

FYR MACEDONIA

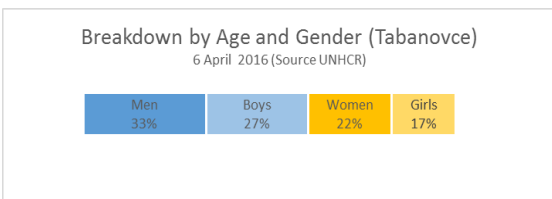
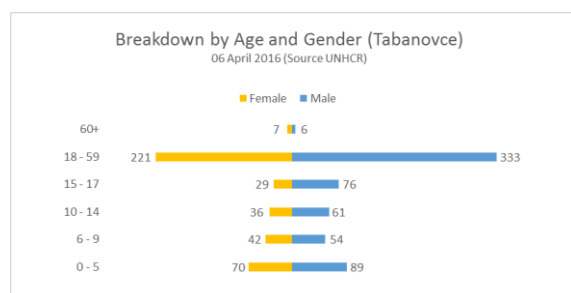
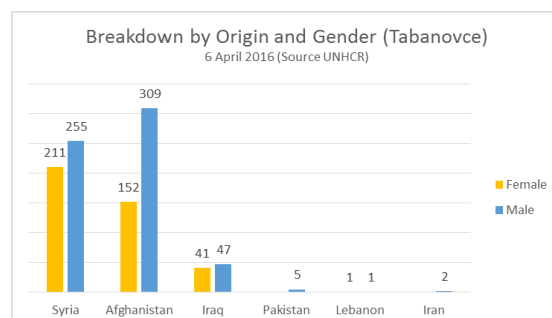
6 April 2016

PROFILING OF PERSONS OF CONCERN IN TABANOVCE SITE (UPDATE 2)

Methodology: The profiling exercise was initially conducted by UNHCR in Tabanovce site and at the border from 17 to 19 March with the assistance of one Arabic and one Farsi speaker, following the UNHCR age, gender and diversity (AGD) approach. The teams profiled the refugees and migrants on an individual basis in family groups noting nationality, age, gender, and specific needs. Statistics and information are updated regularly.

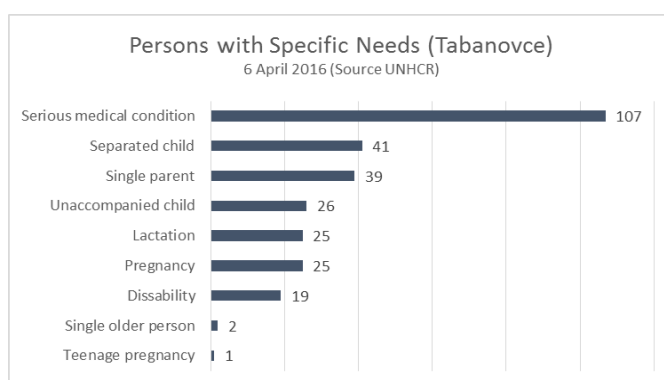
SOCIO-DEMOGRAPHIC INFORMATION

- **1024 persons / 319 households** are staying inside the site. All people from the border relocated to either the Tabanovce site or to Vinojug reception centre.
- **45.5%** from Syria, **45%** from Afghanistan, **8.6%** from Iraq, **0.9%** from Iran, Lebanon, and Pakistan.



- **339 men; 280 boys; 228 women; and 177 girls**

BREAKDOWN BY SPECIFIC NEEDS¹



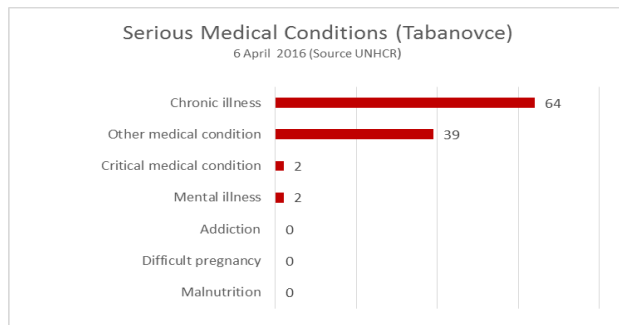
The profiling exercise was undertaken in order to **identify individuals and groups with specific needs** that may have not come forward on their own to make their needs known, especially within the following categories: girls and boys at risk, including unaccompanied and separated children; persons with serious health conditions; single women; women-headed households; persons with disabilities; older persons at risk; etc.

The information collected will be used to **prioritize individuals with specific needs in protection and assistance responses** with the urgency required (individuals who require immediate attention vs. those whose needs require medium term follow-up) as well as develop appropriate referral mechanisms with other actors who have the expertise and capacity to support these individuals.

¹ A number of the specific needs were self-declared by the persons of concern as at the stage of profiling there was no mechanism to verify statements, namely medical conditions.

Serious Medical Conditions

Serious medical conditions that require assistance in terms of treatment or provision of nutritional and non-food items.



Examples:

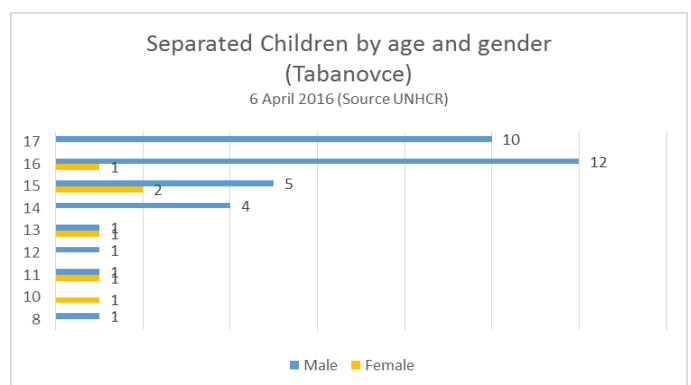
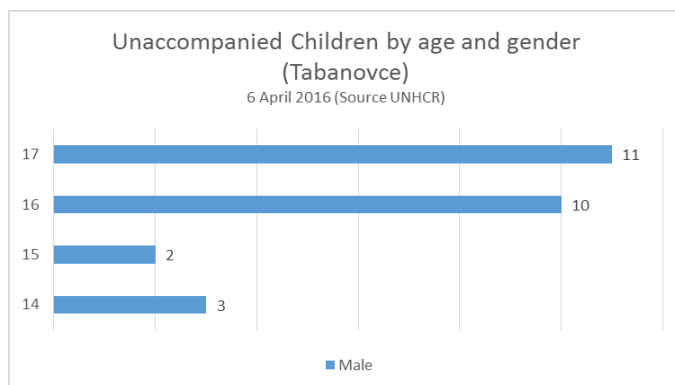
- Critical conditions: bone marrow disease
- Chronic illnesses: diabetes, respiratory illness, cancer, heart disease, back problems, thyroid, high blood pressure, asthma, rheumatism/arthritis, etc.
- Other medical conditions: scabies, injuries, dental problems, infections, etc.
- Mental illnesses: anxiety

Recommendations:

- Refer persons with urgent medical needs and chronic medical conditions to health care providers for immediate treatment.
- Enhance outreach by mobile teams to identify additional medical cases – Red Cross and Ministry of Health.
- Expand awareness raising activities and improve hygienic conditions including access to hot running water to prevent the spread of contagious diseases such as scabies, lice, etc.
- Share information about available medical services including locations and schedules – explain that Red Cross only provides first aid.
- Procure necessary medications, including anti-biotics. Refugees are unable to buy the medicines they need even if they have the money, while some others do not have money to buy medicine.
- Presence of skilled doctors (rather than nurses) and interpreters for medical services 24/7.
- Provide appropriate food for persons with specific medical conditions like diabetes or who have allergies.
- Ensure that persons distressed by mental health and psychosocial problems have access to appropriate care.

Unaccompanied or separated children (UASC) and children at risk

UASC: Persons below the age of 18 who are currently not under the care of either a parent or other legal or customary primary caregiver. Children at risk: Person below the age of 18 who is at risk due to his/her age, dependency and/or immaturity.



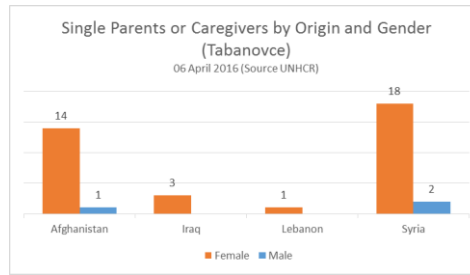
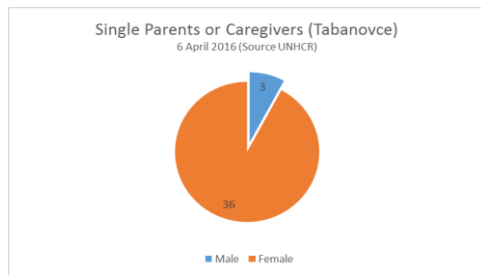
- **26** are Unaccompanied Children: all boys in the age group 14-17 (23 from Afghanistan, three from Syria)
- **41** are Separated Children: 35 boys and six girls (31 from Afghanistan, seven from Syria, three from Iraq)
- **Two** are children at risk (one child parent, one teenage pregnancy)

Recommendations:

- Organize training for social workers and partners on conducting Best Interest Assessments.
- Conduct Best Interest Assessments for UASC and other children at risk.
- Conduct participatory assessments with UASC on specific themes, such as safety, health, etc.
- Ensure that girls and boys with specific needs receive targeted support, including tailored distributions.

Single parents or caregivers

Single person or person travelling alone of 18 years or above with one or more dependants, including biological or non-biological children, or other dependants (such as an older person).



- 39 are single parents or caregivers (36 women, three men).
- 20 are from Syria, 15 from Afghanistan, three from Iraq, and one from Lebanon.
- One woman head of household is pregnant.

Recommendations:

- Conduct participatory assessment with this group in order to determine their safety and protection concerns, as well as their most vital needs and required services.
- Single parents can be more vulnerable since they have often lost their support system. Put in place SGBV prevention and response measures to protect these individuals.

Breastfeeding mothers

Infants and children need adequate nutrition in the first two years of life for their wellbeing and development; otherwise the child could suffer irreversible damage. Emergency situations can seriously threaten breastfeeding practices and subsequently impact child nutrition, health and survival.

- 25 women are breastfeeding mothers present in the site



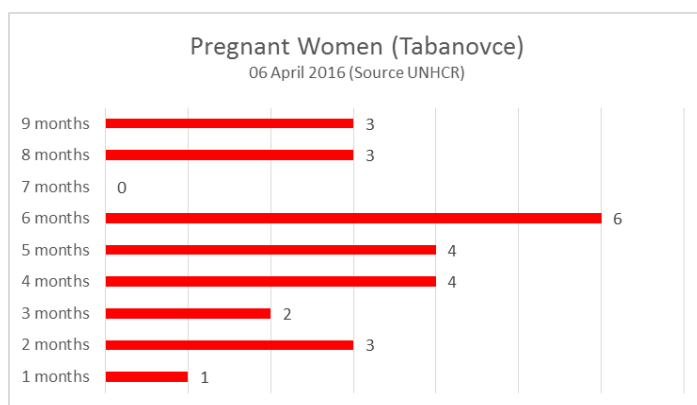
Recommendations:

- Provide a safe and private space for mothers to breastfeed their babies as a woman’s ability to “let-down” milk can be impaired by stress and create “mother-to-mother” support.
- Determine if women/girls may need to be enrolled in a supplementary feeding or nutrition program for medical or other reasons.
- Monitor unregulated distribution of breast milk supplements, such as powdered milk, as they may undermine a woman’s efforts to breastfeed.
- Specific and extra efforts must be promoted to ensure that a woman’s right to breastfeed is promoted – if necessary specialist support could be provided to reinforce and restore their confidence and capacity to breastfeed.

Pregnant women

Pregnant women may have more limited mobility, especially in advanced stages of pregnancy, and may have to rely more heavily on the support of partners or family members if they have them.

- 25 women/girls are pregnant, including one teenage pregnant girl and four women who are nine months pregnant.



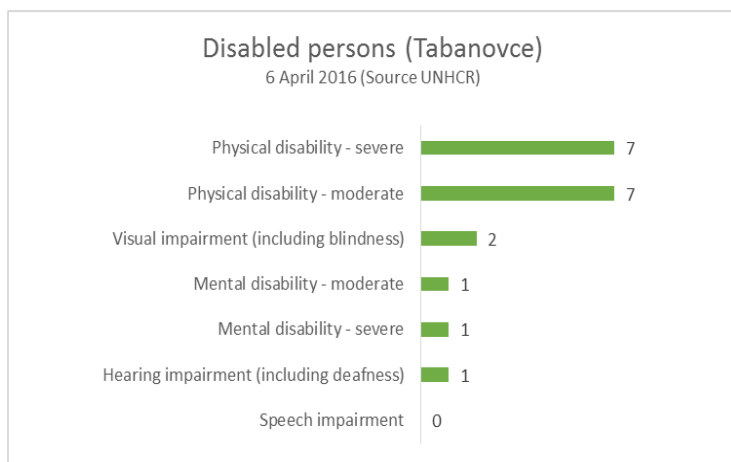
Recommendations:

- Ensure access to the gynaecological clinic for regular screening, and provide information on what to do and where to go if the woman goes into labor.
- Provide additional NFIs to pregnant women such as appropriate clothing.
- Make certain women have access to nutritious and sufficient food, and are “fast-tracked” in the distribution process (also for NFIs).
- Provide each pregnant woman with adequate shelter, including a bed/mattress.

Persons with disabilities

Persons with disabilities who require assistance to access services, including distributions as well as infrastructure that is accessible to persons with limited mobility.

- 19 persons have disabilities with limited access to services, of which 5 women, 10 men, 1 girl, and 3 boys.



Recommendations:

- Conduct participatory assessments in order to identify their needs and the difficulties they may face in meeting them. Monitor and follow up on the situation of persons with disabilities.
- Ensure that persons suffering from moderate or severe physical or mental disabilities have access to appropriate care.
- Identify families that include individuals with impaired movement. In consultation with them, move such families close to facilities and services in the centre.
- Ensure food and other distributions are accessible to persons with limited mobility. Consider separate queues, transport support, or “home delivery”.

Older persons at risk

Persons 60 years old or above, with specific needs in addition to their age, including single older persons, frail older persons and older couples, who require assistance to access services, including distributions.

- Two are male single older persons at risk.



Recommendations:

- In consultation with them, move them close to facilities and services in the site.
- Ensure that protection and assistance programmes are accessible to older persons on an equal footing as they specifically complained that they did not have access to distributions (i.e. ensure they can obtain food or non-food items through distributions, monitor and consider creating separate queues, provide transport, set-up “home delivery”).
- Identify their other needs and the difficulties they may face in meeting them. Monitor and follow up the situation of older persons.

General recommendations:

- Establish and maintain a confidential individual case management system.
- Constantly reach out to the population to identify, monitor and follow up on additional cases that may exist.
- Fully inform individuals with specific needs of the protection and assistance services that they are entitled to access, notably distribution systems.
- Provide mental health and psycho-social support by specialists as needed across different groups.
- Put in place SGBV prevention and mitigation measures, and strengthen referral mechanisms. Also, procure PEP kits and preposition one or two in each site.
- Ensure access to family planning and reproductive health services.

Please contact UNHCR for any specific request for statistics or other information regarding this population.

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Links: [Facebook - UNHCR Skopje](#) ; [Refugee/Migrants Emergency Response - Mediterranean](#)