

IMPACT OF THE COVID-19 ON VULNERABLE GROUPS AND GROUPS AT RISK

CAUSES, OUTCOMES AND RECOMMENDATIONS



The publication does not represent the official position of the Government of the Republic of Serbia, nor of the Government of Switzerland. All terms used in the publication in the masculine grammatical gender include the masculine and feminine genders of the person to whom they refer.

Design by MaxNova d.o.o Belgrade

IMPACT OF **THE COVID-19**
ON VULNERABLE GROUPS AND
GROUPS AT RISK

CAUSES, OUTCOMES AND RECOMMENDATIONS

Belgrade, 2020.

CONTENT

INTRODUCTION	3	THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON PEOPLE LIVING WITH HIV/AIDS.....	70
THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON ROMA MEN AND WOMEN	4	THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON HUMAN RIGHTS DEFENDERS	74
THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON YOUNG PEOPLE.....	18	THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON JOURNALISTS AND THE MEDIA	82
THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON HOMELESS PEOPLE	30	POVERTY IN THE REPUBLIC OF SERBIA	92
THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON LGBTI PEOPLE	40	PROPOSED MEASURES FOR PREVENTION AND RESPONSE TO ADDITIONAL VULNERABILITIES CAUSED BY THE COVID-19 EPIDEMIC.....	98
THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON PERSONS WITH DISABILITIES.....	50	RECOMMENDATIONS FOR ACTION IN THE EVENT OF A NEW WAVE/POST-CRISIS PERIOD.....	106
THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON PERSONS DEPRIVED OF LIBERTY	64		

INTRODUCTION

The analysis "**Impact of the COVID-19 on vulnerable groups and groups at risk - causes, outcomes and recommendations**" represents a comprehensive mechanism for addressing the causes of social exclusion of certain groups in the Republic of Serbia. The study presents the negative consequences of the current epidemic on vulnerable groups and groups at risk and identifies immediate, underlying and structural causes the intensifying of which (during the state of emergency and the overall crisis) has led to magnified or new forms of inequalities. The findings and recommendations are directed towards the Government of Serbia, development partners and other actors whose actions directly contribute to the advancement of the position of the groups in focus.

The analysis firstly focuses on social groups that traditionally face the highest risks of discrimination, poverty or social exclusion, but also includes the groups that had been identified as groups at risk, according to the findings of United Nations Human Rights Mechanisms, as well as to continuous exchange with the civil society organizations. Therefore, the analysis considers outcomes and causes that concern the Roma, persons with disabilities, the LGBTI, homeless people, people living with HIV/AIDS, persons deprived of liberty, the youth, human rights defenders and the journalists.

In the methodological sense, the analysis is driven by an approach based on human rights and the Leave No One Behind principle in the context of the Agenda 2030 and Sustainable Development Goals. In addition to these analytical sections, the study explores poverty trends and movements in the Republic of

Serbia, and for that purpose explores the most recent results of the SILC survey from October 2020 (Survey on Income and Living Conditions). The analysis considers the time span from March to September 2020, while the data on poverty are updated with findings from October 2020.

In the assessment of the impact of the state of emergency, the adopted measures and COVID-19 crisis on particular social groups, in addition to the analysis of the existing national, regional and international reports, a great contribution has been given by the civil society organizations, national and local, which played a key role in continuous interaction with rights holders and providing direct assistance of different kinds during the state of emergency and onward. A total of 54 organizations provided response to questionnaires for the purpose of this analysis, out of which the majority either represent groups in focus or have been actively and continuously advocating for the realization of their human rights.

The analysis is a result from a partnership between the United Nations Team for Human Rights in Serbia (with the support from the Office of the UN High Commissioner for Human Rights OHCHR) and the Team for Social Inclusion and the Reduction of Poverty of the Government of Serbia (with support of the Government of Switzerland). We are certain that the findings and recommendations from the analysis provide solid basis for further investment from all interested actors towards the achievement of greater equality and access to rights, services and support, as well as higher resilience of the society as a whole.

1 THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON ROMA MEN AND WOMEN



The reports coming from the overview of the UN human rights mechanisms¹ as well as other relevant sources² continuously indicate the very difficult position of the Roma national minority in the Republic of Serbia. With the outbreak of the epidemic caused by the coronavirus, it can be assumed that the risk of discrimination and socio-economic marginalization and social exclusion increased multiple times. There are new risks as well as, particularly affecting the poorest sections of the Roma community, without sustainable income and access to basic living conditions (clean water, electricity, sanitation, etc.).

According to the 2011 Census, Roma men and Roma women constitute around 2.1% of the population in Serbia³ and are recognized as one of the most vulnerable groups based on the degree of social exclusion and poverty rate.⁴ Despite significant improvements

in the previous years, the educational structure of Roma men and women is still very unfavourable.⁵ Total number of unemployed people of Roma nationality registered at the National Employment Service in 2019 was 25.918 (49.6% Roma women)⁶ and consequently they have been recognized as one of priority groups to receive employment support. Adequate housing is still a big issue, especially in relation to the poorest categories of Roma population from informal settlements, with no access to basic infrastructure and services.⁷

Warnings and recommendations issued by international bodies and mechanisms for human rights in the context of COVID-19 pandemic and emergency measures, related to the position and rights of Roma men and Roma women can be grouped in several key areas:

-
- 1 Concluding observations of the Committee on Economic, Social and Cultural Rights regarding the second periodic report of Serbia; Concluding Observations of the Committee on the Elimination of Racial Discrimination in relation to the combined second, third, fourth and fifth periodic reports of Serbia; Concluding observations of the Committee on the Elimination of Discrimination against Women in relation to the fourth periodic report of Serbia; Concluding observations of the Committee on the Rights of the Child regarding the second and third periodic reports of Serbia; Report of the Special Rapporteur on Adequate Housing on her visit to Serbia, Report of the Special Rapporteur on the Human Rights of Internally Displaced Persons on Serbia visit, all available at: <https://www.ohchr.org/EN/Countries/ENACARegion/Pages/RSIndex.aspx>
 - 2 Annual Progress Reports of the European Commission, (2006-2019), available at: <https://www.mei.gov.rs/srp/dokumenta/eu-dokumenta/godisnji-izvestaji-ek>
 - 3 Svetlana Radovanović, Aleksandar Knežević, *Roma people in Serbia: 2011 Census of Population, Households and Dwellings in the Republic of Serbia*, Statistical Office of the Republic of Serbia, Belgrade (2014)
 - 4 The Strategy for Social inclusion of Roma in the Republic of Serbia for the period from 2016 to 2025, available at: <https://ljudskaprava.gov.rs/sh/node/19980>
 - 5 19.5% of Roma older than 14 did not complete primary school (66.6% women); 33.3% completed primary school (43.9% women), 11.05% completed high school (30.4% women), 0.7% graduated from college and university (32.06% women), Svetlana Radovanović, Aleksandar Knežević, op.cit.
 - 6 Report on the work of National Employment Service for 2019., National Employment Service, Belgrade, 2020, pg. 8
 - 7 United Nations Human Rights Mechanisms, available at: <https://www.ohchr.org/EN/Countries/ENACARegion/Pages/RSIndex.aspx>; Aleksandar Đorđević, Substandard Roma Settlements in Serbia: An Overview from Geographic Information System for 2016 <https://www.osce.org/files/f/documents/7/0/309401.pdf>; The results of the 2017 analysis of the World Bank and the United Nations Development Program show that there are significant differences between housing conditions and access to basic infrastructure for Roma and the general population - 21% of Roma do not have adequate access to drinking water, compared to 4% of non-Roma population; 38% of Roma are not connected to the sewerage network, compared to 24% of the majority population, and 31% of Roma do not have a toilet, in comparison to 6% of the majority population. There is a significant difference in relation to the indicator of housing overcrowding, so 65% of Roma live in overcrowded housing compared to 21% of the non-Roma population, available at: <https://www.eurasia.undp.org/content/rbec/en/home/library/roma/regional-roma-survey-2017-country-fact-sheets.html>

1. Unobstructed access to rights and services: it is necessary to secure continual access to sufficient amount of clean water, soap and disinfectants, as well as personal protective equipment for the poorest categories of the population, especially those living in informal settlements,⁸ to secure health care and social services,⁹ access to internet and other means of communication and information¹⁰ and to secure freedom of movement. States have particular responsibility given the structural discrimination members of Roma national minority are exposed to.
2. Provision of financial support: it is necessary to create measures to alleviate additional risk for Roma men and women with low paying jobs almost exclusively in the informal economy, with no resources to stay home for a longer period of time, which brings them in the position to choose between compromising their health and losing their income.¹¹ States are obliged to consider introducing measures for unconditional cash transfers with the aim of sustaining adequate standard

of living, as well as introducing a moratorium on forced evictions and power and water outages.¹²

3. Combating xenophobia and racial discrimination: all available measures should be undertaken in order to prevent the response to the pandemic contributing to xenophobia and racial discrimination, including harassment, hate speech, spread of discriminatory stereotypes and conspiracy theories towards certain national and ethnic groups.¹³ States should protect the most vulnerable without delay, including members of the minorities.¹⁴

During June 2020, civil society organizations involved in promotion and protection of the rights of Roma men and women in Serbia participated in a survey on socio-economic impact of COVID-19 epidemic on the rights of Roma men and women in Serbia.

As basic risks Roma men and women faced with in everyday life, before the outbreak of the epidemic caused by coronavirus, 84.21% of surveyed civil society organizations state the risks in access to work

8 Leo Heller, Special Rapporteur on the human rights to safe drinking water and sanitation, available at: <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25738&LangID=E>, Leilani Farha, Special Rapporteur on the right to adequate housing, available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25727&LangID=E>, Cecilia Jimenez-Damary, Special Rapporteur on the human rights of IDPs, available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25763&LangID=E>

9 The Committee on Economic, Social and Cultural Rights: Statement on the Covid-19 Pandemic and Economic, Social and Cultural Rights, available at: <https://www.ohchr.org/en/hrbodies/cescr/pages/cescrindex.aspx>

10 David Kaye, Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression, available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=26075&LangID=E>

11 Philip Alston, Special Rapporteur on extreme poverty and human rights, available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25815&LangID=E>

12 Huan Pablo Bohoslavski, Independent UN Expert on foreign debt and human rights available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25732&LangID=E>

13 E. Tendayi Achiume, Special Rapporteur on racism, available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25739&LangID=E>

14 Fernand de Varennes, Special Rapporteur on minority issues, available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25757&LangID=E>

and sources of income, same percentage of organizations state risk in the area of access to adequate housing, including access to clean water and electricity, as well as risk of discrimination, whereas 78.95% of organizations indicate a risk of poverty, as well as risks in the area of access to information and communication. As high as 73.68 % of organizations reco-

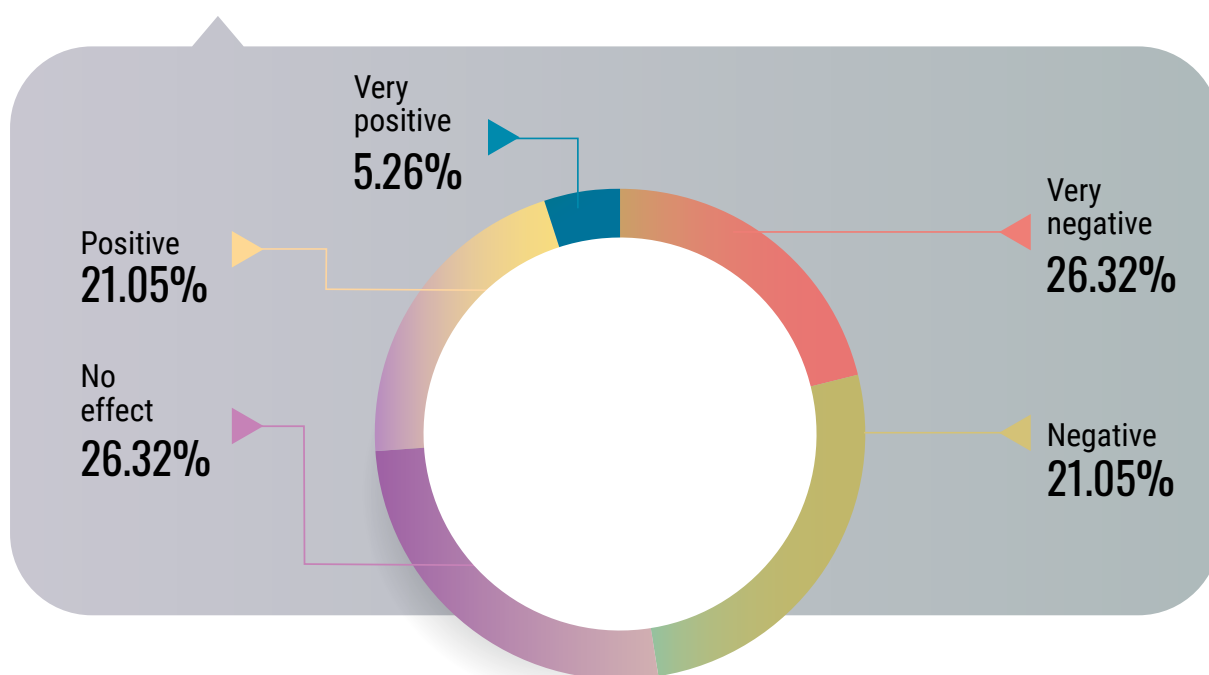
gnize that Roma men and women encounter risk in the area of access to health care, 68.42% of organizations states risks in the area of social protection, access to personal documents and access to justice, while 63.16% of organizations indicate risks in the area of inclusive education.

Table: Areas with increased risks during COVID-19 epidemic, according to civil society organizations that participated in the survey:

AREA	PERCENTAGE OF ORGANIZATIONS THAT BELIEVE THE RISK HAS INCREASED DURING THE COVID-19 EPIDEMIC
Access to work/sources of income	84.21%
Access to adequate housing/clean water/electricity	78.95%
Risk of poverty	78.95%
Social protection	78.95%
Barriers to accessing information and communication	73.68%
Access to health care/health mediators	68.42%
Access to personal documents	68.42%
Inclusive education	68.42%
Discrimination	68.42%
Access to justice/fair trial/legal protection	57.89%

ROMA MEN AND WOMEN

Less than half of the organizations that participated in the survey (47.37%) believe that the impact of measures of the Government of Republic of Serbia during the state of emergency and COVID-19 epidemic on the rights and life of Roma men and women was negative, (26.32% rates as very negative, and 21.05% as negative), whereas 26.31% considers the impact was positive.



Majority of the organizations (94.74%) agree that certain groups of citizens of Roma nationality were at additional risk of increased vulnerability due to measures introduced during the state of emergency. The following are stated to be particularly vulnerable groups: residents of informal settlements with no access to clean water and electricity; collectors of secondary raw materials, seasonal workers, people engaged in trade, farmers' market retail and music, who lost basic income due to restrictions in movement and public health measures; legally invisible persons who did not receive humanitarian assistance from the state because they are not registered in Centers for Social Work; children due to more difficult

or no access to inclusive quality education; Roma women due to increased risk of violence, child birth at home outside the health care system during the state of emergency, increased house workload and loss of work during the state of emergency; Roma men and women with disabilities, especially those living in rural areas due to lack of system support and members of Roma nationality older than 65 years who do not receive pension, social care and have no access to soup kitchens.

Less than half of the organizations believe that measures introduced during the state of emergency impacted Roma women differently in comparison to

Most of the organizations disagree (52.63%, and 21.05% strongly disagree) with the statement that Roma men and women were recognized to a sufficient extent as a high-risk group in relation to decisions and implementation of Governments measures during the state of emergency. 26.32% of organizations agree with this statement.



Roma men (42.11%), and areas where this difference in impact is reflected are primarily related to increased risk of family and partner violence¹⁵ and lack of support in cases of violence. Organizations also state the increase of work around the household for Roma women, including everyday assistance to school aged children with school assignments, caring for the sick and older members of the family household and fetching water in settlements that do not have access to clean water.

Young Roma men and women are recognized as a group exposed to special risks during the state of emergency (68.42% of organizations), the areas that stand out are education, access to work and sources of income and the inability to generate income due to movement restrictions, especially for those collecting secondary raw materials, as well as difficulties in accessing electricity, internet, television and other means of communication and obtaining information.

15 The organizations report an increase in reports of violence during the state of emergency by 30%.

Access to work and sources of income is stated as a key area where risks for Roma men and women have increased during restrictive measures and Governments response to the epidemic, those most affected were men and women working in the informal economy, especially collectors of secondary raw materials, individuals engaged in trade, farmers' market retail, music and those with temporary jobs. Main manifestations of these risks are reflected in their inability to work due to introduction of the state of emergency and public health measures that left significant number of these people without sources of income. In addition, they did not receive separate targeted system support measures directed towards the population and the economy, whereas support from the donor community and civil society organizations was continuous, though still insufficient, according to statements of the organizations.

Data indicate that¹⁶ 86% of respondents found themselves in significantly more difficult financial situation in comparison to the period before the coronavirus. Total of 80% of them had to suspend all their activities or perform them only occasionally, whereas 46% of respondents state that they could not fulfil their basic needs due to the same reason. Consequently, 68% of surveyed collectors of secondary raw materials resorted to borrowing money and 24% relied on support they received from local municipality, nongovernmental organizations and various donors. When it comes to the use of personal protective equipment during the epidemic, 23% of those surveyed state that they did not use any personal protective equipment while collecting secondary raw materials and 58 % of respondents state that when it comes to personal protective equipment they had to manage on their own, in different ways. Finally, 62% of respondents believe that they are exposed to far higher health risks and risk of infection than the rest of the population.

Roma men and women are at a higher risk of exclusion, poverty and discrimination in all aspects of life, which brings them into unfavourable position and increases their vulnerability during high risk situations.

Many measures introduced during COVID-19 epidemic in Serbia were not specifically targeted towards supporting the most vulnerable population strata in highest need. Roma men and women were not recognized as one of high-risk groups and consequently targeted system support measures were missing. After civil society organizations pointed out the problems, some local municipalities undertook certain activities to ensure access to some of basic services, food and disinfectants either independently or with the support of Serbian Red Cross.

The root causes of this situation are reflected in the unwillingness of the system to respond to the needs of Roma men and women and the lack of intersectoral cooperation at all levels, while the immediate causes are the lack of capacity of the state apparatus and late response to the epidemic.¹⁷

16 Results of Ipsos Strategic Marketing survey related to the impact of COVID-19 epidemic on the work of collectors of secondary raw materials, conducted in the period June/July 2020 requested by UN Human Rights Team.

17 The conclusion was drawn based on the data from civil society organizations that participated in the survey and other available data.

Organizations state insufficient access to clean water and electricity especially in informal Roma settlements and settlements in rural areas as **main problems in the area of access to adequate housing**. According to the most recent data¹⁸ around 32,843 residents of mapped substandard Roma settlements have no or irregular access to clean water, around 93,050 have irregular or no access to sanitation and around 24,104 residents have no access to electricity or have irregular access only at certain times of day. Serbian Ombudsman indicated these risks in the report¹⁹ as well as very poor hygienic conditions in Roma settlements, large amounts of garbage that communal services do not remove regularly or do not remove at all, and the lack of settlement cleaning. The manifestation of all these risks is reflected primarily in the inability to meet the recommendations on the implementation of hygienic measures for the prevention and protection against infection, **unavailability of timely and adequate information** related to the epidemic and Government prescribed measures for protection of public health²⁰ as well as participating in school education that was broadcasted on national TV channels and online learning platforms.

With the introduction of the state of emergency and accompanying measures, many problems occurred in accessing **social protection services**, such as payments of financial social assistance and one-time

financial assistance for the most vulnerable population. The organizations state that during the state of emergency, the recognition of the right to financial social assistance and one-time financial assistance was suspended or significantly hindered because the Centers for Social Work suspended field visits, and did not receive a separate instruction from the competent Ministry on the implementation of this procedure in the new situation. In addition, Centers for Social Work suspended the procedures related to revision of the right to financial social assistance in all cases where procedures were initiated and not completed before the state of emergency was declared.

78.95% of the organizations state that restrictive measures introduced during the COVID-19 epidemic increased **the risk of poverty** of members of Roma nationality. Movement restrictions during the state of emergency caused the inability to work which puts people who are in a difficult financial situation at an even higher risk.

After a short-term suspension, payment of social benefits continued, however the discrepancy between the deadlines for payment and the measures of physical distancing or prohibition of movement resulted in late payments, while at the same time costs of living increased significantly. Organizations also state that the Government did not recognize Roma men and women

18 Joint mapping of substandard Roma settlements according to risks and access to rights during the COVID-19 epidemic, conducted in March-June 2020 by the United Nations Team in the Republic of Serbia (with the support of the Office of the High Commissioner for Human Rights OHCHR) and the Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia. As of June, data on 702 substandard Roma settlements were collected as part of the mapping. Risks and access to rights included in this mapping include access to clean drinking water, sanitation and electricity, as well as the predominant activities of the residents of these settlements.

19 Special Report of the Ombudsman with recommendations: Conditions in Roma settlements in the state of emergency and implementation of protection measures due to the coronavirus epidemic, <https://www.ombudsman.rs/index.php/izvestaji/posebni-izvestaji/6608-19>

20 Most of the residents in the settlements interviewed by the representatives of the Ombudsman did not have sufficient information and knowledge about protection measures to prevent from infection, Special Report of the Ombudsman, op.cit.

as a significantly vulnerable group of population, and therefore specifically targeted support measures were lacking.

With the introduction of the state of emergency, **educational programs** were implemented long distance through a television channel RTS 3, RTS planet platform and internet learning platforms.²¹ Most organizations (68.42%) consider that the risks for Roma men and women in the area of inclusive education increased during the restrictive measures, and they see basic manifestation of these risks in the lack of technical preconditions for participating in educational process, (electricity, internet, computers, tablets, smart phones) and non-existent system measures to support learning. They also state the discontinuation of support to children by assistants, mentors and learning facilitators during the state of emergency.

Suspension in the work of health mediators on the whole territory of Serbia during the state of emergency is stated as a main problem in the area of **health care**, which most negatively affected pregnant women, new mothers, persons with disabilities, elderly and people suffering from chronic diseases. In addition, the price of personal protective equipment made it impossible for some of the poorest Roma men and women to access health care facilities, and an additional problem for this category of the population was the online or phone scheduling of medical examinations.

21 Decision on the suspension of classes in higher education institutions, secondary and primary schools and the regular work of preschool education institutions, "Official Gazette of RS", no. 30 of 15 March 2020.

NEGATIVE OUTCOMES OF COVID-19 ON ROMA MEN AND WOMEN AND SEQUENCE OF CAUSES

ACCESS TO WORK / SOURCES OF INCOME / RISK OF POVERTY

Inability to generate income and fulfill basic needs of Roma men and women engaged in the informal economy (collection of secondary raw materials, trade, farmers market sales, seasonal work, music)

ADEQUATE HOUSING

Lack of access to clean water (in the context of inability to comply with prescribed hygiene safety measures)

Absence of garbage disposal services and lack of disinfection and cleaning of substandard settlements

Lack of access to electricity (in the context of unavailability of timely and adequate information)

SOCIAL PROTECTION/ RISK OF POVERTY

Hindered access to financial social benefits (cash social assistance and one time financial assistance) and inability to fulfill basic needs

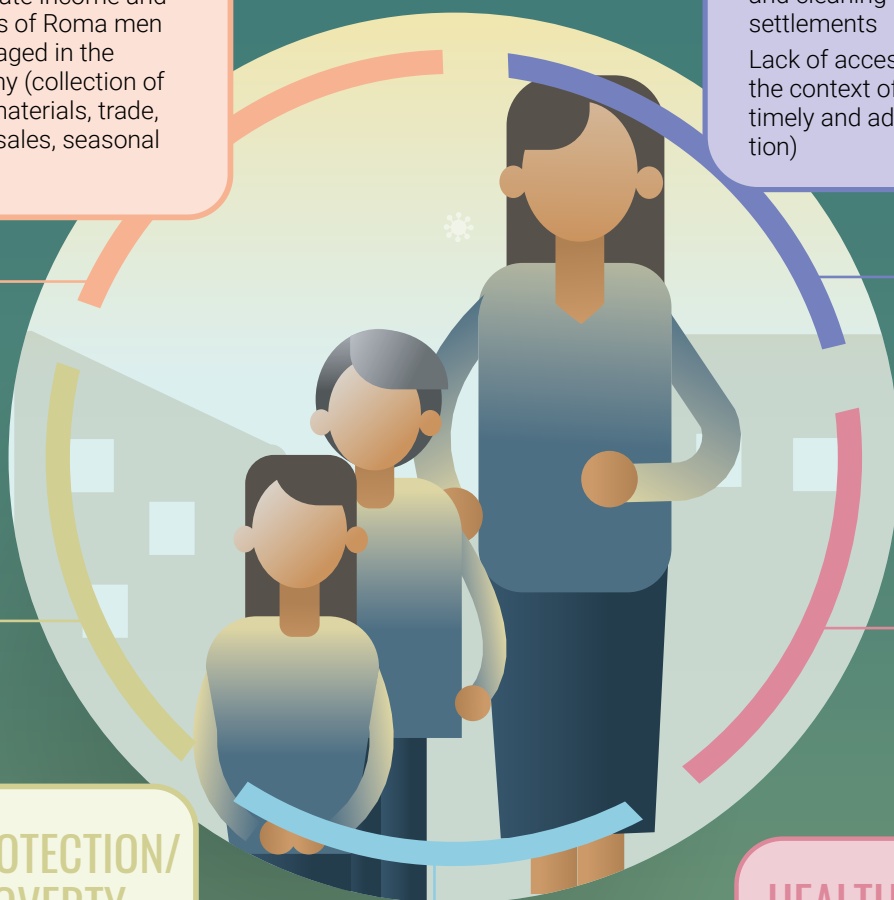
EDUCATION

Hindered access to on-line education during COVID-19

HEALTH CARE

Hindered access to health care and monitoring health indicators of the Roma population in informal settlements

Difficult access to health services (telephone or on-line appointment scheduling, lack of personal protective equipment)



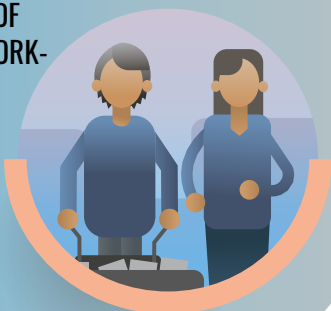
ACCESS TO WORK / SOURCES OF INCOME / RISK OF POVERTY

ROMA MEN AND WOMEN

Negative outcomes

INABILITY TO GENERATE INCOME AND FULFILL BASIC NEEDS OF ROMA MEN AND WOMEN WORKING IN THE INFORMAL ECONOMY

(collection of secondary raw material, trade, farmers market sales, seasonal work, music)



Immediate causes

- Prohibition/restriction of movement
- Closure/restriction of working hours of farmers markets, ban on street sales
- Suspension of public transportation
- Prohibition of assembly
- Lack of personal protective equipment
- Delay in response to the epidemic in context of particular circumstances of male and female members of Roma community

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Failure to recognize Roma men and women working in the informal economy as a group at increased risk
- Inadequate interdepartmental and intersectoral cooperation and insufficiently developed service delivery network
- Lack of participation
- Widespread discrimination in the field of work and employment through an extremely high degree of informal employment of Roma men and women in Serbia
- Dependence on informal income and social benefits
- Lack of updated social records on the most vulnerable Roma men and women (which include persons who are not registered in Centers for Social Work)
- Lack of participation/failure to include Roma community representatives in the work of crisis response teams
- Lack of personal documents
- Very low percentage of formal employment of Roma men and women in Serbia
- Insufficient budget allocations at all levels for addressing systemic unemployment of Roma men and women

Structural causes

- Decades of systemic discrimination
- Lack of political will at all levels for addressing systemic unemployment of Roma men and women and their integration into the formal labor market

ACCESS TO ADEQUATE HOUSING

ROMA MEN AND WOMEN

Negative outcomes

LACK OF ACCESS TO CLEAN WATER (in the context of inability to comply with the prescribed hygiene protection measures)



Immediate causes

- Lack of systemic measures for continuous delivery of water tanks to settlements that have no access to clean water
- Delay in response to the epidemic in the context of specific circumstances of members of Roma communities living in substandard settlements
- Lack of capacities of local institutions in charge of planning and supporting Roma men and women
- Bureaucratization of the procedure (steps)

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Failure to recognize Roma men and women working in the informal economy as a group at increased risk
- Inadequate interdepartmental and intersectoral cooperation and insufficiently developed service delivery network
- Lack of participation
- Widespread discrimination in the field of work and employment through an extremely high degree of informal employment of Roma men and women in Serbia
- Dependence on informal income and social benefits
- Lack of updated social records on the most vulnerable Roma men and women (which include persons who are not registered in Centers for Social Work)
- Lack of participation/failure to include Roma community representatives in the work of crisis response teams
- Lack of personal documents
- Very low percentage of formal employment of Roma men and women in Serbia
- Insufficient budget allocations at all levels for addressing systemic unemployment of Roma men and women

Structural causes

- Lack of political will at all levels for providing basic housing infrastructure and services to Roma men and women
- Decades of spatial segregation

Negative outcomes

LACK OF GARBAGE DISPOSAL SERVICES AND LACK OF DISINFECTION AND CLEANING IN SUBSTANDARD SETTLEMENTS



Immediate causes

Deficiencies in the capacities of the local institutions in charge of planning and responding to crisis situations

Delayed response to the epidemic in the context of particular circumstances of the Roma community from substandard settlements

Bureaucratization of the procedure (steps)

Root causes

Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic

Failure to recognize Roma men and women as groups at increased risk

Inadequate interdepartmental and intersectoral cooperation and an underdeveloped service delivery network

Lack of participation/failure to include Roma community representatives in the work of crisis response teams and development of plans for combating the epidemic

Widespread discrimination against Roma men and women in housing and in access to basic services

Insufficient budget allocations for providing basic services to Roma men and women in the area of housing

Structural causes

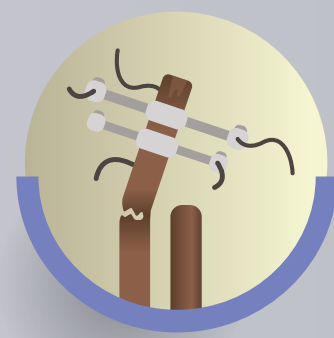
Lack of political will at all levels for providing basic infrastructure and services to Roma men and women

Decades of spatial segregation

Negative outcomes

LACK OF ACCESS TO ELECTRICITY

(in the context of lack of access to timely and adequate information)



Immediate causes

Lack of systemic support measures to residents of substandard Roma settlements with no access to electricity

Deficiencies in the capacities of the competent services for crisis planning and response

Delay in response to the epidemic in the context of particular circumstances of the Roma community living in substandard settlements

Bureaucratization of the procedure (steps)

Root causes

Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic.

Failure to recognize Roma men and women as groups at increased risk

Inadequate interdepartmental and intersectoral cooperation and an underdeveloped service delivery network

Lack of updated social records on Roma men and women living in substandard settlements with no access to electricity

Lack of participation/failure to include Roma community representatives in the work of crisis response teams and development of plans for combating the epidemic

Uncoordinated practice of implementing international human rights standards in part related to adequate housing and failure to implement recommendations issued in the context of COVID-19

Widespread discrimination against Roma men and women in housing and in access to basic infrastructure and services

Insufficient budget allocations for providing basic housing infrastructure and services to Roma men and women

Structural causes

Lack of political will at all levels for providing basic infrastructure and services to Roma men and women

Decades of spatial segregation

SOCIAL PROTECTION / RISK OF POVERTY

ROMA MEN AND WOMEN

Negative outcomes

HINDERED ACCESS TO FINANCIAL SOCIAL BENEFITS
(cash social assistance and one time financial assistance)
AND THE INABILITY TO FULFILL BASIC NEEDS



Immediate causes

Deficiencies in the capacities of the local institutions and departments in charge of planning and providing assistance to Roma men and women
Prohibition/restriction of movement
Suspension of field work of Centers for Social Work
Delay in payment of social benefits
Delay in response to the epidemic in the context of particular circumstances of Roma communities
Lack of personal documents
Lack of updated records on socially most vulnerable Roma men and women (including persons who are not registered in the Centers for Social Work)
Bureaucratization of procedures (steps)

Root causes

Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
Failure to recognize socially disadvantaged Roma men and women as a group at increased risk
Dependence on social benefits
Inadequate interdepartmental and intersectoral cooperation and an underdeveloped service delivery network
Failure to involve Roma community representatives in the work of crisis response teams and development of plans for combating the epidemic
Uncoordinated practice of implementing international human rights standards related to social benefits and failure to implement recommendations issued in the context of COVID-19
Dependence on informal income and social benefits

Structural causes

Lack of political will at all levels for providing adequate standard of living for Roma men and women
Insufficient budget allocations for providing adequate standard of living for Roma men and women

EDUCATION

ROMA MEN AND WOMEN

Negative outcomes

HINDERED ACCESS TO ON-LINE EDUCATION DURING COVID-19



Immediate causes

Lack of electricity, internet, computers, tablets, smartphones, etc.
Delay in responding to the epidemic in the context of particular circumstances of education of Roma children
Lack of participation of Roma children and their parents
Insufficient competencies and insensitivity of employees in the education system towards planning and providing support to Roma children

Root causes

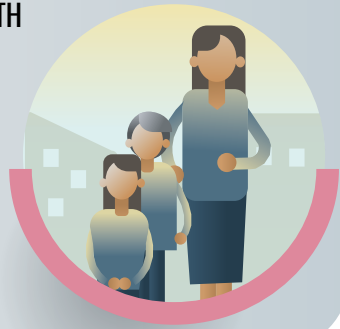
High level of poverty
Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
Lack of a systemic approach in response to the inclusive education of Roma children
Insufficient capacities of educational institutions for planning and providing support in education to Roma children
Failure to recognize Roma men and women as groups at increased risk
Inadequate interdepartmental and intersectoral cooperation and insufficiently developed service delivery network
Failure to involve representatives of the Roma community in the work and planning of crisis management team to combat the epidemic
Widespread discrimination in the area of education of Roma men and women through extremely unfavorable educational structure
Uncoordinated practice of implementing international human rights standards and failure to comply with recommendations issued in the context of COVID-19
Insufficient budget allocations for improving inclusive education for Roma men and women

Structural causes

Decades of discrimination and neglect of Roma men and women in education
Spatial segregation
Insufficient involvement of Roma men and women in the design and adoption of policies, measures and systemic decisions in education
Lack of political will at all levels for securing quality inclusive education for Roma men and women
Lack of political will at all levels to ensure access to adequate infrastructure and services for Roma men and women

Increased risks

HINDERED ACCESS TO HEALTH CARE AND MONITORING OF HEALTH INDICATORS IN THE ROMA POPULATION LIVING IN INFORMAL SETTLEMENTS



Increased risks

HINDERED ACCESS TO HEALTH CARE SERVICES
(phone or on-line scheduling of appointments, lack of protective equipment)



Immediate causes

- Suspension of work of health mediators
- Prohibition/restriction of movement
- Lack of protective equipment
- Suspension/restriction of public transport
- Delay in responding to the epidemic related to particular conditions of health care for male and female members of the Roma community
- Bureaucratization of the procedure (steps)
- Insufficient competencies and insensitivity of employees in the health care system for planning and providing support to members of the Roma community

Immediate causes

- Prohibition/restriction of movement
- Lack of protective equipment
- Suspension/restriction of public transport
- Lack of technical preconditions for scheduling doctors' appointments (internet, computer, telephone, etc.)
- Delay in responding to the epidemic in the context of particular circumstances of health care for male and female members of the Roma community
- Insufficient competencies and insensitivity of employees in health care system for planning and providing support to members of the Roma community
- Suspension of work of health mediators

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Deficiencies in the capacities of the competent Ministry and health care institutions for planning and providing health care support to members of the Roma community
- Failure to recognize Roma men and women as groups at increased health risk
- Inadequate interdepartmental and intersectoral cooperation and an underdeveloped service delivery network
- Failure to involve representatives of the Roma community in the work of crisis response teams and designing plans for combating the epidemic
- Insufficient budget allocations for improving the position of Roma men and women in the area of health care

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Deficiencies in the capacities of the line ministry and health care institutions for planning and providing support in the area of health care to members of the Roma community
- Failure to recognize Roma men and women as groups at increased risk
- High level of poverty
- Inadequate interdepartmental and intersectoral cooperation and insufficiently developed service delivery network
- Failure to involve representatives of the Roma community in the work of crisis response teams and design of plans to combat the epidemic
- Inconsistent practice of implementing recommendations of UN human rights mechanisms and other international institutions in the context of COVID-19

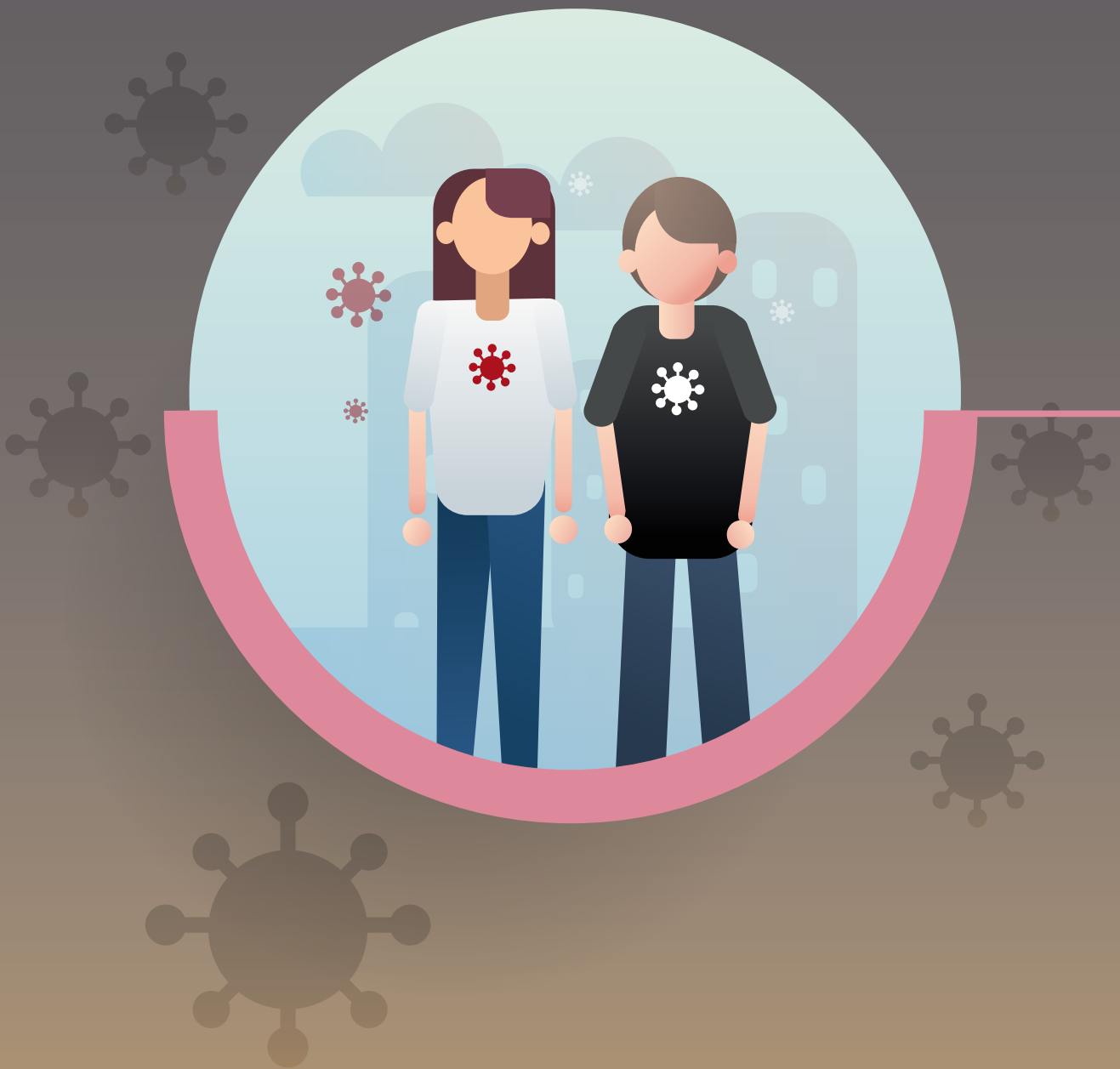
Structural causes

- Decades of segregation and exclusion
- Lack of political will to formalize the work of health mediators
- Lack of systemic measures to provide equal access to the right to health care

Structural causes

- Decades of segregation and exclusion
- Lack of systemic measures for providing equal access to the right to health

2 THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON YOUNG PEOPLE



Young people represent the category of population which according to the provisions of the Law on Youth²² encompass all individuals between the ages of 15 and 30. According to 2011 Census young people comprise around 18.4% of the population in the Republic of Serbia²³ (48.8% female),²⁴ whereas according to the latest estimate of the population in the Republic of Serbia this percentage decreased to 16.7%. The educational structure of young people has significantly improved compared to the previous period, but it is still quite unfavourable.²⁵ Particularly concerning is the disadvantaged position of young people in the labour market. The total number of unemployed young people registered at the National Employment Service is 104,149 (55% female)²⁶ and priority groups of young people specifically recognized to be supported with employment are young women, low-skilled young people and those without qualifications as well as young people with no work experience.²⁷ The departure of young educated people from the country remains a very serious problem in

Serbia, which is mostly caused by the high unemployment rate and numerous economic problems as well as the quality of life.²⁸ Access to adequate housing is still a serious challenge for high percentage of young people who would like to separate from their primary family and start independent living or those who are leaving social care institutions.²⁹

Warnings and recommendations issued by international bodies and mechanisms for human rights related to the position and rights of young people in the situation of Covid-19 pandemic and emergency response, can be grouped into several key areas:

1. Providing financial support and unobstructed access to rights and services, in order to protect from the consequences of the global recession and rising unemployment, which has a particularly negative impact on young people. States have the obligation to plan for comprehensive measures to alleviate financial consequences of the pan-

22 Zero Report on Youth Rights in Serbia, the Belgrade Centre for Human Rights, 2019, pg.19-22.

23 Total 1322021 young persons, Milka Bubalo-Živković, Tamara Lukić: Young People in Serbia at the beginning of the 21st century, *Census of Population, Households and Dwellings in 2011 in the Republic of Serbia*, Statistical Office of the Republic of Serbia, Belgrade 2015.

24 *Ibid.*

25 28.4% of young people completed primary school, 56.6% high-school, and 11.9% college or a university. Milka Bubalo-Živković, Tamara Lukić, op.cit.

26 *Annual Report of National Employment Service for 2019*, National Employment Service, Belgrade 2020, p. 115-116.

27 The National Employment Action Plan for 2020, the Government of the Republic of Serbia („Official Gazette of RS”, 94/19)

28 Although the exact number cannot be reliably determined, data from the Statistical office of the EU show that more than 4,000 people leave Serbia every month, which is 51,000 annually, mostly young people. The research dedicated to student migration shows that a total of 3,489 students, i.e. one third of the respondents, plan to go abroad after completing their education, and as the main reasons they state the impossibility of finding a job in their chosen profession (27.3%), low paying jobs in their chosen field (21.3%) and low standard of living (20.1%), Zero Report on Human Rights of Youth in the Republic of Serbia, p. 22-23, available at: <http://www.bgcentar.org.rs/bgcentar/wp-content/uploads/2014/01/Nulti-izvestaj-o-pravima-mladih.pdf>

29 80% of young people in Serbia between the ages of 16 and 30, live with their parents, significantly more men, about 90%. When it comes to young people without parental care who have left social protection institutions, the possibility of free housing has been introduced as a support measures in the so-called social housing. However, this is a measure that depends mainly on local social policies, and as such does not exist in most cities in Serbia, Zero Report on Human Rights of Youth in the Republic of Serbia, op.cit. p. 32-33.

demic to overcome problems caused by the loss of income³⁰ and ensure to include measures that specifically target young people and their rights in the overall recovery measures.³¹ States should also provide direct financial support to young people to pay housing costs or to enable the postponement of the payment of loans and utilities to all those who faced loss of employment and other economic problems, as well as to provide a moratorium on evictions.³²

2. Access to credible and timely information: states have an obligation to provide access to reliable information on the coronavirus and the threat it poses, as well as on the measures of prevention and protection in appropriate formats to everyone, with a special focus on providing access to information to those with limited internet access. It is of crucial importance for the states to refrain from restricting internet access having in mind that access to information is of paramount importance, and that wide restrictions in internet access cannot be justified with national security reasons.³³
3. Unobstructed access to education: it is necessary to provide all young people with access to educational systems and programs on equal terms, with

educational models that equality include both the poorest students and students with no access to electricity, internet and other digital platforms as well as all those who need additional support and assistance with learning. States must plan special measures to enable continuity in education, with the aim to alleviate negative consequences of the crisis and distance learning,³⁴

4. Providing support and assistance in the area of mental health: the states have to provide new models of psychological assistance and support to young people to overcome depression, anxiety and other problems caused by social isolation, loneliness, separation from loved ones, family violence etc.³⁵

During June 2020, civil society organizations involved in the promotion and protection of youth rights in Serbia, participated in a survey on socio-economic impacts of COVID-19 epidemic in Serbia on youth rights.

As main risks young people faced with in their everyday life before the epidemic caused by the coronavirus, 75% of surveyed civil society organiza-

30 Protecting and mobilizing youth in COVID-19 responses, available at:

<https://www.un.org/development/desa/youth/news/2020/05/covid-19/>

31 Covid-19 Guidance, available at: <https://www.ohchr.org/EN/NewsEvents/Pages/COVID19Guidance.aspx>

32 Leilani Farha, Special Rapporteur on the Right to Adequate Housing, available at:

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25727&LangID=E>

33 David Kaye, Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression, Harlem Désir, OSCE Representative on Freedom of the Media, Edison Lanza, Special Rapporteur for Freedom of Expression of the Inter-American Commission on Human Rights (IACHR), available at:

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25729&LangID=E>

34 *Ibid.*

35 COVID-19 and the Need for Action on Mental Health, available at: <https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf>; UN leads call to protect most vulnerable from mental health crisis during and after COVID-19, available at: <https://news.un.org/en/story/2020/05/1063882>

tions state risks related to access to employment and sources of income, whereas 50% of organization points to the risk of poverty, as well as risks in the area of access to information and communication, and risk

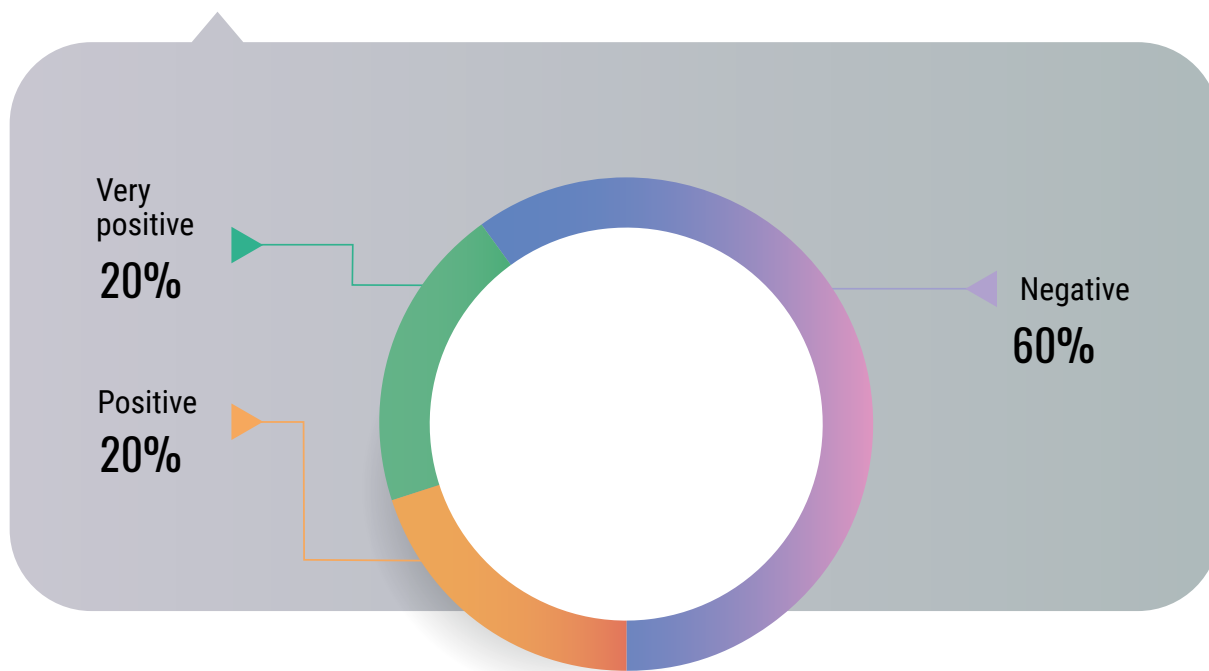
to active participation in decision making related to youth. Total of 25% of organizations recognize the risk of discrimination of young people.

Table: Areas with increased risk during the COVID-19 epidemic, according to civil society organizations that participated in the survey:

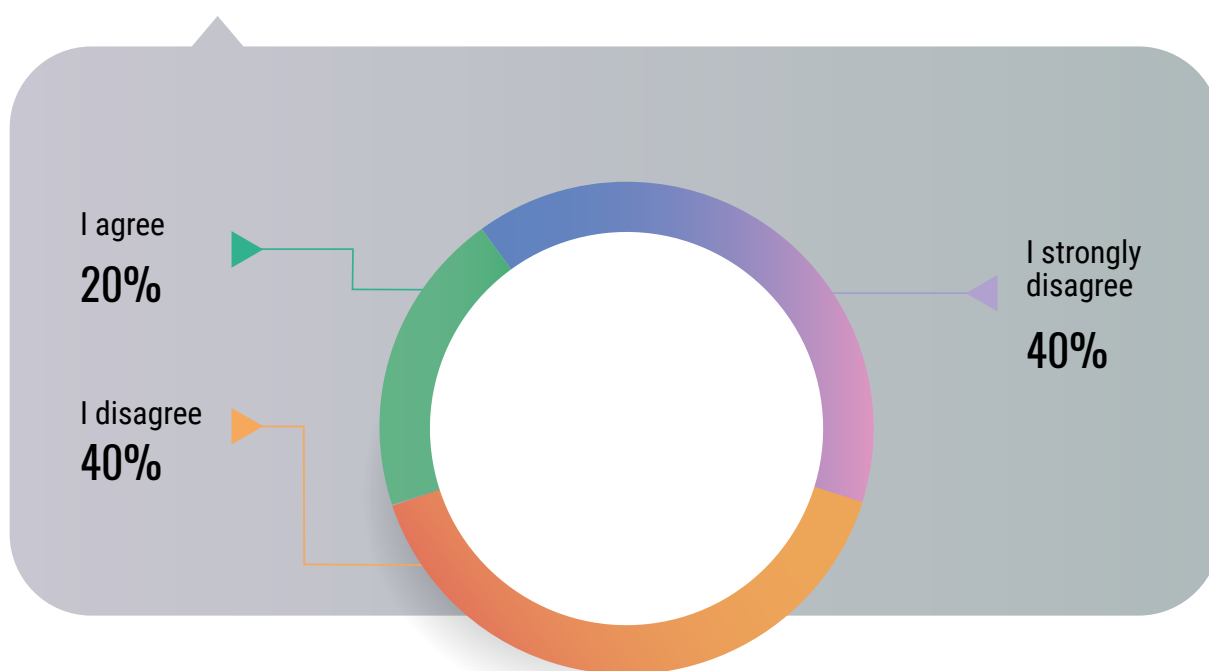
AREA	PERCENTAGE OF ORGANIZATIONS THAT BELIEVE THE RISK HAS INCREASED DURING THE COVID-19 EPIDEMIC
Access to work/sources of income	50%
Barriers to accessing information and communication	50%
Risk of poverty	50%
Active participation in decision making related to youth	50%
Access to health care	50%
Access to justice/fair trial/legal protection	50%
Inclusive education	25%
Discrimination	25%

YOUTH

Most organizations (60%) consider that the measures of the Government of the Republic of Serbia during the state of emergency and COVID-19 epidemic had a negative impact on the rights and life of young people in Serbia, whereas 40% consider the impact of the measures was positive.



80% of organizations disagree (40% disagree and 40% strongly disagree) with the statement that young people were sufficiently recognized as at-risk group during the adoption and implementation of Government measures during the state of emergency.



Most organizations (80%) agree with the statement that certain groups of young people were at additional risk due to measures introduced during the state of emergency. As particularly vulnerable group they state poor young people and those from rural areas with no access to electricity and other means necessary for communication, obtaining information and distance learning; pupils and students housed in student dormitories due to the closure of dormitories, extremely short deadline to move out and difficult conditions for returning home due to movement restrictions, border closures etc.; young persons with dis-

abilities who are not independent; young LGBTI people who were experiencing family violence.³⁶

More than half of the organizations consider that measures introduced during the state of emergency had a different impact on young women in comparison to young men, and this is specifically reflected in increased risk of family and partner violence due to lack of adequate support. Organizations also state that transitioning to working from home had a particular impact on young mothers and single mothers and balancing between family and personal obligations.

Young people are at increased risk of loss of employment. Separate risks that have been recognized are access to adequate housing and education, family violence and stigmatization in the area of public information.

Many measures introduced during COVID-19 epidemic in Serbia were not specifically aimed at providing support to young people in greatest need. Young people have not been recognized as one of at-risk groups and therefore targeted systemic support measures were missing.

The root causes of this situation are reflected in the unpreparedness of the system to respond to the epidemic and risk situations in the context of specific needs of young people as well as the lack of inter-sectoral cooperation at all levels, while the immediate causes are lack of capacity of the state apparatus and delay in response to the epidemic.³⁷

36 Due to the restrictive measures that stipulated staying at home during the prohibition of movement, many LGBTI young people found themselves in a hostile family environment. This increased their risks of domestic violence, anxiety, depression and suicide, available at: <https://www.ohchr.org/Documents/Issues/LGBT/LGBTpeople.pdf>, <https://www.thetrevorproject.org/wp-content/uploads/2020/04/Implications-of-COVID-19-for-LGBTQ-Youth-Mental-Health-and-Suicide-Prevention.pdf>, <https://blogs.unicef.org/east-asia-pacific/reflections-from-copingwithcovid-lives-of-lgbtq-youth-during-the-lockdowns/>

37 The conclusion was drawn based on the data from civil society organizations that participated in the survey and other available data.

Organizations state **access to work and sources of income** as an area with most increased risk for young people during restrictive measures and Governments response to the epidemic. Main manifestations of these risks are reflected in losing jobs and basic sources of income, especially in the area of the informal economy, seasonal work and hospitality industry as well reduced income and the inability to find new employment. According to data³⁸ 65% of young people stated that they were not able to find a job during the state of emergency, as well as that working from home did not give them access to additional sources of income, whereas those who continued to work stated they faced a reduction or delay in salary, increase of work hours, inability to use a vacation as well as challenges in balancing between life and work. Over 37% of young people surveyed state that worked without personal protective equipment exposing themselves to an increased risk of infection in the workplace. Data from the survey conducted by Ipsos Strategic Marketing about the impact of the epidemic on people working in the informal economy,³⁹ which included 21% of respondents aged 18-29, show that 71% of respondents consider that their financial situation deteriorated in comparison to the period before the coronavirus, 18% of employed faced loss of employment, and 45% were sent to unpaid annual leave, 55% of those who worked during the state of emergency state that their workload and salary were reduced, and 19% could not fulfil their basic needs. Organizations state that one of the main problems

was the fact that young people were not recognized as a group at increased risk and they were not included in targeted systemic support measures.

When it comes to the **area of information and communication**, organizations state the expressed distrust of young people in the sources of public information and contradictory statements of the Crisis Management Taskforce, as well as the lack of formats that are adapted to young people. In addition, risks in this area are manifested in the lack of access to internet, television, computers, tablets, smart phones and other means necessary for information and communication purposes. As main manifestations of these risks the organizations state spread of unverified information about young people as one of the main transmitters of infection, their stigmatization and spread of fake news on social media. According to data,⁴⁰ 83% of respondents had very little or no trust in sources of information related to COVID-19 epidemic. Young people were also not overly trustful towards the opinions and attitudes of the experts, as well as the information that was presented at regular daily press conferences in Serbia (94.5%). 75.4% of surveyed received their daily information through internet portals 78.1% through television, 63.6% through social networks, 7.2% through radio and 6.5% through daily or weekly newspapers. 31% of surveyed young people visited mostly the web site of the World Health Organization during the epidemic, world meters/COVID-19 and COVID-19.rs. 47.6% of them received information about the

38 Online survey *Effects of COVID-19 on human rights of young people* conducted within online campaign Young people in the age of COVID-19 pandemic – solidarity, engagement and activism implemented by Youth program of Belgrade Center for Human Rights with the support of UN human rights team.

39 Results of the survey by Ipsos Strategic Marketing *The impact of COVID-19 epidemic on the work in the informal economy*, conducted in the period June/July 2020 requested by UN Human Rights Team.

40 *Ibid.*

epidemic through N1 channel, 33.3% through RTS. When it comes to foreign media 6.5% read The New York Times daily, 5% BBC, 1.5% The Guardian, 1% Al Jazeera and 1% CNN. Furthermore, 3.5% of surveyed followed the information on Instagram daily, 3.5% on Facebook 1.5% on YouTube and 0.5% on Twitter.

50% of organizations state **access to health care** as an area with increased risk for young people during restrictive measures and state's response to the epidemic. Main manifestations of these risks are reflected in suspending or postponing regular therapies and examinations, especially for young people with disabilities, young chronic patients and those living with HIV/AIDS and young transgender persons, as well as in lack of systemic psychological support in the area of youth mental health. During the state of emergency and the epidemic caused by the coronavirus 68% of respondents⁴¹ stated that they felt very uncomfortable about the epidemic and due to social isolation, 28% of them stated that they feel afraid, 9% felt worried, anxious, uncertain, nervous, agitated and stressed out, 22% of respondents stated they were not familiar with the existence of free on-line or phone psychological support, whereas 81% turned to their partners, family members and friends for psychological support.

With the introduction of the state of emergency, classes were held remotely through RTS 3 TV channel, RTS Planet and online **learning platforms**. Survey results among young people show that risks in the area of education intensified during the restrictive measures, and main manifestation of these risks are reflected in the lack of technical preconditions for participating in the educational process (computers, tablets, smart phones) and clear implementation plan for educational activities and contradictory information about the on-line final exams in primary and secondary schools. Another problem is failure to involve students in the process of selecting learning platforms and ways of implementing educational activities. As a result, 73%⁴² of surveyed students consider that distance learning is very burdensome because they don't have a fixed schedule of classes for every week, as they would normally have, Instead teachers are informing them about timing for each class separately. 45% believe that the tools that teachers use should be standardized or that they should be obliged to consult students about what suits them best. Total of 48.3% of surveyed own a personal computer, 37% share computer with other family members they live with, whereas 14.7% do not have access to a computer.

41 Online survey On Isolated Youth conducted as part of the online campaign Youth in the Age of COVID-19 Pandemic - Solidarity, Engagement and Activism implemented by the Youth Programme Team of the Belgrade Center for Human Rights with the support of the United Nations Human Rights Team.

42 UNSS survey on the attitudes of high school students in the Republic of Serbia, conducted within the #ExtraordinaryEducation Program, available at: <https://www.srednjoskolci.org.rs/>

YOUTH

Organizations state **adequate housing** as an additional risk that particularly increased during the state of emergency and epidemic caused by the coronavirus. Due to closure of student dormitories and high school dormitories but also due to loss of employment or aggravated financial situation young people were forced to go back to their homes. According to data,⁴³ 46.9% state living in overcrowded apartments as a serious issue, 36.7% lack of access to clean drinking water, 26.7% to sanitation, whereas 3.7% of surveyed young people state that they were exposed to family violence upon return home, and 28.4% to poor family relationships.

⁴³ *Ibid.*

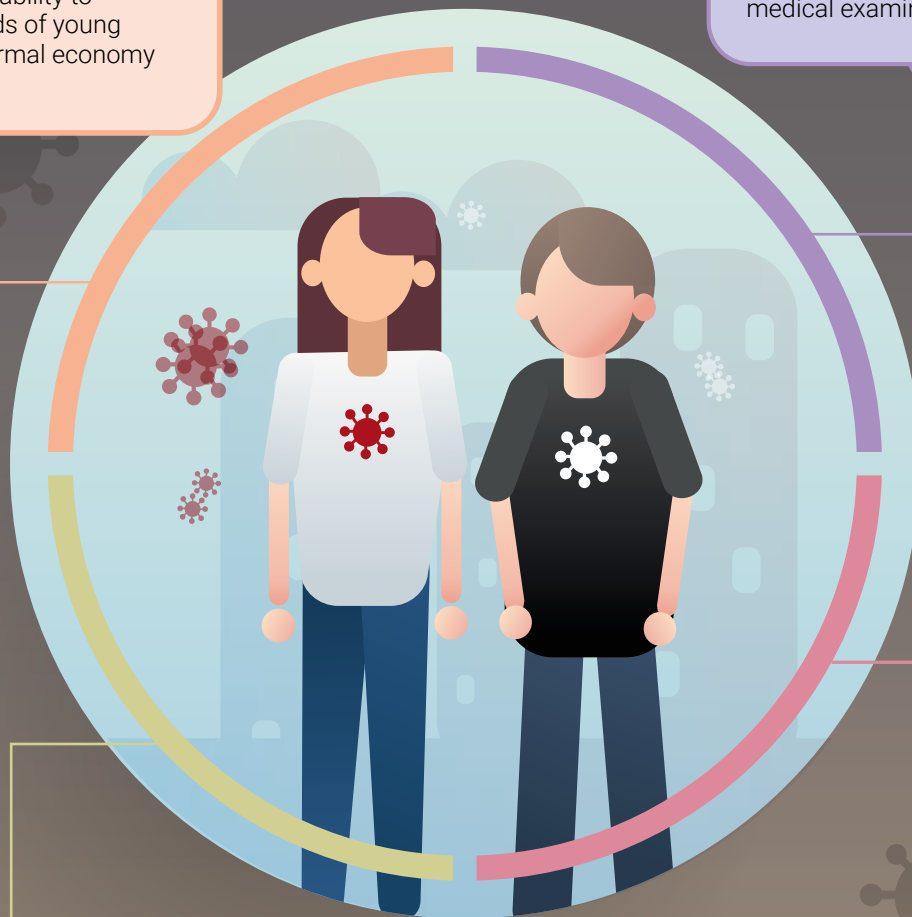
NEGATIVE EFFECTS OF COVID-19 ON **YOUTH** AND SEQUENCE OF CAUSES

ACCESS TO WORK / SOURCES OF INCOME / RISK OF POVERTY

Job losses and inability to satisfy basic needs of young people in the informal economy

ACCESS TO HEALTH CARE

Hindered access to health care (psychological support and assistance, regular therapy and medical examinations)



INFORMATION SHARING AND COMMUNICATION

Negative perception of young people as a risk group in the media

ACCESS TO EDUCATION

Hindered access to on-line classes during the COVID-19

ACCESS TO WORK / SOURCES OF INCOME / RISK OF POVERTY YOUTH

Negative outcomes

JOB LOSSES AND INABILITY TO FULFILL BASIC NEEDS OF YOUNG PEOPLE WORKING IN THE INFORMAL ECONOMY



Immediate causes

- Prohibition/restriction of movement
- Suspension/restriction of public transportation
- Prohibition/restriction of assembly
- Suspension/reduced volume of work across all industries
- Inability to work from home
- Reduced demand for work force and inability to find a new job
- Delay in response to the epidemic in the context of particular circumstances of young people in the nformal economy

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Failure to recognize young population working in the informal economy as a group at increased risk
- Lack of targeted systemic measures to provide financial and other types of support to young people who lost their jobs in the informal economy
- Inadequate interdepartmental and intersectoral cooperation and insufficiently developed service delivery network
- Failure to implement recommendations issued by international bodies and institutions in the context of COVID-19
- Low employment rates/high unemployment rates of young people and dependence on working in the informal economy
- Insufficient budget allocations at all levels for sustainable work and employment programs for youth in formal economy

Structural causes

- Lack of active participation and inclusion of youth in creating policies and decision making processes at all levels
- Lack of political will to improve the status of youth in the job market
- Lack of systemic measures to implement sustainable programs of financial and other type of support for youth in the job market

ACCES TO HEALTH CARE YOUTH

Negative outcomes

HINDERED ACCESS TO HEALTHCARE
(psychological support and assistance, routine treatments and examinations)



Immediate causes

- Cancellations or postponing of regular therapies and examinations (young persons with disabilities, persons living with HIV/AIDS, young transgender persons, chronic patients, etc.)
- Suspension/restriction of psychological counseling office hours
- Prohibition/restriction of movement
- Prohibition/restriction of public transport
- Lack of protective equipment
- Lack of medications/therapies
- Unpreparedness of health system to respond in crisis situations
- Focus of the entire health system on response to the COVID-19 epidemic
- Delays in response to the epidemic in the context of specific circumstance that certain categories of young people had to face
- Bureaucratization of the procedure (steps)

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Failure to recognize certain categories of young people as groups at increased risk
- Focus of the health system on institutions and not on beneficiaries
- Inadequate quality of existing services and underdeveloped network of health services
- Inadequate interdepartmental and intersectoral cooperation at all levels
- Lack of participation
- Failure to comply with recommendations issued by international bodies and institutions in the context of COVID-19 and the provision of health services to young people at increased risk
- Insufficient budget allocations for improving the quality of health services for young people at increased risk

Structural causes

- Lack of active participation and inclusion of young people in creating policies and decision making at all levels
- Lack of political will at all levels to improve the quality of health services
- Lack of systemic measures to secure equal access to right to health

INFORMATION SHARING AND COMMUNICATION YOUTH

Negative outcomes

NEGATIVE PERCEPTION OF YOUNG PEOPLE AS A RISK GROUP IN THE MEDIA



Immediate causes

- Labeling young people in the media as the main transmitters of infection
- Contradictory and unverified information in the media regarding COVID-19 and young people as one of the main transmitters of infection
- Contradictory and unverified statements of the crisis response team members regarding COVID-19 and young people as one of the main transmitters of infections
- Unverified information on social media
- Failure to take into account specific circumstances of young people in relation to the coronavirus
- Lack of objective reporting

Root causes

- Failure to adhere to code of ethics by journalists
- Stereotypes and prejudice towards young people as one of the main transmitters of infection
- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Lack of participation of young people
- Failure to adhere to recommendations of international bodies and institutions issued in the context of COVID-19 epidemic and young people
- Failure to comply with the existing legal framework in terms of causing panic due to spreading of fake news

Structural causes

- Lack of active participation and inclusion of young people in creating and issuing decisions relevant to them, at all levels
- Lack of political will to implement existing legal framework in the area of media and information sharing

ACCESS TO EDUCATION YOUTH

Negative outcomes

HINDERED ACCESS TO ON-LINE CLASSES DURING COVID-19



Immediate causes

- Lack of electricity, Internet access and technical equipment (computers, tablets, smartphones, etc.)
- Inconsistent practices in terms of carrying out a comprehensive implementation plan for educational activities
- Delays in response to the epidemic in the context of specific circumstances of remote learning
- Insufficient competencies and insensibility of the employees in the education system in the context of on-line education of young people at increased risk
- Insufficient capacities and technical preconditions of employees in educational institutions
- Lack of participation
- Bureaucratization of the procedures (steps)

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Poverty
- Lack of specific systemic measures to support the education of young people (securing access to electricity and other technical prerequisites necessary for remote learning)
- Lack of capacities of educational institutions to plan and provide support to young people that lack the technical requirements necessary for remote learning
- Inadequate interdepartmental and intersectoral cooperation and an underdeveloped service delivery network
- Failure to comply with recommendations issued by international bodies and institutions in the context of COVID-19 and youth education
- Insufficient budget allocations for improving youth education

Structural causes

- Insufficient inclusion of young people in creating and adopting policies, measures and systemic decisions in the area of education at all levels
- Lack of political will to implement and improve policies regarding youth education

3 THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON HOMELESS PEOPLE



The reports coming from the overview of the UN human rights mechanisms⁴⁴ as well as other relevant reports⁴⁵ indicate the problem of homelessness in Serbia. According to 2011 Census there are 18.287 homeless people in Serbia, 49.25% women.⁴⁶ For the first time data have been collected on primary⁴⁷ and secondary⁴⁸ homeless persons, the most numerous category being women above 65 years of age, with a very high percentage of members of Roma national minority registered 31.3% (31% Roma women).⁴⁹ The census, however, did not include data on homeless people in relation to other types of vulnerability, so we currently do not have official data on the number of homeless persons with disabilities, members of

LGBTI population etc. According to the records of the Centers for Social Work, homeless people accounted for 0.17% of the total number of users of social protection services in Serbia in 2018.⁵⁰ Educational structure of homeless people is quite unfavourable.⁵¹ Most homeless people belong to the category of hard-to-employ persons, their work activity is at a low level, with a large share of the inactive population.⁵² Insufficient and inadequate accommodation still represents a big problem in Serbia, as well as access to personal documents.⁵³

-
- 44 Concluding observations of the Committee on the Elimination of Racial Discrimination in relation to the combined second, third, fourth and fifth Periodic Reports of Serbia, concluding observations of the Committee on the Rights of the Child in relation to the second and third Periodic Reports of Serbia; Report of the Special Rapporteur on Adequate Housing on her visit to Serbia, all available at: <https://www.ohchr.org/EN/Countries/ENACARegion/Pages/RSIndex.aspx>
- 45 Regular Annual Report of the Ombudsman for 2019, available at: <https://www.ombudsman.rs/attachments/article/6542/Redovan%20god%C5%A1nji%20izve%C5%A1taj%20za%C5%A1titnika%20gra%C4%91ana%20za%202019.%20godinu.pdf>
- 46 Mirjana Bobić, Census of Population, Households and Dwellings in the Republic of Serbia: The Homeless, 2014, available at: <https://publikacije.stat.gov.rs/G2014/Pdf/G20144011.pdf>
- 47 Primary homeless people are persons without an apartment or temporary residential addresses, who live on the street, in parks, etc., and occasionally seek accommodation in one of the shelters, according to the Census 2.4% are primary homeless people, Mirjana Bobić, op.cit.
- 48 Secondary homeless people are persons living in certain premises out of necessity (e.g. basement, shed, tent, wagon, barge, etc.), according to the data from the Census, 97.6% of homeless people are secondary homeless people, Mirjana Bobić, op.cit.
- 49 According to civil society reports, certain number of Roma men and women became homeless after being evicted from the informal settlements, as a result of failure to provide them with adequate alternative housing. Amnesty International, "Roma Still Waiting for Adequate Housing", p. 2-3, available at: <https://www.amnesty.org/download/Documents/EUR7013082015SERBIAN.PDF>; „A home is more than a roof over your head” p. 42., available at: <https://www.amnesty.org/download/Documents/32000/eur700012011sr.pdf>; Praxis, Reports, available at: <http://www.praxis.org.rs/index.php/sr/reports-documents/praxis-reports>.
- 50 The Republic Institute for Social Protection: Adult beneficiaries in the social protection system in 2018, available at: <http://www.zavodsz.gov.rs/media/1879/punoletni-korisnici-u-sistemu-socijalne-za%C5%A1tite-2018.pdf>
- 51 33% of primary homeless people completed primary school, 33% completed secondary school, and 5.1% have higher or tertiary education. 48.5% of secondary homeless people have lower levels of education, 30% completed high school, and 4.6% have higher or tertiary education.
- 52 Most of the primary homeless have been unemployed for more than 5 years (and every fourth for more than 10 years), with the majority not looking for a job and not being registered with the National Employment Service. Not one person has property income, and the share of persons with personal income is small, which overall testifies to the low economic status, weak social support and generally high deprivation of this population. Mirjana Bobić, op.cit.
- 53 *Ibid.*

HOMELESS PEOPLE

Warnings and recommendations related to the position and rights of homeless people issued by international bodies and human rights mechanisms in the context of the COVID-19 pandemic and emergency response can be grouped into several key areas:

1. Unobstructed access to rights and services: it is necessary to provide access to housing and shelters, health care and food. States must respond to urgent needs of homeless people especially in relation to adequate housing during the epidemic, personal protective equipment and disinfectants, access to clean water, showers and personal hygiene, food, psychosocial support and up to date information about COVID-19 and recommended measures of prevention and protection, that everyone can understand. Special attention needs to be paid to the most vulnerable categories of homeless people such as women and children, persons older than 65 years of age, people with disabilities and chronic patients.⁵⁴
2. Protection from punishment: it is necessary to provide protection for the homeless men and women from the implementation of penal policies due to their stay on the street during the prohibition of movement/movement restriction. States must pay particular attention to this category of population in order to prevent their increased marginalization and additional social exclusion.⁵⁵
3. Access to justice: states are obliged to ensure unobstructed access to justice to all those who

became homeless due to the eviction procedure, contrary to the obligation to suspend the eviction procedures during the epidemic and the obligation to provide adequate alternative housing to all those evicted.⁵⁶

4. Communication and information sharing: states must provide access to adequate information on the coronavirus and the measures of prevention and protection in appropriate formats to everyone, with a special focus on providing access to information to those with limited internet access. It is of crucial importance for the states to refrain from restricting internet access having in mind that access to information is of paramount importance, and that wide restrictions in internet access cannot be justified with national security reasons.⁵⁷

During June 2020, civil society organizations involved in promotion and protection of the rights of homeless people in Serbia participated in a survey on socio-economic impact of COVID-19 epidemic on the rights of homeless people in Serbia.

As main difference homeless people faced with in everyday life before the epidemic caused by the coronavirus 100% of surveyed civil society organizations state the risk in the area of access to adequate housing, or access to sustainable housing solutions. As high as 80% of organizations consider that homeless people are at risk in the areas of health care and social protection, access to work and sources of income, risk

54 Leilani Farha, Special Rapporteur on the Right to Housing, available at: https://www.ohchr.org/SR_housing_COVID-19_guidance_homeless.pdf, Leo Heller, Special Rapporteur on the human rights to safe drinking water and sanitation, available at: <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=25738&LangID=E>, Philip Alston, Special Rapporteur on extreme poverty and human rights, available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25815&LangID=E>

55 *Ibid.*

56 *Ibid.*

57 David Kaye, Special Rapporteur on the Promotion and Protection of the Right to Freedom of Opinion and Expression, Harlem Désir, OSCE Representative on Freedom of the Media, Edison Lanza, Special Rapporteur for Freedom of Expression of the Inter-American Commission on Human Rights (IACHR), available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25729&LangID=E>

of poverty, risk in the area of access to clean water and electricity, risk of discrimination, risk in the area of access to personal documents and access to justice, as well as risk in the area of access to information.

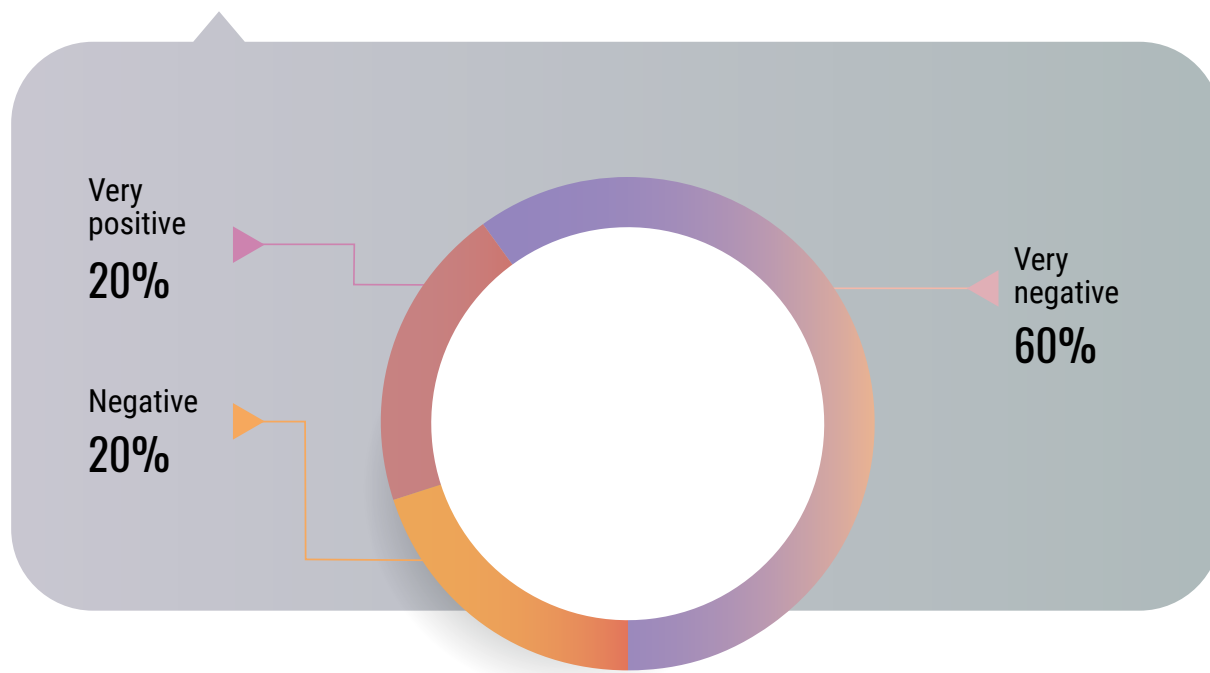
In addition, 60% of the organizations recognize that homeless people are at risk in the area of access to food and soup kitchens, whereas 40% of organizations point to a risk in the area of inclusive education.

Table: Areas with increased risk during the COVID-19 epidemic, according to civil society organizations that participated in the survey

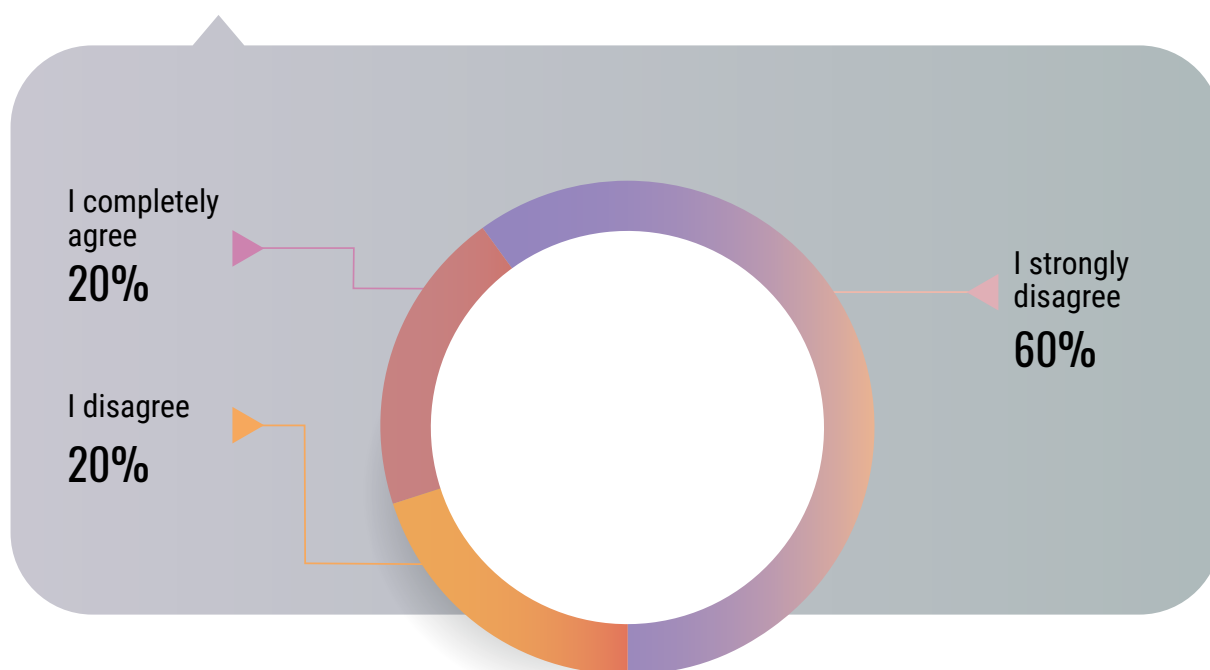
AREA	PERCENTAGE OF ORGANIZATIONS THAT BELIEVE THE RISK HAS INCREASED DURING THE COVID-19 EPIDEMIC
Inaccessibility of adequate housing/sustainable housing solutions	100%
Barriers to accessing information	80%
Access to work/sources of income	80%
Social care	80%
Access to clean water/electricity	80%
Discrimination	80%
Risk of poverty	80%
Access to food/soup kitchens	80%
Access to personal documents	60%
Access to justice/fair trial/legal protection	60%
Access to health care	40%
Inclusive education	40%

HOMELESS PEOPLE

Total of 80% of the organizations consider that measures of the Government of the Republic of Serbia during the state of emergency and COVID-19 epidemic had a negative impact on the rights and life of homeless people (60% rates it as very negative, 20% as negative), whereas 20% rates the impact as positive.



Most of the organizations disagree (60% strongly disagree, 20% disagree) with the statement that homeless people were sufficiently recognized as a group at high risk when adopting and implementing Government measures during the state of emergency, 20% of organizations agree with this statement.



All organizations agree that certain groups of people were at a higher risk of additional vulnerability due to measures introduced during the state of emergency. As particularly vulnerable groups they state persons over 65 years of age, homeless people with disabilities, homeless people without personal documents and those not registered in Centers for Social Work, children, chronic patients.

More than half of the organizations consider that measures introduced during the state of emergency had a

different impact on homeless women, in comparison to homeless men, (60%), and they state increased risk of family and partner violence as a key area where this difference is reflected.

Young homeless persons are recognized as a group exposed to separate risks during the state of emergency (60% of organizations) specifically in the area of accessing information, work and additional care for the elderly.

Homeless people are at additional risk of exclusion, extreme poverty and discrimination in all areas of life, which puts them in an unfavourable position and increases their vulnerability during high risk situations.

Many measures introduced during the COVID-19 epidemic in Serbia were not specifically targeted towards supporting the most vulnerable parts of the population in greatest need. Homeless people have not been recognized as one of the groups at highest risk and therefore targeted systemic support measures were missing. Civil society organizations and certain local municipalities undertook certain activities to secure access to some of the basic services, food and disinfectants.

Root causes of this are reflected in the inability of the system to respond to the need of homeless people and lack of intersectoral cooperation at all levels, whereas lack of capacities of state apparatus and delay in response to the epidemic are recognized as immediate causes.⁵⁸

Access to adequate housing is stated as a key area with increased risks for homeless people during restrictive measures and states' response to the epidemic. Accommodation capacities in homeless shelters that continued to operate were completely

full, while in some cities they were closed due to the risk of spreading the infection.⁵⁹ Organizations state that due to extremely low accommodation capacities in the shelters,⁶⁰ majority of homeless people stayed on the street, children, older population and homeless

⁵⁸ The conclusion was drawn based on the data from civil society organizations that participated in the survey and other available data..

⁵⁹ Organizations Duga states that the only reception center for the homeless in Šabac has stopped working because it is part of Gerontology Center where access has been limited to employees only since the outbreak of the epidemic.

⁶⁰ ADRA organization states that the accommodation capacities are insufficient and that there are up to 300 of them in the entire territory of Serbia, while one part is located within the Gerontology Centers with strictly limited access since the outbreak of the epidemic.

HOMELESS PEOPLE

people with disabilities being the most vulnerable. Main manifestations of these risks are reflected in the inability to implement preventative hygiene measures to protect from infection and measures related to movement restrictions. Thus, the organizations state that homeless people were fined for staying on the street during curfew.

Organizations state that during the restrictive measures homeless people had **no access to clean water**. Suspension of public water fountains and closure of public toilets made it absolutely impossible to practice recommendations for prevention and control of infection, issued by health institutions.

Lack of timely and adequate information related to the epidemic and Government prescribed public health measures is seen by 80% of the organizations as an additionally increased risk for homeless people during the restrictive measures and Government's response to the epidemic. Lack of available formats adapted to homeless people is considered a main problem in the area of communication and information sharing, as well as lack of systemic measures in this area that specifically target this category of the population. Main manifestation of these risks includes unavailability of information and insufficient knowledge on COVID-19 and recommended protective measures. According to organizations, homeless people typically received information from bystanders, members of civil society organizations that supported them in the field, and in soup kitchens.

With the introduction of the state of emergency and accompanying measures, problems occurred in **access to work and sources of income**, that affected mostly homeless people who are engaged in collecting secondary raw materials, farmers' market retail, seasonal work etc. Main manifestations of these risks are reflected in the inability to work due to state of emergency and public health measures, leaving a significant number of these people without the only sources of income. In addition, homeless people were not specifically targeted through systemic measures of support to the population and economy, whereas the help from donor community and civil society organizations was significant, yet insufficient to respond to urgent needs of this category of the population.

Large number of organizations (80%) state that during the restrictive measures risks in the area of **access to food and soup kitchens increased**, which most negatively affected homeless people who are not registered in Centers for Social Work. The work of soup kitchens was significantly limited due to prohibition/restriction of movement and lack of personal protective equipment, including the work schedule of church-run soup kitchens and those run by other humanitarian organizations and institutions. At the local level, food assistance was distributed based on the available records of Centers for Social Work, while others received assistance from the donor community and civil society organizations or were left with no food for days.

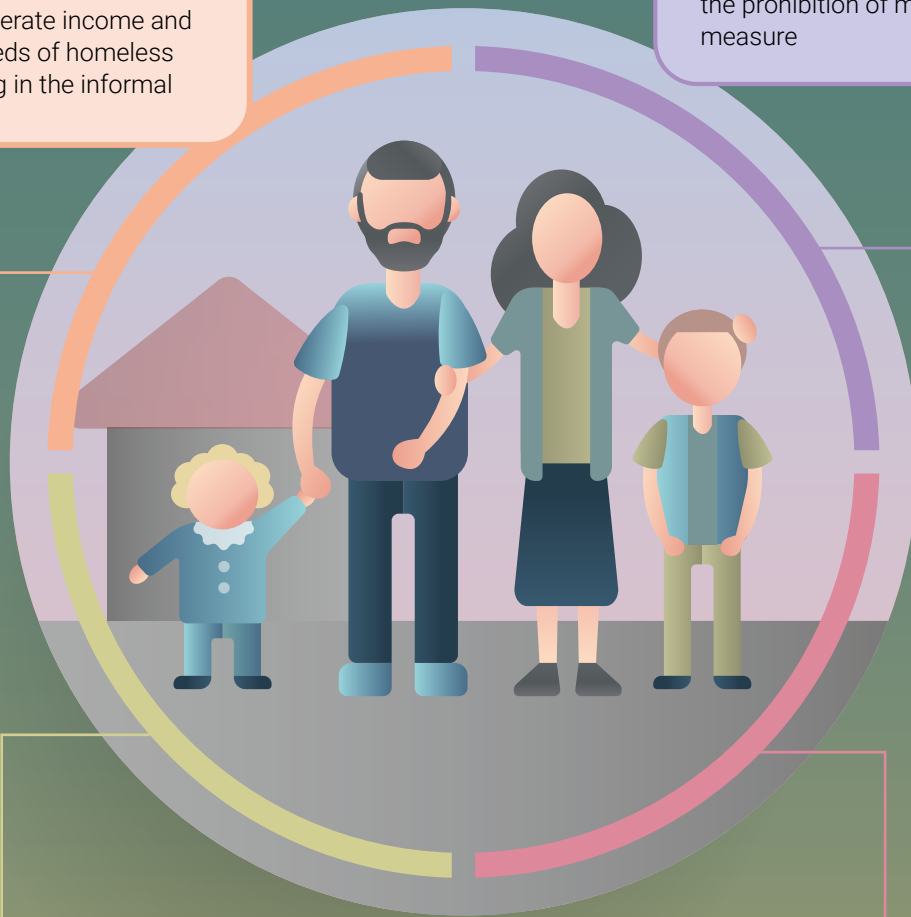
NEGATIVE OUTCOMES OF COVID-19 ON HOMELESS PEOPLE AND THE SEQUENCE OF CAUSES

ACCESS TO WORK / SOURCES OF INCOME / RISK OF POVERTY

Inability to generate income and fulfill basic needs of homeless people working in the informal economy

ACCESS TO ADEQUATE HOUSING

Hindered access to shelters in the context of inability to comply with the prohibition of movement measure



ACCESS TO CLEAN WATER

Inability to access clean water (in the context of inability to comply with prescribed hygiene protection measures)

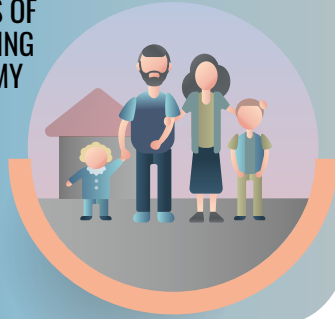
ACCESS TO FOOD / SOUP KITCHENS

Limited access to food and soup-kitchens

ACCESS TO WORK / RISK OF POVERTY HOMELESS PEOPLE

Negative outcomes

INABILITY TO GENERATE INCOME AND FULFILL BASIC NEEDS OF HOMELESS PEOPLE WORKING IN THE INFORMAL ECONOMY



Immediate causes

- Prohibition/restriction of movement
- Closure/restriction of working hours of farmers markets, ban on street sales
- Suspension of public transport
- Prohibition of assembly
- Lack of protective equipment
- Delay in response to the epidemic in the context of specific circumstances of homeless people

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Failure to recognize homeless people working in the informal economy as a group at increased risk
- Inadequate intradepartmental and intersectoral cooperation and insufficiently developed service delivery network
- Very low percentage of formal employment
- Dependence on informal income and social benefits
- High poverty rate and social exclusion
- Lack of updated social records on the most vulnerable homeless people (which include persons who are not registered in the Centers for Social Work)
- Lack of personal documents
- Insufficient budget allocations for improving the position of homeless people in the area of work and employment

Structural causes

- Negative perceptions and prejudice towards homeless people
- Lack of political will at all levels to create and implement policies to include homeless people in formal labor market

ACCESS TO ADEQUATE HOUSING HOMELESS PEOPLE

Negative outcomes

HINDERED ACCESS TO RECEPTION CENTERS IN THE CONTEXT OF INABILITY TO COMPLY WITH THE PROHIBITION OF MOVEMENT MEASURES



Immediate causes

- Prohibition/restriction of movement
- Closure/restriction of working hours of reception centers
- Suspension of public transport
- Lack of protective equipment
- Insufficient capacities of centers
- Lack of personal documents
- Delay in response to the epidemic in the context of particular condition of the status of homeless people
- Insufficient capacities of competent local institutions in planning and providing support to homeless people
- Bureaucratization of the procedure (steps)

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Failure to recognize homeless people as a group at increased risk
- Inadequate Interdepartmental and intersectoral cooperation
- Lack of systemic measures for housing of homeless people in crisis situations and underdeveloped network of providing housing services for homeless men and women
- Lack of updated social records on the most vulnerable homeless people (which include persons who are not registered in the Centers for Social Work)
- High poverty rates
- Inconsistent implementation of international human rights standards in terms of access to adequate housing
- Failure to comply with recommendations from international bodies and institutions issued in the context of COVID-19 and the specific status of homeless people
- Insufficient budget allocations for improvement of housing capacities and sustainable housing programs for homeless people in Serbia

Structural causes

- Negative perception and prejudice towards homeless people
- Decades of discrimination and exclusion in the context of housing
- Lack of political will at all levels to create and implement policies for providing housing support and sustainable housing solutions to homeless people

ACCESS TO FOOD HOMELESS PEOPLE

Negative outcomes

LIMITED ACCESS TO FOOD AND SOUP KITCHENS



Immediate causes

- Prohibition/restriction of movement
- Suspension/restriction of working hours of soup kitchens/churches/other humanitarian institutions without securing adequate alternative solutions
- Suspension of public transport
- Lack of personal equipment
- Lack of personal documents/applications in Centers for Social Work
- Delay in response to the epidemic in the context of specific position of homeless people
- Bureaucratization of procedure (steps)

Root causes

- High poverty rate
- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Failure to recognize homeless people as a group at increased risk
- Inadequate interdepartmental and intersectoral cooperation and insufficiently developed network of services
- Lack of systematic measures to provide humanitarian assistance to homeless people
- Lack of updated social records on the most vulnerable homeless people (which include persons who are not registered in Centers for Social Work)
- Uncoordinated practice of implementing international human rights standards in the area of access to adequate living standard and basic services
- Failure to comply with recommendations of international bodies and institutions issued in the context of COVID-19 epidemic and specific position of homeless people
- Insufficient budget allocations for improving the standard of living of homeless people

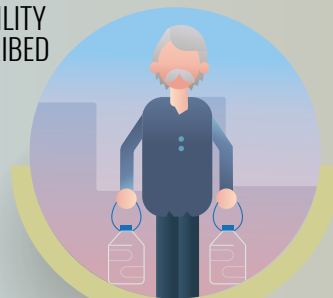
Structural causes

- Negative perception and prejudice towards homeless people
- Lack of political will at all levels to create and implement policies for improving the position and access to basic services of homeless people

ACCESS TO CLEAN WATER HOMELESS PEOPLE

Negative outcomes

INABILITY TO ACCESS CLEAN WATER (IN THE CONTEXT OF INABILITY TO COMPLY WITH PRESCRIBED HYGIENE PROTECTION MEASURES)



Immediate causes

- Prohibition/restriction of movement
- Suspension of public fountains
- Closure of public toilets
- Delay in response to the epidemic in the context of specific position of homeless people
- Lack of services for continuous water supply through tank trucks placement at specific points at the local level
- Insufficient capacities of competent local institutions in planning and providing support to homeless people in crisis situations

Root causes

- High poverty rate
- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Inadequate interdepartmental and intersectoral cooperation and insufficiently developed network of services
- Uncoordinated practice of implementing international human rights standards and failure to implement recommendations issued by international health institutions in the context of COVID-19
- Lack of systemic measures to support homeless people
- Insufficient budget allocations for improving the position of homeless people in terms of access to basic infrastructure and services

Structural causes

- Negative perception and prejudice towards homeless people
- Lack of political will at all levels to improve the position of homeless people and provide access to basic services.

4 THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON LGBTI PEOPLE



According to many reports and UN mechanisms for human rights recommendations,⁶¹ reports of local organizations,⁶² independent institutions⁶³ and the civil society,⁶⁴ LGBTI people have been recognized as one of particularly vulnerable categories of population in the Republic of Serbia. As such, LGBTI people are exposed to various forms of violence and faced with high level of discrimination, stigmatization and marginalization, that leads to many economic and social problems.

The vulnerability of LGBTI population in the Republic of Serbia is mostly manifested in relation to their safety and the ability to exercise and protect work related rights, family relationships and health care.⁶⁵ In the Republic of Serbia, compared to other countries, members of the European Union,⁶⁶ physical

and sexual violence motivated by prejudice towards the actual or assumed sexual orientation or gender identity of the victim is far more frequent,⁶⁷ and LGBTI people are also subject to discrimination at work or at job search to a higher percent.⁶⁸ The union of same sex partners in the Republic of Serbia is not legally regulated,⁶⁹ as well as its legal consequences or actions. Consequently, members of the LGBTI community are not able to exercise numerous rights in the field of family law, inheritance and health care under equal conditions.⁷⁰

It is also stated that inconsistent implementation of sexual harassment measures at employment has a negative impact on the possibility of getting a job or later getting a promotion for young women, lesbians, bisexual and transgender women.⁷¹ In a particularly

61 Concluding observations of the Committee on the Elimination of Discrimination against Women regarding the Fourth Periodic Report on the Implementation of the Convention on the Elimination of All Forms of Discrimination against Women ([CEDAW/C/SRB/CO/4](#)); Concluding Observations of the UN Human Rights Committee related to the Third Periodic Report on the Implementation of the International Covenant on Civil and Political Rights ([CCPR/C/SRB/CO/3](#)); Third cycle [The Universal Periodic Review](#), A/HRC/38/17

62 Council of Europe Commissioner for Human Rights, Dunja Mijatovic, [Annual Activity Report 2019](#); Progress Report on the Republic of Serbia EU accession negotiations, European Commission [Serbia 2019 Report](#); European Union Agency for Fundamental Rights (FRA), [EU-LGBTI II: A long way to go for LGBTI equality](#), 2020; [Freedom House – Nations in Transit Report 2020](#); Freedom House [Freedom in the World 2020 Report](#); European Union Agency for Fundamental Rights (FRA) - [Fundamental Rights Report 2020](#)

63 The Ombudsman, [Regular Annual Report, 2019](#); The Commissioner for the Protection of Equality, [Regular Annual Report, 2019](#); The Commissioner for the Protection of Equality Public Opinion Survey Report "Citizens' Attitudes towards Discrimination in Serbia", 2019

64 IDEAS Research and Development Center and Regional Info Center, LGBTI+ Annual Survey, 2020; Geten, Research Report – [Research on the needs of transgender and non-binary people in the Republic of Serbia, 2020](#); Belgrade Center for Human Rights, [Human Rights in Serbia, 2019](#)

65 Freedom House – [Freedom in the World 2020 Report](#)

66 European Union Agency for Fundamental Rights (FRA), [EU-LGBTI II: A long way to go for LGBTI equality](#), 2020

67 Concluding Observations of the UN Human Rights Committee on the Third Periodic Report on the Implementation of the International Covenant on Civil and Political Rights ([CCPR/C/SRB/CO/3](#))

68 IDEAS Research and Development Center and Regional Info Center, [LGBTI+ Annual Survey, 2020](#), Belgrade Center for human rights, [Human Rights in Serbia, 2019](#)

69 The Ombudsman, [Regular Annual Report, 2019](#)

70 The Commissioner for the Protection of Equality, [Regular Annual Report, 2019](#)

71 Concluding observations of the Committee on the Elimination of Discrimination against Women regarding the Fourth Periodic Report on the Implementation of the Convention on the Elimination of All Forms of Discrimination against Women ([CEDAW/C/SRB/CO/4](#))

vulnerable position on the LGBTI spectrum are trans persons particularly exposed to violence, abuse and discrimination,⁷² and still legally invisible which prevents them from accessing basic rights and services to meet basic needs,⁷³ including access to necessary medical therapy (hormones).⁷⁴

A worldwide appeal is issued that the states recognize their LGBTI citizens and adequately respond to multiple and intersectoral forms of discrimination especially to recognize all negative impacts of COVID-19 pandemic on LGBTI people, and to include them in designing recovery measures.⁷⁵ Warning and recommendations related to the position and rights of LGBTI people issued by international bodies and mechanisms for human rights in the context of COVID-19 pandemic can be grouped into several key areas:⁷⁶

1. Unobstructed access to health care and services: access to health treatment to all under equal conditions, access to tests and treatment for HIV, access to necessary medical care to transgender persons.
2. Protection from violence: increased risk of violence towards high number of primarily young LGBTI people who are forced to go back to their primary families who are not tolerant towards their family members with different sexual orientation or gender identity;

3. Access to work and sources of income: high number of LGBTI people work in the informal economy, therefore the risk of losing income is increased.

During June 2020, civil society organizations involved in promotion and protection of the rights of LGBTI people in Serbia participated in the survey on socio-economic impact of COVID-19 epidemic on the rights of LGBTI people.

As main risks LGBTI people faced with in their everyday life before the epidemic caused by the coronavirus, 80% of surveyed civil society organizations state risks in the area of access to health care, whereas 70% of organizations point to the existence of risk in the area of access to work and sources of income, with the same percentage of organizations recognizing risk of poverty and discrimination, 60% of organizations consider that LGBTI persons are exposed to risk in the area of accessing personal documents, 40% state risks in the areas of social protection and inclusive education, whereas 30% consider LGBTI people are exposed to risks related to access to information and justice.

72 Progress Report on the Republic of Serbia EU accession negotiations, European Commission, [Serbia 2019 Report](#)

73 The Commissioner for the Protection of Equality, [Regular Annual Report, 2019](#)

74 The Ombudsman, [Regular Annual Report, 2019](#)

75 UN Independent Expert on violence and discrimination based on sexual orientation and gender identity, Victor Madrigal-Borloz, *ASPIRE Guidelines on COVID-19 response and recovery free from violence and discrimination based on sexual orientation and gender identity*, Jun 2020

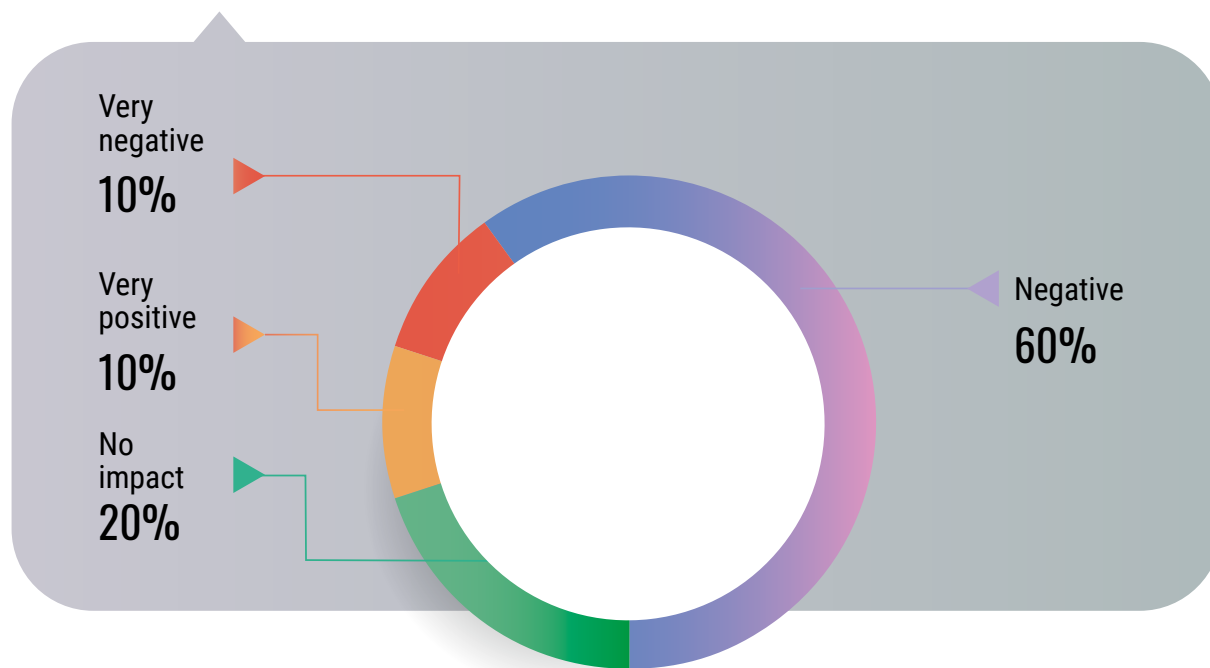
76 Office of the United Nations High Commissioner for Human Rights (OHCHR), [COVID-19 and the Human Rights of LGBTI people](#)

Table: Areas with increased risk during the COVID-19 epidemic, according to civil society organizations that participated in the survey:

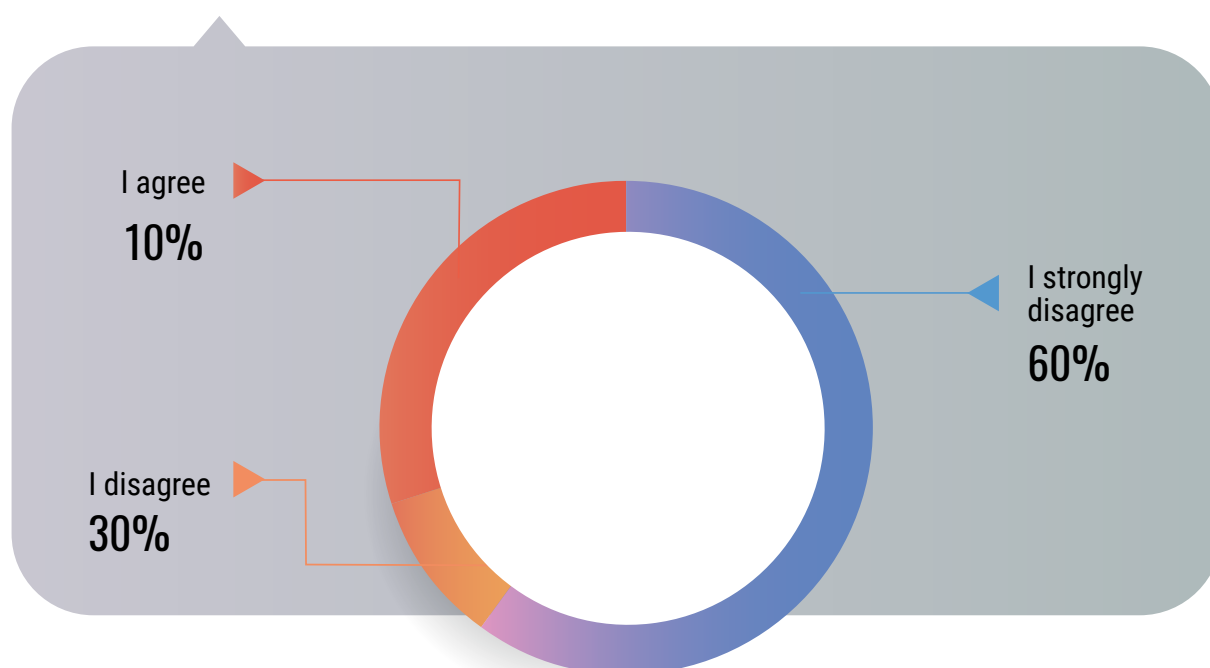
AREA	PERCENTAGE OF ORGANIZATIONS THAT BELIEVE THE RISK HAS INCREASED DURING THE COVID-19 EPIDEMIC
Access to health care	70%
Access to work/sources of income	70%
Risk of poverty	70%
Access to personal documents	70%
Discrimination	60%
Social protection	40%
Barriers to accessing information	40%
Access to justice/fair trial/legal protection	40%
Inclusive education	30%

LGBTI PEOPLE

The majority of organizations (70%) believe that the measures of the Government of the Republic of Serbia during the state of emergency and the COVID-19 epidemic had a negative impact on the rights and lives of LGBTI people (**60% rate it as negative and 10% as very negative**).



Majority of civil society organizations (**90%**) disagree with the statement that LGBTI people were sufficiently recognized as a high-risk group when adopting and implementing Government measures during the state of emergency (60% - strongly disagree, 30% - disagree), while 10% agree with the statement.



Highest number of organizations (90%) agree that specific LGBTI people were at a higher risk of increased vulnerability due to measures introduced during the state of emergency. As particularly vulnerable groups they state young LGBTI people who are forced to go back to their primary families; trans persons due to difficult or obstructed access to health care and medical support; persons living with HIV/AIDS due to obstructed access to adequate health care and testing.

Young LGBTI people have been recognized as a group exposed to specific risks during the state of emergency (90% of the organizations), with emphasis on risk of violence due to returning to their primary families, as well as financial risk due to no access to sources of income, but also difficulties in the area of mental health due to loneliness, isolation and increased fear.

Access to health care has been stated as one of the key areas with increased risks for LGBTI people during the restrictive measures and states response to the epidemic. Doctors' appointments that were scheduled, interventions and regular health exams were cancelled and lack of medications for chronic diseases is evident, which particularly impacted LGBTI people with chronic diseases. Access to adequate healthcare and medical support was made difficult particularly for transgender persons, having in mind that the team of doctors for medical transition as well as certain hormones were not available to transgender persons due to reduced capacity of the entire healthcare system, on the one hand, as well as due to slower procurement of necessary medicines, and border closures on the other hand.

LGBTI people are at great risk of violence, poverty and discrimination, in almost all areas of life, which puts them in a disadvantaged position and increases their deprivation during high risk situations. LGBTI people have not been recognized as one of at-risk groups so specific Government support measures were lacking.

Root causes for this are reflected in insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic, as well as failure to recognize LGBTI people as one of the groups at increased risk, whereas the immediate cause is delay in the response of the Government of Serbia to the epidemic.⁷⁷

77 The conclusion was drawn based on the data from civil society organizations that participated in the survey and other available data.

Access to work or sources of income, risk of poverty and risk of violence are interrelated risks which significantly increased during the COVID-19 epidemic in the Republic of Serbia. Due to the measures that affected the whole business sector (reduced work hours, restriction of movement, inability to perform certain activities, etc.) the need for workforce was decreased and certain employers had financial losses. One third of the LGBTI community suffered direct economic consequences of the pandemic, including half of the businesses owned by LGBTI people.⁷⁸ The consequences are reflected in termination of employment, (people getting fired), significant decrease in income, or sending people on unpaid leave. Introducing the state of emergency and measures for combatting the epidemic has an additional impact on LGBTI people who have been unemployed for a long time. Poor financial situation as well as closure of student dormitories resulted in the fact that one in ten LGBTI persons had to move out at the beginning of the crisis caused by the coronavirus, whereas 5% LGBTI of the community and members of their families are at risk of homelessness.⁷⁹ Most of those who had to leave their place of residence were forced to go back to their primary families who are often not tolerant towards their LGBTI family members. This also led to an increased risk of violence against LGBTI people, with one fifth of LGBTI people living in fear of violence or exposed to violence.⁸⁰

The otherwise complex process, **access to personal documents** for transgender people, has been additionally complicated during the COVID-19 epidemic. The limited work capacity of the institutions led to a slowdown in issuing documents, as well as to the impossibility of initiating new procedures for changing data in documents and issuing new documents.

78 Loud&Queer i EGAL, [COVID-19 and LGBTI Community in Serbia, 2020](#)

79 Loud&Queer i EGAL, [COVID-19 and LGBTI Community in Serbia, 2020](#)

80 Loud&Queer i EGAL, [COVID-19 and LGBTI Community in Serbia, 2020](#)

NEGATIVE OUTCOMES OF COVID-19 ON LGBTI PEOPLE AND THE SEQUENCE OF CAUSES

ACCESS TO WORK / SOURCES OF INCOME / RISK OF POVERTY

Loss of employment, decrease
in income and inability to find
employment

RISK OF VIOLENCE / RISK OF POVERTY

Increased risk of violence
towards LGBTI people



ACCESS TO HEALTHCARE

Lack of medical support for
transgender persons and difficult
access to adequate hormone therapy

ACCESS TO DOCUMENTS

Inability of transgender persons
to acquire and update
documents

ACCESS TO WORK / SOURCES OF INCOME / RISK OF POVERTY LGBTI PEOPLE

Negative outcomes

**LOSS OF EMPLOYMENT,
DECREASE IN INCOME,
INABILITY TO FIND
EMPLOYMENT**



Immediate causes

- Prohibition/restriction of movement
- Prohibition/restriction of assembly
- Suspension/restriction of public transport
- Reduced workload across all industries
- Decreased need for workforce
- Working from home/Inability to work from home
- Delay in response to the epidemic

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Failure to recognize LGBTI people as a group at increased risk
- Lack of systemic measures targeted at providing financial support to the informal economy
- Susceptibility to discrimination in the area of work and employment

Structural causes

- Structural discrimination and stigmatization of members of LGBTI people at all levels
- Negative attitude and prejudice towards LGBTI people
- High poverty rates of LGBTI people
- Long lasting and widespread social exclusion of LGBTI people
- Lack of political will for improving respect for rights and position of LGBTI people

ACCESS TO WORK / SOURCES OF INCOME / RISK OF POVERTY LGBTI PEOPLE

Negativni ishodi

**INCREASED RISK OF
VIOLENCE TOWARDS
LGBTI PEOPLE**



Immediate causes

- Prohibition/restriction of movement
- Prohibition of assembly
- Suspension/restriction of public transport
- Closure of high school and student dormitories
- Return of the LGBTI people to their primary families
- Failure to accept diversity based on sexual orientation and/or gender identity in primary families and among broader population
- Suspension/restriction of work hours of competent institutions (Centers for Social Work/Social protection services)
- Lack of psychosocial support at the local level (emergency helplines, reception centers)
- Unwillingness of competent institutions to respond to reports related to violence towards LGBTI people

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Failure to recognize LGBTI people as one of the groups at increased risk

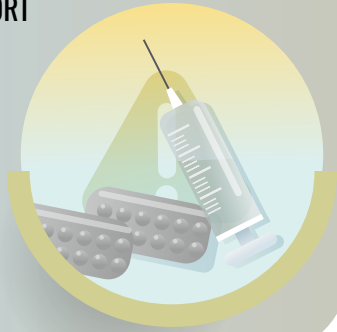
Structural causes

- Structural discrimination against LGBTI people
- Negative perception and prejudice towards LGBTI people
- High poverty rates of LGBTI people
- Long lasting and widespread social exclusion of LGBTI people
- Lack of political will for improving respect for rights and position of LGBTI people
- Insufficient budget allocations aimed at improving the respect of rights and position of LGBTI people

ACCESS TO HEALTH CARE LGBTI PEOPLE

Negative outcomes

LACK OF MEDICAL SUPPORT AND ASSISTANCE FOR TRANSGENDER PERSONS AND DIFFICULT ACCESS TO ADEQUATE HORMONE THERAPY



Immediate causes

- Prohibition/restriction of movement
- Prohibition of assembly
- Suspension/restriction of public transport
- Closing of the state borders
- Reduced/suspended import of necessary medical therapy
- Unavailability of Team for transition

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Failure to recognize transgender persons as a group at increased risk
- Centralized system of protection and support for transgender persons
- Lack of participation of transgender persons in decision making

Structural causes

- Structural discrimination of transgender persons
- Negative perception and prejudice towards transgender persons
- High poverty rate of transgender persons
- Long lasting and widespread social exclusion of transgender persons
- Lack of political will for improving respect for rights and position of transgender persons
- Insufficient budget allocations for healthcare system in the context of transgender persons
- Partial harmonization with international standards

ACCESS TO DOCUMENTS LGBTI PEOPLE

Negativni ishodi

INABILITY OF TRANSGENDER PERSONS TO ACQUIRE AND UPDATE DOCUMENTS



Immediate causes

- Prohibition/restriction of movement
- Prohibition of assembly
- Suspension/restriction of public transport
- Suspension/restriction of working hours of state institutions
- Bureaucratization of the procedures (steps)

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Failure to recognize transgender persons as one of the groups at increased risk
- Lack of participation of transgender persons in decision making

Structural causes

- Structural discrimination against transgender persons
- Negative perception and prejudice towards transgender persons
- High poverty rates of transgender persons
- Long lasting and widespread social exclusion of transgender persons
- Lack of political will for improving respect for rights and position of transgender persons
- Insufficient budget allocations for state administration
- Incomplete harmonization with international standards which leads to inadequate recognition and updating of personal documents of transgender persons

5 THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON PERSONS WITH DISABILITIES



Persons with disabilities constitute around 8% of the population in Serbia⁸¹ (58.2% women)⁸² and are one of the most vulnerable groups of population when it comes to poverty rate.⁸³ Educational structure of persons with disabilities is very unfavourable.⁸⁴ Total number of unemployed persons with disabilities registered at the National Employment Service is 13,331 (41.8% women)⁸⁵ and they have been recognized as a priority group for receiving employment support, however low number of them is still included in employment and self-employment support. Institutionalization of persons with disabilities is still a big problem in Serbia, as there are 14,512 persons accommodated in social protection institutions founded by the Republic of Serbia or AP Vojvodina.⁸⁶

Warnings and recommendations related to the position and rights of persons with disabilities issued by international bodies and human rights mechanisms in the context of COVID-19 pandemic and emergency response, can be grouped into several key areas:

1. Unobstructed access to rights and services: it is necessary to provide health care and social pro-

tection, housing, free movement, retention of employment with reasonable adjustments.⁸⁷ The state has higher responsibility given the structural discrimination persons with disabilities are exposed to.⁸⁸

2. Providing financial assistance: with the aim to alleviate the risks of increased poverty, having in mind that many persons with disabilities are not able to stockpile food or medicines or to afford home delivery if at all available.⁸⁹
3. Communication and information sharing: public information must also be made available in sign language, as well as in accessible forms and formats, which include digital technology, captioning, relay services for the deaf, text messages, easy-to-read and plain language.⁹⁰

During June 2020, civil society organizations of persons with disabilities and organizations involved in promotion and protection of rights of people with disabilities in Serbia participated in the survey on socio-economic impact of COVID-19 epidemic in Serbia on the rights of persons with disabilities.⁹¹

81 571.780 persons with disabilities according to 2011 Census.

82 Milan M. Marković, *People with disabilities in Serbia 2011: Census of Population, Households and Dwellings in the Republic of Serbia*, The Statistical Office of the Republic of Serbia, Belgrade, 2014.

83 Strategy for Improving the Position of Persons with Disabilities for the period 2020. to 2024, „Official Gazette of RS“, no. 44 dated 27. March 2020.

84 20.6% of persons with disabilities completed primary school, 27.2% completed high school and 3.4% University. Milan M. Marković, op.cit.

85 *Report of the National Employment Service for 2019. National Employment Service, Belgrade, 2020, p.8*

86 Private accommodation is used by 8,617 people (a total of 57 institutions for adults, including homes for people with disabilities, 17 homes for children and youth, 229 private service providers). *Press release, Social protection institutions for accommodation of beneficiaries and social protection organizations for accommodation of beneficiaries*, Ministry of Labour, Employment, Veterans and Social Affairs 11.04.2020. <https://www.minrzs.gov.rs/sr/aktuelnosti/vesti/ustanove-socijalne-zastite-za-smestaj-korisnika-i-organizacije-socijalne-zastite-za-smestaj-korisnika>

87 For example, measures to provide employees with disabilities the option to work from home, providing paid leave to guarantee income, providing reasonable accommodation for family and caregivers.

88 Catalina Devandas, UN Special Rapporteur on the Rights of Persons with Disabilities, *COVID-19: Who is protecting the people with disabilities?* 17. mart 2020. <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725>

89 Ibid.

90 Ibid.

91 A total of 24 organizations participated, but the results of the questionnaires for 18 civil society organizations were presented, bearing in mind that other organizations submitted blank questionnaires. The survey included questionnaires on the impact of the COVID-19 crisis and the adopted measures on groups at increased risk of discrimination and neglect, completed by civil society organizations that monitored access to rights during the state of emergency and/or provided direct support.

PERSONS WITH DISABILITIES

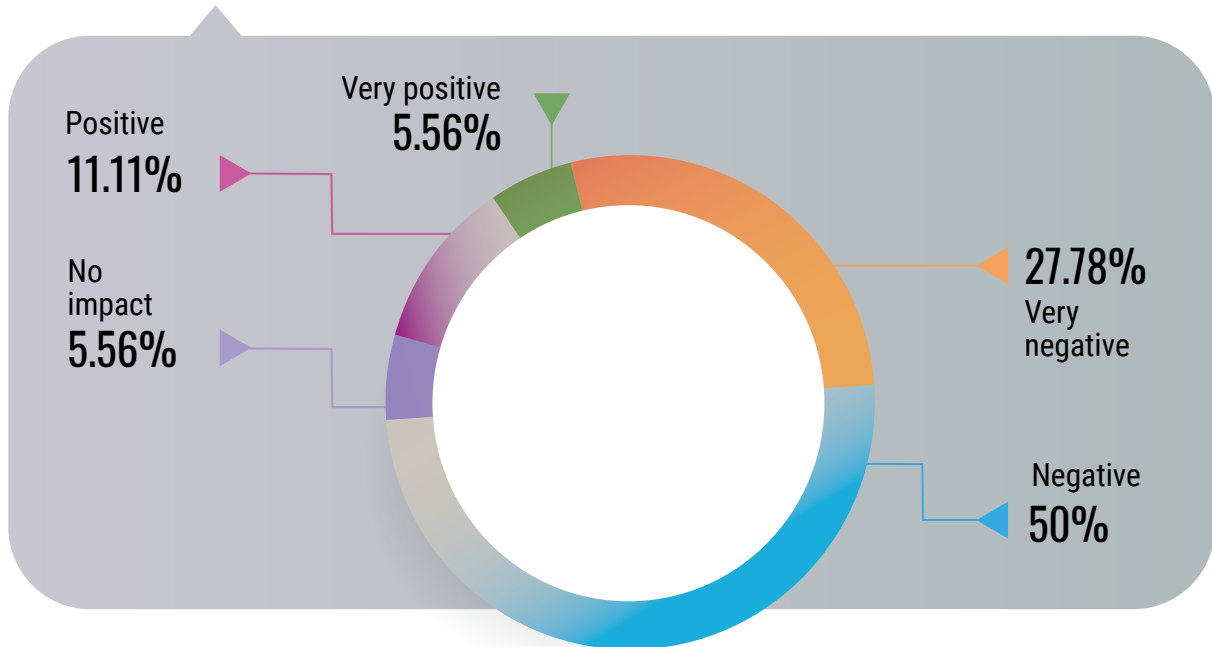
As main risks persons with disabilities have been facing with in their everyday life before the epidemic caused by the coronavirus 83.33% of surveyed civil society organizations state risks in access to work and sources of income, as well as risks in the area of access to information and communication, whereas 77.78% of organizations point to risk in the area of access to health care and social protection as well as risk of discrimination with the same percentage, 72.22% of organizations believe that persons with disabilities are exposed to risk in the area of accessing inclusive education, 66.67% state risk of poverty, whereas 61.11% believe that persons with disabilities are exposed to risks in the area of access to justice and fair trial.

Epidemic caused by the coronavirus had an additional negative impact on some of the risks person with disabilities were exposed to. Therefore, for example, 83.33% of organizations believe that a risk to access health care increased during the COVID-19 epidemic, 72.22% of organizations state the increased risk in the area of access to information and communication, 66.67% identify increased risk of poverty, access to work, sources of income and inclusive education, 61.11% of organizations recognize increased risks in the area of social protection, 55.56% increased risk of discrimination, whereas 50% of organizations point out the increased risk in the area of access to justice and fair trial.

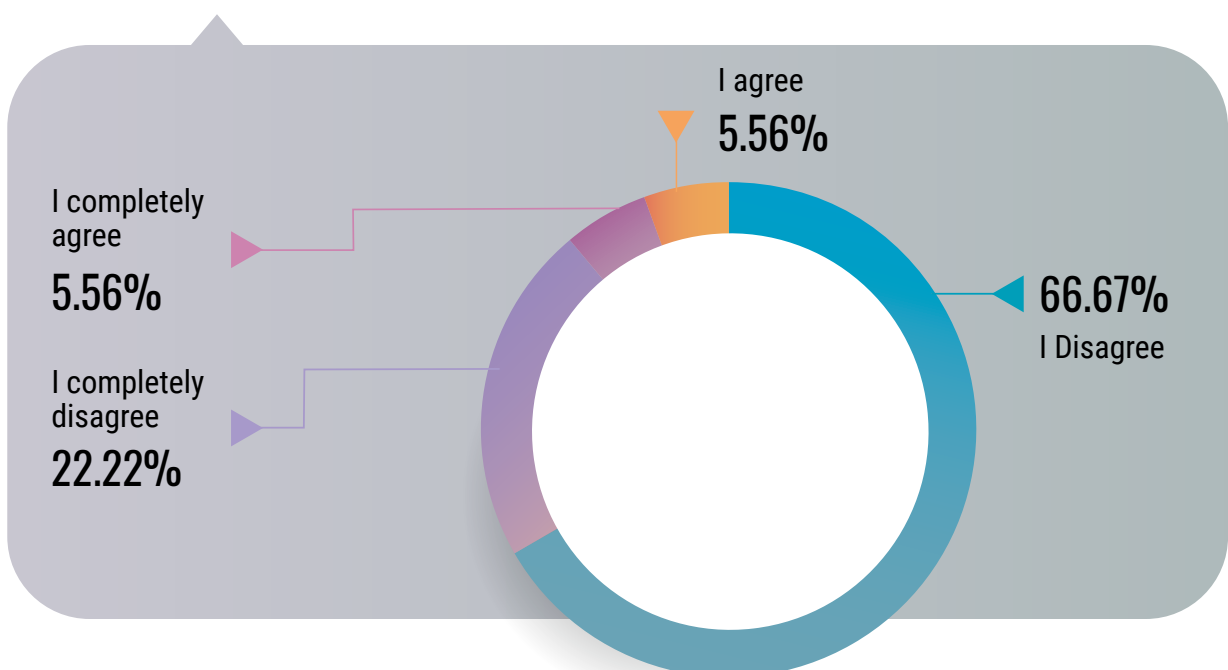
Table: Areas with increased risks during COVID-19 epidemic, according to civil society organizations that participated in the survey:

AREA	PERCENTAGE OF ORGANIZATIONS THAT BELIEVE THE RISK HAS INCREASED DURING THE COVID-19 EPIDEMIC
Access to health care	83.33%
Barriers to accessing information and communication	72.22%
Access to work/sources of income	66.67%
Inclusive education	66.67%
Risk of poverty	66.67%
Social protection	61.11%
Discrimination	55.56%
Access to justice/fair trial/legal protection	50%

The majority of organizations (77.78%) consider that the measures of the Government of the Republic Serbia during the state of emergency and the COVID-19 epidemic had a negative impact on the rights and life of persons with disabilities (**50% rate it as negative, and 27.78% as very negative**).



Majority of organizations disagree (66.67%, and 22.22% strongly disagree) with the statement that persons with disabilities were sufficiently recognized as a group in high risk when adopting and implementing government measures during the state of emergency. Only one organization fully agrees with this statement.



Largest number of organizations (88,89%) agree that certain persons with disabilities were at an additional risk of increased vulnerability due to measures introduced during the state of emergency. As particularly vulnerable groups they list the following:

- Persons with disabilities living in social protection institutions;
- Children due to hindered or no possibility for education;
- Older persons with disability due to movement restrictions;
- Women with disabilities due to increased risk of violence, abuse and neglect;
- Persons with disabilities living in smaller cities or villages due to inadequate infrastructure;⁹²
- Young people with disabilities who are not independent and live with parents who are above 65 years of age.

Persons with disabilities are at high risk of exclusion, poverty and discrimination in almost all areas of life, which puts them into disadvantaged position and increases their deprivation during high risk situations.

Numerous measures introduced during the COVID-19 epidemic in Serbia were not proportionate, not needed and were discriminatory, such as, for example, movement restrictions for people over 65 or 70 years of age, total closure of social protection institutions, prohibition of visits and exiting the institutions. The system showed it is oriented towards the institutions of the system, and not towards the citizens who use their services, meaning that protection of human rights and access to services are not considered a priority in planning, and public consultations about the needs and priorities during decision making were missing.

Root causes for this are the lack of intersectoral cooperation, inadequate access and availability of services to persons with disabilities and unwillingness of the system to respond to the needs of those most vulnerable in the society.⁹³

Persons with disabilities have been left out from support measures, and after the civil society organizations pointed out their difficult position,⁹⁴ the Government of Serbia undertook measures with a delay, such as for example, allowing children and adults with disabilities to go out for one hour during the prohibition of movement/curfew, providing movement permits to personal assistants or informal caregivers. However, the lack of capacities, delays and bureaucratization of the procedure (steps) as immediate causes, resulted in additional exclusion of persons with disabilities.

92 Challenging access to pharmacies, shops, inability to purchase protective masks and gloves, purchase of groceries

93 The conclusion was drawn based on the data from civil society organizations that participated in the survey and other available data.

94 For example, an initiative to exempt people with mental disabilities and their families from the Decree on limiting movement (MDRI-S Initiative for the Rights of Persons with Disabilities) or to provide children with autism a separate timeframe for going out during prohibition of movement (initiative of the Commissioner for the Protection of Equality).

Half of the organizations believe that Governments measures introduced during the state of emergency had a different impact on women with disabilities in comparison to men with disabilities, which is specifically manifested in increased risk of family and partner violence and the lack of support in situations of violence and increased risk of violence in social protection institutions without a possibility for control. It has also been stated that in the context of the epidemic, services in the area of protection of sexual and reproductive rights of women with disabilities were lacking, with the entire system focusing on combating COVID-19.

Young people with disabilities have been recognized as a group exposed to specific risks during the state of emergency (83.33% of organizations), particularly in the area of education, difficult employment opportunities due to the decline in economic and social activities and the increase in the number of unemployed, but also difficulties in the area of mental health due to loneliness, isolation, increased fear due to misunderstanding messages about the coronavirus, anxiety, depression and the feeling of uncertainty.

Access to health care was stated as a key area with increased risks for persons with disabilities, during the restrictive measures and states response to the epidemic. The main manifestations of these risks are suspending or postponing most of the necessary therapies, because the health care system was focused

entirely on combating the COVID-19 epidemic or was limited to only urgent interventions. The lack of therapy and home isolation during the state of emergency resulted in aggravated health condition for many persons with disabilities.⁹⁵ As stated by the organizations that participated in the survey, some persons had to seek therapy or medical services through private medical services with no possibility to ask for a refund of costs. Accessibility of COVID hospitals, infirmaries and quarantine spaces (fair, student and high school dormitories) were an additional problem. Clear protocol was missing in cases when a child with a developmental disability or their parent/guardian is infected, in terms of their accommodation and hospitalization.⁹⁶

The following are stated as the **main problems in the area of information sharing and communication:** lack of easy to understand formats for persons with Intellectual disabilities on the COVID-19 epidemic and introduced measures, lack of information in accessible formats on measures and services (for example, movement permits, use of services etc.), limiting access to information to only certain TV channels, internet or through personal contacts. A translation into sign language was provided during the most important news broadcasts and daily press conferences held by the Crisis Management Taskforce. The Government of the Republic of Serbia introduced a unique COVID-19 contact center with a free toll number 19819 available to users of all networks

95 State of emergency and persons with disabilities - solutions are possible only when the state "listens", Milijana Rogač, Istinomer, 31.05.2020. available at <https://www.istinomer.rs/analize/vanredno-stanje-i-osobe-sa-invaliditetom-resenja-moguca-samo-kada-drzava-slusa/>

96 See: Corona virus, parents and Serbia: Where will we go with the child, if we get sick, Nataša Anđelković, BBC news in Serbian, 27.03.2020, available at <https://www.bbc.com/serbian/lat/srbija-52052953> or [Children will be hospitalized at the paediatric ward of KBC „D. Mišović“](#), 26.03.2020. COVID-19 website

(landline and mobile providers).⁹⁷ In addition to the official website www.covid19.rs, automatic information COVID-19 service was set up on Viber platform. However, the Government of Serbia did not respond to all needs to provide accessible information.⁹⁸

Introducing the state of emergency led to suspension of classes in higher education institutions, secondary and primary schools and regular work of preschool education institutions. **Classes** were held remotely, through a television channel RTS 3, platform RTS Planet and internet learning platforms.⁹⁹ The competent Ministry stated in the instruction that *“for students who need a structured individualized approach, i.e., adjustment within the individual educational plan (IOP), IOP-1, IOP-2 and IOP-3, the teachers should prepare separate learning materials, and make those available to students as agreed with their parents.”*¹⁰⁰ Most organizations (66.67%) believe that risks for persons with disabilities increased in the area of inclusive education during the restrictive measures, which

manifested as lack of systemic approach in response to inclusive education, lack of adapted on-line content with children with developmental disabilities, as well as the fact that children have not received adequate and adapted materials and assignments. The lack of technical conditions for children to participate in on-line learning is also stated.¹⁰¹

Introducing state of emergency and accompanying measures led to many problems in accessing **social protection** services, such as personal assistants, personal care assistants, home care assistance, and other services persons with disabilities depend on in their everyday life. Movement permits during the movement restrictions were primarily aimed at official service providers, and after much insistence to set up a procedure for allowing free movement of persons who provide informal support to persons with disabilities (especially in a situation when prohibition of movement lasted up to 80 hours), competent Ministry prescribed a complicated and bureaucratized proce-

97 Where citizens could get advice and recommendations from experts in the fight against coronavirus, as well as contact the competent professional services throughout the country. A single contact center for assistance to the elderly was established at number 19920, allowing senior citizens to ask for help with groceries, medicines and other needs in the city and municipal centers where volunteers are engaged.

98 The City Organization of the Deaf Persons of Belgrade in cooperation with the Serbian Association of deaf and hard of hearing provided all deaf and hard of hearing people throughout Serbia availability of [Video Relay Service COVID-19 \(VRC COVID-19\)](#) available 24 hours a day and the relay provided free translation services via a video link to provide access to all information and support and assistance measures during the state of emergency.

99 Decision on suspension of classes in higher education institutions, secondary and primary schools and regular work of preschool education institutions, „Official Gazette of RS”, no. 30 dated 15. March 2020.

100 Ministry of Education, Science and Technological Development, letter number 601-00-9/2020-01 dated 16.03.2020. available at: <http://www.mpn.gov.rs/wp-content/uploads/2020/03/Nastava-na-daljini-u-vanrednom-stanju.pdf>

101 See also *Some children with learning difficulties were left without classes during the Corona*, Teodora Ćurčić, Dina Đorđević, Center for Investigative Journalism of Serbia, 14.05.2020, available at <https://www.cins.rs/pojedina-deca-sa-poteskocama-u-ucenju-ostala-bez-nastave-tokom-korone/>

dure.¹⁰² Instead of relocating as many beneficiaries as possible to the family environment (families/foster parents) and small dormitory communities, the competent Ministry completely closed social protection institutions without the possibility for beneficiaries to exit for more than three months. Risk of infection in the social protection institutions is high, with a lack of external oversight, which was additionally increased with measures and powers arising from the state of emergency.¹⁰³ In situations of a rigorous quarantine, risk of violence in social protection institutions is more certain,¹⁰⁴ and reporting violence and protection from violence, otherwise inadequate and/or dysfunctional, become impossible. Total of 61.11% of organizations state that risks for persons with disabilities in the area of social protection increased during the restrictive measures and states response to the COVID-19 epidemic.

Restrictive measures introduced during the COVID-19 epidemic increased **the risk of poverty for persons with disabilities**. Even though payments of various social benefits were continued, the discrepancy between payment deadlines and physical distancing measures or prohibition of movement led to poor management and delay in payments, which puts

persons who are in a difficult financial situation at a greater risk. Organizations state that costs of living were increased due to inaccessible services, movement restrictions, lack of accessible transportation, hindered access to medicines and therapies, and lack of specifically targeted measures to alleviate those consequences because the Government did not sufficiently recognize persons with disabilities as particularly vulnerable category of population.

102 The procedure involved a person with a disability submitting the documentation to the local self-government unit, which then submits the documentation to the Ministry in charge of social protection, which then submits the decision to the Ministry of the Interior to issue the permit. This procedure was rather vague for many people, and there was often not enough time to react, leaving people with disabilities without support. See, for example, Persons with Disabilities and the Prohibition of Movement, FemPlatz magazin, special edition, April 2020, p. 22-23, http://femplatz.org/library/newsletters/FemPlatz_Magazin_3.pdf

103 Appeal of Catalina Devandas, UN expert see: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25725&LangID=E>

104 Appeal of United Nations Special Rapporteur on violence against women, Dubravka Šimonović, available at: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25749&LangID=E>

NEGATIVE OUTCOMES OF COVID-19 ON PERSONS WITH DISABILITIES AND THE SEQUENCE OF CAUSES

EDUCATION

Lack of clear procedures, needs assessment and additional support to implement inclusive education during the COVID-19 epidemic

Lack of adapted on-line content and lack of adapted materials and tasks for children with developmental disabilities

Lack of technical conditions for some children with disabilities to follow on-line classes

INFORMATION SHARING AND COMMUNICATION

Lack of formats on COVID-19 epidemic easy to understand for people with intellectual disabilities

Lack of information in accessible format about introduced measures related to COVID-19 and existing services (eg. movement permits, use of services)

Limiting access to information in adapted formats only to certain TV channels and information from the Internet

ACCESS TO HEALTH CARE

Suspension and delays in regular therapy

Difficulty of access to COVID-19 clinics

Lack of protocols for children/parents with disabilities who require hospitalization

RISK OF POVERTY

Delay in payments of social benefits

Increased costs (inaccessible services, prohibition of movement, inaccessible transportation, difficult access to health care and social services)

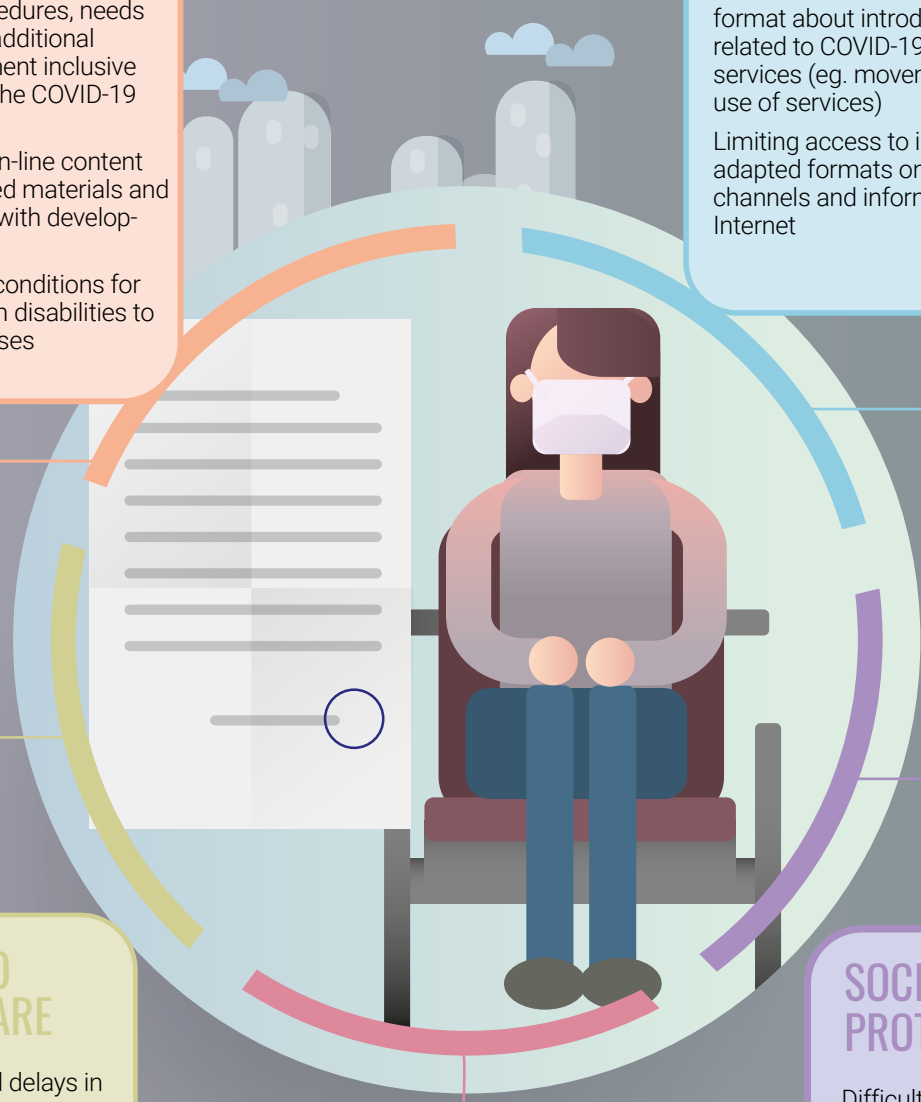
Lack of specifically targeted measures for persons with disabilities

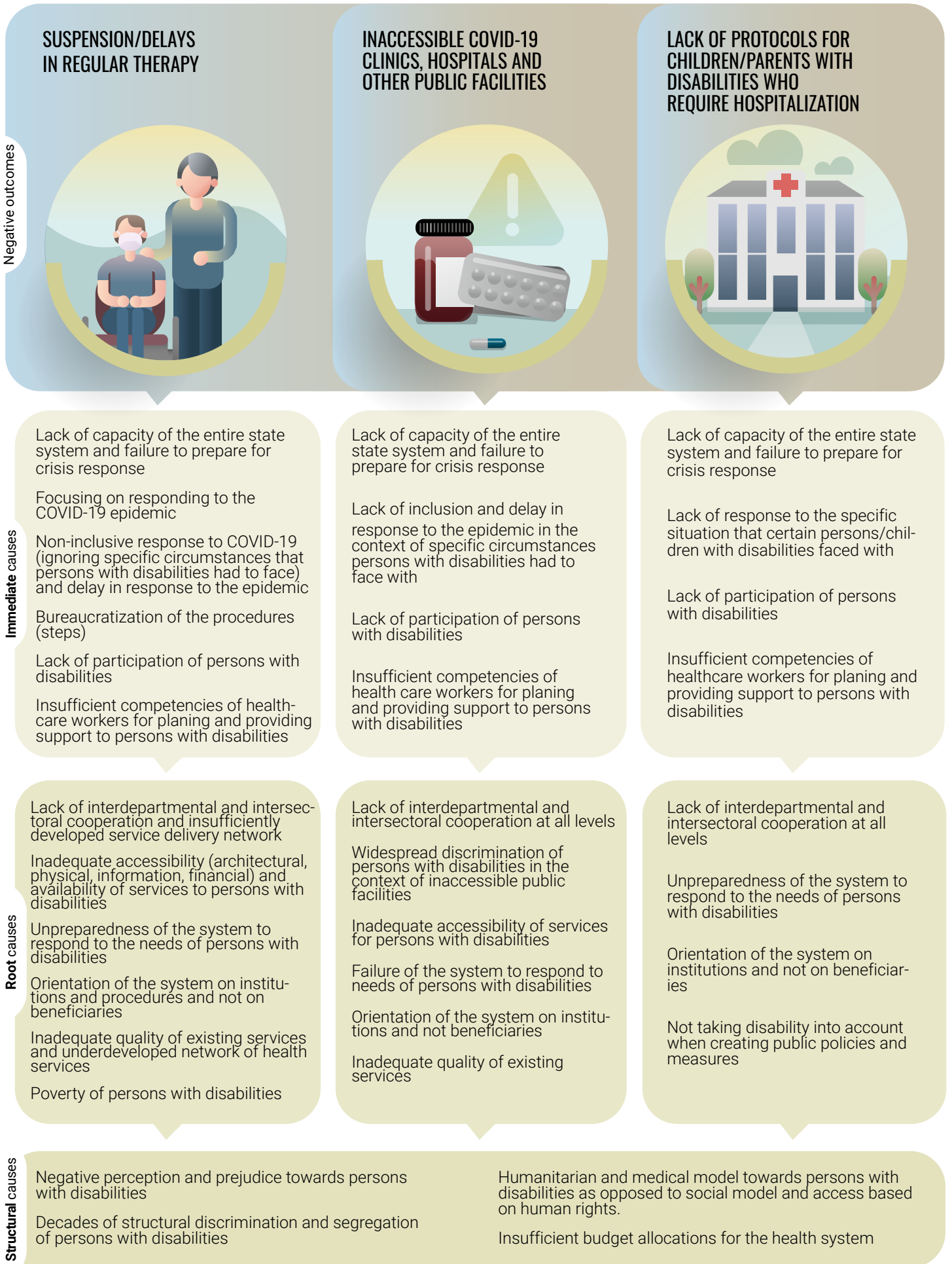
SOCIAL PROTECTION

Difficult access to services for social protection (eg. personal-assistants, home care, support services for women in situations of violence)

Acquiring movement permits during prohibition of movement

Closure of institutions for social protection





Negative outcomes

LACK OF CLEAR PROCEDURES, NEEDS ASSESSMENT AND ADDITIONAL SUPPORT FOR IMPLEMENTATION OF INCLUSIVE EDUCATION DURING THE COVID-19 EPIDEMIC



LACK OF ADAPTED ON-LINE CONTENT AND LACK OF ADAPTED MATERIALS AND LEARNING ACTIVITIES FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES



LACK OF TECHNICAL CONDITIONS FOR SOME CHILDREN WITH DISABILITIES TO FOLLOW ON-LINE CLASSES



Immediate causes

Insufficient capacity of the entire system and unpreparedness to respond in crisis situations.

Delay in response to the epidemic in the context of specific circumstances related to the education of children with developmental disabilities

Lack of participation of children with disabilities and their parents

Not taking disability into account when creating public policies and measures

Lack of capacity of the entire state system and unpreparedness to respond to crisis situations

Lack of adequate response to the epidemic in the context of specific circumstances related to education of children with developmental disabilities

Lack of participation of children with disabilities and their families

Insufficient competencies of people working in the education system to plan and provide support to children with disabilities

Lack of capacity of the entire system and unpreparedness to respond to crisis situations

Lack of adequate response to the epidemic in the context of specific circumstances related to education of children with developmental disabilities

Lack of participation of children with disabilities and their families

Insufficient competencies of people working in the education system to plan and provide support to children with disabilities

Poverty of persons with disabilities

Root causes

Inadequate interdepartmental and intersectoral cooperation at all levels

Social exclusion of children with disabilities and their families

Unpreparedness of the system to respond to the needs of children with disabilities

Widespread discrimination of children with disabilities related to the access to education

Structural causes

Negative perception and prejudice towards persons with disabilities

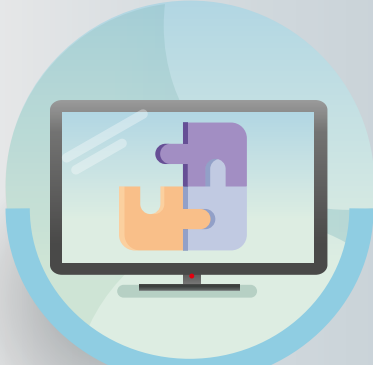
Humanitarian and medical model towards persons with disabilities as opposed to social model and access based on human rights

Decades of structural discrimination and segregation of persons with disabilities

Insufficient budget allocations for education system, especially to support inclusive education

Negative outcomes

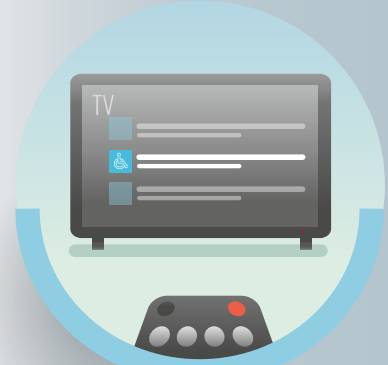
LACK OF FORMATS ON COVID-19 EPIDEMIC EASY TO UNDERSTAND FOR PEOPLE WITH INTELLECTUAL DISABILITIES



LACK OF INFORMATION IN ACCESSIBLE FORMAT ABOUT INTRODUCED MEASURES RELATED TO COVID-19 AND EXISTING SERVICES (eg. movement permits, use of services)



LIMITING ACCESS TO INFORMATION IN ADAPTED FORMATS ONLY TO CERTAIN TV CHANNELS AND INFORMATION FROM THE INTERNET.



Immediate causes

Insufficient capacity of the entire state system and failure to prepare for crisis response

Not taking into account particular circumstances some of the groups with disabilities had to face in terms of obtaining information and communication

Lack of participation of persons with disabilities

Insufficient competencies of people working in the media

Insufficient capacity of the entire state system and failure to prepare for crisis response

Not considering particular circumstances some of the groups with disabilities had to face in terms of obtaining information and communication

Lack of participation of persons with disabilities

Insufficient competencies of people working in the media

Insufficient capacity of the entire state system and failure to prepare for crisis response

Lack of participation of persons with disabilities

Insufficient competencies of people working in the media

Root causes

Inadequate interdepartmental and intrasectoral cooperation at all levels

Unpreparedness of the system to respond to the needs of persons with disabilities and complete invisibility of specific groups of persons with disabilities.

Inadequate accessibility and availability of information and communication services.

Inadequate interdepartmental and intersectoral cooperation at all levels

Unpreparedness of the system to respond to the needs of persons with disabilities and complete invisibility of certain groups of persons with disabilities

Inadequate access and availability of information and communication services

Lack of disability perspective in public policies and in creating measures

Lack of interdepartmental and intersectoral cooperation at all levels

Unpreparedness of the system to respond to the needs of persons with disabilities

Inadequate access and availability of information and communication services

Lack of perspective for persons with disabilities in public policies and in creating measures

Structural causes

Negative perception and prejudice towards persons with disabilities

Decades of structural discrimination and segregation of persons with disabilities

Humanitarian and medical model towards persons with disabilities as opposed to social model and access based on human rights.

Insufficient budget allocations for information sharing and communication in suitable formats

Negative outcomes

DELAY IN PAYMENTS OF SOCIAL BENEFITS



INCREASED COSTS
(inaccessible services, prohibition of movement, inaccessible transportation, difficult access to health and social services)



LACK OF SPECIFICALLY TARGETED MEASURES FOR PERSONS WITH DISABILITIES



Immediate causes

Lack of capacity of the entire state system and failure to prepare for crisis response

Delay in response to the epidemic in the context of specific circumstances that persons with disabilities had to face with

Lack of participation of persons with disabilities

Insufficient capacity of the entire state system and failure to prepare for crisis response

Lack of response to the epidemic in context the specific circumstances persons with disabilities had to face with

Lack of participation of persons with disabilities

Poverty persons with disabilities

Social exclusion of persons with disabilities

Lack of capacity of the entire state system and failure to prepare for crisis response

Lack of response to the epidemic in context the specific circumstances persons with disabilities had to face with

Lack of participation of persons with disabilities

Root causes

Inadequate interdepartmental and intersectoral cooperation at all levels

Unpreparedness of the system to respond to the needs of persons with disabilities

Inefficient reform of the social protection system

Lack of perspective of disability in public policies and in creating measures

Structural causes

Negative perception and prejudice towards persons with disabilities

Decades of structural discrimination and segregation of persons with disabilities

Humanitarian and medical model towards persons with disabilities as opposed to social model and access based on human rights.

Insufficient budget allocations to decrease poverty of persons with disabilities

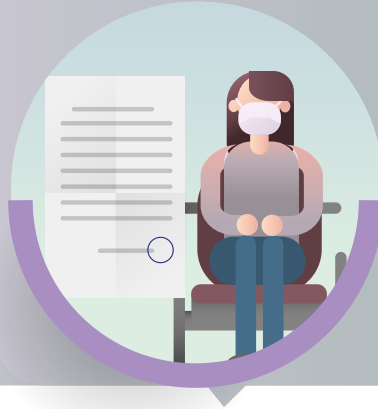
Negative outcomes

HINDERED ACCESS TO SOCIAL PROTECTION SERVICES

(eg. personal assistants, home care, support services for women in situations of violence)



ACQUIRING MOVEMENT PERMITS DURING PROHIBITION OF MOVEMENT



CLOSURE OF INSTITUTIONS FOR SOCIAL PROTECTION



Immediate causes

Insufficient capacity of the entire state system and failure to prepare for crisis response

Delays in response to the epidemic in the context of specific circumstances persons with disabilities had to face

Bureaucratization of the procedure (steps)

Lack of participation of beneficiaries

Insufficient competencies of social protection workers for planning and providing support to persons with disabilities

Lack of capacity of the entire state system and failure to prepare for crisis response

Delay in response to the epidemic in the context of specific circumstances persons with disabilities had to face with

Bureaucratization of the procedure (steps)

Lack of participation of beneficiaries

Lack of capacity of the entire state system and failure to prepare for crisis response

Lack of response to the epidemic in the context of specific circumstances persons with disabilities faced with

Lack of participation of beneficiaries

Insufficient competencies of social protection workers for planning and providing support to persons with disabilities

Root causes

Lack of interdepartmental and intersectoral cooperation at all levels

Unpreparedness of the system to respond to the needs of persons with disabilities and complete invisibility of specific groups of persons with disabilities

Orientation of the system on institutions and procedures rather than on beneficiaries

Lack of disability perspective in public policies and in creating measures

Underdeveloped mechanisms of access to rights at the local level (incomplete decentralization and separation of powers)

Inadequate quality of existing services

Inadequate access and availability of social protection services

Poverty of persons with disabilities

Lack of interdepartmental and intersectoral cooperation at all levels

Failure of the system to respond to needs of persons with disabilities and complete invisibility of specific groups of persons with disabilities

Inadequate access and availability of social protection services

Lack of interdepartmental and intrasectoral cooperation at all levels

Unpreparedness of the system to respond to the needs of persons with disabilities and complete invisibility of specific groups of persons with disabilities

Orientation of the system on institutions rather than on beneficiaries

Inadequate access and availability of social protection services

Social exclusion of persons with disability

Practice of institutionalizing of persons with disabilities

Structural causes

Negative perception and prejudice towards persons with disabilities

Decades of structural discrimination and segregation of persons with disabilities

Humanitarian and medical model towards persons with disabilities as opposed to social model and access based on human rights

Insufficient budget allocations for social protection services

6 THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON PERSONS DEPRIVED OF LIBERTY



High number of reports as well as recommendations of UN mechanisms for human rights,¹⁰⁵ reports from regional organizations,¹⁰⁶ independent institutions¹⁰⁷ and civil society,¹⁰⁸ recognize particularly difficult position of persons deprived of liberty in the Republic of Serbia. Vulnerability of persons deprived of liberty is mostly manifested in relation to their living conditions and the possibility to exercise and protect rights of these persons.

High number of international¹⁰⁹ and regional¹¹⁰ reports recognize overcrowding of the institutions for persons deprived of liberty, and according to the information from the last Council of Europe Report for 2018, Serbia has 105,5 persons deprived of liberty per 100 places, whereas this number was even higher the year before and was 109.¹¹¹ On 01.01.2019 there were 10,852 prisoners in Serbia, whereas the capacity of institutions was 10,307 accommodation units. In the period from 2009-2019 the number of prisoners in Serbia increased by 11.9 percent, as stated in the Report. There were 56 deaths in Serbian prisons in 2018, which ranks Serbia among the European countries with the highest percentage of deaths per 10,000 prisoners.¹¹²

In addition to overcrowding, reports state that persons deprived of liberty do not have adequate access to health care.¹¹³ This is related to the insufficient number of health workers proportionate to the number of persons deprived of liberty who need medical care, lack of special programs for those who live with chronic diseases such as persons living with HIV/AIDS, and the insufficient capacities of health workers to recognize and react in potential cases of torture.¹¹⁴

Persons deprived of liberty represent a group at a specific risk due to nature of the limitations already imposed on them and already limited capacities to take precautionary measures. Because of additional public health measures, potential exposure to the risk of abuse can be increased in institutions for persons deprived of liberty.¹¹⁵

Nelson Mandela Rules clearly stipulate that prisoners should have the same standard of health care available to the general population, and necessary health care services should be available free of charge, with no discrimination based on their legal status.¹¹⁶

105 Concluding Observations of the UN Human Rights Committee on the Third Periodic Report on the Implementation of the International Covenant on Civil and Political Rights ([CCPR/C/SRB/CO/3](#)); Third cycle [Universal Periodic Review](#), A/HRC/38/17; Special Rapporteur on Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment, [Report on Visit to Serbia and Kosovo](#), 2019

106 Progress Report on the Republic of Serbia EU accession negotiations, European Commission [Serbia 2019 Report](#); Freedom House – [Freedom in the World 2020 Report](#)

107 The Ombudsman, [Regular Annual Report, 2019](#) The Commissioner for the Protection of Equality, [Regular Annual Report, 2019](#) The Commissioner for the Protection of Equality, [Public Opinion Survey Report "Citizens' Attitudes towards Discrimination in Serbia", 2019](#)

108 IDEAS Research and Development Center and Regional Info Center, [LGBTI+ Annual Survey, 2020](#); Geten, Research Report – [Research on the needs of transgender and non-binary people in the Republic of Serbia, 2020](#); Belgrade Center for Human Rights, [Human Rights in Serbia, 2019](#)

109 Special Rapporteur on Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment, [Report on Visit to Serbia and Kosovo](#)

110 Progress Report on the Republic of Serbia EU accession negotiations, European Commission, [Serbia 2019 Report](#)

111 Ministry of Justice, Statement: [Overcrowding decreased in Serbian correctional facilities](#) 19.06.2020

112 Council of Europe. Annual Penal Statistics. [SPACE 1](#), 2020

113 Concluding Observations of the UN Human Rights Committee on the Third Periodic Report on the Implementation of the International Covenant on Civil and Political Rights ([CCPR/C/SRB/CO/3](#));

114 Special Rapporteur on Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment, [Report on visit to Serbia and Kosovo, 2019](#).

115 The Subcommittee on Prevention of Torture to member states and national mechanisms for the prevention of torture regarding coronavirus pandemic, 25.03.2020

116 Standard Minimum United Nations **Rules** for the Treatment of Prisoners, (Nelson Mandela Rules), UN Doc A/RES/70/175

PERSONS DEPRIVED OF LIBERTY

Appeals are issued at the global level¹¹⁷ that the principles deriving from international human rights standards must be respected in response to COVID-19, stating that:

- The state is obliged to provide adequate health care to persons deprived of liberty according to the same standards of health care available to the general population, as well as to provide access to information to persons deprived of liberty;
- It is necessary to consider the possibility of using alternative sanctions both for the future convicts as well as for prisoners with low risk profiles, as well as to provide separate accommodation for prisoners at highest risk.

Main warnings and recommendations related to persons deprived of liberty, issued by international bodies and mechanisms for human rights in the context of COVID-19 pandemic and emergency response are:¹¹⁸

1. Urgent identification of persons at highest risk, decreasing number of people in institutions through early or temporary release pending trial, paying special attention to those institutions in which the number of accommodated persons exceeds the official capacity, i.e., those institutions in which the number of square meters per person does not enable social distancing in accordance with health guidelines;
2. Re-examination of all cases of detention on remand pending trial, as well as the use of immigration detention or closed refugee camps with the aim of minimizing the number of beneficiaries;
3. Making sure that all restrictions of the existing regime are kept to a minimum, as well as ensuring efficient and effective complaints mechanisms;

4. Enabling prisoners to maintain personal hygiene, everyday physical activity, outdoor time, contact with the outside world (particularly in institutions where prison visit regime is limited);
5. Prevention of using medical isolation as a disciplinary measure of solitary confinement, making sure that premises used as quarantine are big enough to enable free movement inside and sufficient physical distance in accordance with health recommendations.

According to the information published by the Ministry of Justice in the period from March 15th to April 15th 2020, the number of persons deprived of liberty in prisons decreased by 626 during the pandemic of the coronavirus, through the use of institutional parole, early release, termination of detention, as well as restrictions in sending new persons to serve prison sentences. According to the statements of Nataša Tanjević, Deputy Ombudsperson, during COVID-19 epidemic persons deprived of liberty were recognized as a group at a separate risk and the state authorities undertook activities with the aim to protect those persons, and the level of exercising and protecting their rights has been decreased only as necessary with the aim to prevent possible epidemic of the virus in institutions where they are accommodated. Given the **overcrowding of institutions for persons deprived of liberty** it is important to consider whether it is possible to maintain physical distancing between prisoners, as stated in international guidelines during the COVID-19 pandemic.

In the period when the outbreak of COVID-19 epidemic was announced on the territory of the Republic of Serbia, National Preventive Mechanism (NPM) visited District Prison in Belgrade, Belgrade Correctional Facility, Correctional Facility Padinska Skela, Correctional Facility Sremska Mitrovica and Reception Center

117 World Health Organization, Interim Guidance: Preparedness, prevention and control of COVID-19 in prisons and other places of detention, 2020

118 Subcommittee on Prevention of Torture to member states and national mechanisms for the prevention of torture in connection with the coronavirus pandemic, 25.03.2020

for Foreigners in Padinska Skela. According to information from the Report of Ombudsman/NPM,¹¹⁹ all institutions received COVID-19 guidelines from the World Health Organizations, and all institutions adapted their work in accordance with it. It is noted that it was not possible to provide increased use of telephones for contact with the outside world in all institutions, so the NPM issued recommendations. During the epidemic, there were 84 confirmed positive cases among prisoners in Correctional Facility Požarevac (Zabela), that NPM did not visit, whereas there were no registered cases of a virus in other institutions, including asylum and reception centers.¹²⁰

Psycho-social risk for persons deprived of liberty increased during COVID-19 epidemic, due to significantly limited right to contact the outside world. This manifested in prohibition or limiting the in-prison visits in institutions for persons deprived of liberty, as well as failure to provide adequate substitute for exercising this right. However, according to statements by Nataša Tanjević, convicts and detainees were pro-

vided with a maximum possibility to exercise their right to phone calls, as well as longer periods of time they can spend outdoor within the institutions where they are imprisoned.

Having in mind that a prohibition of movement outside the state-run centers was imposed on refugees and migrants during the epidemic and state of emergency until May 14th, the same standards had to be applied to them. It is stated that refugees and migrants were able to contact the outside world via telephone and the Internet, which was available in the centers 24 hours a day.

Risk in the area of access to justice and adequate legal protection reflects in the risk of abuse and other breaches of human rights of persons deprived of liberty, and is also considered as increased, because civil society organizations who monitor these institutions (human rights defenders) were not allowed to implement their activities during COVID-19 epidemic.

Persons deprived of liberty were recognized as persons at particular risk, and certain measures were taken to protect these persons. However, due to the lack of effective system for monitoring conditions in these institutions, it is not possible to state with certainty that all the rights of persons deprived of liberty were respected, i.e. adequately protected during the COVID-19 epidemic.

Due to the overcrowding of institutions accommodating persons deprived of liberty, concerns have been raised in the context of the possibility of maintaining the recommended physical distance between prisoner/detainees during the epidemic. Asylum seekers and migrants were disproportionately deprived of their freedom of movement for a period of time.

Root cause for this situation are overcrowding of institutions for person deprived of liberty, insufficient capacities and unwillingness of the state at all levels to respond to the epidemic, as well as failure to recognize the needs of persons deprived of liberty, whereas immediate causes are impossibility to keep physical distancing in institutions, prohibition of prison visits, and failure to provide independent monitoring of conditions in institutions by civil society organizations (human rights defenders) who monitor the right of persons deprived of liberty.¹²¹

119 The Ombudsman, National Preventive Mechanism for prevention of torture: Monitoring of institutions for persons deprived of liberty, [Thematic report: Application of CPT principles relating to the treatment of persons deprived of their liberty in the context of the coronavirus pandemic](#), May 2020

120 <http://rs.n1info.com/Vesti/a596021/Korona-u-Zabeli.html>

121 The conclusion was drawn based on the data from civil society organizations that participated in the survey and other available data.

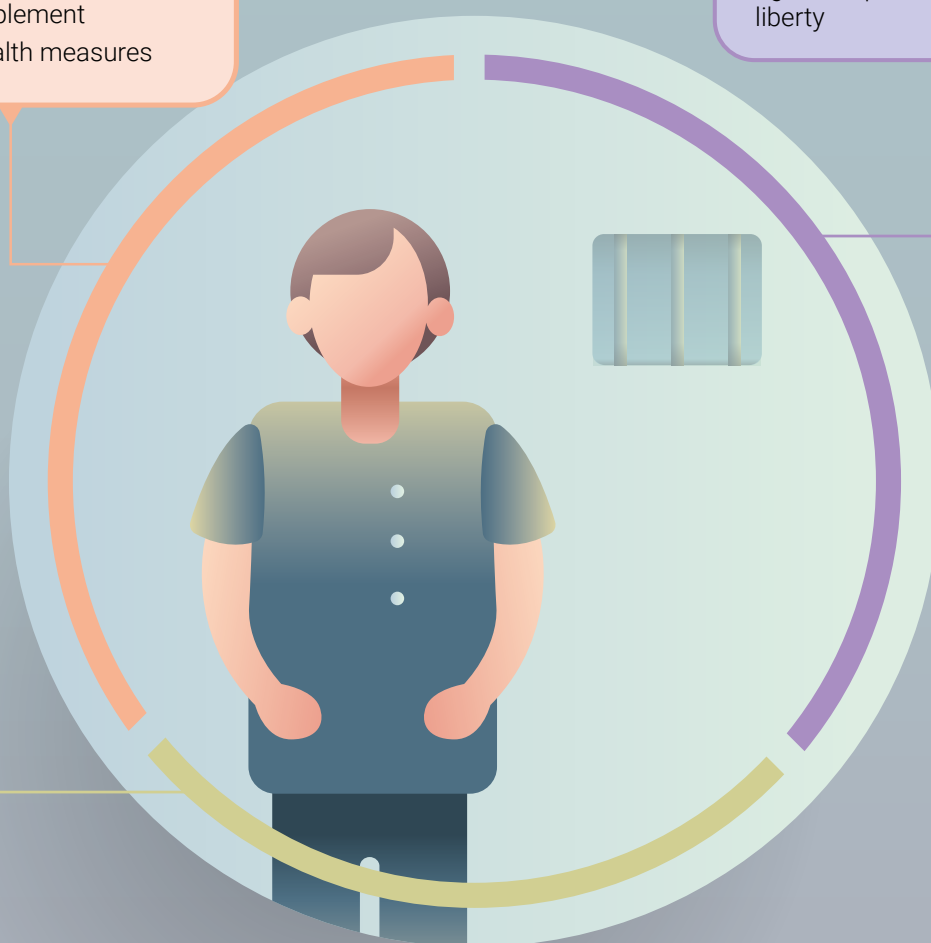
NEGATIVE OUTCOMES OF COVID-19 ON PERSONS DEPRIVED OF LIBERTY AND THE SEQUENCE OF CAUSES

HEALTH CARE

Inability to implement preventive health measures

ACCESS TO JUSTICE / LEGAL PROTECTION

Lack of adequate protection of rights for persons deprived of liberty



PSYCHOSOCIAL PROTECTION

Inability to establish adequate contact with the outside world

HEALTH CARE

PERSONS DEPRIVED OF LIBERTY

INABILITY TO IMPLEMENT PREVENTIVE HEALTH MEASURES



Negative outcomes

Inability to maintain physical distance
Inability to wear masks
Difficulties in maintaining personal hygiene

Immediate causes

Overcrowding of correctional facilities for persons deprived of liberty
Insufficient capacities and inability of competent institutions to respond to the epidemic
Insufficient coordination of judicial and administrative authorities (The Administration for the Enforcement of Penal Sanctions, Commissariat for Refuges and Migration, etc.)
Insufficient recognition of needs of persons deprived of liberty

Root causes

Lack of political will to improve respect for the rights and status of persons deprived of liberty
Lack of systemic preconditions for allowing alternative communication with the family and outside world
Partial conformity with international standards

Structural causes

PSYCHOSOCIAL PROTECTION

PERSONS DEPRIVED OF LIBERTY

INABILITY TO ESTABLISH ADEQUATE CONTACT WITH THE OUTSIDE WORLD



Prohibited/limited visits
Inability to use days outside of prison
Insufficiently increased possibility of communication with family members or the outside world by phone or other means of communication

Insufficient capacities and inability of competent institutions to respond to the epidemic
Insufficient recognition of needs of persons deprived of liberty

Lack of political will to improve respect for the rights and status of individuals deprived of liberty
Absence of systemic preconditions that allow for alternative means of communication with family members and the outside world
Partial conformity with international standards

ACCESS TO JUSTICE

PERSONS DEPRIVED OF LIBERTY

LACK OF ADEQUATE PROTECTION OF RIGHTS OF PERSONS DEPRIVED OF LIBERTY

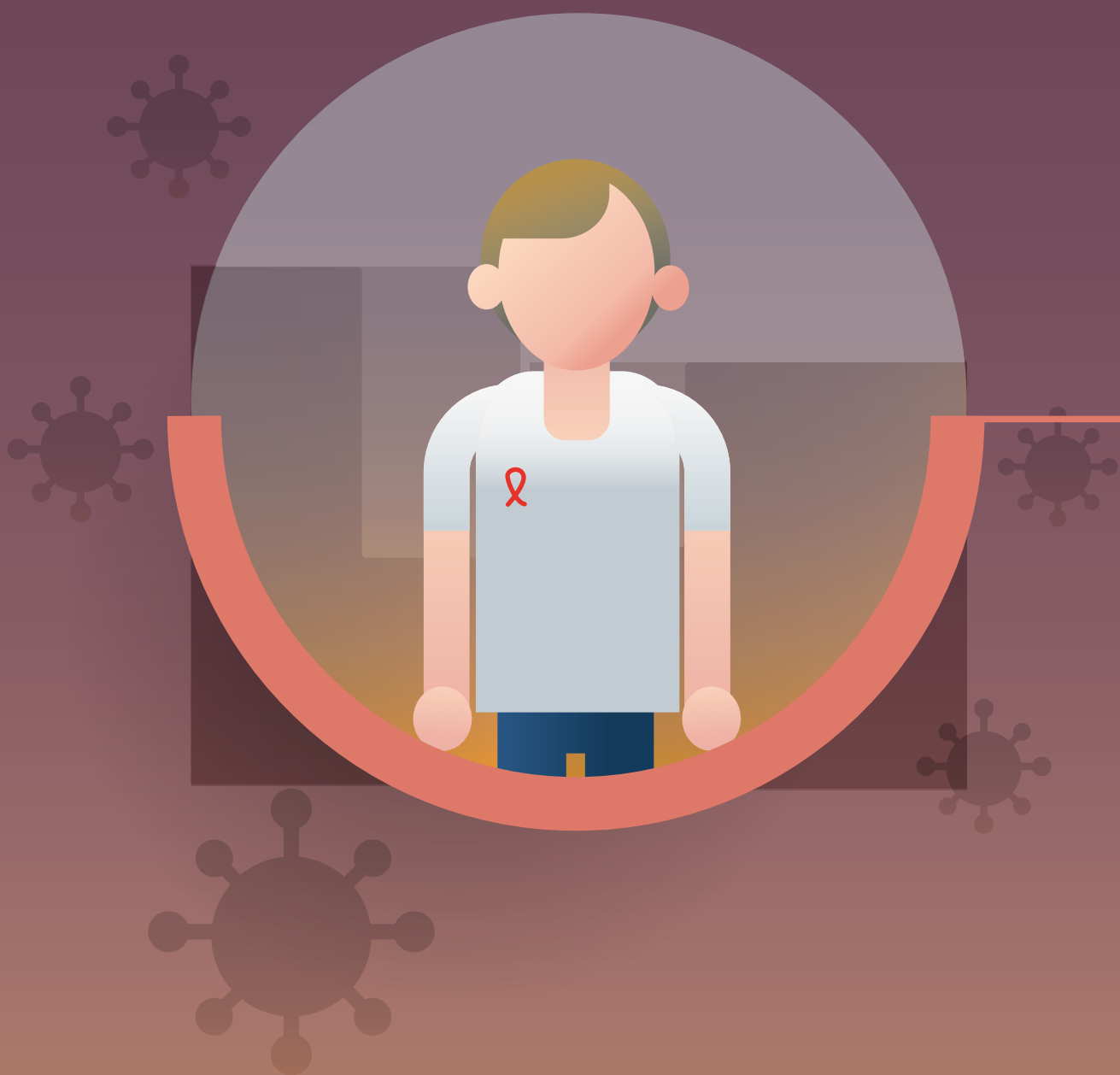


Prohibited/limited visits
Prohibition of monitoring facilities for persons deprived of liberty by civil society organizations

Insufficient possibilities of communication with family members or outside world by phone or other means of communication
Insufficient capacities and failure of the state at all levels to respond to the epidemic
Insufficient recognition of the needs of persons deprived of liberty

Lack of political will to improve respect for the rights and status of persons deprived of liberty
Absence of systemic preconditions to allow alternative means of communication with the family and the outside world
Partial harmonization with international standards

7 THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON PEOPLE LIVING WITH HIV/AIDS



In 2018 the Government of the Republic of Serbia adopted a Strategy on Prevention and Control of HIV infection and AIDS for the period 2018-2025, as well as accompanying Action plan for the period 2018-2021.¹²² This document recognizes men who have sex with men, persons injecting drug, sex workers and transgender persons as key groups. In addition, persons who are serving prison sentences, young people and pregnant women are recognized as parts of the population at increased risk.¹²³ The largest number of advised and tested persons in 2018, in relation to the transmission category, are persons with reported risky heterosexual relationships, men who have sexual relations with men, whereas the least advised and tested fall into the category of sex workers. The largest number of preliminary reactive results are for men who have sex with men, followed by people with heterosexual relationships.¹²⁴ Reports of UN mechanisms for human rights,¹²⁵ regional organizations,¹²⁶ independent institutions¹²⁷ and civil society organizations¹²⁸ point to the disadvantaged position of persons living with HIV/AIDS in the Republic of Serbia. It is pointed out that people living with HIV/AIDS are highly stigmatized, as well as that they are often discriminated against and subjected to violation of the right to privacy in the context of health care. Vulnerability of people living with HIV/AIDS in the Republic of Serbia is mostly manifested through discrimination and stigmatization at work and in relation to work, as well as when accessing health institutions.¹²⁹

Warnings and recommendations related to the position and rights of people living with HIV/AIDS, issued by international bodies and mechanisms for human rights in the context of COVID-19 pandemic and emergency response at a global level, are primarily related to providing uninterrupted access to doctors, tests and treatment for HIV/AIDS.¹³⁰

A lack of access to health care or restricted access for people living with HIV/AIDS has been noted both in the Republic of Serbia and at the global level, partly due to decreased testing ability, as well as due to the use of therapy for people living with HIV/AIDS to treat COVID-19 patients as well.¹³¹

According to the information from civil society organizations involved in monitoring and protection of rights of people living with HIV/AIDS, **risk in the area of access to health care** increased for people living with HIV/AIDS during the COVID-19 epidemic in the Republic of Serbia. Mobile teams continued to work, however regular access to doctors and testing was not made possible, as well as control testing needed to be able to follow the effectiveness of therapy. In addition, the lack of therapy is noticeable, primarily Aluvia for children living with HIV/AIDS, because that same therapy is used in response to COVID-19, whereas the therapy needed for people living with HIV/AIDS in correctional facilities was insufficient.

People living with HIV/AIDS did not have uninterrupted access to doctors, tests and treatment for HIV/AIDS during the COVID-19 epidemic, having in mind delay in response to the epidemic, as well as focus of the entire healthcare system on COVID-19.¹³²

122 Strategy on prevention and control of HIV infection and AIDS for the period 2018-2025., Official Gazette of RS, 61/18; Third Strategy issued by the Government of the Republic of Serbia

123 Institute of Public Health of Serbia "Dr Milan Jovanović Batut", [Report on implemented activities within the response to the HIV epidemic in the Republic of Serbia during 2018 with a comparative analysis for the period 2014-2018](#), 2019

124 Institute of Public Health of Serbia "Dr Milan Jovanović Batut" [Report on implemented activities within the response to the HIV epidemic in the Republic of Serbia during 2018 with a comparative analysis for the period 2014-2018](#), 2019

125 Concluding Observations of the UN Human Rights Committee on the Third Periodic Report on the Implementation of the International Covenant on Civil and Political Rights ([CCPR/C/SRB/CO/3](#)) Concluding observations of the Committee on the Rights of the Child on the Second and Third Periodic Reports ([CRC/C/SRB/CO/2-3](#)); Concluding observations of the Committee on Economic, Social and Cultural Rights regarding the Second Periodic Report on the Implementation of the International Covenant on Economic, Social and Cultural Rights ([E/C.12/SRB/CO/2](#)); Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, [Report on the visit to Serbia and Kosovo](#), 2019; Third cycle [Universal Periodic Review](#), A/HRC/38/17

126 Progress Report on the Republic of Serbia EU accession negotiations, European Commission, [Serbia 2019 Report](#)

127 The Ombudsman [Regular Annual Report, 2019](#); The Commissioner for the Protection of Equality, [Regular annual Report, 2019](#)

128 Belgrade Center for Human Rights, [Human Rights in Serbia 2019](#)

129 Progress Report on the Republic of Serbia EU accession negotiations, European Commission, [Serbia 2019 Report](#); Belgrade Center for Human Rights, [Human Rights in Serbia 2019](#)

130 OHCHR: [COVID-19 Guidance](#); Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health Statement: [COVID-19 measures must be grounded first and foremost on the right to health](#); UNODC, WHO, UNAIDS i OHCHR, [Joint statement on Covid-19 in prisons and other closed settings](#)

131 World Health Organization, statement: [Access to HIV medicines severely impacted by COVID-19 as AIDS response stalls](#)

132 The conclusion was drawn based on the data from civil society organizations that participated in the survey and other available data.

NEGATIVE OUTCOMES OF COVID-19 ON PEOPLE LIVING WITH HIV/AIDS AND THE SEQUENCE OF CAUSES

HEALTH CARE

Lack of continuous access to
doctors, tests and HIV
treatment



Negative outcomes

LACK OF CONTINUOUS ACCESS TO DOCTORS, TESTS AND HIV THERAPY



Immediate causes

- Prohibition/restriction of movement
- Suspension/restriction of public transport
- Lack of therapy and inability of testing in regular health facilities
- Unpreparedness of the healthcare system to respond in crisis situations
- Orientation of the entire healthcare system on the COVID-19 response
- Delay in response to the epidemic in the context of specific circumstances people with HIV/AIDS had to face with
- Bureaucratization of the procedures (steps)

Root causes

- Insufficient capacities and unpreparedness of the state at all levels to respond to the epidemic
- Failure to recognize persons living with HIV/AIDS as a group at increased risk
- Orientation of the entire healthcare system on institutions rather than on beneficiaries
- Inadequate quality of existing services and underdeveloped network of health services
- Lack of interdepartmental and intersectoral cooperation at all levels
- Lack of participation of persons living with HIV/AIDS
- Lack of active participation and inclusion of people living with HIV/AIDS in creating policies and making decisions at all levels
- Lack of support to civil society organizations that provide help and support to people living with HIV/AIDS
- Discrimination of people living with HIV/AIDS

Structural causes

- Decades of structural discrimination and stigmatization of people living with HIV/AIDS
- Lack of political at all levels to improve the quality of health care services for people living with HIV/AIDS
- Insufficient budget allocations for improvement of the quality of health care services for people living with HIV/AIDS

8

THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON HUMAN RIGHTS DEFENDERS



Human rights defenders have been recognized as a particularly vulnerable group in high number of reports by UN mechanism for human rights,¹³³ regional organizations¹³⁴ and civil society¹³⁵. Particularly concerning were frequent instances of pressure, offensive and degrading treatment, as well as direct threats and physical attacks against them.¹³⁶ In addition, court proceedings or threats of legal proceedings against human rights defenders have become more frequent, excessive length of court proceedings for the protection of human rights defenders, as well as frequent impunity¹³⁷ for these acts.¹³⁸

According to the most recent Reports, the work of human rights defenders as well as civil society organizations is at serious risk in the Republic of Serbia. This is supported by the fact that at the end of 2019, Serbia was ranked as a country with an obstructed field of civic space, while it was previously ranked as a country with a narrowed field of civic space.¹³⁹

There is a significant decline in trust in civil society organizations, especially those concerned with the promotion and protection of human rights. The root causes are long-term negative reporting on the work

of civil society organizations, stating dishonest information about the work of the civil sector, describing NGOs as organizations working against the state and the interests of Serbia and its citizens, and accusing them of being mercenaries of foreign interest groups who work against the state.¹⁴⁰

There is a noticeable trend in establishing and financing civil society organizations whose aim is to support authorities,¹⁴¹ as well as an increase in activity and establishment of right wing organizations and progovernment non-governmental organizations and frequent attacks on human right defenders and other individuals who express their views publicly and have a critical attitude.¹⁴²

Appeals are issued at the global level that human rights defenders are very important for raising and maintaining trust in the health care system, for identifying adequate solutions for people at greatest risk, as well as for collecting data that can greatly contribute to a better response to the epidemic caused by COVID-19.¹⁴³ The basic warnings and recommendations regarding human rights defenders issued by international human

133 Concluding Observations of the UN Human Rights Committee on the third Periodic Report on the Implementation of the International Covenant on Civil and Political Rights (CCPR/C/SRB/CO/3); Third cycle [Universal Periodic Review](#), A/HRC/38/17

134 Progress Report on the Republic of Serbia EU accession negotiations, European Commission, [Serbia 2019 Report](#); CIVICUS, [Global Report 2019](#); Human Rights Watch – [World Report 2019](#); Freedom House – [Nations in Transit Report 2020](#); Freedom House – [Freedom in the World 2020 Report](#); Amnesty International, [Serbia \(including Kosovo\) 2019](#)

135 Civic Initiatives – [Three Freedoms under the Magnifying glass](#); The Lawyers' Committee for Human Rights (YUCOM), [HUMAN RIGHTS AND COVID-19 - Freedom of opinion and expression, freedom of the media, right to information](#) Belgrade Center for Human Rights, [Human Rights in Serbia 2019](#)

136 Progress Report on the Republic of Serbia EU accession negotiations, European Commission, [Serbia 2019 Report](#); CIVICUS, [Global Report 2019](#); Human Rights Watch – [World Report 2019](#); Belgrade Center for Human Rights, [Human Rights in Serbia 2019](#)

137 CIVICUS, Press statement: [Serbia's Civic Space Downgraded](#)

138 CIVICUS, [Global Report 2019](#); Human Rights Watch – [World Report 2019](#)

139 CIVICUS, [Global Report 2019](#)

140 Belgrade Center for Human Rights, [Human Rights in Serbia 2019](#)

141 GONGO – Government-organized non-governmental organization

142 Belgrade Center for Human Rights, [Human Rights in Serbia 2019](#)

143 OHCHR, Human Rights at the Heart of Response, Civic Space and COVID-19: Guidance, 4. May 2020.

HUMAN RIGHTS DEFENDERS

rights bodies and mechanisms in the context of the COVID-19 pandemic and emergency response include:

1. Recognizing and involving human rights defenders and civil sector in response to the COVID-19 pandemic inter alia through continued funding of organizations;¹⁴⁴
2. Restrictions in the freedom of movement and assembly cannot be discriminatory and cannot limit the rights of human right defenders unnecessarily.¹⁴⁵ The civil society needs to be able to access persons at greatest risk.¹⁴⁶

During June 2020, human rights defenders participated in a survey on socio-economic impacts of COVID-19 epidemic in Serbia on their work, though

civil society organizations involved in promotion and protection of human rights.

As main risks human rights defenders were faced with in their work before the epidemic caused by the coronavirus, all surveyed civil society organizations (100%) state risks in the area of access to information, 85,71% of organizations point to the risks of conducting their work in the form of threats, attacks, intimidation, as well as inability to implement their activities, recognizing in the same percentage the financial risk due to loss of income and lack of access to sustainable sources of income. 71.43% of organizations recognize that human rights defenders are at risk in the area of exercising their right to access justice.

Table: Areas with increased risks during COVID-19 epidemic, according to civil society organizations that participated in the survey:

AREA	PERCENTAGE OF ORGANIZATIONS THAT BELIEVE THE RISK HAS INCREASED DURING THE COVID-19 EPIDEMIC
Lack of access to information of public importance/censorship of information	85.71%
Risk to conduct activities/threats/attacks/intimidation/inability to carry out activities/other	85.71%
Sources of income/Access to sustainable sources of income/Financial risk	71.43%
Access to justice/Fair trial/Legal protection	57.14%

Difficult access to information of public importance, as well as lack of transparency of state institutions¹⁴⁷ has been recognized as a risk that increased the most during COVID-19 epidemic for human rights defenders, and is reflected in the even less openness

of state bodies to submit or otherwise make available information of public importance. According to civil society organizations, the state authorities requested an extended deadline for submitting information in

144 OHCHR, Human Rights at the Heart of Response, Civic Space and COVID-19: Guidance, 4. May 2020.

145 Report of the Special Rapporteur on the rights to freedom of peaceful assembly and of association, [A/HRC/44/50](#)

146 OHCHR, Human Rights at the Heart of Response, Civic Space and COVID-19: Guidance, 4. May 2020.

147 Civic Initiatives, Platform, [Three freedoms under the magnifying glass](#)

many cases, although these were very sensitive data that required urgent access.

The censorship of information is also noticeable, i.e. the possibility of human rights defenders to access only certain information, which does not provide insight into the full information of public importance.¹⁴⁸

During the state of emergency and Governments restriction measures there was an increase in **risks for human rights defenders to implement their activities**. When designing the response to COVID-10 epidemic and its consequences by the Republic of Serbia, it was obvious that civil society organizations were not included, especially those concerned with promotion and protection of human rights. Consequently, there was a missed opportunity to include their expertise in identifying groups at greatest risk, and they have been unable to implement their regular activities. A worldwide appeal is issued saying that human rights defenders have years of experience in directly working with the most vulnerable, and that their involvement would be very significant for those citizens who are most affected by the consequences of the epidemic.¹⁴⁹

Additional manifestations of risk for doing their work are reflected in threats, attacks, intimidation and other ways that impacted the implementation of their activities. Among other things, the Order of the City Emergency Headquarters was issued in Bor, establishing the obligation of civil society organizations to make their resources available to respond to the crisis.¹⁵⁰ The mentioned Order was changed into a recommendation soon after its adoption and after the reaction of a large number of civil society organizations. In addition, as stated by human rights defenders, they faced numerous threats and intimidation during this period, while perpetrators of these attacks were not held to

account, which further hampered their activities during response to the COVID-19 epidemic.

According to the organizations, the criteria for issuing movement permits were not clearly prescribed during the state of emergency and the prohibition of movement measures, so certain organizations were not able to implement their activities, including the activities aimed at delivering support to the most vulnerable categories of the population whereas certain organizations were able to use this possibility.

Also, trials were held through Skype internet application during the state of emergency, and although the publicity of trials is prescribed, not all human rights defenders who **monitor the exercise of the right to a fair trial** were enabled to monitor trials under equal conditions. According to the organizations, some courts provided access to trials via Skype link, some courts provided access only through physical presence, while in some cases they did not allow attendance at trials due to insufficient space in courtrooms.

Human rights defenders whose work is funded through projects were significantly affected by the increased **risk of losing funding or risk of access to sustainable sources of income** during the epidemic. A high number of projects were shifted from regular topics and activities to the new need in the context of COVID-19 response, certain project processes were postponed due to the prohibition of movement and activities were not implemented, which led to financial insecurity of human rights defenders financed through projects.¹⁵¹

148 Civic Initiatives, Platform, [Three freedoms under the magnifying glass](#)

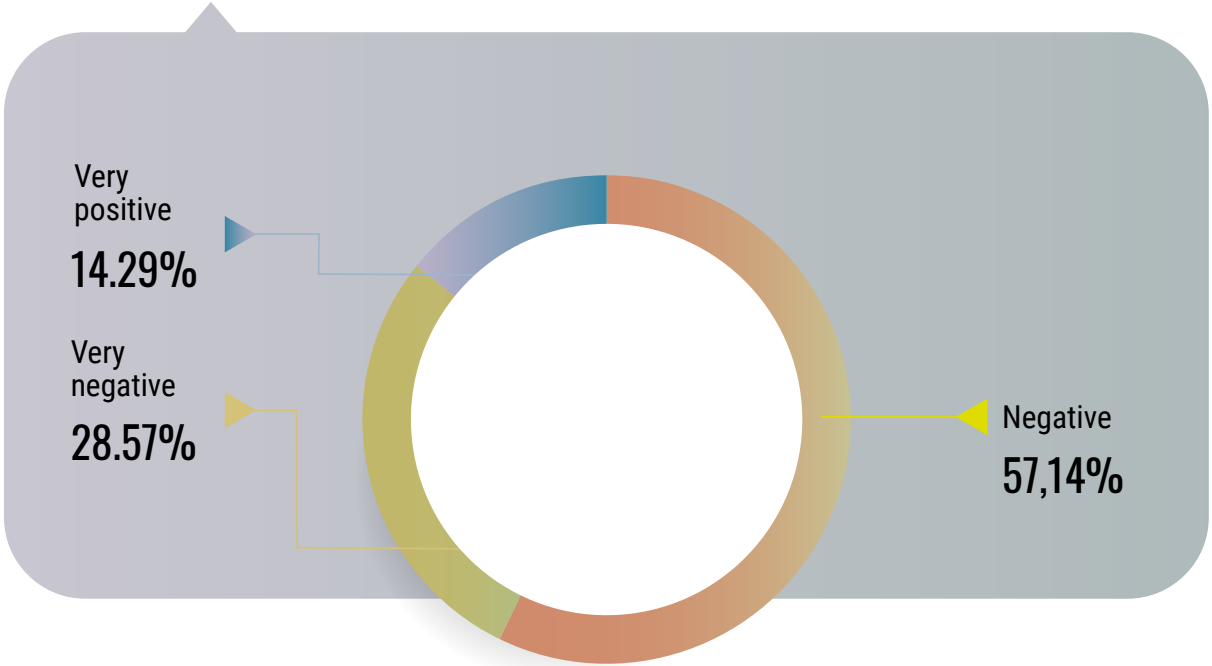
149 OHCHR, Human Rights at the Heart of Response, Civic Space and COVID-19: Guidance, 4. May 2020.

150 Civic Initiatives, Platform, [Three freedoms under the magnifying glass](#)

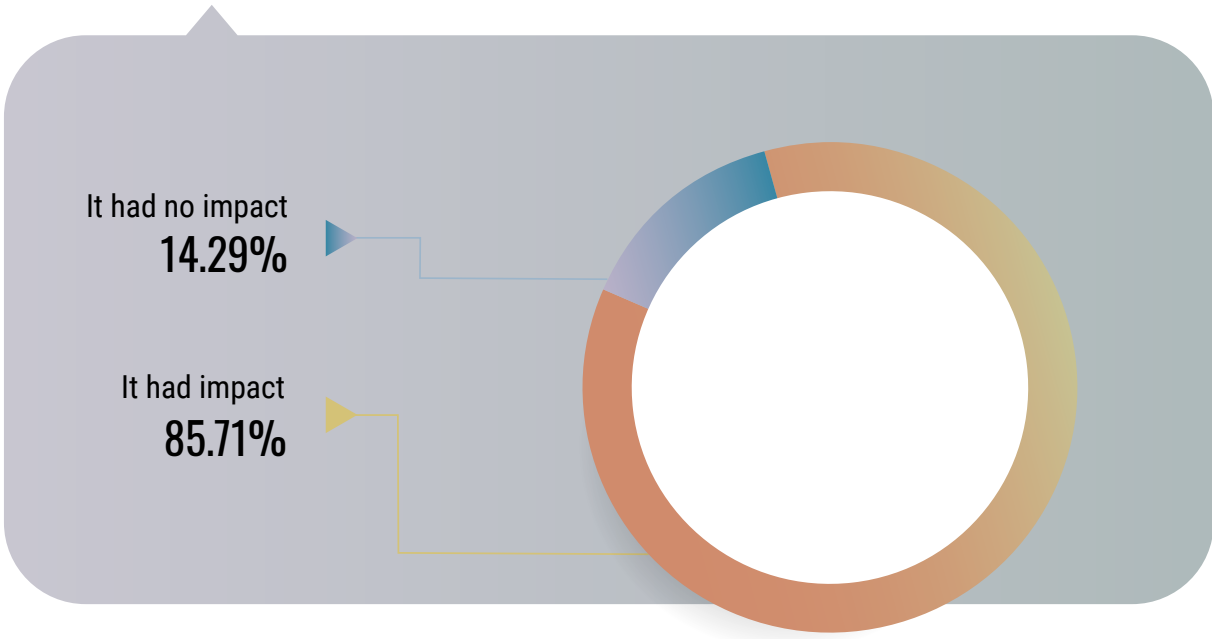
151 Civic Initiatives, Platform, [Three freedoms under the magnifying glass](#)

HUMAN RIGHTS DEFENDERS

The impact of Government measures on rights and position of Human Rights Defenders during the state of emergency and the COVID-19 epidemic is assessed by civil society organizations as **negative 85.71%** (negative 57.14% and very negative 28.7%), while 14.29% assess the impact of measures as very positive.



As many as 85.71% of civil society organizations believe that the prohibition of movement during the state of emergency affected the activity of human rights defenders, and that not all of them were equally allowed to obtain movement permits during the state of emergency, while 14.29% believe that this prohibition did not affect their work.



Regarding equal conditions and opportunities to access information of public importance during the COVID-19 epidemic, 28.57% of civil society organizations believe that all human rights defenders were given access under equal conditions, while 71.43% believe that not everyone had access under equal conditions.



Human rights defenders faced a significantly increased risk in implementing their activities. According to numerous researches and allegations of civil society organizations, the reasons for this are frequent exposure to attacks, threats, intimidation and other ways of obstructing their work, as well as no access to information of public interest due to lack of transparency of state institutions and refusal to provide insight into requested data of public interest.

According to human rights defenders, measures introduced during COVID-19 epidemic were not proportionate, and did not equally affect all citizens of Serbia. The prohibition of movement introduced during the state of emergency resulted in unequal possibility to implement activities of human rights defenders, which among other things, impacted their financial sustainability.

The root cause of this situation is the unwillingness of the system to respond to the COVID-19 epidemic, while the immediate causes are the lack of system for active participation of human rights defenders, preventing access to information of public interest and the nature of their work i.e. responding to human rights violations.¹⁵²

¹⁵² The conclusion was drawn based on the data from civil society organizations that participated in the survey and other available data.

NEGATIVE OUTCOMES OF COVID-19 ON HUMAN RIGHTS DEFENDERS AND THE SEQUENCE OF CAUSES

RISK IN THE AREA OF WORK

Inability to work and generate
income

Threats, attacks, intimidation



Negative outcomes

INABILITY TO WORK AND GENERATE INCOME



THREATS, ATTACKS, INTIMIDATION



Immediate causes

- Prohibition/restriction of movement
- Lack of clear criteria for issuing movement permits
- Prohibition/restriction of assembly
- Suspension/restriction of public transport
- Lack of access to the information of public importance
- Lack of transparency in the work of competent institutions
- Lack of participation in creating measures and decision making
- Suspension/delays of project activities
- Reallocation of project financing to the COVID-19 response

- Prohibition/restriction of movement
- Unavailability of information
- Contradictory information available
- Monitoring respect for human rights
- Response to violation of human rights

Root causes

- Lack of system for active participation of human rights defenders in creating and introducing measures
- Insufficient capacities and failure of the state at all levels to respond to the epidemic
- Inadequate intersectoral and interdepartmental cooperation
- Lack of adequate protection of the right to access information of public importance

- Insufficient capacities of the state at all levels to respond to the epidemic
- Impunity for threats, attacks and intimidation of human rights defenders

Structural causes

- Failure to recognize the role and importance of human rights defenders in improving the respect for human rights and providing direct assistance to groups at increased risk
- Lack of political will to improve the position of human rights defenders
- Lack of social dialogue and meaningful participation at many levels

9 THE IMPACT OF COVID-19 EPIDEMIC AND ADOPTED MEASURES ON JOURNALISTS AND THE MEDIA



High number of reports and recommendations issued by UN mechanisms for human rights,¹⁵³ regional organizations,¹⁵⁴ independent institutions¹⁵⁵ and civil sector¹⁵⁶ recognizes journalists and the media as a particularly important and particularly vulnerable profession in the Republic of Serbia, in the context of the general state of human rights.

Their vulnerability is mostly reflected in different forms of violence and pressure,¹⁵⁷ as well as the inability to access information for objective and timely reporting of the public, which exposes them to certain economic risks.¹⁵⁸

Violence against journalists is manifested by pressure, insulting and degrading treatment of media workers, direct threats and physical attacks on journalists.¹⁵⁹ In addition, there are frequent lawsuits or threats of lawsuits against journalists or news outlets, which also represents a form of pressure and

leads to self-censorship.¹⁶⁰ It is emphasized that it is necessary to provide the enjoyment of freedom of expression in the broadest sense, which includes the freedom to disseminate information, inter alia by removing obstacles in the form of attacks and pressure on journalists, or by condemning all such acts.¹⁶¹ Apart from the political ones, economic influence on the freedom of expression and media freedom is also noticeable, which is reflected in the lack of transparency of ownership of the media and media financing, primarily at local level.¹⁶²

Council of Europe Platform for the Protection of Journalism and Safety of Journalists records an increase in the number of attacks and death threats, as well as that most often these attacks come from public officials.¹⁶³ Reporters Without Borders record a significant decline in media freedom and rank Serbia on 93rd compared to the previous 90th place on the global scale of media freedom in countries.¹⁶⁴

153 Concluding Observations of the UN Human Rights Committee on the third Periodic Report on the Implementation of the International Covenant on Civil and Political Rights ([CCPR/C/SRB/CO/3](#)); Third cycle [Universal Periodic Review](#), A/HRC/38/17

154 Council of Europe Commissioner for Human Rights, Dunja Mijatovic, [Annual Activity Report 2019](#); Progress Report on the Republic of Serbia EU accession negotiations, European Commission, [Serbia 2019 Report](#); [Freedom House – Nations in Transit Report 2020](#); Freedom House – [Freedom in the World 2020 Report](#)

155 The Ombudsman, [Regular Annual Report, 2019](#), The Commissioner for the Protection of Equality, [Regular Annual Report, 2019](#)

156 Civic Initiatives, Platform, [Three freedoms under the magnifying glass](#); The Lawyers' Committee for Human Rights (YUCOM), [HUMAN RIGHTS AND COVID-19 - Freedom of opinion and expression, freedom of the media, right to information](#); Belgrade Center for Human Rights, [Human Rights in Serbia, 2019](#)

157 Concluding Observations of the UN Human Rights Committee on the Third Periodic Report on the Implementation of the International Covenant on Civil and Political Rights ([CCPR/C/SRB/CO/3](#)); Third cycle [Universal Periodic Review](#), A/HRC/38/17

158 The Ombudsman, [Regular Annual Report, 2019](#); Progress Report on the Republic of Serbia EU accession negotiations, European Commission, [Serbia 2019 Report](#); [Freedom House – Nations in Transit Report 2020](#); [Freedom House – Freedom in the World 2020 Report](#)

159 The Ombudsman, [Regular Annual Report, 2019](#)

160 Freedom House – [Freedom in the World 2020 Report](#)

161 Progress Report on the Republic of Serbia EU accession negotiations, European Commission, [Serbia 2019 Report](#)

162 Progress Report on the Republic of Serbia EU accession negotiations, European Commission, [Serbia 2019 Report](#)

163 Platform for the Protection of Journalism and Safety of Journalists, Council of Europe, [Annual Report 2020](#)

164 Reporters without Borders, [World Press Freedom Index 2020](#)

Appeals are issued at the global level, that the free flow of information is key in the fight against COVID-19¹⁶⁵, and that journalists and the media should be provided with unhindered work in order to timely and professionally inform the public about all important facts related to COVID-19 and the state response to the health situation, but also that it is important to act preventively and reactively in cases of spreading unverified and false news.¹⁶⁶

Main warnings and recommendations related to the freedom of the media, as well as the rights and position of journalists and the media, issued by international bodies and human rights mechanisms in the context of COVID-19 pandemic and emergency response:¹⁶⁷

1. Free flow of information of public importance – provide timely access to information of public importance, make information related to preventative protective measures available to the wide population.
2. Unobstructed work of journalist and the media – prevent attacks and threats to journalists and support their work with the aim to provide free flow of information of public importance.

During June 2020, civil society organizations involved in promotion of freedom of expression, protection of the rights of journalists and media freedom, participated in a survey on socio-economic impacts of COVID-19 epidemic in Serbia on the work of journalists and the media.

As main risks journalist and the media faced with in their work before the outbreak of epidemic caused by the coronavirus 85.71% of organizations cite risks in the area of access to information, as well as in the same percentage risks to do their work, due to threats, attacks and intimidation, as well as financial or existential risk. 71.43% of organizations recognize that journalists and the media are at risk when exercising their right to access justice.

165 United Nations High Commissioner for Human Rights Michelle Bachelet, Statement *Bachelet alarmed by media clampdowns, says public has right to know about COVID-19*, 24. april 2020.

166 OHCHR: [COVID-19 Guidance](#)

167 David Kaye, Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression, [COVID-19 pandemic exposes repression of free expression and right to information worldwide](#); and report [Disease pandemics and the freedom of opinion and expression](#), A/HRC/44/49, 23. April 2020.

Table: Areas with increased risks during COVID-19 epidemic, according to civil society organizations that participated in the survey:

AREA	PERCENTAGE OF ORGANIZATIONS THAT BELIEVE THE RISK HAS INCREASED DURING THE COVID-19 EPIDEMIC
Risk in the area of work/threats/attacks/intimidation/inability of journalists to do their work	85.71%
Lack of access to information of public importance/censorship of information	71.43%
Financial/Existential risk	57.14%
Access to justice/Fair trial/Legal protection	57.14%

JOURNALISTS AND THE MEDIA

Majority of civil society organizations (total of 85.72%) consider that the impact of Government measures during the state of emergency and COVID-19 epidemic on the rights and position of journalists and the media is negative (**very negative 42.86% and negative 42.86%**), whereas 14.29% think the measures had a positive impact.



Of the total number of organizations, 71.43% believe that not all journalists and media could do their work without hindrance, under equal conditions during the state of emergency.



With regard to equal conditions and opportunities to access information of public importance during the COVID-19 epidemic, 71.43% of civil society organizations believe that not all journalists and the media were given equal access to the information of public importance.



The media and journalists in the Republic of Serbia are at a negative risk in the area of their safety at work, due to frequent attacks, threats, intimidation, but also lack of information important for them to be able to do their job.

According to allegations from civil society organizations, numerous measures introduced during COVID-19 epidemic in Serbia were neither proportionate, nor aimed at the free flow of information, which is extremely important in situations when public health is in danger.

Root causes for this situation are reflected in unpreparedness of the system to respond to COVID-19 epidemic, whereas immediate causes are not providing access to information i.e. lack of transparency of state institutions and contradictory information.¹⁶⁸

¹⁶⁸ The conclusion was drawn based on the data from civil society organizations that participated in the survey and other available data.

In 85.71% of cases civil society organizations consider that prohibition of movement during the state of emergency affected the work of journalists, whereas 57.14% consider that not all journalists were able to obtain movement permits during the state of emergency.

A risk in the area of safety to work, that includes threats, attacks, intimidation and other ways to hinder the work of journalists, as well as **lack of access to information of public importance**, are stated as key risks that increased during restrictive measures and Government response to the epidemic caused by COVID-19. According to information from civil society organizations, journalists have been denied access to information of public importance to a greater extent than usual for reporting during the epidemic. Some journalists were detained, some were threatened with arrests, while some were targeted as enemies of doctors in Serbia.¹⁶⁹ Civil society organizations record a significant increase in the number of cases of violations of freedom of expression in Serbia during the state of emergency, primarily in the context of inability of journalists to access information of public importance due to restricted access to press conferences, i.e. holding press conferences without presence of the

media, but also increase in attacks on journalists and the media. The organizations also state that attacks on social networks were more frequent.¹⁷⁰

During the state of emergency, the Government of the Republic of Serbia issued a Conclusion on informing the population about the condition and consequences of the infectious disease COVID-19 caused by the SARS-CoV-2 virus,¹⁷¹ which established the exclusive competence of the Crisis Management Taskforce for Combating Infectious Disease to inform the public about the state and consequences of the infection. This conclusion introduced a ban on the provision of information regarding public health developments by any other body or institution. The stated Conclusion of the Government of the Republic of Serbia was withdrawn soon after its adoption¹⁷² pressured by reactions of journalists associations, numerous civil society organizations and international organizations,¹⁷³ who emphasized that this Act can have a significant impact on narrowing the free flow of information that is extremely important in situations when public health is in danger.¹⁷⁴

169 Independent Association of Journalists of Serbia (NUNS), Press release: [Freedom of expression, security of journalists and flow of information seriously endangered](#), April 3, 2020; The Council of Europe's journalists platform records 8 attacks on journalists in 2020, including arrests, intimidation, but also death threats, [Platform for the Protection of Journalism and Safety of Journalists](#), Council of Europe

170 Civic Initiatives – [Three Freedoms under the Magnifying glass](#)

171 Conclusion on informing the population about the condition and consequences of the infectious disease COVID-19 caused by the SARS-CoV-2 virus, 48/2020-8

172 Conclusion of the Government on the termination of the Conclusion on informing the population about the state and consequences of the infectious disease COVID-19 caused by the SARS-CoV-2, 50/2020-10

173 The OSCE Representative on Freedom of the Media and the Head of the OSCE Mission to Serbia, [Statement](#)

174 The Lawyers' Committee for Human Rights – YUCOM, *Human Rights and COVID-19: Analysis of Changes in the Legal Framework during the State of Emergency and the Impact on the Enjoyment of Human Rights*

Financial risk for journalists and the media is also recognized as increased during the measures introduced to combat the COVID-19 epidemic.

Many advertisers withdrew their funds, which significantly weakened the economic sustainability of media outlets. Journalists and media whose funding comes from projects have also suffered the consequences of reduced funding, having in mind that significant part of it has been reallocated to directly support the health system in the Republic of Serbia.

The position of journalists and media in smaller communities who otherwise struggle with financial sustainability is particularly difficult, as COVID-19 had very negative financial consequences.

Risks in the area of **access to justice, fair trial and legal protection** of journalists are also highlighted as increased during the state of emergency and the COVID-19 epidemic in the Republic of Serbia. An example is registered of a criminal report against a journalist for committing the crime of causing panic and riots due to a news piece she published about the lack of protection for employees at the Clinical Center of Vojvodina. The criminal charge against the journalist was subsequently rejected.¹⁷⁵

A cameraman and a journalist of the Zrenjanin television KTV were also arrested, on suspicion that they committed the criminal act of not acting according to the health regulations at the time of the epidemic and were detained and their equipment confiscated. Although the camera and telephone are not instruments used to perpetrate a criminal act, but their work equipment, those were not returned to the television crew after their release from custody.¹⁷⁶

175 The Lawyers' Committee for Human Rights – YUCOM, [Human Rights and COVID-19: Analysis of Changes in the Legal Framework during the State of Emergency and the Impact on the Enjoyment of Human Rights](#)

176 The Lawyers' Committee for Human Rights – YUCOM, [Human Rights and COVID-19: Analysis of Changes in the Legal Framework during the State of Emergency and the Impact on the Enjoyment of Human Rights](#)

NEGATIVE OUTCOMES OF COVID-19 ON JOURNALISTS AND THE MEDIA AND THE SEQUENCE OF CAUSES

RISK IN THE AREA OF WORK

Inability to report in a profes-
sional manner

Inability to generate income



Negative outcomes

INABILITY TO REPORT IN A PROFESSIONAL MANNER



INABILITY TO GENERATE INCOME



Immediate causes

- Prohibition/restriction of movement
- Prohibition/restriction of assembly
- Suspension/restriction of public transport
- Unavailability to information of public importance
- Lack of transparency in the work of competent institutions
- Contradictory information available
- Frequent threats, attacks and intimidation of media workers

- Prohibition/restriction of movement
- Prohibition/restriction of assembly
- Suspension/restriction of public transport
- Unavailability of information of public importance
- Withdrawal of advertisers
- Reallocation of project funding

Root causes

- Impunity for attacks, threats and intimidation of media workers
- Lack of protection of right to free access to information
- Insufficient capacities of the state and failure to respond to epidemic at all levels
- Inadequate intersectoral and interdepartmental cooperation

- Lack of protection of right to free access to information of public importance
- Insufficient capacities of the state and failure to respond to epidemic at all levels
- Inadequate interdepartmental and intersectoral cooperation

Structural causes

- Lack of political will for improving the respect of right to access information and freedom of the media
- Lack of transparency in ownership and financing of media companies
- Incomplete harmonization with international standards

10

POVERTY IN THE REPUBLIC OF SERBIA

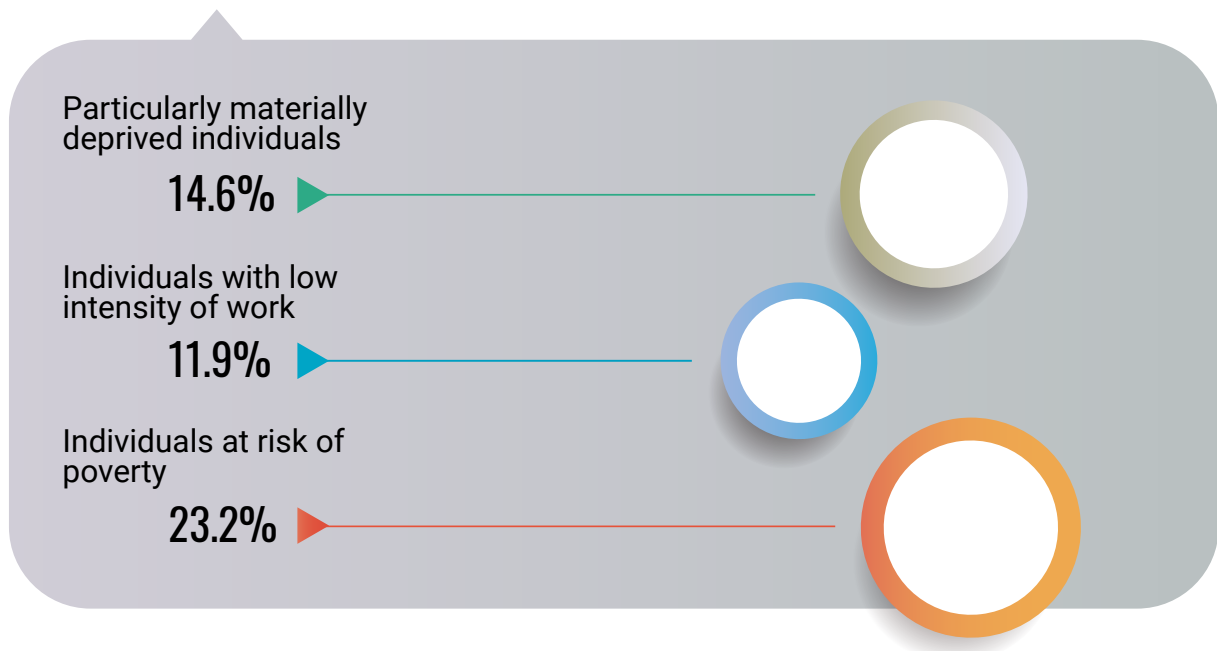


The global crisis caused by the COVID-19 pandemic led to numerous health and socio-economic challenges that need to be adequately responded to in order to alleviate the impact of the pandemic on poverty, in crisis and post crisis period. How strongly will a pandemic affect the increase in poverty in each country depends primarily on the impact of the pandemic on economic activity, the number of people living near the poverty line, and the distribution of income within the country.¹⁷⁷

Poverty in the Republic of Serbia

Depending on the indicators and the applied methodology, the number of poor in the Republic of Serbia also varies. According to the data obtained within the Survey on Income and Living Conditions¹⁷⁸, **31.7% of the population of Republic of Serbia (2.18 million) is exposed to risk of poverty or social exclusion** which is high above the average values of 28 EU countries (21.7%). When observed according to risk factors, total of 23.2% (1.59 million) of the population of Republic of Serbia is at **risk of poverty**¹⁷⁹, 14.6% (1 million) is significantly materially deprived and 11.9% live in

Defining the at-risk-of-poverty rate or social exclusion rate in the Republic of Serbia, 2019,%



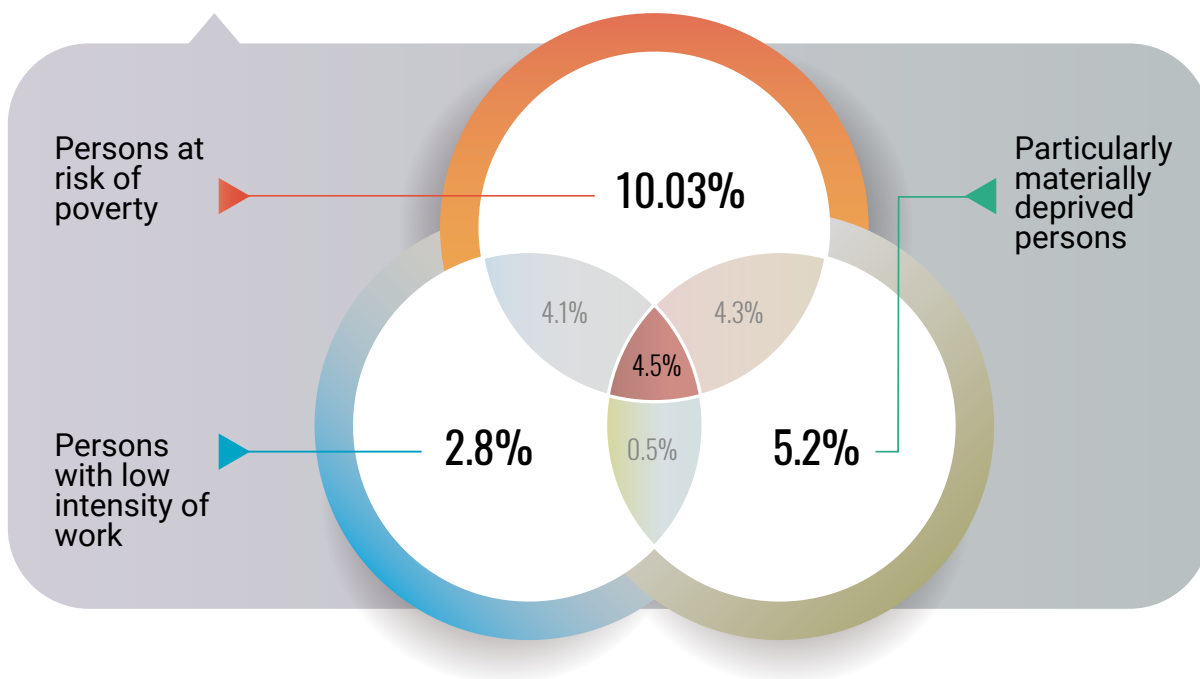
¹⁷⁷ Available at:

<https://blogs.worldbank.org/opendata/impact-covid-19-coronavirus-global-poverty-why-sub-saharan-africa-might-be-region-hardest>

¹⁷⁸ SILC, Statistical Office of the Republic of Serbia, 2019

¹⁷⁹ Persons whose income per consumption unit is less than 60% of the median equivalent income in the total population.

Defining the at-risk-of-poverty rate or social exclusion rate in the Republic of Serbia, 2019, %



household with low intensity of work (0.81 million). According to indicators of *subjective poverty* 46.7% of the population of Republic of Serbia considers themselves poor, which is 2 times higher than the number of those who are at risk of poverty (23.2%).

Around 486,166 of residents of Republic of Serbia live below the line of absolute poverty. These data were obtained based on the Household Spending Survey conducted quarterly by the Statistical Office of the Republic of Serbia, and they show that 7% of the total number of residents of the Republic of Serbia cannot fulfil their basic needs.¹⁸⁰

There is a significant concentration of population near the poverty line in the Republic of Serbia. Therefore the increase of poverty line (which was 12,286 RDS monthly per consumer unit) for only 5% would lead to a new 70,000 citizens in absolute poverty, and the increase of poverty line for 10% would lead to 147,000 “new poor”.¹⁸¹

180 Available at: <http://sociojalkoukljucivanje.gov.rs/rs/sociojalno-ukljucivanje-u-rs/statistika-siromastva/apsolutno-siromastvo/>

181 Estimate based on data from Statistical Office of the Republic of Serbia for deciles distribution of income and spending in the Republic of Serbia for 2018.

Based on the analysis of the profile of absolute and relative poverty in the Republic of Serbia, the unemployed, uneducated persons, large households and those living outside urban settlements are particularly vulnerable. Within the survey conducted by the Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia, subjective assessment by members of vulnerable groups is that their standard of living did not change during the epidemic or that it slightly deteriorated (older persons, single parents, Roma men and women, unemployed young people, homeless people, persons with disabilities, women survivors of partner violence, LGBTI people, refugees and internally displaced persons and migrants). The highest number of members of vulnerable groups who participated in the survey emphasized that they buy cheaper products during the epidemic, as well as that the share of consumption on food and beverages is between 60% and 80% of total consumption.¹⁸² According to the survey results COVID 19 and work in the informal economy, conducted by Ipsos Strategic Marketing¹⁸³, 80% of the surveyed collectors of secondary raw materials did not work or worked occasionally during the state of emergency, which affected their earnings. As many as 86% of persons engaged in the collection of secondary raw materials found themselves in a more difficult financial situation compared to the period before the coronavirus.

Serbia is a country with increasing discrepancies between the poorest and the richest. Distribution of income and distribution of spending among the 10% of the richest and 10% of the poorest in Serbia in 2018¹⁸⁴ shows that the **average spending** of the tenth decile (10% of the highest income population) is six and a half times higher than the consumption of the first decile (10% of the poorest). Not only has the discrepancy

increased, but there is also a nominal decrease of average spending of the first five deciles (50% of the poorest in Serbia). There is a negative trend in the **distribution of income**; 10% of the poorest population further decreased its share in total income: 2.6% in 2018 as compared to 3.1% in 2017. On the other hand, 10% of the richest population increased its share in the total income in the Republic of Serbia from 20.0% in 2017

182 The survey included 2000 members of vulnerable groups in 7 local self-government units (LGUs) in Serbia. The distribution of respondents in relation to local self-government and vulnerable groups was: in Belgrade, Novi Sad and Niš 1000 members of vulnerable groups were included (200 elderly people, 150 people with disabilities, 100 LGBTI people, 150 single parents, 200 people in homelessness situation, 100 women who suffered partner violence, 100 migrants, 100 internally displaced persons); in Kruševac and Trstenik, 200 young representatives of vulnerable groups were included, and in Vranje and Bujanovac, 200 Roma men and women were included. The survey was conducted in July 2020 and covers the period from March to July 2020.

183 The survey was conducted at the request of the United Nations Human Rights Team and with the support of the Office of the UN High Commissioner for Human Rights. The survey included workers in the informal economy with special reference to collectors of secondary raw materials, OHCHR & Ipsos Public Affairs, June/July 2020

184 Decile analysis is the process by which the equivalent consumption/income of all households or individuals is ranked from lowest to highest. Thus ranked households/individuals are divided into ten equal groups. Households/individuals whose equivalent consumption/income is the lowest (poorest households) are in the first decile, households/individuals whose equivalent consumption/income is the highest (richest households) are in the tenth decile.

to 23.8% in 2018. In terms of the structure of sources of income, situation has further deteriorated within the poorest decile – in 2017 employment income was the

main source of income for almost third of the citizens (32,4%), drastically decreasing in only one year to only one quarter (25.1%) of citizens.

Households whose members generate income in the informal economy are at a particular risk of poverty during the COVID-19 epidemic. The majority are persons aged 30 to 44, most often with secondary education, who predominantly live in urban areas and households with usually 4 members in total. Usually out of four members, two earn income within the informal economy working for the employer and support two other dependents.¹⁸⁵ Persons who collect secondary raw material are typically aged 30 to 44, mostly with elementary education and live in urban areas and households. With 7 or more family members, these household must rely on income earned through working “for themselves” i.e. without an employer. Usually, only one half of household members work while the other remain dependent on that income.¹⁸⁶

The basic program for the protection of the poor in the Republic of Serbia with financial social assistance (NSP) covers slightly less than 100,000 families or close to 250,000 persons¹⁸⁷ which is far less than the number of poor according to any poverty criteria. Given that a significant portion of the population is just above the absolute poverty line, that they are at constant risk of losing income or a decrease in income, additional health risk and the risk of dropping out of the education system during a crisis like this one caused by the COVID-19 pandemic, the need for targeted measures of the Government is of essential and urgent importance.

Government measures during the state of emergency
During the crisis, Serbia did not increase the adequacy or coverage of programs aimed at the poor

rest and most vulnerable parts of the population.

The measures that the Government of Serbia undertook to alleviate the negative consequences of crisis caused by COVID-19 pandemic did not consider (additional) vulnerability of otherwise vulnerable groups¹⁸⁸. Serbia is one of 5 countries that has opted for universal one-time assistance to its adult citizens¹⁸⁹ in the amount of 100EUR¹⁹⁰ with payments beginning almost 3 months after the declaration of the epidemic.¹⁹¹ This type of one-time financial assistance to adult citizens resulted in families with children receiving smaller amounts of assistance per household member compared to families without children. In addition, a one-time assistance in the amount of 4,000 dinars was granted to “pension beneficiaries, beneficiaries of temporary benefits and children with disabilities who receive benefits through the Pension

185 The Impact of the COVID-19 Pandemic on Male and Female Workers' Rights, Focusing on Rights at the Frontline in the Informal Economy and Multiple Affected Categories; Sarita Bradaš, Mario Reljanović, Ivan Sekulović, OHCHR&FCD, 2020

186 Ibid

187 Report on the work of the Centers for Social Work for 2018, Republic Institute for Social Protection

188 The data indicate that the most vulnerable population include: children up to 14 years of age, young people (15-24 years), large households, residents of suburban areas, persons living in households where the heads of household have low levels of education, persons living in households where the heads of household are unemployed or outside of the labor market. Source:

<http://sociojalnoukljucivanje.gov.rs/rs/sociojalno-ukljucivanje-u-rs/statistika-siromastva/ko-su-siromasni-u-srbiji/>

189 http://sociojalnoukljucivanje.gov.rs/wp-content/uploads/2020/08/Mreze_socijalne_sigurnosti_u_vreme_Covid-19_krize.pdf

190 <http://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/uredba/2020/60/1/reg>

191 <http://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/odluka/2020/23/1/reg>

and Disability Insurance Fund. (PIO)¹⁹² **The Government and line ministries adopted a set of measures that facilitate the exercise of rights in the field of social protection.** The Government issued a Conclusion¹⁹³ Proposed by **the Ministry of Labour, Employment, Veteran and Social Affairs** to automatically extend the right to social benefits during the state of emergency to beneficiaries. The adopted Conclusion

referred to financial social assistance, allowance for assistance and care of another person, increased allowance for assistance and care of another person, child allowance, salary compensation during absence from work for special child care and other benefits based on special child care, according to regulations in the field of social protection and financial support for families with children¹⁹⁴.

Within the survey conducted by The Social Inclusion and Poverty Reduction Unit of the Government of the Republic of Serbia, members of vulnerable groups (older persons, single parents, Roma men and women, unemployed youth, homeless persons, persons with disabilities, women who survived partner violence, LGBTI people, refugees and internally displaced persons and migrants, pointed out that during the epidemic the most important support is the continuous exercise of the right to social transfers. Most of the members of vulnerable communities who participated in this survey stated that they turned to family, friends and their immediate surrounding for support.¹⁹⁵

It is assumed that social distancing and limited movement during the state of emergency had a negative effect on the availability and distribution of social protection services. As coverage declined, demand for residential and community services increased, especially in light of the prohibition of movement. In some areas, in parallel to the temporary suspension of services, the number of volunteers has increased. Paradoxically day care centers or home care stopped working, so instead of accredited direct service providers, volunteers have been hired, often without additional support and ensuring quality of their work.¹⁹⁶

The state adopted a set of economic measures to support the liquidity of market participants, which was available to all companies regardless of their activity and size¹⁹⁷. Part of the measures related to

subsidies for employee salaries and deferral of taxes and/or social security contributions for employees in order to prevent job losses during the epidemic, which certainly contributed to preventing the spread and deepening of poverty. However, companies were not able to receive the subsidy for other people hired on all grounds other than employment contracts. In addition to the undisputed support in preserving jobs, it is assumed that these measures have led to less qualified, those employed for temporary and occasional jobs, as well as in the informal economy, and especially women being more affected by the new situation. If we compare the number of unemployed registered at the National Employment Service in March 2020 and June 2020¹⁹⁸ an increase in number of registered for 12,929 is evident with 9,250 or 71.5% being women.

192 <https://www.minrzs.gov.rs/sr/aktuelnosti/vesti/korisnicima-rf-pio-jednokratna-pomoc-4000-dinara>

193 <https://www.srbija.gov.rs/prikaz/454260>

194 <https://www.minrzs.gov.rs/sr/aktuelnosti/vesti/produzava-se-isplata-prava-na-socijalna-davanja-na-osnovu-ranije-donetih-resenja>

195 The survey included 2000 members of vulnerable groups in 7 local municipalities in Serbia.

196 http://socijalnoukljucivanje.gov.rs/wp-content/uploads/2020/08/Mreze_socijalne_sigurnosti_u_vreme_Covid-19_krize.pdf

197 <http://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/uredba/2020/54/4/reg>

198 Statistical Bulletins, NES, 2020. http://www.nsz.gov.rs/live/dokumenti/statisti_ki_bilteni_nsz_-_2020_godina.cid63336

PROPOSED MEASURES FOR PREVENTION AND RESPONSE TO ADDITIONAL VULNERABILITIES CAUSED BY THE COVID-19 EPIDEMIC



ROMA MEN AND WOMEN

URGENT (IMMEDIATE) RECOMMENDATIONS

Provide Roma men and women from substandard settlements with a regular supply of clean drinking water and for personal hygiene, including hygiene packages for women.

Ensure that Roma children can follow online classes without obstruction, which includes the provision of all technical preconditions to children in need to be able to participate in classes.

Ensure that Roma men and women from substandard settlements are informed about the COVID-19 epidemic and adopted measures, as well as provide all other public health information through wide media channels available in different formats and languages, including through the work of mobile teams for Roma inclusion at the local level, through work of health mediators and civil society organizations.

Include Roma men and women, civil society organizations dealing with Roma issues, women Roma organizations and parents of Roma children in planning all measures related to COVID-19 epidemic.

Ensure that Roma men and women have unobstructed access to right to financial social assistance and one-time assistance.

Provide financial and other types of assistance and support to Roma men and women who do not generate income in the informal economy due to the epidemic and public health measures and cannot fulfil their basic needs.

Provide unobstructed and equal access to health care to Roma men and women, reproductive health services and ensure continuous work of health mediators.

Ensure regular provision of personal protective equipment to the most vulnerable Roma residents of substandard settlements who collect secondary raw material.

MEDIUM-TERM (SYSTEMIC) RECOMMENDATIONS

Plan for continuous improvement of access to basic infrastructure and services to Roma men and women from substandard settlements, with their active participation.

Securing adequate budget funding at the national and local level to tackle systemic unemployment and improve the status of Roma men and women.

Address systemic deficits in the implementation of policies that contribute to the improvement of the status of Roma men and women through consistent implementation of the goals from the adopted Strategy for Social Inclusion of Roma Men and Women in the Republic of Serbia and the adoption of a new Action Plan.



YOUTH

URGENT (IMMEDIATE) RECOMMENDATIONS

Provide financial and other types of assistance and support to young women and men who do not generate income in the informal economy due to the epidemic and public health measures and cannot fulfil their basic needs.

Ensure that young women can follow online classes without obstruction, which includes the provision of all technical preconditions to all in need to be able to participate in classes.

Provide young men and women access to regular health therapies, including reproductive health services, examinations and psychological support during COVID-19 epidemic, especially to young people with disabilities, young people living with HIV/AIDS, transgender young people, chronic patients.

Ensure that young men and women are informed about the COVID-19 epidemic and adopted measures, as well as provide all other public health information through wide media channels and social networks, make information available in different formats and prevent stigmatization of young people as main transmitters of infection in the media.

MEDIUM-TERM (SYSTEMIC) RECOMMENDATIONS

Secure adequate budget funding to increase the employability of young women and men in formal economy and improve their status.

Secure active inclusion and participation of young women and men and civil society organizations dealing with youth issues when designing all youth related policies and decision making at all levels.

Address systemic deficits in implementing youth policies that improve the status of young women and men through consistent implementation of goals from the adopted National Youth Strategy and the adoption of a new Action Plan.



HOMELESS PEOPLE

URGENT (IMMEDIATE) RECOMMENDATIONS

Provide homeless people with regular supply of clean drinking water and water for personal hygiene, including hygiene packages for women.

Provide homeless people with regular supply of personal protective equipment and disinfectants.

Provide additional capacities in homeless shelters and improve their access to basic services.

Consolidate databases of Centers for Social Work and civil society organizations on the homeless and provide them with unhindered access to soup kitchens.

Ensure that homeless people are informed about the COVID-19 epidemic and adopted measures, as well as provide all other public health information in different formats and languages, including through the work of civil society organizations in the field.

Include civil society organizations dealing with the position and rights of homeless people in planning all measures related to COVID-19 epidemic.

Provide financial and other types of assistance and support to homeless people who do not generate income in the informal economy due to the epidemic and public health measures and cannot fulfil their basic needs.

MEDIUM-TERM (SYSTEMIC) RECOMMENDATIONS

Secure adequate budget funding to increase the accommodation capacities of shelters for homeless people.

Plan for continuous improvement of the position and access to basic services for homeless people.



LGBTI PEOPLE

URGENT (IMMEDIATE) RECOMMENDATIONS

Ensure adequate and timely reaction of competent institutions in case of reports of violence towards LGBTI people and provide continuous psycho-social support to LGBTI people at the local level (SOS help lines, reception centers).

Provide financial and other types of assistance and support to LGBTI people who do not generate income in informal economy due to the epidemic and public health measures and cannot fulfil their basic needs.

Decentralize protection and support system for transgender persons and secure access to regular medical therapies, examinations and psychological support during COVID-19 epidemic to transgender persons.

Ensure that transgender persons can obtain and change their personal and other documents.

MEDIUM-TERM (SYSTEMIC) RECOMMENDATIONS

Harmonize national legal framework with human rights standards of LGBTI people with the aim to prevent discrimination of LGBTI people at work and in relation to work, in health care, education, before the administrative bodies, and ensure wider de-stigmatization of LGBTI people in the Republic of Serbia.

Recognize LGBTI people in local Action plans with the aim of removing stigma and preventing discrimination of LGBTI people at the local municipal level.

Ensure active inclusion and participation of LGBTI people in creating all policies relating to them and in decision making both at the national and local level.



PERSONS WITH DISABILITIES

URGENT (IMMEDIATE) RECOMMENDATIONS

Ensure persons with disabilities access to regular medical therapy during Covid-19 epidemic, including reproductive health services, accessible health services and facilities for treating Covid-19 for persons with disabilities and clear and efficient procedures for hospitalization of children with disabilities and their parents, as well as adults with disabilities.

Include persons with disabilities, civil society organizations, organizations of persons with disabilities, organizations of women with disabilities, and parents of children with disabilities in planning all measures related to Covid-19 epidemic.

Ensure persons with disabilities unobstructed use of social protection services during Covid-19 epidemic, including personal assistants, home care, access to violence protection services etc.

Ensure that information about the COVID-19 epidemic and adopted measures, as well as all other public health information are available in different customized formats, including simple easy to understand formats as well as that the information is shared through different media.

Provide conditions for children with disabilities to attend online classes, which includes providing all necessary adjustments and providing equipment for participating in classes to those children in need.

MEDIUM-TERM (SYSTEMIC) RECOMMENDATIONS

Include the disability perspective in all public policies, as well as in planning and design of measures, considering the perspective of women with disabilities and the specific circumstances of persons with disabilities of different ages.

Plan for continuous increase and improvement of accessibility (architectural, physical, informational and financial) and access to social, health and other services to persons with disabilities, with the participation of persons with disabilities and civil society organizations, in order to increase resilience of persons with disabilities in emergency situations.

Urgently adopt Action Plan to implement the Strategy for Improving the Position of Persons with Disabilities in the Republic of Serbia for the period 2020-2025 and secure sufficient funding in the budget of the Republic of Serbia and local municipalities budgets specifically aimed at improving the position of persons with disabilities, i.e. implementation of measures and activities planned in the Strategy with the aim to remove systemic deficiencies in implementing public policies that improve the position of persons with disabilities.



PERSONS DEPRIVED OF LIBERTY

URGENT (IMMEDIATE) RECOMMENDATIONS

Ensure the implementation of all preventative measures, including maintaining recommended physical distancing between men and women deprived of liberty, the use of masks, maintaining indoor air circulation and disinfection of premises, particularly common premises.

Provide alternative means of communication with the family and outside world during prohibition of in-prison visits, i.e. other ways of diminishing the existing right to have contact with the outside world.

Ensure unhindered monitoring of the work and respect for the rights of men and women deprived of their liberty by civil society organizations dealing with the protection of human rights.

MEDIUM-TERM (SYSTEMIC) RECOMMENDATIONS

Ensure systemic application of alternative sanctions with the aim to reduce overcrowding in correctional facilities.

Harmonize national legal framework with international standards in protection of persons deprived of liberty, torture and abuse and enable men and women

deprived of liberty to exercise all rights guaranteed by ratified international human rights documents.

Secure independent work and sufficient financial resources for the work of National Preventive Mechanism (NPM), that will regularly and adequately include relevant civil society organizations in its work.



PEOPLE LIVING WITH HIV/AIDS

URGENT (IMMEDIATE) RECOMMENDATIONS

Provide people living with HIV/AIDS with unhindered access to regular medical examinations, treatments and tests for HIV during the COVID-19 epidemic, both at the national and local level.

MEDIUM-TERM (SYSTEMIC) RECOMMENDATIONS

Secure adequate budget funding for improving the quality of health care for people living with HIV/AIDS.

Address systemic deficits in implementing policies that advance the position of people living with HIV/AIDS through consistent implementation of the goals of National Strategy for Prevention and Control of HIV infection and AIDS in the Republic of Serbia and Action Plan.

Adopt local Action Plans that will include measures to prevent discrimination against people living with HIV/AIDS and lead to wider destigmatization of these people.



HUMAN RIGHTS DEFENDERS

URGENT (IMMEDIATE) RECOMMENDATIONS

Include human rights defenders in decision making processes at the national and local level with the aim to create measures that are responsive to the needs of particularly vulnerable groups during the COVID-19 epidemic.

Enable human rights defenders to move in order to provide direct assistance and support to the most vulnerable groups during the COVID-19 epidemic.

Secure unobstructed access to information of public importance to human rights defenders during the COVID-19 epidemic.

MEDIUM-TERM (SYSTEMIC) RECOMMENDATIONS

Recognize the importance of civil society in a democracy and enable active social dialogue and participation with the aim to improve the respect for human rights and provide direct assistance and support to groups at greatest risk.



JOURNALISTS AND THE MEDIA

URGENT (IMMEDIATE) RECOMMENDATIONS

Secure uninterrupted flow of information of public importance as well as access to information through transparent work of competent authorities during the COVID-19 epidemic.

Ensure adequate and timely reaction of competent authorities in cases of threats, attacks and/or intimidation of journalists, as well as media workers.

MEDIUM-TERM (SYSTEMIC) RECOMMENDATIONS

Harmonize national legal framework with international standards in the area of freedom of the media and press, freedom of expression and right to privacy, to ensure the enjoyment of these rights and freedoms.

Ensure transparency in media ownership and funding of media outlets both at the national and local level.

RECOMMENDATIONS FOR ACTION IN THE EVENT OF A NEW WAVE/POST-CRISIS PERIOD



POVERTY IN THE REPUBLIC OF SERBIA

URGENT (IMMEDIATE) RECOMMENDATIONS

Implement targeted support measures in line with socio-economic factors affecting poverty as well as the risk of poverty due to the crisis caused by the COVID-19 epidemic. Targeted measures must directly respond to the needs of the most vulnerable during the epidemiological crisis and prevent the creation of even greater discrepancy between the poorest and richest groups of the population in the Republic of Serbia.

Expand the coverage of social benefits to include new beneficiaries and increase the amount of assistance granted to existing beneficiaries, according to the poverty criterion. This primarily refers to (confirmed and potential) beneficiaries of financial social assistance and poor families with children - beneficiaries of child allowance. Since the amounts of these cash benefits are insufficient to meet the most basic needs and the possibility for additional earnings is very limited, it is necessary to increase these amounts within a certain period of time in order to prevent the increase and deepening of poverty. Cash benefits should also be made available to a larger number of people, as coverage of the poor by financial social assistance is insufficient, due to the rejection of applications for financial social assistance for reasons that are not relevant during the crisis (land maximum, ownership of low-value real estate, the right to assess lost earnings for beneficiaries capable of working, etc.), due to the large number of those who lost the opportunity to earn an income as a result of the crisis, as well as due to the expressed need for additional support to poor families with children. Equally important, it is paramount that the financial aid arrives as soon as possible since these measures are intended for the poorest who do not have savings and often no one to help them.

Improving the adequacy and coverage of financial benefits is also possible through **support to families who have suddenly found themselves in a strained standard of living by transferring funds from the national to the local level.** This would allow for optimal use of the possibilities provided by the Law on Social

Protection (Article 110, one-time assistance to persons in a state of sudden and immediate social need).

MEDIUM-TERM (SYSTEMIC) RECOMMENDATIONS

Amend the Regulation on earmarked transfers in social protection¹⁹⁹ so that it is applicable to all local governments during crisis situations, regardless of their level of development. That would correct the provision of the valid Regulation in the budget of the Republic of Serbia, secure earmarked funding for municipalities where the level of development is below the national average and social services they provide in accordance with the Law on Social Protection and regulations on financing local municipalities.

Develop/improve Local Crisis Response Protocols to improve expediency, quality, and efficiency in the provision of social protection services. In a situation where this type of support is needed more than usual, ensure that professional support is continued to the maximum extent possible. If it is necessary to hire volunteers to perform jobs/services that are otherwise carried out by qualified service providers, provide adequate protection, training and supervision to volunteers hired.

Focus support measures on all workers in the informal economy and socially disadvantaged workers. Urgent short-term financial support measures need to be provided to workers who do not earn any income during the epidemic due to the introduced measures of protection against infection, or cannot earn income from the activity they were engaged in before the epidemic for other reasons, as well as to workers who do not have earnings, earn reduced wages, or who lost their jobs during the epidemic.²⁰⁰

199 <https://www.pravno-informacioni-sistem.rs/SlGlasnikPortal/eli/rep/sgrs/vlada/uredba/2016/18/1/reg>

200 Impact of Covid-19 Epidemic on the Position and Rights of Workers, with Particular Emphasis on Frontline Workers and Those Working in the Informal Economy, as well as Multiply Affected Categories; Sarita Bradaš, Mario Reljanović, Ivan Sekulović, OHCHR&FCD, 2020