located outside of Ljubljana do not provide direct assistance to migrants with an irregular status in Slovenia. They only provide direct assistance to Slovenians and migrants with regular status in the country, for example, Ukrainian citizens. However, they provide material donations to the government-run centres which are then distributed to migrants.

2.2 Central America



The Central American route includes Panamá, Costa Rica, Nicaragua, Honduras, El Salvador, and Guatemala.[134] While El Salvador, Guatemala, and Honduras were historically considered the main countries of origin in the region, over the past decade an increasing number of migrants from South America, the Caribbean (including Haitians and Venezuelans), Asia and Africa have travelled across Central America on their way to the United States, Canada and Mexico.[135] Between January and September 2023, over 500,000 people - predominantly from Venezuela, Ecuador and Haiti - crossed the perilous Darien jungle from Colombia before continuing on the Central American route.[136]

[134] IFRC (2022) Case for Support: Humanitarian Assistance and Protection for People on the Move.

[135] While the most frequent destination is usually the United States, in recent years Mexico has become not only a transit country, but also a destination country, due to the difficulties in reaching US territory. REDLAC (2020) Riesgos de protección en las rutas migratorias.

[136] UNHCR (2023) Guatemala - Monitoreo de movimientos mixtos - Informe anual 2023.

Since the early 2020s the profile of the migrant is no longer that of a working adult travelling alone. Today, most migrants crossing Central America travel in family units or as unaccompanied minors. In 2021, 57 percent of all migrants were travelling with family members (compared to just four percent in 2013), with unaccompanied minors accounting for six percent.

While countries in Central America have a long history with migration and displacement, changes in nationalities, ages and the proportion of women, children and adolescents crossing the region have resulted in evolving assistance and protection concerns.[137] On the Central American route, migrants lack access to essential services such as medical care, shelter, food, water[138] and sanitation. Multiple barriers prevent migrants from accessing much-needed services: a lack of capacity in overwhelmed health facilities, lack of information about available services, discrimination, lack of transportation, cost and language.[139] Many also experience discrimination, robbery, extortion, kidnappings, and sexual violence. Human trafficking is currently one of the most lucrative businesses for criminal groups in the region.[140] Médecins sans Frontières reports that authorities themselves have been directly involved in the violation of migrants' rights and abuses committed.[141]

In 2016, components of the Movement in the Americas met in Toluca and signed the first Red Cross Movement Plan of Action on Migration in the Americas (2017-2020) that operationalised their commitments to advocate for migrants, to respond to their needs, and to improve and strengthen coordination among Movement members (mostly at knowledge management level).[142] This Action Plan was subsequently replaced by the Migration Action Plan of the Red Cross Movement in the Americas (2021-2024), in which components of the Movement in the region reiterated their commitment to establish mechanisms to “follow up and facilitate a Movement coordination approach.”[143] Central American National Societies are part of the Global Route-Based Migration Programme, which provides a framework to coordinate activities and strive to implement continuity of care. In practice, this has led to several efforts to coordinate activities amongst National Societies, as well as with IFRC and ICRC, through regional meetings, peer to peer support, and operational collaborations.

[137] IFRC (2022) [Case for Support: Humanitarian Assistance and Protection for People on the Move](#).

[138] Access to drinking water along the route is limited and, frequently, people are left with no option but to drink contaminated or otherwise unsafe water sources. Médecins Sans Frontières (2024) [Violence, Desperation and Abandonment on the Migration Route - the Medical-Humanitarian Impact of an Unprecedented Crisis in Mexico and Central America](#).

[139] Ibid.

[140] Ibid.

[141] Ibid.

[142] IFRC and ICRC (2017), [Red Cross Movement Plan of Action on Migration in the Americas \(2017-2020\)](#).

[143] IFRC and ICRC, Migration Action Plan of the Red Cross Movement in the Americas 2021-2024.

2.2.1 Honduras

Honduras, traditionally considered a country of origin, is also a transit country, crossed by almost one million migrants over the last decade: since 2014, authorities have registered 993,306 migrants entering Honduras.[144] In 2023 entries of migrants with an irregular status to Honduras almost tripled compared to the previous year and continue to rise. From January to May 2024 UNHCR reported a 100 percent increase in entries of migrants with an irregular status in Honduras between January and May 2024 compared to the same period in 2023.[145]

Between January and May 2024, the main nationalities of migrants entering Honduras were Venezuelan (46 percent), Cuban (17 percent), Ecuadoran (6 percent), Haitian (6 percent), Colombian (5 percent) and Chinese (4 percent). The Honduran government has committed to provide transit migrants with a laissez-passer with no cost until the end of 2024, which allows them to travel through the country for five days without fear of arrest or deportation.

Migrants' needs in Honduras also echo those reported elsewhere on the route, as well as clothes, shoes, hygiene items, and information about their rights and humanitarian assistance.[146] In May 2024, 29 percent of people interviewed by UNHCR indicated that they were travelling with someone with specific protection needs, including survivors of violence, pregnant and/or breastfeeding women, persons with disabilities and older adults, among others. The Honduran RC also reports that migrants risk family separation during their journey, particularly migrant women and children.[147]

The Honduran Red Cross' work with migrants is guided by their Policy for Responding to Mobile Population 2023-25 and corresponding implementation strategy. The policy aims to coordinate, promote, strengthen, and consolidate comprehensive response mechanisms for the various types of mobile populations in Honduras. The Honduran Red Cross provides multiple services for migrants and returnees at eight HSPs across the country, including five HSPs dedicated to meeting the needs of transit migrants located along the route.[148] Services provided include RFL, telephone calls, battery charging and WiFi, healthcare, PSS, WASH kits, PGI (including services for survivors of human trafficking), Cash and Voucher Assistance (CVA), self-care messages, information and access to ICRC's RedSafe platform.[149]

[144] Honduran Red Cross (2024) Acciones Humanitarias en Movilidad Humana a través de la cooperación del Movimiento.

[145] ¹¹ UNHCR (2024) [Monitoreo de Movimientos Mixtos Honduras - Mayo 2024](#).

[146] UNHCR (2024) [Monitoreo de Movimientos Mixtos Honduras - Mayo 2024](#); Honduran Red Cross (2024) Acciones Humanitarias en Movilidad Humana a través de la cooperación del Movimiento.

[147] Honduran Red Cross (2024) Acciones Humanitarias en Movilidad Humana a través de la cooperación del Movimiento.

[148] Four of these HSPs provide ongoing services, while one is activated when migrant caravans are crossing the country.

[149] [RedSafe](#) is a digital humanitarian platform providing safe and secure services for people affected by conflict, migration and other humanitarian crises.

The Honduran RC developed an Early Action Protocol in December 2023, focusing on people in transit. The protocol provides for humanitarian assistance and protection (including health, WASH, PSS, RFL and protection services), which will be activated following a decision of the steering committee when specific triggers are reached in terms of arrivals and response capacities.[150]

The Honduran RC is supported by multiple partners and funders including the IFRC, ICRC, the Dutch, German, Spanish, Swedish, and Swiss Red Cross, ECHO, AECID, CERF-IOM, PADF-USAID, and the Fundacion Simon Bolivar.

2.2.2 Guatemala

Guatemala is a country of origin, transit, destination, and return.[151] Many Guatemalans leave their country due to insecurity, violence, and a lack of sustainable livelihoods and the number of those deported back to Guatemala rises every year.[152] The number of migrants in transit registered in Guatemala has mirrored the significant increase of people crossing the perilous jungle of the Darién National Park since 2022.[153] However, a slight decrease was noted by UNHCR from February to April 2024. The UN Agency reports that this is the result of the increase in patrols along the Mexico–Guatemala border as well as increased insecurity in some parts of Guatemala, pushing migrants to use alternative routes.

While, historically, people crossing Guatemala originated mostly from Honduras, El Salvador, and Nicaragua, the country has experienced a significant increase in Venezuelans and Haitians crossing the country in recent years.[154] In April 2024, 72 percent of people entering Guatemala were from Venezuela.[155] In 2023, UNHCR surveys revealed an increase in the number of women and children transiting through Guatemala (including a significant number under 5 years old).[156]

Migrants transiting through Guatemala face multiple risks and need assistance, similar to those found elsewhere on the route, as well as legal assistance[157] and information.[158] Children and adolescents require specific assistance to access psychosocial support, mental health services and education. 31 percent of the women surveyed by UNHCR reported having specific protection needs, compared to 12 percent of men. The main risks identified were the presence of single parents with minor children, women at risk, survivors of violence, and people with a critical or chronic medical condition.[159]

[150] The Honduran Red Cross developed this protocol with technical support from the German RC.

[151] UNHCR (2024) [‘Guatemala Data Portal’](#).

[152] Ibid.

[153] UNHCR (2024) [Mixed Movements Protection Monitoring Honduras - June 2024](#).

[154] UNHCR (2024) [‘Guatemala Data Portal’](#).

[155] UNHCR (2024) [Mixed Movements Protection Monitoring Honduras - June 2024](#).

[156] UNHCR (2023) [Monitoreo de movimientos mixtos](#)

[157] UNHCR (2024) [Mixed Movements Protection Monitoring Honduras - June 2024](#).

[158] Gonzalez, O. (2022) [Flujos migratorios en el norte de Centroamérica: brechas y oportunidades de intervención](#).

[159] UNHCR (2023) [Monitoreo de movimientos mixtos](#).

The Guatemalan RC, under its Policy on the Care and Protection of Migrants, Displaced Persons, and Asylum Seekers 2022-2026, provides multiple services to assist and protect returned migrants and those in transit, including at eight HSPs^[160] and through mobile assistance to migrants walking along the route. The National Society provides psychosocial support and livelihood opportunities, information and guidance about the humanitarian and protection services available, primary physical and psychological health care for populations in transit, RFL, activities promoting social cohesion, and safe referrals. The Guatemalan RC is supported by multiple partners and funders including the IFRC, ICRC, Spanish RC, ECHO, AECID, UNHCR, and IOM.

2.2.3 El Salvador

El Salvador's migratory context is complex and diverse. It has long been considered a country of origin due to factors such as civil war, gang violence, lack of economic opportunities and natural disasters.^[161] The estimated numbers of people crossing El Salvador remains very low in comparison to other Northern Central American countries. In recent years, structural changes with regards to security have led to an increase in the number of migrants transiting through El Salvador, now considered safer than Honduras, including migrants from Ecuador, Nicaragua, Dominican Republic, Venezuela, India and Colombia.^[162] However, it continues to be a country of expulsion and according to IOM data, between January and April 2024, 4106 adults have returned to El Salvador, predominantly men (68.7 percent) and a total of 943 children and adolescents. The main country of expulsion is the United States with 95.1 percent and 3.7 percent from Mexico'.^[163]

Regarding migrants in transit, between September 2022 and August 2023, UNICEF programmes in El Salvador identified 4,377 migrants in transit in the country, including 62 percent who were children and adolescents.^[164] While some migrants arrive in El Salvador by land, many also arrive by air as tourists before continuing their journey through Guatemala.^[165]

Transit migrants' needs and risks in El Salvador echo those found elsewhere along the route, as well as access to information, psychosocial services, and economic support. They often live in unsanitary conditions, leaving them vulnerable to infectious diseases. There are limited assistance and protection mechanisms in place to ensure their safety and dignity. Migrants may also face discrimination and xenophobia both from governmental and non-governmental actors, increasing their reluctance to seek help.^[166]

[160] CAMPiR El Cinchado, CAMPiR Agua Caliente, CAMPiR Santa Elena, CAMPiR Centra Sur, Sede Central Tegucigalpa, CAMPiR Tecún Umán, Delegación Tecún Umán, CAMPiR Quetzaltenango

[161] Salvadorean Red Cross (2024) Estrategia de migración y desplazamiento Cruz Roja Salvadoreña.

[162] Guatemalan Red Cross (2024) Informe encuentro transfronterizo Guatemala-Honduras-El Salvador-Panamá.

[163] Salvadorean Red Cross (2024) Estrategia de migración y desplazamiento Cruz Roja Salvadoreña.

[164] Salvadorean Red Cross (2024) Informe Diagnóstico.

[165] Salvadorean Red Cross (2024) Estrategia de migración y desplazamiento Cruz Roja Salvadoreña.

[166] Salvadorean Red Cross (2024) Informe Diagnóstico.

The Salvadorean Red Cross, currently developing its Migration and Displacement Strategy 2024 (in draft), provides humanitarian assistance and protection to returned migrants at HSPs and organises social cohesion activities with host communities. Their programmes are supported by Spanish RC with funds from the Spanish Agency for International Development Cooperation (AECID), as well as funding from IFRC within the ECHO Programmatic Partnership (ECHO-PP). Between October 2023 and February 2024 the National Society, with UNICEF support, conducted an assessment at the country's borders (Las Chinamas, El Poy and El Amatillo), in order to better understand the phenomenon of transit migration and plan future services accordingly.

Annex 3: Consistent approaches and information-sharing in Central America and the Balkans

This annex contains additional details regarding elements of continuity of care focused on consistency and information-sharing between National Society services along a route.

Consistent programmes

In Central America there are strong signs of consistent strategic approaches being developed along migration routes. This has often been fueled by project-driven collaboration and coordination, including the Global Programme, as well as funding from ECHO (Pilot Programmatic Partnership) and AECID. There is a Movement-wide Migration Action Plan in the Americas 2020-2024, which outlines a shared vision for the migration response across the RCRC Movement. Interviewees felt that this framework had helped to shape consistent approaches in practice across borders by building a shared understanding of what RCRC partners were trying to achieve through individual migration programmes.

While services that are provided to migrants vary between and sometimes within countries, there have been various efforts to explore standardisation of service offers and approaches. However, while in 2021 an HSP training for the Americas dedicated a full day to standardising National Societies' assistance to migrants, one interviewee explained their conclusion from the workshop that "National Societies were not ready for standardisation". While some felt this challenge persisted today, others spoke about how elements of consistent approaches had been developed more organically through National Societies working together. For example, a multi-disciplinary border response between National Societies in Ecuador and Colombia drove both National Societies to ensure that the services they provided were complementary, even if not exactly the same. Under the Global Programme, National Societies have been supported to participate in regional trainings on migration with the goal of developing common standards for HSPs. In 2024 a new HSP training was released by IFRC for this purpose. There are also plans under the Global Programme to create a digital platform to share experiences from responses in the region.

In Central America, strong emphasis has also been placed on the consistency and standardisation of services within countries, as part of coordinated national approaches. For example, in Honduras HSPs have been opened throughout the country as part of a country-wide plan. They are currently in the process of developing an internal methodological tool that outlines what each HSP should include. In Guatemala, activities across the country are organised under the National Society's migration strategy 2022-2026, which was described as helping to bring projects funded by different donors and partner National Societies under a consistent approach. The National Society tries to ensure that services in different locations have similar staff capacities, service offers and protocols to ensure minimum standards of support for primary healthcare and psychological support.

"We tried to ensure that everything that was provided at one point would be standardised at the following points [...] We believe that the teams should not work in isolation or separately, or that they should be like islands within the territory, but that they should work along the same lines. That is why the terms of reference are used in all parts of the country." - Partner National Society, Honduras

"In order for our assistance to be as uniform as possible, even though we have different types of interventions, different types of funding partners or projects with different approaches, we seek to ensure that these projects fit in with the strategic vision that migration policy is setting out. That is why we always try to have three people at each point of assistance, so that the teams are multidisciplinary: a nurse, a logistician and a psychologist in order to provide the same services at each point." - National Society staff member, Guatemala

A different picture emerged in the Balkans, where there is little sign of a shared regional strategic approach across borders in the countries where data was collected. While this is emphasised under the Global Programme in the region, National Society approaches appear mainly informed by their individual capacities, priorities and opportunities in the context where they work (including due to government restrictions). In the Balkans, many considered a shared regional approach unrealistic. As such, there was less consistency of services than in Central America. Some efforts have been made to develop common standards for activities through peer-to-peer support. Since 2022, regional exchanges and trainings have been organised on topics such as human trafficking, information management, and Planning, Monitoring, Evaluation and Reporting (PMER). Exchange visits, where National Society visit each others' programmes and share experiences, are also implemented as a popular peer to peer support activity.[167]

Greater efforts to achieve consistency were found within individual countries. For example, in North Macedonia National Society services are informed by shared Standard Operating Procedures (SOPs) between teams, with similar services provided in different locations. Cross-country minimum standards were also mentioned in Slovenia. In Serbia, the PEP points run similar weekly information workshops in different locations, and regular meetings are organised between teams to exchange information and learnings. National Society staff in Serbia also highlighted standardised training for staff and volunteers across the country.

[167] For example, some examples include volunteers from Montenegro and Bosnia and Herzegovina Red Cross travelling to Serbia to learn about the Red Cross of Serbia's migration programmes, and Red Cross of Serbia volunteers travelling to Slovenia to visit the HSP in Ljubljana.

“It’s the same programme: both teams in the transit centres are part of the same programme, work with the same criteria, same number of team members, same activities: humanitarian support, first aid, PSS, RFL”. - National Society staff member, North Macedonia

Information-sharing

Across both Central America and the Balkans information about migrants’ needs and dynamics along routes is being shared in various ways. Information-sharing is a key part of participation in cross-border (semi) permanent coordination platforms and peer-to-peer support. In the Balkans, some National Societies regularly attend meetings of PERCO.[168] In April 2024, a regional meeting was held in Guatemala, attended by the Panamanian, Honduran, Salvadoran Red Cross, and Guatemalan Red Cross. The meeting followed several previous meetings in the region. Ways to connect different services and enhance communication across borders were explored, such as cross-border referral systems.

In both regions, project-driven collaboration and coordination involving information-sharing is also taking place, in the context of the Global Programme for example. In the Balkans, monthly coordination calls are organised to exchange information about the route, including topics such as regional trends, migrants’ vulnerabilities, needs, risks and services provided.[169] In Central America there are plans under the Global Programme to create an accessible monitoring tool for Guatemala, Honduras, El Salvador, Costa Rica and Panama to analyse the movement of people and responses to migrants and displaced persons.

In Central America it was clear that information being shared between National Societies is directly informing programmes, shaping ad-hoc and formalised operational collaboration and coordination. Many National Societies are building on bilateral connections with other National Societies to shape their programmes.[170] National Societies use a WhatsApp group to exchange information. For example, Panamanian Red Cross colleagues share information in the group about arrivals in Panama so that other National Societies can anticipate movements of people later along the route. Similarly, the National Societies in Panama and Colombia share information about large groups of arrivals and the two National Societies are working on SOPs to facilitate operational communication.[171]

[168] The National Society in North Macedonia is not a member of PERCO.

[169] The Global Programme in Europe also includes two in-person meetings per year. Some regional events like exchange visits, trainings on information management and anti trafficking were also held.

[170] For example, there are bilateral connections between the National Society in Guatemala with Honduras and Mexico; in Honduras with Mexico, El Salvador and Guatemala; in Colombia with Ecuador and Panama; and in Panama with El Salvador and Colombia.

[171] Van Doosselaere, S. and Anderson, K. (2023) Collective Action for Global Impact: Understanding and Strengthening Red Cross and Red Crescent Society Coordination and Collaboration Along Migration Routes.

In Honduras and Guatemala, the National Societies (together with ICRC) have cooperated since the migrant caravans began in Honduras in 2014-15, with connections sustained ever since and now including a shared WhatsApp group. In 2022, a first cross-border meeting was held between the Mexican and the Guatemalan Red Cross, aiming at sharing information about services provided on both sides of the border in El Ceibo, and reinforcing operational and communication security. Following this meeting, a draft Operational and Communication Security Protocol between both National Societies was elaborated.

In the Balkans, while plenty of meetings are taking place and information is being shared between National Societies about route dynamics, it is unclear how far this is currently informing programme design and delivery. National Societies felt that this was no longer relevant given relatively low arrivals. National Societies pointed to operational use of information-sharing about route dynamics in 2015-16, helping them to plan the humanitarian response when numbers travelling through the Balkans were much higher. Many felt that this had been helpful to inform programmes and some felt it could be replicated should numbers increase again.

“In 2015 we were sending emails about the number of people crossing the country to National Societies in Serbia and Croatia. We do coordinate, but it could always be better.” - National Society staff member, North Macedonia

“During the peak of the crisis, we had very good relations with colleagues from North Macedonia as they were the country migrants entered from. On a daily basis we received numbers of migrants who entered North Macedonia and it was very important as travelling through North Macedonia took about 4 to 5 hours, so we could expect the same number in 5 or 6 hours in our first reception points in the south [...] When you have a predicted number of beneficiaries so you can make some sort of plans and you can count on your capacities, request additional items.” - National Society staff member, Serbia

Similarly, in the Balkans cross-border information-sharing for follow-up and case management with individual cases is rare today. It appeared most prominent in Slovenia, although still relatively scarce. [172] When this happens it is usually part of temporary and/or ad hoc operational collaboration in specific areas, such as RFL[173] or anti-trafficking cases. Again, it was emphasised that this happened more regularly in 2015-16 when numbers of migrants were higher. For example, the National Society in North Macedonia spoke about coordinating with the Serbian Red Cross to transport migrants with special needs across the border in 2015.

[172] A couple of examples were provided relating to cases of suspected human trafficking or medical continuity of care: one such example involved the Slovenian Red Cross contacting the Italian and Austrian Red Cross in the hope of finding a migrant who had left Slovenia before receiving the (life-threatening) results of medical tests performed in Slovenia. Another related to unaccompanied minors who were suspected victims of human trafficking. The Slovenian Red Cross informed the Italian Red Cross about the minors heading to Italy and provided them with information about anti-trafficking services in Italy.

[173] The global Family Links Network inherently relies on various modalities of collaboration and coordination between the components of the Movement, in particular the ICRC and the National Societies, to carry out RFL activities. For more details, see Van Doosselaere, S. and Anderson, K. (2023) Collective Action for Global Impact: Understanding and Strengthening Red Cross and Red Crescent Society Coordination and Collaboration Along Migration Routes.

In contrast, National Societies in Central America sometimes share information with each other about individual cases to facilitate continuous follow-up and case management across borders. This includes many examples of temporary and/or ad hoc operational collaboration, which sometimes have led to more formal arrangements. For example, the Honduran Red Cross will send information about specific cases to the Guatemalan Red Cross so that local teams look out for them to provide services. Efforts are also being made between the Honduran and Guatemalan Red Cross to formalise bilateral communication mechanisms about gender-based violence (GBV) and human trafficking cases. Other examples of cross-border operational collaboration and coordination in Central America include RFL, specific activities and/or protocols in response to the needs of returned migrants (including transporting injured or sick migrants back to their countries of origin, with support from ICRC), and medical transport between Guatemala, Honduras and El Salvador.

Across both routes, examples were found of strong information-sharing within countries, between different National Society branches and with headquarters. This was again most developed in Central America. In Honduras, there are regular meetings between headquarters and field teams to discuss needs, progress and plans for future support. Coordinators from different HSPs are well connected, with protection and health cases often referred for assistance at other HSPs, or to services from other providers, with support from relevant focal points at headquarters. In some cases HSP teams support each other, for example dispatching medication that has run out of stock at another HSP or providing surge staff when an HSP is overwhelmed by demand. A shared cash assistance database is used to reduce duplication in assistance provided by different HSPs.

“If there is a health case with more specialised care [needs] they are transferred from Danlí to the Tegucigalpa school hospital and are followed up from this point. They are also supported with food, transfer, medicine, lodging.” National Society volunteer, Honduras

In Guatemala, teams working across the country coordinate through a Whatsapp group and telephone calls, sharing information about arrivals and coordinating activities. At some service locations a case registration database is used to record population-level information about needs and assistance that has been provided. Some instances were also recorded of referrals between service locations, including for psychosocial support and health follow-ups.

“If we see a caravan coming in, we notify the next facility so they can prepare with supplies [...] We have a team of nurses with whom we discuss emerging diseases and significant cases that could occur in Puerto Barrios before they arrive here.” National Society staff members, Guatemala

Internal information-sharing appeared sometimes weaker and more centralised in the Balkans, where this was often primarily channelled through headquarters or individual programme coordinators. In Serbia, there are no databases and few formal mechanisms to share information. However, National Society staff spoke about informal conversations with colleagues at headquarters to troubleshoot difficult cases and phone calls with colleagues in other locations to share information about significant changes. For example, when a government reception centre in the north was closed and migrants were due to be moved to other centres, colleagues near the new locations were given a heads up.

In contrast, internal information-sharing appeared stronger in North Macedonia. Staff across the country rarely meet in person but there are regular exchanges to share information about migrant arrivals and facilitate ongoing follow-up for individual cases. Follow-up and information-sharing about individual cases tended to focus on cases where transportation was needed between the North and South for RFL and medical care, in coordination with the authorities. It was explained that individual follow-up was usually done through the National Society's Field Coordinator, who acted as a "bridge" between teams in the North and South.

However, field teams are now communicating directly through a shared Viber group to share wider information about needs in different locations.

"The different [North Macedonia] Red Cross teams are on Viber and so we communicate with each other. Viber groups are very useful. Every morning I always input information about how many migrants are here, when new migrants arrive, the problems we face." - National Society volunteer, North Macedonia

